Department of Human Services
2015-17 Joint Legislative Committee on Ways and Means
Reference Documents
Index

Part 1

1. Director's Message
2. Organizational Chart
3. Agency Summary/Program Narratives
    a. Central & Shared Services/State Assessments & Program Design Services
    b. Self Sufficiency
    c. Child Welfare
    d. VR-Basic Rehabilitative Services
    e. Aging and People with Disabilities
    f. Intellectual and Developmental Disabilities
4. Policy Option Packages
5. 2015-17 Governor's Budget Summary Graphs

Part 2

1. OHA/DHS Caseload Forecast Reports
2. Key Performance Measures (KPMs)
3. Information Technology Projects
4. Audit Reports
5. Staffing Ratio Report (HB 4131)
6. Program Prioritization
7. Reduction Options
8. Position Reclassifications
9. New Hires/Salary Exception
10. Ending Balance Form

Oregon
John A. Kitzhaber, M.D., Governor

Department of Human Services
500 Summer Street NE
Salem, OR 97301-1067

2015-17 DHS Director's Letter
Department of Human Services

The mission of the Department of Human Services (DHS) is to help Oregonians in their own communities achieve safety, well-being and independence through services that protect, empower, respect choice and preserve dignity. DHS is responsible for the care of some of Oregon's most vulnerable citizens – children, families, people with intellectual and developmental disabilities, and seniors. DHS is also responsible for serving Oregonians at times when they are most in need – when they have experienced abuse, when they are hungry, when they are homeless.

After several biennia of program reductions and unprecedented increase in demand for services during the economic recession, Oregonians in need of human services during the 2013-15 biennium began to feel the impact of the state's economic recovery. Additional investments in the 2013-15 LAB were designed to advance transformation that promotes long-term financial sustainability for human services programs, including:

- Support for more in-home and community-based supports for seniors and people with disabilities; an expansion of supports for seniors and people with disabilities to make informed decisions about how to maintain their independence, health and safety; and investment in innovation and enhanced coordination between our long term care and health care systems.
- Investments that support more children and adults with intellectual and developmental disabilities (I/DD) to live at home and avoid the need for crisis interventions; investments in infrastructure that, over time, will enable a more seamless and coordinated system in service to consumers and their families, and expanded family-support services.
- Support to expand community-based services statewide that will strengthen, preserve and reunify families involved in the child welfare system and investments in child welfare staff to improve outcomes and to implement an alternative track of intervention once child abuse or neglect has occurred.
- Investments to help low-income unemployed individuals go to work and employed parents stay employed, as well investments to improve integrated employment opportunities for youth and working age adults with I/DD.
- Investments in care providers to improve quality and ensure access to services.
- Investments in DHS staff and business support that enables more engagement with customers, improved family and individual safety and independence and, ultimately, a reduced need for services.

The 2015-17 Governor's Opportunity and Investment Budget continues many of those efforts and helps DHS achieve the following outcomes:

- Safety for Children;
- Safety for Vulnerable Adults;
- Independence for Older Adults and People with Disabilities;
- Family Stability and Employment;
- Community Employment for People with Disabilities;
- School Readiness for Young Children;
- Job Retention for Low-Income Working Families; and
- Program Performance and Integrity.

The following is a summary of the program investments proposed by the Governor to balance the DHS budget in a long-term, sustainable manner that meets the needs of Oregon's most vulnerable citizens.

Aging and People with Disabilities: The Aging and People with Disabilities program area provides services and supports to Oregonians over the age of 65 and to adults with physical disabilities. Oregon's senior population is projected to grow from 502,000 to 950,000 by 2030. In order to avoid a significant increase in demand on publicly funded long-term care supports and services as the eligible population grows, it is critical to continue implementing strategies that support healthy aging, meet the needs of an increasingly culturally diverse population and prevent or delay entry (as appropriate) into costly long-term care services.

The Governor's budget includes the following:

- Funds forecasted caseloads levels and projected cost per case increases
- Continues reimbursement rates in effect for 2013-15 (eliminates inflation)
- Invests $35 million combined into APD/DD/MH toward Department of Labor requirements for in-home services
- Funds nursing facilities at statutory rate
- Funds planning for non-MAGI eligibility automation project
- Invests $3.4 million for new adult protective services data system
- Funds state staff at 90.2% of workload model
- AAAs continue at 95% equity

Aging and People with Disabilities Special Purpose Authorization Items

- Continues: Oregon Project Independence expansion for seniors at $10.3 million; reporting for Community-Based Care and nursing facility utilization continues; Older Americans Act sequestration backfill continues; and Personal Incidental Fund increase for nursing facility residents continues.
- Does not continue one-time investments or funding for Evidence Based Health Promotion Programs.

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

The Governor's Budget includes the following:

- Funds forecasted caseloads levels and projected cost per case increases
- Funds capacity for improving employment outcomes for people with I/DD
- Invests $35 million combined into APD/DD/MH toward Department of Labor requirements for in-home services
- Builds community provider capacity for I/DD clients with significant, long-term needs
- Provides 4% provider rate increase starting 1/1/16 for non-bargained provider types residential and non-residential agency providers, except transportation.
- Eliminates funding for Fairview trust
- Funds CDDP and Brokerage workload models at 95% equity

Child Welfare Programs: Child Welfare Programs serve children and families when children are subject to abuse and neglect in their home environment. Child protection workers respond to all reports of familial child abuse/neglect and, if a child cannot be safe at home, place children in foster care. In the last seven years, Oregon has reduced its foster care population, concentrating on safety and is implementing a system that prevents out-of-home placement (even of abused children) and increases timely and safe return to families. The cost of abuse and neglect – to children, to families, and to the state – is significant.

The Governor's Budget includes the following:

- Funds forecasted caseloads levels and projected cost per case increases
- Continues investment in Differential Response and Strengthening, Preserving and Reunifying Families programs
- Invests in Child Welfare infrastructure to ensure statewide Differential Response implementation by mid-2017
- BRS continues to be funded at settlement agreement level
- Adds one Child Welfare Quality Control reviewer position
- Invests in Pay for Prevention pilot project
- Funds workload model at 85.9%

Self Sufficiency Programs: Self Sufficiency programs are designed to help families achieve economic security with temporary supports for their most basic needs, such as food, health insurance coverage and child care, while working to meet their employment goals.

The Governor's Budget includes the following elements:

- Invests in TANF redesign, including positions ($30 million)
- Invests in Employment Related Daycare program ($49.5 million)
- Funds forecasted caseloads levels and projected cost per case increases
- Continues contracted providers at current rate levels (eliminates inflation)
- Transfers food assistance programs from Housing and Community Services to DHS and restores one-time funding for food programs (Oregon Food Bank)
- Invests in TANF fraud investigators to ensure program integrity
- Funds workload model at 75.8%

Vocational Rehabilitation: The Office of Vocational Rehabilitation Service (OVRS) assesses, develops service plans and provides vocational rehabilitation services to youth and adults whose disabilities present impediments to employment.

The Governor's Budget includes the following:

- Invests in increased VR capacity to improve employment outcomes for people with I/DD, including youth transition

Agency Administration: Central DHS and Shared Services for DHS/OHA provide oversight and direction for programs and services to ensure the agency's mission is achieved.

The Governor's Budget includes the following:

- Invests in REAL-D IT project to collect Race, Ethnicity, Language and Disability information across systems.
- Invests in Oregon Enterprise Data Analytics project to build statewide capacity for better analysis and forecasting.

- Assumes 3% vacancy factor for positions in all DHS programs, reducing overall workload capacity
- Eliminates inflation for all programs and services, except BRS

Conclusion

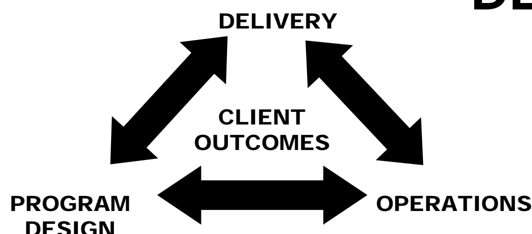
DHS will maintain its commitment to innovation and transparency, prioritizing improvements that will use scarce resources efficiently and effectively. Our success in that effort depends upon nearly 8,000 employees across the state, as well as upon thousands of community and service delivery partners, all of whom are dedicated to supporting and improving the lives of Oregonians. Every year, more than one-million people rely on DHS services, and important services provided by other agencies and organizations, to meet their most basic needs, to be safe, to live as independently as possible, and to support their efforts to achieve economic independence – and we support the Governor's vision for Oregon's future as set out in his budget.

If you have questions about the Governor's Budget for DHS, please send them to communications.dhs@state.or.us. We will get you the information you need.

~Erinn Kelley-Siel, DHS Director

DEPARTMENT OF HUMAN SERVICES

Organization Chart



DIRECTOR
Erinn Kelley-Siel

Equity/Multicultural Services – Lydia Muñiz
Tribal Affairs – Nadja Jones
Employment First – Mike Maley

DELIVERY

- Brokerages (13)
- Community DD Programs (28)
- Stabilization and Crisis Unit (23)
- District Offices (12)
- Local APD Offices (34)
- Area Agencies on Aging (17)
- Disability Determination
- Adoption Assistance
- District Offices (16)
- Local Self Sufficiency Offices (74)
- Local Child Welfare Offices (45)
- Vocational Rehabilitation Offices (34)

PROGRAM DESIGN

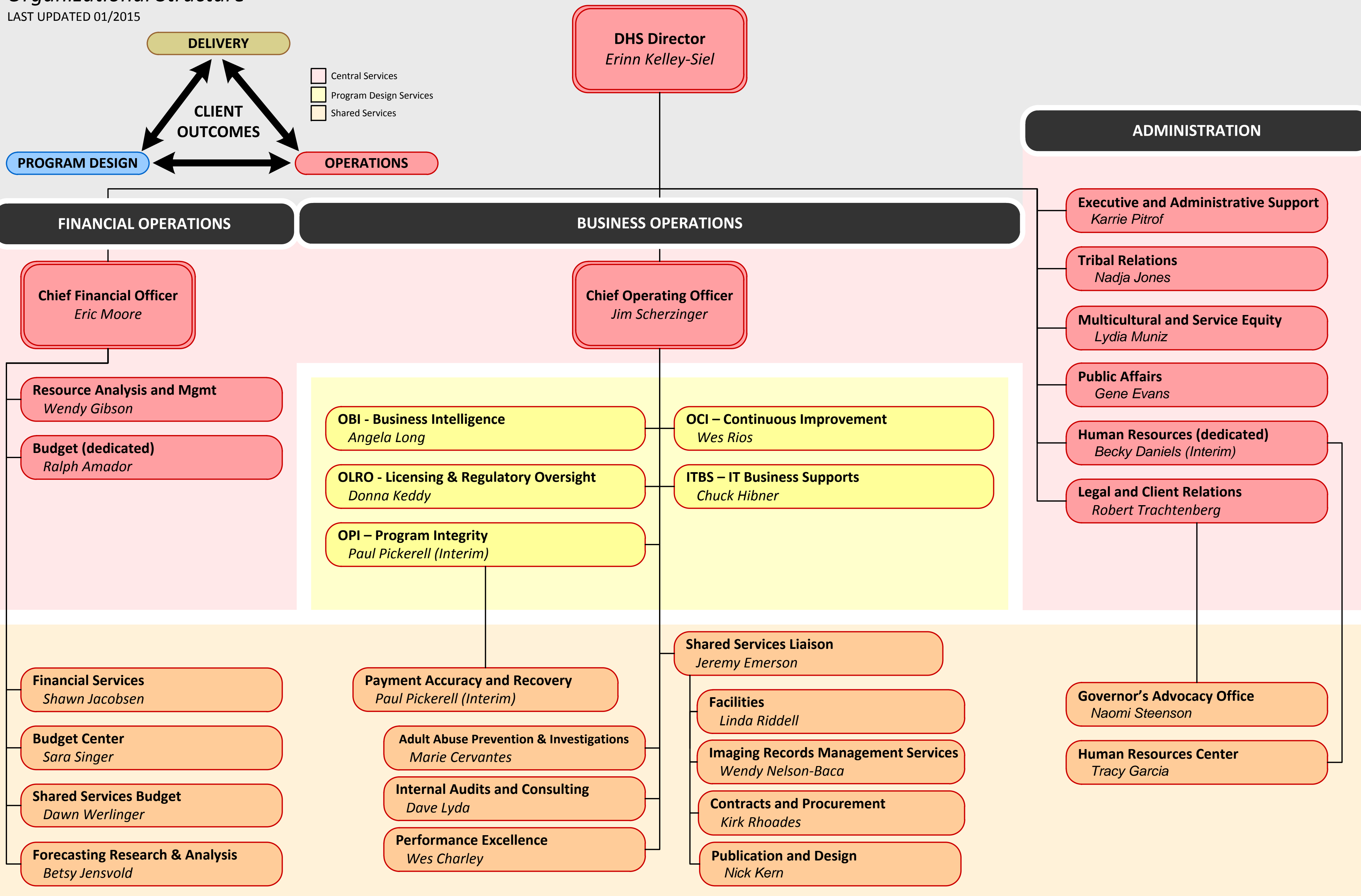
- **Developmental Disabilities** – Lilia Teninty/ Anna Lansky
- **Aging & People with Disabilities** – Mike McCormick/ Ashley Carson Cottingham
- **Child Welfare** – Lois Day/ Jerry Waybrant
- **Self Sufficiency** – vacant/ Jerry Waybrant
- **Vocational Rehabilitation** – Trina Lee (interim)

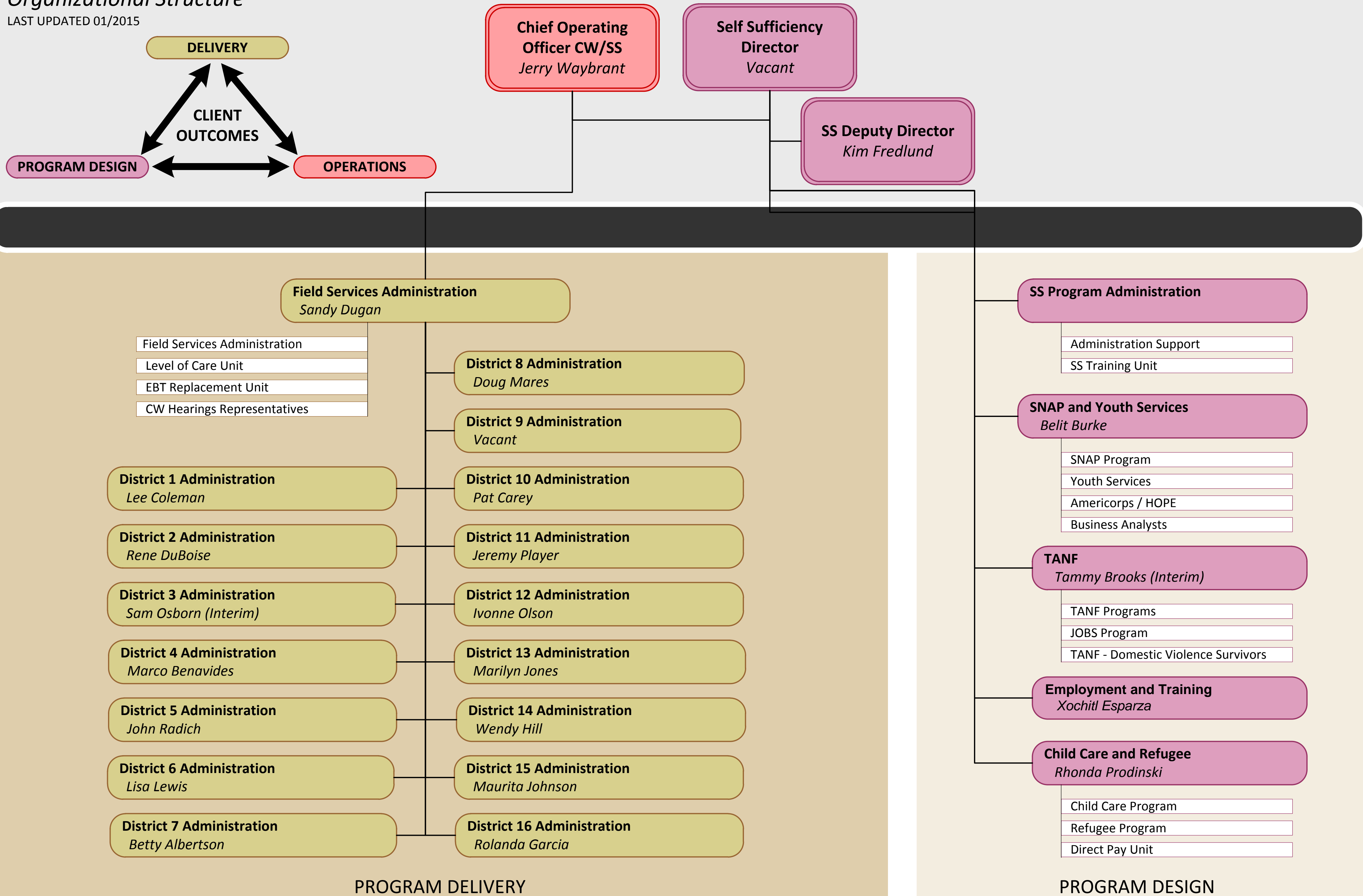
OPERATIONS

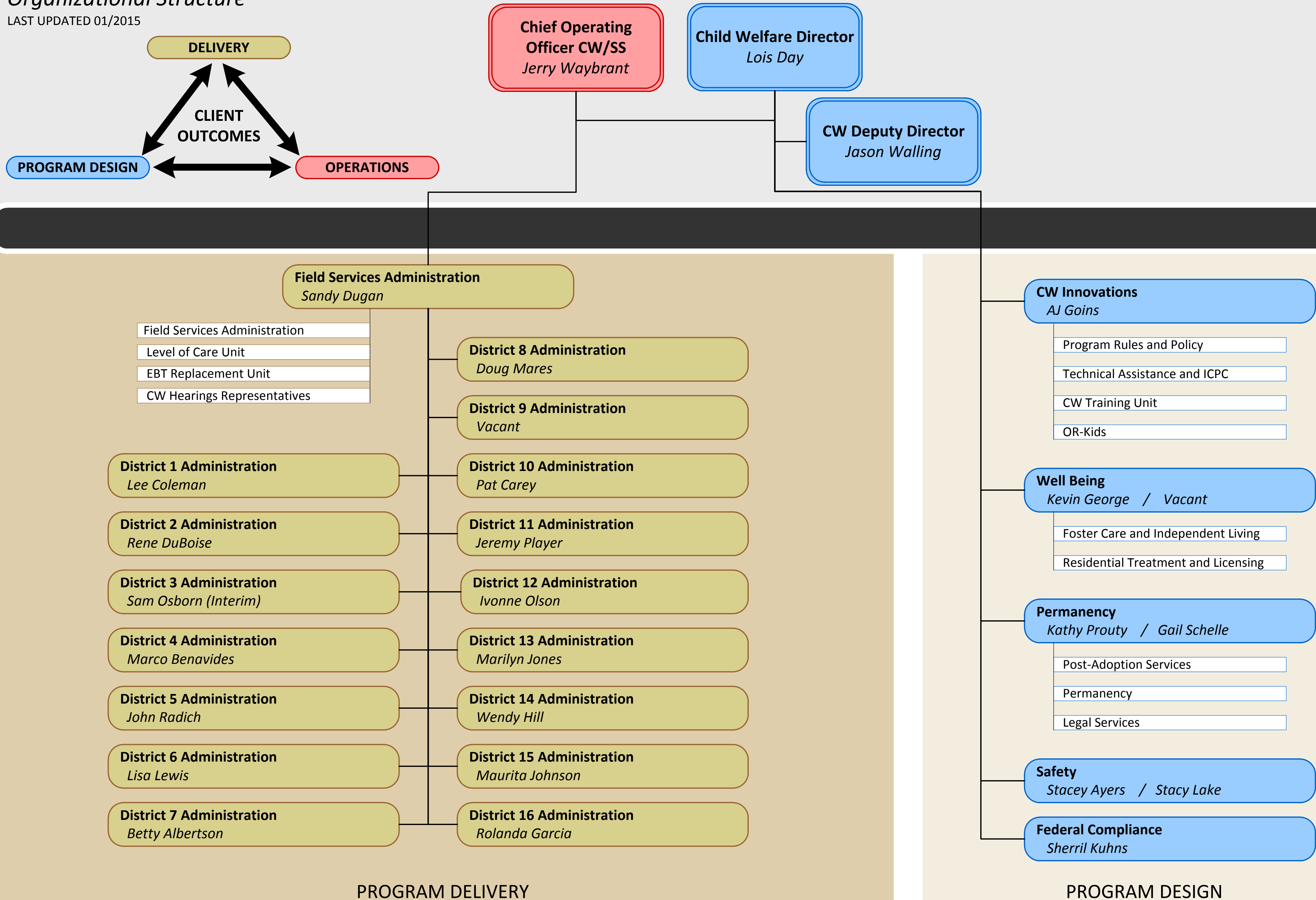
- **Finance** – Eric Moore
  - Budget Center*
  - Forecasting*
  - Financial Services*
- **Human Resources** – Becky Daniels, Interim
  - Human Resources Center*
- **Public Affairs** – Gene Evans
  - Communications
  - Government Relations – Chris Edmonds
- **Chief Operating Officer** – Jim Scherzinger
  - Internal Audit*
  - **Deputy** – Jeremy Emerson, Shared Services Liaison*
    - Procurement*
    - Imaging & Records Mgt.*
    - Facilities*
    - Publications & Forms*
  - **Business Intelligence** – Angela Long
  - **IT Business Supports** – **Chuck Hibner**
  - **Licensing & Regulatory Oversight** – Donna Keddy
  - **Adult Abuse Prevention & Investigations*** – Marie Cervantes
  - **Continuous Improvement** – Wes Rios
  - **Performance Excellence*** – Wes Charley
  - **Program Integrity** – **Paul Pickerell**
    - Office of Payment Accuracy & Recovery*
  - **Legal & Client Relations** – Robert Trachtenberg

February, 2015

** = Shared service provided to DHS and OHA*


DHS Operations and Administration
Organizational Structure
LAST UPDATED 01/2015
DELIVERY
CLIENT OUTCOMES
PROGRAM DESIGN
OPERATIONS
Central Services
Program Design Services
Shared Services
DHS Director
Erinn Kelley-Siel
ADMINISTRATION
FINANCIAL OPERATIONS
BUSINESS OPERATIONS
Executive and Administrative Support
Karrie Pitrof
Tribal Relations
Nadja Jones
Multicultural and Service Equity
Lydia Muniz
Public Affairs
Gene Evans
Human Resources (dedicated)
Becky Daniels (Interim)
Legal and Client Relations
Robert Trachtenberg
Chief Financial Officer
Eric Moore
Chief Operating Officer
Jim Scherzinger
Resource Analysis and Mgmt
Wendy Gibson
Budget (dedicated)
Ralph Amador
OBI - Business Intelligence
Angela Long
OCI – Continuous Improvement
Wes Rios
OLRO - Licensing & Regulatory Oversight
Donna Keddy
ITBS – IT Business Supports
Chuck Hibner
OPI – Program Integrity
Paul Pickerell (Interim)
Shared Services Liaison
Jeremy Emerson
Financial Services
Shawn Jacobsen
Payment Accuracy and Recovery
Paul Pickerell (Interim)
Facilities
Linda Riddell
Governor's Advocacy Office
Naomi Steenson
Budget Center
Sara Singer
Adult Abuse Prevention & Investigations
Marie Cervantes
Imaging Records Management Services
Wendy Nelson-Baca
Human Resources Center
Tracy Garcia
Shared Services Budget
Dawn Werlinger
Internal Audits and Consulting
Dave Lyda
Contracts and Procurement
Kirk Rhoades
Forecasting Research & Analysis
Betsy Jensvold
Performance Excellence
Wes Charley
Publication and Design
Nick Kern


DHS Office of Self Sufficiency (SS)
Organizational Structure
LAST UPDATED 01/2015
DELIVERY
CLIENT OUTCOMES
PROGRAM DESIGN
OPERATIONS
Chief Operating Officer CW/SS
Jerry Waybrant
Self Sufficiency Director
Vacant
SS Deputy Director
Kim Fredlund
Field Services Administration
Sandy Dugan
Field Services Administration
Level of Care Unit
EBT Replacement Unit
CW Hearings Representatives
District 8 Administration
Doug Mares
District 9 Administration
Vacant
District 1 Administration
Lee Coleman
District 10 Administration
Pat Carey
District 2 Administration
Rene DuBoise
District 11 Administration
Jeremy Player
District 3 Administration
Sam Osborn (Interim)
District 12 Administration
Ivonne Olson
District 4 Administration
Marco Benavides
District 13 Administration
Marilyn Jones
District 5 Administration
John Radich
District 14 Administration
Wendy Hill
District 6 Administration
Lisa Lewis
District 15 Administration
Maurita Johnson
District 7 Administration
Betty Albertson
District 16 Administration
Rolanda Garcia
PROGRAM DELIVERY
SS Program Administration
Administration Support
SS Training Unit
SNAP and Youth Services
Belit Burke
SNAP Program
Youth Services
Americorps / HOPE
Business Analysts
TANF
Tammy Brooks (Interim)
TANF Programs
JOBS Program
TANF - Domestic Violence Survivors
Employment and Training
Xochitl Esparza
Child Care and Refugee
Rhonda Prodinski
Child Care Program
Refugee Program
Direct Pay Unit
PROGRAM DESIGN

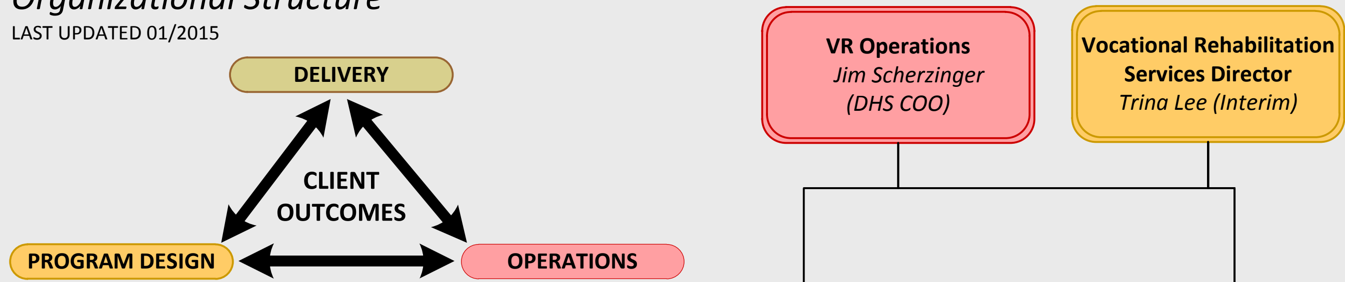


DHS Office of Child Welfare (CW)
Organizational Structure
LAST UPDATED 01/2015
DELIVERY
CLIENT OUTCOMES
PROGRAM DESIGN
OPERATIONS
Chief Operating Officer CW/SS
Jerry Waybrant
Child Welfare Director
Lois Day
CW Deputy Director
Jason Walling
Field Services Administration
Sandy Dugan
Field Services Administration
Level of Care Unit
EBT Replacement Unit
CW Hearings Representatives
District 1 Administration
Lee Coleman
District 2 Administration
Rene DuBoise
District 3 Administration
Sam Osborn (Interim)
District 4 Administration
Marco Benavides
District 5 Administration
John Radich
District 6 Administration
Lisa Lewis
District 7 Administration
Betty Albertson
District 8 Administration
Doug Mares
District 9 Administration
Vacant
District 10 Administration
Pat Carey
District 11 Administration
Jeremy Player
District 12 Administration
Ivonne Olson
District 13 Administration
Marilyn Jones
District 14 Administration
Wendy Hill
District 15 Administration
Maurita Johnson
District 16 Administration
Rolanda Garcia
CW Innovations
AJ Goins
Program Rules and Policy
Technical Assistance and ICPC
CW Training Unit
OR-Kids
Well Being
Kevin George / Vacant
Foster Care and Independent Living
Residential Treatment and Licensing
Permanency
Kathy Prouty / Gail Schelle
Post-Adoption Services
Permanency
Legal Services
Safety
Stacey Ayers / Stacy Lake
Federal Compliance
Sherril Kuhns
PROGRAM DELIVERY
PROGRAM DESIGN

DHS Office of Vocational Rehabilitation Services (OVRS)

Organizational Structure

LAST UPDATED 01/2015



OVRS Field Services
Joseph Miller / Robert Costello

District Business Consultants

North Portland Branch
Donna Duff

Central Portland Branch
Mary Shivell

East Portland Branch
Sherri Seitsinger

Clackamas Branch
Patrick Foster

Washington Branch
Jennifer Frank

North Salem Branch
Martha Dodsworth

South Salem Branch
Rhonda Meidinger

Linn / Benton / Lincoln Branch
Peter Norman

Eugene Branch
Bryan Campbell

Springfield Branch
Rocky Hadley

Medford Branch
Pete Karpa

Roseburg Branch
Amy Kincaid

Bend Branch
Gary Daniele

Eastern Oregon Branch
Susan Hughes

PROGRAM DELIVERY

OVRS Program Administration
Trina Lee (Interim)

- Admin and Support
- State Rehabilitation Council (SRC)
- Grant Coordination

Policy and Program Development
Travis Wall

- MIG Grant Unit
- Training Unit
- Project Access
- Policy and Program Support

Budget and Performance
David Ritacco

- Quality Assurance
- ORCA
- Contracts and Vendor Relations

State Independent Living Council (SILC)
Tina Treasure

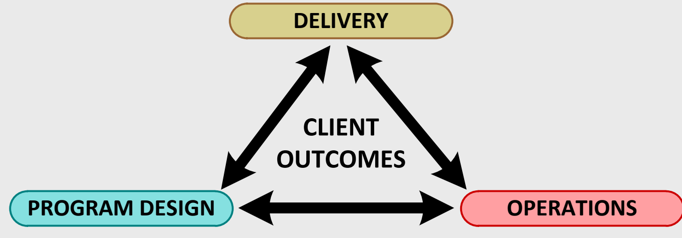
PROGRAM DESIGN

DHS Office of Aging and People with Disabilities (APD)

Organizational Structure

LAST UPDATED 01/2015

PARTNERS



Chief Operating Officer DD/APD
Don Erickson

Aging and People with Disabilities Director
Mike McCormick

APD Deputy Director
Ashley Carson-Cottingham

APD Field Services
Angela Munkers

- **District 1 / 16 Administration** - *Jessica Soletez*
- **District 6 Administration** - *(Jeanne Wright – County)* *Merry Bailey*
- **District 7 Administration** - *Mike Marchant*
- **District 8 Administration** - *(Dave Toler – County)* *Kathie Young*
- **District 9 Administration** - *Carol Mauser*
  - APD Hearings Representatives
- **District 10 Administration** – *Karren Ruesing*
- **District 11 Administration** – *Gloria Pena*
- **District 12 Administration – David Brehaut**
- **District 13 / 14 Administration** - *Sandy Hata*
- **District 15 Administration** - *Gene Sundet*

Delivery Partners

- **District 2 – Multnomah Co. (AAA)** – *Peggy Brey*
- **District 3 – NWSDS (AAA)** – *Rodney Schroeder* *Melinda Compton*
- **District 4 – Cascades West (AAA)** – *Scott Bond*
- **District 5 – LCOG (AAA)** – *Jody Cline*

Collaborative Disability Determination
Erika Miller

- Presumptive Disability Determination
- Children's Benefit Unit
- State Family SSI / Pre-SSI

Disability Determination Services (DDS)
Mary Gabriel

PROGRAM DELIVERY

LONG TERM CARE POLICY SECTION

- **Financial Eligibility & Waiver** – *Dale Marande*
- **Medicaid Long Term Care Policy** – *Jane Ellen Weidanz*
- **Long Term Services and Supports** – *Sarah Hout (Interim)*

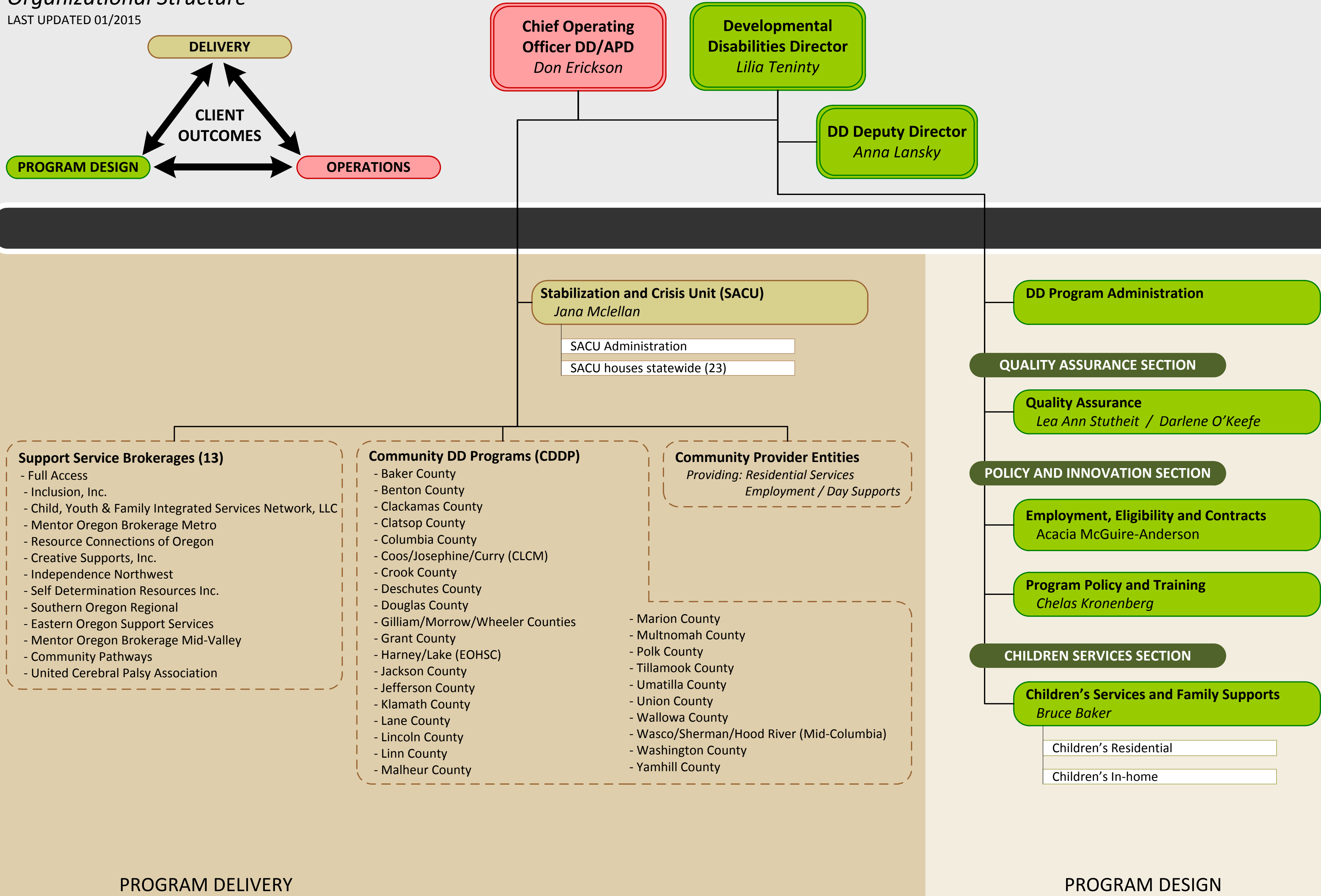
ADVOCACY & DEVELOPMENT SECTION

- **Home Care Commission** – *Cheryl Miller*
- **Advocacy and Development** – *Bob Weir*

CENTRAL DELIVERY SUPPORTS SECTION

- **Central Delivery Supports** – *Christina Jaramillo*
- **MMA Buy-in and Kids Eligibility** – *Kevin Nygren*
- **Provider Relations** – *Debra Satterfield*

PROGRAM DESIGN


DHS Office of Intellectual and Developmental Disabilities Services (I/DD)
Organizational Structure
LAST UPDATED 01/2015
PARTNERS
DELIVERY
CLIENT OUTCOMES
PROGRAM DESIGN
OPERATIONS
Chief Operating Officer DD/APD
Don Erickson
Developmental Disabilities Director
Lilia Teninty
DD Deputy Director
Anna Lansky
Stabilization and Crisis Unit (SACU)
Jana Mclellan
SACU Administration
SACU houses statewide (23)
Support Service Brokerages (13)
- Full Access
- Inclusion, Inc.
- Child, Youth & Family Integrated Services Network, LLC
- Mentor Oregon Brokerage Metro
- Resource Connections of Oregon
- Creative Supports, Inc.
- Independence Northwest
- Self Determination Resources Inc.
- Southern Oregon Regional
- Eastern Oregon Support Services
- Mentor Oregon Brokerage Mid-Valley
- Community Pathways
- United Cerebral Palsy Association
Community DD Programs (CDDP)
- Baker County
- Benton County
- Clackamas County
- Clatsop County
- Columbia County
- Coos/Josephine/Curry (CLCM)
- Crook County
- Deschutes County
- Douglas County
- Gilliam/Morrow/Wheeler Counties
- Grant County
- Harney/Lake (EOHSC)
- Jackson County
- Jefferson County
- Klamath County
- Lane County
- Lincoln County
- Linn County
- Malheur County
- Marion County
- Multnomah County
- Polk County
- Tillamook County
- Umatilla County
- Union County
- Wallowa County
- Wasco/Sherman/Hood River (Mid-Columbia)
- Washington County
- Yamhill County
Community Provider Entities
Providing: Residential Services
Employment / Day Supports
DD Program Administration
QUALITY ASSURANCE SECTION
Quality Assurance
Lea Ann Stutheit / Darlene O'Keefe
POLICY AND INNOVATION SECTION
Employment, Eligibility and Contracts
Acacia McGuire-Anderson
Program Policy and Training
Chelas Kronenberg
CHILDREN SERVICES SECTION
Children's Services and Family Supports
Bruce Baker
Children's Residential
Children's In-home
PROGRAM DELIVERY
PROGRAM DESIGN

Oregon Department of Human Services
Central and Shared Service Programs

Overview

DHS Central and Shared Services provide critical leadership and business supports necessary to achieve the mission of the agency: helping Oregonians achieve well-being and independence through opportunities that protect, empower, respect choice, and preserve dignity.

DHS and OHA govern their shared services through a board composed of operational leaders of the two agencies. This approach ensures that shared services are prioritized and managed to support program needs. The board and its subgroups have established service level agreements and performance measures for each service, implemented recent budget cuts selectively, moved staff in and out of shared services to rationalize service delivery, and started implementing more integrated systems to support the performance of all our employees.

Performance management system
The system is contained in the Director's Office and is managed by the entire executive team containing the following key elements:
- A clear statement of the outcomes DHS must achieve.
- Descriptions of the processes DHS uses to achieve its outcomes.
- Measures of success for each outcome and process.
- Owners for each measure.
- Written "breakthrough" strategies for each initiative that will significantly improve outcomes and processes.
- A quarterly all-day all-leadership review of progress on each measure and strategy.

Investment in centralized infrastructure
DHS restructured into five programs from its previous two structure system based on analysis from the performance management system. DHS then centralized many support services that previously had been performed separately by each program. This structure creates efficiencies, assigns clear accountability for the performance of support services, and allows targeted investments to improve performance. Better support services ultimately improve performance of all DHS employees and our providers.

One of the most important breakthroughs is modernizing DHS's service delivery. This involves redesigning how DHS interacts with its clients and customers – defining where face-to-face contact better serves client needs and advances the agency mission and where on-line and automated processes can more efficiently meet the need or better support DHS staff in their direct service to clients.

DHS Central Services

DHS Central Services consist of the Office of the Director and Policy, the Office of Equity and Multicultural Services (OEMS), the Office of Human Resources, the DHS Office of the Chief Financial Officer and the Public Affairs Office. These offices provide essential business supports to programs in achieving the department and programs mission, vision and outcomes.

The DHS Governor's budget request for Central Services is:

DHS Central Services	GF	OF	FF	TF	POS	FTE
LAB 13-15	$ 16,843,168	$ 765,040	$ 17,213,823	$ 34,822,031	87	85.93
GB 15-17	$ 16,066,283	$ 1,716,661	$ 16,359,181	$ 34,142,125	90	89.26
Difference	$ (776,885)	$ 951,621	$ (854,642)	$ (679,906)	3	3.33
Percent change	-5%	55%	-5%	-2%	3%	4%

Office of the Director and Policy

The DHS Director's Office is responsible for overall leadership, policy development and administrative oversight. These functions are coordinated with the Governor's Office, the Legislature, other state and federal agencies, partners and stakeholders, local governments, advocacy and client groups, and the private sector.

The DHS Director's Office provides leadership in achieving the mission of the agency: helping Oregonians achieve well-being and independence through opportunities that protect, empower, respect choice and preserve dignity. The office supports all DHS field office and central office programs by managing legislative and legal matters, client concerns, written rules, and contested hearings.

Office of Equity and Multicultural Services (OEMS)

OEMS provides leadership and direction in supporting equity, diversity and inclusion initiatives throughout the agency. OEMS guides systemic changes to both internal workforce developments as well as improve service delivery to all

Oregonians. The office also investigates all claims of discrimination and harassment. The goals of the office include reducing service disparities in all program areas; ensuring a diverse and culturally competent workforce; removing barriers to a welcoming work environment; and improving life outcomes for all DHS clients.

REaL-D Collection of Race, Ethnicity, Language and Disability Data
This investment supports the establishment of uniform standards and practices for the collection of data on race, ethnicity, preferred spoken or signed language, preferred written language, and disability status by the Oregon Health Authority (OHA) and Department of Human Services (DHS).

In the current OHA/DHS systems architecture, the agency would be required to modify all systems, duplicate information across multiple systems and will most likely ask the same demographic questions of clients multiple times across the various programs.

This investment supports designing, building and implementing a master client data service that supports the long-term strategy of a comprehensive view of the OHA/DHS client. Upon establishment of a re-useable master client service, the agency will have the capability to collect demographic information on the client that will serve multiple program and reporting needs. One key focus is aligning the data systems used for collection and reporting of race, ethnicity, language and disability data with the new standard to promote health and service equity for all programs and activities within the Department of Human Services (DHS and Oregon Health Authority (OHA).

DHS and OHA have developed administrative rules and policies for collecting, analyzing, and reporting meaningful race, ethnicity, language and disability data (REaL+D) across DHS and OHA based on the foundation of the U.S. Office of Management and Budget's (OMB) Directive 15 (revised 1997), and adds key elements that will improve the quality of the data gathered. This POP addresses both the business and technical changes required to create a unified, sustainable model for collecting client data across both agencies.

This investment will help establish the base master client service. Programs and systems utilizing this service will need to be determined through the 2014-2015

business analysis and systems assessment for REAL+D. The master client service will be an ongoing resource that supports systems and business processes alignment with HB 2134.

For the remainder of the 13-15 biennium (July 1, 2014-June 30,2015); DHS and OHA have put in place a REaL-D Analysis and Assessment Project to inventory and analyze all business processes, systems and reports across DHS/OHA that capture, update or utilize REaL-D data. This project's focus is on a detailed assessment and impact analysis of the changes that will be required across DHS & OHA in support of the implementation of HB2134 and the related Oregon REaL-D data collection standards. The outcome of the in-depth analysis will include a detailed business case and recommended implementation strategies for REaL-D data standards compliance.

Office of Human Resources (HR)

HR serves as a strategic partner to its customers in DHS, providing proactive, comprehensive human resources services, in alignment with agency and program mission and goals. HR works closely with internal customers on Workforce Strategies that support agency and program needs and strategies, and building a healthy workplace culture of ongoing development and feedback to ensure the agency has a diverse workforce with the right people with the right skills, training, and support to do their work, now and in the future.

DHS Office of the Chief Financial Officer (OCFO)

OCFO provides optimal business services to ensure accountability, data driven decisions, and stewardship of resources in support of the mission of DHS. This is done by working closely with DHS programs and the OHA CFO and programs, to ensure accurate, timely and efficient recording and management of financial resources; culturally competent and equitable services; authorizing the redistribution of available resources to meet changing needs; and establishing administrative controls. The OCFO is responsible to provide leadership and direction to the DHS Budget Office and the fiscal offices located in DHS that serve both DHS and OHA, including the Budget Center, Office of Financial Services, and Office of Forecasting. These offices ensure that accounting, budget, and forecasting practices comply with all applicable laws, rules, and professional standards and ensure transparency and accountability in the financial practices of DHS and OHA.

Public Affairs Office
This office supports the mission by providing accurate information to a diversity of employees, clients, legislators, stakeholders and interest groups, providers and partners, local governments, other state and federal agencies, policymakers, the news media, targeted audiences and the general public. Effective communication is the primary vehicle to demonstrate public transparency, accountability, and trust. The office also provides support to the department's priority projects as defined by the DHS Director and Executive Team.

Legislative Unit
This unit handles all legislative matters for DHS. This team coordinates all DHS legislative matters with legislative offices, key stakeholders and the Governor's Office. This team supports both field and central office staff providing consultation and support in legislative matters, primarily working with central office staff on policy development for program services. During a legislative session, this unit tracks and assigns all bills related to DHS program and operations. Staff in this unit support the Director of DHS, the Directors of all program and operations in DHS and the District Managers in field offices regarding legislative matters.

Office of Legal and Client Relations
This unit supports all DHS field office and central office programs by managing legal matters, client concerns, administrative rules, and administrative hearings. The LCRO consists of the following operational areas:

Legal Unit
This Unit manages all lawsuits, tort claims and subpoenas related to DHS program and operations. Staff in this unit provide expert consultation to DHS staff (field and central office staff), Department of Justice (DOJ) and Department of Administrative Services (DAS) Risk Management in policy related to legal matters. This team ensures timely completion of the required judicial documents to move smoothly through a complicated legal matter.

Governor's Advocacy Office (GAO)
This office handles client complaints coming into Central Office related to DHS services. This office operates independently in the investigations performed and reports directly to the Governor quarterly on the calls received and handled. The team in this office works closely with field office staff, central office program staff,

the Governor's Office, key stakeholders and the DHS Director's Office to successfully, equitably and respectfully reach a conclusion. Efforts are underway to have the GAO handle all client-related complaints coming into Central Office and the Director's Office.

Hearings and Rules Unit
This unit provides expert technical support to hearing representatives in DHS field services and liaison to the Office of Administrative Hearings and DOJ regarding DHS notices, hearing requests, and contested case hearings. This unit provides expert technical support to program staff writing rules and rule-related documents and handles rule filing and the public comment process for DHS programs.

Program Design Services

To become outcome-driven, an agency must:

- Determine the outcomes it wants to achieve
- Measure the outcomes
- Design programs to achieve the outcomes
- Implement the design through business and IT processes
- Systematically review whether the processes are being implemented as designed and how well the outcomes are being achieved.

Program Design Services (PDS) employ professionals who specialize in these tasks who help DHS and its programs perform these tasks.

The Governor's budget for PDS is:

Program Design Services	GF	OF	FF	TF	POS	FTE
LAB 13-15	$ 20,592,854	$ 14,616,714	$ 78,907,230	$ 114,116,798	253	253.00
GB 15-17	$ 28,470,204	$ 2,467,172	$ 51,223,089	$ 82,160,465	262	257.41
Difference	$ 7,877,350	$ (12,149,542)	$ (27,684,141)	$ (31,956,333)	9	4.41
Percent change	28%	-492%	-54%	-39%	3%	2%

Office of Program Integrity (OPI)

OPI conducts analysis and tests to determine whether DHS is implementing programs in the way they were designed and trains caseworkers based on their findings to improve program integrity. The Quality Control Unit conducts operational and case reviews, many mandated by state and federal law, to

determine how accurately each program is making eligibility and other determinations. The Quality Assurance Unit and CMS Waiver Group conducts field reviews to assess program quality.

OPI continues to work with Lean Daily Management System principles to produce efficiencies in the work of the office. Huddles, continuous improvement sheets, 7-step problem solving, skill versatility are all examples of tools being used by units to enhance the way business is conducted.

Child Welfare Quality Control Reviewer Position
The position requested in this investment will increase the QC review capacity in the statewide Child Welfare Quality Assurance system to conduct a statewide qualitative review of the states' child welfare practice in defined areas of child safety, permanency and wellbeing. The position will enable the team to complete stakeholder interviews, which are federally required as part of each state's Continuous Quality Improvement in Child Welfare program. Federal regulations at 45 CFR 1355 require states to maintain substantial conformity with title IV-B and IV-E requirements through CFSR reviews. Other federal requirements can be found in the federal Adoption and Safe Families Act of 1997 and the Administration for Children and Families Information Memorandum CB-IM 12-07 dated August 27, 2012.

There are currently 3 FTE in the Child Welfare review team. This additional position will enable the state to complete federally mandated Children and Family Services Review (CFSR) as required and mitigate the risk for federal penalties and imposed program improvement plans. This investment has the support of the Child Welfare program area leadership.

Office of Business Intelligence (OBI)
OBI compiles reports and conducts research to determine whether DHS programs are achieving their goals and desired outcomes. OBI specializes in managing data to ensure it is accurate, consistent, and useful to programs in assessing their success and making decisions to alter their program design. One important part of this role is managing the agency scorecard of outcome and process measures. OBI also conducts professional research requested by programs to give them a more rigorous foundation for their program design.

Information Technology Business Supports (ITBS)
ITBS serves to bridge the language gap which commonly exists between the IT technical teams and numerous program design and operational teams. The mission of ITBS is threefold: help DHS program policy-makers understand and maximize their use of technology; help the application development teams understand the business needs of the DHS program areas; and help DHS program policy-makers understand the impact of their technology decisions.

Fulfilling the mission of ITBS requires solid understanding of the operational aspects of the multiple IT systems supporting DHS program areas, and also a strong working knowledge of DHS program policies, rules and business processes. ITBS team members have developed the skill, knowledge and ability to concurrently translate the language of system and business process between Office of Information Services (OIS) technology development teams and DHS business program teams. In addition to technology and policy/process translation services, ITBS provides direct support to internal and external system users regarding issues specific to DHS program areas, and system access administration for several DHS program areas.

Office of Continuous Improvement (OCI)
OCI helps DHS units implement the Lean Daily Management System and conduct business process improvement events. OCI employs project managers and people skilled in Lean tools that assist units in making high-priority process improvements and building their own Lean capacity.

Office of Licensing and Regulatory Oversight (OLRO)
OLRO licenses many providers of residential care to children, the aging and physically disabled, and people with intellectual and developmental disabilities. These providers range across the continuum of care and serve clients of multiple DHS programs and other agencies as well as private persons. Through diligent oversight, investigation of complaints and reports of potential abuse, and corrective action, OLRO reduces future instances of unsafe conditions and improves the quality of care. These services are most effective when they are provided in a quality and prevention model aimed at preventing harm in the first place to protect the safety and health of vulnerable Oregonians. The providers licensed by OLRO include adult foster homes, assisted living facilities, residential care facilities,

nursing homes, supported living and employment programs for people with developmental disabilities, and private child care agencies.

DHS Shared Services and Statewide Assessments

DHS Shared Services supports both DHS and OHA by providing optimal business services to ensure accountability, data driven decisions, and stewardship of resources. The Governor's budget also includes the DAS, SDC and Risk Management assessments, debt service, and the DHS facilities rent and computer replacement budgets.

The Governor's budget for Shared Services is:

DHS Shared Services	GF	OF	FF	TF	POS	FTE
LAB 13-15	$ -	$ 112,945,673	$ -	$ 112,945,673	633	257.41
GB 15-17	$ -	$ 116,726,235	$ -	$ 116,726,235	674	644.66
Difference	$ -	$ 3,780,562	$ -	$ 3,780,562	41	387.25
Percent change	0%	3%	0%	3%	6%	60%

Overview of Shared Services

DHS Shared Services contains the following key offices and programs that serve both DHS and OHA. These services keep program support cost to a minimum for both agencies and are all "other" funded. Each agency has a "Shared Services Funding" budget to pay for services each program receives for both DHS and OHA (Office of Information Services) shared services. DHS shared services are listed below:

Shared Services Administration

This office provides leadership and direction for shared services offices which support both DHS and OHA.

Budget Center

This area provides program and administrative budget planning, financial analysis and technical budget support. These services are provided for department leadership, program, policy and field managers, staff and external policymakers.

Office of Forecasting and Research Analysis

This unit provides client caseload forecasting services.

Oregon Enterprise Data Analytics Research Analysis
Understanding data and information from across state agencies is a need that is being identified. Analysis of integrated client/customer service information across state services would be a powerful tool to assist in identifying costs, risks, outcomes, and future need level at the state, community, family and individual level. It would also provide an understanding of our state services from client/customer perspective. Several efforts to accomplish this are currently underway. Coordination and consolidation of these efforts, development of governance for data access and use, and resource for maintenance, expansion and analysis are needed for Oregon.

Office of Financial Services
This area provides accounting services, administers employee benefits and payroll, prepares financial reports, and collects funds. This area provides accurate, accountable and responsive financial management and business services to clients, providers, vendors, stakeholders and employees to ensure compliance with state laws and federal policies, rules and regulations.

Office of Human Resources
This office provides essential HR administrative functions and services for DHS and OHA, and supports organizational development and an improved common culture of leadership and engagement across both agencies, through background checks and fitness determinations; personnel records management; leave administration; centralized position administration; safety and risk response and management; staff and management training.

Office of Facilities Management
This office provides coordination of facility matters for branch offices and other facilities statewide.

Office of Imaging and Records Management (IRMS)
IRMS provides document and records management services, which include imaging, electronic workflow, data entry, archiving and retention services.

Office of Contracts and Procurement
This office provides purchasing services by conducting solicitations, and preparing and processing contracts with other government agencies, businesses and service providers.

Office of Adult Abuse Prevention and Investigations (OAAPI)
OAAPI is responsible for conducting and coordinating abuse investigations and providing protective services statewide in response to reports of abuse and neglect to people they serve, including:

- Adults over the age of 65
- Adults with physical disabilities
- Adults with intellectual or developmental disabilities
- Adults with mental illness, and
- Children receiving residential treatment services

OAAPI exists to ensure a prompt, consistent and equitable response to all reports of abuse of vulnerable adults (and children in certain settings) across the state, to provide proactive prevention training and services to vulnerable populations and those who care for them and to help prevent abuse from happening in the first place. OAAPI works toward these goals by the provision of the following specialized, abuse-related services to its DHS and OHA program partners:

- Policy analysis and development;
- Data collection and analysis;
- Quality assurance and continuous improvement activities;
- Staff training and development;
- Research and prevention activities;
- Program coordination and technical assistance; and
- Specialized investigation services.

As a Shared Service with a broad view of adult abuse trends across varying populations and settings, OAAPI is uniquely positioned to provide trend data and outcomes to program and agency partners, who use that information to ensure and enhance the safety of their respective consumer populations.

Internal Audit and Consulting
This office provides independent and objective information about operations, programs and activities to help management make informed decisions and improve services.

Office of Payment, Accuracy and Recovery (OPAR)
OPAR provides recovery services by identifying and recovering moneys paid in error to clients or providers; investigates allegations of fraudulent activities; investigates and recovers state funds expended for services when a third party should have covered the service and the recovery of claims made by a client; and recovers funds from the estates of Medicaid recipients for the cost of cash and medical benefits provided. OPAR continues to work with Lean Daily Management System principles to produce efficiencies in the work of the office. Huddles, continuous improvement sheets, 7-step problem solving, and skill versatility are all examples of tools being used by units to enhance the way business is conducted.

TANF Investigators (funding in shared services funding)
Currently, OPAR's client fraud investigators have caseloads in excess of 300 cases each. This is excessive and additional resources are needed to properly decrease the backlogged workload. Further, an investigator's work often happens in client homes and in adversarial situations where safety is a concern.

These new staff (7 FTE, Investigator 3 classification; 10 FTE, Investigator 2 classification; 2 FTE, Office Specialist 2; 2 FTE, Administrative Specialist 2; 1 FTE, Program Manager C) would provide the additional investigative horsepower needed to right-size the investigations unit, reduce existing safety concerns, as well as expand capacity for utilizing new data-mining and GIS fraud-identification techniques.

Performance Excellence Office (PEO)
PEO provides leadership in coordinating continuous improvement and training services. PEO uses a blend of project management principles, a strong governance structure, metrics developing and tracking, training and Lean techniques to drive a comprehensive approach to creating a culture of continuous improvement that is cutting red tape, delivering better and faster services to clients, generating cost savings and increasing transparency. The PEO uses a multi-level approach designed to create an organic self-sustaining culture of continuous improvement through all

levels of the organization. The PEO provides lean and continuous improvement training for all agency staff, coaching and mentoring for agency management and oversight of agency performance in continuous improvement and performance excellence.

Publications and Design (P&D)
P&D manages the writing, design, development, printing and distribution of DHS and OHA publications for internal and external audiences, which includes alternate formats and alternate languages. P&D provides consulting to plan professional quality publications that reflect DHS and OHA style guidelines; edit and proof materials created by staff experts and partners in their individual fields; provide graphic design, layout, original and digital illustration, forms creation, graphic artwork and Web and electronic materials.

Below is a table comparing the 2013-15 LAB to the 2015-17 GB for the Other funded DHS Shared Services.

	2013-15 LAB	2015-17 GB		2013-15 LAB	2015-17 GB	
Shared Services Office	OF	OF	Difference	POS	POS	Difference
Shared Services Administration	$1,116,241	$1,144,726	$28,485	3	3	-
Budget Center	$2,625,104	$3,081,371	$456,267	15	15	-
Office of Forecasting and Research Analysis	$2,812,988	$2,721,773	($91,215)	12	12	-
Office of Financial Services	$24,771,968	$25,577,399	$805,431	154	156	2
Human Resources Center	$13,967,355	$14,869,702	$902,347	72	73	1
Facilities Center	$4,876,404	$4,943,431	$67,027	28	28	-
Imaging and Records Management Services	$11,149,105	$11,161,177	$12,072	76	76	-
Office of Contracts & Procurement	$9,375,550	$8,978,021	($397,529)	46	45	(1)
Office of Adult Abuse Prevention & Investigation	$9,467,128	$9,494,483	$27,355	51	51	-
Internal Audit and Consulting	$2,026,887	$1,984,824	($42,063)	10	10	-
Office of Payment Accuracy & Recovery (OPAR)	$26,051,222	$28,773,897	$2,722,675	168	185	17
Performance Excellence Office	$1,635,408	$1,645,578	$10,170	6	6	-
Publication and Design Section	$3,070,313	$2,349,853	($720,460)	14	14	-
Total DHS Shared Services	$112,945,673	$116,726,235	$3,780,562	655	674	19

DHS also has statewide assessments that include DAS charges such as the State Government Service Charge, Risk Assessment and State Data Center Charges. Rent for all of DHS is in the Facilities budget, IT Direct is for all computer replacement needs. The Shared Services funding is the revenue for the DHS portion of DHS and OHA shared services and Debt services is to pay off Certificates of Participation loans taken for major DHS projects. Each service, both shared and assessed, are important for DHS to attain its programmatic outcomes. It is critical to continue to look for efficiencies in our systems, processes or staffing.

The Governor's budget for statewide assessments is:

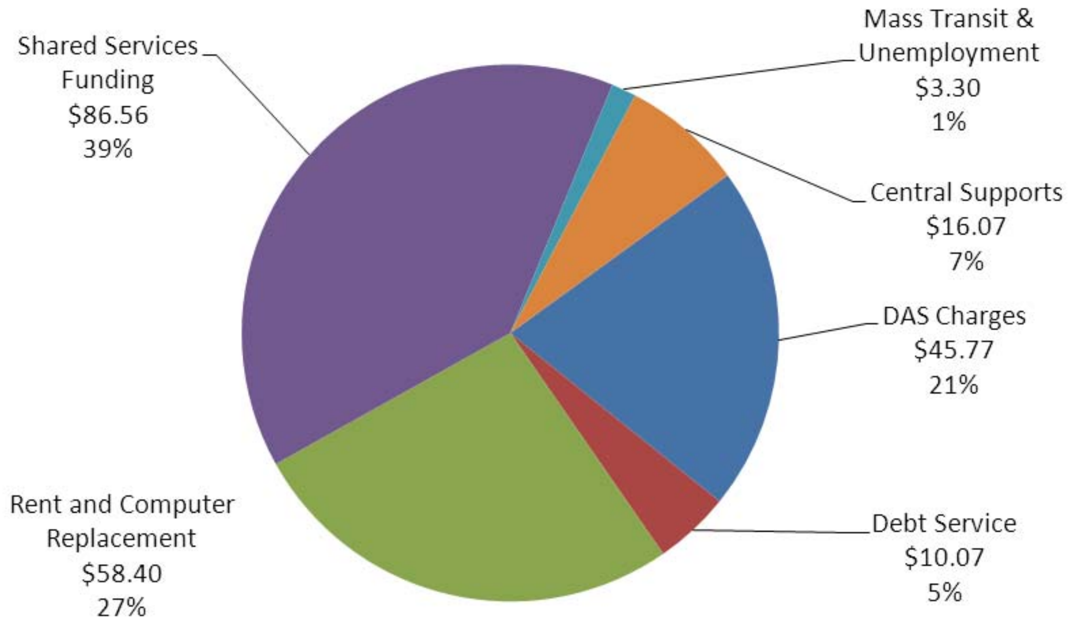
DHS SAEC	GF	OF	FF	TF	POS	FTE
LAB 13-15	$ 185,587,528	$ 30,223,747	$ 165,450,671	$ 381,261,946	0	0.00
GB 15-17	$ 204,093,894	$ 30,482,794	$ 182,239,725	$ 416,816,413	0	0.00
Difference	$ 18,506,366	$ 259,047	$ 16,789,054	$ 35,554,467	0	0.00
Percent change	9%	1%	9%	9%	0%	0%

Two tables comparing 2013-15 LAB and 2015-17 GB as set out below for these services.

LAB Statewide Assessments	GF	OF	FF	TF	GF %
State Government Service Charge	$8,423,964	$25,000	$9,545,305	$17,994,269	4.54%
Risk Assessment	$9,737,110	$0	$7,940,359	$17,677,469	5.25%
State Data Center	$13,852,896	$25,000	$12,853,378	$26,731,274	7.46%
Facilities	$53,708,431	$119,351	$57,029,878	$110,857,660	28.94%
IT Direct Charge	$2,425,403	$3,760	$2,411,858	$4,841,021	1.31%
Shared Services Funding	$77,223,307	$50,598	$71,608,147	$148,882,052	41.61%
DHS Debt Service	$13,790,835	$0	$0	$13,790,835	7.43%
Telecommunications	$3,152,170	$38	$2,955,129	$6,107,337	1.70%
Mass Transit	$1,860,864	$0	$538	$1,861,402	1.00%
Unemployment	$1,412,548	$0	$1,106,079	$2,518,627	0.76%
Treasury Cash Flow Loan Limitation	$0	$30,000,000	$0	$30,000,000	0.00%
Total	$185,587,528	$30,223,747	$165,450,671	$381,261,946	100.00%

GB Statewide Assessments	GF	OF	FF	TF	GF %
State Government Service Charge	$12,406,732	$0	$12,428,367	$24,835,099	6.08%
Risk Assessment	$9,909,095	$0	$8,075,490	$17,984,585	4.86%
State Data Center	$21,513,119	$0	$18,327,584	$39,840,703	10.54%
Facilities	$55,806,906	$19,734	$58,254,982	$114,081,622	27.34%
IT Direct Charge	$2,594,396	$3,760	$2,385,810	$4,983,966	1.27%
Shared Services Funding	$86,561,512	$665	$79,921,503	$166,483,680	42.41%
DHS Debt Service	$10,066,836	$0	$0	$10,066,836	4.93%
Telecommunications	$1,939,448	$38	$1,742,295	$3,681,781	0.95%
Mass Transit	$1,955,992	$462,539	$0	$2,418,531	0.96%
Unemployment	$1,339,858	$0	$1,103,694	$2,443,552	0.66%
Treasury Cash Flow Loan Limitation	$0	$29,996,058	$0	$29,996,058	0.00%
Total	$204,093,894	$30,482,794	$182,239,725	$416,816,413	100.00%

Below is a General Fund look at Central and Shared Services and Statewide Assessments for DHS.



Oregon Department of Human Services
Self-Sufficiency Programs

Overview

Oregonians access Self-Sufficiency Programs when they are in need and have no other alternatives. We serve more than one million Oregonians annually from all corners of the state through:

- The Temporary Assistance for Needy Families (TANF) Program which provides cash assistance for families with children living in extreme poverty as well as family stabilization and employment preparation services.
- The Employment Related Day Care (ERDC) program which helps low-income, working families pay for safe, stable child care so parents can retain employment.
- The Supplemental Nutrition Assistance Program (SNAP) which provides food benefits and nutrition education.
- Refugee Services to help refugees resettle safely in our state.

Self-Sufficiency Programs also offer services to help families escape domestic violence and to apply for other federal programs, such as Supplemental Security Income, when employment is not a viable option. Some programs require involvement in employment services or job training to help families move into self-reliance.

Challenges

Self-Sufficiency Programs are designed to help stabilize families, contribute to the healthy development of children, and assist adults in finding and retaining employment that gets them on a path to being self-supporting. Our programs prevent children from entering the foster care system and are designed to help families break the cycle of poverty.

Demand for Self-Sufficiency Programs hit an all-time high during the last recession and while demand is decreasing, it is nowhere near pre-recession levels. For example, the number of people receiving food benefits remains more than 60 percent higher than in July 2008, prior to the recession, while the number of people receiving cash assistance through TANF is more than 55 percent higher.*

**October 2014 Caseload Data*

At the same time our caseloads hit historic highs, Self-Sufficiency Program staffing levels were decreased. During the 2013-15 biennium, staffing levels remained challenging but began to improve. Through a cost-neutral shift of eligibility positions into case management positions, DHS raised its case management staffing levels from 35 percent to 59 percent of the need. Case management staffing is projected to be at 76.9 percent in the 2015-17 biennium, based on the 15-17 Governor's Budget (GB) and the fall 2014 forecast. Eligibility staffing levels will reduce to 72.8 percent. Case management is critical to providing the customized, consistent attention program participants need to move from poverty onto a pathway toward self-reliance. Overall, the 15-17 GB supports a staffing level of 75.8 percent for Self-Sufficiency Programs next biennium.

Self-Sufficiency Programs are adjusting to changing circumstances and working to align with statewide redesigns in the education, health care, early learning and workforce systems. In addition, recent federal reauthorizations through the Workforce Investment and Opportunity Act (WIOA), and the Child Care and Development Block Grant (CCDBG) bring new requirements, challenges and opportunities.

15-17 Governor's Budget for Self-Sufficiency Programs

While reductions from last biennium are not likely to be fully restored, the 15-17 Governor's Budget reinvests projected TANF caseload savings into the program to help Oregonians meet their basic needs, have access to quality child care, and support them as they transition into employment.

The 15-17 Governor's Budget for Self-Sufficiency Programs is projected to be $433 million or 12.4% in general funds for the 15-17 biennium.

Self Sufficiency	GF	OF	FF	TF	Positions	FTE
LAB 13-15	349,209,639	136,863,602	2,976,651,469	3,462,724,710	2,001	1,981.99
GB 15-17	433,009,208	111,030,484	2,941,565,794	3,485,605,486	2,035	2,025.97
Difference	83,799,569	(25,833,118)	(35,085,675)	22,880,776	34	43.98
Percent of Change	24.0%	-18.9%	-1.2%	0.7%	1.7%	2.2%

Note: The large increase in GF from 13-15 LAB to 15-17 GB is primarily due to backfilling $43.8 million in one-time TANF and SNAP bonus funding and $11.1 million in CCDF one-time funding. These numbers include $2.5 billion in Non-Limited Federal Funds in the SNAP program.

The 15-17 GB proposes:

- Restoring $450,000 in one-time funding for the Oregon Food Bank;
- Investing $1 million for 211 to expand statewide;
- Transferring $3.6 million Total Funds in Food Assistance programs from Housing to DHS;
- Anticipates savings from declining TANF caseload ($41.9 million) and proposes reinvesting $30 million of the savings into program improvements, including staffing;
- Funding the projected TANF caseload and cost per case in TANF;
- Assuming $24 million in TANF Contingency Federal Funds;
- Increasing access to quality child care with $49.6 million in General Funds;
- Continuing previous TANF program reductions;
- Assuming a 3 percent vacancy factor on all positions reducing capacity to complete work;
- Eliminating inflation, keeping rates at 2013-15 levels;
- Funding the Self Sufficiency Programs (SSP) staffing workload model at 75.3 percent;
- Investing in TANF fraud investigators to ensure program integrity.

TANF and JOBS Reinvestment

The 15-17 GB proposes reinvesting some TANF caseload savings back into the program to make improvements in the 2015-17 biennium. The reinvestments will be combined with policy changes that provide a sharpened focus for employment activities, streamlining of processes and new flexibility for local investments. The proposal includes:

- Developing and expanding contracts with local providers with a focus on family stabilization, prevention and retention.
- Increasing flexibility in support services to stabilize families, prevent entry or re-entry into TANF, maintain engagement in activities and retain employment.
- Developing a TANF transition plan for clients that establishes family stability for working parents by reducing the "fiscal cliff" TANF parents currently face as they transition from the program to employment.
- Making policy changes that simplify and streamline eligibility processes and support family stability.
- Increasing the program's capacity to provide results-oriented, customized client services, including: additional DHS case manager positions focused on clients scheduled to reach time limits; training for staff and partners to

enable implementation of a transformed TANF aligned partner model; implementation of performance-based contracting (including a targeted, coordinated effort with local workforce investments boards); and a formal evaluation of new program design elements.
- Invests in more flexible, accountable and partner-aligned JOBS program contracts at the local level, with a focus on job training and skills development opportunities that help move families into work that enables families to be self-sufficient.

Extension of other TANF reductions
The 15-17 GB also extends reductions implemented in the 2011-13 biennium, including the continued suspension of key provisions in the HB 2469 (2007) program design. These include:
- Elimination of the State Family Pre-SSI/SSDI enhanced grant;
- Extension of the 2011-13 TANF benefit levels, for approximately 30,042 families;
- Maintaining the 2011-13 income limit for relative caregivers who are caring for a child in the absence of a parent;
- Maintaining the 2011-13 'job quit penalty' for 120 days for parents who quit a job or cause their own dismissal;
- Maintaining the reduction of the Pre-TANF program from up to 200 percent of a grant amount in payments to 100 percent of the grant amount;
- Maintaining the modification to the re-engagement and disqualification process;
- Continuing suspension of the Parents as Scholars program; and,
- Continuing suspension of the HB 2469 Post-TANF program for those who leave TANF due to employment.

Support for family stability and child well-being. More than 43.6 percent of children in foster care received TANF supports within two months of entering care in State Fiscal Year 2013. The 15-17 GB proposes maintaining current funding levels to support family stability and child well-being for families in extreme poverty receiving funds through TANF, thereby reducing the likelihood that those children are abused or neglected and enter foster care. Family Support and Connections is a TANF-supported program intended to reduce child abuse and neglect. This program provided 24,756 hours of direct service for 7,060 ongoing families in State Fiscal Year 2013-14.

Increase Access to Quality Child Care. The 15-17 GB invests $49.6 million in Employment Related Day Care subsidies designed to increase quality and access to affordable child care for low-income working Oregonians, and prepare children for school.

DHS, in collaboration with the Oregon Department of Educations' Office of Child Care (OCC) within the Early Learning Division, continues its innovative partnerships with child care and education programs by expanding the Head Start contracted child care to Oregon Program of Quality (OPQ) providers. The OPQ designation was established as a precursor to the state's QRIS star rating system. This expansion is considered a field test. The key goals of the field test are for children to have access to continuous, quality child care; for families to have continuity of child care to support their employment; and for providers to have stable funding. A statewide research team will evaluate the field test. The field test for expanding is related to priorities set by the Governor and the state's Early Learning Council.

Working closely with OCC, DHS will expand contracted child care opportunities in 2015 as Head Start grantees partner with child care programs in their communities on the federal Early Head Start Child Care Partnership program. These partnerships provide more of Oregon's children with the opportunity to have high-quality child care and give them the start they need to be successful in school and life.

Conclusion

Today the economy has recovered enough to get many Oregonians back to work, but many of the people served in Self-Sufficiency Programs continue struggling to make ends meet due to low wages, part-time employment, insufficient benefits and few prospects for career advancement. Some face steep barriers to employment because of low literacy, criminal history, mental health issues, or a lack of work experience or education.

Self-Sufficiency Programs are working to align with statewide initiatives that support its clients, to strengthen collaborations with local and state partners, and to increase person-centered case management to provide the customized support that clients need to move out of poverty and up the economic ladder. The 15-17 GB supports SSP efforts to act strategically to help the most vulnerable Oregonians improve their economic prospects.

The effectiveness of our human service delivery model also is dependent on the strategic investments outlined in other areas of the Governor's budget. In the long-run, these investments will improve service quality and equity, ensure that DHS clients benefit from coordination with other systems (including health, education, and workforce systems), and allow the Department to maximize results by delivering accurate, culturally appropriate and essential services to Oregon's most vulnerable adults and families.

Oregon Department of Human Services
Child Welfare Programs

Overview

We provide prevention, protection and regulatory programs for Oregon's most vulnerable citizens –children and adults – keeping them safe and improving their quality of life. Prolonged economic stress is increasingly putting Oregon children, seniors and adults with disabilities in situations that are unsafe. These issues are disproportionately affecting communities of color contributing to their over-representation in both the child welfare and corrections systems. We know that the demand for state-funded services in the future is directly related to our ability to prevent and mitigate these traumas today.

Engaging Families

Our strategies are foundational on creating an environment that is safe for citizens who are most vulnerable based on family, social and economic issues. We focused our initiatives toward minimizing risk by transforming our interventions to better meet the challenges families are facing. This will enhance our ability to engage individuals who are less able to care for themselves, their families and communities. This creates a stronger continuum of efforts to prevent abuse and neglect, and when necessary, supports efforts to hold perpetrators of that abuse and neglect accountable.

The Governor's Budget (GB) proposal seeks to ensure that Oregonians are safer in the future than they are today by focusing on strategies that have proven to result in the greatest reduction in overall risk. We aim to achieve the following outcomes:

- To continue to build and support an effective array of interventions with community-based supports and services for families before, during and after involvement with the Child Welfare System. This includes strategies to safely and equitably reduce the number of children who experience foster care and providing available services and supports so children are not at risk for re-entry into foster care and families can be stabilized.
- Continue to improve services for children and families of color, targeting strategies to address issues such as overrepresentation in foster care, and potential disparities in decision-making.
- Continue to maintain a clear focus on protective strategies for the most vulnerable citizens in care in Oregon, including children, older adults and those with physical and developmental disabilities to keep them safe and healthy.

Funding Request – Strategic Initiatives
The GB in Child Welfare is projected to be 50 percent general funds for the 15-17 biennium.

Child Welfare	GF	OF	FF	TF	POS	FTE
LAB 13-15	$ 439,292,050	$ 23,048,472	$ 462,502,356	$ 924,842,878	2,481	2,402.82
GB 15-17	$ 470,120,908	$ 22,915,331	$ 445,338,658	$ 938,374,897	2,250	2,492.09
Difference	$ 30,828,858	$ (133,141)	$ (17,163,698)	$ 13,532,019	(231)	89.27
Percent change	7.0%	-0.6%	-3.7%	1.5%	-9.3%	3.7%

Children and Families
Child Welfare Services represent a continuum of supports with the ultimate goal of keeping children safe. Historically in Oregon, the safety practice has been removal and placement into foster care. Based on research and feedback from children, youth and families who experience our system, our strategic efforts are refocusing the service continuum to ensure in home safety whenever possible, while also focusing on child well-being and family stability. The goal is avoid removal and placement in foster care by supporting families safely parenting their children at home. Post adoption and guardianship support is another opportunity to help families bridge difficult times as children move through childhood, again preventing them from returning to foster care.

These strategies include:
1. Developing local programs and community capacity that are designed to strengthen, preserve and reunify families involved in the child welfare system;
2. Differential Response - Changing our upfront intervention to more fully engage families to build on their strengths, engage them in community programs and supports, and engage them in outcomes that remediate the issues that are challenging the family;
3. Focusing on addressing the disproportionality of children of color;
4. Assisting more families in extreme poverty at risk of involvement with Child Welfare; and
5. Continue developing a system of quality assurance and continuous improvement to inform improvements in the outcomes achieved by the system.

GB investments are intertwined in the Child Safety, Child Welfare Design and Delivery, Permanency Planning and Post-Adoption/Guardianship.

GB funding includes:
- Funds forecasted caseloads levels and projected cost per case increases

- Continues investment in Differential Response and Strengthening, Preserving and Reunifying Families programs
- Invests in Child Welfare infrastructure to ensure statewide Differential Response implementation by in 2017
- Behavior Rehabilitation Services (BRS) continues to be funded at settlement agreement level
- Adds one Child Welfare Quality Control reviewer position for a total of 4 positions
- Invests in Pay for Prevention pilot project
- Funds workload model at 85.9 percent

Strengthening, Preserving and Reunifying Families Programs
In 2011, the Oregon Legislature recognized and codified this performance-based approach to the delivery of community-based programs and services for children and families involved in the child welfare system. This effort compliments the work of the Coordinated Care Organizations and the future work of the Early Learning Council hubs, targeting children and families involved in the child welfare system. Local collaborations of interested stakeholders determine community strengths and service gaps and request services targeted to specific outcomes focusing on keeping children safe and families together. These programs are an essential compliment to the implementation of Differential Response and supporting children being safely parented at home. Implementation of this approach and investment in a more comprehensive service continuum has begun in seven counties. This budget would allow us to work with communities and other local agencies to establish these programs statewide. The 15-17 GB continues investment of over $11.5 million GF and $29.5 million TF additional support of these programs.

Differential Response
Traditional child welfare services assume a single approach to protecting a child through investigations: an allegation occurs, and we investigate and decide if maltreatment occurred. This approach is very effective with some families. However, for families that are experiencing neglect, the children enter care at a higher rate than other forms of abuse and stay longer, suggesting the need for a different approach with these families. Based on our data, over 60 percent of children are involved with child welfare as a result of neglect (as opposed to physical and sexual abuse). The GB proposes continuing implementation statewide of the alternative approach to child protection, known as "Differential Response." This approach allows state workers to conduct a family assessment, gauge the needs and strengths of the family, and engage them and community partners in outcomes that keep the family together, benefitting

the family as a whole. This alternative approach does not replace investigations or assistance when there is imminent danger or significant safety threats. However, in other states this approach has safely reduced costly foster placements and the associated trauma on the child and families. To succeed and minimize risk of harm to children already identified as having experienced abuse/neglect, this service delivery innovation depends both on investment in culturally specific community-based services such as our Strengthening, Preserving and Reunifying Families Programs, as well the 13-15 investment in adequate child welfare staffing focused on serving more children safely in their own homes. This budget includes both additional staffing in the field and infrastructure positions to be able to meet the implementation goal in 2017.

Pay For Prevention
The GB invests $5 million in General Fund to continue the work started in 2013-15 around pay for prevention programs. The next phase of work will test locally tailored evidence-based interventions in communities across the state, providing assistance to approximately 300 children and their families. At the same time, it would examine a unique-to-Oregon model of social impact financing that has the potential to improve a range of state-funded services and generate far-reaching budget savings and social benefits.

Conclusion
We want to break the cycle that causes harm to individuals and drives Oregonians into expensive state-sponsored programs. Our strategies focus on helping ensure that Oregonians are safer in the future than they are today by increasing resources proven to result in the greatest reduction in overall risk. Though those strategies require some upfront, taxpayer investment, we are committed to being accountable for needed service delivery innovations and performance metrics focused on improvements in the lives of those we serve and long-term reductions in the demand for state services. We know that abuse and neglect will never totally be eliminated, but we believe that Oregon should be a place where our children, seniors, and persons with disabilities are safe, and we believe our budget proposal will improve the state's ability to work with individuals and communities to achieve that goal, while reducing the demand for costly state services in the future.

Oregon Department of Human Services
VR-Basic Rehabilitative Services Programs

Overview

VR-Basic Rehabilitative Services (VR) helps Oregonians with disabilities gain employment through specialized training and new skill development. This includes helping youth with disabilities transition to jobs as they become adults, helping employers overcome barriers to employing people with disabilities, and partnering with other state and local organizations that coordinate employment and workforce programs. A total of 383,381 working-age Oregonians experience a disability but only 36 percent are employed. Employment helps people with disabilities become more self-sufficient, involved in their communities, and live more engaged, satisfying lives. Investments in VR are a high return on investment that results in people becoming more productive members of society, in addition to a reduced reliance on state programs and services.

Current funding levels

The 15-17 Governor's budget to operate the VR-Basic Rehabilitative Services Programs $20.6 million in general funds for the 2015-17 biennium. This is a 1 percent decrease from the Legislatively-approved budget for the 2013-15 biennium. This is due to the elimination of inflation and the assumption of a 3 percent vacancy factor across all positions.

Vocational Rehabilitation	GF	OF	FF	TF	POS	FTE
LAB 13-15	$ 20,866,337	$ 2,324,758	$ 74,438,950	$ 97,630,045	234	229.08
GB 15-17	$ 20,694,165	$ 2,320,512	$ 74,158,866	$ 97,173,543	253	249.28
Difference	$ (172,172)	$ (4,246)	$ (280,084)	$ (456,502)	19	20.20
Percent change	-0.8%	-0.2%	-0.4%	-0.5%	8.1%	8.8%

Strategic funding proposals

VR has prepared a strategic budget to improve the program's effectiveness and enhance the program's ability to provide further employment outcomes for Oregonians. Program improvements focus on return-on-investment through outcomes for our clients, including:

- Serve individuals with developmental disabilities
- Improve access for benefits planning
- Increase youth served transition services
- Expand capacity to serve employers

Employment outcomes for people with intellectual or developmental disabilities

Youth and adults with intellectual and developmental disabilities (I/DD) are significantly underrepresented in Oregon's workforce. With appropriate services and assistance, people with I/DD can work successfully in the community. The state is seeking to increase competitive employment of people with I/DD in integrated workplaces through increased efforts around Employment First.

The Governor's Executive Order 13-04 directs state agencies and programs, including DHS' Office of Developmental Disability Services (ODDS) and VR, to increase community-based employment services for people with I/DD and to reduce state support of sheltered work. In order to fulfill the Employment First policy and the Executive Order, this investment that is currently in the I/DD budget requests funding for:

a. Six Vocational Rehabilitation Counselors, Two Human Services Specialists and 1 Operations and Policy Analyst to serve increasing numbers of youth with intellectual and developmental disabilities and increase engagement with school districts participating in the Youth Transition Program (YTP) and with state I/DD system.

b. 10.5 contract Benefits Counselors to provide benefits counseling services to people with disabilities, including those with I/DD; and two Operations and Policy Analysts to train, oversee and support the counselors; and to plan future delivery of these services.

c. An Employment First Transformation Fund and Operations and Policy Analyst to identify, research and promote utilization of best and evidence-based practices that facilitate competitive employment of people with I/DD and promote continued improvement of related services.

Improve access for benefits planning

Individuals with disabilities fear losing benefits and critical medical coverage if they become employed, due to federal rules and regulations. VR is working with the seven Centers for Independent Living and Disability Rights Oregon (a private nonprofit) to sustain the Work Incentive Network (WIN). WIN was developed as a pilot project through a Medicaid Infrastructure Grant and funding may end for these services. WIN is an evidence-based practice, providing benefits and work incentives planning to individuals with significant disabilities who want to obtain,

maintain, or increase their employment, but should not lose other benefits and medical coverage. This allows people on disability benefits to become employed, gain more levels of self-sufficiency, become engaged in their communities, and live a higher quality of life. They also begin paying taxes and reduce reliance on those publicly-funded services.

This initiative funds positions needed to operate a statewide Work Incentives Network (WIN) on a continuing basis. This includes coordinator positions, training, technical assistance and administrative positions.

This investment will increase employment for recipients of SSI/SSDI to 590 individuals per year and recover $900,000 in cost reimbursement to the state for individuals who have ceased receiving benefits due to employment.

Expand youth served in Youth Transition Program

Youth Transition Program (YTP) operates as a partnership between Vocational Rehabilitation (VR), the Oregon Department of Education (ODE), the University of Oregon's College of Education, and local Oregon school districts. At least 70 percent of students with disabilities in YTP complete high school and transition to a job or postsecondary education, a rate that exceeds the national average.

This internationally and nationally recognized school-to-work transition approach is a best practice for young people with disabilities. More schools across Oregon would like to implement this program, which currently serves about 1,300 students. VR would like to increase capacity to serve an additional 1,850 transition-age youth.

Improving Relationships with Education

Workforce Innovation and Opportunity Act of 2014 (WIOA) and the Governor's Workforce directive instructs agencies to work in conjunction with one another to provide services leading to employment for individuals with disabilities, and increase pre-employment transition services for Youth in Transition. VR and ODE will expand this process in 2015-17 by blended funding for the contracted Transition Network Facilitators. The contracts cover the entire state by providing facilitation of services between Special Education students and Vocational Rehabilitation services. ODE has current funding for eight half-time facilitators and VR will use Basic Rehabilitation funding to increase these to full-time facilitators. These services will meet both the federal requirements as well as supporting the Governor's Executive Order 13-04 and Workforce directives.

Improving Workforce Partnerships

Historically, individuals with disabilities have struggled to access the workforce system. Due to workforce redesign efforts at the state level and the passing of the Workforce Opportunities and Innovation Act of 2014 (WIOA), Oregon's workforce partners are working together to enhance services for Oregonians.

VR has partnered with ODE, local workforce boards, the Oregon Employment Department, community colleges, and other economic developmental organizations, to bridge the gap for individuals with disabilities who benefit from accessing the entire workforce system.

By working with partners on the implementation of the Oregon Workforce Investment Board's 10-year-plan, VR continues to create opportunities for individuals with disabilities to access and benefit from various workforce strategies. Moving forward, VR will enhance employer outreach strategies to engage employers and conduct outreach and education to show that clients are reliable, dependable, and skilled workers who also happen to have disabilities. VR will also engage employers to provide work-based learning opportunities for all clients, including youth transitioning into post-secondary careers.

Continued partnership with Addictions and Mental Health

VR continues to partner with Addictions and Mental Health division (AMH) and service providers around the state utilizing the evidence-based Individual Placement and Supported (IPS) model to provide supported employment services to individuals with mental health barriers to employment. In partnership with Coordinated Care Organizations, VR is helping the IPS model spread throughout the state and into rural areas.

Additionally, VR partners with the Early Assessment and Support Alliance (EASA) to assist youth with psychiatric disabilities in pursuing their desired employment goals. Through EASA, clinical mental health teams seek to identify young people who are experiencing psychosis and provide them with the information, services and supports they need to continue on their life path. At present, 18 counties in Oregon have an EASA team. In partnership with Portland State University, VR helped create a Center for Excellence that provides technical assistance to EASA teams throughout the state.

Continued specialized service through the Latino Connection

VR continues to contract and collaborate with the Latino Connection program in reaching out to and providing specialized job placements services to native Spanish-speaking individuals with disabilities. The focus of these services has been in Portland, Clackamas, Salem and Woodburn, which have large Latino communities. This program had a 70.4 percent rehabilitation rate in federal fiscal year 2014.

Conclusion

In part due to new federal legislation such as WIOA, as well as state efforts around the Employment First initiative, demands for VR's services will increase in 2015-17. The program has a renewed challenge to increase service opportunities to youth in transition and individuals with intellectual and developmental disabilities while maintaining services to the broader population with disabilities. This challenge is an opportunity to expand VR's impact on the community and improve opportunities for individuals with disabilities to be a contributing part of their Oregon communities.

Oregon Department of Human Services
Aging and People with Disabilities Programs

Overview

The state of Oregon is a leader in long term care systems. We are ranked number three nationally by AARP. In 1981 Oregon received the first waiver nationwide for long term care services allowing Oregonians receiving Medicaid to choose services in their own home or their communities rather than an institutional facility such as a nursing home. This waiver provides significant benefits to the State in cost savings and allows Oregonians individual choices to best serve their needs. In Home services average approximately 22 percent of the cost of nursing facility services and community based services average approximately percent. Oregonians value receiving long term care services in a non-institutional setting with over 86 percent choosing alternatives that allow them to remain independent and safe.

Long Term Care Setting (as of August 2014)	**# of Recipients**	**% of LTC Caseload**
Nursing Facility	4,268	13.7%
In Home	15,313	49.2%
Community Based Setting	11,528	37.1%
Total	**31,109**	**100%**

Oregon's population is aging

Our 65+ population is projected to grow from 502,000 to 950,000 by 2030. While we prepare for this growth we know we must do more than create cost effectiveness in the choices of long term care. We must also look at preventative measures Oregonians can implement now so they never need publicly-funded long term care services.

The GB continues the 13-15 strategic budget to focus on modernization and improvements to help Oregonians sustain long term care services. This ambitious initiative, referred to as Long Term Care 3.0 is helping us achieve the following outcomes:

- Advance a statewide Aging and Disability Resource Connection infrastructure that will help Oregonians make better choices when long term care services are needed.
- Focus on preventative services that delay or eliminate costly long term care services.
- Integrate long term care coordination with Oregon Health Authority's coordinated care organizations.

- Remove barriers to serving more individuals in home and community based care settings.

Funding

The Governor's Budget for Aging and People with Disabilities program is projected to be $812.7M general funds, $2.75B total funds for the 15-17 biennium. This represents an increase of approximately 13 percent over 13-15 levels.

APD	GF	OF	FF	TF	POS	FTE
LAB 13-15	$ 725,066,544	$ 162,073,357	$ 1,575,530,793	$ 2,462,670,694	1,163	1,147.68
GB 15-17	$ 812,787,834	$ 182,514,309	$ 1,759,294,954	$ 2,754,597,097	1,192	1,182.28
Difference	$ 87,721,290	$ 20,440,952	$ 183,764,161	$ 291,926,403	29	34.60
Percent change	12.1%	12.6%	11.7%	11.9%	2.5%	3.0%

Note: a large part of the increase is due to caseload and cost per case trends especially in keeping nursing facility rates at the statutorily required level.

The Governor's budget includes the following:

- Funds forecasted caseloads levels and projected cost per case increases
- Continues reimbursement rates in effect for 2013-15 (no cost of living adjustments)
- Invests $35 million combined into APD/DD/MH toward Department of Labor requirements for in-home services (budgeted in I/DD as placeholder)
- Funds nursing facilities at statutory rate
- Funds planning for non-MAGI eligibility automation project
- Invests $3.4 million for new adult protective services data system
- Funds state staff at 90.2 percent of workload model
- AAAs continue at 95 percent equity
- Continues new 13-15 investments.

Aging and People with Disabilities Special Purpose Authorization Items

- Continues: Oregon Project Independence expansion; reporting for Community-Based Care and nursing facility utilization; Older Americans Act sequestration backfill; and Personal Incidental Fund increase to $60 for nursing facility residents.
- Does not continue one-time investments or funding for Evidence Based Health Promotion Programs.

Department of Labor Rules

Overview of Impact to Oregon
To assess the impact of the FLSA changes on Oregon, DHS asked DOL to determine if DHS and OHA would be considered a joint employer. DOL concluded that Oregon DHS and OHA are third-party joint employers under FLSA for all Homecare Workers (HCWs) and Personal Support Workers (PSW).

In Oregon, this means that the Department's in-home programs must be modified to come into compliance with the federal mandates. The FLSA changes mean that DHS and OHA must:

- Compile and combine hours worked across all consumers on a weekly basis.
- Pay overtime for hours in excess of 40 hours per week.
- Pay for travel time between consumers if the travel occurs on the same day.
- Change the Live-in and Spousal Pay programs to pay providers when they are required to stay in the home. DOL calls these hours "on duty" or being "engaged to wait."
- Pay at least minimum wage for all hours worked.

These rules are the subject of uncertainty at this time. A recent court decision significantly reduced the impact of these rules. It is unclear at this time if DOL will appeal this court decision.

If the new rules become binding, DHS and OHA estimate that these changes will have a direct impact on approximately 3,800 of the 21,000 individuals receiving in-home services provided by HCWs and PSWs. Approximately 4,773 HCWs/PSWs will be impacted. The impact is not as high as it could have been because most individuals receiving services and supports use less than 175 hours of services and supports per month. Based on February 2014 paid claims data, 81 percent of individuals receiving APD-funded services, 96 percent of individuals receiving DD-funded services and 100 percent of individuals receiving AMH-funded services receive less than 175 hours of paid services and supports per month. Some providers work for multiple consumers, which results in more workers impacted than consumers. This investment assumes some program changes can be made to reduce the overall impact to the DOL rule changes.

Non-MAGI Medicaid Automation

The Department of Human Services (DHS) GB funds $7.5M TF ($6.75M FF, $0.75M GF) to implement a planning effort to prepare for the implementation of an eligibility system for its non-MAGI (Modified Adjusted Gross Income) Medicaid programs. DHS is committed to completing thorough planning to provide a framework for phased delivery of functionality that demonstrates meaningful progress in short increments of time.

The recent decision by the Center for Medicaid and Medicare Services (CMS) to extend 90/10 funding for Medicaid eligibility systems provides substantial resources to help the Department of Human Services proceed with this planning work. A recent CMS site visit provided Oregon with an understanding of CMS' expectation that it proceed with automation of the eligibility and case management for the non-MAGI Medicaid population as soon as possible after successful completion of the MAGI Medicaid Transition Project.

Adult Protective Services Adult Abuse Data and Reporting Writing System

The Office of Adult Abuse Prevention and Investigations (OAAPI) was created in 2012 to centralize the oversight of investigations of reported abuse of vulnerable adults in Oregon, including adults over the age of 65; individuals with physical disabilities, developmental disabilities, and mental illness; and children in certain licensed settings.

Around 85 percent of the nearly 15,000 investigations conducted under the oversight of OAAPI every year involve the reported abuse of an older adult (over 65) or a younger adult with a physical disability. For this reason, APD is identified as the primary program sponsor of this Policy Option Package.

Although the oversight and responsibility for these investigations has shifted from three distinct program areas to what is now OAAPI, the data systems that are used to track and document these investigations are not consolidated and remain fragmented. OAAPI and the abuse investigators under its oversight currently use nine (9) distinct systems to collect data and generate investigation reports and data reports related to protective services and abuse investigations. These systems run on different hardware and software, collect different data points, and are unable to share data.

The need for an integrated statewide adult abuse data system has been recognized for many years by external observers, including consultants, auditors and media,

and is widely accepted by involved agencies and stakeholders who work with the inadequate and disconnected patchwork of adult abuse data systems currently in use every day.

As an enterprise-wide office and Shared Service of DHS and OHA, OAAPI proposes (under this POP) to:
1) Fund a contract with a vendor to develop and implement a new, statewide, comprehensive Adult Abuse Data and Report-Writing System, and
2) Fund the ongoing support and maintenance costs of the new system

By improving access to abuse and neglect data, this new system will lead to better outcomes in Key Process Measures and Fundamental DHS Protection and Intervention metrics, as well as better outcomes for all the vulnerable Oregonians that OAAPI serves.

Continues investment in LTC 3.0 Strategic Funding Investments made in 2013-15

Mental health capacity
Continues funding to support the needs of older adults and people with disabilities who have mental illness. APD currently serves those with severe and persistent mental illness in specialized nursing facilities, residential care facilities and adult foster homes. Most are at capacity and have waiting lists.

Special population capacity
Support special population capacity development, allowing more individuals to be served outside of nursing facilities at lower costs. Some of the service gaps include settings serving individuals who are obese, or ventilator- dependent or have traumatic brain injuries.

Care Coordination
Support care coordination with Coordinated Care Organizations and Oregonians without Medicaid. This investment supports staff to direct the work of care coordination between offices and Coordinated Care Organizations (CCOs) and increase the number of options counselors to serve individuals with LTSS needs who are not Medicaid eligible.

Innovations

Test ideas to increase quality and lower costs through an "innovation fund". These initiatives will be tracked and the outcomes measured allowing new evidence-based approaches to increase the efficiency and effectiveness of services.

Provider Rates
Continue 2013-15 rates for home and community based providers to help assure continued strong access to home and community based services as we compete in the private market.

Staffing
Add eligibility and adult protective services and other staff to meet the needs and expectations of Oregonians for the safety and protection of those we serve. We have transitioned staffing requests from a caseload ratio model (e.g. 1 case manager for every 60 cases) to a workload model that more accurately reflects the workload of local offices. This initiative seeks to fund the workload model at 90.2 percent for state staff and fund Area Agencies on Aging (AAA) at 95 percent equity levels.

Conclusion
These initiatives, and the continuation of implementation of LTC 3.0, will help Oregon ensure its long term care system is sustainable and ready to address the inevitable aging population. We believe these initiatives support preventative services to keep individuals from needing long term care in the first place and help all consumers receive high quality, unbiased information on long term care choices as it becomes necessary. Our path to transforming long term care honors choice, safety and independence and offers the most cost-effective solutions allowing our aging population to thrive and approach aging with confidence and dignity. We believe these initiatives will help the state best manage the resources available by providing the right services are delivered at the right time and place through efficient and effective staff to meet the changing population of Oregonians.

Oregon Department of Human Services
Intellectual & Developmental Disabilities Services

Overview
We provide services to cover a lifetime of support to Oregonians with Intellectual and Developmental Disabilities (I/DD). People with disabilities of all ages want the same opportunities every Oregonian wants: not just to survive, but to thrive. They want to live in their own homes and make decisions about their lives, so they can go to school, work, church, enjoy recreation and participate fully in their communities. We currently help approximately 24,220 children, adults and their families have the best quality of life possible at all stages of their lifespan. Due to their economic situation, most individuals with developmental disabilities are eligible for Medicaid home and community based services, which allows them to remain in their family home or community instead of an institution. Our mission is to help them be fully engaged in life and, at the same time, address their critical health and safety needs.

History and Future State
The state of Oregon is recognized nationally as an innovative leader in developing community-based services for individuals with developmental disabilities. Oregon is one of only three states that have no state or privately operated institutional services specifically for people with developmental disabilities. In fact, the majority of individuals with developmental disabilities in Oregon, approximately 59 percent, are served in their own home or their family's home.

That is the result of two decades of work to aggressively "re-balance" the developmental disabilities system -- moving from an institutional model with expensive "one size fits all" approach -- to a self-directed, family involved, individually focused and less expensive approach to service. Today, individuals and families report a high level of satisfaction through the increased control over services.

However, to maintain those high levels of satisfaction, to further advance the inclusion of people with developmental disabilities in their communities, and to serve the increasing number of people with developmental disabilities requesting services, the system has an urgent need to continue its evolution in a fiscally sustainable manner.

To that end, we have prepared a budget designed to further the experience of those we serve and advance efficiencies to maximize resources. Specifically, we seek to achieve the following outcomes and goals:

- Provide an array of options that are properly distributed to ensure access through equitable and culturally competent services.
- Be responsive to emerging consumer demands for individualized, self-directed services and provide sufficient service choices.
- Ensure the health and safety of individuals served.
- Promote maximum independence and engagement in homes and communities.
- Leverage use of available federal funding options.
- Address improvements in business practices such as payment and information systems to achieve overall operational efficiencies.
- Maintain sustainability of the program.

Funding

The 15-17 Governor's Budget for Intellectual & Developmental Disabilities is projected to be $695.0 million or 33% general funds for the 15-17 biennium.

Intellectual and Developmental Disabilities	GF	OF	FF	TF	POS	FTE
LAB 13-15	$ 574,125,096	$ 28,756,404	$ 1,158,908,259	$ 1,761,789,759	761	745.59
GB 15-17	$ 695,039,219	$ 29,599,974	$ 1,367,432,297	$ 2,092,071,490	774	769.89
Difference	$ 120,914,123	$ 843,570	$ 208,524,038	$ 330,281,731	13	24.30
Percent change	21.1%	2.9%	18.0%	18.7%	1.7%	3.3%

Note: The GF increase includes estimated costs of the Department of Labor rules in the amount of $35 million that is for both I/DD and APD costs. In addition it includes large anticipated increases in caseloads and costs per case.

The 15-17 Governor's Budget includes the following:

- Funds forecasted caseloads levels and projected cost per case increases.
- Funds capacity for improving employment outcomes for people with I/DD.
- Invests $35GF million combined into APD/DD/MH toward Department of Labor requirements for in-home services.
- Builds community provider capacity for I/DD clients with significant, long-term needs.
- Provides 4% provider rate increase starting 1/1/16 for non-bargained provider types residential and non-residential agency providers, except transportation.

- Eliminates funding for Fairview trust.
- Funds County Developmental Disabilities Programs (CDDP) and Brokerage workload models at 95% equity.
- Continues investment in Quality Assurance/Control staff investment from 2013-15.

Department of Labor Rules

A recent court ruling in the D.C. District Federal Court vacated most of the Department of Labor's (DOL) new rules. These rules are the subject of uncertainty at this time. It is unclear at this time if DOL will appeal this court decision. Impacts to ODDS described below are based on the possibility that further court action may reinstate the full regulation.

Overview of Impact to Oregon

To assess the impact of the Fair Labor Standards Act (FLSA) changes on Oregon, DHS asked DOL to determine if DHS and OHA would be considered a joint employer. DOL concluded that Oregon DHS and OHA are third-party joint employers under FLSA for all Aging and People with Disabilities (APD)-funded Homecare Workers (HCWs) and Office of Developmental Disabilities Services (ODDS)-funded Personal Support Workers (PSW).

In Oregon, this means that the Department's in-home programs must be modified to come into compliance with the federal mandates. The FLSA changes mean that DHS and OHA must:

- Compile and combine hours worked across all consumers on a weekly basis;
- Pay overtime for hours in excess of 40 hours per week;
- Pay for travel time between consumers if the travel occurs on the same day;
- Change the Live-in and Spousal Pay programs to pay providers when they are required to stay in the home. DOL calls these hours "on duty" or being "engaged to wait." Oregon does not currently pay these hours;
- Pay at least minimum wage for all hours worked.

DHS and OHA estimate that these changes will have a direct impact on approximately 3,800 of the 21,000 individuals receiving in-home services provided by HCWs and PSWs. Approximately 4,773 HCWs/PSWs will be impacted. The impact is not as high as it could have been because most individuals receiving services and supports use less than 175 hours of services and supports per month. Based on February 2014 paid claims data, 81 percent of individuals receiving APD

–funded services, 96 percent of individuals receiving DD-funded services and 100 percent of individuals receiving AMH-funded services receive less than 175 hours of paid services and supports per month. Some providers work for multiple consumers, which results in more workers impacted than consumers. This investment assumes some program changes can be made to reduce the overall impact to the DOL rule changes.

Employment outcomes for people with Intellectual or Developmental Disabilities

Youth and adults with intellectual and developmental disabilities (I/DD) are significantly underrepresented in Oregon's workforce. With appropriate planning, and supports, people with I/DD can work successfully in integrated employment settings. With the Employment First initiative, the state is seeking to increase competitive employment for people with I/DD in integrated workplaces throughout the state.

Employment First Policy and Governor Kitzhaber's Executive Order 13-04. The order directs state agencies and programs, including DHS' Office of Developmental Disability Services and Vocational Rehabilitation, to take various steps and to achieve specific goals. In order fulfill the policy and order, this Policy Option Package (POP) requests funding for:

a) Six Vocational Rehabilitation Counselors, Two Human Services Specialists and 1 Operations and Policy Analyst to serve increasing numbers of youth with intellectual and developmental disabilities and increase engagement with school districts participating in Youth Transition Program (YTP) and with state I/DD system.

b) 10.5 Full Time Equivalent (FTE) contract Benefits Counselors to provide benefits counseling services to persons with disabilities, including those with I/DD; and two Operations and Policy Analysts to train, oversee and support the counselors; and to plan future delivery of these services.

c) An Employment First Transformation Fund and Operations and Policy Analyst to identify, research and promote utilization of best and evidence-based practices that facilitate competitive employment of I/DD persons and promote continues improvement of related services.

Builds community provider capacity for I/DD clients with significant, long-term needs

As the Stabilization and Crisis Unit (SACU) becomes a crisis resource for residential supports for the most vulnerable adults and children across the State of Oregon, a strong need has emerged to support the current SACU population with enhanced services in community placed settings. To that end, the need for a focused strategic plan to address the "stepping down" of people with severe challenges, although NOT in crisis is immediate, cost effective and necessary. This investment supports such a plan with start–up or "grant funds" to provider agencies throughout the state who will build residential homes targeted at a specific SACU population each agency agrees to serve if that agency is awarded a grant. People who transition from SACU along with their families or guardians, will have the final decision in which agency they select in the transition process.

Provides 4 percent provider rate increase starting January 1, 2016 for non-bargained provider types residential and non-residential agency providers, except transportation.

Agency providers of Attendant Care in-home supports, 24 hour Group Homes, Supported Living agencies and employment service providers have not had a Cost of Living Allowance (COLA) in 3 biennia. We are requesting a 4 percent rate increase to these providers (except Transportation) agencies effective 1/1/2016. 4 percent is less than the combined COLAs for the previous three biennia but will allow these agencies to increase direct staff wages and/or benefits for those that serve children and adults with I/DD.

Eliminates funding for Fairview trust

The Fairview trust has provided options to help families and individuals with I/DD remove housing barriers by funding things such as ramps, accessible bathing options, and other housing modifications. The GB proposes to at least temporarily eliminate the corpus of this trust. Home and other environmental modifications funded by the Trust are now able to be funded through the Medicaid program.

Funds CDDP and Brokerage workload models at 95 percent equity

In 2013-15, these providers were funded at 94 percent of the equity model, the GB proposes funding these providers at 95 percent equity under the new workload model. These providers have taken on a considerable increase in the number of children served (CDDPs) and significant changes in the way they approach their day-to-day work (CDDPs and Brokerages).With the ultimate goal of streamlining,

improving and assuring sustainability for the I/DD service system, we plan to direct funds to improve outcomes, expand on service innovations and strategically advance initiatives in the following areas:

- Employment outcomes
- Quality assurance
- Family-to-family support
- Access to services
- Continued Technical Improvements
- Improvement and implementation of new models of service

Strategic Initiatives continued at 2013-15 levels

Improve employment outcomes. Continuing to focus on paid competitively paid employment is the key to increased independence, choice and community engagement from an individual and family standpoint. From a program standpoint, the more individuals with developmental disabilities that have access to meaningful employment, the less dependent they are on public services and service planning flexibility is increased. Recent litigation and U.S. Department of Justice (DOJ) findings have highlighted the criticality of progress in this area, which will be accomplished by:

- Increased training and technical assistance activities for provider organizations across the state. Support is needed to transition business models away from group or sheltered employment practices to more individually supported employment models.
- Implementing a new provider rate structure to incentivize the acquisition and maintenance of supported employment services.
- Alignment of policies, services and resources between the DD Program, Vocational Rehabilitation Services and the Department of Education.
- Coordinated efforts with other state and local general workforce development and employer engagement initiatives.

Conclusion

This proposal represents a substantive level of strategic planning that will allow the I/DD system to improve the quality of service it offers to Oregonians with intellectual and developmental disabilities and their families. The primary focus is on sustainable, quality service programming that accounts for the short- and long-term budget realities that shape our implementation planning. Out-of-home placements for people with disabilities can range from $24,000 to $321,500 per year. Focusing our efforts on helping people with disabilities remain in their

communities provides not only financial benefits, but better quality throughout their lifespan. We are confident that this plan will maximize resources and strengthen the service system, enhancing its ability to produce results for those we serve.

Oregon Department of Human Services
Director's Office, Operations and Shared Service Programs

Vision
Safety, health and independence for all Oregonians.

Mission
To help Oregonians in their own communities achieve wellbeing and independence through opportunities that protect, empower, respect choice and preserve dignity.

Goals
- People are safe and living as independently as possible.
- People are able to support themselves and their families through stable living wage employment.
- Children and youth are safe, well and connected to their families, communities and cultural identities.
- Choices made by seniors and people with disabilities about their own lives are honored.
- Partners, clients and stakeholders are actively engaged in a variety of collaborative and meaningful ways.
- Culturally specific and responsive services are provided by highly qualified and diverse staff.
- The department is committed to equal access, service excellence and equity for all Oregonians

Director's Office
The DHS Director's Office is responsible for overall leadership, policy development and administrative oversight for all programs, staff and offices in DHS. These functions are coordinated with the Governor's Office, the Legislature, other state and federal agencies, partners and stakeholders, communities of color, local governments, advocacy and client groups, Oregon Tribes and the private sector. Included in the DHS Director's Office is the Office of Equity and Multicultural Services, the Tribal Affairs Unit, and the Public Affairs Office.

Office of Equity and Multicultural Services (OEMS)
OEMS provides leadership and direction in supporting equity, diversity and inclusion initiatives throughout the agency. OEMS guides systemic changes to both

internal workforce developments as well as improve service delivery to all Oregonians. The office also investigates all claims of discrimination and harassment. The goals of the office include reducing service disparities in all program areas; ensuring a diverse and culturally competent workforce; removing barriers to a welcoming work environment; and improving life outcomes for all DHS clients.

Office of Human Resources (HR)
HR serves as a strategic partner to its customers in DHS, providing proactive, comprehensive human resources services, in alignment with agency and program mission and goals. HR works closely with internal customers on Workforce Strategies that support agency and program needs and strategies, and building a healthy workplace culture of ongoing development and feedback to ensure the agency has a diverse workforce with the right people with the right skills, training, and support to do their work, now and in the future.

DHS Office of the Chief Financial Officer (OCFO)
OCFO provides optimal business services to ensure accountability, data driven decisions, and stewardship of resources in support of the mission of DHS. This is done by working closely with DHS programs and the OHA CFO and programs, to ensure accurate, timely and efficient recording and management of financial resources; culturally competent and equitable services; authorizing the redistribution of available resources to meet changing needs; and establishing administrative controls. The OCFO is responsible to provide leadership and direction to the DHS Budget Office and the fiscal offices located in DHS that serve both DHS and OHA, including the Budget Center, Office of Financial Services, and Office of Forecasting. These offices ensure that accounting, budget, and forecasting practices comply with all applicable laws, rules, and professional standards and ensure transparency and accountability in the financial practices of DHS and OHA.

Public Affairs Office
This office supports the mission by providing accurate information to a diversity of employees, clients, legislators, stakeholders and interest groups, providers and partners, local governments, other state and federal agencies, policymakers, the news media, targeted audiences and the general public. Effective communication is the primary vehicle to demonstrate public transparency, accountability, and trust. The office also provides support to the department’s priority projects as defined by the DHS Director and Executive Team.

Legislative Unit
This unit handles all legislative matters for DHS. This team coordinates all DHS legislative matters with legislative offices, key stakeholders and the Governor's Office. This team supports both field and central office staff providing consultation and support in legislative matters, primarily working with central office staff on policy development for program services. During a legislative session, this unit tracks and assigns all bills related to DHS program and operations. Staff in this unit support the Director of DHS, the Directors of all program and operations in DHS and the District Managers in field offices regarding legislative matters.

Office of Legal and Client Relations
This unit supports all DHS field office and central office programs by managing legal matters, client concerns, administrative rules, and administrative hearings. The LCRO consists of the following operational areas:

Legal Unit
This Unit manages all lawsuits, tort claims and subpoenas related to DHS program and operations. Staff in this unit provide expert consultation to DHS staff (field and central office staff), Department of Justice (DOJ) and Department of Administrative Services (DAS) Risk Management in policy related to legal matters. This team ensures timely completion of the required judicial documents to move smoothly through a complicated legal matter.

Governor's Advocacy Office (GAO)
This office handles client complaints coming into Central Office related to DHS services. This office operates independently in the investigations performed and reports directly to the Governor quarterly on the calls received and handled. The team in this office works closely with field office staff, central office program staff, the Governor's Office, key stakeholders and the DHS Director's Office to successfully, equitably and respectfully reach a conclusion. Efforts are underway to have the GAO handle all client-related complaints coming into Central Office and the Director's Office.

Hearings and Rules Unit
This unit provides expert technical support to hearing representatives in DHS field services and liaison to the Office of Administrative Hearings and DOJ regarding DHS notices, hearing requests, and contested case hearings. This unit provides

expert technical support to program staff writing rules and rule-related documents and handles rule filing and the public comment process for DHS programs.

Tribal Affairs
We are committed to a positive working relationship with the nine tribes in Oregon. Staff regularly holds meetings with tribal governments through tribal liaisons and continually strives to ensure these communities receive sufficient and appropriate human services.

Rules Coordinator
The Rules Coordinator advises, consults, leads, coordinates and trains staff in drafting, interpreting, defining and developing the intent and scope of administrative rules. In addition, the rules coordinator monitors and reviews contested case orders, trains hearing representatives, assists with legal issues and acts as liaison with the Office of Administrative Hearings to discuss performance measures.

Operations

Operations

The Chief Operations Officer is responsible for Shared Services, Internal Audits, Business Intelligence, Licensing and Regulatory Oversight, Continuous Improvement, Information Technology (IT) Business Supports, Adult Abuse Prevention and Investigations, Performance Excellence and Program Integrity, which includes the Office of Payment Accuracy and Recovery.

Shared Services

These are customer-driven shared services. When the agency split, DHS and Oregon Health Authority (OHA) received legislative approval to maintain many administrative functions as shared services to prevent cost increases, maintain centers of excellence and preserve standards that help the agencies work together. This helps keep control over major costs. Some of these costs, like many DAS charges, are essentially fixed to the agency. Others, like facility rents, are managed centrally to control the costs. DHS and OHA govern their shared services through a board composed of operational leaders of the two agencies. This approach ensures that shared services are prioritized and managed to support program needs.

DHS Shared Services provides business services to ensure accountability, data driven decisions, and stewardship of resources in support of the missions of DHS and OHA. DHS Shared Services contains the following key offices and programs:

Shared Services Administration
This office provides leadership and direction for shared services offices which support both DHS and OHA.

Budget Center
This area provides program and administrative budget planning, financial analysis and technical budget support. These services are provided for department leadership, program, policy and field managers, staff and external policymakers.

Office of Forecasting and Research Analysis
This unit provides client caseload forecasting services.

Office of Financial Services
This area provides accounting services, administers employee benefits and payroll, prepares financial reports, and collects funds. This area provides accurate, accountable and responsive financial management and business services to clients, providers, vendors, stakeholders and employees to ensure compliance with state laws and federal policies, rules and regulations.

Office of Human Resources
This office provides essential HR administrative functions and services for DHS and OHA, and supports organizational development and an improved common culture of leadership and engagement across both agencies, through background checks and fitness determinations; personnel records management; leave administration; centralized position administration; safety and risk response and management; staff and management training.

Office of Facilities Management
This office provides coordination of facility matters for branch offices and other facilities statewide.

Office of Imaging and Records Management (IRMS)
IRMS provides document and records management services, which include imaging, electronic workflow, data entry, archiving and retention services.

Office of Contracts and Procurement
This office provides purchasing services by conducting solicitations, and preparing and processing contracts with other government agencies, businesses and service providers.

Internal Audit and Consulting
This office provides independent and objective information about operations, programs and activities to help management make informed decisions and improve services.

Office of Payment, Accuracy and Recovery (OPAR)
OPAR provides recovery services by identifying and recovering moneys paid in error to clients or providers; investigates allegations of fraudulent activities; investigates and recovers state funds expended for services when a third party should have covered the service and the recovery of claims made by a client; and recovers funds from the estates of Medicaid recipients for the cost of cash and medical benefits provided. OPAR continues to work with Lean Daily Management System principles to produce efficiencies in the work of the office. Huddles, continuous improvement sheets, 7-step problem solving, and skill versatility are all examples of tools being used by units to enhance the way business is conducted.

Performance Excellence Office (PEO)
PEO provides leadership in coordinating continuous improvement and training services. PEO uses a blend of project management principles, a strong governance structure, metrics developing and tracking, training and Lean techniques to drive a comprehensive approach to creating a culture of continuous improvement that is cutting red tape, delivering better and faster services to clients, generating cost savings and increasing transparency. The PEO uses a multi-level approach designed to create an organic self-sustaining culture of continuous improvement through all levels of the organization. The PEO provides lean and continuous improvement training for all agency staff, coaching and mentoring for agency management and oversight of agency performance in continuous improvement and performance excellence.

Publications and Design (P&D)
P&D manages the writing, design, development, printing and distribution of DHS and OHA publications for internal and external audiences, which includes alternate formats and alternate languages. P&D provides consulting to plan professional

quality publications that reflect DHS and OHA style guidelines; edit and proof materials created by staff experts and partners in their individual fields; provide graphic design, layout, original and digital illustration, forms creation, graphic artwork and Web and electronic materials.

Office of Adult Abuse Prevention and Investigations (OAAPI)
OAAPI is responsible for conducting and coordinating abuse investigations and providing protective services statewide in response to reports of abuse and neglect to people they serve, including:

- Adults over the age of 65
- Adults with physical disabilities
- Adults with intellectual or developmental disabilities
- Adults with mental illness, and
- Children receiving residential treatment services

OAAPI exists to ensure a prompt, consistent and equitable response to all reports of abuse of vulnerable adults (and children in certain settings) across the state, to provide proactive prevention training and services to vulnerable populations and those who care for them and to help prevent abuse from happening in the first place. OAAPI works toward these goals by the provision of the following specialized, abuse-related services to its DHS and OHA program partners:

- Policy analysis and development;
- Data collection and analysis;
- Quality assurance and continuous improvement activities;
- Staff training and development;
- Research and prevention activities;
- Program coordination and technical assistance; and
- Specialized investigation services.

As a Shared Service with a broad view of adult abuse trends across varying populations and settings, OAAPI is uniquely positioned to provide trend data and outcomes to program and agency partners, who use that information to ensure and enhance the safety of their respective consumer populations.

Program Design Services
Office of Program Integrity (OPI)
OPI conducts analysis and tests to determine whether DHS is implementing programs in the way they were designed and trains caseworkers based on their findings to improve program integrity. The Quality Control Unit conducts operational and case reviews, many mandated by state and federal law, to determine how accurately each program is making eligibility and other determinations. The Quality Assurance Unit and CMS Waiver Group conducts field reviews to assess program quality.

OPI continues to work with Lean Daily Management System principles to produce efficiencies in the work of the office. Huddles, continuous improvement sheets, 7-step problem solving, skill versatility are all examples of tools being used by units to enhance the way business is conducted.

Office of Licensing & Regulatory Oversight (OLRO)
OLRO Provides for the safety of children, aging and physically disabled, and people with intellectual and developmental disabilities through licensing, regulatory and corrective action functions within programs provided by the Department of Human Services. This includes Intellectual and Developmentally Disabled (I/DD) programs, Aging and People with Disabilities (APD) programs, Child Welfare (CW) providers, adult foster homes, assisted living facilities, residential care facilities, nursing homes, supportive living and employment programs for people with intellectual and developmental disabilities, and private child care agencies. OLRO strives to ensure that service equity and delivery of culturally and linguistically appropriate services are provided to Oregonians.

Office of Business Intelligence (OBI)
OBI provides data-driven information about what we're doing, how it's working, and what we need to be doing next to provide programs with the information they need to make good decisions.

Information Technology Business Supports (ITBS)
ITBS serves to bridge the language gap which commonly exists between the IT technical teams and numerous program design and operational teams. The mission of ITBS is threefold: help DHS program policy-makers understand and maximize their use of technology; help the application development teams understand the

business needs of the DHS program areas; and help DHS program policy-makers understand the impact of their technology decisions.

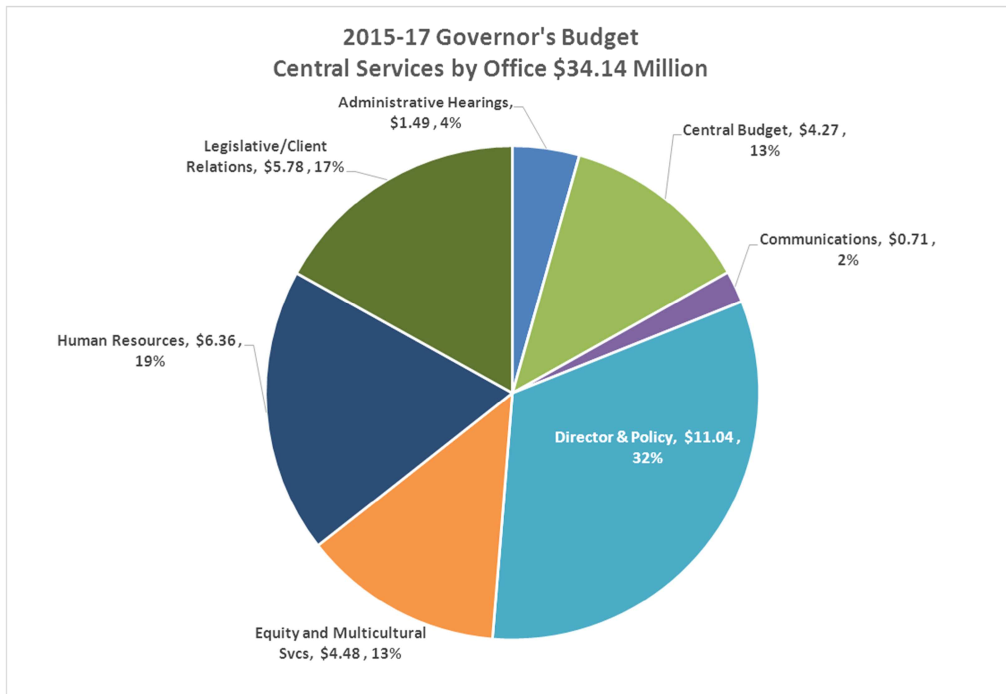
Fulfilling the mission of ITBS requires solid understanding of the operational aspects of the multiple IT systems supporting DHS program areas, and also a strong working knowledge of DHS program policies, rules and business processes. ITBS team members have developed the skill, knowledge and ability to concurrently translate the language of system and business process between Office of Information Services (OIS) technology development teams and DHS business program teams. In addition to technology and policy/process translation services, ITBS provides direct support to internal and external system users regarding issues specific to DHS program areas, and system access administration for several DHS program areas.

Continuous Improvement

This office leads an on-going effort to improve services and processes, and involves all employees helping build standard processes in all DHS programs.

Department of Human Services: DHS Central Services

Primary Outcome Area: Improving Government
Secondary Outcome Area: N/A
Program Contact: Eric Luther Moore, 503-884-4701



Executive Summary

DHS Central Services consist of the Office of the Director and Policy, the Office of Human Resources, the Central Budget Office, the Office of Communications, the Office of Legislative and Client Resources (LCRO) within the Public Affairs Office and the Office of Equity and Multicultural Services (OEMS). These offices provide essential business supports to programs in achieving the department and programs mission, vision and outcomes.

Program Funding Request

DHS Central Services	GF	OF	FF	TF	POS	FTE
LAB 13-15	$ 16,843,168	$ 765,040	$ 17,213,823	$ 34,822,031	87	85.93
GB 15-17	$ 16,066,283	$ 1,716,661	$ 16,359,181	$ 34,142,125	90	89.26
Difference	$ (776,885)	$ 951,621	$ (854,642)	$ (679,906)	3	3.33
Percent change	-5%	55%	-5%	-2%	3%	4%

Significant Proposed Program Changes from 2013-15

Central Services Total						
GB Investments	**GF**	**OF**	**FF**	**TF**	**POS**	**FTE**
201 - REaL-D	$743,644	$1,000,000	$0	$1,743,644	3	2.84

REaL-D
This investment supports the establishment of uniform standards and practices for the collection of data on race, ethnicity, preferred spoken or signed language, preferred written language, and disability status by the Oregon Health Authority (OHA) and Department of Human Services (DHS). This investment supports designing, building and implementing a master client data service that supports the long-term strategy of a comprehensive view of the OHA/DHS client.

Upon establishment of a re-useable master client service, the agency will have the capability to collect demographic information on the client that will serve multiple program and reporting needs. DHS and OHA have developed administrative rules and policies for collecting, analyzing, and reporting meaningful race, ethnicity, language and disability data (REaL+D) across DHS and OHA based on the foundation of the U.S. Office of Management and Budget's (OMB) Directive 15 (revised 1997), and adds key elements that will improve the quality of the data gathered.

This POP addresses both the business and technical changes required to create a unified, sustainable model for collecting client data across both agencies. Planning for the project is occurring during the remainder of the 13-15 biennium; DHS and OHA have put in place a REaL-D Analysis and Assessment Project to inventory and analyze all business processes, systems and reports across DHS/OHA that capture, update or utilize REaL-D data. This project's focus is on a detailed assessment and impact analysis of the changes that will be required across DHS & OHA in support of the implementation of HB 2134 and the related Oregon REaL-

D data collection standards. The outcome of the in-depth analysis will include a detailed business case and recommended implementation strategies for REaL-D data standards compliance. This budget assumes $1 million in Q-Bond Revenues.

Program Description

Office of the Director and Policy

The DHS Director's Office is responsible for overall leadership, policy development and administrative oversight. These functions are coordinated with the Governor's Office, the Legislature, other state and federal agencies, partners and stakeholders, local governments, advocacy and client groups, and the private sector.

The DHS Director's Office provides leadership in achieving the mission of the agency: helping Oregonians achieve well-being and independence through opportunities that protect, empower, respect choice and preserve dignity. The office supports all DHS field office and central office programs by managing legislative and legal matters, client concerns, written rules, and contested hearings.

DHS Office of the Chief Financial Officer (OCFO)

OCFO provides optimal business services to ensure accountability, data driven decisions, and stewardship of resources in support of the mission of DHS. This is done by working closely with DHS programs and the OHA CFO and programs, to ensure accurate, timely and efficient recording and management of financial resources; culturally competent and equitable services; authorizing the redistribution of available resources to meet changing needs; and establishing administrative controls. The OCFO is responsible to provide leadership and direction to the DHS Budget Office and the fiscal offices located in DHS that serve both DHS and OHA, including the Budget Center, Office of Financial Services, and Office of Forecasting. These offices ensure that accounting, budget, and forecasting practices comply with all applicable laws, rules, and professional standards and ensure transparency and accountability in the financial practices of DHS and OHA.

Central Budget Office

This office functions as the central budget for DHS based programs working under the guidance of the OCFO. The OCFO is responsible to provide leadership and direction to the DHS Budget Office and the fiscal offices located in DHS that serve both DHS and OHA, including the Office of Financial Services, the Central Budget Unit, and Office of Forecasting. These offices ensure that accounting, budget, and forecasting practices comply with all applicable laws, rules, and

professional standards and ensure transparency and accountability in the financial practices of DHS and OHA.

Office of Human Resources (HR)
HR serves as a strategic partner to its customers in DHS, providing proactive, comprehensive human resources services, in alignment with agency and program mission and goals. HR works closely with internal customers on Workforce Strategies that support agency and program needs and strategies, and building a healthy workplace culture of ongoing development and feedback to ensure the agency has a diverse workforce with the right people with the right skills, training, and support to do their work, now and in the future.

Public Affairs Office
This office supports the mission by providing accurate information to a diversity of employees, clients, legislators, stakeholders and interest groups, providers and partners, local governments, other state and federal agencies, policymakers, the news media, targeted audiences and the general public. Effective communication is the primary vehicle to demonstrate public transparency, accountability, and trust. The office also provides support to the department's priority projects as defined by the DHS Director and Executive Team.

Office of Equity and Multicultural Services (OEMS)
OEMS provides leadership and direction in supporting equity, diversity and inclusion initiatives throughout the agency. OEMS guides systemic changes to both internal workforce developments as well as improve service delivery to all Oregonians. The office also investigates all claims of discrimination and harassment. The goals of the office include reducing service disparities in all program areas; ensuring a diverse and culturally competent workforce; removing barriers to a welcoming work environment; and improving life outcomes for all DHS clients.

Program Justification and Link to 10-Year Outcome

DHS Central Services provide critical leadership and business supports necessary to achieve the mission of the agency: helping Oregonians achieve well-being and independence through opportunities that protect, empower, respect choice and preserve dignity.

DHS Central Services include the cost of DHS central budgets, including the Director, Governor's Ombudsmen, Legislative and communication support, budget, diversity, and human resources.

The DHS Central Services budgets are structured and administered according to the following principles:

Control over major costs
DHS centrally manages many major costs. Some of these costs, like many DAS charges, are essentially fixed to the agency. Others, like facility rents, are managed centrally to control the costs. DHS also strongly supports and actively participates in statewide efforts to locate work across the enterprise and install performance management systems to perform administrative functions more efficiently and effectively.

Performance management system
DHS is has implemented a performance management system containing the following key elements:
- A clear statement of the outcomes DHS must achieve.
- Descriptions of the processes DHS uses to achieve its outcomes.
- Measures of success for each outcome and process.
- Owners for each measure.
- Written "breakthrough" strategies for each initiative that will significantly improve outcomes and processes.
- A quarterly all-day all-leadership review of progress on each measure and strategy.

DHS is now implementing the same system within each program and support service category. The system is contained in the Director's Office and is managed by the entire executive team.

Best practices in installing performance management require specific skills - especially in project management, Lean tools, data analysis, and professional development of managers. DHS has reallocated resources and used savings to make some of these investments, but it must increase these skills much more needs to be done.

Enabling Legislation/Program Authorization
ORS 409.010

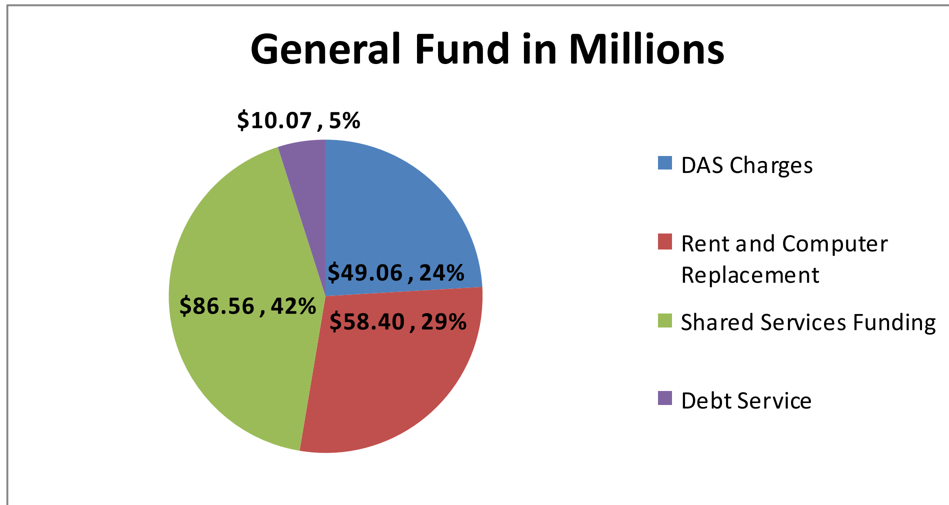
Funding Streams

- Allocated Costs – Costs benefiting more than one Federal or State program are charged to a cost allocation pool. The allocating grant numbers accumulate costs until the monthly cost allocation process is run.
- Direct Charge – Costs benefiting a single Federal or State program are charged directly to the grant number representing the program. There is no additional allocation for these costs.
- Monthly Process –. The process runs each month based on actual accumulated costs. On a monthly basis, statistics are generated to complete the allocation process. The cost allocation pools are cleared each month by the operation of the cost allocation process to transfer the costs to the final grant and cost objective.
- Federal Financial Participation (FFP) Calculation – After costs are allocated to final cost objectives, DHS calculates and records the level of Federal financial participation for the specific grant.

Department of Human Services: DHS Shared Services

Primary Outcome Area: Improving Government
Secondary Outcome Area: Improving Government
Program Contact: Eric Luther Moore, 503-884-4701

Shared Service Programs – Improving Government



Executive Summary

DHS Shared Services supports both DHS and OHA by providing optimal business services to ensure accountability, data driven decisions, and stewardship of resources. This budget also includes the Department of Administrative Services (DAS), State Data Center (SDC) and Risk Management assessments, debt service, and the DHS rent and computer replacement budgets.

Program Funding Request

Shared and State Assessments and Enterprise-wide Costs (SAEC) Total						
	GF	OF	FF	TF	Pos	FTE
LAB 13-15	$ 185,587,528	$ 30,223,747	$ 165,450,671	$ 381,261,946	0	0.00
GB 15-17	$ 204,093,894	$ 30,482,794	$ 182,239,725	$ 416,816,413	0	0.00
Difference	$ 18,506,366	$ 259,047	$ 16,789,054	$ 35,554,467	0	0.00
Percent change	9.1%	0.8%	9.2%	8.5%		

Significant Proposed Program Changes from 2013-15

Shared and SAEC Total						
GB Investments	GF	OF	FF	TF	Pos	FTE
123 - TANF Investigator POP	$ 884,248	$ 1,314,776	$ 763,687	$ 2,962,711	22	9.24

TANF/SNAP Investigators
Currently, Overpayment and Recovery's (OPAR) client fraud investigators have caseloads in excess of 300 cases each. This is excessive and additional resources are needed to properly decrease the backlogged workload. Further, an investigator's work often happens in client homes and in adversarial situations where safety is a concern.

These new staff (7 FTE, Investigator 3 classification; 10 FTE, Investigator 2 classification; 2 FTE, Office Specialist 2; 2 FTE, Administrative Specialist 2; 1 FTE, Program Manager C) would provide the additional investigative staffing needed to right-size the investigations unit, reduce existing safety concerns, as well as expand capacity for utilizing new data-mining and GIS fraud-identification techniques. The expected recovery estimate in program budgets can provide some programmatic offset to this investment cost. In addition overall Return on Investment (ROI) including federal funds provides a minimum ROI of $1:1 in total fund to total fund recovery for taxpayers overall.

Program Description
DHS Shared Services contains the following key offices and programs:

Shared Services Administration
This office provides leadership and direction for shared services offices as well as managing the business continuity planning efforts for both DHS and OHA.

Budget Center
This office provides program and administrative budget planning, financial analysis and technical budget support for DHS and OHA. These services are provided for department leadership, program, policy and field managers, staff and external policymakers.

Office of Forecasting, Research and Analysis
This office provides client caseload forecasting services for DHS and OHA.

Office of Financial Services
This office provides accounting services, administers employee benefits and payroll, prepares financial reports, and collects funds owed to DHS and OHA. This office provides accurate, accountable and responsive financial management and business services to DHS and OHA clients, providers, vendors, stakeholders and employees in support of both agencies' missions and in compliance with state laws and federal policies, rules and regulations.

Office of Human Resources
This office provides essential HR administrative functions and services for DHS and OHA, and supports organizational development and an improved common culture of leadership and engagement across both agencies, through background checks and fitness determinations; personnel records management; leave administration; centralized position administration; safety and risk response and management; staff and management training; facilitation services and LDMS coaching; HR data analysis and reporting; HR policy administration; and internal communication strategies and resources for managers and staff.

Office of Facilities Management
This office provides coordination of DHS and OHA offices and other facilities statewide.

Office of Imaging and Records Management
This office provides document and records management services for DHS and OHA through imaging, electronic workflow, data entry, archiving and retention services.

Office of Contracts and Procurement
This office provides contract and procurement services for DHS and OHA by making purchases, conducting solicitations, and preparing and processing contracts with other government agencies, businesses and service providers.

Office of Adult Abuse Prevention and Investigations
This office conducts investigations and provides protective services in response to reported abuse and neglect of seniors and people with physical disabilities; adults with developmental disabilities or mental illness; and children receiving residential treatment services. The types of abuse we investigate may include physical, sexual, verbal and financial abuse; neglect, involuntary seclusion, and wrongful restraint. (See also individual Bid Form for more details)

Internal Audits and Consulting
This unit provides independent and objective information about DHS and OHA operations, programs and activities to help management make informed decisions and improve services.

Office of Payment, Accuracy and Recovery
This office provides recovery services for DHS and OHA by identifying and recovering moneys paid in error to clients or providers; investigates allegations of fraudulent activities; investigates and recovers state funds expended for services when a third party should have covered the service and the recovery of claims made by a client; and recovers funds from the estates of Medicaid recipients for the cost of cash and medical benefits provided.

Performance Excellence Office (PEO)
The PEO provides leadership in coordinating continuous improvement and training services for DHS and OHA. PEO uses a blend of project management principles, a strong governance structure, metrics developing and tracking, training and Lean techniques to drive a comprehensive approach to creating a culture of continuous improvement that is cutting red tape, delivering better and faster services to clients, generating cost savings and increasing transparency. The PEO uses a multi-level approach designed to create an organic self-sustaining culture of continuous improvement through all levels of the organization. The PEO provides lean and continuous improvement training for all agency staff, coaching and mentoring for agency management and oversight of agency performance in continuous improvement and performance excellence.

Publication and Design Section (P&D)
This section manages the writing, design, development, printing and distribution of DHS and OHA publications for internal and external audiences, which includes alternate formats and alternate languages. P&D provides consulting to plan professional quality publications that reflect DHS and OHA style guidelines; edit and proof materials created by staff experts and partners in their individual fields; provide graphic design, layout, original and digital illustration, forms creation, graphic artwork and Web and electronic materials.

Program Justification and Link to 10-Year Outcome
DHS Shared Services provide critical business supports necessary to achieve the mission of the agency: helping Oregonians achieve well-being and independence through opportunities that protect, empower, respect choice and preserve dignity.

DHS Shared Services include:

- Payments to DAS and third parties for goods and services that serve the whole agency, such as facility rents, state data center charges, the DAS risk assessment, DAS government service charges, computer replacement, and debt service.
- Payments for DHS's share of the cost of services shared with OHA. When the agency split, DHS and OHA agreed to share information technology, financial, investigations, and other services to avoid cost increases and permit a greater focus on improving performance and efficiency.
- The cost of the DHS/OHA shared services provided by DHS. These costs are entirely Other-funded, paid for by the payments described in the 2nd bullet above and there are similar payments in the OHA budget. From a total fund perspective, these costs are double-counted in the DHS and OHA budgets, but are needed in order for the offices to perform their daily operations.

The DHS Shared Services budget is structured and administered according to the following principles:

Control over major costs

DHS centrally manages many major costs. Some of these costs, like many DAS charges, are essentially fixed to the agency. Others, like facility rents, are managed centrally to control the costs. DHS also strongly supports and actively participates in statewide efforts to locate work across the enterprise and install performance management systems to perform administrative functions more efficiently and effectively.

Customer-driven shared services

When the agency split, DHS and OHA agreed to maintain many administrative functions as shared services to prevent cost increases, maintain centers of excellence, and preserve standards that help the agencies work together.

Shared Governance

DHS and OHA govern their shared services through a board composed of operational leaders of the two agencies. This approach ensures that shared services are prioritized and managed to support program needs. The board and its subgroups have established service level agreements and performance measures for each service, implemented recent budget cuts selectively, moved staff in and out of shared services to rationalize service delivery, and started implementing more integrated systems to support the performance of all our employees.

Best practices in installing performance management require specific skills - especially in project management, Lean tools, data analysis, and professional development of managers. DHS has reallocated resources and used savings to make some of these investments, but in order to increase these skills much more needs to be done.

Enabling Legislation/Program Authorization

ORS 409.010

Funding Streams

Funding streams are billed to through an approved cost allocation plan. The model contains a billing allocation module and a grant allocation module.
The billing allocation module allocates Shared Service costs to the two agencies. The billing module allocates costs to customers within each agency. It does not allocate costs directly to Federal grants.

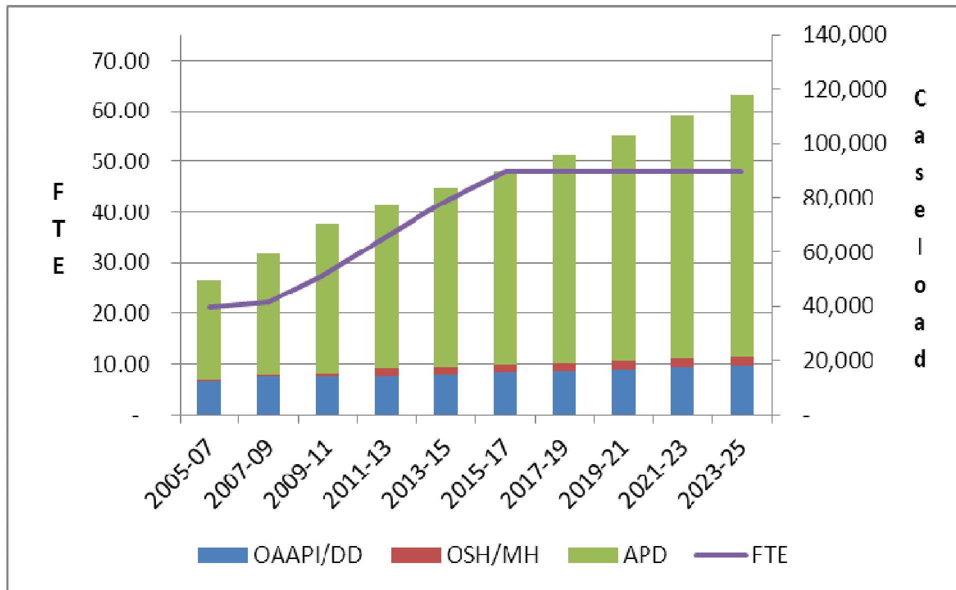
The grant allocation module allocates costs within DHS to State and Federal grants. These costs include those directly incurred by DHS, Shared Service costs allocated to DHS by the billing allocation module, and external costs allocated to DHS by other State agencies.

Both modules allocate aggregated costs on a monthly basis and use similar allocation methods.

Department of Human Services:
Office of Adult Abuse Prevention and Investigations (OAAPI)

Primary Outcome Area: Safety
Secondary Outcome Area: Healthy People
Program Contact: Marie Cervantes, 503-945-9491

Caseloads by Area of Investigation and Staffing Levels



Note: This chart shows caseloads by area of investigation compared to staffing levels, with a 60% increase in caseload growth from 2005 to 2014.

Executive Summary

The Office of Adult Abuse Prevention & Investigations (OAAPI) is a DHS/OHA Shared Service that provides abuse-related services to the Aging & People with Physical Disabilities (APD), Intellectual/Developmental Disabilities Services (I/DD) and Child Welfare (CW) programs at DHS, and the Addictions & Mental Health (AMH) program at OHA.

Together with its program partners, OAAPI serves some of Oregon's most vulnerable residents, in their own homes or in licensed care facilities. The approximate numbers served include:

- 500,000 older adults and people with physical disabilities;
- 16,000 adults enrolled in Intellectual and Developmental Disabilities (I/DD) programs;
- 55,000 adults receiving Community Mental Health Services or residing in the Oregon State Hospital (OSH); and
- 3,600 children residing in licensed facilities that provide therapeutic treatment, or children enrolled in I/DD services.

OAAPI has a core staff of 48 employees providing specialized abuse-related services statewide. OAAPI's staff monitors and supports the work of over 250 abuse screeners, investigators, protective service workers and managers around the state who work for many different entities, including state offices, Area Agencies on Aging, and county mental health and developmental disability programs.

In 2013, over 35,000 reports of possible abuse or neglect of vulnerable Oregonians were received and screened statewide by OAAPI and its program partners. Of those, 16,500 allegations were assigned for investigation by OAAPI or program staff, to determine if abuse had occurred and to provide protective services to the alleged victim. About 23% of all allegations investigated (3,819) were substantiated in 2013.

When people live free from abuse, their medical, physical and psychological treatment needs are reduced and they are able to live independent, productive lives in their communities. There is a direct link between robust abuse prevention and intervention efforts and the potential for reductions in need for health care services, Medicaid resources and nursing home placements.

Program Funding Request

	GF	OF	FF	TF	POS	FTE
LAB 13-15	$5,479,574	$20,828	$3,966,727	$9,467,129	51	47.77
GB 15-17	$5,495,407	$20,888	$3,978,188	$9,494,483	51	49.13
Difference	$15,833	$60	$11,461	$27,354	0	1.36
Percent Change	0%	0%	0%	0%	0%	3%

Significant Proposed Program Changes from 2013-15

An APD-sponsored Policy Option Package is included in the Governor's Proposed 15-17 Budget to fund the development of a new statewide adult abuse database and report-writing system. When implemented, this new system will greatly enhance OAAPI's ability to monitor abuse screenings and investigations occurring around the state in real time; provide critical and accurate abuse data and performance metrics to internal and external partners; 'connect the dots' statewide to protect vulnerable Oregonians and prevent abusers from moving from one system or region to another undetected; and protect DHS and OHA programs from the risk of abuse referrals or investigations "falling through the cracks" or going unaddressed without detection.

Program Description

OAAPI exists to ensure a prompt, consistent and equitable response to all reports of abuse of vulnerable adults (and children in certain settings) across the state, to provide proactive prevention training and services to vulnerable populations and those who care for them and to help prevent abuse from happening in the first place.

OAAPI works toward these goals by the provision of the following specialized, abuse-related services to its DHS and OHA program partners:

- Policy analysis and development;
- Data collection and analysis;
- Quality assurance and continuous improvement activities;
- Staff training and development;
- Research and prevention activities;
- Program coordination and technical assistance; and
- Specialized investigation services.

As a Shared Service with a broad view of adult abuse trends across varying populations and settings, OAAPI is uniquely positioned to provide trend data and outcomes to program and agency partners, who use that information to ensure and enhance the safety of their respective client populations.

For example, OAAPI published its second financial exploitation study in 2014, providing updated and comprehensive statewide data about financial exploitation – currently the most frequently investigated form of abuse in Oregon. The study

allowed OAAPI and its partners to better define and explain the cost of abuse, identify regional trends and enhance community engagement efforts, and has been recognized nationally as a pioneering study. Also in 2014, OAAPI published its second Annual Report (Calendar Year 2013) which provided abuse data for all the populations served by OAAPI and its partners, as well as a unified view of the serious risks faced by all vulnerable Oregonians.

Reports such as these provide the important link between research and practice, allowing OAAPI and our partners to use actual data to focus our efforts and drive decision-making and program development. For example, based upon abuse data collected, OAAPI recently created positions for investigative specialists to provide support to the field in the areas of financial exploitation and intimate partner violence, family violence and sexual assault, two areas presenting increasing challenges to program staff.

In addition to supporting program staff in the field, OAAPI screens and responds to reports of abuse in state-operated facilities directly. These settings include Children's 24-Hour Residential Developmental Disability (DD) programs, Children's Residential Care Programs, the Oregon State Hospital, I/DD Stabilization and Crisis Units (SACU) and Secure Residential Treatment Facilities either operated or contracted by the state. In 2013, approximately 1,000 reports of possible abuse were reported in these settings and over 500 were assigned for investigation by OAAPI staff investigators.

To fulfill its mission, OAAPI works closely with other state agencies and offices, such as the Long Term Care Ombudsman and the Background Check Unit, to respond to allegations of abuse as well as to share abuse-related information, as allowed, to further protect vulnerable Oregonians. When residents of licensed facilities are reported to have been abused, OAAPI works closely with the DHS Office of Licensing and Regulatory Oversight (ORLO), the office responsible for licensing and taking corrective action in long-term care facilities, to ensure that appropriate steps are taken to protect the alleged victim and to hold perpetrators accountable.

In regard to Community Engagement, OAAPI collaborates actively with community partners, non-profit agencies, stakeholders, advocacy groups, labor groups, providers' organizations and consumers to ensure that the abuse

investigation practices and protective service interventions in use around the state are understood and supported by all involved.

OAAPI's program costs are driven by many factors, including the aging of Oregon's population, the increasing demand for services in both community and facility settings, and an increase in the legal, medical and social complexity of abuse cases. Unfortunately, national research shows that elder abuse is vastly under-reported, with only an estimated one in 23.5 cases reported. Financial abuse is one in 44, and neglect one in 57 (Cornell University, 2011[1]). A 2009 study by MetLife reported a "$2.9 billion dollar annual loss" as a result of elder financial abuse, which is a 12 percent increase from 2008. This is supported by OAAPI's research, which indicates that in 2013 financial exploitation comprised 45 percent of all substantiated abuse in Oregon and resulted in significant financial loss to Oregon citizens.

Ultimately, all of these factors drive up requests for service and lead to increased costs for OAAPI and the programs that OAAPI supports.

Program Justification and Link to 10-Year Outcome

OAAPI is inextricably linked to the Outcome goal of **Safety** for all Oregonians, particularly for vulnerable adults and children. Individuals we serve are at the highest risk of abuse or neglect. National research shows that more than half of people with mental illness or developmental disabilities will experience repeated physical or sexual abuse in their lifetime. Older adults who are victims of abuse have been shown to be three times more likely to die in a given time period than their non-abused peers[2]. The goal of Safety is also supported by the use of OAAPI's abuse history information in employment screening, limiting the ability of substantiated perpetrators to actively seek employment with vulnerable populations.

Secondary outcomes of this program are linked to the **Healthy People** 10-Year Outcome. Research shows that:

- Elder abuse victims are four times more likely to go to a nursing home[3].
- Victims of abuse use healthcare services at higher rates[4].

[1] Testimony by Mark Lachs, Senate Special Committee on Aging, March 2, 2011 Washington, D.C.
[2] Journal of American Medical Association, Vol. 280, No. 5, 428-432.
[3]Testimony by Mark Lachs, Senate Special Committee on Aging, March 2, 2011 Washington, D.C.
[4] Archives of Family Medicine, 1992 (1), 53-59,

- 90 percent of abusers are family members or trusted others[5].
- Almost one in 10 financial abuse victims will turn to Medicaid as a direct result of their own monies being stolen from them[6].

Considering the direct link between robust abuse prevention efforts and potential reductions in health care services, Medicaid costs and nursing home placements, a quick and effective response to reports of abuse is not only critical to the wellbeing of vulnerable Oregonians but a wise investment as well.

Program Performance

OAAPI participates actively in the DHS Fundamentals Quarterly Business Review, whereby process and outcome measures are identified, tracked and reported enterprise-wide on a quarterly basis.
Current process measures include the timeliness of the initial response to abuse reports, timely completion of investigations and the rate of inconclusive findings. Outcome measures include the overall abuse rate by population and the rate of re-abuse within one year. These metrics provide transparency and drive continuous improvement efforts across programs. As an additional measure of accountability, OAAPI also conducts quality assurance and continuous improvement activities to ensure accuracy of statute/rule compliance, provide mandated oversight to local office investigators, identify abuse and performance trends and to target training and community education needs.

# of referrals – beside investigations	2003-05	2005-07	2007-09	2009-11	2011-13	2013-15
Other calls requiring action+	22,198	22,316	31,591	43,469	46,698	49,033

+ Specialized consultation, referral to another agency or source, enhanced screening

Investigations	2003-05	2005-07	2007-09	2009-11	2011-13	2013-15
Number completed	25,444	27,309	27,906	26,901	31,167	33,010

Data for 2013-15 is a projection based on last year

Enabling Legislation/Program Authorization

The Federal Americans with Disabilities Act, Elder Justice Act of 2009, the Older Americans Act, and the Adoption and Safe Families Act all authorize states to protect vulnerable adults and children from abuse and neglect. Oregon statutes

[5] National Center on Elder Abuse, 1994.
[6] The Utah Cost of Financial Exploitation, March 2011, Utah Division of Aging and Adult Services.

further authorize DHS and OHA to provide protection from abuse to certain populations and training for the individuals who conduct abuse investigations. Statutory authorization for investigating abuse of seniors and people with disabilities is found at ORS 124.005 *et seq.* For people with developmental disabilities or mental illness, authorization is at ORS 430.735 *et seq.* and for children; authorization is at ORS 419b.005 *et seq.*

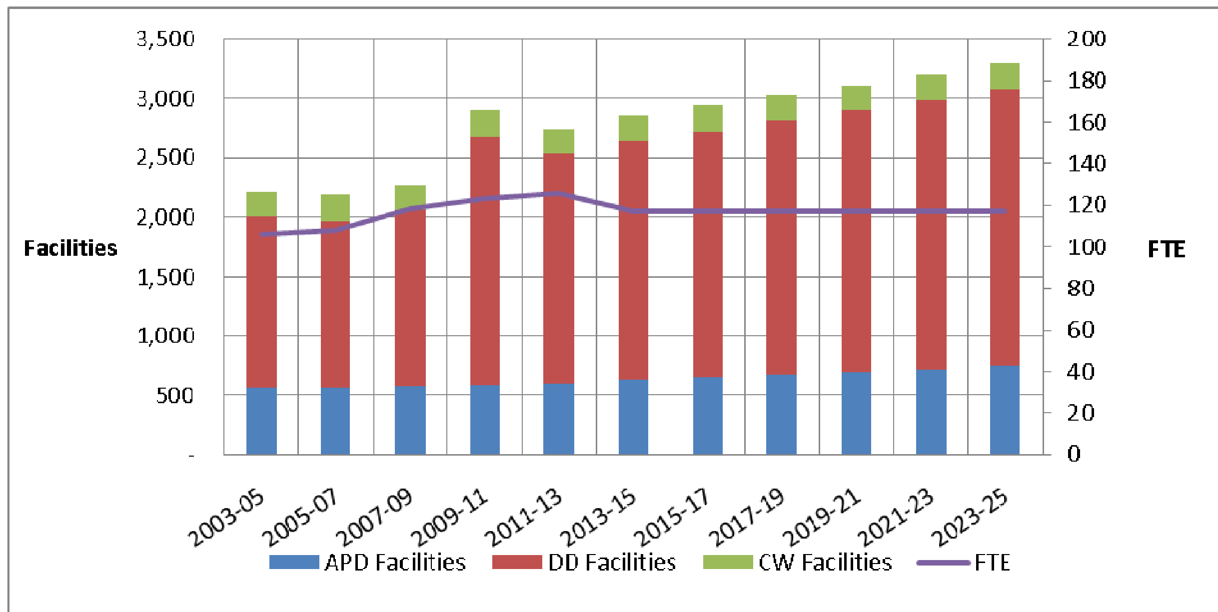
Funding Streams

As a Shared Service, the services provided by OAAPI staff are paid for by each program under a Service Level Agreement (SLA), which specifies the services to be provided and the method of cost allocation to be used. The services provided by program staff conducting investigations around the state are paid for by their respective programs. OAAPI regularly seeks revenue-supplementing opportunities including grants, and is consulting with our federal partners regarding federal funds that may become available for adult protective services in coming years.

Department of Human Services: Office of Licensing and Regulatory Oversight

Primary Outcome Area: Improving Government
Secondary Outcome Area: N/A
Program Contact: Donna Keddy, 503-373-7194

Licensing Oversight: Number of Facilities and Staff that Regulate Them



Executive Summary

The mission of the Office of Licensing and Regulatory Oversight (OLRO) is to provide for the safety, health and well-being of children, the aging and physically disabled, and people with intellectual/developmental disabilities served by the Department of Human Services and others through the consistent, efficient and effective oversight of those who provide services to clients across the continuum of care. Through diligent oversight, investigation of complaints, reports of rule violations and potential abuse and requiring corrective actions on the part of providers, future instances of unsafe conditions are reduced and quality of care to residents is improved. These services are most effective when they are provided in a quality and prevention model aimed at preventing harm before it occurs and to ensure the ongoing safety and health of vulnerable Oregonians.

Program Funding Request

Office of Licensing and Regulatory Oversight						
	GF	OF	FF	TF	Pos	FTE
LAB 13-15	$ 10,080,202	$ 83	$ 10,426,044	$ 20,506,329	117	117.00
GB 15-17	$ 12,020,952	$ 148,948	$ 16,162,610	$ 28,332,510	116	116.00
Difference	$ 1,940,750	$ 148,865	$ 5,736,566	$ 7,826,181	(1)	(1.00)
Percent change	16.1%	99.9%	35.5%	27.6%	-0.9%	-0.9%

Significant Proposed Program Changes from 2013-15

The DHS Office of Licensing and Regulatory Oversight will be focused on the effective recruitment, training and retention of current staff, utilizing existing Full-Time Employees (FTE) to the maximum efficiency and quality of services provided. OLRO will focus on further definition of the scope and roles of staff and the resulting impact of these efforts on the timeliness and effectiveness of the licensing, inspection, complaint resolution and corrective action processes. Upon further evaluation and utilization of metrics, OLRO will establish the need for additional resources based on the need indicated.

Program Description

ORLO is responsible for the licensing, certification, regulatory and corrective action functions for facilities and programs that serve Individuals with intellectual/developmental disabilities (I/DD), Aging and People with Disabilities (APD) and Child Welfare (CW) providers. This includes adult foster homes for individuals with intellectual/developmental disabilities, child foster homes, 24-hour residential programs for children and adults, assisted living facilities, residential care facilities, nursing homes, supported living programs, brokerages, provider organizations, employment programs, and residential care facilities for children with behavioral, emotional and mental health conditions. This Office does not license or certify APD Adult Foster Homes (APD/AFH), but does carry out regulatory and corrective action functions for that APD program, and provides policy direction to the APD licensing and certification regulation. The populations served in care settings regulated by OLRO represent a broad diversity of linguistic and cultural backgrounds of individuals.

Critical Categories of Oversight														
		Physical Environment: -Fire and Life Safety -Clean and Home Like	**Staffing** - Safe - Trained	**Residents Rights Upheld** Dignity, Respect, Free from abuse	**Protection from Financial Exploitation**	**Adequate food, clothing , and shelter**	**Medical** 24 hour emergent, acute and chronic care	**Plan of Care Exist** Individual, Specialized as well as self directed	**Quality of Life** Independent Choice, Home like settings, Socialization, and Family connections	**Adequate Education**	**Employment** Skill development	**Policies & Procedures** Exist and are followed	**Admission, transfer or discharge** - Appropriate -Timely	**Activities of Daily Living Assistance** (Timely and Available) -Toileting -Eating -Ambulation -Hygiene
Program Area	People with Intellectual/Developmental Disability	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Nursing Facilities	✓	✓	✓	✓	✓	✓	✓	✓			✓	✓	✓
	Assisted Living and Residential Care Facilities	✓	✓	✓	✓	✓	✓	✓	✓			✓	✓	✓
	Children's Care	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓
	Adult Foster Care	✓	✓	✓	✓	✓	✓	✓	✓			✓	✓	✓

Performed

OLRO’s licensing and oversight responsibilities vary by program area. Below is a description of OLRO’s role:

- **137 Licensed Nursing Facilities –** Licensure is achieved and maintained, in part, through annual on-site review by teams of trained Client Care Monitoring Surveyors using a rigorous oversight, monitoring and corrective action process that is prescribed by the Centers for Medicare and Medicaid Services and Oregon statute and rule. On-site visits are conducted to ensure the safety and well-being of approximately 5,000 of the most medically compromised and vulnerable elderly residents served in these facilities. Currently 41 FTE (the majority of which are federally funded) are employed to survey all Nursing Facilities based on the federally mandated survey process. Surveyors are also charged with the investigation of allegations of rule violations, including abuse and neglect that meet any of the six established criteria. There are nine FTE responsible for providing technical assistance to providers, consumers and local office staff. They

also implement civil penalties, sanctions and interventions to facilities that fail to provide adequate care and supervision.

- **495 Assisted Living Facilities and Residential Care Facilities** – Licensure is achieved through on-site surveys conducted every two years. These facilities provide 24-hour care and services to elderly and disabled residents. This is the fastest growing level of care within the continuum for seniors and is anticipated to continue to expand within the service delivery system for years to come. There is currently a capacity for over 24,000 Oregonians who may reside at this level of care, representing the largest population of Oregon's elderly citizens. The purpose of on-site surveys is to determine the facility's compliance with Federal and State requirements and corrective action as needed to ensure the safety and well-being of the vulnerable population served in these facilities There are 15 surveyors that conduct on-site surveys in an industry that continues to increase in capacity each year while the number of FTE dedicated to surveying remains static. There are seven FTE responsible for providing technical assistance to providers, consumers and local office staff. They also apply civil penalties, sanctions and interventions to facilities that fail to provide adequate care and supervision. Industry growth exceeds OLRO's ability to provide adequate staff resource to do risk mitigation for the residents in these care settings.

- **213 Private Child Caring Agency facilities and programs** with a capacity to serve approximately 3,000 children. Licensure is achieved through regulatory reviews every two years. This includes on-site surveying, monitoring and corrective actions DHS is mandated to oversee a variety of facility and program types, some of which are funded through Federal and State funding streams and others which are private. This includes but isn't limited to facilities and programs funded and utilized by DHS Child Welfare, the Oregon Youth Authority, the Oregon Health Authority and county juvenile departments. There are four FTE in Children's Care Licensing Unit who are designated to conduct on-site reviews, provide technical assistance, investigate complaints, and corrective actions issued to address violations revealed in the course of investigations of reports of abuse and neglect of children served in licensed facilities.

- **2,182 Care Homes and Facilities** serving approximately 8,937 children and adults with intellectual/developmental disabilities – Licensure is achieved through reviews. This includes on-site licensing/certification visits, monitoring and corrective action. The Intellectual/Developmental Disabilities Licensing Unit is

responsible for the oversight of a variety of facility and program types. The regulatory activity occurs every year for Adult Foster Homes; every two years for 24-Hour Residential Programs and Child Foster Homes; and every five years for Supported Living Programs, Employment programs, Supported Living Program, Brokerages, and Provider Organizations. Adult foster homes and residential facilities for children with Intellectual/Developmental Disabilities are licensed and certified by twelve client care surveyors within this office.

- **1,754 Homes for Aging and Physically Disabled –** These are licensed through the APD Program in DHS with technical assistance, corrective action and licensure rule and policy development occurring in the Office of Licensing and Regulatory Oversight.

OLRO is closely connected to the Office of Adult Abuse Prevention and Investigation (OAAPI). OAAPI conducts investigations and provides protective services in response to reported abuse and neglect of aging adults and people with disabilities, and children receiving residential treatment services. When OAAPI conducts an investigation and finds health or safety issues – whether the OAAPI investigation into wrong-doing is substantiated or not – OLRO is brought in to determine whether the activity constitutes abuse and/or neglect and whether a licensing violation has occurred.

Program Justification and Link to 10-Year Outcome

OLRO's performance is directly related to the safety of vulnerable Oregonians who find themselves in need of care in a supervised 24-hour living environment. These Oregonians are often unable to protect themselves. They deserve to be free from abuse and neglect by service providers and free from facilities that engage in practices that are detrimental to their safety and health. Through the timely, thorough and effective oversight of care facilities, homes for children, the elderly and the disabled, OLRO provides some assurance that conditions exist within these facilities and homes that provide the highest likelihood of safety and quality care. The licensing and certification regulations that are in place are intended to educate providers of required safe practices, prevent unsafe conditions and mitigate risk to vulnerable children and adults in care through regular oversight to insure that the regulations are being upheld.

Program Performance
DHS currently measures the timeliness of facility surveys conducted by each individual licensing program within the Office. OLRO also utilizes several methods of oversight including:

- Initial Licenses
- Renewal/Site Visits
- Corrective Actions
- Civil Penalties
- Suspension/Sanction/Revocation
- Investigate Complaints

Enabling Legislation/Program Authorization
Licensure of Nursing Facilities in Oregon is codified in ORS 441.015 (et seq) "Licensing and Supervision of Facilities and Organizations" and Medicaid Certification via Social Security Act, Title XIX, Sec 1819(g) - "Survey and Certification Process," "State and Federal Responsibility". Medicare Certification via Social Security Act, Title XIX, Sec 1919(g).

Licensure of Assisted Living Facilities and Residential Facilities is codified in ORS 443.410 "Residential Facilities and Homes". Memory Care Endorsement within these facilities is codified at ORS 443.886 "Alzheimer's Disease" "Special endorsement required; standards; fees; rules."

Licensure of Children's Care Agency facilities is codified at ORS 418.205 through 418.327 and ORS 418.990 through 418.998. Licensure and Certification of Facilities and Homes for children and adults with developmental disabilities is mandated via ORS 443.830 and 443.835. Licensure of Adult Foster Homes for Persons with Intellectual/Developmental Disabilities is mandated via 443.705-443410.070. and 430.610-430.670. Licensure of 24-hour Residential Services for Children and Adults with Intellectual/Developmental Disabilities is codified at ORS 443.400-443.455.

Licensure of Employment for Individuals with Intellectual/Developmental Disabilities is codified at ORS 430.610, 430.630-430.670.

Licensure of Supported Living Services for Individuals with Intellectual/Developmental Disabilities is codified at ORS 430.610, 430.630 and 430.670. Licensure of Support Services for Adults with Intellectual/Developmental Disabilities is mandated via ORS 417.340-417.355, 427.005, 427.007 and 430.610-430.695.

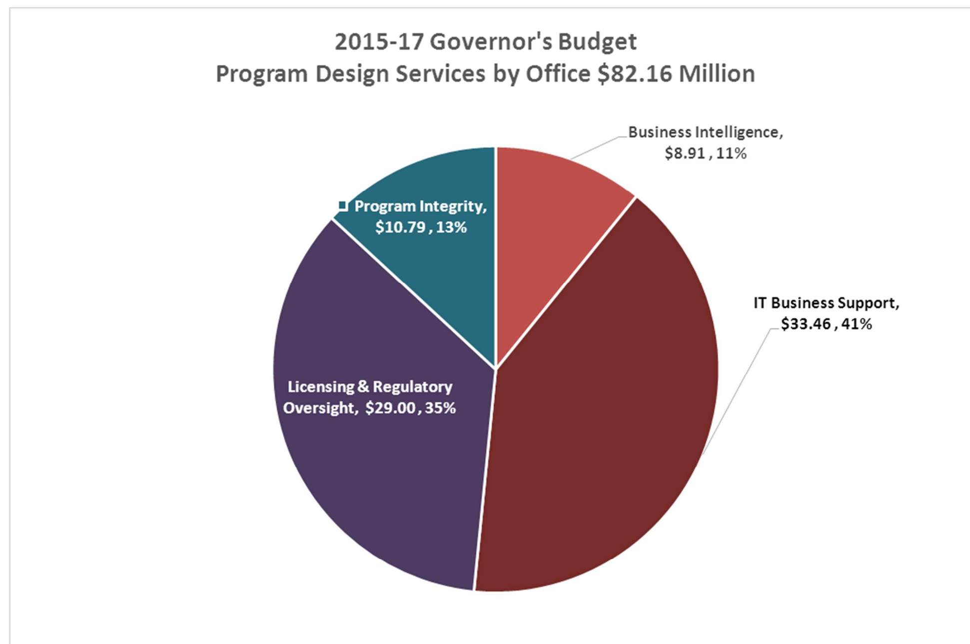
Licensure of Intellectual/Developmental Disabilities Agency Service Rule is codified at ORS443.400-443.455.

Funding Streams

This program and its accompanying positions are funded with a mix of State General Funds and Federal Funding from the following Federal Grants: Title XIX Medicaid at the Program Rate, Title XIX Medicaid at the Administrative Rate, and Title IV-E.

Department of Human Services: DHS Program Design Services

Primary Outcome Area: Improving Government
Secondary Outcome Area: N/A
Program Contact: Eric Luther Moore, 503-884-4701



Executive Summary

DHS Program Design Services support program design offices by centralizing services that require specialized skills. This allows each office to set uniformly high standards for each of these services and to develop its staff to those standards. It facilitates cross-training of staff in multiple programs, flexibility in supporting program offices when needs change or staff turnover occurs, and research into the combined impact of our services on clients served by more than one program.

Investment in centralized infrastructure

Based on the process maps developed in the performance management system, DHS restructured into five programs. DHS Program Design Services include the Office of Business Intelligence, the Office of Information Technology (IT) Business Support, the Office of Licensing and Regulatory Oversight, the Office of Program Integrity, and the Office of Continuous Improvement.

The five programs were given the essential functions to design and implement their programs within the performance management system. DHS then centralized many

support services that previously had been performed separately by each program. This creates efficiencies, assigns clear accountability for the performance of support services, and allows targeted investments to improve performance. Better support services ultimately improve performance of all DHS employees and our providers.

Program Funding Request

Program Design Services	GF	OF	FF	TF	POS	FTE
LAB 13-15	$ 20,592,854	$ 14,616,714	$ 78,907,230	$ 114,116,798	253	253.00
GB 15-17	$ 28,470,204	$ 2,467,172	$ 51,223,089	$ 82,160,465	262	257.41
Difference	$ 7,877,350	$ (12,149,542)	$ (27,684,141)	$ (31,956,333)	9	4.41
Percent change	28%	-492%	-54%	-39%	3%	2%

Significant Proposed Program Changes from 2013-15

Program Design Services Total						
GB Investments	**GF**	**OF**	**FF**	**TF**	**POS**	**FTE**
103 - Non-MAGI Eligibility	$750,000	$0	$6,750,000	$7,500,000	0	0.00
108 - Child Welfare Quality Contral Reviewer Staff	$79,725	$0	$79,725	$159,450	1	1.00
121 - Oregon Enterprise Data Analytics	$946,393	$1,889,626	$943,233	$3,779,252	13	8.45
Total GB Investments	$1,776,118	$1,889,626	$7,772,958	$11,438,702	14	9.45

Non-MAGI Eligibility

Implement a planning effort to prepare for the implementation of an eligibility system for its non-MAGI (Modified Adjusted Gross Income) Medicaid programs. The recent decision by the Center for Medicaid and Medicare Services (CMS) to extend 90/10 funding for Medicaid eligibility systems provides substantial resources to help DHS proceed with the planning work. A recent CMS site visit provided Oregon with an understanding of CMS' expectation that it proceed with automation of the eligibility and case management for the non-MAGI Medicaid population as soon as possible after successful completion of the MAGI Medicaid Transition Project.

Child Welfare Quality Control(QC) Review Staff

The position requested in this POP will increase the QC review capacity in the statewide Child Welfare Quality Assurance system to include stakeholder interviews, which are federally required as part of each state's Continuous Quality Improvement in Child Welfare program. This requirement can be found in the

federal Adoption and Safe Families Act of 1997 and the Administration for Children and Families Information Memorandum CB-IM 12-07 dated August 27, 2012. There are currently 3 FTE in the Child Welfare review team. This additional position will enable the state to complete federally mandated Children and Family Services Review (CFSR) as required and mitigate the risk for federal penalties and imposed program improvement plans.

Oregon Enterprise Data Analytics
State agencies increasingly need to analyze data across all agencies serving the same clients/customers to improve their ability to design effective programs, achieve outcomes, minimize risks and find efficiencies. This helps to bring the right resources and services to the right families at the right time by identifying risk levels and strategically targeting services to produce outcomes. Some agencies have already built combined data sets for analysis purposes. This POP extends this work to more agencies and builds the resources to make use of this data. All positions are in shared services Office of Forecasting Research and Analysis (OFRA) as they would answer to multiple agencies.

Program Description

Office of Business Intelligence (OBI)

OBI compiles reports and conducts research to determine whether DHS programs are achieving their goals and desired outcomes. OBI specializes in managing data to ensure it is accurate, consistent, and useful to programs in assessing their success and making decisions to alter their program design. One important part of this role is managing the agency scorecard of outcome and process measures. OBI also conducts professional research requested by programs to give them a more rigorous foundation for their program design.

Information Technology Business Supports (ITBS)

ITBS is a bridge between IT technical staff and program staff. Its mission is to assist IT technical staff in understanding program needs so they can construct applications that better support the program; to improve program business processes; to maximize the benefits of technology; and to integrate system implications into consideration of program policy changes. This mission requires staff who understand IT systems and language as well as program business processes. ITBS also directly supports users of DHS systems (many of whom are county and other non-DHS staff) with issues particular to DHS' programs. One of the most important breakthroughs is modernization of DHS's service delivery. This involves redesigning how DHS interacts with its clients and customers – defining where face-

to-face contact better serves client needs and advances the agency mission and where on-line and automated processes can more efficiently meet the need or better support DHS staff in their direct service to clients.

ITBS' major project is DHS Modernization – an agency breakthrough strategy to improve program processes and IT systems to give the agency the ability to: (1) engage with clients in the way that maximizes our ability to help them achieve safety, health and self-sufficiency; (2) support caseworkers with information and tools that allow them determine how to best assist the client and that minimizes their need to perform administrative tasks; and (3) improve the efficiency of DHS operations.

Office of Licensing and Regulatory Oversight (OLRO)
OLRO licenses many providers of residential care to children, the aging and physically disabled, and people with intellectual and developmental disabilities. These providers range across the continuum of care and serve clients of multiple DHS programs and other agencies as well as private persons. Through diligent oversight, investigation of complaints and reports of potential abuse, and corrective action, OLRO reduces future instances of unsafe conditions and improves the quality of care. These services are most effective when they are provided in a quality and prevention model aimed at preventing harm in the first place to protect the safety and health of vulnerable Oregonians. The providers licensed by OLRO include adult foster homes, assisted living facilities, residential care facilities, nursing homes, supported living and employment programs for people with developmental disabilities, and private child care agencies.

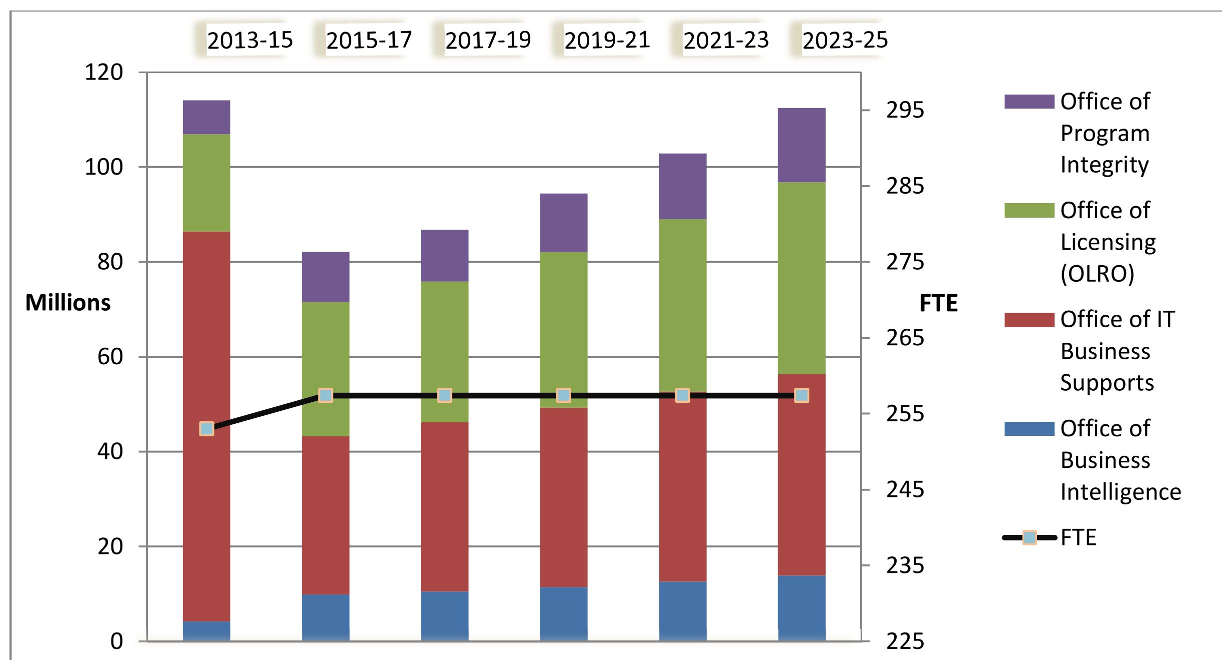
Office of Program Integrity (OPI)
OPI conducts analysis and tests to determine whether DHS is implementing programs in the way they were designed and trains caseworkers based on their findings to improve program integrity. The Quality Control Unit conducts operational and case reviews, many mandated by state and federal law, to determine how accurately each program is making eligibility and other determinations. The Quality Assurance Unit and CMS Waiver Group conducts field reviews to assess program quality.

Office of Continuous Improvement (OCI)
OCI helps DHS units implement the Lean Daily Management System and conduct business process improvement events. OCI employs project managers and people

skilled in Lean tools that assist units in making high-priority process improvements and building their own Lean capacity.

Best practices in installing performance management require specific skills - especially in project management, LEAN tools, data analysis, and professional development of managers. DHS has reallocated resources and used savings to make some of these investments, but it must increase these skills much more needs to be done.

Program Justification and Link to 10-Year Outcome



To become outcome-driven, an agency must:

- Determine the outcomes it wants to achieve
- Measure the outcomes
- Design programs to achieve the outcomes
- Implement the design through business and IT processes
- Systematically review whether the processes are being implemented as designed and how well the outcomes are being achieved.

Program Design Services employ professionals who specialize in these tasks who help DHS and its programs perform these tasks. OBI specializes in program data used to measure outcomes, including maintaining the agency scorecard, and conducts professional research on the impact of various program designs on

achievement of outcomes. OPI determines whether operating units are implementing the program design accurately and conducts training to close any gaps. Using Lean tools, OCI works with operating units to design and implement more efficient and effective operating processes. ITBS acts as a translator between program staff and IT technical staff to ensure that IT projects more accurately meet business needs. OLRO uses many of these tools to license residential providers who serve clients of DHS and other agency programs as well as private clients.

Program Performance

Program Design Services are concentrating on improving operations of foundational services and covering gaps in services that existed when the services were split. OBI set targets to put all program data into data warehouses, to organize all warehouse data in a format giving program users more access to get data on their own, to automate reports, and to respond more quickly to individual requests. As of December 2013, depending on the program, 25 to 84% of data was contained in a data warehouse, 0 to 60% of data was in a format facilitating user access, and 55% of reports were automated. These metrics are generally improving.

OPI and the agency adopted agency-wide metrics to improve accuracy or quality in 12 different program areas. OPI set targets to complete all accuracy and client service reviews on time, to conduct useful and accurate reviews, and to conduct an aggressive number of trainings per year to correct findings from the accuracy reviews. In general, these metrics have been improving to achieving or nearly achieving the targets, although there was some slippage in the last quarter of 2013.

OCI has worked largely with program field staff to help local offices improve business processes through approved Lean projects. It currently has 13 projects in execution and 12 in planning or initiation phases. OCI's latest metrics show that 88% of projects achieve the expected outcomes outlined in the charter, which is in the "yellow" range. The rollout of the Lean Daily Management System has been completed in most programs and is currently being completed in the last areas. OCI has developed a tool to assess the performance of the Lean Daily Management System to assist districts in Phase 2 of the rollout - increasing maturity in using LDMS. District 6 successfully piloted use of the tool. Extension to other areas will be based on priorities and the availability of resources.

OLRO set targets to complete all licensing reviews within federal timelines. Nursing facility reviews, in particular, have been problematic due to the difficulty

of recruiting staff, the extensive training and certification required, and the increasing depth of the reviews. OLRO isolated the various factors influencing the ability to complete the reviews, found some techniques to streamline the process and developed a plan to get in compliance.

Enabling Legislation/Program Authorization

ORS 409.010

Funding Streams

- Allocated Costs – Costs benefiting more than one Federal or State program are charged to a cost allocation pool. The allocating grant numbers accumulate costs until the monthly cost allocation process is run.
- Direct Charge – Costs benefiting a single Federal or State program are charged directly to the grant number representing the program. There is no additional allocation for these costs.
- Monthly Process – The process runs each month based on actual accumulated costs. On a monthly basis, statistics are generated to complete the allocation process. The cost allocation pools are cleared each month by the operation of the cost allocation process to transfer the costs to the final grant and cost objective.
- Federal Financial Participation (FFP) Calculation – After costs are allocated to final cost objectives, DHS calculates and records the level of Federal financial participation for the specific grant.

Department of Human Services
Self Sufficiency Program

Mission

The Department of Human Services Self Sufficiency program (SSP) provides assistance for low-income families to promote family stability and help them become self-supporting.

The major program areas within Self Sufficiency are:

- Supplemental Nutritional Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF) and TANF-related programs such as Pre-TANF, Family Support and Connections (FS&C), and Post TANF
- Employment Related Day Care (ERDC)
- Job Opportunity and Basic Skills (JOBS)
- Temporary Assistance for Domestic Violence Survivors (TA-DVS)
- Refugee Program
- Youth Services Program
- Program Delivery and Design

Self Sufficiency employees provide direct services through a network of local offices in every county across Oregon. For a list, see http://oregon.gov/dhs/Pages/localoffices/index.aspx

The program

Oregonians access self-sufficiency services when they are in need and have no other alternatives. We served over one million Oregonians last year through our Self-Sufficiency programs. The recessionary conditions have presented an unusually challenging economic climate for all Oregonians. The poverty rate in Oregon has exceeded the national rate since 2010. There is an uneven distribution of poverty based on factors such as geography, race/ethnicity, and age. In Oregon, poverty rates in rural counties tend to be disproportionately higher than urban areas. Nearly 30% of African Americans, Latinos, and American Indians live in poverty (most of whom are children); and one in four children live in poverty. Most Oregonians need help meeting needs such as nutritious food – about 800,000; basic supplies, through cash assistance for families with children living in extreme poverty, such as toothpaste, bedding, other basic hygiene needs and housing; or assistance with quality child care so parents can remain employed and maintains a

path of financial stability. Self-sufficiency programs also help low-income families impacted by domestic violence or refugees seeking a safe area to live. Some programs require involvement in employment services or job training to help individuals move as quickly as possible to supporting themselves and their families. Self-Sufficiency programs are essential in serving the many unique needs of Oregonians.

Seeking Self-Sufficiency

These programs are designed to help break the cycle of poverty, help Oregonians transition to jobs, support the healthy development of young children and help keep families stable, preventing children from being abused or neglected and from requiring out-of-home placement in more expensive foster care. The economic recession triggered a rapid increase in demand from Oregonians. For example, the number of Oregon families in extreme poverty seeking cash assistance nearly doubled compared to the number at the start of the recession.

We seek to achieve the following outcomes and goals**:**

- Provide an array of options to assure access through equitable and culturally competent services.
- Be responsive to emerging consumer demands for individualized, self-directed services and sufficient service choices.
- Ensure the health and safety of individuals served.
- Promote maximum consumer independence and engagement in homes and communities.
- Leverage use of available federal funding options.
- Address improvements in business practices such as payment and information systems to achieve overall operational efficiencies.

Services

Supplemental Nutrition Assistance Program (SNAP)

SNAP is a federally funded benefit program to help low-income families, single adults, and childless couples buy food to meet their nutritional needs. Benefits to clients are 100 percent federally funded; however, the administration of the program requires a 50 percent state match. Approximately one in five Oregonians or 21 percent of the population receive SNAP benefits.

Self-Sufficiency offices across the state serve approximately 83 percent of the SNAP population. The balance of the population includes elderly persons (60 and older) plus persons with disabilities who require services. They are assisted by Aging and Persons with Disabilities (APD) local offices and their contracted agencies (Area Agencies on Aging, Disability Services Offices and Councils of Government).

Money from the program spreads quickly through the State economy. The United States Department of Agriculture (USDA) calculates that for every $5 of SNAP benefits, there is $9.20 of total economic activity. SNAP is an important and constantly growing anti-poverty program. Recent research has shown that SNAP benefits reduce the depth and severity of poverty, and have a particularly strong effect on reducing child poverty.

Food and Nutrition Service (FNS) within the USDA regulates SNAP. Although Federal regulations do allow a few state options, any significant variation from the regulations must be approved by FNS through a formal process.

Temporary Assistance for Needy Families (TANF)

TANF is a critical safety net program for families with children living in extreme poverty. TANF helps families, including over 61,000 children, from a variety of diverse backgrounds to address their most basic needs. TANF provides eligible families with cash assistance, connections to support and community resources, case management, and employment and training services. Safety net programs are usually the last step for families with few or no resources left, and any assistance can have an immediate impact on their health, safety and well-being. These families typically use TANF funds to prevent homelessness and to help with other factors contributing to family instability. The goal of the program is to help families address barriers, gain skills, and access employment opportunities to become self-sufficient.

TANF is a collection of programs directed at improving the lives of very low-income Oregon families with children.

Job Opportunity and Basic Skills (JOBS) Program

Most parents and caretaker relatives must meet additional requirements to receive TANF services. The JOBS program provides employment and skill building services to parents receiving TANF assistance. Individuals must participate in JOBS to gain skills necessary to join the workforce and retain a job or face

possible sanctions, including losing benefits. A TANF family may participate in the JOBS program and access a variety of other programs and services as part of the plan to move a client towards self- sufficiency.

State Family Pre-SSI/SSDI (SFPSS) Program
SFPSS is designed to assist TANF-eligible individuals with disabilities obtain Social Security disability benefits through the Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) programs. The program serves individuals who are not required to participate in the JOBS program due to their health condition.

Post-TANF
Post-TANF provides an incentive to employment. This program continues to be suspended for the 2013-15 biennium because of budgetary constraints. Post-TANF provided a small transitional payment of $50 a month (Reduced from $150 a month) for up to a year for those who leave TANF due to employment. The goal of this incentive was to help families transition to financial independence to reduce their chances of returning to the program.

Family Support and Connections
Family Support and Connections provides supports to prevent children in the TANF program from entering the child welfare system. Home visiting and community based services are used to guide interventions that build on family strengths and address family functioning issues.

Temporary Assistance to Domestic Violence Survivors (TA-DVS)
TA-DVS provides temporary financial assistance and support services to families with children affected by domestic violence during crisis or emergent situations when other resources are not available. TA-DVS is used to help the domestic violence survivor and the children address their safety concerns and stabilize their living situation, thus reducing the likelihood of the survivor returning to the abuser. These services maintain the safety of these vulnerable children and their parents, and can prevent sometimes life-threatening situations. These services also help prevent child abuse and the need for child welfare intervention.

Refugee Program

The Refugee Program serves individuals and families who fled persecution in their country of origin and were legally admitted for resettlement by the United States government. The program helps refugees and asylum residents successfully resettle in this country by providing financial, employment-related services and acculturation services. The program guides refugees into self sufficiency through employment as early as possible. The program serves only those persons in immigration categories approved by the Federal Office of Refugee Resettlement (ORR).

Youth Services Program
The Youth Services Program includes age-appropriate, medically accurate sexual health education program. This service supports community prevention efforts to help families break the generational connection to public assistance. The Youth Services Program expands on the historical teen pregnancy prevention program to provide education and tools for youth to resist multiple risk taking behaviors. DHS partners with the Oregon Department of Education and the My Future - My Choice Advisory Committee to develop and implement this sexual health education program. During the 2010-2011 school year, this curriculum was implemented in 17 counties and 26 school districts.

Employment Related Day Care program (ERDC)
ERDC helps low-income working families from a variety of cultural and linguistic backgrounds arrange and pay for quality child care. ERDC provides low-income families with the same opportunity to quality child care as other families with higher incomes. Quality child care nurtures a child's learning and development so the child is better prepared to succeed in school. ERDC helps parents stay employed and gain self-sufficiency by assisting with the consistent, stable child care parents need to remain on the job. ERDC also supports care for children with special needs, as well as offering resources to encourage providers who come from diverse cultural backgrounds. Providers are required to meet a set of health and safety standards and pass required background checks before they can be paid by the State. In addition, license exempt and registered family providers are required to take a two hour pre-service online health and safety training, unless they meet an exemption.

Program Delivery and Design
The Program Delivery and Design areas provide program design, personnel and service delivery in addition to oversight, planning, reporting, implementation, training, eligibility and benefit issuance for programs that support a diverse, low-

income population in need of economic supports and self-sufficiency services to meet their basic needs.

When adequately resourced, staff delivering these programs help break the cycle of poverty and help Oregonians transition to jobs. This keeps families safe and stable, supporting the healthy development of young children. With the recent economic recession that triggered a dramatic increase in demand from Oregonians in need, these programs have been significantly challenged to achieve results managing caseloads. Staff and the State and local levels continues to collaborate and build upon existing partnerships in order to help families find the resources and services they need.

Staff at the state and local levels coordinate with Child Welfare to work with families to increase their stability and prevent Child Welfare involvement. This collaboration helps to support safety by ensuring children are cared for regardless of the system of service.

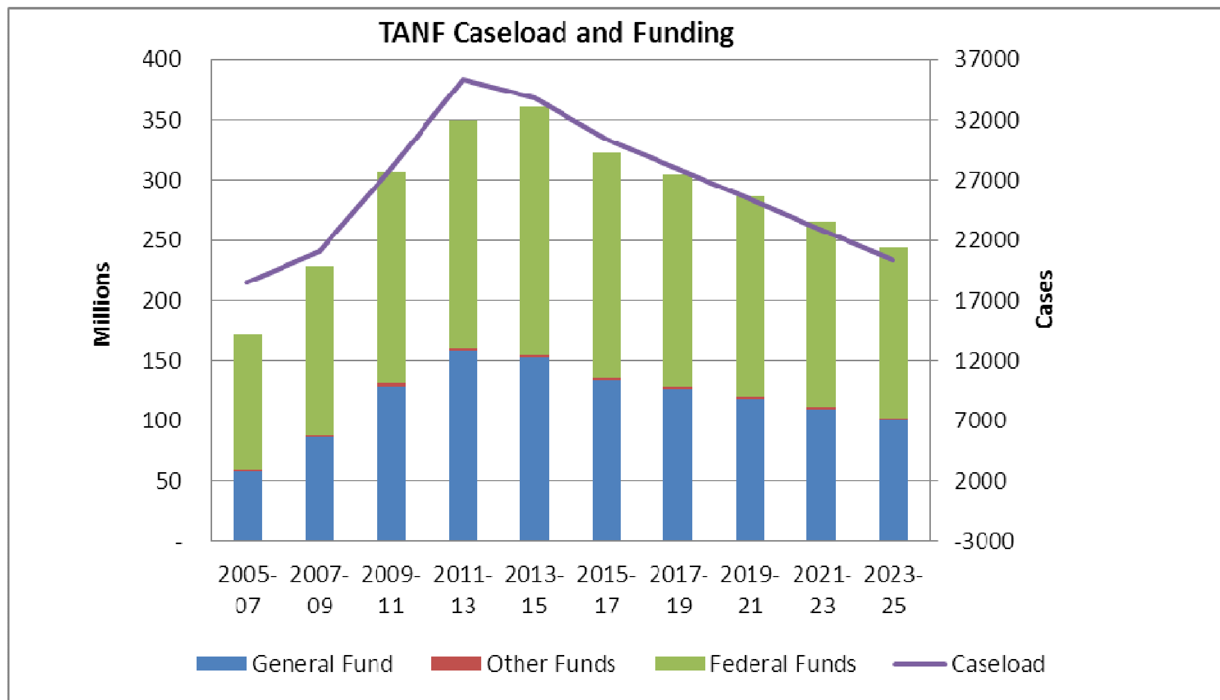
The Self-Sufficiency employment programs are included in the work that was chartered by the Oregon Workforce Investment Board to align and improve the state's workforce system. This effort, supported by the Governor, is to ensure that service delivery and outcomes are improved for both employer and job seeker. Other collaborations have been built around domestic violence; housing; alcohol, drug and mental health treatment; Vocational Rehabilitation; health care, and education.

With the support of the Oregon Legislature this biennium, the Self-Sufficiency programs are also testing local strategies for effectiveness in meeting outcomes for families in the areas of family stability and employment. This work builds on collaborations with Child Welfare, local workforce entities and community partners.

As the economy and employment outlook slowly improve, the Self-Sufficiency employment programs continue to structure contracted services to help participants enter jobs in the employment sectors that are expected to grow.

Department of Human Services: Temporary Assistance for Needy Families – Cash Assistance

Primary Outcome Area:	Economy and Jobs
Secondary Outcome Area:	Safety
Program Contact:	Tammy Brooks, 503-945-7016



Executive Summary

Temporary Assistance for Needy Families (TANF) is a critical safety net program for families with children living in extreme poverty. TANF helps families, including over 52,000 children, from a variety of diverse backgrounds to address their most basic needs. TANF provides eligible families with cash assistance, connections to support and community resources, case management, and employment and training services.

Safety net programs are usually the last step for families with few or no resources left, and any assistance can have an immediate impact on their health, safety and well-being. These families typically use TANF funds to prevent homelessness and

to help with other factors contributing to family instability. The goal of the program is to help families address barriers, and gain skills and access to employment opportunities to become self-sufficient.

Program Funding Request

	TANF Cash Assistance			
	GF	OF	FF	TF
LAB 13-15	152,464,480	2,047,112	206,161,358	360,672,950
GB 15-17	133,171,308	2,047,112	187,502,525	322,720,945
Difference	(19,293,172)	-	(18,658,833)	(37,952,005)
Percent of Change	-12.7%	0.0%	-9.1%	-10.5%

Significant Proposed Program Changes from 2013-15

This budget proposes to continue the five policy reductions set to expire at the end of the 2013-15 Biennium. The 15-17 Governor's Budget redirects a portion of the forecasted TANF caseload savings into a re-design effort. By investing in the JOBS program and in case management staff (in the Healthy People Budget) the length of stay of clients will be reduced, leading to lower TANF caseloads and higher work participation. This is necessary both to reduce costs but also to avoid federal penalties of up to $60 million.

Program Description

TANF is a collection of programs directed at improving the lives of very low-income Oregon families with children. Our overall TANF program provides immediate cash assistance at a point when families have exhausted all other resources. We also provide employment and training services, linkages to services in the community and short-term interventions such as support to strengthen parenting skills or the healthy development of children.

Most parents and caretaker relatives must meet additional requirements to receive TANF services, such as participating in the Job Opportunity and Basic Skills (JOBS) program. These individuals must participate in JOBS to gain the skills necessary to join the workforce and retain a job or face possible sanctions, including losing benefits. A TANF family may participate in the JOBS program and access a variety of other programs and services as part of the plan to move towards self- sufficiency.

To qualify for TANF, a family of three must be below 37 percent of the Federal Poverty Limit. This means the family's income cannot be more than $616 per month. Currently the maximum monthly benefit for a family of three is $506 (approximately 31 percent of FPL). There is a 60-month time limit for adults to receive TANF.

The TANF program serves a population with a wide range of abilities and challenges. Ninety-five percent of TANF recipients have no current earnings and about 50 percent of TANF households have a person with a disability. Eighty-five percent of families are paying for housing without any assistance from a Federal housing program or other subsidy.

Young children make up a large number of those served within TANF. Half of all children in TANF are 0-6 years old. In about 22 percent of TANF households, the adults receive assistance for the children but not for themselves. In these households, many have an adult who is disabled and receiving Social Security benefits or a caretaker relative, such as an aunt, uncle or grandparent, is caring for the children. Many of these families have unique needs in both providing basic support for children and in navigating resources that can help them provide a stable, safe home environment.

The State Family Pre-SSI/SSDI (SFPSS) Program is designed to assist TANF-eligible individuals with disabilities obtain Social Security disability benefits through the Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) programs. The program serves individuals who are not required to participate in the JOBS program. The program provides families with a cash grant, professional assistance with Social Security Administration (SSA) applications, and appeals and case management services. Once a client is awarded SSI benefits, the department recovers a portion of the payments it made to the family during the application process from the client's initial SSI lump-sum payment.

When funded, Post-TANF is a program that provides an incentive to employment. This program has been suspended due to budgetary constraints. Post-TANF provided a small transitional payment, originally $150 a month for up to a year, for those who leave TANF due to employment. The goal of this incentive was to help families transition to financial independence to reduce their chances of returning to the program.

Other programs such as Employment Related Day Care, the Supplemental Nutrition Assistance Program (SNAP), Family Support and Connections, Temporary Assistance for Domestic Violence Survivors, and medical assistance all play a critical role in helping those on cash assistance transition to employment and financial independence.

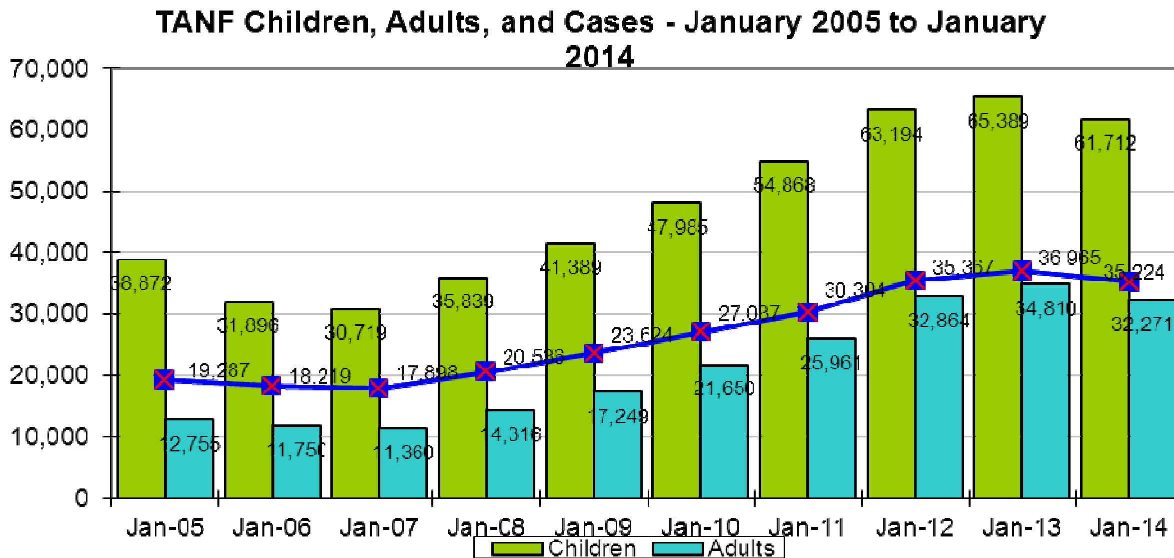
The major cost driver for the TANF cash assistance programs is the economy. As the state of the economy worsened, families (including parents with disabilities who may have been able to work previously with accommodations) found it more difficult to obtain employment. The resulting financial strain leads them to seek our services. Families remained on TANF longer due to the length of the recession and the difficulties in obtaining employment. As the economy improves, the number of families who transition out of TANF and into employment also increases. Families are ready to gain skills and access employment opportunities.

Program Justification and Link to 10-Year Outcome

There is a direct link between the TANF cash assistance programs and the Making Work Pay Outcome area. TANF strives to reduce unemployment - including unemployment of underrepresented individuals - and create job-ready communities. The TANF program is represented in the Oregon Workforce Investment Board which is aligning strategies across Oregon's workforce programs.

The TANF and Pre-SSI/SSDI programs also contribute to family stability and safety. TANF cash assistance provides for the basic financial needs of very low-income families with children. Ninety-five percent of families with an adult recipient receiving TANF in Oregon have zero income. Some of these families are homeless, which makes finding and maintaining employment extremely difficult. Being in a constant state of crisis can also negatively impact children, including their ability to attend school and make progress in their learning. Without this cash assistance, most of these families would not have the financial means to survive. Extreme poverty is one of the leading family stressors that can put children at risk of abuse.

Program Performance



In November 2014, the TANF and Pre-SSI/SSDI programs served 30,521 families. These households include 53,024 children and 26,487 adults from a diverse range of abilities, cultures and communities.

TANF cash assistance expenditures increased since the onset of the economic recession but are slowly decreasing as the caseload drops. The program was strained during the recession and the immediate aftermath due to a high caseload and insufficient resources, including case management staff. With the support of the Governor and the Oregon Legislature, the Department repurposed a portion of Human Service Specialist 3 positions into case management positions. By July 2014, the level of case management staffing shifted from 35 percent of need to 59 percent of need. Case manager staffing is projected to be at 73.8 percent of need by the end of the 2015-17 biennium based on the Fall 2014 Forecast. The case management resources are critical for improving outcomes for engaging clients self-sufficiency plans, improving family stability, improving federal participation rates, and increasing employment placements.

Enabling Legislation/Program Authorization

The TANF program is authorized under Title IV-A of the Social Security Act, as amended by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), and the Deficit Reduction Act of 2005. A significant portion of the TANF eligibility criteria is codified in State statute chapters 411 and 412.

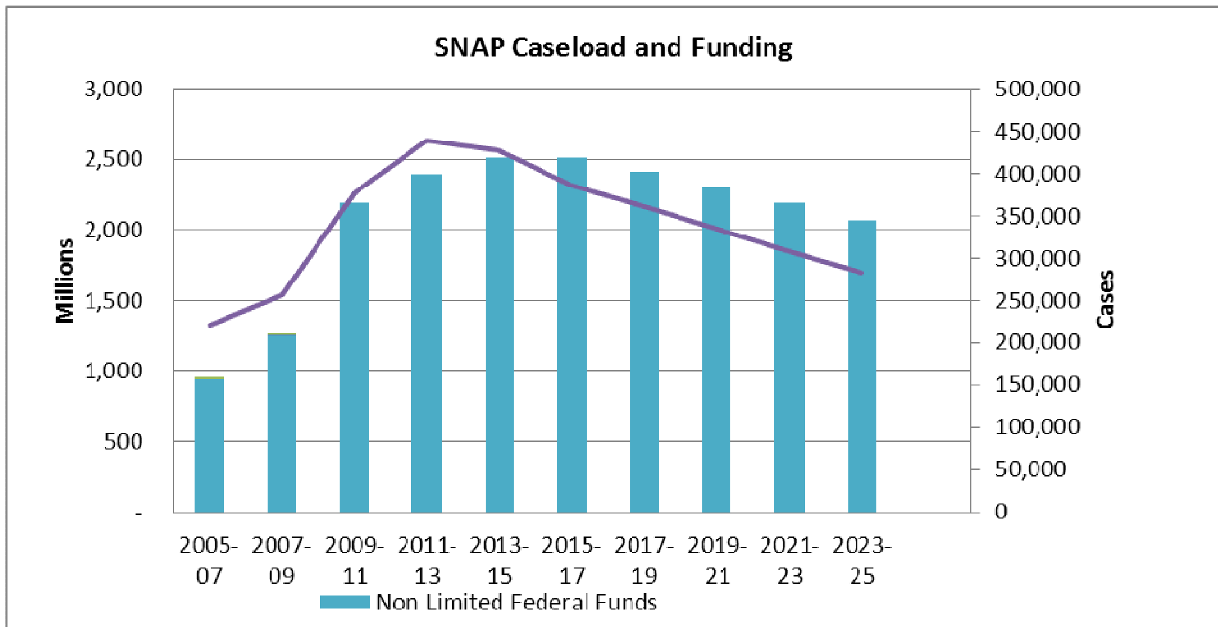
Funding Streams
TANF is funded primarily through General Fund dollars and the TANF Federal block grant that requires a minimum state expenditure level, known as Maintenance of Effort (MOE). Oregon's TANF block grant is $166.8 million per year. Oregon's MOE requirement is equal to 80 percent of the state's historic expenditures or approximately $98 million per year. Expenditures counted towards MOE must not be from a federal source and must not be matched to other federal funds. Oregon generally meets MOE through a combination of eligible DHS and other agency expenditures.

Both the TANF federal block grant and MOE expenditures must be spent in a manner reasonably calculated to meet one of the four federally-mandated TANF purposes which are: 1) provide assistance to needy families; 2) end dependence of needy parents by promoting job preparation, work and marriage; 3) prevent and reduce out-of-wedlock pregnancies, and 4) encourage and maintain family formations.

The State Family Pre-SSI/SSDI program is a General Fund program. The Department recovers a portion of funds expended through client reimbursements.

Department of Human Services: Supplemental Nutrition Assistance Program (SNAP)

Primary Outcome Area: Healthy People
Secondary Outcome Area: Economy and Jobs
Program Contact: Belit Burke, 503-947-5389



Executive Summary

The Supplemental Nutrition Assistance Program (SNAP) is a federally funded food benefit program. SNAP provides supplemental food benefit dollars to low-income families, seniors, single adults, persons with disabilities, and children to help purchase food to meet their nutritional needs. Currently, one in five Oregonians receive these benefits. Benefits to clients are 100 percent federally funded; the administration of the program requires a 50 percent state match.

Money from the program spreads quickly through the state economy. The United States Department of Agriculture (USDA) calculates that for every $5 of SNAP benefits, there is $9 of total economic activity. SNAP also has been an important and constantly growing anti-poverty program. Recent research has shown that

SNAP benefits reduce the depth and severity of poverty, and have a particularly strong effect on reducing the depth and severity of child poverty.

Program Funding Request

	SNAP			
	GF	OF	FF	TF
LAB 13-15	$ -	$ -	$ 2,514,345,331	$ 2,514,345,331
GB 15-17	$ -	$ -	$ 2,514,345,331	$ 2,514,345,331
Difference	$ -	$ -	$ -	$ -
Percent change	0.0%	0.0%	0.0%	0.0%

Significant Proposed Program Changes from 2013-15

This program is federally funded, and no General Fund dollars are being requested.

Program Description

SNAP serves as a crucial safety net and food benefits are intended to be a supplement to what families already provide. However, for households with little or no income, it is the primary means for Oregonians to feed their families. Food and Nutrition Service (FNS) within the USDA regulates SNAP. Although Federal regulations do allow a few state options, any significant variation from the regulations must be approved by FNS through a formal process.

For the last three years, even during times of high caseload growth, Oregon has been ranked as one of the top three states nationally for program participation. The participation rate is the percentage of potentially SNAP-eligible persons in the state receiving SNAP benefits. Outreach efforts along with policy and procedural changes have helped significantly increase participation in SNAP in recent years. Non-profit partners such as the Hunger Relief Task Force, the Oregon Food Bank and 211 Info have been invaluable in helping increase Oregon's SNAP participation rates.

The major drivers for program growth have been a successful program outreach coupled with the economic downturn. This has resulted in a high demand for our services. Simplifying policies and making it easier for clients to apply and meet eligibility requirements has allowed for timely benefit delivery. Approximately one in five Oregonians or 21 percent of the population receive SNAP benefits. In May of 2014, a total of 792,075 Oregonians received SNAP benefits, which includes

441,272 cases (households). This is a 1.8 percent decrease from the same time last year. In May of 2014, a total of $97,316,895 SNAP benefit dollars were paid to Oregonians which are spent in clients' local communities. According to the USDA's Economic Research Service, 8,900 to 17,900 full-time jobs are created per $1 billion in SNAP benefits.

Program Justification and Link to 10-Year Outcome

SNAP directly addresses the 10-Year Outcome for Healthy People by providing an important economic boost to struggling households and access to nutritious foods. According to the USDA Economic Research Service, receipt of SNAP benefits reduced the national poverty rate by almost eight percent during the recent recession. The SNAP program can also provide limited assistance with job search and links to employment resources through the Oregon Food Stamp Employment and Training (OFSET) program.

Program Performance

The goals of the SNAP program are to ensure that benefits are delivered accurately and in a timely manner to those who are eligible for the program. It also aims to ensure those who are eligible for the program have access to program benefits. Oregon's program has enabled the state to maintain a high participation rate along with a high Federal Quality Control (QC) rate. Oregon's SNAP program has continually performed above the national average and not paid a performance penalty in eight years.

Oregon has received multiple Federal bonuses because of the state's high SNAP participation rate and has also been the recipient of multiple competitive national grants. Oregon was one of six states recognized for the timeliness of SNAP application processing and received two awards with performance bonuses totaling $5 million. Oregon has consistently been among the best in the nation. The bonus award funding has been used over the years to support partner agencies, help meet the program's goals and, frequently, to shore up needs in other programs through the State General Fund.

Oregon is considered a model state by FNS in terms of timeliness and commitment to customer service. One example of this is Oregon's Lean process, which has streamlined and standardized the eligibility process statewide to ensure that most applicants receive benefits within 48 hours of applying. The process continues to receive federal and national recognition

resulting in visits from federal partners and other states to observe best practices.

The 2010 census data showed that 15.8 percent of Oregonians lived in poverty, which was slightly higher than the national average of 15.3 percent. SNAP participation in Oregon peaked in August 2012 at 445,374 cases serving 813,556 people. Through our forecasting we expect SNAP begin a slow decline in program participation through the 2015-2017 biennium. It is estimated that by June 2017 the number of households receiving SNAP will reduce to 414,334 serving 745,098 people. From 2007 when Oregon issued $487,482,626 in benefits, to 2013 when that amount had more than doubled to $1,236,125,996, SNAP has been an important and constantly growing anti-poverty program. Money from the program spreads quickly through the economy. The USDA calculates that for every $5 of SNAP benefits, there is $9 of total economic activity.

Calendar Year	SNAP Benefits Issued in Oregon
2007	$487,482,626
2008	$579,344,356
2009	$910,919,825
2010	$1,098,444,539
2011	$1,211,274,990
2012	$1,262,115,384
2013	$1,236,125,966
2014	$1,165,393,102

Although the American Recovery Reinvestment Act of 2009 (ARRA) stimulus package increased SNAP benefits by 14 percent nationwide, this funding stimulus sunset on September 30, 2013. The stimulus ensured a minimum benefit increase of $16 a month for one- or -two person groups. The result of this funding sunset meant a recalibration of the Thrifty Food Plan Benefit level (an effort to recalculate benefits across the board) which reset SNAP benefit levels and resulted in a net reduction in benefits and the minimum benefit level for households.

Enabling Legislation/Program Authorization

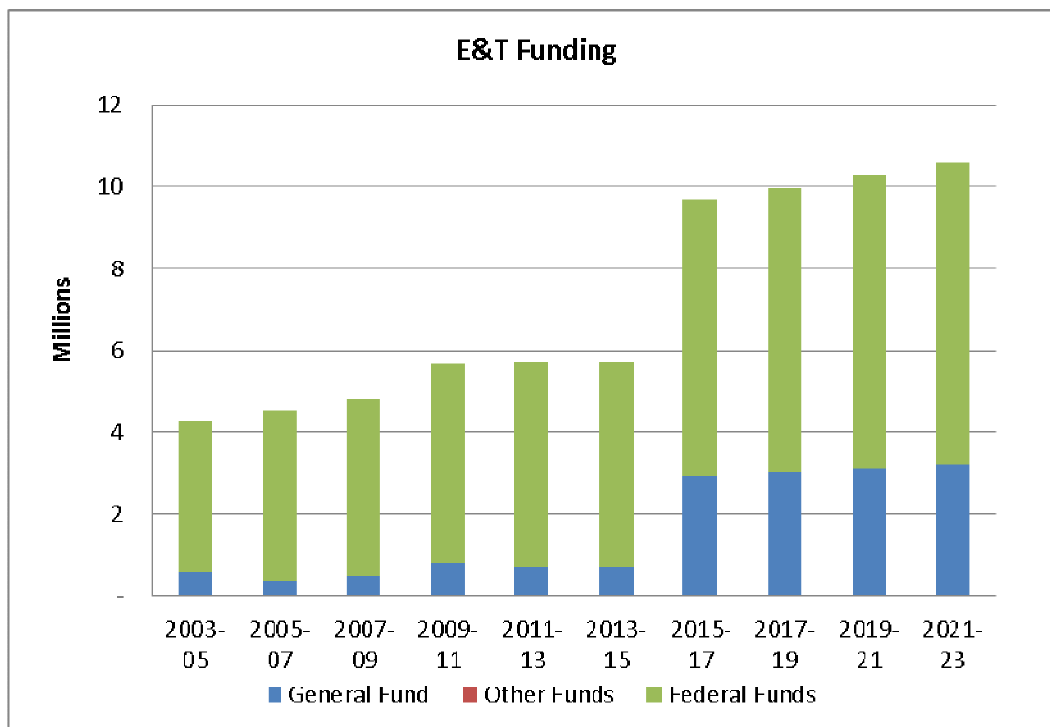
SNAP is guided by Federal legislation found in the "Farm Bill" authorized by The Agricultural Act of 2014 (P.L. 113-79, Feb 7, 2014). Program policy is reauthorized every five years though the Farm Bill. The Farm Bill is due for reauthorization in 2018.

Funding Streams

SNAP benefits are 100 percent federally funded. Oregon is responsible for 50 percent of the administrative costs. Oregon's portion of the administrative costs for SNAP comes from the State General Fund. In Federal Fiscal Year (FFY) 2014, the SNAP program received a bonus award totaling $3,256,420. This award was based on Oregon's participation rates and application timeliness.

Department of Human Services: Supplemental Nutrition Assistance Program – Employment and Training

Primary Outcome Area: Economy and Jobs
Secondary Outcome Area: N/A
Program Contact: Belit Burke, 503-947-5389



Executive Summary

The Supplemental Nutrition Assistance Program (SNAP) has an Employment and Training (E&T) component. In Oregon, there are currently three different types of SNAP Employment and Training programs:

- The **Oregon Food Stamp Employment and Training (OFSET) Program** provides employment-related services to federally defined mandatory adult SNAP participants. The services for this program are100 percent federally funded. There is a support services component required by the state to be provided to participants participating in mandatory services. Support

services can only be funded through a 50/50 match, per the United States Department of Agriculture's (USDA) Food and Nutrition Services (FNS). Participants come from a variety of linguistic and cultural backgrounds from across the State. This program assists participants to gain valuable skills, training or experience that will improve employment prospects leading to self-sufficiency and a reduced reliance on SNAP benefits. The program is mandated by the federal government and adheres to strict requirements.

- The **50/50 Employment and Training Program** provides employment-related services to SNAP participants who are exempt from mandatory E&T participation but (voluntarily) choose to pursue training and employment resources. There are currently 5 sites in Oregon who draw down federal funds with their own non-federal match to provide services in their organizations to the populations they serve.
- The **2014 Supplemental Nutrition Assistance Program (SNAP) Process and Technology Improvements Grant**. Oregon was awarded $646,000 to serve Veterans and people who have served in the military in Lane, Jackson, Josephine, Klamath and Lake Counties, and Native Americans living with the Klamath Tribe.

Program Funding Request

	SNAP Education and Training			
	GF	OF	FF	TF
LAB 13-15	$ 701,925	$ -	$ 4,987,216	$ 5,689,141
GB 15-17	$ 2,924,503	$ -	$ 6,773,543	$ 9,698,046
Difference	$ 2,222,578	$ -	$ 1,786,327	$ 4,008,905
Percent change	316.6%	0.0%	35.8%	70.5%

Significant Proposed Program Changes from 2013-15

There are proposed changes for 2015-17; funding is proposed to move from Housing and Community Services to DHS. Also, funding is allocated for the Oregon Food Bank for the Oregon Hunger Response Fund (OHRF) and The Emergency Food Assistance Program (TEFAP).

OFSET Program Description

Oregon has 19 contracts with employment-related partners in all Oregon counties to deliver E&T components. Contractors specialize in workforce development and

job placement. Components are designed to assist SNAP participants to move into employment. Typically participants have an assessment followed by job search training and supported independent job search. Participation is limited to a maximum of eight weeks per year. The two primary program components are:

> **Job search training**: Trains participants on specific skills and strategies for finding and keeping a job. Information is geared towards the local labor market. Topics include resume building, interview skills, and other soft skills for finding or retaining employment.
>
> **Job Search**: Includes job search techniques, referrals to the local Oregon Employment Department for I-Match registration, and the assignment and monitoring of required monthly employer contacts. Participants are required to complete 12 employer contacts per month over the course of eight weeks.

Contractors may ask participants to participate in a combination of components as needed. Other allowable activities include Adult Basic Education (GED), English as a Second Language (ESL), job retention activities, and short-term vocational training. At this time, contractors are not providing services in these areas due to funding limitations.

The USDA FNS determines the annual allotment of E&T administrative funding. FNS has a set amount of funding for all states. Each state's share is based on a formula using, in part, the state's SNAP mandatory client figure. Mandatory participants are defined as those aged 18 to 59 (or age 16 and 17 if the client is the primary person/head of household) and who do not meet a federal exemption. Federal exemptions include the following:

- Caretaker of a dependent child under age 6;
- Caretaker of an incapacitated individual;
- Physical or mental barriers to employment;
- TANF participant;
- Receipt of unemployment benefits;
- Participation in alcohol or drug rehabilitation;
- Eligible students enrolled at least half time; and/or
- Employed 30 hours a week at federal minimum wage.

The FNS annual allotment is the major cost driver for the E&T program. As this number is adjusted annually, services provided by contractors are scaled back to stay within budget.

A limited amount of support service funding is available to participants. Support services are provided to pay a participants' up-front transportation expense related to independent job search efforts, such as transportation to job interviews, submitting job applications and informal, in-person job search. The majority of reimbursements are vendor payments in the form of gas vouchers and bus tickets. Contractors use the lowest cost alternative available to maximize the number of participants who may receive a support service payment.

The support service budget is funded by 50 percent General Fund and 50 percent Federal fund per FNS regulations. Since 2009, the annual Oregon support service budget has been $1.2 million. This figure is based on 20,000 anticipated participants using $60 in support services per participant. Contractors historically serve more than 20,000 participants annually, which bring the average support service cost per person significantly down. For Federal Fiscal Year (FFY) 2014, the average support service payment per participant is $24.

SNAP E&T contractors work to leverage resources with other workforce programs. While E&T dollars cannot be utilized for participants where there is a prior resource available (for example, job preparation activities for TANF participants would be funded with JOBS dollars and not E&T dollars). The program does work with programs funded through TANF and the Workforce Investment Act (WIA) to coordinate services and refer participants into services that may not be funded by E&T but could benefit the job seeker. An example of this would be a referral of a SNAP E&T participant to a WIA-funded training program or the leveraging of job openings and referrals with co-located job placement programs.

Program Justification and Link to 10-Year Outcome

The SNAP E&T program's goal is to assist participants to gain skills that will improve their employment prospects and reduce reliance on SNAP benefits. Participants improve job skills, which add to the diversity and strength of Oregon's workforce. Using local contractors to deliver the E&T program results in a higher quality workforce because services can be tailored to the area and local economies

benefit from these expenses. The program supports Oregon's 10-year focus on long-term economic prosperity and resiliency through people-based strategies.

Program Performance

Current funding supports 20,388 individuals, or 1,699 people monthly. Each month, approximately 266participants are placed into employment, about 11 percent of those served. For FFY 2015, DHS projects a total of 70,751 participants are eligible for this program. However, the program is only able to serve about 31 percent of these individuals per year because of the amount of funding received.

While not all participants find employment after the eight-week E&T program, participants do become connected to employment specialists in their local area. Some participants choose to continue accessing other services available from local employment specialists once their mandatory participation in E&T ends. This link assists participants in continuing and enhancing job search efforts.

Enabling Legislation/Program Authorization

This program is mandated by Federal legislation found in the Food and Nutrition Act of 2008, authorized by the 2008 Farm Bill. In February 2014, President Obama signed the 2014 Farm Bill (aka. the Agricultural Act of 2014). Program policy is reauthorized every five years though the Farm Bill and the next reauthorization will happen in 2019.

Funding Streams

This program is funded primarily through Federal funds, with a small amount of General Fund dollars. E&T administrative costs are 100 percent Federal funds based on a fixed formula. For 2015, administrative costs are estimated at $2,235,518. E&T participant support service costs are funded through 50 percent General Fund dollars and 50 percent Federal funds. For 2015, support service costs are $600,000 General Fund. The total E&T program budget is $3,435,518.

50 Percent Reimbursement Programs (50/50)

SNAP's E&T 50 Percent Reimbursement Program works in partnership with community organizations that offer employment and training opportunities to participants. Each community organization provides wraparound services to compliment E&T services that increase protective factors and success rates. The E&T program is a package of services, which includes assessment, component

activities, participant reimbursements and case management. The allowable E&T components activities provided by these organizations include the following:

Job Search: Independent job search activities.

Job Search Training: Includes activities such as job skills assessment, job clubs, resume workshops, learning job seeking techniques, etc.

Worker Experience (Supported Work): Improves the employability of participants through actual (unpaid) work experience or training.

Education (short-term), including Vocational Training: Must be short-term, improve basic skills or employability, and have a direct link to employment. This includes ESL classes, basic education, GED preparation and short-term training.

Job Retention: To provide support services that are reasonable and necessary, up to 90 days, to SNAP E&T participants who secured employment. Job retention reimbursements can include clothing required for the job, equipment or tools for a job, transportation, etc.

Oregon currently has the following 50/50 partnerships:

- Multnomah County, Outside In
- Multnomah County, New Avenues for Youth
- Multnomah County, Central City Concern
- Lane County, St Vincent DePaul
- Lane County, Goodwill Industries

Funding Stream(s)

Partner agencies use their own funds to pull down the funding for the match. In other words, partner agencies use their own non-federal funds for the allowable costs of E&T components and receive 50% Federal reimbursement money. This allows Oregon to conserve limited resources while expanding the services available to SNAP E&T participants.

2014 Supplemental Nutrition Assistance Program (SNAP) Process and Technology Improvement Grant

Oregon was awarded a grant for the expansion of Oregon's E&T program with four new community partners to provide services to targeted populations. This grant will allow the expansion of Oregon's 50/50 E&T program to provide job-related services to more SNAP participants. The target populations for this grant are Veterans, people who served in the military and people living in the Klamath Tribe ineligible for tribal services. This grant will be used exclusively for the expansion of the new E&T projects. At the end of the grant period the partner organizations will sustain the services by transitioning into 50/50 funded projects. In addition to employment services, these new partners currently provide wrap-around support services that link participants from their existing programs to other resources to ensure participant success which will continue with SNAP E&T participants.

The new partnerships are as follows:

- Lane County, St. Vincent de Paul, Employment Solutions
- Lane County, Lane and South Coast Counties Goodwill Industries, Job Connections Program
- Jackson, Josephine, Klamath and Lake Counties, Southern Oregon Goodwill Industries
- Klamath County, Klamath Tribes, Education and Employment Department

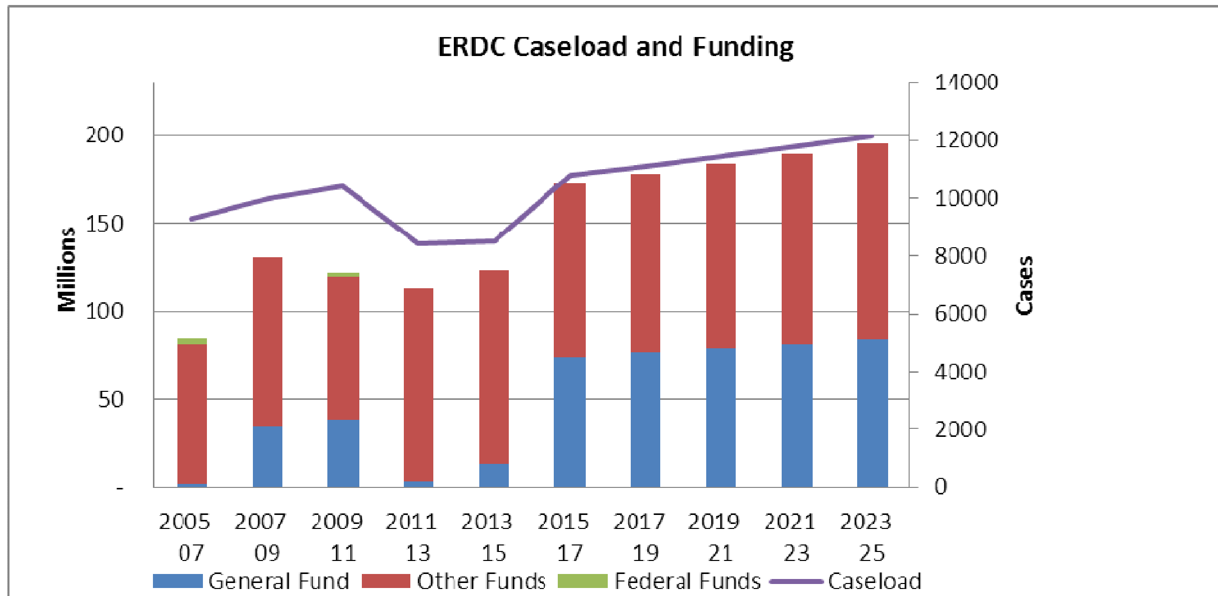
The services that would be provided include assessment, case management, job search, job search training, work experience, and vocational training.

Funding Stream(s)

During the grant period partner agencies will receive 100% Federal Fund reimbursement. Once the grant period ends, partner agencies will use their own funds to pull down the funding for the 50/50 match.

Department of Human Services: Employment Related Day Care

Primary Outcome Area: Education
Secondary Outcome Area: Economy and Jobs
Program Contact: Rhonda Prodzinski, 503-945-6108



Note: Out years assume static costs per case with funding inflated each year and invested in additional cases. Added funding could also be used for other quality activities in lieu of increasing the caseload cap.

Executive Summary

The Employment Related Day Care program (ERDC) helps low-income working families from a variety of cultural and linguistic backgrounds in urban and rural communities arrange and pay for quality child care. ERDC provides low-income families with the same opportunity to have quality child care as other families with higher incomes. This helps reduce the achievement gap and end the poverty cycle. Quality child care nurtures a child's learning and development so the child is better prepared to succeed in school and later in the workforce helping them form more stable families of their own. ERDC helps parents stay employed and gain self-sufficiency by assisting with the consistent, stable child care parents need to remain on the job. ERDC also supports care for children with special needs, as well as offering resources to encourage providers who come from diverse cultural backgrounds. Providers are required to meet a set of health and safety standards,

pass required background checks, attend pre-service health and safety training and have access to additional education. Providers employed by ERDC clients are contributing members to local economies throughout the state.

Program Funding Request

	Employement Related Day Care			
	GF	OF	FF	TF
LAB 13-15	$ 13,577,173	$ 110,008,130	$ -	$ 123,585,303
GB 15-17	$ 74,247,860	$ 98,908,130	$ -	$ 173,155,990
Difference	$ 60,670,687	$ (11,100,000)	$ -	$ 49,570,687
Percent change	446.9%	-10.1%	0.0%	40.1%

Significant Proposed Program Changes from 2013-15

The 15-17 Governor’s Budget includes an investment of $49.6 million for child care and backfill of $11 million in one-time federal funds.

Program Description

To be eligible for the program, a family’s income must be less than 185 percent of the 2014 Federal Poverty Level. For a family of three, this amounts to a $3,051 gross income per month. ERDC and families share the cost of child care. Families choose their child care provider and ERDC pays the provider directly for the State portion of the payment. The amount ERDC pays is based on the type of care and hours needed. Families pay a portion, called a copayment, of the child care bill. The copayment is based on a sliding scale depending on family income and size. Families often pay additional costs, depending on the provider rates and the amount they are eligible for through the program. As the family's income increases, the parent’s share of the child care cost increases while still remaining affordable. Copayments and additional costs paid by the family are also paid directly to the provider by the parents. Parents must pay their copayment to remain eligible in the program.

ERDC helps families find child care and connects child care providers to those needing care. This service is provided through the DHS offices in every county. Most child care providers are self-employed. They have passed a background check including a criminal history and child protective services check. Most are required to register with the Department of Education, Early Learning Division, Office of Child Care and the DHS Direct Pay Unit. Licensed family child care

providers are represented by the American Federation of State, County and Municipal Employees Council 75 (AFSCME). The Service Employees International Union Local 503 (SEIU) represents family child care providers who are exempt from licensing. These providers are referred to as license-exempt home and relative care providers.

DHS collaborates and works with multiple partners in support of child care system activities. We contract with local Child Care Resource and Referral (CCRR) agencies to provide consumer education to assist parents, employers, care givers, and others interested in the ERDC program, and on the importance of maintaining and providing quality child care. These referral agencies educate parents on the importance of choosing the right caregiver. Many parents are not familiar with indicators of high-quality care, as well as licensing standards for child care. DHS partners with eight Head Start programs and fourteen Oregon Programs of Quality (OPQ) to offer full-day, full-year contracts for ERDC families. We also work closely with the Oregon Department of Education (ODE), Early Learning Division, Office of Child Care.

The major cost drivers are the number of families receiving ERDC, cost per case and contracted services (such as Head Start, OPQ and Child Care Resource and Referral). The cost per case includes payments to providers which are collectively bargained. Potential changes in Federal requirements and collective bargaining agreements are also factors that drive costs in the program. Currently, the ERDC program serves 20 percent of eligible Oregon families with a priority given to families transitioning from TANF. The number of intakes of TANF transition cases to ERDC substantially rose in 2014 by over 150 per month. The average over the past 10 years has been 245 per month and since the beginning of 2014, the average has increased to 400. We maintain a reservation list for families that are eligible but not served by the program. As budgets allow, we extend an application to those on the reservation list to apply.

DHS coordinates services across its program areas in order to be as efficient as possible in our service delivery. Families receiving services generally are clients of other programs. Maintaining employment for these families is important as they work towards long-term self-sufficiency. In April 2014, there were 7,454 ERDC cases and 7,253 (97.3%) were receiving food benefits through the Supplemental Nutrition Assistance Program (SNAP).

Program Justification and Link to 10-Year Outcome

Child care that supports children's development, especially in the early years, helps children succeed in school and better prepares them for their future. Early learning opportunities for children are generally provided for by the parents. Access to quality child care for low-income families is important so that their children also have the same opportunities to develop cognitive, social, emotional and behavioral skills to be ready for school. Research shows children who have attended preschool go on to show positive effects on important adolescent and young adult outcomes, such as high school graduation, reduced teen pregnancy, years of education completed, earnings, and reduced crime[1]. Low-income families are faced with difficult choices when it comes to child care expenses. They may rely on an older sibling, or a variety of family or friends. This may lead to inconsistent or unstable care that interferes with the employment of the parent. Research shows that ERDC is critical in helping low-income families maintain employment.

The Governor's Early Learning Council (ELC) and the opportunity through the Race to the Top federal grant embraces the importance of investing in measureable, quality child care. DHS supports improving safety, quality and enrichment of child care programs that support parent engagement and family stability as well as ensuring low-income families have easy access to a variety of child care settings. High-quality early childhood education programs are among the most cost-effective educational investments and are likely to be profitable investments for society as a whole. DHS is partnering with the Office of Child Care and other stakeholders to plan improvements to DHS programs to strengthen outcomes for our children and their parents.

DHS offers contracted child care slots for ERDC families with OPQ facilities and some full-day, full-year Head Start programs. OPQ programs have completed a rigorous process of documenting a high level of quality. The goals of the OPQ/Head Start contracted slots are to provide continuity of care for infant, toddler and preschool children in quality programs, access to continuous care for low-income working families and stable funding for quality early learning programs serving low-income children. The OPQ designation was established as a precursor to the state's QRIS star rating system. In collaboration with the Office of Child Care (OCC), DHS will expand contracted child care opportunities as Head

[1] Hirokazu Yoshikawa, Christina Weiland, etc., *From Investing in Our Future: The Evidence Base on Preschool Education,* Society for Research in Child Development, Foundation for Child Development, October 2013.

Start Grantees partner with Child Care programs in their communities on the Early Head Start Child Care Partnership (EHS CC) federal opportunity. These partnerships provide more of Oregon's children with the opportunity to have high quality child care and give them the start they need to be successful in school and life.

Program Performance

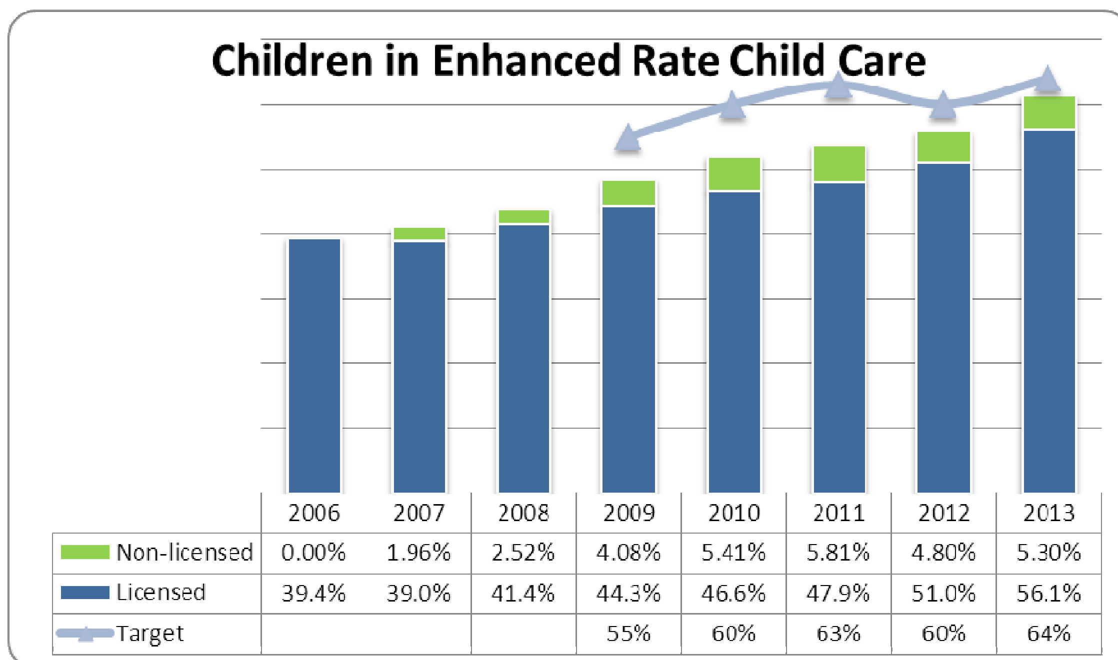
In December 2014 there were 7,830 ERDC cases that served 14,094 children. As of October 2014 the average cost per case was $670. This rate fluctuates greatly depending on the specific family needs. As of January 2015 there were 1,672 licensed child care providers actively providing child care for DHS families across the state.

Researchers have identified education and training as an indicator of quality that has been proven to be associated with positive short-term and long-term child outcomes. Parent education on selecting quality care is provided through DHS contracts with Child Care Resource and Referral agencies. CCRR's referred 8,702 parents to child care providers during the 2013 calendar year. To improve the quality of care available to subsidized families, DHS provides a higher maximum rate (approximately 7 percent above the standard rate) for license-exempt providers who meet the same basic training requirements that are required of licensed family providers. There has been a steady increase in the percentage of children receiving care either from a license-exempt provider receiving the enhanced rate or from a licensed provider. The rate has increased from 46.7 percent in July 2009 to 59.6 percent in July 2013.

In June 2014, there were approximately 13,113 children receiving subsidy payments through ERDC. Of those children, 57.6 percent were enrolled in licensed care. An additional 6.5 percent of children were in care with providers who are exempt from OCC licensing but have completed required training through the Oregon Registry. The percent of children in licensed care has been steadily increasing. July 2013 to June 2014 showed an increase in the percent of children in licensed care for school aged from 45.5 to 50.5 percent, preschool from 60.4 to 64.1, and infants and toddlers from 57.2 to 61.7 percent. Infant and toddler ages have been combined to show all children ages 0 to 3 due to differences in the definitions for licensed and license-exempt care.

The earliest years, from birth to age three, are critical for young children's healthy development. Experiences during the infant and toddler years shape the architecture of the brain – including cognitive, linguistic, social and emotional capacities – at a phenomenal rate and lay the foundation for future growth and learning.[2] Subsidy policy improvements need to be made in order to provide parents of infants and toddlers more accessibility to high quality licensed programs.

The number of children and families we serve in this program is based on available funding. The program is currently capped at 8,500 through legislative action.



	2006	2007	2008	2009	2010	2011	2012	2013
Non-licensed	0.00%	1.96%	2.52%	4.08%	5.41%	5.81%	4.80%	5.30%
Licensed	39.4%	39.0%	41.4%	44.3%	46.6%	47.9%	51.0%	56.1%
Target				55%	60%	63%	60%	64%

Enabling Legislation/Program Authorization:
ORS 409.010(2) (c), 411.141 and 418.485 provide statutory authority to DHS for administration of the ERDC program.

Child Care and Development Fund (CCDF) grants are administered by the Department of Health and Human Services, Administration for Children and Families Office of Child Care. They are authorized by the Child Care and

[2] Shonkoff and Phillips, etc., *From Neurons to Neighborhoods: The Science of Early Childhood Development,* National Research Council and Institute of Medicine, 2000.

Development Block Grant (CCDBG); 45 CFR Part 98 and 99. On November 19, 2014, the president signed into law the CCDBG Act of 2014 (P.L. 113-186), which reauthorizes the program for the first time since 1996. The law adds new state requirements and makes significant advancements by defining health and safety requirements for child care providers, outlining family-friendly eligibility policies, ensuring parents and the general public have transparent information about the child care choices available to them, and activities to improve the quality of child care. In collaboration with the Office of Child Care (OCC), DHS is planning implementation of the federal child care policy reform.

The Department of Education, Early Learning Division, Office of Child Care[3] is designated as the lead agency in Oregon to administer these funds. CCDF funding is transferred from ODE to DHS.

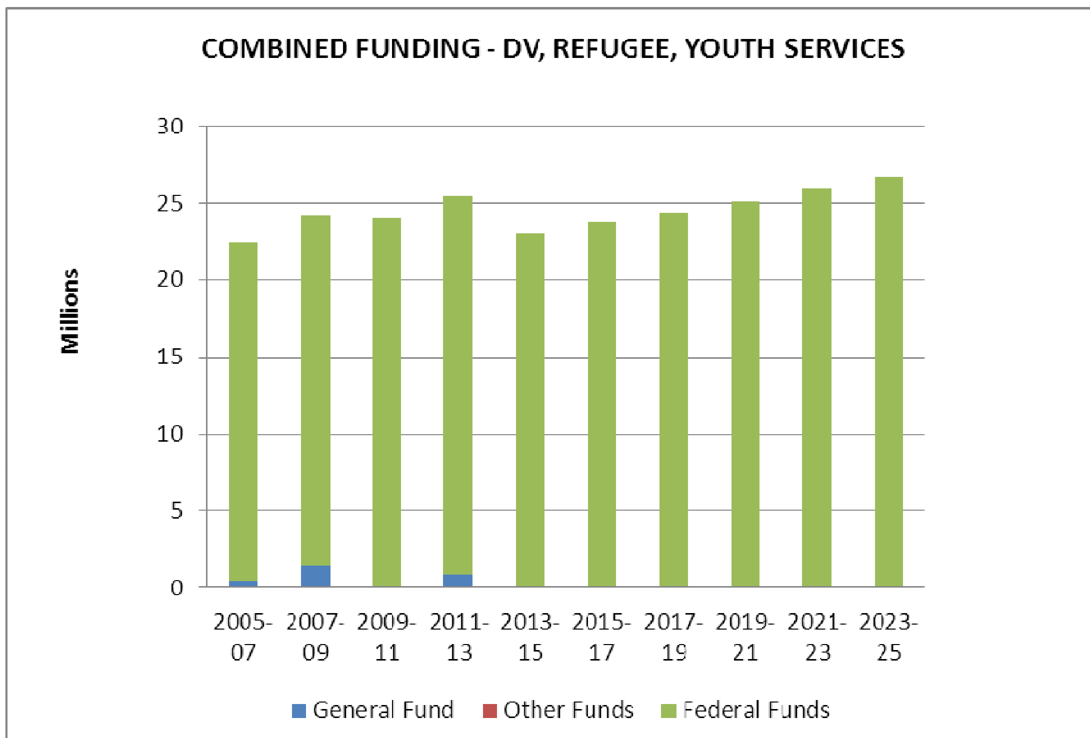
Funding Streams
$98,908,130 Other Funds – Federal grants provided to ODE
$74,247,860 General Funds – Required in order to receive the Federal funds

The Other Funds are the CCDF Federal Funds that are transferred from ODE. The General Funds are state revenue that is used for our Maintenance of Effort (MOE) as part of the Federal fund requirement. We also spend General Funds on our administrative expenses and use that money for MOE. DHS spends $12 million in General Funds per biennium in order to meet our CCDF MOE requirements.

[3] The DHS ERDC proposal needs to be reviewed with OCC's proposal.

Department of Human Services: Domestic Violence, Refugee and Youth Services

Primary Outcome Area: Economy and Jobs
Secondary Outcome Area: Safety
Program Contact: Belit Burke, 503-947-5389



Program Funding Request for All Relevant Programs in this Bid Form

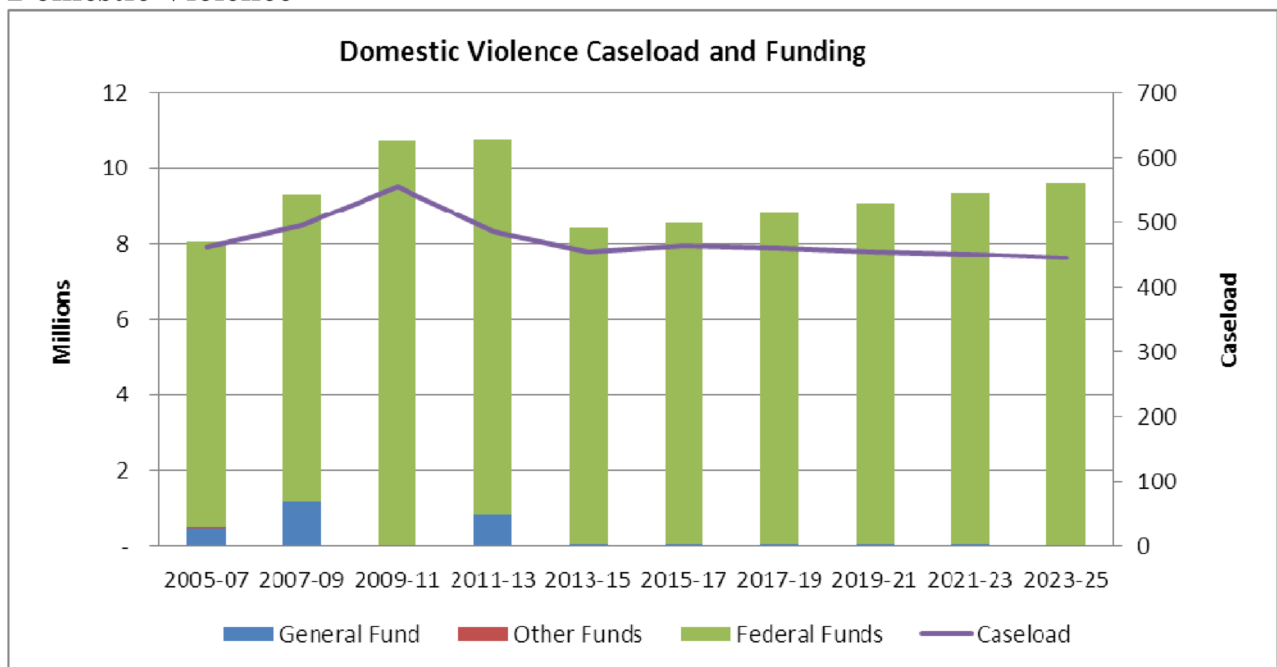
	Domestic Violence, Refugee, and Youth Services			
	GF	OF	FF	TF
LAB 13-15	29,467	-	23,025,500	23,054,967
GB 15-17	29,467	-	23,174,067	23,203,534
Difference	-	-	148,567	148,567
Percent Change	0.0%	0.0%	0.6%	0.6%

Significant Proposed Program Changes from 2013-15

There are no significant changes proposed in these programs. However, changes in other program areas, such as Child Safety and funding for Differential Response staff, will improve outcomes in these areas.

Overviews by Program Area

Domestic Violence



Executive Summary – Domestic Violence

Temporary Assistance for Domestic Violence Survivors (TA-DVS) provides resources to low-income families impacted by domestic violence. These are individuals or a family whose safety is at risk and need help to escape or remain free from domestic violence. Many domestic violence survivors need assistance to create safety and stability in order to be successful in finding and maintaining a job, all keys to becoming self-supporting without public assistance. A guide on domestic violence created by the Oregon Firearms and Domestic Violence Task Force in 2011 estimated that the costs of domestic and sexual violence injuries in Oregon exceed $50 million a year. Nearly $35 million of those costs are for direct medical and mental health care services. Approximately $9.3 million are from victims' lost productivity from paid work and $10.7 million are lifetime earnings lost by victims who are killed.

Program Description

TA-DVS provides up to $1,200, over a three-month period. Payments include rent deposits, initial month's rent, moving costs, and items to help address safety. The program serves families with minor children or individuals who are pregnant, who are low-income, and meet eligibility requirements of the Temporary Assistance for Needy Families (TANF) program. Case managers, through DHS field offices, meet with the clients to review their situation and develop a safety plan. Depending on the service needs, payments are made directly to vendors including landlords, truck rental companies, or other retailers. DHS also works in partnership with local non-profit domestic violence and sexual assault service providers who assist families with safety planning and emergency shelter.

Program Justification and Link to 10-Year Outcomes

The TA-DVS program has a secondary link to the Safety Outcome area. Futures Without Violence (formerly the Family Violence Prevention Fund) indicates that about 30 percent of women receiving public assistance have experienced domestic violence. Research has shown that individuals impacted by domestic violence have more chronic health issues[i] including depression and post-traumatic stress, more difficulty obtaining and maintaining employment[ii], and that these impacts can be mitigated by addressing safety.[iii] This program provides economic support to very low income families who are seeking services to meet basic needs while they are working towards self-sufficiency. Ensuring safety and stability helps the domestic violence survivor be more successful when they engage in job training or job search.

Program Performance

For the fiscal year ending in June 2014, the TA-DVS program served on average 434 families per month. The average payment per family was $795.77.

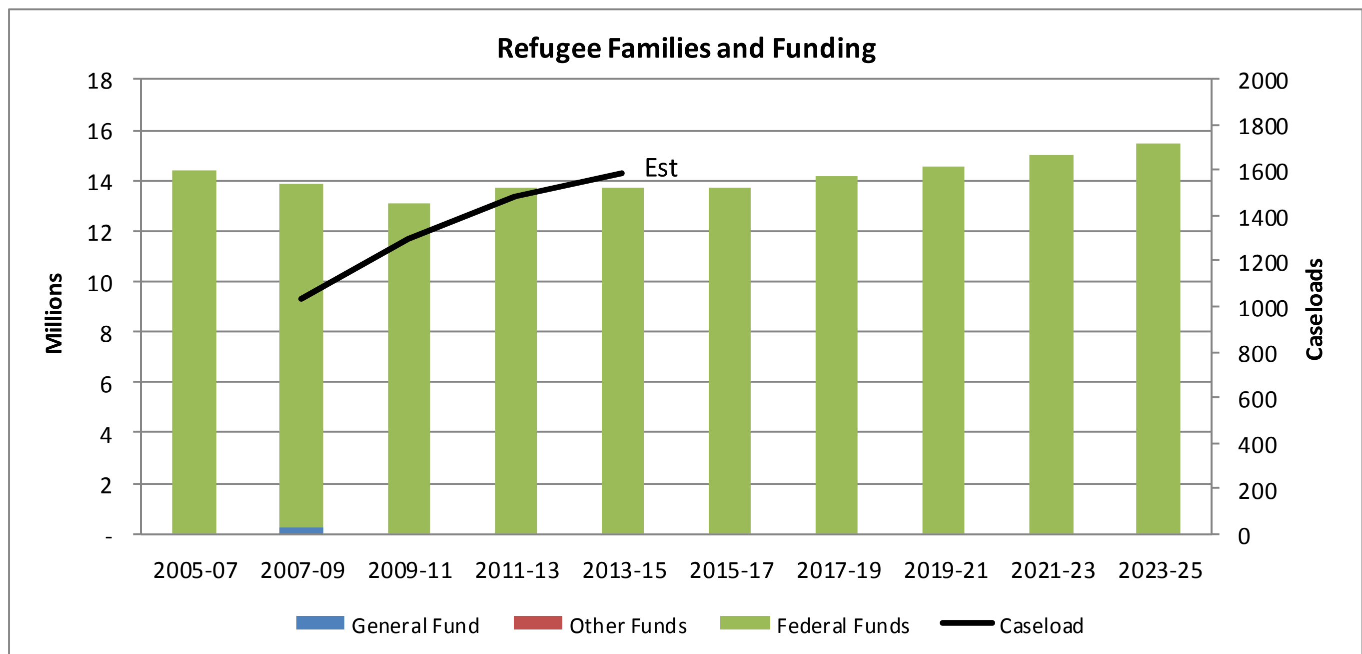
Enabling Legislation/Program Authorization

Domestic violence emergency assistance also known as TA-DVS is mandated under ORS 411.117 (1)(e). Federal authorization through the TANF block grant includes use of the TANF funds to meet non-recurrent, short-term benefits to deal with specific crisis situations including domestic violence. (See 45CFR 260.31 (b))

Funding Streams

TA-DVS is funded with the Federal TANF block grant. (See 45CFRPart260)

Refugee Services



<u>Executive Summary – Refugee Services</u>

The Refugee Program serves individuals and families who fled persecution in their country of origin and were legally admitted for resettlement by the United States government. The program helps refuges and asylum residents successfully resettle in this country by providing financial, employment-related services and acculturation services. The program guides refugees into self-sufficiency through employment as early as possible, so they become contributing members of Oregon's economy.

<u>Program Description</u>

The Refugee Services Program can serve only those persons in immigration categories approved by the Federal Office of Refugee Resettlement (ORR): Refugees, Asylees, Cuban/Haitian Entrants and Parolees, Amerasians, Victims of Human Trafficking (international) and certain family members, and Iraqi/Afghan Special Immigrant visa holders.

Resettlement services are comprehensive. Initial resettlement and case coordination services are delivered by non-profit resettlement agencies located in the Portland tri-county (Multnomah, Clackamas and Washington counties) area where the majority of refugees seek services. This may include essential tasks such

as picking up refugees at the airport, finding them a place to live and helping to furnish their home with basic necessities.

During Federal Fiscal Year (FFY) 2013, the average monthly caseload for all resettlement agencies was 340 refugee cases. Employment-related services are delivered by the Immigrant and Refugee Community Organization (IRCO) in Portland. IRCO services may include: Assistance with job search, employment acculturation, English language classes, citizenship, and naturalization help. These services assisted an average of 833 refugees per month. Those refugees who resettle outside the tri-county area are served through a local DHS field office.

Program Justification and Link to 10-Year Outcomes

Refugees receive help to become safe, healthy and independent by learning how to understand and navigate the prevalent culture, become self-sufficient through employment as early as possible and become contributing members of Oregon's economy. These services enhance the ability of arriving refugees to succeed in the U.S., most services are provided for up to eight months after arrival. Employment services can extend to a maximum of 60 months after arrival.

Program Performance

ORR requires states to establish goals related to self-sufficiency of refugees. Two of the more significant measures are the percentage of clients who become employed and the percentage who remain employed 90 days after placement. During Federal Fiscal Year (FFY) 2013, the Refugee Program was able to help gain employment for about 66 percent of the on-going caseload, with the goal being 57 percent. However, the retention goal of 76 percent was not met with only 71 percent for those still employed after 90 days.

Enabling Legislation/Program Authorization

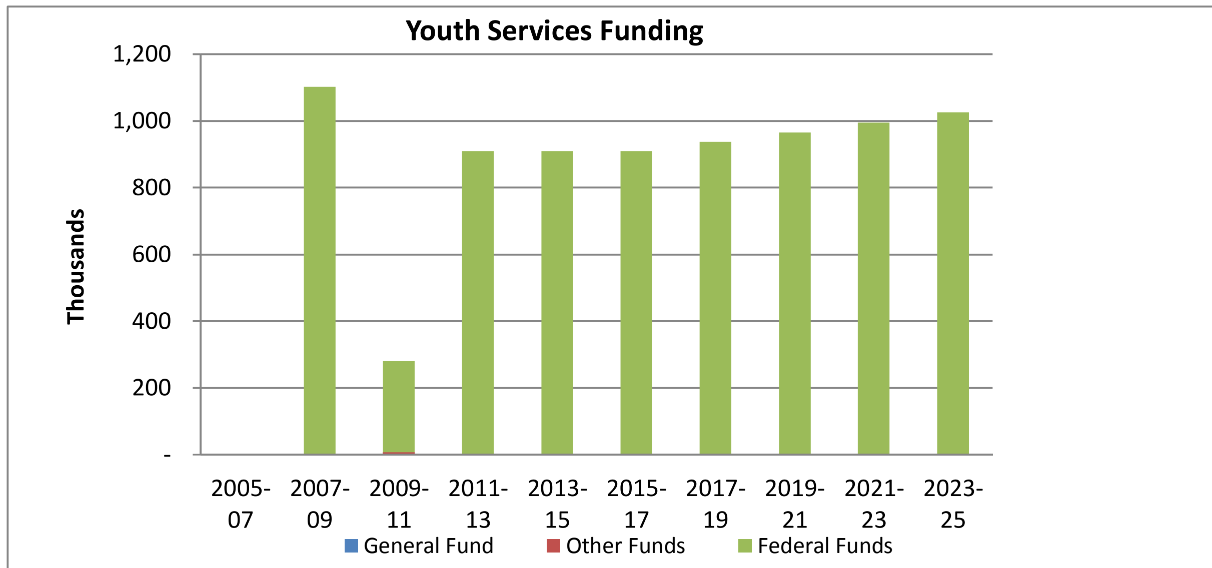
The Refugee Program is authorized and operates under the Federal Immigration and Nationality Act and the Refugee Act (8 U.S.C. 1522). The Refugee Program operates as a public assistance program under ORS 411.060, 409.010(2)(c), and 409.010(2)(h).

Funding Streams

During the initial resettlement period, the Refugee Program serves two different populations of refugees: those refugees who are eligible for Temporary Assistance for Needy Families (TANF) and those refugees who are eligible for ORR-funded services. The TANF eligible refugees receive cash assistance and services paid

with TANF funding, and all other refugees are served with ORR funds, which are federal funds.

Youth Services



Executive Summary - Youth Services

Youth Services include sexual health education, leadership and mentor programs. These services support community prevention efforts to enable Temporary Assistance for Needy (TANF) families to break the generational dependence on public assistance.

Program Description

The "My Future-My Choice" program includes age-appropriate, medically accurate sexual health education curriculum and services for sixth and seventh grade, and a high school leadership and mentor component. These services support community prevention efforts to enable TANF families in breaking the generational dependence on public assistance. The My Future-My Choice program expands on the historical teen pregnancy prevention program to provide education and tools for youth to resist multiple risk taking behaviors. DHS partners with the Oregon Department of Education and the My Future-My Choice Advisory Committee to develop and implement the program. During the 2013-2014 school year, this curriculum was implemented in 17 counties and 29 school districts. School districts implement this program at many different times of the year; the 2014-2015 school year data will be available July 1, 2015.

Program Justification and Link to 10-Year Outcomes

An analysis from the National Campaign to Prevent Teen Pregnancy shows that teen childbearing (ages 19 and younger) in Oregon cost taxpayers (Federal, State and local) at least $88 million in 2010. Of the total 2010 teen childbearing costs in Oregon, 32 percent were Federal costs and 68 percent were State and local costs. Investing in preventing teen pregnancy reduces the risk to teen pregnancy, which can lead to a lifetime of poverty for both the teen parent and the child. The teen birth rate in Oregon declined 49% between 1991 and 2010. The progress Oregon has made in reducing teen childbearing saved taxpayers an estimated $116 million in 2010 alone compared to the costs they would have incurred had the rates not fallen.

Program Performance

Oregon teen pregnancy rates have consistently stayed below the national average. The teen birth rate in Oregon declined 8 percent between 2011 and 2012. According to national data from the U.S. Department of Health and Human Services, the 2012 national rate for births to teens between the ages of 15 and 19 is 29 per 1,000 teen girls. The Oregon rate is 23.8 births per 1, 000 females. Teen Pregnancy rates among Oregon females aged 15-17 years have declined almost by half over the past five years, from 25.8 per 1,000 in 2008 to 13.9 in 2013.

Enabling Legislation/Program Authorization

The Oregon Legislature passed HB 2509 in 2009 which requires that all schools provide comprehensive sexual health education. The My Future–My Choice curriculum complies with all requirements of this legislation for sixth and seventh grades. In 2010, the Oregon Department of Education, the Oregon Health Authority and DHS signed a Memorandum of Agreement to share responsibility for collaborative efforts to increase youth sexual health education and services.

Funding Streams

A Title V Federal grant provides annual funding of approximately $550,000 to the My Future–My Choice Program through 2016. DHS submits a request for funding each year and continued funding is contingent on Federal budget approval. DHS has already received notification of funding for FFY 2015.

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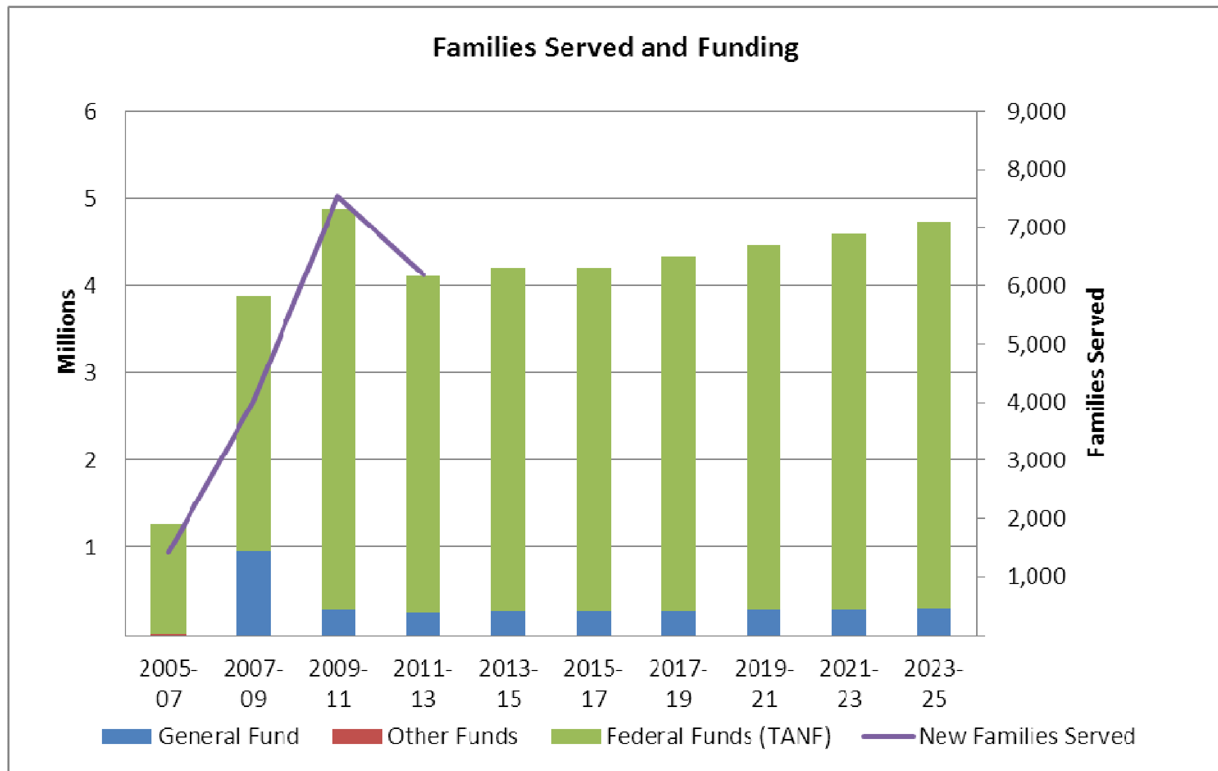
[i] Depression, Substance Abuse and Domestic Violence; National Center for Children in Poverty; Sarmila Lawrence; Michelle Chau; Mary Clare Lennon; June 2004

[ii] Welfare and Domestic Violence Against Women: Lessons from Research – Eleanor Lyon, PHD; August 2002

[iii] Self-Sufficiency & Safety; Lee McKean, PHD; Center for Impact Research; October 2004

Department of Human Services: Family Support and Connections Program

Primary Outcome Area: Safety
Secondary Outcome Area: Economy and Jobs
Program Contact: Rhonda Prodzinski, 503-945-6108



Executive Summary

Family Support and Connections (FS&C) is a child abuse and neglect prevention program that provides a wide array of services including home visits, resource brokering and parenting classes. These families are eligible for the Temporary Assistance for Needy Families (TANF) program, which is a safety net program that provides cash assistance to parents. FS&C services are generally provided to families with barriers or issues putting them at a higher risk of involvement with the Child Welfare system. Services are provided through contracts with local community organizations. The services focus on strengthening parenting skills and family stability, and decreasing the risk factors for child abuse and neglect to

prevent children on TANF from entering the foster care system. Through home visits, families develop relationships with a community organization that can effectively assess the family's environment to best understand its needs and connect the family with the appropriate resources in their community. The parenting classes offer a learning community increasing the positive supports provided by a peer network.

Program Funding Request

	Family Support and Connections			
	GF	OF	FF	TF
LAB 13-15	$ 265,881	$ -	$ 3,943,763	$ 4,209,644
GB 15-17	$ 265,881	$ -	$ 3,943,763	$ 4,209,644
Difference	$ -	$ -	$ -	$ -
Percent change	0.0%	0.0%	0.0%	0.0%

Significant Proposed Program Changes from 2013-15

This proposal funds the Family Support and Connections (FS&C) program at the current service level. FS&C supports families in extreme poverty decrease the likelihood of Child Welfare involvement by helping increase the parenting skills of the parents and by reducing barriers to family stability. These families have identified risk factors shown to lead to child abuse and neglect. This program proposal will allow maintaining current service levels with timely service delivery to address child wellness and family stability issues before necessitating further, more expensive, state services.

Program Description

FS&C is a component of the continuum of community supports to prevent child abuse and neglect. This program focuses on TANF families who may be at risk for involvement with the Child Welfare and foster care systems. DHS collaborates with numerous local and State, informal and formal prevention services, and activities to meet families' needs. Program staff work within the existing community structure to coordinate referrals and deliver direct services where gaps or needs exist for a family. For example, the FS&C home visitor may facilitate a parenting support group, and also help with referrals to community services for assistance with rent and other needs.

Services are designed to increase parental protective factors and decrease the risk factors of child abuse and neglect. Services are delivered in part through use of home visit models proven effective with this population. For the fiscal year ending June 2014, the program served 3,544 new families. This program provides home visiting services in all 36 counties and works collaboratively with Self Sufficiency and Child Welfare program staff, contracted staff and other community partners.

FS&C also provides services and supports for families helping them move towards greater independence while promoting the health and well-being of all family members. The service array focuses on immediate, crisis needs of families but also provides prevention and early intervention services to help families avoid reaching a crisis.

Because a diverse population is served through the program, FS&C providers are asked to design their program in a culturally appropriate way to best meet the needs of the families served. This is achieved, in part, by hiring staff who reflect the demographics of the local community. Local FS&C Steering Committees gives guidance and direction on how services are provided to ensure that community linkages are established. The local steering committees are also required to have membership representative of the cultural diversity in the district they serve. The steering committees also include representatives from local agencies working with minority and special needs populations, and faith-based organizations.

Occasionally referrals are made to Child Welfare but in the cases where risk does exist, the early intervention and assistance from FS&C can help the family stabilize sooner and help keep children safe.

The program provides short-term interventions including home visits, family assessments, advocacy for services in the community, supports to strengthen parenting, coping and other skills to support the healthy development of children, individualized interventions and joint outcome-based case planning. The services are community-based and tailored to meet a family's needs. FS&C advocates support the family by working with them to identify risks and strengths. Together they tackle issues before there is irreversible damage, reducing the incidence of child abuse and neglect.

FS&C aims to build genuine partnerships with families that recognize their strengths in the context of the family's culture. This program combines the best practices of a family strengthening model with a unique partnership providing joint case planning with FS&C, Self Sufficiency, Differential Response and Child Welfare programs. FS&C also uses a combination of principles with an empowerment approach and building a helping alliance with the family. Families may volunteer for the program.

The major cost drivers are the number of families in need of child abuse and neglect prevention services as well as the number of contracted staff needed to provide the preventative interventions. The program has a small budget which does not accommodate the actual need.

Program Justification and Link to 10-Year Outcome

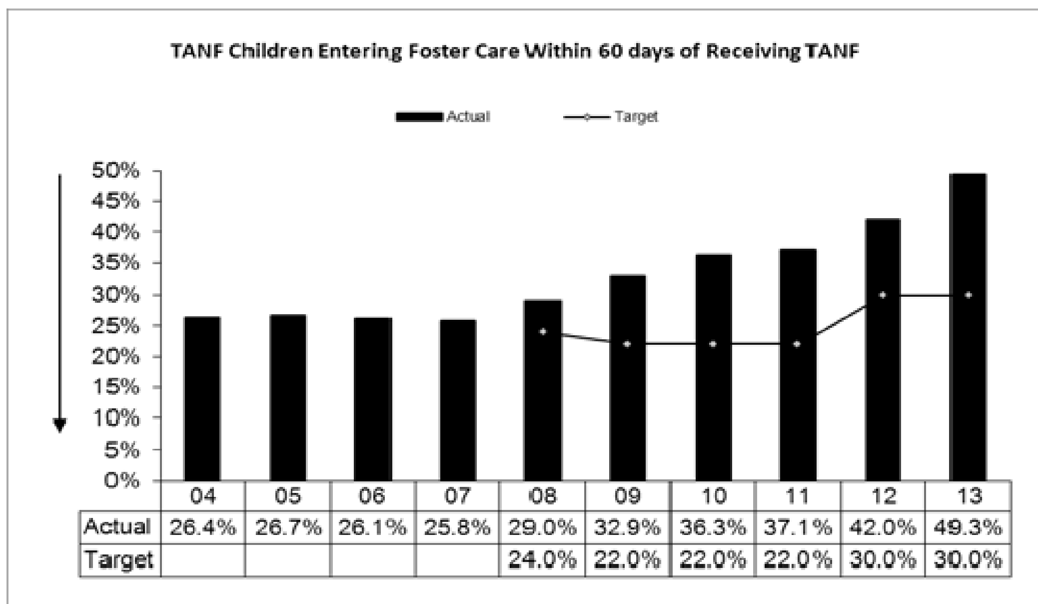
This program contributes to the Safety Outcome Area through its goal of increasing family stability and child safety. A goal of this program is to reduce or prevent children receiving TANF from entering the Child Welfare and foster care system. Children who enter foster care are more likely to fail in school, experience homelessness and unemployment, and may become part of the juvenile and adult corrections system. Most TANF families served through FS&C have significant needs that include help with parenting, housing or other stabilization services. The connection to TANF is an important part of the service array. TANF provides cash assistance, case management, and employment and training services to families with children living in extreme poverty. Families must be eligible for TANF to participate. For a family of three, their income would be below $616 per month to participate.

The FS&C program is also linked to the Economy and Jobs Outcome Area by helping families stabilize. Stabilization helps prepare clients to participate in employment and training activities, and connect the family to resources to address crises.

Program Performance

The primary performance measure is the percentage of children entering foster care who received TANF 60 days prior to foster care entry. Since the recession and the slow economic recovery, more Oregonians have been accessing programs for low-income Oregonians such as TANF. The display below shows the percentage of children entering foster care who had received TANF has also been increasing.

There continues to be a high percentage and disproportionate number of African-American children who received TANF prior to entering foster care. The TANF program and FS&C is aligning with the Differential Response, a program in Child Welfare, and other family stability efforts such as the Strengthening, Preserving and Reunifying Families (SPRF) initiative to better serve all at-risk families and improve equity in outcomes for populations which are overrepresented in both TANF and Child Welfare. The SPRF funding has increased local service provision availability in communities specific to this population. Applicants had to demonstrate in their request that the community demographics were included and plans to implement programs equitably.



	04	05	06	07	08	09	10	11	12	13
Actual	26.4%	26.7%	26.1%	25.8%	29.0%	32.9%	36.3%	37.1%	42.0%	49.3%
Target					24.0%	22.0%	22.0%	22.0%	30.0%	30.0%

Enabling Legislation/Program Authorization

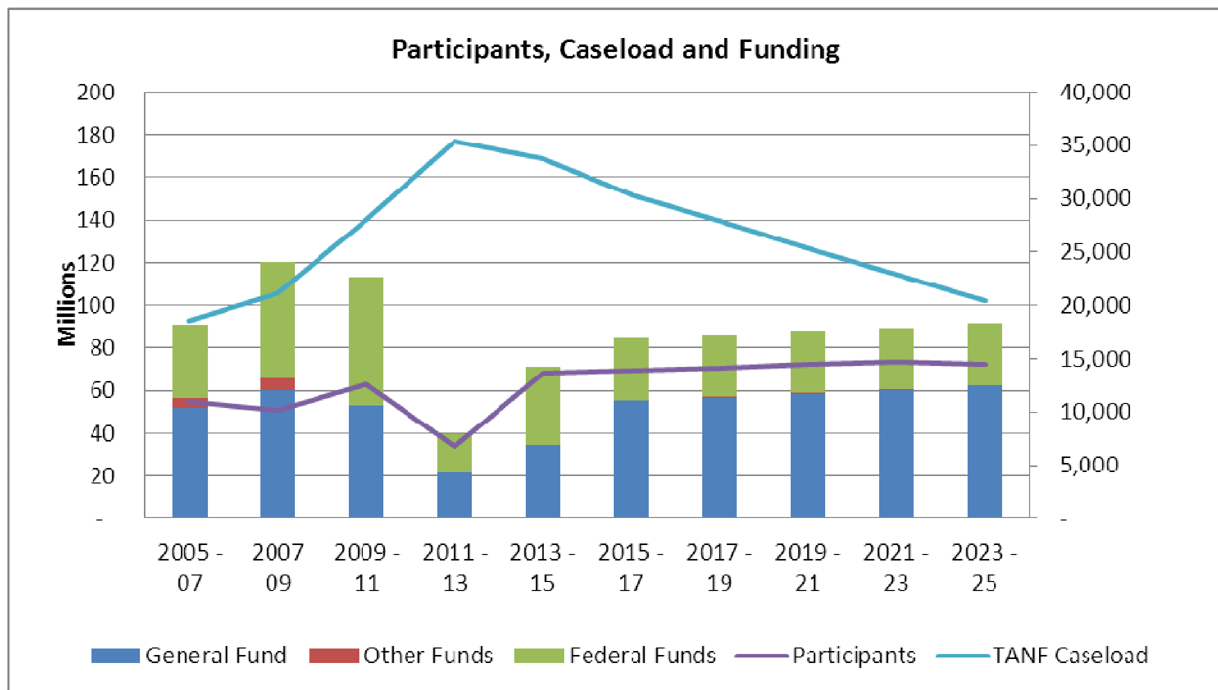
Title II of the Child Abuse Prevention and Treatment Act (CAPTA), as amended by P.L. 111-320, authorizes grant funds to be released to the states and names the program Community-Based Grants for the Prevention of Child Abuse and Neglect (CBCAP). The grant requires a 20 percent match of State General Funds.

The TANF program is authorized under Title IV-A of the Social Security Act, as amended by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), and the Deficit Reduction Act of 2005.

Funding Streams
The FS&C program is funded with a blend of TANF Federal funds, CBCAP grant funds and State General Fund dollars. The CBCAP grant awards additional leveraged funds each year based on a formula giving credit for the previous year's contribution of state General Fund dollars. In addition, individual contracted programs in the DHS districts add leveraged funds on the local level from agency donations, grants and fundraising.

Department of Human Services: Job Opportunity and Basic Skills (JOBS) – Temporary Assistance for Needy Families (TANF)

Primary Outcome Area: Economy and Jobs
Secondary Outcome Area: N/A
Program Contact: Xochitl Esparza, (503) 945-6122



Executive Summary

The Job Opportunity and Basic Skills (JOBS) program is an employment and training program for those receiving Temporary Assistance for Needy Families (TANF) benefits. The goal is to help adults in TANF families gain the skills needed to become self-sufficient through employment. Historically the JOBS program has also included services so that families can address barriers to employment.

Those who access TANF are extremely poor families with children who represent an increasingly diverse population. Most parents or caretakers in these families are required to participate in the JOBS program to maintain their eligibility for cash assistance. They can face sanctions that include losing benefits if they do not

participate. Job preparation services are provided through the DHS field offices and a network of contracted JOBS program providers in every county.

Program Funding Request

	TANF JOBS			
	GF	OF	FF	TF
LAB 13-15	$ 34,233,532	$ 184,320	$ 36,950,298	$ 71,368,150
GB 15-17	$ 55,233,532	$ 184,320	$ 28,967,265	$ 84,385,117
Difference	$ 21,000,000	$ -	$ (7,983,033)	$ 13,016,967
Percent change	61.3%	0.0%	-21.6%	18.2%

Significant Proposed Program Changes from 2013-15

DHS is proposing a TANF redesign package of cost-neutral, targeted investments that will build the capacity of families to increase earnings and transition from TANF through an accountable, flexible and family-centered approach. The investments emphasize alignment with systems that touch or should touch TANF participants, the scaling up of best practice case management, and raising the income limits for TANF exit to create a transitional path off of TANF to decrease the number of families who return to the program repeatedly. DHS proposes using projected caseload savings to fund the investments. This proposal maintains the current JOBS program budget. However, additional cost neutral investments that pertain to JOBS program contracts and services will be made as part of the TANF redesign effort.

Program Description

The JOBS program provides limited education, training and job placement services to eligible families. A component of the program, JOBS Plus, provides subsidized jobs for parents or caretaker relatives by reimbursing employers for part of the wages paid to the parent or caretaker relative. In November 2014, the JOBS program provided employment and training services to 9,247 individuals from families in the TANF program.

DHS administers the JOBS program through an extensive, statewide network of community partners that help deliver services. DHS case managers work with families to develop individualized case plans. These plans guide what job preparation activities the client will participate in and outline any needs for support services, such as transportation and child care. The department coordinates with

several organizations to deliver services including Workforce Investment Act (WIA) agencies, community colleges, the Oregon Employment Department, WorkSource Oregon One-Stop offices, and many local and county-based organizations, including those that can provide services for a culturally diverse clientele. Coordination and systems alignment with workforce system partners have strengthened as part of the workforce system redesign work that was charted by the Governor and the Oregon Workforce Investment Board.

Oregon's slow economic recovery means that demand for TANF and JOBS services remains high. At the beginning of the 2013-15 biennium, case management resources were at 35 percent of the need. Case managers are responsible for working with the family to develop a plan to achieve self-sufficiency, to provide support and monitor progress. A high percentage of a case manager's time is focused on determining eligibility for program benefits so the staffing situation meant that case managers spent less time working with families on self-sufficiency plans. With the support of the Governor and the Oregon Legislature, the Department repurposed a portion of Human Service Specialist 3 positions into case management positions. By the last half of the 2013-15 biennum, case management positions had shifted from 35 percent of need to 59 percent of need. The JOBS program need remains higher than budgeted as well as the related need for support services such as child care assistance and transportation to get to and from self-sufficiency and employment activities.

The economy also has impacted the JOBS program service offerings and the number of clients that can be served at any one time. In 2007 the Oregon Legislature allowed a comprehensive redesign of the TANF and JOBS programs with a focus on enabling families living in extreme poverty to remain or become stable. Significant improvements were made in the first year of implementation. In Federal Fiscal Year (FFY) 2008, Oregon reported a 24.1 percent all-family participation rate. Reductions made during subsequent Legislative sessions have made it difficult to maintain elements of the redesign and funding cuts greatly reduced the program's ability to help parents or caretaker relatives participate in skill-building activities and find work. In July 2011, the JOBS program was cut by over 50 percent, which caused cuts in the program's service offerings and its capacity to serve eligible clients.

The July 2011 cuts to the JOBS program also negatively impacted the department's ability to meet federal participation requirements for TANF. Due to

the cuts, approximately 75 percent of contractor staffing was eliminated, greatly impacting the program's capacity to serve those needing to participate in an activity. States must ensure that 50 percent of work-eligible adults receiving TANF are participating in work preparation activities to meet the federal requirement. Oregon did not meet work participation requirements in Federal Fiscal Years 2007 to FY 2011 and potential penalties total up to $60 million. Oregon was not compliant in 2007 because the State Legislature was not in session when the federal government established the work participation requirement; preventing Oregon from making a statute change needed to re-design the TANF program in time to meet the requirement. In the subsequent years the program has not met participation targets due to the economic conditions and reduced program resources.

The state had until September 30, 2014 to correct its participation rate violations in order to avoid up to $19.2 million in penalties for FY 2008 and FY 2009. The department submitted a Corrective Compliance Plan that outlined the steps to be taken to meet participation goals. These penalties, had they been assessed, would have meant fewer resources to fund employment and training programs that help TANF families' transition out of extreme poverty through employment. By following the Corrective Compliance Plan, working with partner agencies to employ participation strategies, and fully utilizing the case management resources to engage more families in the program, the state is projected to meet federal participation requirements and avoid penalties for FY 2008 and FY 2009.

Program Justification and Link to 10-Year Outcome

There is a direct link between the JOBS program and the Making Work Pay Outcomes area. The JOBS program aims to reduce unemployment (including underrepresented individuals) and create job-ready communities. Many of the parents or caretakers of the children in this program have limited or no work experience. The JOBS employment and training program provides activities and services focused on preparing participants to enter the workforce, help them find employment and support them as they transition off public assistance. The TANF and JOBS programs are represented in the Oregon Workforce Investment Board which is aligning strategies and outcome measurements across Oregon's workforce programs. While the WIA programs serve all Oregonians, the JOBS program provides employment and training services to TANF recipients to address their specific needs around basic skills building, job development and placement, and support family stability efforts. The federal reauthorization of workforce programs

through the Workforce Innovation and Opportunity Act (WIOA) presents an opportunity to fortify relationships and maximize service coordination with employment and training workforce partners at the state and local levels in order to improve outcomes for all job seekers.

Program Performance

DHS tracks performance and outcome measures to gauge its ability to help people become employed or improve their employment situation through participation in the JOBS program.

JOBS program outcomes were severely impacted by the 50 percent funding reduction during the 2011-2012 program year and by the low staffing levels for case managers. Many services were eliminated because of these cuts. Eliminated services include vocational training, Adult Basic Education, and life skills classes. Other services were eliminated that helped participants remove other barriers to employment such as home visitor specialists, vocational nurse consultants and specialists who helped parents or caretaker relatives with criminal history or fines work with the courts on expungement. They also provided guidance to clients for talking with prospective employers during job searches about these issues.

In the 2013-15 biennium, the budget provided for added flexibility in contracts and support services so that families in the TANF program can have support in vocational education, GED completion and life skills classes. Among the services that remain, (and continue to be partially funded), include job search, work experience, supported work, and JOBS Plus. Child care, transportation assistance and other supports continue to be available in a reduced manner.

With the support of the Legislature, the added case management resource is helping test strategies to engage families in ways that improve outcomes in the areas of engagement in a self-sufficiency plan, improving family stability, improving federal participation rates, and increasing employment placements.

We measure total employment placements reported by parents or caretaker relatives served by the JOBS program each month. While there is considerable seasonal variation in placements, the number of placements remained relatively constant until 2007. Due to the economic downturn, placements began dropping in FY 2008. The average monthly placements for FY 2010 were 30 percent lower than in FY 2008. Placements gradually increased through the early part of 2011;

however, they dropped again after program reductions, including a loss of 75 percent of contracted staff. Effective July 2013, JOBS program restrictions were loosened to allow districts more flexibility to address the needs of local populations. With these modifications as well as slight improvements in the overall economy, the average monthly placements have increased 36 percent since FY 2012. From July 1, 2013 to November 2014, placements have exceeded 1,000 ten times. The last time that occurred was in FY 2008 (December 2007).

We also measure average hourly beginning wages for those entering full-time employment. Since 2003, there have been fluctuations, but also gradual improvement, with an increase of $2.30 per hour for the average starting hourly wages. Recent data shows that while the state minimum wage increased by only 85 cents (from $8.40 in 2010 to $9.25 in 2015), the average beginning wage for TANF families entering full-time employment increased by $1.34 between July 2010 ($9.72) and November 2014 ($11.06).

Another measure is the percentage of parents or caretaker relatives who exit TANF due to employment and do not return within 18 months. Currently 70 percent of parents or caretaker relatives do not return within 18 months. The average rate for 2013 was 64 percent, indicating a positive increase of 6 percent parents or caretakers who did not return to TANF 18 months after the case closed due to employment.

Enabling Legislation/Program Authorization

The TANF program is authorized under Title IV-A of the Social Security Act, as amended by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), and the Deficit Reduction Act of 2005. A significant portion of the JOBS program is codified in State statute chapters 411 and 412.

Funding Streams

The JOBS program is currently funded primarily through the Federal TANF block grant and General Fund dollars that count towards the state Maintenance of Effort (MOE) requirement. Oregon's TANF block grant is $166.8 million per year. Oregon's MOE requirement is equal to 80 percent of the state's historic expenditures or approximately $98 million per year.

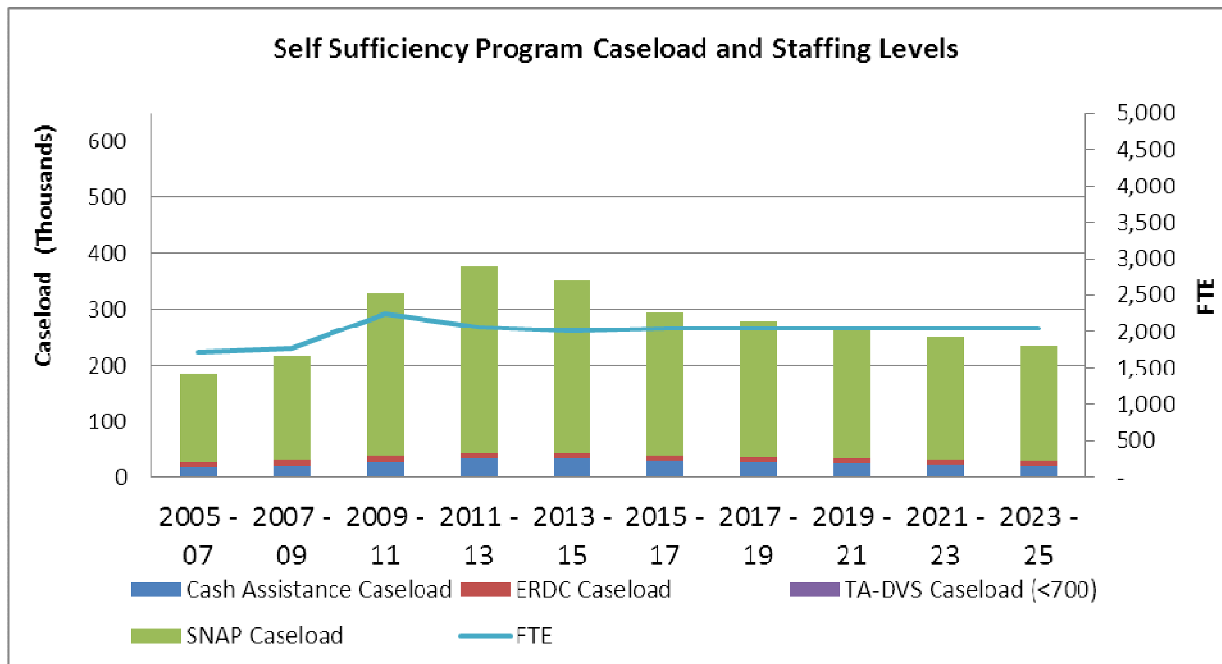
Expenditures counted towards MOE must not be from a Federal source and must not be matched to other Federal funds. Oregon generally meets MOE through a

combination eligible DHS and other agency expenditures. Both the TANF federal block grant and MOE expenditures must be spent in a manner reasonably calculated to meet one of four TANF purposes, which are: 1) provide assistance to needy families; 2) end dependence of needy parents by promoting job preparation, work and marriage; 3) prevent and reduce out-of-wedlock pregnancies, and 4) encourage and maintain family formations.

Federal Child Care Development Funds from the Employment Department's Child Care Division provide Other Funds used for related child care costs.

Department of Human Services: Program Delivery and Design

Primary Outcome Area: Healthy People
Secondary Outcome Area: Economy and Jobs
Tertiary Outcome Area: Safety
Program Contact: Jerry Waybrant, 503-945-5952
Sandy Dugan, 503-947-5374



Executive Summary

This program provides design, personnel and service delivery in addition to oversight, planning, reporting, implementation, training, eligibility and benefit issuance for programs that support a diverse, low-income population in need of economic supports and self-sufficiency services to meet their basic needs. The last economic recession triggered a dramatic increase in demand for these services which include food and cash assistance, and other programs that enhance employability and support job retention among clients.

Self Sufficiency reallocated staff resources to meet client demand and increase positive outcomes for TANF clients. This was accomplished by staff reallocation

approved in the 2013-15 biennium. These positions provide families, who are living at less than 43 percent of the Federal Poverty Level, with services to stabilize their living situations and increase their earning potential to move them off of state-provided services. This investment increases case managers from 35 percent of workload to 59 percent of workload by the end of the 2013-15 biennium. It's projected that our case managers will be staffed at 75.8 percent of the demand by the end of the 2015-17 biennium.

This investment was also supported by an increase in JOBS funding in the Economy and Jobs budget. Together, these investments significantly increased the level of case management and employment barrier removal services available to TANF clients which included over 11,000 employment placements during the first year of the 2013-15 biennium.

Program Funding Request

Significant Proposed Program Changes from 2013-15

	Self Sufficiency Health People Total (Design/Delivery)					
	GF	OF	FF	TF	Positions	FTE
LAB 13-15	147,937,181	24,624,040	187,238,003	359,799,224	2,001	1,981.99
GB 15-17	167,136,657	9,890,922	176,859,300	353,886,879	2,035	2,025.97
Difference	19,199,476	(14,733,118)	(10,378,703)	(5,912,345)	34	43.98
Percent of Change	13.0%	-59.8%	-5.5%	-1.6%	1.7%	2.2%

SS Healthy People Total (Design/Delivery)						
Self Sufficiency Investments/Reductions	**GF**	**OF**	**FF**	**TF**	**Positions**	**FTE**
Eliminate Empty OF Limitation	0.00	(15.05)	0.00	(15.05)	(206)	(205.50)
Backfill of OF empty limitation for current staff	7.06	0.00	7.99	15.05	206	205.50
TANF Redesign Staff	2.93	0.00	0.00	2.93	17	17

$ in millions

DHS proposes to continue efforts to transform the process for enrolling people and delivering services in eligibility programs including SNAP, TANF and ERDC. It also expands and focuses efforts for 2015-17 in the areas of service delivery transformation and system alignment. This comprehensive request supports technology needs and business transformation, supporting business architecture scalable for future needs. The result will accomplish consistency in service delivery and maximize economies of scale as we work with clients across the state.

Working with seamless data access and data sharing will lead to positive outcomes, greater efficiency for caseworkers.

DHS proposes to extend the sunset for HB 2469 (2007) as we refocus the TANF program to fit today's realities. Self Sufficiency is proposing a package of cost-neutral, targeted investments that build the capacity of families to increase earnings and transition from TANF through an accountable, flexible and family-centered approach. The investments emphasize alignment with systems that touch or should touch TANF participants, the scaling up of best practice case management, and creating a glide path off of TANF to decrease the number of families who return to the program repeatedly.

Self Sufficiency is also proposing several policy packages to remove empty other fund limitation and stabilize the field delivery position and FTE funding. The collection of packages is necessary to ensure adequate staffing resources to continue the supports for the most vulnerable Oregonians.

Program Description

This program encompasses and supports the personnel necessary to provide eligibility and case management services to vulnerable Oregonians who request assistance to meet basic needs such as food and shelter, and need access to employment programs. Self Sufficiency family stability and work support programs include the following:

- Temporary Assistance to Needy Families (TANF) provides cash assistance, job preparation services and community connections to low-income families with children while they strive for self-sufficiency.
- TANF Jobs Opportunity and Basic Skills (JOBS) program is an employment and training program.
- Supplemental Nutrition Assistance Program (SNAP), formerly known as Food Stamps, helps low-income families buy healthy foods to meet their nutritional needs.
- Employment Related Day Care (ERDC) helps low-income, working families with quality child care.
- Family Support and Connections (FS&C) provides local advocates who work with families to help them overcome parenting challenges to create family stability and prevent Child Welfare involvement.

- Temporary Assistance for Domestic Violence Survivors (TA-DVS) provides up to $1,200 to help pregnant women and families flee or stay free from domestic violence.
- Refugee Services support the successful resettlement of families in the U.S. who are fleeing persecution in their countries of origin.
- Oregon Health Plan and Medicaid eligibility referral to connect Oregonians who qualify for subsidized medical coverage with the appropriate program.

Since the start of the last recession, demand for these services grew dramatically. The department continues to handle high caseloads in its primary self-sufficiency programs. Currently approximately 775,000 people – or one in five Oregonians – get help purchasing food for their families through programs like SNAP. Of those Oregonians receiving SNAP, approximately 91,600 individuals are also receiving cash assistance through TANF to cover their family's basic living expenses such as rent, utility payments and medical needs. Other programs, such as the child care subsidy, help parents provide the safe, reliable child care that keeps parents employed.

Major cost drivers for the personnel need for Self-Sufficiency Program Delivery and Design are: Federal or State program mandates; economic conditions which affect caseload size such as the number of Oregonians needing assistance; personnel turnover and the related training and travel costs; the work effort required to provide services, and personnel packages such as position costs, infrastructure improvements, etc.

Program Justification and Link to 10-Year Outcomes

This program primarily supports the 10-Year Outcome for Healthy People by helping Oregonians meet their basic needs such as food, housing and medical care referrals in order for people to be healthy and have the best possible quality of life at all ages. It also links to the Economy and Jobs, and Safety Outcome areas.

Staff supports basic need programs such as financial assistance, food assistance, medical insurance (referral only), child care, domestic violence services, employment and training, refugee and youth services. Also, staff is responsible for disaster program delivery when needed and as identified by the Federal program.

Staff at the State and local levels coordinates with Child Welfare to work with families to increase their stability and prevent Child Welfare involvement. This

collaboration helps to support the State's 10-Year Outcome for safety by ensuring children are cared for regardless of the system of service. Other collaborations have been built around domestic violence; housing; alcohol, drug and mental health treatment; workforce development; Vocational Rehabilitation; health care, and education.

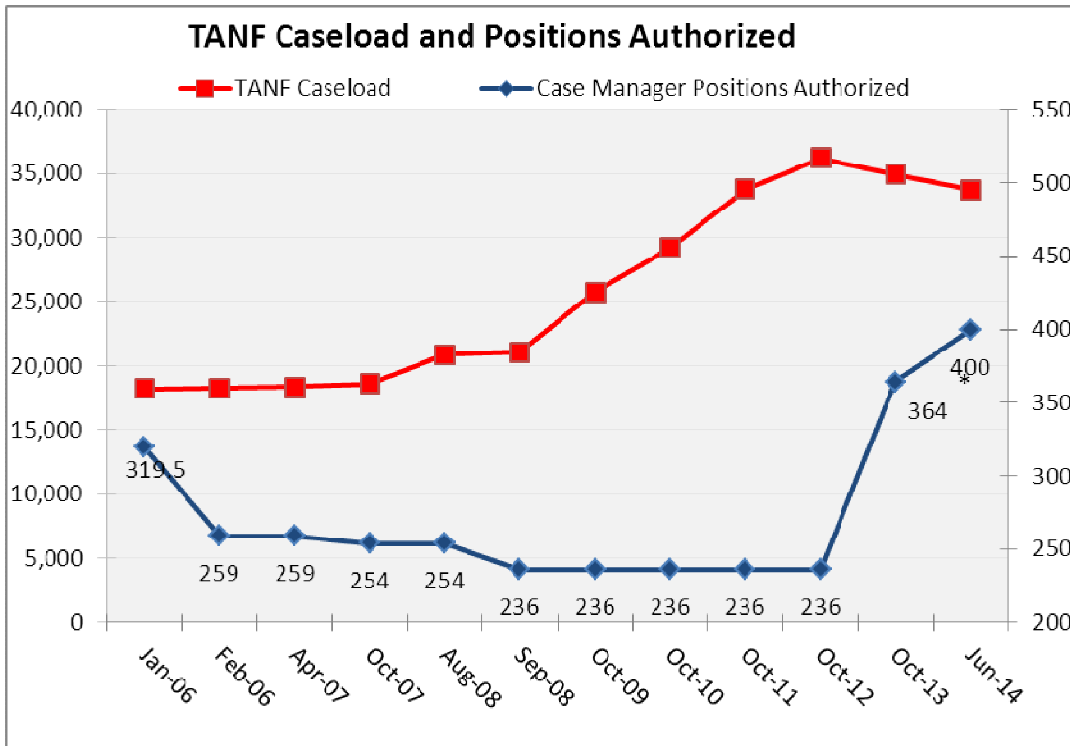
Program Performance

Personnel resources provide performance in the delivery of programs within Self Sufficiency. A workload model is used to provide a basis for determining personnel needs to adequately support those seeking services. The Fall 2014 Forecast on the following page provides a comparison of the delivery positions authorized by the 2013-2015 Legislature, showing the investment of reallocating positions, and the need based on work effort to meet the service delivery need:

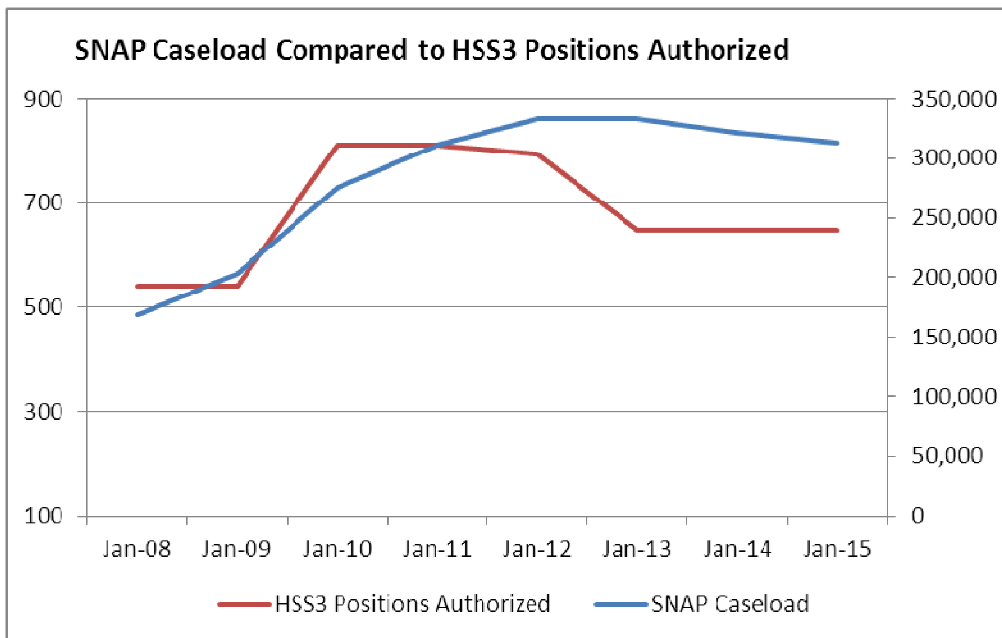
POSITION TYPE:	2013-2015 (post-LAB)				2015-2017 GB			
	Current Position Authority	Positions Earned Forecast	Percent of Earned	Difference Current to Workload Forecast	Current Position Authority	Positions Earned Forecast	Percent of Earned	Difference Current to Workload Forecast
Eligibility Workers	648.0	956.9	67.7%	(308.9)	648.0	890.6	72.8%	(242.6)
Case Managers	400.0	677.5	59.0%	(277.5)	417.0	542.2	76.9%	(125.2)
Leads	58.0	59.8	97.0%	(1.8)	58.0	55.7	104.2%	2.3
Support Staff	545.0	817.2	66.7%	(272.2)	545.0	716.4	76.1%	(171.4)
Community Resource Coordinators	38.5	42.3	90.9%	(3.8)	38.5	33.9	113.5%	4.6
Case Consultants	16.0	42.3	37.8%	(26.3)	16.0	33.9	47.2%	(17.9)
Office Managers	24.0	62.9	38.2%	(38.9)	24.0	59.7	40.2%	(35.7)
Supervisors	119.5	118.6	100.8%	0.9	119.5	129.7	92.1%	(10.2)
Totals	**1,849.0**	**2,777.5**	**66.6%**	**(928.5)**	**1,866.0**	**2,462.1**	**75.8%**	**(596.1)**

The work of staff in administration and central support is not included in the workload model; however, the work of central support staff is vital to the delivery of services in field offices. Central support provides the oversight of policy development, program design, changes required through legislation, as well as Federal reporting compliance, and has not been adequately staffed for several years.

The charts below provide a comparison of the caseload growth to the personnel growth providing a stark display of how our current resources are struggling to keep pace with the need of vulnerable Oregonians.



**400: This figure represents the total position authority for the 2013-15 biennium. DHS is in the process of hiring to fill all authorized positions.*



The above chart does not show the total SNAP Caseload nor the staff associated with APD this represent SSP only.

We are committed to continually evaluating how to work in a more lean and efficient way to help streamline our efforts and improve outcomes for our clients and our budgets. As an example, improvements continue in how we interview and determine eligibility for SNAP and TANF. This greatly improved the capacity of staff to see clients and issue benefits quickly, and helps us gain monetary performance awards to further benefit the State. The United States Department of Agriculture (USDA) Food and Nutrition Service (FNS) recognized Oregon as a national model for effective administration of the SNAP program. FNS awarded Oregon performance bonuses totaling $3.2 million for its timeliness in issuing benefits and for program accessibility.

This active process of identifying ways to improve efficiencies allowed the Self-Sufficiency Program to reinvest staff resources to close the gap between positions needed and those authorized in the 2013-2015 biennium. The Self-Sufficiency Program continues to identify opportunities for other efficiencies as the delivery programs are at 66 percent of needed positions based on client demand. We are developing new models of delivery that will include on-line applications, electronic workflow and distribution which, over time, will allow staff to spend less time on paperwork and more time working directly with clients providing services such as referrals to community resources, employment and training assistance, and case management.

Additionally, program areas are developing strategic plans for program delivery, including high-priority areas where breakthroughs are desired in either outcomes or the way work is done. One high priority area we share with the Vocational Rehabilitation and the Aging and People with Disabilities programs is on increasing employment outcomes for clients. We can best meet the needs of our clients by collaborating across programs to help them progress quickly along the road to self-sufficiency.

Enabling Legislation/Program Authorization

Self-Sufficiency Programs have varying levels of mandates from Federal law and the Oregon Constitution. SNAP and Medicaid are federally mandated programs. TANF is a federal block grant program. It is authorized under Title IV-A of the Social Security Act, as amended by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), and the Deficit Reduction Act of 2005. A significant portion of the TANF eligibility criteria is codified in State statute chapters 411 and 412. DHS has statutory authority to administer the

ERDC program through ORS 409.010(2) (c), 411.141 and 418.485. Family Support and Connections services are authorized through the Title II of the Child Abuse Prevention and Treatment Act (CAPTA), as amended by P.L. 111-320.

Funding Streams

Funding for personnel for Program Delivery and Design is determined through Random Moment Sampling Surveys to identify which programs are being worked on in the moment and the funding split for administration of the program. With RMSS, field delivery staff are required at random intervals to indicate the time spent on various activities to determine the level of federal funding which directly supports our ability to provide Self-Sufficiency Program services. The funding is a mixture of Federal and General Funds that cover the work done by the employees to support the programs that they work in. The main grant used is SNAP Administration funded 50 percent Federal and 50 percent General Funds. TANF and CCDF funds also are used and both are 100 percent General Fund for administration.

Department of Human Services
Child Welfare Program

Mission

The Department of Human Services Child Welfare (CW) program is responsible for accepting and caring for Oregon's increasingly diverse children in need of protection (ORS 418.015). These children are dependent, neglected, abused, mentally or physically disabled, and placed in legal custody by a court in the State of Oregon (ORS 419B).

Individuals We Serve

Child Welfare employees provide direct services through a network of local offices in every county across Oregon. For a list, see:
http://oregon.gov/dhs/Pages/localoffices/index.aspx

During 2013 we served approximately:

- 27,644 reports were assigned for a protective services assessment.
- 10,054 children through protective services investigations to keep them safe.
- 667 children found permanent, safe homes through our adoption services.
- Helped 4,998 domestic violence victims address safety concerns through shelter care assistance.
- 4,673 Oregon families stepped forward to be foster parents.
- 8,778 children on average in substitute care every day.
- 64,305 reports of child abuse.

Child Welfare Today

We provide prevention, protection and regulatory programs for Oregon's most vulnerable citizens who meet our statutory mandate to serve, keeping them safe and improving their quality of life. Prolonged economic stress is increasingly putting Oregon children in situations that are unsafe. We know that the demand for state-funded services in the future is directly related to our ability to prevent and mitigate these traumas today.

The CW program focuses efforts that minimize risk to best meet challenges families are facing. The way we intervene enhances our ability to engage individuals who are less able to care for themselves, their families and communities. Today we are focused on a better array of interventions with

community-based supports for families before, during and after involvement with the CW system, including strategies to safely and equitably reduce the number of children who experience foster care. This includes better outcomes, available services and supports so children are not at risk for re-entry into foster care and family stabilization. CW is working to improve services for children and families of color, especially Native American and African American children, targeting strategies to address issues such as overrepresentation in foster care, underrepresentation in family support and family preservation services, and potential disparities in decision-making. Through these efforts we are helping communities build capacity to serve families in their own communities.

CW services represent a continuum of supports with the ultimate goal of keeping children safe. Historically in Oregon that has resulted in high rates of removal and placement into foster care. Based on research and feedback from children, youth and families who experience our system, our strategic efforts are refocusing the service continuum to ensure safety while also focusing on child well-being, family stability and, when possible, avoid removal and placement in foster care by supporting families to safely parent their children at home. Post adoption and guardianship support helps families bridge those difficult times as children move through childhood, again preventing them from returning to foster care.

Services

This program is designed under seven key areas representing a continuum of supports: child safety, well being (including substitute care and provider supports) permanency planning and post adoption and guardianship supports, program design and delivery, and federal compliance.

Child Safety

Guided by the Child Abuse Reporting Law, ORS 419B.005 – 419B.050, which was enacted in 1971 and updated several times, this law was designed to provide early identification and protection of children who have been abused and neglected. DHS is required by statute to assess reports of alleged child abuse or neglect, complete comprehensive safety assessments of children, assess parent or caregiver capacity to protect, and determine whether child abuse or neglect has occurred. In addition, CW is governed by federal laws and performance indicators.

Child Safety Services
Services are provided to children reported to be abused or neglected and families who are impacted by abuse dynamics; typically substance abuse and domestic violence. With very few exceptions, a child abuse report begins with a call to a child abuse hotline. Trained Social Service Specialists screen over 64,000 child abuse reports each year and collect key information in order to determine next steps and how the call should be handled. If the report meets the criteria to be assigned for an in-person investigation, the family's information is given to a Child Protective Services (CPS) trained worker who will conduct a comprehensive safety assessment of the family.

Close to half of all reports (27,644 per year) meet criteria to receive an in-person investigation. This includes gathering information related to extent of the maltreatment, circumstances surrounding the abuse, adult functioning, child functioning, parenting practices, disciplinary practices, and cultural and communication issues. This combined information is used to determine overall child safety. Approximately 25 percent of those investigations result in necessary interventions to keep children safe.

Child Protective Services administrative rules incorporate a systematic approach to child safety decisions. A procedure manual has been developed to support and clarify this safety intervention approach. The chapters dealing with screening reports of child abuse and assessment are complete and available online.

Differential Response
Traditional child welfare services assume a single approach to protecting a child through investigations: an allegation occurs, and we investigate and decide if maltreatment occurred. This approach is very effective with some families. However, for families experiencing neglect, the children enter care at a higher rate than other forms of abuse and stay longer, suggesting the need for a different approach with these families. DHS data shows over 54 percent of children are involved with child welfare as a result of neglect or threat of harm of neglect (as opposed to other forms of abuse such as physical or sexual abuse). Differential response allows the caseworker more than one approach to engage the family. In the alternate track, caseworkers conduct a safety assessment, the family participates in a needs and strengths assessment, and services with a community partner may be offered. This model invests everyone in outcomes that keep the family together and children safe, benefitting the family as a whole. This

alternative approach does not replace Child Safety Services described above or further assistance when there is imminent danger or significant safety risk. Rather this approach allows additional means for child welfare to address the diverse needs of the many different types of families we encounter.

Strengthening, Preserving and Reunifying Families Programs (SPRF)
The Oregon Legislature recognized and codified this performance-based approach to the delivery of community based programs and services for children and families involved in the child welfare system. This effort complements the work of the Coordinated Care Organizations and the emerging work of the Early Learning Hubs, targeting children and families involved in the child welfare system. Local collaborations of interested stakeholders determine community strengths and service gaps and request funding for programs targeted to specific outcomes focusing on keeping children safe and families together. These programs are an essential complement to the implementation of Differential Response and supporting children being safely parented at home. Staged implementation of Differential Response began in 2014 and statewide implementation is projected to be completed in 2017. The more comprehensive service continuum has been implemented in every county. The Department is now working with providers to more closely tie the delivery of services to agreed upon outcomes for families to ensure the maximal effectiveness of the service delivery and family success.

Family Support Teams
Also known as Addiction Recovery Teams (ARTs). These teams provide coordinated, culturally appropriate multi-disciplinary services to substance abusing families referred to Child Protective Services.

Domestic Violence/Sexual Assault Funding
DHS makes grants available to domestic violence and sexual assault service providers throughout Oregon. These providers offer crisis lines, crisis response, emergency shelter and other related services to survivors of sexual assault and survivors of domestic violence and their children in a culturally and linguistically appropriate manner.

In-Home Safety and Reunification Services (ISRS)
This program provides culturally appropriate intensive, short term service options to families with children who can remain safely in their homes, or in their communities, in addition to children and families who can be safely reunited. The

goals of ISRS are to provide a combination of concrete safety and strengths-based change services that will lead to lasting safety changes within the family's home. Services are designed to protect children, stabilize the family, and assist parents in establishing linkages to formal, informal, and natural supports and resources so that a child can remain safely with their family without further intervention of the Oregon child welfare system. ISRS supports crucial child welfare initiatives to increase the percentage of children remaining safely at home after a child safety threat is identified, and decrease length of time children spend in foster care. In addition, ISRS allow for culturally and linguistically appropriate approaches to reduce the disproportionate placement of children of color in foster care. Flexible and targeted services are uniquely adapted for populations overrepresented in the child welfare system. These services are time limited in duration and are complimented by SPRF services for families in need of a longer term or more intensive service.

System of Care (SOC) Flexible Funds
These funds continue to be a valuable resource for Oregon's most vulnerable children by offering resources that meet the family's identified needs in relationship to the safety, permanency and well-being of the child. Child Welfare staff use SOC funds to provide culturally specific, individually tailored services not otherwise available. Services are planned through family involvement in case planning, community collaboration, including diverse communities, and a shared funding of custom-designed services in collaboration with community partners.

Substitute Care
Also known as the Foster Care Program, this is a safety net for children with immediate safety needs. DHS is responsible for accepting and caring for children who cannot remain safely with their parents or families. Services are designed to meet the federal requirement of placing a child in the least restrictive, most appropriate setting that meets the child's individual needs when a child cannot safely be cared for by his or her parent(s). This program operates 24 hours a day, seven days a week to accept and care for children. These children are dependent, neglected, mentally or physically disabled and placed in the legal custody of DHS by a court. Under limited circumstances and for a short time, a family may place a child in State custody on a voluntary basis; however, most of the children served in shelter care are there involuntarily as a result of abuse or neglect they experienced in their family home.

Types of substitute care include: Relative Care, Family Foster Care or Family Shelter Care and Residential Care. DHS is responsible for background and reference checks, assessment of the family and certification, training and support of all substitute care resources. We also work with Therapeutic and Enhanced Therapeutic Foster Care organizations, Residential Shelter Care and Residential Treatment facilities. DHS partners with community members and organizations representing diverse linguistic and cultural perspectives to deliver shelter services across the state. DHS is mandated to provide reasonable efforts to return children to their parents. Today, approximately 59 percent of children return home to a parent. Substitute care also responds to the overall well-being of the child in care addressing behavioral, emotional and social functioning; meeting core educational needs, physical, mental health and needs for family and community connections. DHS works in collaboration with multiple State and local government agencies such as the Oregon Healthy Authority, Oregon Department of Education, and local law enforcement, community programs, schools, the faith community and volunteer programs.

In addition to meeting the needs of children, this program is also responsible for the certification and support of families that care for children in the State's custody. This includes recruitment, retention, training, and support for foster families. Families are trained by agency staff and through contracted providers. They participate in a Structured Analysis Family Evaluation (SAFE) home study, designed to evaluate a family's suitability and readiness to meet the needs of children that enter the system. Through deliberate attention to these structures and supports, abuse in foster care is less than one percent. We take abuse in foster care seriously and expect zero tolerance for abuse of children in our care.

Children receiving family foster care services are provided with the basic necessities for the child by the foster parent or relative caregiver. DHS reimburses the foster parent for a portion of the cost of the child's care. Education services are provided most often through Oregon's public education system. A number of children and youth in substitute care also receive special education services when there is an identified need. Family foster homes are essentially volunteers who are reimbursed for a portion of the cost of caring for Oregon's abused and neglected children.

Some children who enter the foster care system are in need of a level of care that combines intensive mental health services and highly skilled foster providers or facility based care. These children receive services from Behavioral Rehabilitation Services. These are services that are designed to meet children's and youths' mental and behavioral health needs in a time limited environment with a goal of moving into a less service intensive foster setting.

The complexity of the needs of children coming into substitute care demands comprehensive services to address these needs. Complex mental health needs require oversight of treatment and medication options; complex medical needs require oversight of both treatment and provider capacity; and complex daily care needs demand services and supports for foster parents that include regular training opportunities, regular respite from daily caregiving responsibilities and day care services for working foster and relative caregivers.

The reliance on the substitute care system over the years has reached a capacity that is no longer sustainable in Oregon. This includes: financial support for the system, limited availability of foster parents, and ongoing research that indicates if substantive preventive services can be immediately put into place that then diverts the removal of children from their families and into the substitute care system. Re-directing resources away from the removal of children from families and increasing the capacity of families who currently have children in the substitute care system by reinvesting in upfront and in-home services within communities will pay far greater dividends to Oregon in the future. This reinvestment will support a Substitute Care Program that will only be necessary if in home safety and support services are not successful for some families and children.

Permanency Planning & Post Adoption

DHS establishes permanency through reunification, adoption and guardianship for children in foster care. The Federal Adoption and Safe Families Act (ASFA) of 1997 mandated that public child welfare agencies provide permanency for children within shorter timeframes; this was added to Oregon statute in 1999.

DHS's first goal is to reunify a foster child with his or her parent(s). If a child is unable to safely reunify with his or parents, DHS helps find a permanent family through adoption or guardianship. Once children are placed in a permanent

adoptive or guardian family, the program continues providing support to the families to meet the special needs and lifelong challenges of children who have been abused and neglected.

DHS provides a comprehensive array of services and operations that include consultation and direction for plans of reunification for the process of legally-freeing children for adoption, recruitment of potential adoptive and guardianship families, and selection of adoptive family resources to support services that help ensure the post-legal success and longevity of adoption and guardianship placements. The program provides final consent to all DHS adoptions. Adoption Assistance, Guardianship Assistance and post adoption services are also available to children through the program. This supplemental support enhances the capacity of parents to meet the special needs of their children and strengthens placement stability. Benefits may include medical and mental health coverage, financial assistance and post adoption or guardianship advocacy, consultation, training, and referral services.

DHS develops administrative rules for private and independent adoption vendors in Oregon and monitors for compliance to include approval of allowable waivers. DHS is also responsible for the Coordination of the Voluntary Adoption Search and Registry Program for Oregon's public and private adoptions. Additionally, adoptions may be entered into for children with relatives living in other countries pursuant to The Hague Convention and the Intercountry Adoption Act.

Interstate Compact
The Interstate Compact on the Placement of Children (ICPC) was adopted into law by the 1975 Oregon Legislature. At this time, all states are members of the Compact, as are the District of Columbia and the U.S. Virgin Islands. The Compact requires entities seeking to place children with out-of-state families, or into certain types of out-of-state treatment facilities, to obtain approval from the Child Welfare authorities in the other state before making the placement. If the planned placement is for purposes of foster care, adoption or reunification of a child with a parent, the compact provides for a home study to be completed in which the prospective placement is evaluated to determine if it is safe and suitable before the child is placed. When DHS seeks to place a child with a parent, relative or other identified placement resource in another state; this is done using the Compact.

Youth Transition Services
The foster care Independent Living Program (ILP) serves current and former foster youth to age 21. Services include help with life skills, money management and budgeting, communication and social skills, community connections and supportive relationships, informed decision-making, parenting, health, education support, housing, job readiness, and individual emancipation plans including resolving legal issues in the case of foreign nationals unable to return to their country of origin. A continued focus is to develop transitional plans to ensure youth complete high school and successfully make the transition from school to post-secondary education or employment at a level that allows them to be self-sufficient. Housing support options are available to eligible youth through the federal Chafee housing and independent living subsidy programs. Enhanced attention to comprehensive, culturally appropriate transition planning for youth as they transition to living independently will increase successful transition of youth who have long-lasting resources, support, connections and stability in adulthood after leaving foster care.

Program Delivery
This is the field structure that supports the safety of children across Oregon who are abused or neglected. As of January 1, 2015, there will be approximately 1,333 child welfare caseworkers across Oregon responding to over 64,000 reports of abuse and neglect, and serving approximately 12,100 abused children annually that experience foster care. This structure is administered in our central office in Salem to support field staff through technical support, policy and standards, evaluation, analysis, and parameters of program areas in Child Welfare.

Our service delivery innovation depends on adequate child welfare staffing focused on serving more children safely in their own homes. As of January 1, 2015, staffing will be at about 86 percent of what our workload model indicates is needed to adequately do the job. Staff is critical to the integrity of the Oregon Safety Model, our intervention model for safety assessments and safety management.

Field managers and supervisors provide clinical supervision of direct service staff. This is critical to building worker competencies including reinforcing positive social work ethics and values, encouraging self-reflection and critical thinking skills, building upon training to enhance performance, and supporting the work

through case work decision-making and crises. This is partially achieved through lower staff-to-supervisor ratios as recommended by the Child Welfare League of America (CWLA).

The Oregon Safety Model is an overarching safety system. It is focused on the completion of a safety assessment and safety management at all stages of case management, from screening through case closure.

Child Welfare workers coordinate with Self Sufficiency workers to support family stability and prevent entrance into the foster care system for their common clients. In addition, Child Welfare coordinates with other child and family serving systems including Housing, Oregon Health Plan, Addictions and Mental Health, Oregon Department of Education, county-based health and support services, and others. Child Welfare continues to work to eliminate disparities and ensure equitable outcomes for families and children. Contributing cost factors of this program include program mandates (either Federal or State); the number of report/abuse notifications; family stress factors which affect abuse risk (substance abuse, unemployment, mental or physical health issues, criminal history, etc.); personnel turnover (training/travel costs); work effort required to provide services and personnel packages (i.e., furlough mandates, position cost, etc.). Additional drivers of cost include representation from the Department of Justice connected to dependency matters, court-ordered services and workload associated with Federal mandates such Indian Child Welfare Act (ICWA).

DHS has implemented Lean Daily Management Systems in all districts across the State and at Central Office. This active process of identifying ways to improve, streamline, and realize efficiencies will allow DHS to reinvest staff resources to close the gap between the workload and authorized positions.

Currently this effort is directed at delivering more efficient processes surrounding the implementation of our newest technology, OR-Kids (Our child welfare reporting system as required by federal regulations.). We are focusing on improving our business systems with a goal of increasing the time staff has to work with families and children, and decreasing the time spent on the processes used to deliver the work. Child Welfare has undertaken a strategic plan to safely and equitably reduce the number of children in the foster care system.

A critical element of successfully practicing the Oregon Safety Model for child welfare system is staffing at a level adequate to do the work. At the enhanced staffing levels, it will be possible to implement significant change and it will support the program's ability to reduce the number of children in the foster care system. It is essential that staffing remain at a level that allows consistent application of the critical elements of the Oregon Safety Model which may result in fewer children experiencing foster care.

DHS is responsible for caseworker visits with parents and children as well as arranging family and sibling visitations. Research has shown that frequent visitation is one of the single most predictive factors in reunification of children with their biological families. Contact with the caseworker and visitation also are measures in the federal Child and Family Services Review (CFSR).

Karly's Law
Since the law went into effect in 2007, more children have been seen by identified medical professionals, resulting in a more accurate and earlier identification of child abuse victims. Karly's Law has resulted in the development of a review process that has added a greater degree of oversight, transparency and accountability to the Department. This statute was further refined and strengthened in 2009. Since that time the Department has also developed a discretionary review process for cases where systemic issues are or maybe present or where a child has suffered severe harm and a review is likely to impact system change in a manner that increases child safety.

Indian Child Welfare Act (ICWA)
Native American children are currently over-represented in Oregon's child welfare system. Compliance with the Indian Child Welfare Act is a Federal mandate. The Act is complex and requires a higher level of expertise and effort than cases involving non-Tribal children. DHS has Tribal Liaisons in the child welfare field offices to enhance relationships with Tribal governments and to work with Tribal children and families to reduce disparities and improve compliance with the Act. Nine new positions were added in January 2014 with a specific focus on ensuring ICWA cases receive "Active" efforts to prevent placement or to achieve permanency.

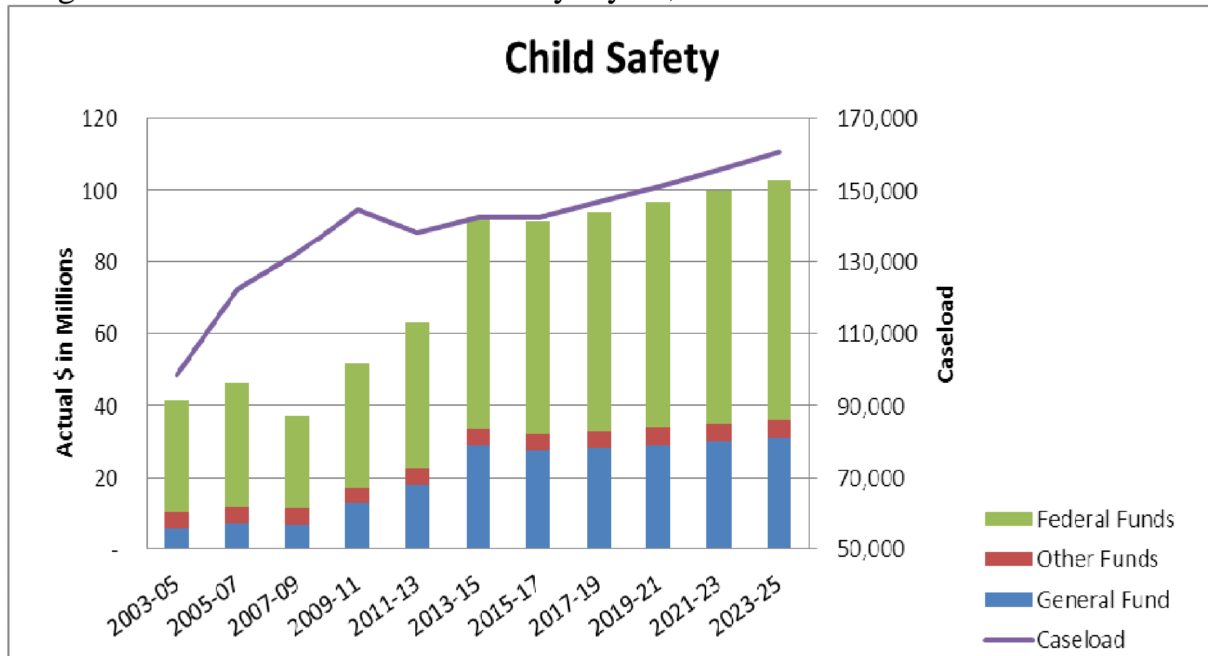
Federal Compliance

This program is responsible for ensuring CW is in compliance with the federal programs that provide federal funds for the CW programs and services described above, which includes submitting and monitoring federal reports. The goal of Federal Compliance is to maximize the use of federal funds while ensuring the funds are only used for allowable services and administrative costs and activities.

- Title IV-B, Subpart 1 & 2
- Title IV-D – Child Support
- Title IV-E Foster Care, Adoption Assistance and Guardianship Assistance
- Title XIX Medicaid
- Title XX – Social Services Block Grant
- TANF – Emergency Assistance

Department of Human Services: Child Safety

Primary Outcome Area: Safety
Secondary Outcome Area: Healthy People
Program Contact: Stacey Ayers, 503-945-6696



Note: Neglect and Threat of Harm of Neglect are the primary abuse categories driving the increase in Child Welfare caseloads, currently representing over 60 percent of all founded abuse.

Executive Summary

This program provides protective and social services to children and families when allegations of child abuse or neglect are reported. Specially trained workers conduct comprehensive safety assessments and make determinations about the following: child safety, the presence of abuse, if services would benefit a family or whether safety intervention is required due to the presence of safety threats. Services are delivered through DHS staff or contracts that require linguistically and culturally appropriate service provision. They are delivered in a manner that is designed to keep children safely with their parents, whenever possible, and to quickly reunite children with their parents when they have been removed.

Program Funding Request

	Child Safety			
	GF	OF	FF	TF
LAB 13-15	28,868,083	4,633,896	59,095,739	92,597,718
GB 15-17	27,492,666	4,633,896	59,245,236	91,371,798
Difference	(1,375,417)	-	149,497	(1,225,920)
Percent Change	-4.8%	0.0%	0.3%	-1.3%

Significant Proposed Program Changes from 2013-15
No significant changes are directly proposed for this program in 2015-17. Caseloads should be positively impacted with investments in Child Welfare staffing and the implementation of Differential Response model.

Program Description
The Child Safety Program is a combination of two units, Child Protective Services (CPS) and Differential Response (DR). Recently developed, the DR unit has primary responsibility for designing, developing and implementing Oregon's DR system. As of May 1, 2014, the Department officially began implementation in three Oregon counties: Lane, Klamath and Lake. During this biennium the Department will continue to implement DR in additional counties throughout the state. Currently, CPS staff in field offices respond to and assess allegations of child abuse and neglect and are usually the first contact for families with the child welfare system. With the implementation of DR, there will be more than one way for CPS workers to respond to allegations of child abuse and neglect. One way will be the traditional response and the other will be the alternative response. By design, the alternative response has the potential for providing a better connection for families with preventive, community based services that may prevent further contact with the child welfare system.

The alternative response allows CPS caseworkers to seek safety through more intentional family engagement and collaborative partnerships with community organizations. This approach also focuses less on investigative fact finding and more on assessing and ensuring child safety, and helping families identify their needs to keep their children safe. Whether a family receives a traditional response or an alternative response is a decision that will be made by a specially trained child welfare screener. That response decision will depend primarily on the severity of the reported abuse and neglect. More severe allegations like sex abuse,

and allegations of severe physical abuse will receive a traditional response, while allegations of neglect with no severe harm to a child will be assigned an alternative response. Comprehensive safety assessments will occur in both the traditional response and the alternative response. DR is one of the Department's strategies for safely and equitably reducing foster care.

Generally, the Child Safety Program is the program area where children enter the State foster care system. Foster care is a temporary service, designed to keep children safe while we work to manage safety threats and enhance the parents' protective capacities. We work with families to make sure that children are only removed when they cannot safely remain at home. When children are placed in care, which can only be done with court approval, we place urgency on ensuring that children get home quickly and connect to family or other relatives whenever possible. Child abuse investigations are inherently intrusive and can be traumatic to families. The DR system is being implemented with an emphasis on reducing the intrusive nature of child abuse investigations and focusing on family engagement. The Child Safety Program can best be described in three sections: Screening, Assessment and In-Home services.

Screening

Screening is the front door of the service delivery system that with few exceptions, begins with a child abuse report at a child abuse hotline. Trained social workers screen approximately 64,305 child abuse reports from all across the State each year and collect key information from the reporter of the abuse in order to determine how the report of child abuse and neglect should be handled. If the report meets the criteria to be assigned for an in-person investigation, the family's information is given to a DHS Child Protective Services (CPS) trained worker who will conduct a comprehensive safety assessment of the family in a respectful and sensitive manner. As DR continues to be implemented in Oregon, screeners will have increased responsibilities once a determination has been made that a report meets criteria to be assigned. In counties where DR has been implemented, screeners will also be required to determine the type of response a family will receive.

Assessment
Of all reports of child abuse or neglect, approximately 27,500 cases per year receive an in-person investigation. As part of the comprehensive safety assessment the DHS CPS worker gathers information in the following categories: Extent of the maltreatment, circumstances surrounding the abuse, adult functioning, child functioning, parenting practices and disciplinary practices. With DR, this type of comprehensive safety assessment will continue to be required with a traditional or alternative response assessment. Cultural and linguistic considerations are also factored into the process. This important information is used to determine overall child safety. In counties where DR has been implemented, in addition to the comprehensive safety assessment, families with safe children may receive additional voluntary services based on their level of need. This approach is based on two key principles: 1) Identifying family issues and intervening early leads to better results than waiting until a family is in greater crisis. 2) Families can more successfully resolve issues when they voluntarily engage in solutions and drive service selection and supports.

In-Home Safety and Reunification Services (ISRS)
The ability to keep children safely at home is in large part dependent on the services that can be wrapped around the family to support them while safety concerns are addressed. Services are available to families during the course of child abuse assessments when child safety issues are present or are likely to occur without the Department's intervention. Services are designed to ensure a safe environment for children without removing them from their parent or caregiver. If circumstances require a child be removed from their parent or caregiver, these services provide necessary support to the family so the child can be safely reunited with their family. The goal of these services is to provide a combination of concrete safety and strengths-based change services that will lead to lasting safety changes within the family's home. These services support crucial child welfare initiatives to increase the number of children who can remain safely at home after a safety threat is identified, and decrease the length of time a child spends in foster care if removal is required. By contracting with a wide variety of providers, ISRS also allows for a culturally and linguistically specific approach in an effort to reduce the disproportionate placement of children of color in foster care.

Legislation in 2011 created Strengthening, Preserving, and Reunifying Families programs and identified them as the primary programs to serve families involved in the child welfare system. The goal of these programs is to foster collaborations

between state and community programs and resources, as well as help children remain safely with their families. This must occur through partnerships and collaborations with State and community programs and resources that will stabilize the family in their time of need, work with the family to develop goals for family preservation services, and empower the family to make changes which may alleviate the need for an out-of-home placement. These programs are potentially an extension and enhancement to ISRS services, and are delivered through contracts with community providers. Parents and families benefit from DHS and communities working together to provide stronger up front services and use voluntary engagement in solutions, services, and supports to achieve more successful resolution of issues. An additional anticipated outcome will be the safe and equitable reduction of children in the foster care system by increasing the number of African-American and Native American children remaining home with their families.

A key necessary partner for program success is the Attorney General's Office who provides legal representation to DHS for all children under its jurisdiction. DOJ also files and litigates termination of parental rights cases. In most cases, the District Attorney office provides legal services representing the State, from the petition until jurisdiction.

Program Justification and Link to 10-Year Outcome

There is a direct link between the Child Safety Program and the Safety Outcome that Oregonians will be safe where they live, work and play. Each year, thousands of Oregon families come through the child welfare system due to allegations of child abuse or neglect.

The services are designed to strengthen families and to prevent further child abuse and neglect. We provide support to prevent the unnecessary removal of children from families, and promote the reunification of families where appropriate. Drug and alcohol abuse, together with domestic violence, are the two major family stressors contributing to children entering foster care in Oregon. By supporting families early with services designed to keep children safely with their parents, costly foster care placements are avoided. The average monthly cost per child in foster care is approximately $2,200.

Without the services and interventions that are provided to parents and their children there are costs that will be felt at a later date in the Safety and other Outcomes areas. For example, often it is the risk of having their children placed in foster care that motivates parents who are deep into drug or alcohol addiction to seek treatment and maintain sobriety. Not only does seeking treatment and maintaining sobriety help keep their children in their home, but it also allows parents to take the steps needed to be self-sufficient, reducing costs in the Economy and Jobs Outcomes area. It decreases the likelihood that these parents will engage in illegal activities and any resulting criminal proceedings or incarceration, reducing future costs to the Safety Outcomes area. Similarly, helping a family deal with their domestic violence issues so that the children and non-offending parent can live without fear and further violence reduces long-term costs that are associated with the child's education performance (Education Outcomes Area) and the child's and non-offending parent's health and well-being (Healthy People outcomes area). Being able to provide In-Home and Reunification Services reduces the costs of foster care (Safety Outcomes area).

Program Performance

The Child Safety Program measures its performance in three primary categories:

- **First contact**: As a way to measure how well DHS assures initial child safety, the timeliness of first contact is measured for those reports of child abuse and neglect that are assigned for in-person investigation. Since 2008, timeliness of first contact has remained about 86 percent. With the increases in staffing levels the Department expects that there will be an improvement in this critical measurement.
- **Assessment**: DHS measures the comprehensiveness of the CPS assessment, the level of services that were provided and the appropriateness of safety planning for the child by monitoring whether the child experienced repeat maltreatment within six months of a prior abuse. From 2007 through 2010 re-abuse rates improved incrementally. Since 2012 the re-abuse rate has remained between 2.6 percent and 4.2 percent. With recent increases in staffing levels, and enhancements to our practice model, this measurement is expected to remain below 5 percent.
- **Equity**: DHS measures disparities in terms of success outcomes for various populations of clients in order to ensure equity in service delivery.

Enabling Legislation/Program Authorization

ORS 419B.020 is the statute that mandates the Department and Law Enforcement to conduct investigations upon receipt of reports of child abuse or neglect.

The Child Abuse Prevention and Treatment Act (CAPTA) is one of the key pieces of legislation that guides child protection. CAPTA, in its original inception, was signed into law in 1974 (P.L. 93-247). It has been reauthorized in on multiple occasions since then with multiple amendments that have strengthened and refined the scope of the law.

ORS 418.575 through 418.598, Strengthening, Preserving and Reunifying Families legislation, was passed during the 2011 legislative session. The Indian Child Welfare Act (ICWA) also applies.

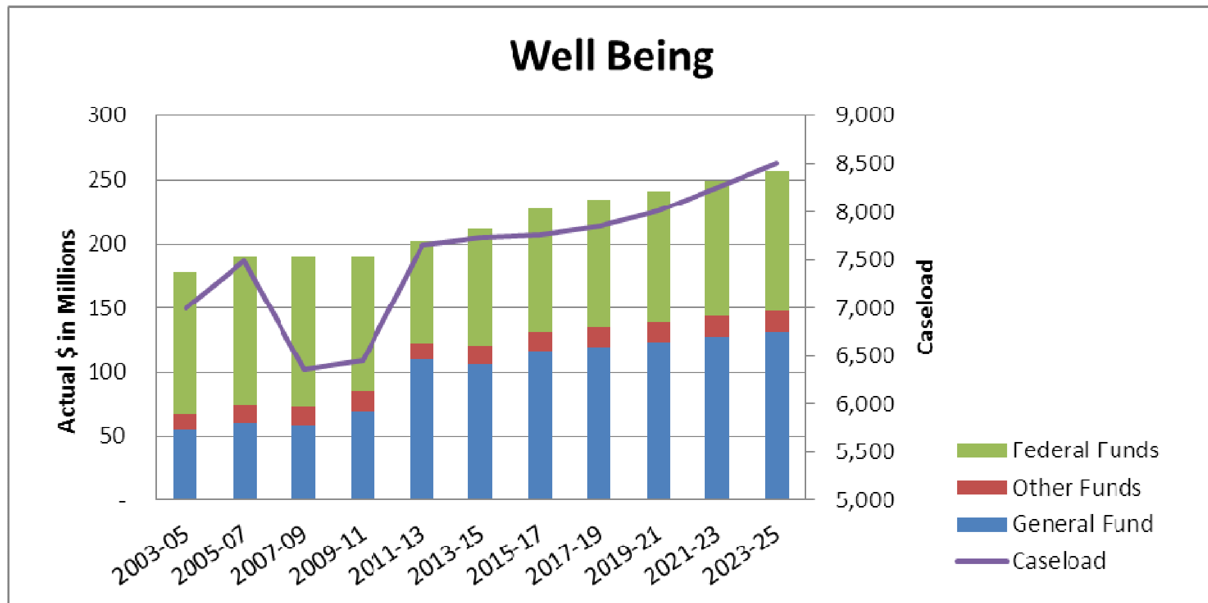
Funding Streams

Funding for this program area comes from a combination of sources that are dedicated and do not require a match, as well as leveraged funds which are matched. The following list is inclusive of each of the funding sources:

- Social Security Block Grant (SSBG) accounts for 26 percent of the child safety budget
- Title IV-B part 1 makes up 15 percent
- Title IV-B part 2 makes up 12 percent
- State only General Fund makes up nine percent
- Family Violence makes up 11 percent
- Title IV-E Independent Living makes up three percent

Department of Human Services: Well Being

Primary Outcome Area: Safety
Secondary Outcome Area: N/A
Program Contact: Kevin George, 503-945-5987
AJ Goins, 503-945-6897



Note: On average, there are 8,524 children in substitute care on any given day in Oregon.

Executive Summary

The Substitute Care Program, also known as the Foster Care Program, is designed as a critical safety net for children with immediate safety needs. DHS is responsible for accepting and caring for children who cannot remain safely with their parents. These children are dependent, neglected, mentally or physically disabled, and placed in the legal custody of DHS by a court. Under limited circumstances and for a short time, a family may place a child in State custody on a voluntary basis. However, most of the children served in foster care are there involuntarily as a result of abuse or neglect they experienced in their family home.

Program Funding Request

	Substitute Care			
	GF	OF	FF	TF
LAB 13-15	106,167,708	14,266,485	91,292,403	211,726,596
GB 15-17	116,524,758	14,933,656	96,358,065	227,816,479
Difference	10,357,050	667,171	5,065,662	16,089,883
Percent Change	9.8%	4.7%	5.5%	7.6%

Significant Proposed Program Changes from 2011-13
No significant changes are directly proposed for this program in 2015-17.

Program Description
This program operates 24 hours a day, seven days a week to accept and care for children and youth who cannot remain safely in their family homes. The program served 12,113 children in 2013 who are abused or neglected. DHS partners with community members and organizations representing diverse linguistic and cultural perspectives to deliver foster care services to children and youth across the State. The agency has a federal and state mandate to provide reasonable efforts to return children to their parents. Currently, approximately 58.7 percent of children entering care return home to a parent. There are approximately 4,229 (on 9/30/2013) Oregon families who have stepped forward to be a foster parent. Approximately 40 percent of these certified families are relatives or friends of families with children in foster care. There are approximately 45 licensed private child placing agencies in Oregon who are caring for children and youth, most often because the child or youth has a significant behavior or mental health need. An average of 8,447 children are in substitute care programs on any given day with 6,035 of those in Family Foster Care, and 43.1 percent of those with relatives. The remaining children are either in treatment services (approximately 520 children) with private agencies or are in Trial Reunification with their parent. Substitute care also responds to the overall well-being of the child or youth in care. Well-being is identified as caring and attending to child's behavioral, emotional and social functioning. This is best identified through meeting the core educational needs, physical and mental health needs, and needs for family and community connections.

To be successful in meeting the needs of the children and youth for their safety and well-being, we support current programs while expanding the available service array. DHS works in collaboration with multiple State and local governmental

agencies such as the Oregon Health Authority, Oregon Department of Education, and local law enforcement in addition to a significant number of community programs, schools, business or faith communities and volunteer programs. The Child Welfare Program has a strategic plan to safely and equitably reduce the number of children that enter the foster care system, and provide for the care and well-being of children who enter the system. Those children who must enter the foster care system generally have greater needs than those who can remain at home or with relatives. The ability of staff to meet the needs of these children and adequately support the foster families caring for them is directly related to staffing levels in the program.

There are multiple cost drivers to this program area including the number of children entering the substitute care system due to abuse or neglect, and the number of children who remain in the substitute care system due to the inability to be reunified or transitioned to an adoptive family. Another cost driver is the growing cost of living within the community and daily expenses for providing food, clothing, shelter, education or other support services for children and youths. As an example, the foster parents caring for the children are currently compensated $21.53 a day to care for a 10-year-old child. This is meant to cover the costs of providing food, clothing, shelter, etc. Often the additional costs for the child are paid for by the foster parent or a private agency which remains a barrier for many families and private agencies across the state.

Some of the efficiencies to improve performance range from planning and implementation of Differential Response, described in the Safety Programs, and a reinvestment of local community services to strengthen families which are intended to reduce the need for foster care. In addition, for children who are in care, an increase in their educational support and school placement continuity, and increased access and continuity of comprehensive health care (physical, mental and dental), increased financial and structural support for the foster families, and private agencies who care for the children and youth.

This program is also responsible for the certification and support of families that care for children in the Department's custody. This includes the recruitment, assessment, retention, training and support. Training of these families is conducted both by agency staff and through contracted providers. Families participate in a Structured Analysis Family Evaluation (SAFE) home study assessment, designed to evaluate a family's readiness to meet the needs of children that enter the system. Through deliberate attention to these structures and supports, our abuse in foster

care is less than one percent. We take abuse in foster care seriously and expect zero tolerance for abuse of children in our care.

Program Justification and Link to 10-Year Outcome

The Child Welfare Substitute Care Program is embedded within the 10-Year Plan for Oregon as a state policy vision for the Safety Outcome area. Substitute Care programs are necessary to ensure safety for children if and when they are unable to remain safely with their families. The reliance on the substitute care system over the years has reached a capacity that is no longer sustainable in Oregon. Capacity of this system has been reached in financial support for the system, limited availability of foster parents, and ongoing research that indicates if substantive preventive services can be immediately put into place that then diverts the removal of children from families and into the substitute care system. Re-directing resources away from the removal of children from families and increasing the capacity of families who currently have children in the substitute care system by reinvesting in upfront and in-home services within communities will pay far greater dividends to Oregon in meeting the outcomes identified in the 10-Year Plan. This reinvestment will support a Substitute Care Program that will only be necessary if preventive services are not successful for some families and children.

Of utmost importance is the safety of children who must be placed in substitute care. DHS continues to track the rate of abuse in foster care with a goal of no abuse of a child in foster care. One major program improvement has been the implementation of the SAFE home study model. This method of comprehensive psychosocial evaluation identifies a prospective foster family, relative caregiver or adoptive family's strengths and identifies and addresses issues of concern to promote the best fit between the needs of a child and the family.

This program directly connects with the 10-Year Plan in the following ways:

Strategy:
- Increase family stability and child safety.
- Implement social reinvestment in the foster care system.

Outcomes:
- Reduce incidents of child abuse and neglect throughout Oregon on a per capita basis.
- Reduce the number of children entering the foster care system while maintaining and reducing Oregon's low re-abuse rate.

- Ensuring equitable outcomes to reduce the over-representation of Native and African American children in Oregon's foster care system.
- Better education outcomes for children and improved employment and prosperity outcomes for their parents.
- Improved school readiness and academic performance.

Program Performance

Program performance is measured in the following ways:

- The number of children who enter care has seen decline each of the last 4 years. The number of children entering care in 2013 was 3,730 a reduction from 4,140 who entered in 2012. The cost per foster care case is increasing each year, going from $29,924 in 2006 to $31,367 in 2011.
- The duration of a foster care stay is 17.3 months for FFY2013.The department anticipates this rate staying the same or slightly increasing while the impact of Differential Response diverts children from foster care. The children who do enter are likely to have more challenging family system issues and require more time to mitigate the needs for care.
- The rate of abuse in foster care is less than one percent.
- The ORKids information technology system allows for tracking on educational outcomes, school readiness and educational achievement.

Enabling Legislation/Program Authorization

There are a number of Federal acts that are centered on the care for children through substitute care programs. Some of the more prominent Federal acts and Federal regulations are noted below.

- *Adoption Assistance and Child Welfare Act P.L. 96-272*. To establish a program of adoption assistance, strengthen the program of foster care assistance for needy and dependent children, and improve the child welfare, social services, and aid to families with dependent children programs. Requires states to ensure and the Courts to determine that reasonable efforts continue to be made on each individual child to mitigate the need for continued foster care.
- *Indian Child Welfare Act (ICWA) PL 95-60*. To establish standards for the placement of Indian children in foster and adoptive homes and to prevent the breakup of Indian families.
- *Adoption and Safe Family Act PL 105-89*. To promote the adoption of children in foster care by placing limitations and timelines.

- *Fostering Connection to Success and Increasing Adoption Act PL 110-35.* To support and connect relative caregivers, improve outcomes for children in foster care.

Title IV-E, The Federal Foster Care Program, helps to provide safe and stable out-of-home care for children until the children are safely returned home, placed permanently with adoptive families or placed in other planned arrangements for permanency. Title IV-B provides grants to States and Indian tribes for programs directed toward the goal of keeping families together. They include preventive intervention so that, if possible, children will not have to be removed from their homes. Finally, the Social Security Act contains the primary sources of Federal funds available to States for child welfare, foster care and adoption activities.

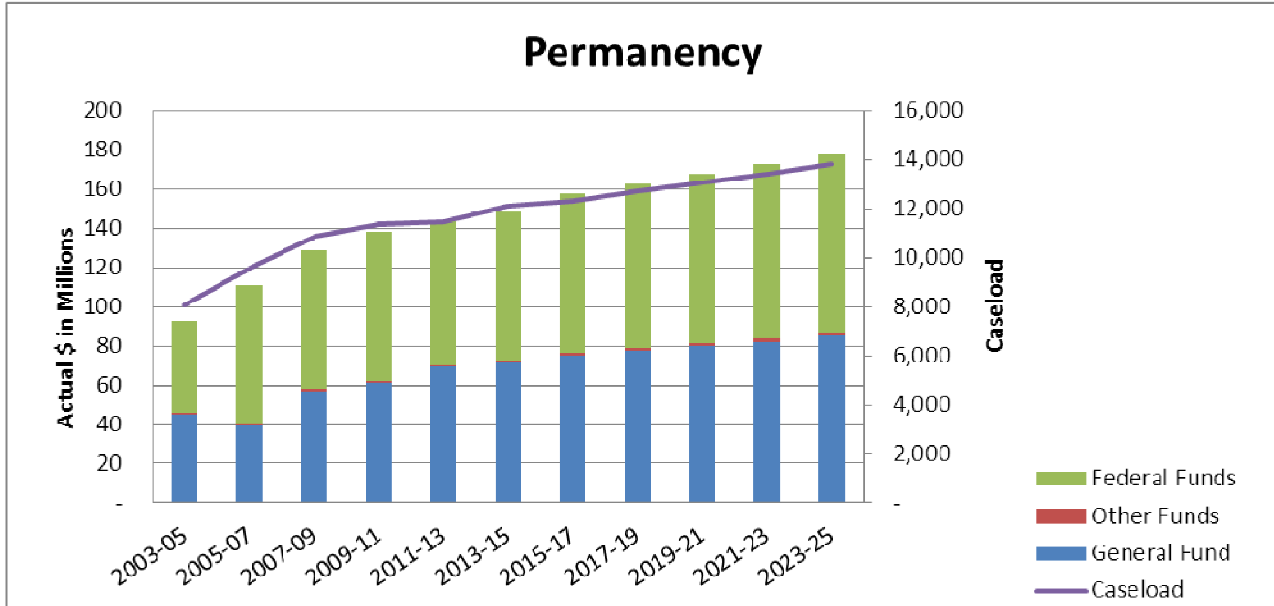
Oregon Revised Statutes that specify which children are involved in the Substitute Care Program can be found under ORS 418.015 Custody and Care of Needy Children by Department and ORS 418.312 When Transfer of Custody Not Required; Voluntary Placement Agreement; Review of Children Placed in Certain Institutions.

Funding Streams

There is a combination of funding sources in the Substitute Care Programs. Leveraged funds include: Title IV-E, 28 percent; Medicaid, 25 percent; Title IV-E Waiver 3 percent; Independent Living, 3 percent; Other Federal Funds, three percent; TANF twelve percent; Chafee one percent; Social Service Block Grant Federal Funds, one percent; Title IV-B, one percent The remaining funding is General Fund State Only, approximately 20 percent.

Department of Human Services: Permanency Planning and Post-Adoption/Guardianship Support Programs

Primary Outcome Area: Safety
Secondary Outcome Area: N/A
Program Contact: Kathy Prouty, 503-947-5358



Note: Over 58 percent of children served in the foster care system return to their parents. Adoption and guardianship are the next most permanent placements for children. A total of 667 adoptions and 273 guardianships occurred during the last federal fiscal year.

Executive Summary

Children in foster care receive assistance through the Child Permanency and Post-Adoption/Guardianship Support Programs. DHS helps foster children achieve legal permanency through reunification, adoption or guardianship. If children achieve legal permanency through adoption or guardianship, this program continues providing support to the families to meet the special needs and lifelong challenges of children who have been abused and neglected.

Program Funding Request

	Permanency, Post Adoption, and Guardianship			
	GF	OF	FF	TF
LAB 13-15	71,759,346	1,021,099	75,526,300	148,306,745
GB 15-17	75,336,042	1,230,042	81,532,523	158,098,607
Difference	3,576,696	208,943	6,006,223	9,791,862
Percent Change	5.0%	20.5%	8.0%	6.6%

Significant Proposed Program Changes from 2013-15

No significant changes are directly proposed for this program in 2015-17.

Program Description

The first and primary permanent plan for all children who enter the foster care system is reunification with a parent. Reunification services are delivered through the efforts of field staff with consultation, support, training, and technical assistance from central office consultation staff. Only after it is determined that a foster child is unable to be safely reunited with a parent, will the alternate plans of adoption or guardianship be implemented.

Adoption and guardianship services are delivered through the joint efforts of field and central office staff. When children are unable to return to their parents' custody, the department's efforts are directed to finding a permanent family so the children can leave the foster care system. Research shows that children who turn 18 and age out of the foster care system have poorer outcomes than children who are raised in a permanent home. The process of preparing children for adoption or guardianship, searching for an appropriate family, transitioning the children and monitoring the placement until the adoption or guardianship is finalized is work that is carried out by field staff. The process of ensuring the completeness of the file for adoption or guardianship, supporting the field in determining which children are not able to return to their parents, finalizing the adoption and supporting families after the adoption or guardianship is carried out by central office staff.

During the last biennium, DHS completed 1416 adoptions and 568 guardianships. Most children adopted through Oregon's foster care system are eligible for ongoing adoption financial support and medical coverage. Overall, approximately 12,000 families receive ongoing adoption and guardianship financial support to meet children's special needs. We also provide administrative oversight in all

private and independent adoptions, and operate a Search and Registry Program, which is mandated by law. This adds program responsibility for an additional 700-900 children who are adopted privately or independently each year in Oregon.

DHS works closely with the Department of Justice (DOJ) who provides legal representation for all children committed to the Department. DOJ also handles termination of parental rights cases. Other key partners include county District Attorneys, private mediators and attorneys, private adoption and recruitment agencies, the Child Protective Services and Foster Care programs of DHS, and the Division of Medical Assistance Programs at the Oregon Health Authority.

Primary cost drivers for the Permanency and Adoption/Guardianship Assistance Programs include the legal costs of freeing and placing children for adoption, and the number of eligible children for adoption and guardianship subsidies. Based on their history of abuse and trauma, almost 100 percent of the children adopted annually from the child welfare system are considered special needs children and eligible for an adoption subsidy. Families for approximately 95 percent of the eligible children choose to receive some monetary adoption assistance to assist in meeting these children's special needs.

Program Justification and Link to 10-Year Outcome

The Child Permanency and Adoption/Guardianship Support Programs are designed to impact the safe and equitable reduction of children in foster care. Children in the foster care system need targeted, family focused and timely services in order to achieve reunification. Those who cannot safely be reunified with their biological parents need safe and appropriate alternate forms of permanency. Evidence shows that children who do not have permanency experience issues in the future such as lack of education, unemployment, homelessness, and incarceration at much higher rates than the general population. Specifically, former foster children have high rates of mental illness with over half having clinically diagnosed mental health problems, including depression and Post-Traumatic Stress Disorder. These grown former foster children have a greater chance of using the services provided by the Oregon Health Authority and the Addictions and Mental Health sub-program (Healthy People Outcomes area).The safety and stability that come with a permanent home help mitigate the risk of poor future outcomes for those who were abused and placed into foster care as children.

The Education and Economy and Jobs Outcomes areas may also be impacted if children cannot find permanency through adoption and guardianship. These grown

former foster children tend to complete high school at a rate comparable to the general population. However, most of the high school completion is done via a GED versus a high school diploma, known to lead to lower wage jobs. Further, completion of post-secondary education is low for this group, affecting the lifelong earnings and living standards of these former foster children. The low educational achievement and mental health issues result in many of the grown former foster children living at or below the poverty level and requiring more public assistance. From a 2005 study, one-third of the grown former foster children lived in poverty and one-third had no health insurance. The rate at which these grown foster children used Temporary Assistance to Needy Families (TANF) was five times higher than the general population.

Post-adoption and guardianship services are important in assisting families in providing care for children who often enter adoption and guardianship with significant special needs. Children who have experienced significant abuse and neglect will be challenged to address their history as they move through different developmental stages. Ongoing support of the families who are parenting these children is essential to preserve the placements. Post-adoption and guardianship services include information and referral, consultation in response to imminent and current family crises, support groups, training, and a lending library. Each year, approximately 1,400 to 1,600 contacts are made to the post-adoption services program for help. Some of these contacts are for reported crises or disruption-related issues. Children who disrupt from adoption or guardianship re-enter the foster care or residential treatment system.

Program Performance

Program performance is measured in a number of ways and data is consistently used to evaluate effectiveness. Currently the Child Permanency program is focusing on some specific performance measures and designing its program activities to impact these areas. They include the median months for children to exit the foster care system, reduction of the number of children who do not have a legal permanency plan and are likely to age out of the foster care system, median months for children achieving adoption, and legally free children who are adopted in less than 12 months.

All these measures are important because they show how successful we are in getting children out of the foster care system, in achieving stability with one primary caretaker, in keeping their lifelong family connections, and in matching

children to the family who can best meet their long-term needs for safety, well-being, and permanency.

Enabling Legislation/Program Authorization

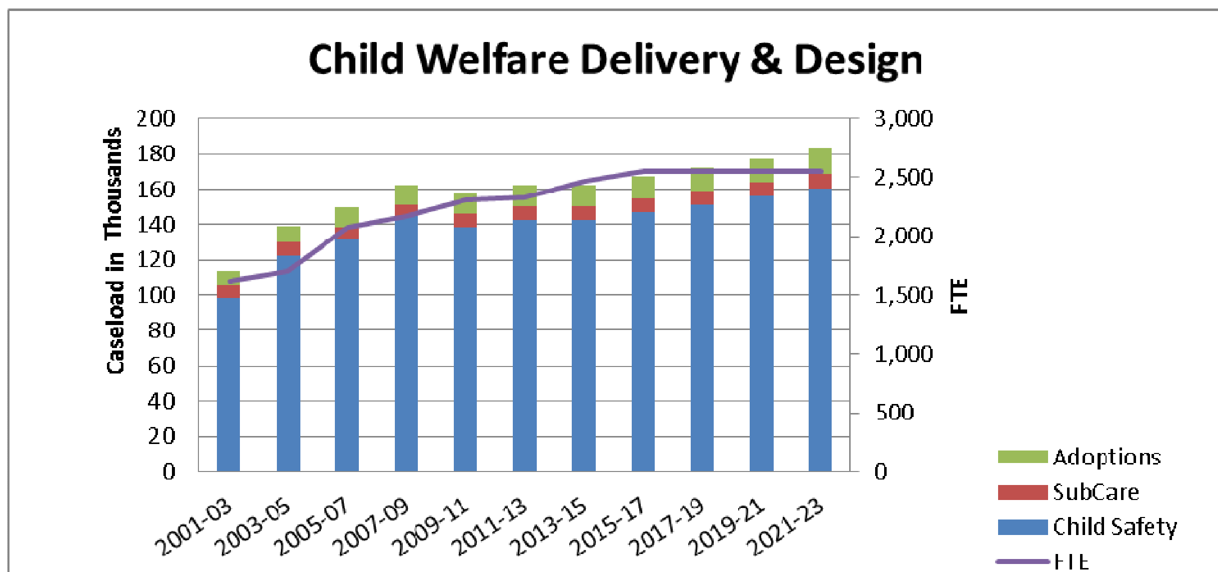
The following Federal and State laws mandate the operation of permanency planning for children in the foster care system:

- Public Law 96-272 Adoption Assistance and Child Welfare Act of 1980 which established the program of adoption assistance and introduced the requirement to make reasonable efforts to keep children out of foster care
- Public Law 105-89 The Adoption and Safe Families Act which set federal time lines for moving children out of foster care
- Social Security Act Title IV-E which mandates the payment of adoption assistance for eligible children
- The Indian Child Welfare Act (ICWA)
- ORS 419A and 419B which provide a series of requirements for services to children in the foster care system
- ORS 109.309 which mandates the Department of Human Services to provide administrative services for independent adoptions and to operate a state Search and Registry program

Funding Streams

A combination of General and Federal Title IV-E funds the adoption and guardianship subsidy programs. Title XIX Medicaid funds the provision of medical coverage for children in adoptions and guardianship subsidies. A combination of General Fund and Title IV-B funds support programs such as recruitment and retention of foster and adoptive homes, post-adoption support and services and training.

Primary Outcome Area: Safety
Secondary Outcome Area: Healthy People
Program Contact: Lois Day, 503-945-6627
Ryan Vogt, 503-945-6120



Note: The Child Welfare Program responds to approximately 70,000 reports of abuse or neglect each year and serves approximately 10,000 abused children through foster care.

Executive Summary

This program represents the field structure that supports the safety of children across Oregon who are abused or neglected. As of January 1, 2015, there will be approximately 1,333 child welfare caseworkers across Oregon responding to over 64,000 reports of abuse and neglect, and serving approximately 12,100 abused children annually that experience foster care. The program also finalizes approximately 700 adoptions a year, creating a permanent home for children in foster care that cannot return to their parents' custody. This structure is administered in our central office in Salem to support field staff through technical support, policy and standards, evaluation, analysis, and parameters of program areas in Child Welfare.

The staffing investment in 2013-2015 brought the Child Welfare caseworkers to nearly 86 percent of the workload model by the end of the biennium, assuming all positions are filled. These staff are critical to the integrity of the Oregon Safety model, our intervention model for safety assessments and safety management.

Program Funding Request

	Child Welfare Design and Delivery					
	GF	OF	FF	TF	POS	FTE
LAB 13-15	239,518,178	2,711,532	233,867,598	476,097,308	2,481	2,402.82
GB 15-17	250,767,443	2,117,738	208,202,833	461,088,014	2,550	2,492.09
Difference	11,249,265	(593,794)	(25,664,765)	(15,009,294)	69	89.27
Percent Change	4.7%	-21.9%	-11.0%	-3.2%	2.8%	3.7%

Significant Proposed Program Changes from 2013-15

	Child Welfare					
Child Welfare Investments/Reductions	GF	OF	FF	TF	POS	FTE
Staff Child Welfare Design office to support the field delivery of services	2.18	-	2.18	4.36	29	21.75
	($ millions)					

The combination of increased staffing, In Home Safety and Reunification Services (ISRS), Strengthening, Preserving and Reunifying Family Program (SPRF) funding, and implementation of a Differential Response model, continue to help the department make significant progress in preventing and/or delaying children from entering care, reducing the length of stay for those in care and providing culturally appropriate, family based services in community settings.

DHS proposes an increase in the staffing level of Central Office positions that support field workers to maintain fidelity to the Oregon Safety Model, support the field staff in the continued implementation of Differential Response, increase capacity in the Quality Assurance Unit, and support provider payments through the ORKids system.

In addition DHS proposes a planning team for the development of a centralized abuse hotline process supporting citizens of Oregon. This planning team will explore the facility needs, staffing levels, technology needs, and change management needs to implement a single call center for calls of abuse/neglect. This effort is aimed at streamlining processes, ensuring consistent decision

making, and creating efficiencies across multiple programs. They will prepare a cost analysis for the 2017-19 session to implement the center.

Program Description

This program provides the personnel necessary for delivery and design of programs and services which include evaluation of calls of abuse and neglect, assessment and determination of which children need safety services, case management for children who enter foster care, assessment of families that will care for these children until they can return home, and visitation with parents and family while experiencing out-of-home care. The program also provides clinical supervision of direct service staff which is critical to building worker competencies including reinforcing positive social work ethics and values, encouraging self-reflection and critical thinking skills, building upon training to enhance performance, and supporting the worker through case work decision-making and crises. This is partially achieved through lower staff-to-supervisor ratios as recommended by the Child Welfare League of America (CWLA). Safety services are delivered through the Oregon Safety Model which is an overarching process that requires safety assessment and safety management at all stages of case management, from screening through case closure.

Child Welfare design and delivery coordinates with Self Sufficiency design and delivery to support family stability and prevent entrance into the foster care system for their common clients. In addition, Child Welfare coordinates with other child and family serving systems including Housing, Oregon Health Plan, Addictions and Mental Health, county-based health and support services, etc. Child Welfare continues to work to eliminate disparities and ensure equitable outcomes for families and children.

Major cost drivers for the personnel need are: Program mandates (Federal and State); the number of reports received alleging abuse; family stress factors which affect abuse risk and case complexity (substance abuse, unemployment, mental or physical health issues, criminal history, domestic violence, etc.); personnel turnover (training/travel costs); work effort required to provide services, and personnel packages (i.e., position cost, etc.). Additional drivers of cost include representation from the Department of Justice connected to dependency matters, court-ordered services and workload associated with Federal mandates such ICWA.

DHS has implemented Lean Daily Management Systems in all districts across the State and central office. This active process of identifying ways to improve efficiencies will allow DHS to reinvest staff resources to close the gap between positions earned and authorized positions as they are identified. Currently this effort is directed at delivering more efficient processes surrounding new technology, with a goal of increasing the time staff has to work with families and children, and decreasing the time spent on the processes used to deliver the work. There has also been a significant investment in making sure each office has streamlined business systems. These help to make sure work is being shifted to the right resource, and that data entry in ORKids is timely and accurate.

Child Welfare continues with a primary focus of safely and equitably reducing the number of children who experience the foster care system. A critical element of that strategic effort is the implementation of Differential Response. Differential response allows Child Welfare to tailor its response to the needs of families. This includes using a higher level of engagement with families during the assessment phase, and strengthening the community's ability to support families. In states where the response options have been increased beyond the traditional model, more children are able to remain safely with their parents while their families receive services that will increase their capacity to keep their children safe. Studies demonstrate that children who are not subjected to the trauma of a foster placement fare substantially better on long-term outcomes than children who experience foster care. Children who age out of foster care have higher rates of homelessness and involvement with the criminal justice system than the general population. Differential Response is a critical part of the DHS strategy to eliminate areas of disparities and ensure equitable outcomes. Implementation of Differential Response began in the initial three counties in May 2014. An additional four counties are scheduled for implementation in April 2015. Staged implementation will continue through 2017. A critical element of successfully implementing this transformation of the child welfare system is staffing at a level adequate to do the work. Sustaining the current staffing levels is critical to support this transformation and continue the foster care reduction.

Program Justification and Link to 10-Year Outcome

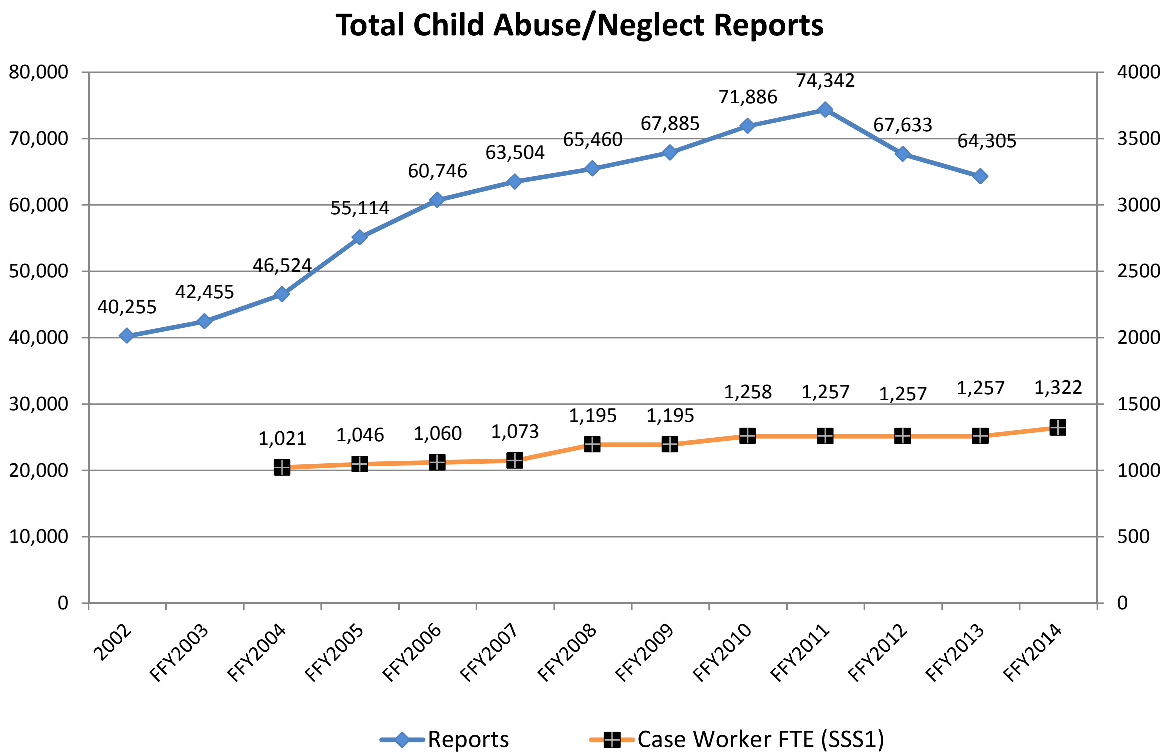
There is a direct link between the program design and delivery for Child Welfare and the Safety Outcome area to support increased family stability and child safety; prevent vulnerable youth from entering the public safety system; and implementing social justice reinvestment practices. Through Child Welfare interventions, safety for abused and neglected children is established. The program's work with

families enhances their ability to safely parent their children and prevent foster placements.

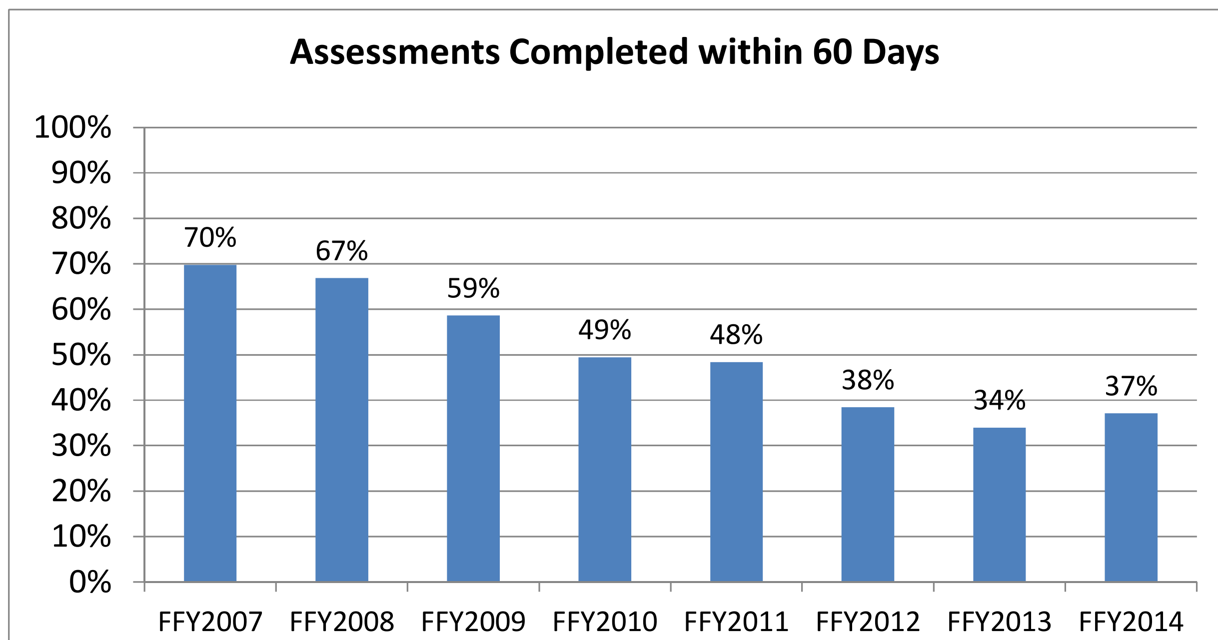
Child Welfare Program delivery and design provides the personnel to administer, design and deliver child safety supports through abuse investigation, service identification and procurement, family development and reunification where possible, or alternative child safety planning when necessary which have a direct impact on the 10-Year Outcomes areas.

Program Performance

Personnel resources are necessary to provide performance in the delivery of programs within Child Welfare. The chart below provides a comparison of the caseload growth to the personnel growth over time which provides a display of how our resources directly impact the department's ability to keep pace with the need of vulnerable Oregonians.



Safety for children is measured through the performance measures of timeliness of responding to reports of abuse and neglect, our ability to have regular and frequent face-to-face contact with children and families, and the timeliness of achieving a permanent plan for a child to minimize the duration of a stay in foster care. All of these performance measures are impacted by the staffing levels for the Child Welfare Program. Child safety is jeopardized when there is not adequate staff to respond, visit children and families, or move children to a permanent home. Although additional staff was added in the 2009-2011 legislative session, the hiring freezes of 2010 and 2011 eroded the gains made on completing assessments within 60 days. Adding additional staff in 2013-2015 was critical to reestablishing a positive trend in foster care reduction. We are also starting to see the ability to complete assessments within 60 days increase, as the new staff get trained. Normally, it takes up to two years for new staff to become fully able to carry the workload effectively.



With the assistance of McKinsey & Company, a workload model was developed to record the work effort to provide program delivery. The workload model provides a basis for determining personnel needs to adequately support the work of Child Welfare. The Fall Forecast matrix below provides a comparison of the delivery positions authorized by the 2013-2015 Legislature and the need based on work effort to meet the need. The Child Welfare central support was not included in the

workload modeling by McKinsey. However, the work of Child Welfare central support is vital to the delivery of services in field offices. Central support provides the oversight of policy development, program design and changes required through legislation, Federal reporting compliance, and direct practice support to the field. In summer 2014 the workload for delivery positions was assessed to determine the needed staffing levels and to provide a baseline for a determination of the workload impact of implementing Differential Response.

CW Workload Fall 2014 Forecast								
	2013 2015 (post LAB)				2015 2017 (GB)			
POSITION TYPE:	Current Position Authority*	Positions Earned Forecast	Percent of Earned	Difference Current to Workload Forecast	Current Position Authority*	Positions Earned Forecast	Percent of Earned	Difference Current to Workload Forecast
Case Worker	1,339.0	1,493.2	89.7%	-154.22	1,366.4	1,523.9	89.7%	(157.5)
Social Service Assistant	191.5	219.6	87.2%	-28.09	195.4	224.1	87.2%	(28.7)
Support Staff	388.5	497.7	78.0%	-109.27	396.5	508.0	78.0%	(111.5)
FRS/IVE Specialists	48.9	53.0	92.2%	-4.14	49.7	53.9	92.2%	(4.2)
Field Mgmt/Ldrship Support	228.5	294.9	77.5%	-66.4	229.8	296.5	77.5%	(66.7)
Totals	2,196.4	2,558.5	85.8%	-362.12	2,237.8	2,606.5	85.9%	(368.7)

Enabling Legislation/Program Authorization

Child Welfare services are mandated by multiple Federal and State laws including PL96-272, Adoption Assistance and Child Welfare Act; PL95-608, Indian Child Welfare Act PL 105-89, Adoption and Safe Families Act; PL 110-351, Foster Connections to Success and Increasing Adoption Act; Social Security Act Title IV-E and Title IV-B; ORS Chapter 418, and ORS Chapter 419B.

Funding Streams

Personnel for program design and delivery is determined through Random Moment Sampling Surveys (RMSS) where field delivery staff are required at random intervals to indicate the time spent on various activities to determine the level of Federal funding which directly supports our ability to provide critical child welfare services. Block grant funds include Social Services Block Grant (SSBG) and Temporary Assistance for Needy Families (TANF) funds. Leveraged funds include Medicaid, Title IV-E and IV-B funds, primarily at a 50 percent Federal Fund and 50 percent General Fund match rate. State-only General Funds also comprise a portion of the budget.

Department of Human Services
VR – Basic Rehabilitative Services Programs

Mission

Vocational Rehabilitation (VR) helps Oregonians with disabilities gain employment through specialized training and new skill development. VR assesses plans, develops and provides vocational rehabilitation services to Oregonians so they can become independent through positive employment outcomes.

The Program

This is a state and federal program authorized by state law and the federal Rehabilitation Act of 1973, amended in 1998 and in 2014.

VR helps Oregonians with disabilities gain employment through specialized training and new skill development. This includes helping youth with disabilities transition to jobs as they become adults, helping employers overcome barriers to employing people with disabilities, and partnering with other state and local organizations that coordinate employment and workforce programs. A total of 383,381 working-age Oregonians experience a disability, but only 36 percent are employed. Employment helps people with disabilities become more self-sufficient, involved in their communities, and live more engaged, satisfying lives.

All working-age Oregonians who experience a disability and are legally entitled to work are potentially eligible for VR services. Individuals who experience a medical, cognitive or psychiatric diagnosis that results in an impediment to employment typically are eligible for services. Recipients of Social Security disability benefits are presumed eligible for services.

Approximately 95 percent of all eligible clients currently served by VR are people with significant disabilities. These individuals typically experience multiple functional limitations requiring several services provided over an extended period.

VR has counselors with expertise in the areas of intellectual and developmental disabilities (I/DD), deafness and hearing impairments, mental health, motivational intervention, spinal injury, and traumatic brain injury.

Individuals we serve
Vocational Rehabilitation employees provide direct services through a network of local offices across Oregon. For a list, see:
http://www.oregon.gov/dhs/vr/Pages/officelocation.aspx

Services are provided by rehabilitation counselors and support staff who deliver direct client services through 34 field offices and multiple single employee outstations in one-stop career centers and other human services agencies across the state. The demographics in Oregon are changing and VR is adapting accordingly in order to provide culturally-specific services to consumers and to help diversify the workforce.

VR Data

- Helped 15,599 individuals and obtained 2,376 employment outcomes in federal fiscal year 2014.
- Contract with 39 school districts and consortia on behalf of 115 schools to provide serves for approximately 1,300 students each year.
- Assisted 340 individuals with intellectual and developmental disabilities (I/DD) and 70 individuals with psychiatric disabilities obtain jobs in federal fiscal year 2014. Of those 340 individuals with I/DD who obtained jobs, 146 are maintaining their job through supported employment services.

Services Provided
VR is designed under four primary areas: basic services, youth programs, supported employment, and independent living. In addition, VR is also engaged in Oregon's Employment First policy and is committed to improving workforce partnerships.

Basic Services
These are basic services provided to individuals whose disabilities present a potential barrier to employment. A rehabilitation counselor conducts a comprehensive assessment to evaluate vocational potential, including diagnostic and related services necessary for the determination of eligibility for services as well as the nature and scope of services to be provided. Vocational counseling and guidance builds on this assessment and helps the client identify a vocational goal. The counselor, in partnership with the client, develops an individualized plan for employment and authorizes services and training in support of the plan while maintaining a counseling relationship with the client.

Youth Transition Program (YTP)
YTP operates as a partnership between VR), the Oregon Department of Education (ODE), the University of Oregon's College of Education, and local Oregon school districts. At least 70 percent of students with disabilities in YTP complete high school and transition to a job or postsecondary education, a rate that exceeds the national average. This internationally and nationally-recognized school-to-work transition approach is a best practice for young people with disabilities. YTP bridges the gap between school and work by providing coordinated vocational rehabilitation services while the student is in school and ensuring a smooth transition to adult services and employment after completion of school. YTP currently serves about 1,300 students in 39 school districts.

Supported Employment Services
These services target individuals with the most significant disabilities who, with intensive training, job coaching and the provision of ongoing supports, can obtain and maintain competitive employment in the community. Basic vocational rehabilitation services are provided on a time-limited basis for each client. Addictions and Mental Health division (AMH), the Office of Developmental Disability Services (ODDS), other community programs, families and private employers are responsible for the follow-along services once VR has completed placement and training services. Supported Employment Services combine traditional VR services and support services provided by job coaches, typically at job sites.

Independent Living
Services are available through seven Centers for Independent Living (CILs). The CILs are nonprofit organizations that provide information and referral, independent living skills training, peer counseling, and both systems and individual advocacy. CILs also provide a range of services based on local needs, many of which compliment services provided through other state and federally funded programs. Services are provided through a peer-mentoring model, with an emphasis on self-help, self-advocacy, and consumer responsibility.

CILs are a federal program established in the Rehabilitation Act of 1973. Oregon's State Independent Living Council was established by Governor's Executive Order 94-12 in 1994. VR has the responsibility to:

- Receive, account for, and disburse funds received by the state;
- Provide administrative support services to the CILs;

- Keep records and provide access to such records as the Rehabilitation Services Administration Commissioner finds necessary; and
- Fund and support the State Independent Living Council's resource plan.

In addition, VR is working with the CILs and Disability Rights Oregon (a private nonprofit) to sustain the Work Incentive Network (WIN). WIN was developed as a pilot project through a Medicaid Infrastructure Grant and funding may end for these services. WIN is an evidence-based practice, providing benefits and work incentives planning to individuals with significant disabilities who want to obtain, maintain, or increase their employment, but should not lose other benefits and medical coverage. This allows people on disability benefits to become employed, gain more levels of self-sufficiency, become engaged in their communities, and live a higher quality of life. They also begin paying taxes and reduce reliance on those publicly-funded services.

Employment First
Youth and adults with intellectual and developmental disabilities (I/DD) are significantly underrepresented in Oregon's workforce. With appropriate services and assistance, people with I/DD can work successfully in the community. The state is seeking to increase employment of people with I/DD in integrated workplaces through increased efforts around the Employment First policy.

The Governor's Executive Order 13-04 directs state agencies and programs, including VR, DHS' Office of Developmental Disability Services (ODDS) and the Oregon Department of Education (ODE), to increase community-based employment services for people with I/DD and to reduce state support of sheltered work. VR has specialized counselors around the state committed to working with people with I/DD to find employment in the community.

Workforce Partnerships
Due to workforce redesign efforts at the state level and the passing of the Workforce Opportunities and Innovation Act of 2014 (WIOA), Oregon's workforce partners are working together to enhance services for Oregonians.

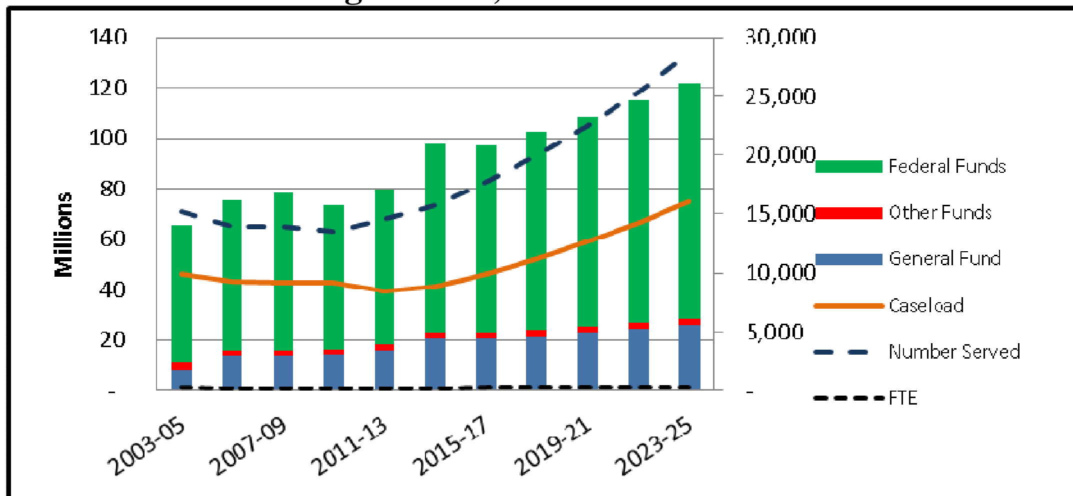
VR has partnered with ODE, local workforce boards, the Oregon Employment Department, community colleges, and other economic developmental organizations, to bridge the gap for individuals with disabilities who benefit from accessing the entire workforce system.

By working with partners on the implementation of the Oregon Workforce Investment Board's 10-year-plan, VR continues to create opportunities for individuals with disabilities to access and benefit from various workforce strategies. Moving forward, VR will enhance employer outreach strategies to engage employers and conduct outreach and education to show that clients are reliable, dependable, and skilled workers who also happen to have disabilities. VR will also engage employers to provide work-based learning opportunities for all clients, including youth transitioning into post-secondary careers.

Department of Human Services: Vocational Rehabilitation

Primary Outcome Area: Economy and Jobs
Secondary Outcome Area: Education
Program Contact: Trina Lee, 503-945-6201

VR Funding Sources, Caseload Levels and FTEs



Note: Cost per case increase is the result of a growing number of people with cognitive disorders requiring services that come with higher costs.

Executive Summary

VR helps Oregonians with disabilities gain employment through specialized training and new skill development. This includes helping youth with disabilities transition to jobs as they become adults, helping employers overcome barriers to employing people with disabilities, and partnering with other state and local organizations that coordinate employment and workforce programs. A total of 383,381 working-age Oregonians experience a disability, but only 36 percent are employed. Employment helps people with disabilities become more self-sufficient, involved in their communities, and live more engaged, satisfying lives.

All working-age Oregonians who experience a disability and are legally entitled to work are potentially eligible for VR services. Individuals who experience a medical, cognitive or psychiatric diagnosis that results in an impediment to employment typically are eligible for services. Recipients of Social Security disability benefits are presumed eligible for services.

Approximately 95 percent of all eligible clients currently served by VR are people with significant disabilities. These individuals typically experience multiple functional limitations requiring several services provided over an extended period.

VR has counselors with expertise in the areas of intellectual and developmental disabilities (I/DD), deafness and hearing impairments, mental health, motivational intervention, spinal injury, and traumatic brain injury.

Services are provided by rehabilitation counselors and support staff who deliver direct client services through 34 field offices and multiple single employee outstations in one-stop career centers and other human services agencies across the state.
Specialized services that help clients be as self-sufficient as possible are provided through seven Centers for Independent Living (CILs) located throughout the state.

VR staff also work in partnership with community organizations and businesses to develop employment opportunities for people with disabilities. These activities range from live resume events and job fairs to presenting disability awareness workshops in local businesses. VR also offers business services that include consultations with employers about diversifying their workforces by hiring people with disabilities and pre-screening services to match employers with clients who are qualified, reliable job candidates.

Program Funding

The Governor's Budget to operate the Vocational Rehabilitation program is $20.6 million in general funds for the 2015-17 biennium. This is a 1 percent decrease from the Legislatively-approved budget for the 2013-15 biennium. This is due to the elimination of inflation and the assumption of a 3 percent vacancy factor across all positions.

	Vocational Rehabilitation					
	GF	OF	FF	TF	POS	FTE
LAB 13-15	$ 20,866,337	$ 2,324,757	$ 74,438,950	$ 97,630,044	234	230.28
GB 15-17	$ 20,694,165	$ 2,320,512	$ 74,158,866	$ 97,173,543	253	249.28
Difference	$ (172,172)	$ (4,245)	$ (280,084)	$ (456,501)	19	19.00
Percent change	-0.8%	-0.2%	-0.4%	-0.5%	8.1%	8.3%

VR has prepared a strategic budget to improve the program's effectiveness and enhance the program's ability to provide further employment outcomes for

Oregonians. Program improvements focus on return-on-investment through outcomes for our clients, including:

- Serve increased numbers of individuals with intellectual and developmental disabilities
- Improve access for benefits planning
- Increase youth served transition services
- Expand capacity to serve employers

Program Description

VR is designed under four primary areas: basic services, youth programs, supported employment, and independent living. In addition, VR is also engaged in Oregon's Employment First initiative and is committed to improving workforce partnerships.

Basic Services

These are basic services provided to individuals whose disabilities present a potential barrier to employment. A rehabilitation counselor conducts a comprehensive assessment to evaluate vocational potential, including diagnostic and related services necessary for the determination of eligibility for services as well as the nature and scope of services to be provided. Vocational counseling and guidance builds on this assessment and helps the client identify a vocational goal. The counselor, in partnership with the client, develops an individualized plan for employment and authorizes services and training in support of the plan while maintaining a counseling relationship with the client.

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Supported Employment Services
These services target individuals with the most significant disabilities who, with intensive training, job coaching and the provision of ongoing supports, can obtain and maintain competitive employment in the community. Basic vocational rehabilitation services are provided on a time-limited basis for each client. Addictions and Mental Health division (AMH), the Office of Developmental Disability Services (ODDS), other community programs, families and private employers are responsible for the follow-along services once VR has completed placement and training services. Supported Employment Services combine traditional VR services and support services provided by job coaches, typically at job sites.

Independent Living
Services are available through seven Centers for Independent Living (CILs). The CILs are nonprofit organizations that provide information and referral, independent living skills training, peer counseling, and both systems and individual advocacy. CILs also provide a range of services based on local needs, many of which compliment services provided through other state and federally funded programs. Services are provided through a peer-mentoring model, with an emphasis on self-help, self-advocacy, and consumer responsibility. CILs, along with Oregon's Area Agencies on Aging (AAAs), provide leadership statewide and nationally in the formation of the "No Wrong Door" experience for seniors and people with disabilities accessing Long Term Care Supports & Services via the Aging & Disabilities Resource Connection (ADRC) network.

Program Justification and Link to 10-Year Program
VR assists individuals with disabilities to establish a foundation by identifying a personal vision, goals and steps necessary to achieve success in education and employment, and become independent, productive citizens. Its services and programs link to three focus areas in the 10-Year Plan for Oregon: Employment and Jobs, Education, and Safety.

Employment and Jobs
- Every year VR develops a state plan which includes goals to increase self-employment and employment outcomes for clients and to increase the number of individuals who obtain postsecondary degrees and certificates.
- The state is seeking to increase employment of people with intellectual and developmental disabilities (I/DD) in integrated workplaces through

increased efforts around the Employment First initiative. The Governor's Executive Order 13-04 directs state agencies and programs, including VR, DHS' Office of Developmental Disability Services (ODDS) and the Oregon Department of Education (ODE), to increase community-based employment services for people with I/DD and to reduce state support of sheltered work. VR has specialized counselors around the state committed to working with people with I/DD to find employment in the community.

- VR assisted 340 people with I/DD and 70 individuals with psychiatric disabilities obtain jobs in federal fiscal year 2014.
- In federal fiscal year 2014, 2,376 individuals obtained and maintained work through the basic rehabilitation program. VR Employer Services provides training and technical assistance to employers for new hires and incumbent workers, and identifies and refers qualified candidates. A Portland State University study found that VR returned $4.03 in tax revenues to the state of Oregon for every $1 spent in the program.
- VR continues to contract and collaborate with the Latino Connection program in reaching out to and providing specialized job placements services to native Spanish-speaking individuals with disabilities. The focus of these services has been in Portland, Clackamas, Salem and Woodburn, which have large Latino communities. This program had a 70.4 percent rehabilitation rate in federal fiscal year 2014.

Education

- The nationally-recognized Youth Transition Program supports the 10-Year Plan goal of two years of postsecondary education or equivalent technical training. More than 70 percent of students with disabilities in YTP complete high school and transition to a job or postsecondary education, a rate that exceeds the national average. YTP bridges the gap between school and work by providing coordinated vocational rehabilitation services while the student is in school and ensuring a smooth transition to adult services and employment after completion of school. YTP currently serves about 1,300 students in 39 school districts.
- VR utilizes Supported Employment, an evidence-based model, which allows individuals with developmental and intellectual disabilities to work in competitive employment in the community with needed supports.
- The Independent Living program partners with schools and families to support the transition of students with disabilities to secondary education and/or work.

- Memorandums of Agreement with the Office of Developmental Disabilities Services and the Oregon Department of Education are designed to more effectively align transition services, identify opportunities to braid and leverage funding in order to increase the number of students with disabilities.

Safety

- CILs train seniors and people with disabilities to develop personal preparedness plans and on empowerment and safety as a preventative for crime and abuse often faced by these populations.
- CILs also provide training and mentoring to parents with disabilities, which enhances skills for management of their homes and families.

<u>Program Performance</u>

VR measures its performance primarily by employment outcomes. Employment outcomes are the number of individuals who obtained and successfully maintained employment for a minimum of 90 days. The chart below shows employment outcomes for VR since 2008.

Vocational Rehabilitation						
Year		FFY14	FFY13	FFY12	FFY11	FFY10
# Served	Youth	3,449	2,051	1,886	1,720	1,305
	Adult	12,150	13,694	13,859	13,487	13,940
Employment Outcomes	VR Overall	2,376	2,314	2,032	1,793	1,176
	SE	254	290	228	185	131
	Youth	552	548	439	404	237
	SSI/SSDI	646	539	558	428	283
Rehab Rate		62%	59%	58%	57%	47%
Wage		$12.07	$11.76	$11.63	$11.68	$11.38
Hours		27	27	27	27	27
Cost per Client		$6,473.59	$3,132	2,848	$3,065	$2,488

Oregon's seven Centers for Independent Living (CILs) continue to be innovative catalysts to independence for people with disabilities in Oregon. Leveraging community partnership funds and empowering people with disabilities with peer supports, CILs provide a Return on Investment (ROI) for Oregonians estimated at about a $6 return for every $1 invested. The ROI, conducted by the Association of

Oregon Centers for Independent Living, is based on statistical studies of consumers served and cost savings achieved in 2008 with an updated 2014 analysis pending for winter 2015 publication. The chart below shows Independent Living Program outcomes since 2009.

Independent Living Program

YEAR	FY2014	FY2013	FY2012	FY2011	FY2010	FY2009
# Served	18,940	16,497	14,791	11,863	7,358	5,688
Consumer Goals	3,015	2,913	3,853	4,225	3,533	4,317
% Goals Achieved	56%	55%	61%	60%	60%	62%
Consumer Satisfaction	81%	74%	73%	87%	89%	92%

Enabling Legislation/Program Authorization

VR is a state and federal program authorized by Oregon state law (ORS 344.511et seq.) and the Workforce Innovation and Opportunity Act of 2014.

The Independent Living Program is a federal program established in Title VII of the Rehabilitation Act of 1973, as amended, and regulated by the Code of Federal Regulations, Title 34, and Parts 364-367. In conjunction, Oregon's State Independent Living Council was established in 1994 by Governor's Executive Order 94-12. VR is listed as the designated state unit for this program in the State Plan for Independent Living, per Section 704 of Title VII.

Funding Streams

VR is funded through the federal Department of Education. It receives a formula-based grant with Match and Maintenance of Effort requirements. The match rate for Vocational Rehabilitation is 21.3 General Fund; 78.7 Federal Fund. For Independent Living the match rate is 1 General Fund; 9 Federal Fund. Grant dollars cannot be utilized by other programs. Program income, which is reinvested back into VR, includes Social Security reimbursement and Youth Transition Program grants.

Department of Human Services
Aging and People with Disabilities Program

Mission
The Department of Human Services Aging and People with Disabilities (APD) program assists a diverse population of seniors and people with disabilities of all ages to achieve well-being through opportunities for community living, employment, family support and services that promote independence, choice and dignity.

Goals
APD's goals are to help older adults and people with disabilities by:
- Facilitating broad awareness of, and easy access to services.
- Investing in preventive services to keep people independent, safe and healthy for longer periods of time.
- Implementing person-centered case management to serve people in the most independent and culturally sensitive manner.
- Promoting high quality services by APD, its local partners, and providers.
- Advocating for improved outcomes for APD consumers.
- Administering programs with the utmost integrity.

Individuals we serve
During the 2015-2017 biennium, we expect to serve:
- Over 2,500 people age 60 and older through Oregon Project Independence.
- Over 31,000 older adults and people with physical disabilities with long-term care services paid through Medicaid.
- Over 400,000 older individuals with Older Americans Act services.
- Over 150,000 Oregonians with direct financial support services.

APD and Area Agencies on Aging (AAA) employees throughout Oregon are responsible for providing direct client services through a network of local offices. Employees also determine eligibility of aging and people with disabilities for medical programs provided through the Oregon Health Authority (OHA).
The aging demographic is growing rapidly, increasing the diversity of the populations we serve. APD has formed a Service Equity subcommittee as part of the work we are performing under SB21. The objective is to identify disparities in

outcomes and identify strategies to serve individuals in a culturally and linguistically appropriate manner.

Medicaid Services
Approximately 30,000 aged and physically disabled Oregonians currently use Medicaid long-term services each month. By federal law, each state must develop criteria for access to nursing facility care paid by Medicaid. Criteria must include financial and asset tests as well as service eligibility criteria. The federal government, through CMS, must approve any criteria established by the states.

DHS created service priority levels (SPLs) to establish eligibility for Medicaid long-term services. SPLs prioritize services for aging and people with physical disabilities whose well-being and survival would be in jeopardy without services. Level 1 reflects the most impaired while Level 17 reflects the least impaired; levels are based on the ability of the person to perform activities of daily living (ADLs). Because of budget constraints, only levels 1-13 are funded. ADLs are personal activities required for continued well-being. These include eating, personal hygiene, cognition, toileting and mobility. For many individuals with disabilities, they need assistance from other people to perform daily activites, APD assists thousands of Oregonians who require ADL services in selecting competent providers and establishing effective working relationships with those service providers. Due to the increasingly diverse population served, it requires supports that are equally diverse, linguistically and culturally appropriate.

Programs
APD's budget is sectioned into three key areas; program services, program design, and program delivery.

Program Services
Services focus on supporting fundamental activities of daily living (ADL), such as bathing, dressing, mobility, cognition, eating and personal hygiene. Long-term services ensure that the person is living in a safe and healthy environment. All services promote choice, independence and dignity. Ensuring linguistic access and culturally competent care are pillars of non-discrimination and equal opportunity in state and federally funded services. Services can be provided in nursing facilities, or community settings such as residential care facilities, foster homes, or in the person's own home. Services are provided through five programs:

- Older Americans Act
- Direct financial support
- In-home services
- Community-based care facilities
- Nursing facilities

Older Americans Act
This is a federal program and is administered through APD. It provides federal funding for locally developed support programs for individuals ages 60 and older. APD distributes funds to local Area Agencies on Aging (AAA's) for service delivery through subcontractors. Nearly 400,000 Oregonians accessed these services in 2013. AAA's develop services that meet the needs and preferences unique to individuals in their local area. Program mandates require services target those with the most significant economic and social need, to minorities and those residing in rural areas. There are no income or asset requirements to receive services except those related to the Older Worker Employment Program.

APD distributes federal funds to the AAA's using a federally approved intra-state funding formula based on the demographics and square mileage of each area. APD encourages and incentivizes culturally-specific and linguistically competent supports within all programs. Programs might include; family caregiver supports, medication management, nutrition via congregate and home-delivered meal programs, senior employment, legal services or elder abuse prevention services. They may also provide assistance to senior centers and sponsor and promote evidence-based wellness and chronic health condition management activities.

Direct financial support
Programs are designed to meet a variety of special circumstances for certain low-income populations.

Cash payments – special needs
APD is required to meet maintenance of effort (MOE) payment for low-income aged and disabled Oregonians who receive federal Supplemental Security Income (SSI) benefits. These benefits are focused on payments that allow clients to retain independence and mobility in a safe environment. Examples of Special Needs Payments include; help for non-medical transportation, repairs of broken appliances such as a furnace, or for such things as adapting a home's stairs into a ramp.

Employed Persons with Disabilities Program (EPD)
This program allows people with a disability to work to their full extent and not lose Medicaid coverage. To be eligible, a person must be deemed disabled by Social Security Administration (SSA) criteria, be employed and have adjusted income of less than 250 percent Federal Poverty Level (FPL). Eligible individuals pay a monthly participation fee and are eligible for the full range of Medicaid benefits and services.

Other benefits
The Centers for Medicare and Medicaid Services (CMS) requires DHS to coordinate with Medicare in many areas and clients need help accessing other programs for which they are eligible. The federal Medicare program is the most common program clients need assistance with. APD determines client eligibility and submits client data to CMS for two Medicare-related programs: Medicare buy-in and Medicare Part D low-income subsidy. APD served nearly 120,000 clients in these two programs over one year. These programs help low-income beneficiaries with their cost sharing requirements. Securing this coverage also ensures Medicare remains in a "first payor" status, ultimately saving the State's Medicaid program significant money.

In-home services
In-home services are the cornerstone of Oregon's community-based care system. For aging or people with physical disabilities, the ability to live in their own homes is compromised by the need for support in regular daily living activities. For more than 25 years, Oregon has created options to meet people's needs in their own homes. All options are funded with support of the Medicaid program through home and community-based waivers. Oregon has been able to create cost-effective programs that meet people's needs in their homes and other community settings using these waivers and spared Oregonians from the unnecessary use of much higher cost services, primarily offered in nursing facilities.

Services to aging and people with physical disabilities are designed to support assistance with fundamental activities of daily living (ADLs), such as mobility, cognition, eating, personal hygiene, dressing, toileting and bathing. In order to receive in-home services, an individual must be financially eligible for Medicaid. A case manager works with the client and together they identify needs and develop a plan for the in-home services.

Medicaid client-employed Home Care Workers
Home Care Workers (HCW) are hired directly by the client and provide many of the services Medicaid clients need to remain in their own homes. The client, or his or her selected representative, is responsible for performing the duties of an employer. These duties include selecting, hiring and providing on-site direction in the performance of the care provider duties authorized by a case manager to meet the client's individual needs and circumstances. The HCW must pass a criminal record check. In conjunction with the client, APD develops and authorizes a service plan, makes payment to the HCW on behalf of the client and provides ongoing contact with the client to ensure his or her service needs are met. Over 11,000 clients are expected to receive services supplied by HCWs each month in 2013-15.

The Oregon Home Care Commission (HCC) was established in 2000 by an amendment to the Oregon Constitution. It is a public commission dedicated to ensuring high-quality home care services to APD clients using client-employed providers. Service Employees International Union Local 503, Oregon Public Employees Union represents approximately 15,000 HCW's. For purposes of collective bargaining, HCC serves as the home care worker employer of record. The Commission maintains a statewide, computerized registry of workers and provides an extensive training curriculum. The HCC also makes training available to clients to better understand their employer responsibilities and increase their skill in managing the use of HCWs.

In-home agency services
Many clients prefer to receive their in-home services through a home care agency. These agencies employ, assign and schedule caregivers to perform the tasks authorized by the client's case manager. APD contracts with licensed in-home care agencies throughout the state. Agencies work closely with DHS case managers and clients to ensure services are provided as authorized and to ensure the quality of the work performed.

Medicaid Independent Choices
This program offers a choice to clients in the way they receive in-home services and increases clients' self-direction and independence. Clients receive a cash benefit based on their assessed need. They purchase and directly pay for services. Clients are responsible for locating providers, paying their employees, and withholding and paying necessary taxes. Depending upon how they are able to

manage their service benefit, many are able to purchase a few additional services or items otherwise not covered by Medicaid to increase their independence or well-being.

Medicaid adult day services
These services provide supervision and care for clients with functional or cognitive impairments. Service may be provided for half or full days in stand-alone centers, hospitals, senior centers and licensed care facilities.

Medicaid home-delivered meals
Home-delivered meals are provided for to those who are homebound and unable to go to sites, such as senior centers, for meals. These programs generally provide a hot midday meal and, often, frozen meals for days of the week beyond the provider's delivery schedule.

Medicaid personal care services
Services are limited to no more than 20 hours a month. Personal care can be used only for tasks related to the performance of activities of daily living, such as mobility, bathing, grooming, eating and personal health assistance.

Medicaid specialized living services
Services are provided to a special-need client base, such as those with traumatic brain injuries or other specific disabilities that require a live-in attendant or other 24-hour care. The services are provided through a contract with APD and targeted to a specific group of clients living in their own apartments, and assisted by a specialized program offering direct service and structured supports.

Oregon Project Independence (OPI)
This is a state-funded program offering in-home services and related supports to individuals 60 years of age and older or people who have been diagnosed with Alzheimer's or a related dementia disorder. Approximately 3,000 Oregonians are served in this program. It represents a critical element in Oregon's strategy to prevent or delay individuals from leaving their own homes to receive services in more expensive facility-based settings, or depleting their personal assets sooner than necessary and accessing more expensive Medicaid health and long-term service benefits. The program was expanded by the 2005 Oregon Legislature to include younger adults with disabilities but no additional funding has been allocated.

OPI is administered statewide by local Area Agencies on Aging (AAAs). Many areas have waiting lists due to high demand and limited program funding. Client eligibility is determined by an assessment of functional ability and natural supports related to activities of daily living. Typical services include assistance with housekeeping, bathing, grooming, health care tasks, meal preparation, caregiver respite, chore services, adult day services and transportation.

The OPI program has no financial asset limitations for clients. A sliding fee scale is applied to clients with net monthly income between 100 and 200 percent of the federal poverty level (FPL) to pay toward the cost of service. A small group with income above 200 percent of FPL pays the full rate for services provided. Generally this is because they benefit from the case management; ongoing support and monitoring, in addition to the actual purchased services.

Community-based care

Community-based facilities

These include a variety of 24-hour care settings and services to provide an alternative to nursing facilities. Services include assistance with activities of daily living, medication oversight and social activities. Services can include nursing and behavioral supports to meet complex needs. State and federal guidelines related to health and safety of these facilities have to be met.

Adult foster homes

Services are provided in home-like settings licensed for five or fewer individuals who are not related to the foster home provider. Homes may specialize in certain services, such as serving ventilator-dependent residents.

Residential care facilities

Licensed 24-hour service settings serve six or more residents and facilities range in size from six to more than 100 beds. Different types of residential care include 24-hour residential care for adults and specialty memory care facilities. Registered nurse consultation services are required by regulation.

Enhanced care services

Specialized 24-hour programs in licensed care settings that provide intensive behavioral supports for seniors and people with physical disabilities who have needs that cannot be met in any other setting. These programs support clients with

combined funding from APD and the Addictions and Mental Health division of the Oregon Health Authority (AMH).

Assisted living facilities
These facilities are licensed 24-hour settings for six or more residents including private apartments. Services are comparable to residential care facilities. Registered nurse consultation services are required by regulation.

Providence Elder Place
This is a capped Medicare/Medicaid Program of All-inclusive Care for the Elderly (PACE) providing an integrated program for medical and long-term services. 950 Oregonians age 55 and older are served in this program generally allowing them to attend adult day services and live in a variety of settings. The Elder Place program is responsible for providing and coordinating their clients' full health and long-term service needs in all of these settings.

Nursing facilities
Institutional services for aging and people with physical disabilities are provided in nursing facilities licensed and regulated by DHS. Nursing facilities provide individuals with skilled nursing services, housing, related services and ongoing assistance with activities of daily living.

Oregon has led the nation since 1981 in the development of lower-cost alternatives to institutional (nursing facility) care. Home and community-based alternatives to nursing facility services emphasize independence, dignity and choice and offer needed services and supports at lower costs than medical models.

Program Design

Staff and services support the administration of APD programs, including:

- Central leadership and administration
- Medicaid eligibility and federal waiver administration
- Development and maintenance of administrative rules
- Administration of Medicare Modernization Act and Buy-in programs
- Provider payments and relations
- Support and leadership for various advisory councils.
- Administration of the Older Americans Act
- Home Care Commission

Program Delivery
Staff and services provide direct services to Oregonians, including:

- Direct service staff located in local offices throughout the state
- Presumptive Medicaid Disability Determination Team
- State Family/ Pre-SSI
- Disability Determination Services

Eligibility and case management services are delivered throughout the state by DHS and AAA employees. ORS Chapter 410 allows AAAs to determine which populations they wish to serve and which programs they wish to administer. Type B Transfer AAAs choose to provide Medicaid services in addition to Older Americans Act and OPI services. In areas where the AAAs do not provide Medicaid services, DHS has offices to serve seniors and people with physical disabilities.

History
Over the past 30 years there has been a profound shift in society's understanding of the importance of independence for aging and people with physical disabilities. Traditionally, states had provided services to these individuals in institutional settings such as nursing facilities. Oregon's first nursing facility opened in the 1940s. With the passage of the federal statute creating Medicaid, the state began to pay for nursing facility services for eligible individuals in the 1960s.

Professional standards and public thinking about how to best serve people with disabilities began to change and life in their communities became more accessible. Civil rights were strengthened and expanded by the Americans with Disabilities Act, which recently celebrated its 20th anniversary in the areas of employment, public accommodations, transportation and housing. Society became available to individuals with disabilities as accessibility increased and society began to accept people with disabilities as part of the community. Families had the ability to remain intact and to keep their loved ones — child, adult or senior — at home.

Federal dollars to fund Medicaid waivers first became available in 1981 for "Home and Community-Based Services." That same year, the Oregon Legislature updated its policies around disabilities and found that significant numbers of people with disabilities lived in institutions because adequate community services did not exist.

The Legislature mandated that the state work to empower people with disabilities, keep them as independent as possible, and develop service settings that were alternatives to institutionalization. The 1981 Oregon Legislature also created the Senior Services Division and a strong statutory mandate to support seniors in their own homes and community settings outside of institutions. This action forged the way for Oregon to lead the nation in the development of lower-cost alternatives to institutional care.

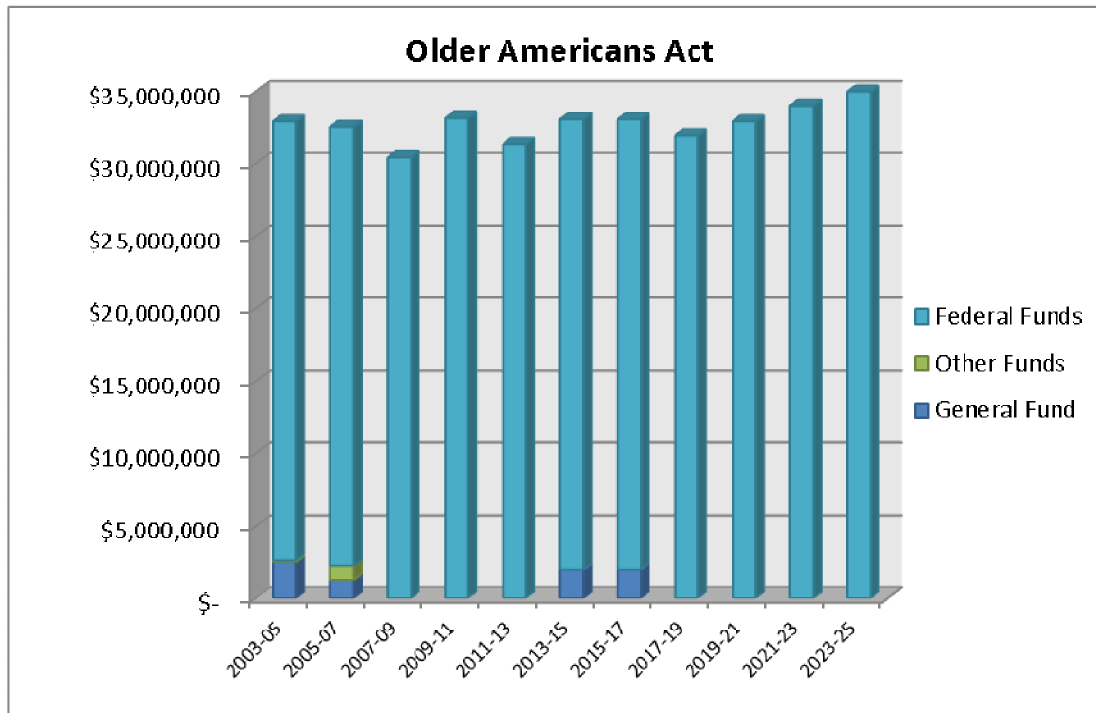
In response to that mandate, Oregon applied for, and received, the first home and community-based waiver that allowed Medicaid funds to provide long-term services outside an institution. Throughout the 1980s and 1990s, Oregon received waivers that allowed services for unique groups of people. For Medicaid-eligible aging and people with disabilities in Oregon, this has meant that the provision of long-term care has, in large measure, shifted away from nursing facilities to in-home services, assisted living facilities, residential care facilities and adult foster homes.

Future populations

The aging population is growing rapidly. The number of people in the United States over age 65 is projected to nearly double from 40.2 million in 2010 to more than 71.4 million people by 2030. In 2010, approximately 13 percent of Oregon's population was 65 years or older. By 2030, the percentage is expected to increase to nearly 20 percent. In Oregon, people 85 years or older make up a small but rapidly growing group within the total population. By the end of 2010, approximately 76,000 Oregonians will have reached age 85. By 2030, the number is expected to reach nearly 120,000, an increase of almost 57 percent. . Cultural diversity, including individuals of different races, ethnicities and sexual orientation will require new approaches to service delivery that ensure all individuals achieve desired outcomes.

Department of Human Services: Older Americans Act

Primary Outcome Area: Healthy People
Secondary Outcome Area: N/A
Program Contact: Mike McCormick, 503-945-6229



Older Americans Act funding comes primarily from the federal government. In 2011, OAA funding helped serve nearly 380,000 Oregonians.

Executive Summary

Services and supports provided to individuals under the Older Americans Act (OAA) provide vital assistance designed to prevent or delay entry into Medicaid-funded long-term care such as In-Home or 24-hour residential services. The OAA is a Federal law that set out a national aging network structure consisting of the U.S. Administration on Aging (AoA) now part of the Administration for Community Living, State Units on Aging (DHS/Aging and People with Disabilities program) and Area Agencies on Aging (AAAs). The OAA authorizes funding and services through this network to serve older individuals in their homes and communities, through local entities. All individuals, aged 60 or older, regardless of income are eligible to receive services but the programs are targeted towards those in greatest social or economic need. A specific focus on how to

better serve diverse populations of older adults is essential with the continually changing demographics of Oregon.

Program Funding Request

	Older Americans Act			
	GF	OF	FF	TF
LAB 13-15	$ 4,016,628	$ -	$ 31,055,014	$ 35,071,642
GB 15-17	$ 4,077,127	$ -	$ 31,055,014	$ 35,132,141
Difference	$ 60,499	$ -	$ -	$ 60,499
Percent change	1.5%	0.0%	0.0%	0.2%

Program Description

Older Americans Act services are administered entirely by local Area Agencies on Aging. To qualify for OAA supported services an individual must meet the following criteria:

- Be 60 years of age or older;
- Be a caregiver of someone 60 years of age or older (or younger if the person is diagnosed with Alzheimer's Disease or related dementia) or an older individual caring for a child 18 years of age or younger;
- Be 55 or older and have an adjusted income at or below 125 percent of Federal Poverty Level for the Senior Community Service Employment Program (Title V).

Please Note: There are no income or asset/resource criteria for eligibility, except for the Senior Community Service Employment Program (Title V).

The Older Americans Act authorizes services and funding by title:

Title III

Supportive Services

Provides assistance to maintain independence through assisted transportation, information and referral/assistance, in-home care, adult day care, chore services, home modification and other housing help, legal assistance, mental health outreach, and assistive devices. Title III also funds Oregon's Aging and Disability Resource Connection (ADRC), which provides unbiased information, referral and options counseling for individuals (consumers, family members, caregivers) needing long-term services and supports.

Nutrition Services
In order to reduce hunger and food insecurity and promote socialization, health and well-being the Act authorizes both home-delivered (commonly known as Meals on Wheels) and congregate (community setting, senior center, community center, etc.) meals programs. The Act also provides nutrition education and counseling.

Services Incentive Program (NSIP)
Supplements funding authorized under Title III for food used in meals served under the Older Americans Act. States receive an allocation based on the number of meals served under the OAA in the state in proportion to the total number of meals served by all states.

Preventive Health Services
Authorizes evidence-based programs that promote healthy lifestyles through physical activity, appropriate diet and nutrition, self-management of chronic health conditions and regular health screenings.

National Family Caregiver Support Program
Provides individual and group options counseling, training and respite care for family members and friends who are primary caregivers to seniors. This program also provides support to grandparents raising grandchildren.

Title V
Senior Community Service Employment Program (SCSEP)
Authorizes a community service and work-based training program for older workers that provides subsidized, service-based training for low-income persons 55 or older who are unemployed and have poor employment prospects. Participants are paid minimum wage for approximately 20 hours per week while they develop valuable skills and connections to help them find and keep jobs in their communities. Title V funding is awarded to DHS/APD from the U.S. Department of Labor and is competitively sub-granted to a qualified job training organization.

Title VII
Elder Rights Services
Provides a focus on the physical, mental, emotional and financial well-being of older Americans. Services include pension counseling, legal assistance and elder abuse prevention education.

Ombudsman Program
Establishes an Office of the State Long-Term Care Ombudsman a program to identify, investigate, and resolve complaints made by or on behalf of residents of licensed care facilities (nursing homes, assisted living, and adult foster homes) and promote system changes that will improve the quality of life and care for residents. The allocation for this program is 100 percent passed through to the Office of the Long-Term Care Ombudsman, a separate state agency from APD.

OAA Funding
OAA funding is granted to each State Unit on Aging (DHS/APD) based on a population formula. The State Unit on Aging sub-grants Title III funds to Oregon's 17 designated Area Agencies on Aging (AAA) based on a state population formula. The AAAs work with their local communities to assess and develop a menu of services that meet the needs of older adults in their planning and service area. Subsequently, the AAA submits an Area Plan to the State describing the delivery of OAA services in their communities; this is basis for the funding agreement between the AAA and DHS/APD.

Program Justification and Link to 10-Year Outcome
OAA program services contribute to the Healthy People, desired 10-year outcome to focus on prevention and management of chronic disease and reduced healthcare costs. The OAA provides vital support for older adults who are at significant risk of losing their independence by providing food, job training/opportunities, social support, transportation, chronic disease self-management and fall prevention - in partnership with providers and clients.

Annual State Program reports are submitted to AoA, consisting of service unit data and client demographics. Evidence-based programs supported by the preventive health services funding under Title III have provided an opportunity to demonstrate health care cost-saving based on the research supporting the programs. The Senior Community Service Employment Program tracks six performance measures each year including employment and retention. Performance standards and measures have recently been established for the Aging and Disability Resource Connections Program and will be tracked appropriately.

<u>Program Performance</u>

- **Number of people served/items produced**
  OAA data reporting requires AAAs to capture identifiable unduplicated clients who receive "registered services" and an estimated number of clients receiving "non-registered services". Registered services include personal care, home care, chore, meals, day care, case management, assisted transportation, caregiver and nutrition counseling. Non-registered services include but are not limited to information and assistance, health promotion programs, group education, etc. The estimated number of non-registered service clients is 5-6 times that of the registered services clients (e.g. in 2011 OAA served 50,649 registered clients and an estimated 338,234 non-registered participants)
- **Quality of the services provided**
  Program standards have been established for the major services and annual program monitoring is conducted.
- **Timeliness of services provided**
  The Family Caregiver Support Program of the OAA is the only service area that consistently encounters wait lists.
- **Cost per service unit**
  Varies depending on the level of community support, the OAA funding on average supports about one-third of the cost of service. Further funding comes from local governments, donations and fundraising.

The following are selected examples of program performance for the OAA:

Older Americans Act Nutrition Program

	FY 07	FY 08	FY 09	FY 10	FY 11	FY 12	FY 13	FY14*
Total Registered Service Clients	58,311	66,942	61,652	54,049	50,649	54,149	52,809	48,730
Home-Delivered Meal Clients	12,826	17,605	14,152	13,891	13,441	13,630	12,636	12,652
Congregate Meal Clients	35,100	44,511	42,398	37,980	34,432	34,828	36,102	32,844
# of Home-Delivered Meals Served	1,747,541	1,699,180	1,705,901	1,675,082	1,667,493	1,601,457	1,734,292	1,620,727
# of Congregate Meals Served	1,023,497	1,029,856	981,866	1,006,814	977,815	949,202	941,152	924,300
# of High Nutritional Risk Persons	9,402	9,355	14,056	15,060	16,232	11,713	11,634	12,180

*Preliminary State Program Report data

Senior Community Service Employment Program (SCSEP)

Performance Measure	PY07	PY08	PY09	PY10	PY11	PY12	PY13
Participants Served	218	243	257	320	212	180	156
Community Service Level	61.3%	78.7%	75.5%	83.7%	97.0%	80.4%	83.9%
Entered Employment Level	42.2%	42.7%	50.7%	45.3%	47.5%	34.8%	39.7%
Employment Retention	73.0%	69.7%	51.6%	68.4%	72.1%	29.0%	75.0%
Average Earnings Per Participant	$9,076	$6,360	$4,453	$9,032	$7,906	$8,914	$7,482

Enabling Legislation/Program Authorization

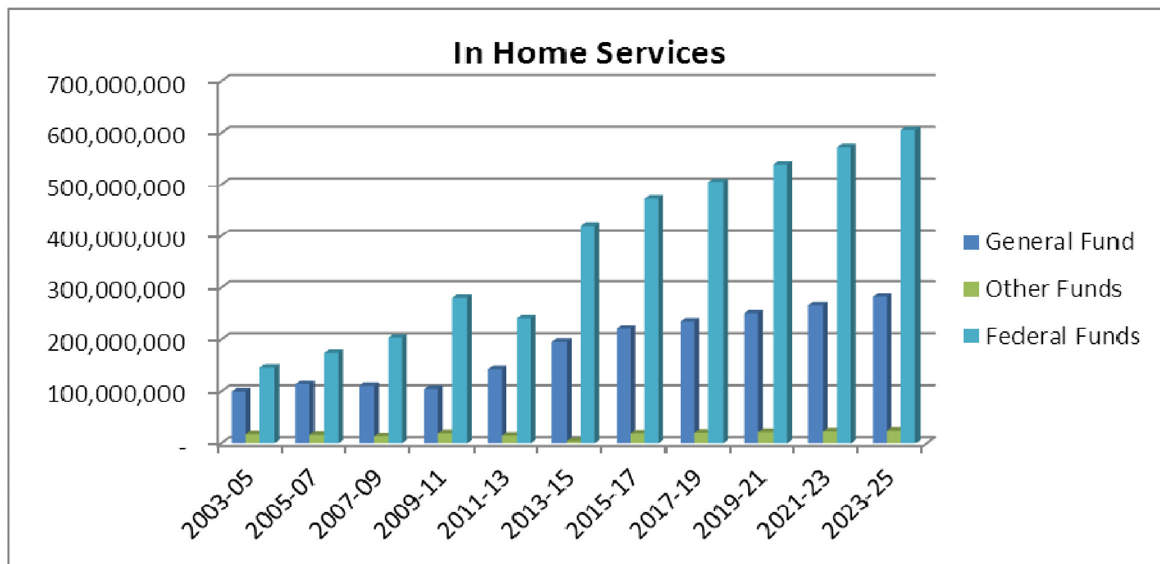
Federal Law: 45 CFR, Part 1321.

Funding Streams

OAA funds are 100 percent federal. The law has a required Maintenance of Effort and state match of $5 million per biennium, which is met with state funding authorized for the Oregon Project Independence Program (ORS 410.410 to 410.480). OAA funding was never intended nor does it fully fund services. Each dollar of OAA funding is leveraged with $2 of state and local funds, participant donations and community fundraising. Additionally, the services are enhanced with the in-kind support of volunteers, donated community space and equipment, etc.

Department of Human Services: Medicaid Long-Term Care In-Home Services

Primary Outcome Area: Healthy People
Secondary Outcome Area: N/A
Program Contact: Mike McCormick, 503-945-6229



In-Home caseloads decreased with the elimination of certain eligibility groups in 2003. In the 13-15 biennium, in-home agency and personal care budgets were moved from 'other services' to in-home care for reporting purposes.

Executive Summary

In-Home services are the least restrictive service offered in Oregon's long-term care continuum. This program funds Medicaid long-term care services to seniors and people with disabilities in their own homes for individuals who are eligible to receive the same services in a nursing facility. In 2013, Oregon added a new Medicaid, 1915(k) State Plan Option, or "K plan," that provides additional flexibility and funds. Approximately 47 percent of individuals served in Oregon's long term care system are served in their own homes. Oregon spends 78.3 percent of its long-term care expenditures on home and community based services, while the national median is 49.5 percent. In-Home services offer an opportunity to provide differentiated care in a respectful, sensitive, and inclusive manner to Oregonians from a variety of diverse backgrounds.

Program Funding Request

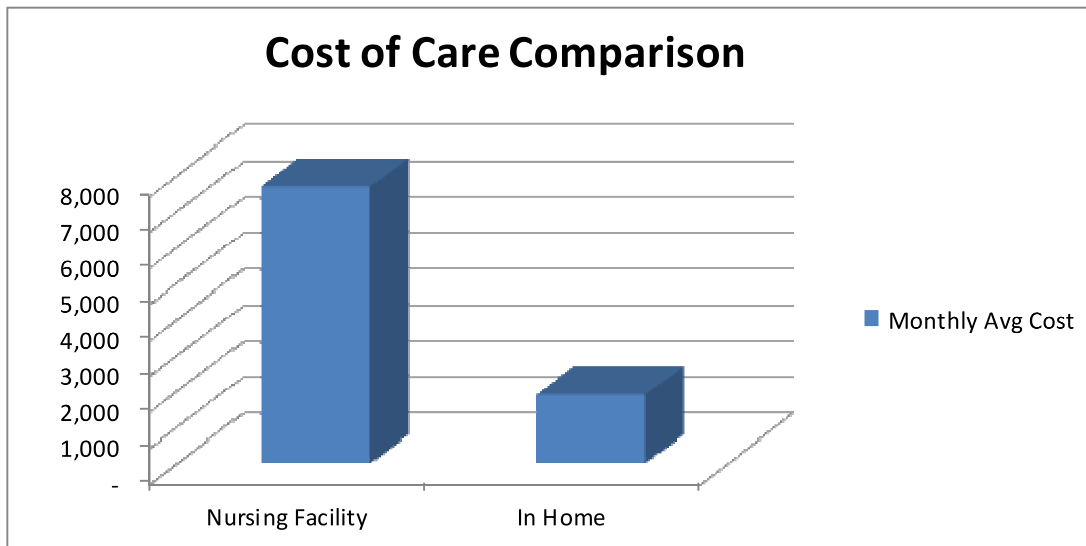
	In-Home			
	GF	OF	FF	TF
LAB 13-15	$ 195,368,163	$ 8,914,702	$ 434,491,851	$ 638,774,716
GB 15-17	$ 227,134,751	$ 18,985,218	$ 506,865,315	$ 752,985,284
Difference	$ 31,766,588	$ 10,070,516	$ 72,373,464	$ 114,210,568
Percent change	16.3%	113.0%	16.7%	17.9%

Program Description

This cost-effective program enables eligible low-income seniors and people with disabilities to remain in their own homes and established communities. Individuals from culturally diverse backgrounds benefit from this program that provides enhanced independence, health, safety, and quality of life. Oregon's model of long-term care is referred to as a social model, distinctly different from a medical model of care. Social models of care focus on client autonomy, respect, choice and individualized care planning. Individuals are viewed holistically, with provided supports that enhance independence, dignity and respect.

Eligibility for services is based upon a combination of financial criteria and service needs. An individual's service needs are calculated as a "service priority level", which ranges from 1 (highest need) to 18 (lowest need). In the 2003 budget crisis, funding to serve individuals with service priority levels 14 through18 was eliminated. These levels remain unfunded through Medicaid. However, some (not all) of the needs can be met for these individuals through Older Americans Act and Oregon Project Independence programs.

In-Home supports include necessary assistance with Activities of Daily Living (walking, transferring, eating, dressing, grooming, bathing, hygiene, toileting, and cognition) and Instrumental Activities of Daily Living (meal preparation, housekeeping, laundry, shopping, medication and oxygen management). Assistance ranges from several hours per week to twenty-four hours per day. Without these supports, over 13,000 individuals would likely receive services in a more costly nursing facility. The following graph provides a hypothetical picture of the average costs that would be incurred if In-Home services were not offered:



Oregon provides a variety of In-Home service options available to individuals based on preference, choice, and cost-effectiveness:

Consumer-Employed Provider Program
Individuals participating in this program receive services from hourly or live-in homecare workers. The In-Home recipient is considered the employer and is empowered and responsible to hire, train, supervise, track hours worked, address performance deficiencies, and discharge providers. Homecare workers are paid a set rate established through collective bargaining, which the State pays on the individual's behalf. The Oregon Home Care Commission establishes homecare worker enrollment standards and training for homecare workers, both of which contribute to the quality of In-Home services. APD is forecasted to serve more than 13,000 individuals in this program in the 2013-2015 biennium.

Independent Choices Program
This program is a 1915(j) State Plan Option and allows individuals to exercise more decision-making authority in identifying, accessing, managing, and purchasing goods and services that enhance independence, dignity, choice, and well-being. This option is popular among individuals who wish to take complete control over the planning and provision of services. In the Independent Choices Program, the cost of the established service plan is "cashed-out" and deposited into the eligible individual's dedicated Independent Choices Program checking account. The individual then pays providers directly based on a negotiated rate. Participants have the flexibility to use a portion of the funds to purchase goods, not available

through the medical plan, that enhance their independence, such as a wheelchair lift for a vehicle or a wheelchair ramp for their home. The state performs periodic monitoring with an emphasis on safety and program integrity. APD is forecasted to serve 294 individuals in this program in the 2013-2015 biennium.

Specialized Living Services
These are services designed to serve a specific special-needs consumer base, such as those with traumatic brain injuries or other specific disabilities who would otherwise require a live-in attendant or other 24-hour care. The services are provided through contracts with qualified vendors who provide specialized, shared-attendant services to individuals living in their own homes or apartments. APD is forecasted to serve more than 180 individuals in this program in the 2013-2015 biennium.

Cost Drivers
The major cost drivers of the In-Home services program are the current number of eligible individuals, their level of needed assistance, the length of time receiving services, and the growing population of those requiring services. The population served is much different than it was 30 years ago when Oregon first received a waiver. With the advancement of medical technology and treatment options, individuals are living longer with chronic disease and significant disabilities. Another major cost driver is the provision of wages and benefits for homecare workers tied to collective bargaining. This includes set wages, paid time off, workers' compensations premiums, unemployment insurance and other benefits.

As illustrated earlier, In-Home service plans have proven to be a cost-effective alternative to nursing facility care. Individuals with hourly plans cost approximately $1,314 per month. Individuals with live-in plans cost approximately $2,219. The cost of similar services provided in a nursing facility exceeds $7,650 per month.

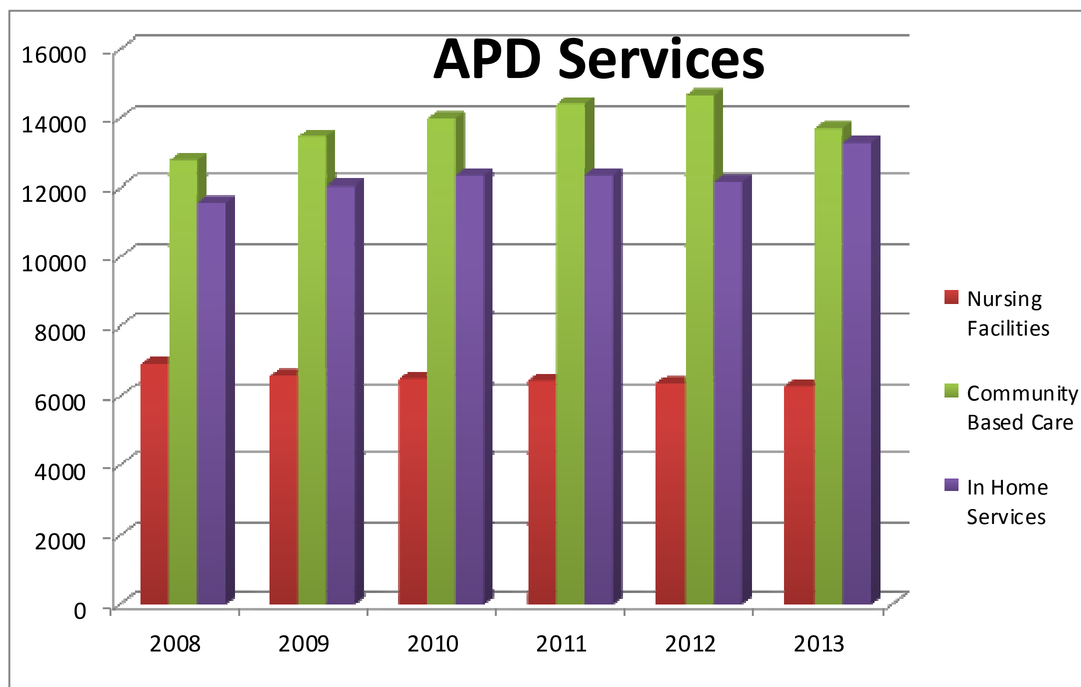
<u>Program Justification and Link to 10-Year Outcome</u>
In the early 1980s, Oregon was the first state awarded a Medicaid 1915(c) Home and Community-Based Services waiver from the Centers for Medicare and Medicaid Services, allowing Oregon to serve individuals in their homes and communities. In 2013, Oregon added a new, 1915(k) State Plan Option, or "K plan," that provides additional flexibility and funds. In an independent study conducted by AARP, Oregon received an overall ranking of 3rd out of 50 states in terms of choice of settings and providers, quality of life and quality of care, and

effective transitions from nursing facilities back into the community. Oregon consistently ranks in the top percentage in the number of individuals served in their own home.

There is a direct link between the In-Home services program and the Healthy People outcome that "Oregonians are healthy and have the best quality of life." The program empowers individuals to direct their own services and make choices that enhance their quality of life, live with dignity, and remain as independent as possible. Health is maintained through the provision of necessary assistance with Activities of Daily Living and Instrumental Activities of Daily Living. Consistent provision of services, including medication management and the preparation of nutritious meals, delays or diverts an individual's entry into more costly care settings.

Program Performance

A key goal of the Department of Human Services (DHS) is that people are safe and living as independently as possible. DHS currently measures this goal based on the percentage of individuals living in their own homes in lieu of a licensed care facility, as well as the percentage of individuals who move to a less restrictive service setting. Currently, there are more individuals participating in the Medicaid program who reside at home and receive services than there are receiving services in a nursing facility, as demonstrated in the graph below:



Aging and People with Disabilities is currently in the planning process to reform and modernize Oregon's publicly funded long-term care system. This effort involves identifying innovate strategies to increase the percentage of individuals receiving In-Home and community based services.

Enabling Legislation/Program Authorization

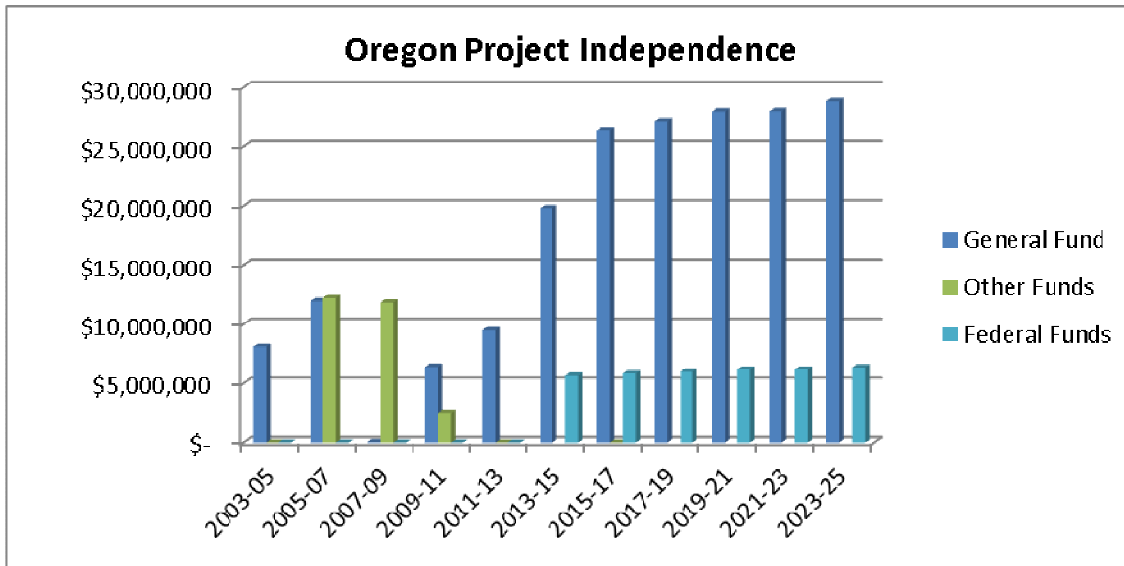
Medicaid is an entitlement program that was enacted in 1965 under Title XIX of the Social Security Act. Eligible individuals have the right to receive long term care services in a nursing facility. While states are not required to participate in Medicaid, in order to receive federal matching funds, states must follow the Medicaid rules. Oregon's Long Term Care system operates under a variety of Medicaid options which allows long term care services to be provided in home and community based settings.

Funding Streams

In-Home services are funded through the Medicaid program. Therefore, the federal government pays approximately 69 percent and the state pays 31 percent. There is a small amount of funding from the estates of former recipients. When a Medicaid recipient dies, we are required by federal law to recover money spent for the individual's care from the recipient's estate. These funds are reinvested in services for other individuals, offsetting the need for general funds.

Department of Human Services: Oregon Project Independence

Primary Outcome Area: Healthy People
Secondary Outcome Area: N/A
Program Contact: Mike McCormick, 503-945-6229



Since Oregon Project Independence is a state general-funded program, funding has been volatile and tied to the overall health of the economy.

Executive Summary

Oregon Project Independence (OPI) provides preventive and In-Home services and supports to a diverse population of eligible individuals to reduce the risk of out-of-home placement and promote self-determination. This program optimizes eligible individuals' personal and community support resources to prevent or delay spend down to Medicaid-funded long-term care, which could consist of In-Home or other 24-hr residential services.

Program Funding Request

	Oregon Project Independence			
	GF	OF	FF	TF
2013-15 LAB	24,491,625	-	5,659,706	30,151,331
GB	19,811,625	-	5,659,706	25,471,331
Difference	(4,680,000)	-	-	(4,680,000)
Percent Change	-19.1%	0.0%	0.0%	-15.5%

Program Description

Oregon Project Independence (OPI) is a state-funded program offering In-Home services and related supports to a diverse population of Oregonians. DHS/APD strives to deliver In-Home services in a culturally and linguistically appropriate manner. OPI provides essential services such as personal care, homecare and chore assistance, adult day care, service coordination, registered nursing (teaching/delegation of nursing tasks to caregivers) and home-delivered meals. This program complements services provided under the Older Americans Act.

Traditionally, OPI served individuals who are 60 years of age or older, are assessed at needing assistance with Activities of Daily Living (eating, dressing/grooming, bathing/personal hygiene, mobility, elimination and cognition) and/or Instrumental Activities of Daily Living (housekeeping, shopping, transportation, medication management and meal preparation) and are not receiving Medicaid. Also, individuals under age 60 who have been diagnosed with Alzheimer's disease or a related disorder are also eligible. The program was expanded by the 2005 Oregon Legislature to include younger adults with disabilities and recently $3 million in funding for a pilot program has been made available to support this expansion.

There are neither income nor resource requirements for eligibility. However, these factors are taken into consideration when assessing the individual's risk of needing Medicaid long-term care. OPI clients do not pay a charge for the service coordination services they receive. Services other than service coordination are provided at no cost to families with net incomes at or below 150 percent of the Federal Poverty Level (FPL). Families with net incomes from 150 percent to 400 percent FPL pay a fee toward services using a sliding scale based on income. Families with net incomes at or above 400 percent FPL pay the full cost of the services provided, other than service coordination.

In a 2012 study of selected comparable clients, OPI clients on average utilized 24 percent of the hours that Medicaid clients used. The hourly rates are the same for homecare worker services in the two programs, OPI clients utilized 24 percent of the billed hours compared to Medicaid. The stark utilization difference is because the OPI program has capped the number of hours available to each client due to budget restrictions. In addition to personal and home care hours, Medicaid eligibility also provides individuals with benefits for comprehensive healthcare under the Oregon Health Plan (OHP) and pays for these costs. OPI clients do not access OHP so the healthcare expenditures are $0.

Oregon Project Independence services are delivered statewide through the network of 17 designated Area Agencies on Aging (AAAs). Administrative cost efficiencies have been realized in one area of the state where neighboring AAAs collaborated to jointly secure contracted services of a single In-Home care agency. Similar partnerships should be encouraged statewide.

Program Justification and Link to 10-Year Outcome

OPI contributes to the desired 10-year outcome to "decrease the number of older Oregonians that access Medicaid-funded long-term care." Data reported by the Area Agencies on Aging in 2009 revealed that 63.6 percent of OPI clients had income below the FPL, 33.1 percent between 100 percent and 200 percent of FPL and 3.3 percent over 200 percent of FPL. This data also revealed that fewer than 10 percent of OPI clients transitioned to Medicaid-funded services, despite the high rate of OPI clients whose income was at or below the FPL. AAAs are currently maintaining waiting lists of individuals who are eligible to be served by OPI. Annually, the "unable to serve" lists of individuals will be evaluated to determine how many of these individuals accessed Medicaid-funded services while waiting to be served by OPI.

Additionally, there is a direct link between the OPI program and the Healthy People outcome "Oregonians are healthy and have the best quality of life." The program empowers individuals to direct their own services and make choices that enhance their quality of life, live with dignity, and remain as independent as possible. Health is maintained through the provision of necessary assistance with Activities of Daily Living and Instrumental Activities of Daily Living.

Program Performance

- **Number of people served/items produced** (From State Program Report)

	FY 07	FY 08	FY 09	FY 10	FY 11*	FY 12	FY 13**	FY 14**◆
Clients Served	2,559	3,198	2,245	2,166	1,583	1,466	2,048	2,574
Hours of Care	247,322	240,426	239,895	212,381	191,574	157,275	210,874	259,016
Hours of Case Mgmt.	119,181	99,296	72,567	70,787	100,277	66,496	46,100	49,567

**OPI services are managed to a "budget box". It is not an entitlement program. During the '09-'11 and the first year of the '11-'13 biennium uncertainty in OPI funding caused a closure of OPI services to clients and a reduction of the number of clients through attrition and reduction for the last year of the biennium, as well as increased case management time to support clients.*

***Increased clients served as well as hours of In-Home services are a result of solvency of appropriated funding.*

◆ *Preliminary State Program Report data*

- **Quality of the services provided**
  Personal and home care services are delivered via licensed In-Home care agencies or registered home care workers. Quality of care standards for In-Home care agencies are set forth in licensing rules found in OAR Chapter 333, Division 536; compliance with licensing standards is monitored by the Health Care Licensing and Certification unit of the Public Health Division. Home Care Workers who provide services to OPI clients are required to be registered with the Home Care Commission and receive background checks and ongoing training.

- **Cost per service unit**
  The average monthly cost of services to an OPI client is $332. This average is calculated using a combination of direct, administrative and other costs.

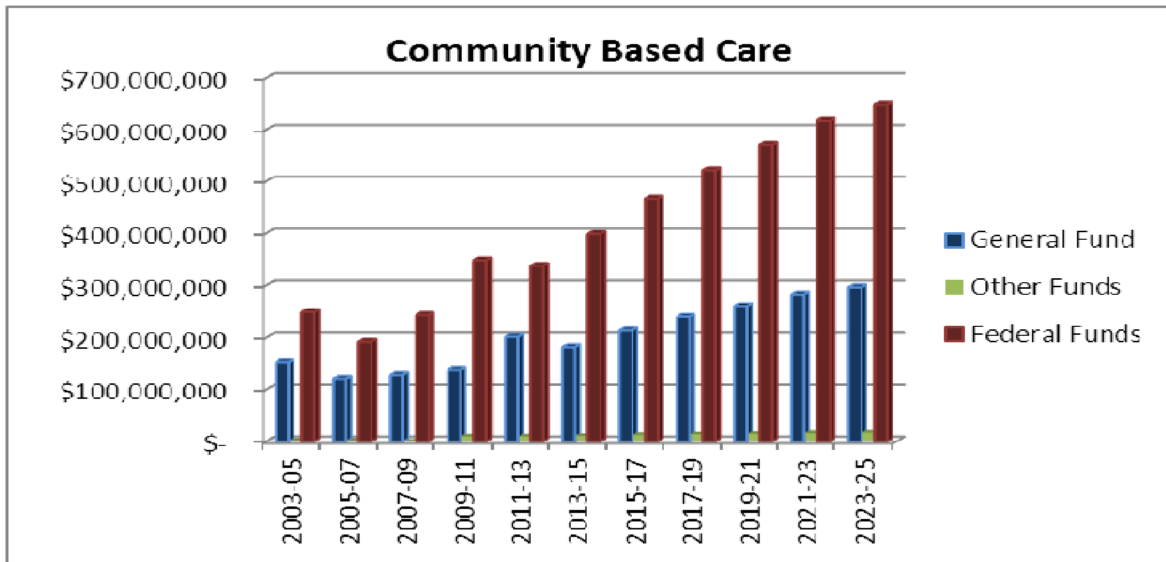
Enabling Legislation/Program Authorization
OPI is authorized under Oregon law at ORS 410.410 to 410.480.

Funding Streams
OPI is comprised of majority State General Funds with a small amount of Federal match funding. Services are expanded through the utilization of program income generated from client cost sharing based on a sliding fee schedule.

OPI serves as the required Maintenance of Effort (45 CFR Sec. 1321.49) and state match (45 CFR Sec. 1321.47) to receive federal funding under the Older Americans Act. At least $5 million per biennium in state funds is needed to maintain the Maintenance of Effort and match requirements of the OAA.

Department of Human Services: Medicaid Long-Term Care Community Based Care

Primary Outcome Area: Healthy People
Secondary Outcome Area: N/A
Program Contact: Mike McCormick, 503-945-6229



Caseloads dropped after the elimination of certain eligibility groups in 2003. Access to care was challenging when a robust private pay market existed in the mid-2000s. An investment by the Legislative Assembly in 2008 strengthened access considerably.

Executive Summary

Community-based care is considered the middle layer of Oregon's long-term care continuum and includes a variety of 24-hour care settings and services for low-income seniors and people with physical disabilities who cannot meet their own activities of daily living. These services are part of Oregon's nationally recognized home and community based care system, which provides a critical, cost-effective alternative to nursing facilities.

Program Funding Request

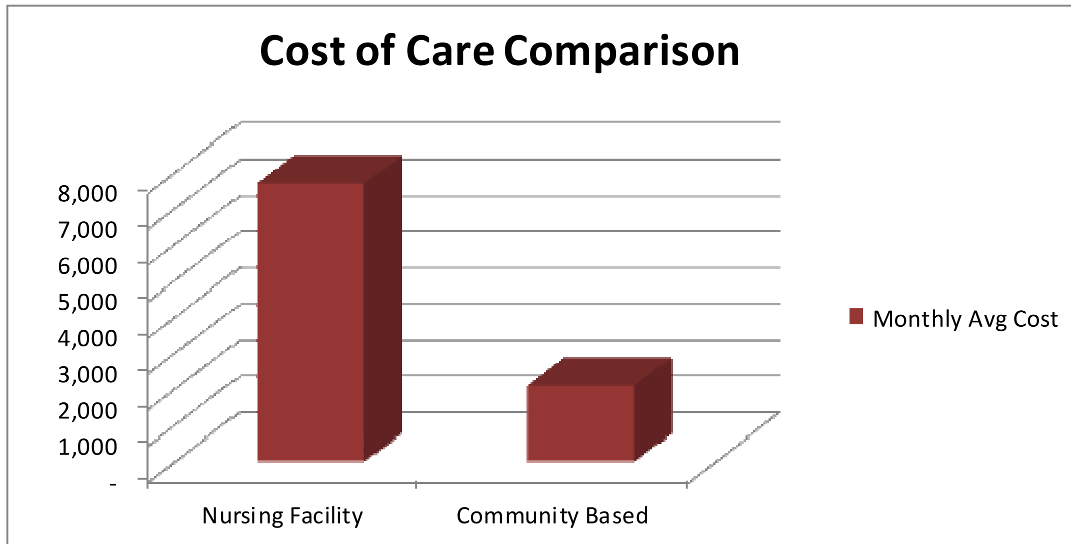
	Community Facilities			
	GF	OF	FF	TF
2013-15 LAB	183,122,978	10,945,294	396,008,204	590,076,476
GB	204,043,548	12,427,733	456,710,289	673,181,570
Difference	20,920,570	1,482,439	60,702,085	83,105,094
Percent Change	11.4%	13.5%	15.3%	14.1%

Program Description

The State of Oregon strives to meet the needs and expectations of increasingly diverse populations, and community based care provides a critical alternative to nursing facilities for seniors and people with disabilities who cannot meet their own daily needs.

Eligibility for long-term care services and supports is based upon a combination of financial criteria and service needs. Recipients contribute their own funds towards room and board directly to community based care facilities, while the state pays for services, consisting mostly of assistance with Activities of Daily Living (walking, transferring, eating, dressing, grooming, bathing, hygiene, toileting, and cognition) and Instrumental Activities of Daily Living (meal preparation, housekeeping, laundry, shopping, medication and oxygen management). Nursing facility care is a guaranteed Medicaid benefit to eligible individuals. If the state did not use alternatives to nursing facility level of care, more than 13,000 individuals would likely be receiving services in nursing facilities at more than 300 percent of the cost of community based care services.

The following table illustrates hypothetical costs that would be incurred if community based care services were not available:



Community-based care includes:

- Adult Foster Homes, which serve five or fewer individuals in a home-like setting;
- Residential Care Facilities (RCF), which serve six or more individuals in a facility with private or shared rooms and common areas;
- Assisted Living facilities (ALF), which serve individuals in their own apartments;
- Enhanced Care services, which serve individuals with significant limitations complicated by mental health needs. This program is jointly funded between DHS and the Oregon Health Authority – Addictions and Mental Health Division); and
- Program of All-Inclusive Care for the Elderly (PACE), which serve over 1,000 individuals via a fully capitated premium. The program is jointly funded with Medicare and Medicaid dollars and provides an integrated program for medical and long-term services. Individuals are aged 55 and older, generally attend adult day services, and live in a variety of settings representative of Oregon's long term care continuum. Oregon's only PACE provider, Providence Elderplace, is responsible for providing and coordinating their clients' full health and long-term service needs in all of these settings.

APD competes with the private-pay market for access to most community-based care. Most facilities have a mix of private pay and Medicaid residents. When economic conditions strengthen, and as our society ages, APD may lose access as competition for open beds increases.

Adult foster homes are represented by SEIU and have collective bargaining rights. Factors such as safety and quality cannot be negotiated; however, issues such as training and service rates are mandatory subjects of bargaining.

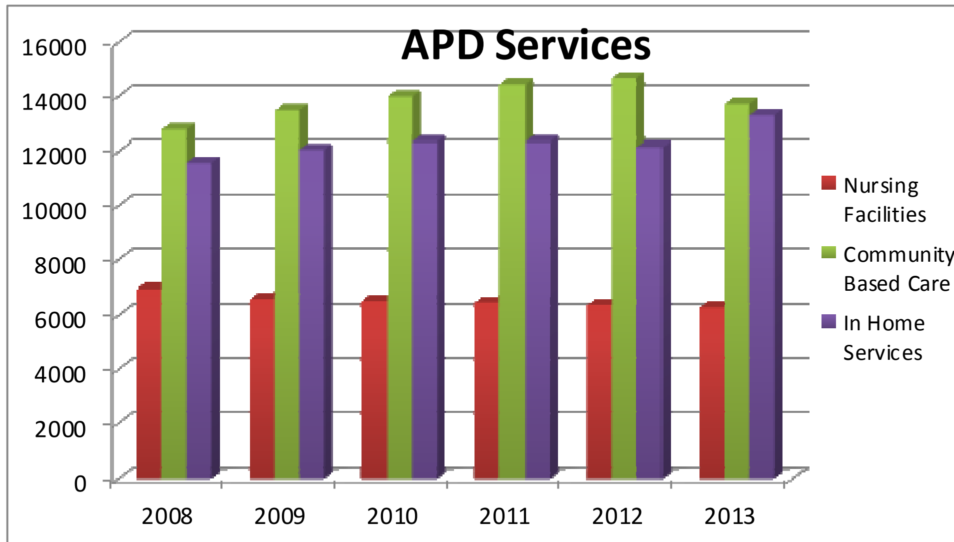
Each community-based care setting must meet federal and state laws and regulations related to health, safety and service delivery. Mandatory services include assistance with activities of daily living, medication oversight and social activities. Some settings, which serve individuals with more complex needs, may include additional services, such as nursing and behavioral supports.

Program Justification and Link to 10-Year Outcome

Community-based care is a direct link to the Healthy People program area outcome that “Oregonians are healthy and have the best possible quality of life at all ages.” The program maximizes federal resources while reducing unnecessary costs in higher levels of care. With one of the lowest levels of nursing facility utilization in the country, Oregon is at the forefront of using community based care as a core alternative to nursing facilities. With ongoing support, Oregon can meet the target of serving 90 percent of the publicly funded long term care caseload in home and community based care in the next ten years (up from 86 percent).

Program Performance

A key goal of the Department of Human Services (DHS) is that people are safe and living as independently as possible. DHS currently measures this goal based on the percentage of individuals living in their own homes in lieu of a licensed care facility, as well as the percentage of individuals who move to a less restrictive service settings such as community based care. Currently, there are more individuals participating in the Medicaid program who reside in community based care settings than there are receiving services in a nursing facility, as demonstrated in the following graph:



Aging and People with Disabilities is currently in the planning process to reform and modernize Oregon's publicly funded long-term care system. This involves identifying innovate strategies to increase the percentage of individuals receiving in-home and community based services.

Community Based Care service plans have been proven to be a cost-effective alternative to nursing facility care. Costs range by facility type and assessed need of the individual. The monthly average cost by setting is:

- AFHs $2,105;
- RCFs $1,569; and
- ALFs $2,211.

The cost of similar services provided in a nursing facility exceeds $7,500 per month.

Enabling Legislation/Program Authorization

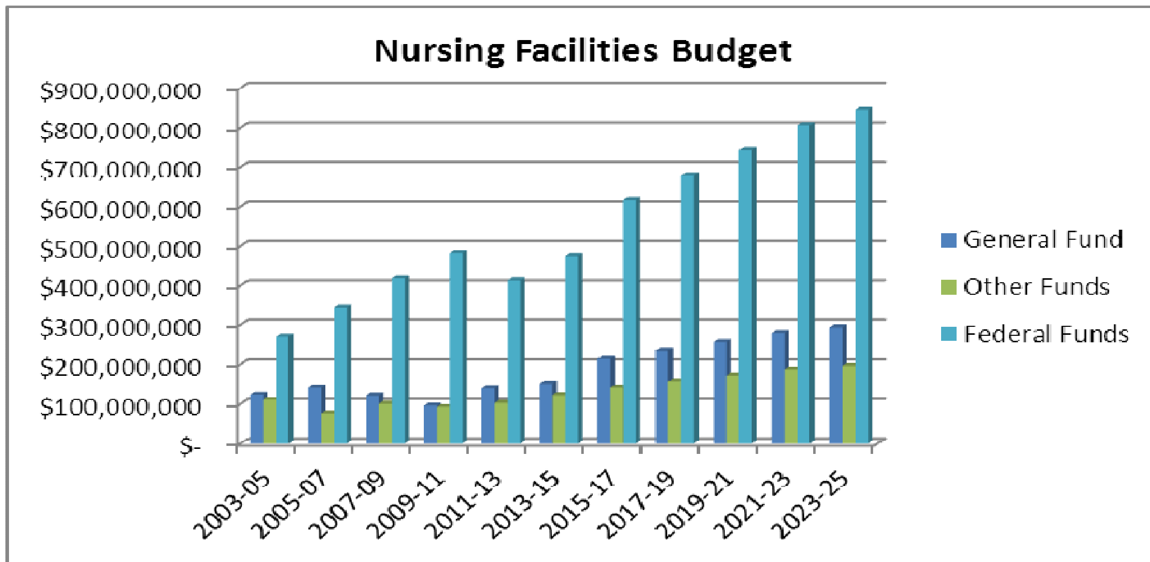
Community based Care is operated under a variety of Medicaid home and community based services. The newest mechanism is our 1915(k) State Plan Option or, "K plan." The state provides services that substitute for nursing facility services, the mandated benefit for Medicaid eligible individuals under Title XIX of the Social Security Act. Additionally ORS 410 and ORS 443 provide statutory policy and structure to the services offered.

Funding Streams

Community based care services are funded through the Medicaid program. Therefore, the federal government pays approximately 69 percent and the state pays 31 percent. There is a small amount of funding from the estates of former recipients. When a Medicaid recipient dies, we are required by federal law to recover money spent for the individual's care from the recipient's estate. These funds are reinvested in services for other individuals, offsetting the need for general funds.

Department of Human Services: Medicaid Long-Term Care Nursing Facilities

Primary Outcome Area: Healthy People
Secondary Outcome Area: N/A
Program Contact: Mike McCormick, 503-945-6229



State general fund investments decreased with the passage of the provider tax. Caseload remains on an overall downward trend as more and more individuals choose to receive long-term care services in a home or community-based setting.

Executive Summary

Nursing facility services are the institutional option available in Oregon's long-term care continuum, which also consists of in-home and community based care. Nursing facilities are generally considered the most restrictive setting of the three options offered. However, this program is important for individuals with the highest levels of acuity and is a mandated federal benefit under the Medicaid program. Nursing facility level of care is the guaranteed benefit (entitlement) by federal law.

Program Funding Request

	Nursing Facilities			
	GF	OF	FF	TF
LAB 13-15	$ 148,868,298	$ 127,942,257	$ 477,484,726	$ 754,295,281
GB 15-17	$ 166,000,032	$ 134,272,295	$ 528,483,292	$ 828,755,619
Difference	$ 17,131,734	$ 6,330,038	$ 50,998,566	$ 74,460,338
Percent change	11.5%	4.9%	10.7%	9.9%

Program Description

Nursing facilities are most appropriate for people with high acuity needs requiring 24-hour medical oversight and a protective/structured setting. They offer short-term care for individuals who need rehabilitation or 24-hour nursing. They may be appropriate for a limited number of individuals who need long-term care due to permanent health problems too complex or serious for in home or community based care settings.

Nursing facility rates cover basic, complex, pediatric, enhanced care, and post hospital extended care. Services will vary in nursing care facilities, but generally consist of the following:

- Medical treatment prescribed by a doctor;
- Physical, speech, and occupational therapy;
- Assistance with personal care activities such as eating, walking, bathing, and using the toilet (custodial care); and
- Social services.

Oregon currently has 137 licensed nursing facilities with 12,087 licensed beds, a decrease in both since the 2013 Legislative Session. These facilities have approximately 2.6 million annual resident days, of which approximately 63 percent are Medicaid clients. The annual resident days decreased by more than 40,000 in 2013. The majority of residents were admitted directly from acute care hospitals with a very small percentage from home. In 2013, the average length of stay for Medicaid residents is 124 days. Approximately 75.8 percent of all nursing facility residents stayed less than 3 months. Nearly 82.3 percent of nursing facility residents are aged 65 and older.

Payer	Long-Term Care – Nursing Facility
Medicare	16.89%
Medicaid	62.54%
Private Pay	20.57%

The main cost drivers are low census in nursing facilities, the length of stay in a nursing facility and the steady increase in the daily reimbursement rate. The nursing facility reimbursement rate is tied to the provider assessment statute. The current nursing facility reimbursement rate is $257.56 per resident per day and the provider assessment rate is $19.37. In the 2015-2017 biennium, the provider assessment is expected to account for approximately $112 million of $828 million in expenditures.

Program Justification and Link to 10-Year Outcome

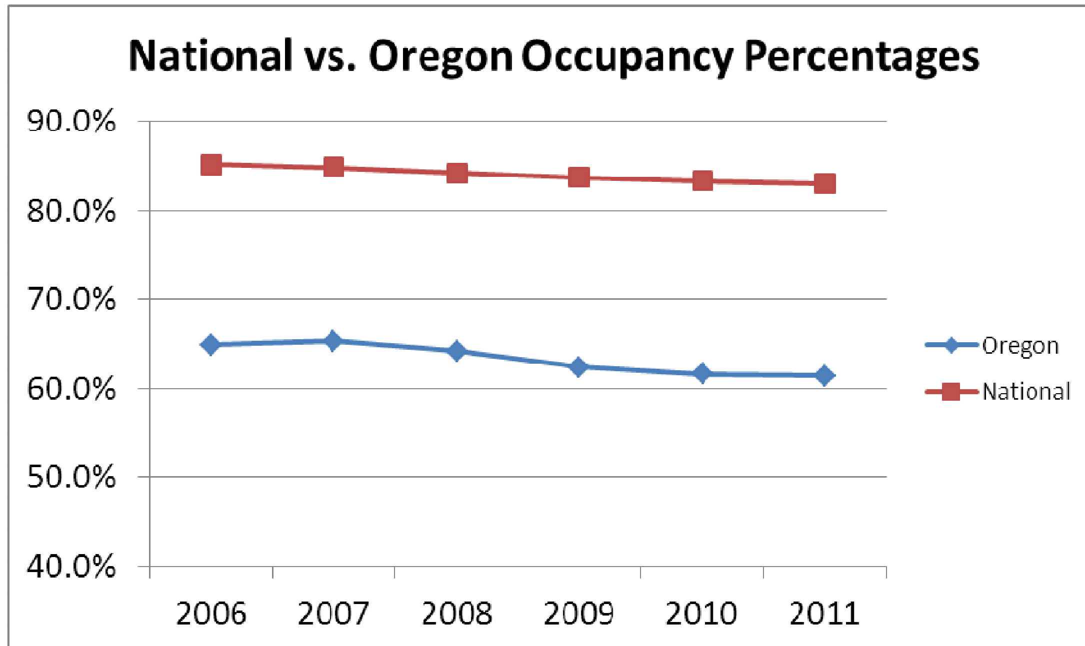
Though nursing facility level of care is a guaranteed benefit, Oregon has been the national leader in creating cost-effective alternatives that meet people's needs in their homes and other community settings, such as assisted living facilities, in-home care, retirement communities, residential care and adult foster homes. Oregon continues to work closely with individuals and their families to offer the full array of community based services. The new State Plan Authority approved by the Centers for Medicare and Medicaid Services in July 2013 provides Medicaid-funded resources to assist individuals in transitioning from nursing facilities. Oregon strives to provide quality services in a linguistically and culturally competent manner.

Nursing facilities are an important service in our continuum, meeting the needs of some individuals with higher acuity levels; however, DHS still believes there are opportunities to decrease its usage. Oregon continues to highlight, strengthen, and encourage the use of community-based care facilities instead of nursing facilities. DHS has established a goal of decreasing the percentage of long-term care recipients utilizing nursing facility services to 10 percent by 2020.

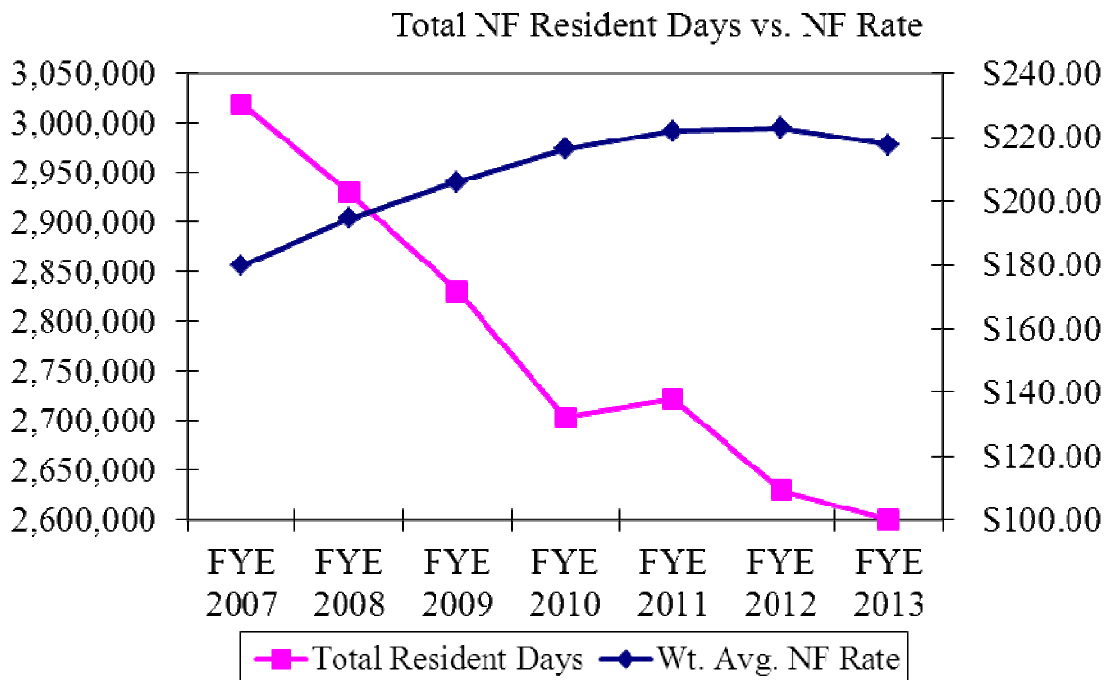
Program Performance

Nursing facilities are heavily regulated by the federal government and are licensed and routinely monitored by the State. The State establishes requirements for nursing facilities that promote quality of care and maximization of personal choice and independence for residents.

DHS remains diligent in diverting and relocating people who receive Medicaid-funded long-term care services from nursing facilities into home or community settings. One way performance is measured in this program is by the occupancy percentage of nursing facilities. Oregon has the lowest occupancy in the nation.



Low occupancy rates result in higher costs per resident day since fixed costs are allocated over fewer resident days. The following graph illustrates the inverse relationship between occupancy levels and the rate DHS pays nursing facilities. The 2013 Legislative Assembly approved legislation (HB 2216) that is intended to reduce this unnecessary nursing facility capacity and thereby reduce increasing cost per resident day. HB 2216 established a statewide bed reduction target to reduce licensed beds by 1,500 by December 31, 2015. The legislation provided incentives for providers to buy and close nursing facilities through an augmented rate of $9.75 per Medicaid resident day that lasts for four years. If the bed reduction target is not met, the statutorily set rate methodology will be reduced.



Enabling Legislation/Program Authorization

Medicaid is an entitlement program that was enacted in 1965 under Title XIX of the Social Security Act. While states are not required to participate in Medicaid, in order to receive federal matching funds states must follow the Medicaid rules. Oregon's Long-Term Care system operates under Medicaid state plan authority. All clients qualify for nursing facility care have the choice of receiving care in other settings such as in-home or in community based care settings.

Oregon's nursing facility reimbursement rate and accompanying provider assessment authorization in promulgated in ORS 409.736. The 2013 Legislative Assembly reauthorized the provider assessment through 2020.

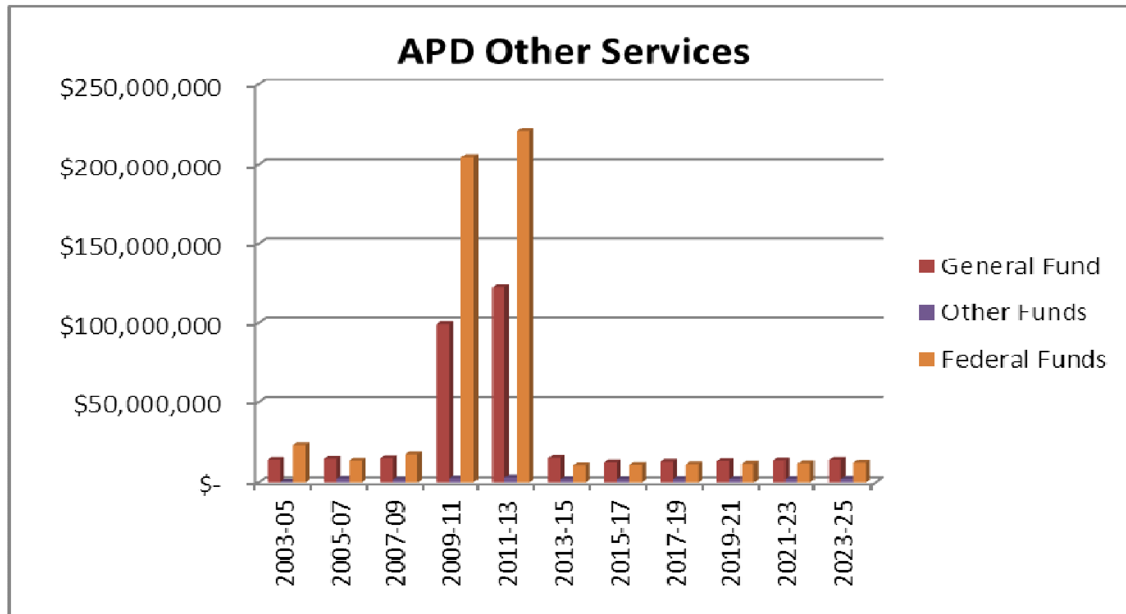
Funding Streams

Nursing facility services are funded through the Medicaid program. Therefore, the federal government pays approximately 64 percent with the remaining 36 percent being split between state general funds and provider taxes. In the 2013-2015 biennium, provider taxes from nursing facilities are expected to total $104M. There is $24.3 million in funding from the estates of former recipients. When a

Medicaid recipient dies we are required by federal law to recover expenditures for the individual's care from the recipient's estate. These funds are reinvested in services for other individuals, offsetting the need for general funds.

Department of Human Services: Other Services

Primary Outcome Area: Healthy People
Secondary Outcome Area: N/A
Program Contact: Mike McCormick, 503-945-6229



Costs for 2009-2011 and 2011-2013 are higher due to the transfer of the funding for Medicare Part A and Medicare Part B buy-in programs from the Oregon Health Authority (OHA) to Aging and People with Disabilities (APD). These funding sources were transferred back to OHA in 2013-2015 but APD continues to administer the programs.

Executive Summary

Other Services were previously dominated by federally mandated programs, such as the Medicare Buy-in and the Medicare Part D low income subsidy programs, which help low-income Medicare beneficiaries meet their cost sharing requirements. This cost-effective investment ensures that Medicare remains in a first-payer position, thereby reducing or eliminating costs to the State's Medicaid health programs (Oregon Health Plan). Other Services also includes programs that support individuals living as independently as possible in the community. For example, home-delivered meals provide a critical support to many individuals who otherwise may not be able to remain independent in their own home.

Program Funding Request

	Other Services			
	GF	OF	FF	TF
LAB 13-15	$ 6,012,837	$ 1,614,024	$ 9,513,327	$ 17,140,188
GB 15-17	$ 5,794,476	$ 1,862,724	$ 10,533,681	$ 18,190,881
Difference	$ (218,361)	$ 248,700	$ 1,020,354	$ 1,050,693
Percent change	-3.6%	15.4%	10.7%	6.1%

Program Description

As stated above, the majority of funding in Other Services was previously dedicated to the Medicare Buy-in programs that support low-income individuals in accessing their federal Medicare benefits. Federal law requires states to provide payments for Medicare beneficiaries who meet specific income guidelines. APD helps consumers access this benefit. Medicare beneficiaries include individuals aged 65 or older and people with disabilities who have been receiving Social Security Disability payments for at least two years. The passage of the Medicare Improvements for Patients and Providers Act (MIPPA) of 2008 expanded the asset allowance and eliminated the estate recovery component of Medicare Savings Programs. These changes eliminated many of the barriers to the Medicare buy-in programs for a significant number of Oregonians.

Oregon is expected to serve over 120,000 seniors and people with disabilities in the following programs:

- **State Medicare buy-in:** By purchasing Medicare Part B (which has a federally required premium) for individuals eligible for both Medicare and Medicaid (dual-eligibles), the Medicaid program pays for medical services, such as physician, radiology and laboratory services, only after Medicare has paid as primary payer.
- **Medicare savings programs:** Clients in these programs receive federal mandated assistance with their Medicare Part B premiums. Specified low-income Medicare beneficiaries and qualified individuals are those individuals who have income between 100 and 135 percent of the federal poverty level.
- **Qualified Medicare Beneficiaries:** Beneficiaries receive state assistance for the costs associated with the Medicare hospital benefit, Part A, and physician services, Part B, that would otherwise be required of them, including premiums, deductibles and co-payments. These clients have income equal to or less than 100 percent of the federal poverty level.

- **Medicare Part D:** Medicare Part D is the Medicare pharmacy benefit. All clients in the Medicare buy-in programs receive assistance from CMS with their Medicare Part D premiums and co-insurance amounts. Oregon pays a per-person monthly premium to Medicare for eligible clients.

APD works to provide services that support individuals in their own home. These supports reduce reliance on nursing facilities and licensed community based care while simultaneously improving quality of life and saving taxpayers' money. These programs provide supplemental services as needed to In-Home clients and are not tracked as a separate caseload. These programs include:

- **Medicaid Adult Day Services:** Adult day services provide supervision for adults with functional or cognitive impairments who cannot be left alone for significant periods of times. Services may be provided for half or full days in stand-alone centers, hospitals, senior centers and licensed care facilities.
- **Medicaid Home-Delivered Meals**: Home-delivered meals are provided for Medicaid eligible clients receiving In-Home services who are homebound and unable to go to the congregate meal sites, such as senior centers, for meals. These programs generally provide a daily hot mid-day meal and often frozen meals for days of the week beyond the provider's delivery schedule.
- **Cash payments:** APD makes special-needs payments to reduce the need for more expensive long-term care payments and to allow a client to retain independence and mobility in a safe environment. Special needs payments may be used for such things as adapting a home's stairs into a ramp or repairing a broken furnace. Clients can also receive cash payments to help pay Medicare Part D prescription drug copays, payments for non-medical transportation, and a one-time emergency payment for an unexpected loss (such as stolen cash, a car repair or a broken appliance). The budget supporting these payments meets the federal requirement for APD's maintenance of effort (MOE).

Program Justification and Link to 10-Year Outcome

Other Services are targeted supports that help Oregonians remain in the least restrictive setting possible. The department strives to provide services in a respectful, culturally and linguistically appropriate manner. These services are directly tied to the Healthy People Strategy and help ensure that "Oregonians are healthy and have the best possible quality of life at all ages." They also tie to Strategy 1 on changing how health care is delivered in Oregon by supporting efforts to increase home and community-based care to 90 percent of the total

Medicaid long-term care caseload. The 10-year outcome also envisions an integrated system that these community supports will help realize.

These services allow individuals to receive services at the right time and in the right place. They maximize expenditures by using the federal portion of Medicaid funding to provide person-centered services when the person needs them. It ties directly to the desired outcome of Ensuring Financial Stability for the Long-Term Care Service Systems and Supports.

Other Services complement and enhance In-Home service plans, contributing to overall cost-effectiveness and the sustainability of the plan. Other services not only have a positive impact on consumers, but also their natural support system (relatives/friends/neighbors), preventing burnout and the need for higher cost services.

Program Performance

In an independent study conducted by AARP, Oregon received an overall ranking of 3rd out of 50 states in terms of choice of settings and providers, quality of life and quality of care, and effective transitions from nursing facilities back into the community. With approximately 49 percent of the Medicaid caseload served in their own homes, Oregon continues to rank in the highest percentile.

Enabling Legislation/Program Authorization

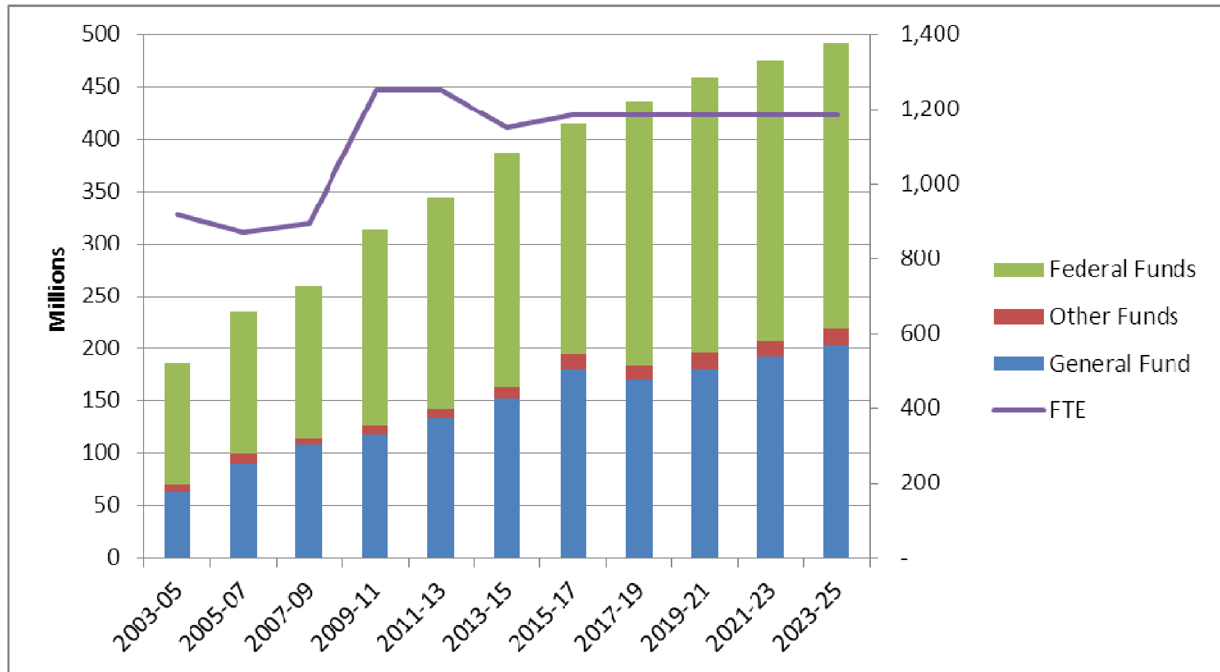
Services in this category are operated under both the Medicaid state plan options, including the "K plan" and Oregon's Home and Community Based Care 1915(c) waiver. The state provides services that "waive" against nursing facility services, the mandated entitlement for Medicaid eligible individuals under Title XIX of the Social Security Act. Additionally, ORS 410 and ORS 443 provide statutory policy and structure to the services offered.

Funding Streams

Other Services are mostly funded through the Medicaid program. Therefore, the federal government pays approximately 69 percent and the state pays 31 percent. There is a small amount of funding that is state general fund only, which serves to meet the state's maintenance of effort requirements. Finally, there is a small amount of funding from the estates of former recipients. When a Medicaid recipient dies, the state is required by federal law to recover money spent for the individual's care from the recipient's estate. These funds are reinvested in services for other individuals, offsetting the need for general funds.

Department of Human Services: Delivery and Design

Primary Outcome Area: Healthy People
Secondary Outcome Area: N/A
Program Contact: Mike McCormick, 503-945-6229



APD is seeing tremendous growth in the individuals it serves with relatively flat staffing levels.

Executive Summary

The Aging and People with Disabilities (APD) program delivery system provides services and supports to Oregonians over the age of 65 and to adults with physical disabilities. Our population is a diverse cross-section of Oregonians that goes beyond just race and ethnicity. Increasingly, it includes lesbian, gay, bisexual, and transgender (LGBT) older adults; homeless seniors; older adult immigrants; and many other populations that qualify for services. Design and Delivery includes staff who design and provide technical assistance for Oregon's long term care system as well as the staff and partners who directly provide services in nearly 50 offices located throughout the state.

Program Funding Request

	Delivery and Design					
	GF	OF	FF	TF	POS	FTE
LAB 13-15	$ 154,873,181	$ 12,657,080	$ 221,317,965	$ 388,848,226	1,163	1,147.68
GB 15-17	$ 179,926,275	$ 14,966,339	$ 219,987,657	$ 414,880,271	1,192	1,182.28
Difference	$ 25,053,094	$ 2,309,259	$ (1,330,308)	$ 26,032,045	29	34.60
Percent change	16.2%	18.2%	-0.6%	6.7%	2.5%	3.0%

Significant Program Changes

	Aging and People with Disabilities Delivery and Design					
Aging and People with Disabilities Investments/Reductions	GF	OF	FF	TF	Pos.	FTE
Development and Implement Adult Abuse Data and Reporting System	3.44	0.00	0.00	3.44		
	milions					

Program Description

The APD program delivery system provides respectful and inclusive services and eligibility determinations to over 145,000 Oregonians. Some of the services accessed by individuals include:

- Medical assistance (Oregon Health Plan and Medicare premium assistance);
- Disability determinations; and
- Supplemental nutrition assistance.

This caseload is growing rapidly and is served by eligibility staff only; case management services are not provided to individuals accessing only the services above. Approximately 30,000 of the 145,000 individuals APD serves access long term care services and supports For these individuals, case management services are provided, which generally consists of assessment, choices counseling, service plan development and monitoring. Additionally, local offices have executed memorandums of understanding (MOUs) with local Coordinated Care Organizations. These MOUs focus on joint accountability for coordinating care for individuals accessing long term care services. State and Area Agency on Aging (AAA) case managers will be the front line in ensuring effective care coordination occurs for individuals served by APD's long term care system.

Local staff also license adult foster homes, including those that do not participate in Medicaid. Finally, local staff provides adult protective services, consisting of investigations of abuse and neglect against seniors and people with disabilities.

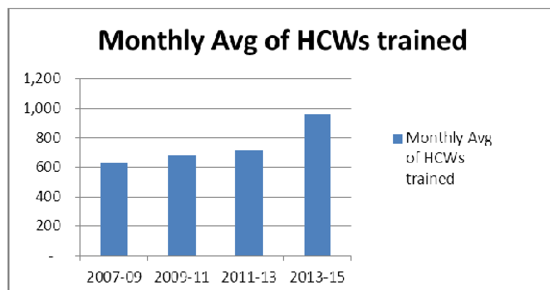
APD has historically earned local service delivery staff through a caseload ratio model (e.g. one eligibility worker for every 500 cases). For the 13-15 biennium, the Legislature authorized the transition to the workload model. This model differs

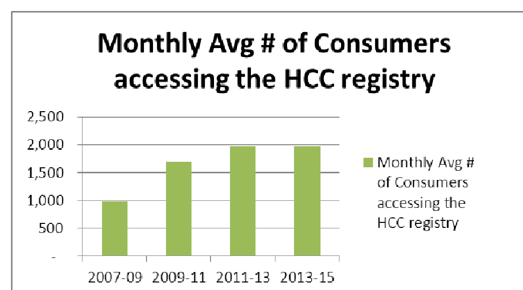
from the caseload ratio model in that it accurately measures time required to perform tasks and captures work performed for individuals who are never found eligible.

The delivery system is comprised of both state staff and AAA staff located in communities throughout Oregon. Under ORS 410.270, AAAs have the right to elect to deliver Medicaid services locally. Currently, four AAAs have elected this option. These four AAAs (Multnomah County, Northwest Senior and Disability Services, Oregon Cascades West Council of Government and Lane Council of Government) serve the most populous areas of Oregon. With the exception of Washington and Clackamas counties, state staff serves areas with lower population densities.

The Oregon Home Care Commission (HCC) is also included in the Design and Delivery Program Area. Under Oregon's constitution, the HCC is responsible for ensuring the quality of home care services for seniors and people with disabilities. The Commission maintains a web-site of home care workers that can be accessed by all Oregonians, including those not served by Medicaid. Training is provided to both consumers and home care workers in a variety of areas addressing safety and quality. The efforts of the HCC are critical to the successful delivery of long term care services to Oregonians.

HCC & Workers	2007-09	2009-11	2011-13	2013-15
Monthly Avg of HCWs trained	629	680	714	962
Monthly Avg # of Consumers accessing the HCC registry	983	1,692	1,975	1,973





APD's Design and Delivery area also includes the staff that design and administer services centrally. Some of the major services provided include:

- Negotiating system design with federal partners
- Developing program policy and maintaining administrative rules
- Paying providers
- Executing contracts
- Negotiating and implementing collective bargaining agreements
- Maintaining provider rates

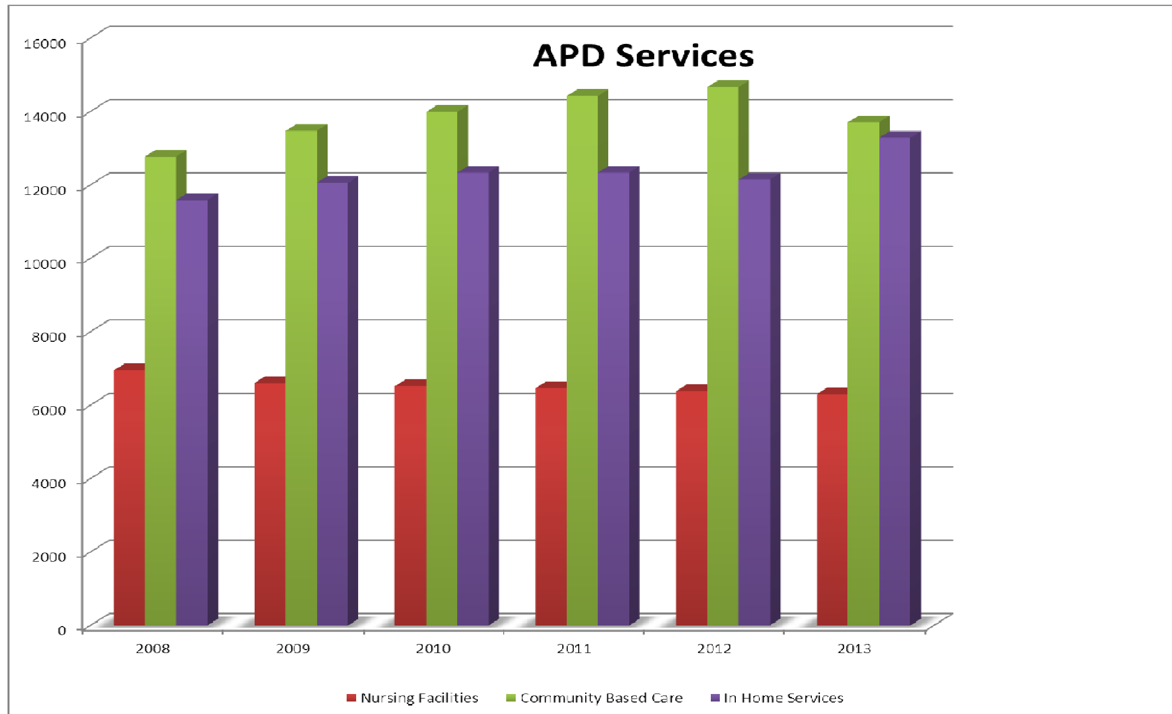
As Oregon's aging and disability population grows, the expectations of state government service delivery methods are changing. Efforts are currently under way to explore how technology can assist in the provision of services and determination of eligibility. In addition, work processes are continually examined for opportunities to streamline and improve. This initiative is known as the Lean Daily Management System (LDMS) and it has been deployed to all local offices.

Program Justification and Link to 10-Year Outcome

There is a direct link between this program and the Healthy People outcome "Oregonians are healthy and have the best possible quality of life at all ages." The APD Delivery system supports individuals living in their communities in settings of their choice, whether in their own home, a community based care facility or a nursing facility. Partnerships between local law enforcement, local court systems and local advocates are critical to ensuring the senior and disability populations are protected from neglect and abuse.

Program Performance

A primary goal of the APD program is to ensure that older adults and people with disabilities are receiving appropriate services at a level that allows them to live independently and safely within their home and community. Local case managers work with individuals and community partners to ensure appropriate supports are in place. The following chart reflects the work of our nursing facility diversion and transition effort over the past five years. Not only are nursing facility placements the most expensive setting, they are generally viewed as the least desirable by consumers. Our local staff is critical in accomplishing this win-win outcome.



Enabling Legislation/Program Authorization

Oregon Revised Statutes 410.070 charges the agency with primary responsibility for the planning, coordination, development and evaluation of policy, programs and services for older adults persons and persons with disabilities in Oregon. Area Agencies on Aging have universal responsibilities as articulated in ORS 410.210. Additionally, ORS 410.270 authorizes Area Agencies on Aging, who so elect, to perform services locally that would otherwise be administered by State staff.

Funding Streams

A mix of state general and federal dollars fund the majority of the services provided in APD Design and Delivery. Local partners also provide local matching funds to the Department, which the Department uses to leverage federal Medicaid dollars. This allows local entities to enhance services such as additional staffing and transportation.

Department of Human Services
Intellectual and Developmental Disabilities Services Program

Mission

The Department of Human Services' Intellectual and Developmental Disabilities Services (I/DD) provides support across the lifespan to Oregonians. Our mission is to help individuals be fully engaged in life and, at the same time, address critical health and safety needs.

Vision

Oregon's system of supports is simple to use and responsive to the strengths, needs and direction of the people and families who live as valued members of their community.

The I/DD Program

The I/DD program strives to support individuals with Intellectual and Developmental Disabilities and their families within communities by promoting and providing services that are person-centered, self-directed, flexible, community inclusive, culturally appropriate, and supportive of the discovery and development of each individual's unique gifts, talents and abilities.

We are committed to work toward service options to ensure that people with intellectual and developmental disabilities have the opportunity to have fulfilling and meaningful lives allowing them to contribute to and enjoy their communities.

We currently help more than 24,220 children, adults and their families. As a result of the state's adoption of the Community First Choice Option (or K plan), an increased number of children and adults with I/DD are able to access Medicaid funded, community-based services to meet their needs, instead of having to meet crisis eligibility in order to access the appropriate level of support.

We seek to achieve the following outcomes and goals:

- Provide an array of options that are properly distributed to ensure access through equitable and culturally competent services
- Be responsive to emerging consumer demands for individualized, self-directed services and provide sufficient service choices
- Ensure the health and safety of individuals served
- Promote maximum independence and engagement in homes and communities
- Leverage use of available federal funding options

- Address improvements in business practices such as payment and information systems to achieve overall operational efficiencies
- Maintain sustainability of the program

Individuals We Serve

More than 15,300 Oregonians with I/DD access services each month. Individuals eligible for services must have an intellectual or developmental disability that significantly impedes their ability to function independently. Intellectual and developmental disabilities include intellectual disability, cerebal palsy, down syndrome, autism and other neurological conditions originating in the brain that occur during childhood. These disabilities must be expected to be lifelong in their effect and have a signficant impact on the person's ability to function independently. Some people with I/DD may also have significant medical or mental health needs. Most individuals with I/DD meet Medicaid financial eligibility requirements. The majority of DD program services are now administered under the Medicaid State Plan Community First Choice Option (CFCO). Case Management and Employment services are available through traditional, home and community based service waivers.

Community First Choice Option Services

Historically, the I/DD service system was comprised of three basic components. There were two separate program service areas - Support Services and Comprehensive Services. The third major component was program design and delivery. While program design and delivery remains the same, Support and Comprehensive Services are now primarily offered through the Community First Choice Option (CFCO).

With CFCO, eligible individuals receive a functional needs assessment that informs the amount and/or rate for services that are available to the individual. The assessment also informs the Individual Support Plan (ISP) which documents the person's needs and their goals for the next year. It also documents the services the person will access in order to meet those goals. The amount of service a person receives is based on the functional assessment, not whether they are in the Support Services or Comprehensive Services programs.

Program Services

DD offers a broad array of services in order to optimize consumer choice and offer an array of cost effective services based on functional need. Importantly, implementation of CFCO has expanded access to children with I/DD and has eliminated the hard cap that had been in place with the Support Services program.

Since implementation of CFCO, Oregon has increased the number of children with I/DD that receive services by 1080 percent and adults no longer have be in crisis to receive comprehensive supports.

The shift to CFCO required that most I/DD services be categorized as Attendant Care. This has been challenging for the system because people with I/DD, their families, providers and advocates are more familiar with Oregon's important history of self-directed and strengths-based support system. It was critical that we refocus on the new vision for the I/DD system and affirm our commitment to person-driven supports. This process resulted in a firm understanding that the person, their family and the goals they want to achieve remain at the core of our system and the move to CFCO can be achieved in a manner consistent with Oregon's strong history of person-centeredness and self-direction.

Attendant Care
Attendant Care provides support for people to perform Activities of Daily Living and Instrumental Activities of Daily Living (ADL/IADL). With CFCO, this is the primary service available to people with I/DD. Most Support and Comprehensive Services are considered Attendant Care services and are generally categorized based on the setting in which the person lives. Services that now fall under Attendant Care include:

- In-home Supports for Children and Adults
- Children's Intensive In-Home Services
- 24-hour Services
  - Group Home for Children and Adults
  - Adult and Child Foster Care
  - Supported Living (adults only)
- Day Supports
- Stabilization and Crisis Unit (SACU)

In-home supports for children and adults
These services are designed to provide ADL/IADL supports in the home or in the community. Children that receive these supports live with family, and adults live either with family or in their own home. In total, 2,040 children (under 18) now receive in-home supports and 8,420 adults (18 and over) receive in-home supports. In-home services are provided to a majority of individuals served by the DD program. As a result of the expanded accessibility to these services, I/DD anticipates an increase in the utilization of this service over the 2015-17 biennium.

When families are supported to provide the core care, even individuals with the most significant needs have active and engaged lives in their community. One purpose of in-home supports is to defer the need for full, 24-hour services which represent the higher cost models of the service system. Without in-home services, many individuals will enter into a crisis status and require much more expensive out-of-home services such as group or foster homes.

Children's Intensive In-Home Services (CIIS)
These services are three model waiver programs which provide intensive supports in the family home. A total of 417 children receive CIIS services. One of these programs is for children with intensive behavioral issues who, without supports, would require specialized out-of-home services. The second program is for children with medical conditions who, without supports, would require nursing home services. The third program is for children with intense medical needs. These are children that are dependent on life support technology such as ventilators that, without these in-home services, would require services in a hospital setting. With the implementation of the CFCO, children who do not have the intensive needs described above may now be able to access In-Home support services through their local CDDP upon completion of a needs assessment and an Individualized Support Plan (ISP).

For both children and adults, in-home services are provided by Personal Support Workers (PSWs), certified provider agency Direct Support Professionals (DSPs) or Independent Contractors. Personal Support Workers and Independent Contractors are represented by the State Employees International Union (SEIU). Direct Support Professionals are employees of private organizations that contract with the state to provide services.

24-Hour Services
These services are for children and adults with a high level of need and those who can no longer remain at home. Under CFCO, these services are also categorized as Attendant Care. These services are primarily 24-hour supports, usually provided in settings outside the family home through group home, supported living or foster care providers.

There are160 children and 2,784 adults living in 24-hour group homes; 2,635 living in Adult Foster Care services; 598 children with I/DD living in Child Foster Care settings; and 705 adults (only) in Supported Living settings.

These important services provide an alternative to institutional care. Community-based, as opposed to institutional care, remains a more cost effective program as well as being the most desirable by individuals receiving services and supports from the Department. Group home and supported living services are provided by private organizations that contract with the state. Adult foster care providers are represented by the State Employees International Union (SEIU). Child Foster Care providers are private providers licensed through either Child Welfare or the local Developmental Disability office.

Individuals usually receive 24-hour services when they are unable to stay at home on their own or with their family. This may be due to individuals' needs or the caregiver's ability to continue providing services. Interim or short term services may be provided to determine if the individuals' needs can be met in their own home. Interim services may include increased attendant care, behavior consultation or technical assistance to determine if an intervention will assist in maintaining the current placement. Depending on the change in support needs, environmental modifications may also increase the individual's chances of remaining at home.

For children with disabilities, they enter 24-hour comprehensive services as a voluntary placement because the intensive needs of the child cannot be met in the family home, or may be involuntary through child welfare action. Over fifty percent of the children in 24-hour care come in through the child welfare system. Child Welfare programs maintain responsibility for the court relationship but I/DD provides the specific disability related care.

Within comprehensive service, there are also services ancillary to the residential programs. Most adults receive day services at 20 - 25 hours a week for out of home activities, including work related services. Day support activities that fall under the category of Attendant Care are provided through CFCO. A variety of employment services are also available (see *Additional Services*). Services include both residential and day programs if the person is over 21 and out of school. Non-Medical Transportation is also provided to help individuals with I/DD when public transportation is not available, or not feasible, to help individuals participate in employment or other services.

There are 82 agencies that provide 24-hour residential services at 795 homes. There are 56 agencies that provide supported living services at 102 locations. There are approximately 1,030 licensed foster providers.

Stabilization and Crisis Unit (SACU)
SACU (formerly State Operated Community Program (SOCP)) is a 24-hour service now provided under the CFCO. SACU provides a safety net for Oregon's most vulnerable, intensive, medically and behaviorally challenged individuals with intellectual and/or developmental disabilities. SACU provides services when no other community-based option is available for an individual. This includes people with I/DD coming out of the Oregon State Hospital, corrections systems, and from crisis situations where counties and private providers cannot meet the needs of the individual to ensure their health and safety. SACU focuses on supporting people in community-based settings and enabling them to return to less intensive service levels as quickly as possible.

SACU provides 24-hour residential and day supports to individuals with I/DD from all across the state who have significant medical or behavioral needs. The services are provided in small group homes located across seven counties. The SACU cannot refuse to serve anyone because their needs are too high.

SACU started in 1987 when Oregon moved all individuals living at the state institution (Fairview Training Center and Eastern Oregon Training Center) for people with developmental disabilities to private providers. There were a small number of individuals with complex medical or behavioral needs who could not yet be supported by private providers.

From the first homes that were opened by SACU to today, the profile of the individuals served has changed. As private agencies increase their skills to meet challenging needs and agree to provide services, the person who needs a safety net has changed. In 2000, SACU had six homes serving 30 people that were considered "medical," which means they serve people with high medical needs. In the past, the numbers of people with intensive behaviors often had a diagnosis of autism. Today, intensive behaviors are more related to co-occurring mental health diagnosis and/or criminal convictions.

Today SACU serves 108 people in 23 homes across the state. Of those, 15 have medical needs. Others either have significant behavioral challenges or they have lived at SACU since transitioning from Fairview Training Center or Eastern Oregon Training Center. Fairview Training Center closed in 2001 and Eastern Oregon Training Center closed in 2010.

Ancillary Services
In addition, people with I/DD served through I/DD are able to access vital ancillary services. Examples of these services include:

- Behavioral Consultation
- Assistive Devices
- Assistive Technology
- Long Term Care Community Nursing
- Home Delivered Meals
- Environmental Modifications
- Non-medical Transportation

Case Management - Service Coordination (SC) and Personal Agent (PA) Services
These services are provided through certified entities called Support Service Brokerages or through Community Developmental Disability Programs (CDDPs) across the state. CDDPs support children and adults, Brokerages support adults. The individual receives case management services from the Brokerage or CDDP. The CDDPs are responsible for eligibility determination and redeterminations, crisis response and protective service investigations. After eligibility is established through the CDDP, adults can choose to be served by the CDDP or a Brokerage.

A functional needs assessment is administered to determine the person's level of need and the amount or rate of services that will be available. The SC or PA then works with the individual, family and others important in the person's life to complete an Individual Support Plan (ISP) and Career Development Plan (CDP). They then work with the individual to identify necessary supports required to meet the needs identified through the assessment and the goals identified in the ISP/CDP.

Employment Services
These services have been strengthened and improved as part of the important Employment First initiative. Over the past year, I/DD has restructured day and employment services to encourage integrated, competitively paid employment for people with I/DD. Day services are no longer bundled, they have been broken out into discrete services to support individuals as they learn about, find and maintain employment. Employment services are not offered through the CFCO, they remain available through the Medicaid waiver. There are 93 agencies endorsed to provide employment at 152 locations. Employment services include:

- Job Discovery
- Career Development
- Job Coaching

Employment First Policy
This policy states that employment in fully integrated work settings will be the first and priority option explored in service planning for all working age and transition age individuals with I/DD. This policy is based on the general philosophy that individuals with developmental disabilities have the ability, with the right supports, to be productive and contributing members of their communities through work. This philosophy also recognizes intrinsic and financial benefits of paid work to the individuals with disabilities and their families. Employment services are also provided consistent with the provisions and expectations of Executive Order 13-04, "Providing Employment Services to Individuals with Intellectual and Developmental Disabilities", issued April 10, 2013.

Family Support Services
These services are available to any families with a child under the age of 18 who are not eligible for Medicaid. The program offers minimal support services with the most common request being for relief care services. The average amount spent per family accessing these services is $750 per year. Feedback that we have received tells us this support is of great value to families.

All children in this program have case managers through their county CDDP and state funded services are allocated based on need. Most children are also in school programs and the case manager coordinates between school and home. Family support services can be more cost effective by allowing the family to support the child with a small amount of funding, without accessing Medicaid.

Family-to-Family Networks
These family-driven networks provide training, information, referral, and general support with families providing support among one another. Just having another family to connect with or problem solve with is often what it takes to be supported in the family home. The legislature funded an expansion of the Family to Family networks from 4 to 8 networks state-wide in 2013-15. The Governor's Budget for 2015-17 continues that funding.

Program Design and Delivery

Staff and services support the administration of I/DD programs through a central office providing strategic planning, program funding, policy development, general oversight, and technical support to community services and support and leadership for various advisory councils.

The structure for service delivery and design includes a central program administration office within DHS and contracted services with Community Developmental Disabilities Programs (CDDP) and Support Service Brokerages (Brokerages). Contracted CDDPs, usually operated by County government, are responsible for service eligibility determination, program enrollment, case management, abuse investigation, provider development, quality assurance, and crisis response. CDDPs are also responsible for local planning and resource development, and documentation of service delivery to comply with state and federal requirements. I/DD provides funding for nearly 730 FTE of CDDP staff. Brokerages provide case management services, including assessment and service planning for adults. I/DD provides funding for nearly 300 FTE of Brokerage staff. *Brokerages and Community Developmental Disability Programs (CDDP) field reviews.* I/DD Quality Assurance unit conducts field reviews on a two year cycle in each CDDP and Brokerage. The reviews are focused on assuring Center for Medicare and Medicaid Services (CMS) Assurances are met through performance measures approved by CMS. Areas of review include accuracy and reporting of level of cares, case management functions performed and reported timely and accurately; individuals are made aware of their rights including, abuse reporting, fair hearing and complaints; providers are qualified; individuals health and safety needs are met; service plans are developed in accordance with needs identified through assessments and are person centered focused. The reviews assist I/DD in identifying program specific strengths and areas requiring improvement allowing for focused training and technical assistance. The reviews assist with identifying individual issues needing to be corrected as well as allow for analyzing common trends across the state that may suggest a need for system changes, improvements, best practices and training.

History – Future Trends

The state of Oregon is recognized nationally as an innovative leader in developing community-based services for individuals with developmental disabilities. Oregon is one of only three states that have no state or privately operated institutional level services specifically for people with developmental disabilities. In fact, the majority of individuals with developmental disabilities in Oregon, approximately 59 percent, are served in their own home or their family's home.

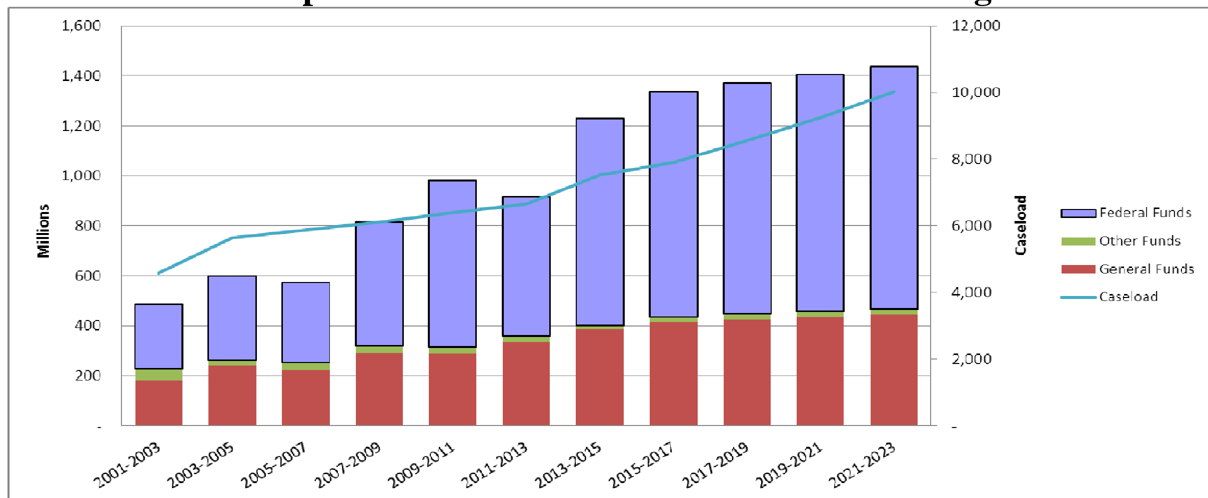
That is the result of two decades of work to aggressively “re-balance” the developmental disabilities system -- moving from an institutional model with expensive “one size fits all” approach -- to a self-directed, family involved, individually focused, culturally appropriate, and less expensive approach to service. Individuals and families report a high level of satisfaction through increased control over services, the ability to more fully integrate in their home communities and the benefits of home community life.

Nationally and in Oregon, the number of people with developmental disability-related needs is growing. There also is an increase in the number of people who need services that have co-occurring mental health needs or are coming to us from the corrections system. However, to maintain high levels of satisfaction, to further advance the inclusion of people with intellectual and other developmental disabilities in their communities of choice, and to serve the increasing number of people with I/DD accessing services, the system has an urgent need to continue its evolution in a fiscally sustainable manner.

Department of Human Services: Comprehensive Services

Primary Outcome Area: Healthy People
Secondary Outcome Area: Safety
Program Contact: Lilia Teninty, 503-945-6918

Comprehensive Services – Caseload and Funding



Executive Summary

Comprehensive services available through the Office of Developmental Disabilities Services (ODDS) are intended for individuals with the highest level of care needs and those who can no longer remain at home. Comprehensive Services are 24-hour supports, mostly provided in settings outside the family home such as group homes, supported apartments or foster care. Under the Community First Choice Option (CFCO or k plan) individual can chose to live in whatever setting they chose. Of the 24,223 individuals enrolled in services, 6,020 live in 24-hour group homes or foster care.

Program Funding Request

	Comprehensive Services			
	GF	OF	FF	TF
LAB 13-15	384,891,401	16,812,936	827,306,824	1,229,011,161
GB 15-17	413,782,232	21,358,576	901,904,094	1,337,044,902
Difference	28,890,831	4,545,640	74,597,270	108,033,741
Percent Change	7.5%	27.0%	9.0%	8.8%

Significant Proposed Program Changes from 2013-2015

Intellectual & Developmental Disabilities Investments - Comprehensive Services	GF	OF	FF	TF
4% COLA effective 1/1/2016 for Non-barained providers*	8.50	-	18.20	26.70

**Excludes Transportation Services*
($, millions)

Increase Provider Rates: This request would increase provider rates for non-bargained services by 4% effective January 1, 2016. This includes 24-hour Group Homes and Supported Living agencies. The request also includes a 4% increase for providers of employment services that serve individuals with I/DD.

Program Description

Comprehensive services are funded under the Community First Choice Option in the Medicaid State Plan. These services provide a statutory alternative to institutional care. Community-based, as opposed to institutional care, remains a more cost effective program as well as being the most desirable by clients and the State. The current average monthly cost for someone in comprehensive, community-based services is $6,800. Individuals generally enter Comprehensive Services when they are unable to stay at home on their own or with their family. This is usually due to a change in the person's needs or a change in the caregiver's ability to continue providing services.

Children with disabilities enter comprehensive services as a voluntary placement because the intensive needs of the child can't be met in the family home or as an involuntary placement through child welfare action. Approximately 69 percent of the children in comprehensive care come in through the child welfare system.

Child Welfare programs maintain responsibility for the court relationship but the I/DD program provides the specific disability related care.

Within comprehensive services, most adults get employment or other day services for up to 25 hours a week. Those in individual integrated employment can get services up to 40 hours per week. All such services are expected to promote our Employment First program and support Executive Order 13-04 issued in April 2013. I/DD program leadership and our stakeholder community have identified that individuals who are engaged in employment have better health and social outcomes. The goal of the Executive Order is to further improve Oregon's system of designing and delivering employment services to those with intellectual and developmental disabilities. This includes a significant reduction over time of state support of sheltered work and an increase in investment in community employment services.

Comprehensive services are structured to meet the person's needs on a 24-hour basis. Individuals are assessed using the Supports Intensity Scale, the Support Needs Assessment Profile, or the ANA to determine the extent of support needed and resulting provider payment. Services include both residential and day programs if the person is over 21 and out of school.

There are 82 agencies that provide 24-hour residential services at 795 homes. There are 56 agencies that provide supported living services at 102 locations. There are approximately 1,030 licensed foster providers. Case management is provided through the County Community Developmental Disabilities Program (CDDP). Case managers determine program eligibility, develop and monitor plans of care, and provide crisis and protective service work. Since services through this program can last through a person's lifetime, much work has been done to defer and delay out-of-home services. Because of Oregon's recent efforts and success in supporting people with developmental disabilities to stay in their own homes, individuals who are now entering the comprehensive system typically have higher and more intense care needs than those placed in group and foster homes in past years.

The Comprehensive Services costs per case have increased due to both the intensity of need, often behavioral, around a person coming into the system in their twenties, and the changing care needs, often medical, for people who have aged in

the system. We work to defer or delay access to Comprehensive Services by strengthening family support services, promoting increased employment outcomes and utilizing technology to create individual independence.

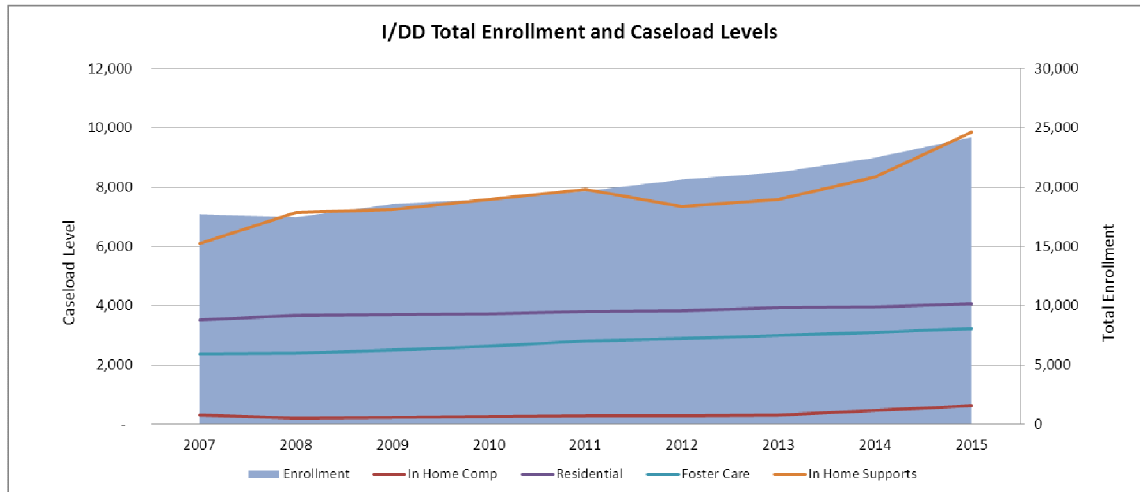
Program Justification and Link to 10-Year Outcome

Comprehensive Services are linked to the Healthy People Outcome area through its focus on providing supports to individuals with intellectual and developmental disabilities to assure they are living in their communities, with families and friends, and are working or attending school to achieve their greatest potential. The programs funded through Comprehensive Services assure that health and safety needs are met. The assurance of health and safety such as freedom from abuse or neglect, or proper medical supports, is also one of the primary assurances CMS requires. These assurances are met by procedures that require the reporting, review and response to abuse allegations and other critical incidents. Provider reviews are also conducted to assure the development and proper implementation of procedures such as individual medical and safety protocols.

Since all Comprehensive Services are community based, affordable housing is critical. The Office of Developmental Disabilities Services partnered with Housing and Community Supports when the State was closing Fairview Training Center to build or remodel over 200 homes using Housing Bonds. The program continues to assure the homes are maintained. Rent costs to people living in group and foster homes are controlled to allow for affordability based on the general low income levels of the individuals. These controls are based on Federal Supplemental Security Income payment amounts.

Program Performance

The numbers of people with developmental disabilities continues to increase. Oregon has seen additional growth beyond the typical trend due in part to diagnosis such as autism and Fetal Alcohol Syndrome. The program performance is directed at supporting people at home and delaying or deferring entry into Comprehensive Services. The graph below shows overall population growth and caseload growth in the number of people serve. Comprehensive services are growing at a slow rate due to Oregon's work to defer and delay out-of-home services. However, individuals who are entering the comprehensive system typically have higher and more intense care needs than in the past.



2015 estimates are based off Fall 2014 Forecast.

Enabling Legislation/Program Authorization

The services are designed and approved using the Community First Choice Option (CFCO or K plan) in the Medicaid State Plan. CFCO allow individuals to be served in a community-based alternative to Institutional Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) (to which they are otherwise entitled under Federal Law). Individuals can also be court committed to State care and custody under ORS 427.

The provision of Comprehensive Services for individuals with developmental disabilities is in ORS 430.610 - .670, ORS 443.400 - .455, and ORS 443.705 - .835. The enabling statutes are in ORS 409.050 and ORS 410.070. At the Federal level, in addition to all applicable Medicaid statutes and regulations, services must comply with the Title II of the Americans with Disabilities Act (ADA) of 1990 and Section 504 of the Rehabilitation Act of 1973. Compliance with these Federal laws is subject to the U.S. Supreme Court's Olmstead Decision of 1999 and the U.S. Department of Justice's interpretation of that decision as it relates to the ADA and Rehabilitation Act. This means that services are available statewide to all who meet the level of need and are delivered in the most integrated setting.

Funding Streams

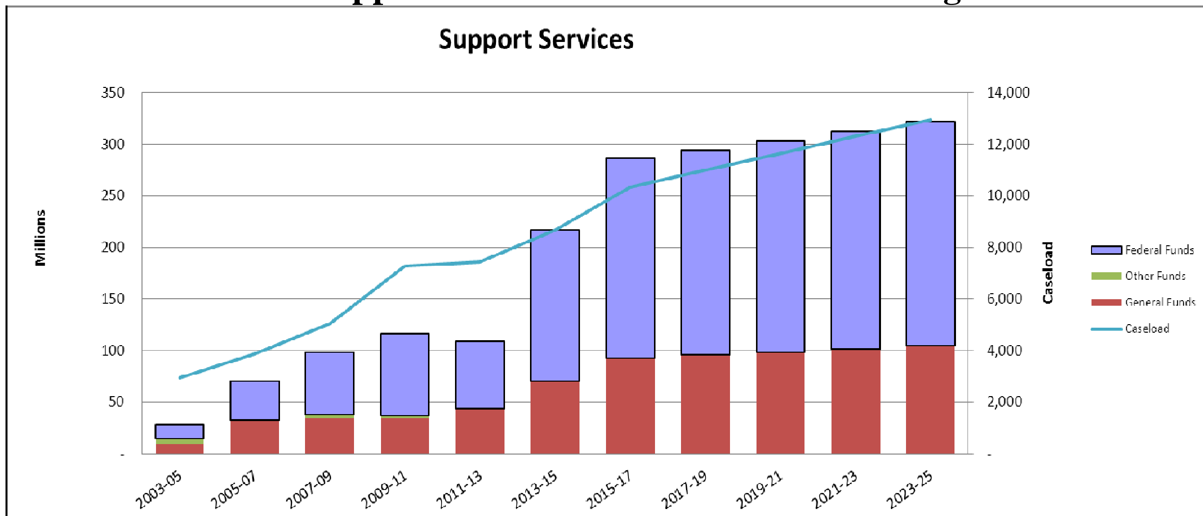
The services are designed and approved using the CFCO in the Medicaid State Plan which provides a Federal match to the program's General funds. CFCO Medicaid State Plan funds services at 6 percent high federal match than the 1915c

services. The current match rate for CFCO services is 69 percent federal funds and 31 percent state general fund.

Department of Human Services: Support Services

Primary Outcome Area: Healthy People
Secondary Outcome Area: N/A
Program Contact: Lilia Teninty, 503-945-6918

Support Services – Caseload and Funding



Note: Effective 2013-2015, K Plan increased enrollment as well as lifted spending caps.

Executive Summary

Support Services within the Office of Developmental Disabilities Programs (ODDS) are designed to provide in-home and community supports for children and adults with intellectual and developmental disabilities (I/DD). Supports are Services such as Activities of Daily Living and Instrumental Activities of Daily Living (ADL/IADL), respite care, daily staff support, and assistive technology. When families are supported to provide the core care, even individuals with the most significant needs have active and engaged lives in their community. These services are intended to delay or defer the need for full, 24-hour programs or comprehensive care, which represent a higher cost model of service.

Program Funding Request

	Support Services			
	GF	OF	FF	TF
LAB	78,120,540	-	160,141,361	238,261,901
*GB	139,164,704		287,385,541	426,550,245
Difference	61,044,163	-	127,244,180	188,288,343
Percent Change	78%	0%	79%	79%

*35M GF/ 61FF represents DOL Placeholder. Approximately 80% of this funding will transfer to APD's budget at April 15 Reshoot.

Program Description

Support Services are provided to approximately 2,040 children and 8,840 adults with developmental disabilities who are living at home. This number represents over 43 percent of the 22,223 individuals receiving intellectual/developmental disability services. The individual or their family directly hire or contract for providers. Without these services many individuals will enter into a crisis status and require much more expensive out-of-home services such as group or foster homes. In-home support services average approximately $1,290 per month per individual while out-of-home services average approximately $6,870 per month.

Community First Choice Option (CFCO) funded in-home services that fall under the umbrella of support services, are provided to over 2000 children and adults with I/DD. The adult Support Services program supports children and adults with I/DD who are living at home with families or in their own home and are Medicaid eligible. These services are provided through Brokerages and Community Developmental Disability Programs (CDDPs) across the state. The program operates primarily under the CFCO Medicaid State Plan.

Support Services for children may be offered through the Family Support Program and are available to any family of a child under age 18. The program offers minimal support services with the most common request being for respite services. The average amount spent per family is $730 per year. Surveys tell us this support is of great value to families. All children in these programs have case managers through their county Community Developmental Disabilities Program (CDDP).

Most children are also in school programs and the case manager coordinates between school and home. This biennium, Support Services started four additional family-to-family networks. These family-driven networks provide training, information, referral, and general support from one family to another. Just having another family to connect with or problem solve is often what it takes to be supported. This network also helps them if a child cannot continue to live with the family because of their care needs or the family circumstance changes. Often, once a child moves out of the family home into a foster care or group home care, they stay in 24-hour care for the remainder of their lifespan. Funding for eight family-to-family networks continues in the Governor's Budget for this biennium.

For both children and adults, the direct care services are provided through Personal Support Workers (PSWs), contracted provider agencies, community businesses, behavior consultants, and respite providers. Personal Support Workers were provided collective bargaining rights in 2010 through HB 3618.

Program Justification and Link to 10-Year Outcome

Support Services links to the Healthy People Outcome area through its focus on individuals with intellectual/developmental disabilities to assure they are healthy and have the best possible quality of life in their communities among families and friends, and are working or attending school in order to achieve their greatest potential.

When compared to the entire Medicaid population, adults in the Medicaid funded home and community based services with intellectual/developmental disabilities (I/DD) are uniquely more reliant on the service system to make lifestyle changes and to adequately access health care. Funding the I/DD programs sufficiently to support the necessary lifestyle choices and to reliably and consistently follow through with medical recommendations will result in significant cost savings to the State's medical programs. Families and case managers are critical to help with health care coordination in the communication and implementation of treatment.

Support services are critical to the financial stability of a family and to the person with intellectual/developmental disabilities. With supports, families don't have to decide between working and supporting their family member. It is also important that working age adults with developmental disabilities are supported to work. Oregon has implemented an Employment First policy. This prioritizes individuals in actively engaging in developing work skills and defining work interests,

pursuing job development, or being employed in the community, receiving support to maintain the job.

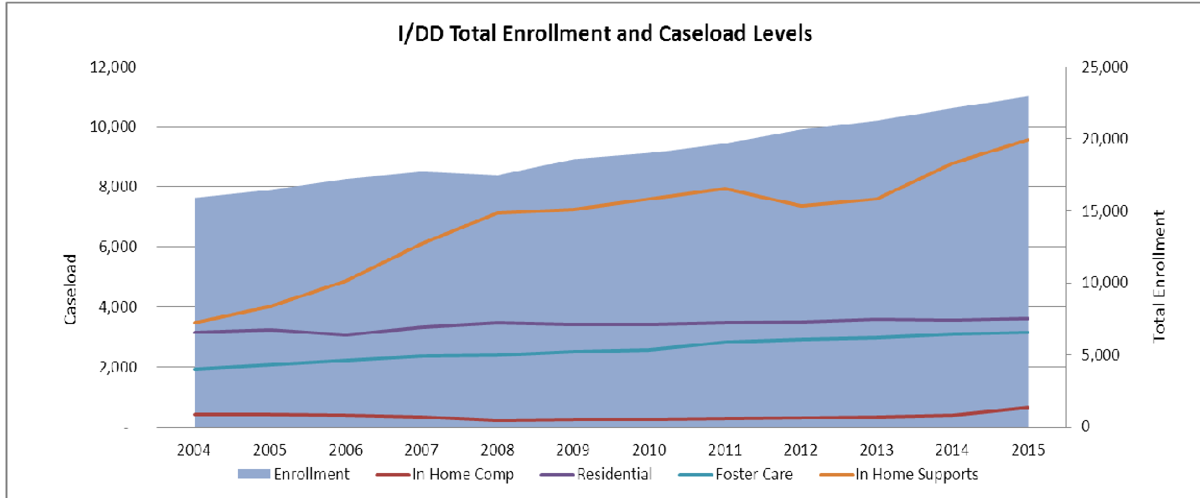
In April 2013, Governor Kitzhaber issued Executive Order 13-04 “Providing Employment Services to Individuals with Intellectual and Developmental Disabilities”. The goal of this Order is to further improve Oregon’s system of designing and delivering employment services to those with intellectual and developmental disabilities in achieving integrated employment, including a significant reduction over time of state support of sheltered work and an increase in investment in employment services. This Order covers the time period of July 1, 2014 through July 1, 2022 and specifies certain benchmarks and metrics to be achieved each year.

The increased outcomes of people with intellectual/developmental disabilities working can provide additional resources for their family unit. People who work also broaden their network of people available to provide supports which continue to delay or defer the need for 24-hour supports or will result in lower costs for both day and residential supports. People who work have also been found to be healthier and happier.

The success of having people live with families for as long as they can is dependent on the families themselves being supported. In the 2011-13 and 2013-15 budgets, funding was provided to the Office Developmental Disabilities Services for a total of eight Family-to-Family Networks. These are family-directed organizations that provide education, resource connections and personal outreach and support to families experiencing similar needs. This funding is continued in the 2015-17 budget.

Program Performance

Supporting individuals to live at home or live on their own is the most desirable outcome for people with developmental disabilities and is most cost effective for the State. The number of people supported at home has been the largest area of growth in the I/DD system.



Enabling Legislation/Program Authorization

Oregon Revised Statutes 427.005, 427.007, and 430.610 through 430.695 enable the provision of family support for children with developmental disabilities. Oregon Revised Statutes 427.410 enables the provision of Support Services for adults through Support Services Brokerages.

At the Federal level, in addition to all applicable Medicaid statutes and regulations, services must comply with the Title II of the Americans with Disabilities Act (ADA) of 1990 and Section 504 of the Rehabilitation Act of 1973. Compliance with these Federal laws is subject to the U.S. Supreme Court's Olmstead Decision of 1999 and the U.S. Department of Justice's interpretation of that decision as it relates to the ADA and Rehabilitation Act. The Olmstead ruling applies.

Funding Streams

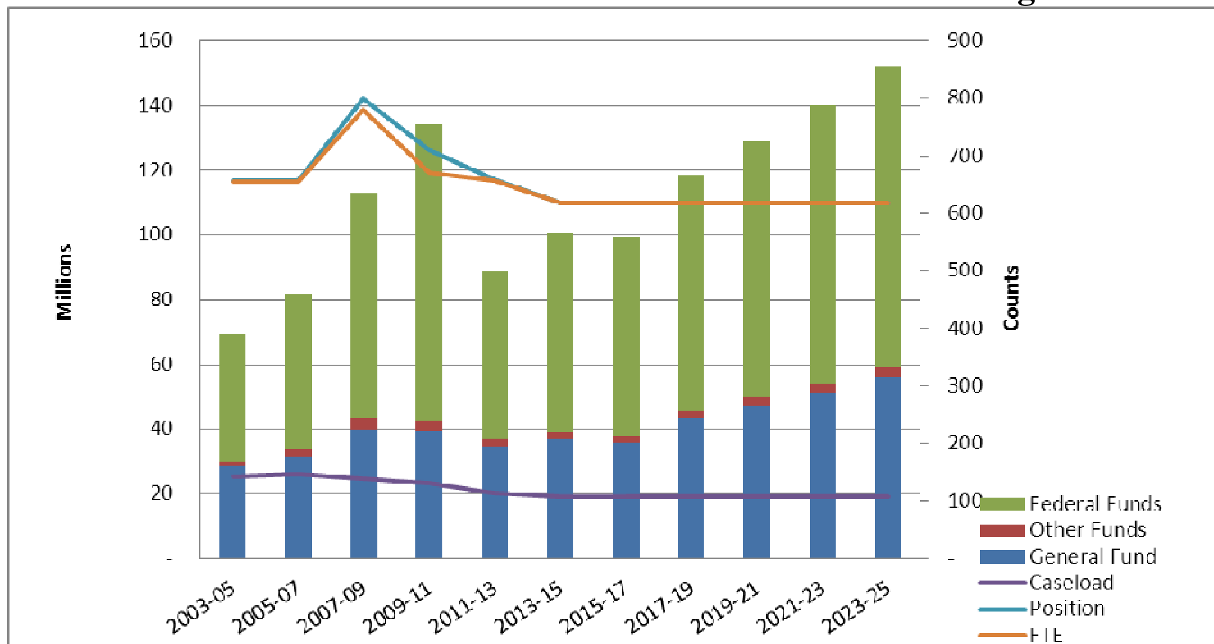
The services are designed and approved using a Medicaid 1915c Home and Community-Based Waiver and primarily, the Community First Choice Option in the Medicaid State Plan. The program funding match rate is 63 percent Federal funds and 37 percent State General Funds for waiver services and 69 percent Federal funds and 31 percent State General Funds for State Plan services.

Department of Human Services: Stabilization and Crisis Unit (SACU)

Intellectual & Developmental Disabilities Program

Primary Outcome Area: Healthy People
Secondary Outcome Area: Safety
Program Contact: Jana McLellan, 503-378-5952 x241

Stabilization and Crisis Unit – Caseloads and Funding



**A 7 percent overall budget reduction occurred in 2011.*

Executive Summary

The Stabilization and Crisis Unit (SACU) (formerly State Operated Community Programs (SOCP) provides a safety net for Oregon's most vulnerable, intensive, behaviorally and medically challenged individuals with developmental disabilities. This includes people with developmental disabilities coming out of crisis situations, including mental hospitals, correctional systems and private providers who cannot meet the needs of the individual to ensure their health and safety. Almost all clients present with dual diagnosis of mental health and I/DD issues. This program is an integral part of the overall intellectual/developmental disabilities continuum of services. SACU focuses on supporting people in

community-based settings and preparing them to return to less intensive service levels once stabilized.

Program Funding Request

	Stabilization and Crisis Unit					
	GF	OF	FF	TF	Positions	FTE
LAB 13-15	36,927,930	2,030,246	61,672,766	100,630,942	618	618.00
GB 15-17	35,939,151	2,019,824	59,447,744	97,406,719	618	618.00
Difference	(988,779)	(10,422)	(2,225,022)	(3,224,223)	-	-
Percent of Change	-2.7%	-0.5%	-3.6%	-3.2%	0.0%	0.0%

Significant Proposed Program Changes from 2013-20105

Costs do not increase under this proposal. The SACU model continues to be redefined to ensure adequate staffing based on the increased acuity of individuals needing this level of service. SACU homes operate 24/7 and are utilized when all other community resources have been exhausted. DHS continually redefines the SACU programs and will move clients to the lowest cost and appropriate placement whenever possible.

Program Description

SACU provides 24-hour residential services to individuals with intellectual/developmental disabilities who have significant medical or behavioral care needs. The services are provided in 5-bed group homes located across seven counties from the Portland metropolitan area south to Eugene.

As individuals enter into SACU, staff work with each person to modify behaviors and increase individual skills. Many of the people have frequent and intense behaviors and staff must provide physical interventions (personal holds). All clients have individual behavioral protocols that require frequent staff training and a high level of data collection and review.

There is an active referral list of adults and children waiting to enter SACU. Before entry into SACU, individuals are first referred to private community based providers across the state but when they are denied or terminated from a current provider program they move to a SACU placement. Over 99 percent of individuals served have co-morbid (co-occurring) disorders of intellectual/developmental disability and mental illness. Over 25 percent of these individuals have criminal

histories and current or pending legal sanctions. The acuity level of challenging behavior requires intensive 24-hour supervision and behavioral support services to ensure the safety to themselves and the community. Challenging behaviors range from aggression toward people or property inclusive of self-injurious behaviors. SACU also supports 15 individuals with medically fragile conditions that require 24-hour nursing care and support services.

Many of these clients have histories of multiple arrests and convictions. The convictions range from such crimes as assault, criminal mischief, theft, harassment, public indecency, rape, sex abuse, and homicide. A number have legal sanctions as a result such as parole, probation, Psychiatric Security Review Board (PRSB), civil commitment or are registered sex offenders. The majority of clients referred to SACU have an identified need for a secured facility due to their risk of flight and/or offensive behavior. In addition, a large percentage of clients require "hardened" facilities where walls, windows, and fixtures are non-breakable to avoid injury to self and others.

SACU serves 83 adults who are in need of acute stabilization and crisis services. These individuals have been identified due to extreme behavioral and psychiatric needs that have not been successfully provided in the community.

SACU has 10 beds for children (up to 18 years old) who are in acute crisis and require stabilization. These children come from a variety of settings including the family home, foster care, 24-hour group home care, and institutional care.

SACU serves up to 15 individuals in specialized medical facilities due to their fragile medical conditions.

In all of the homes, SACU staff provides services that ensure health and safety needs are met and that the client has the ability to participate in the community. As the goal of the program is to have the client live in the most independent, least restrictive community setting, it is important to make sure the client can be supported in the same type of setting.

All of the individuals in SACU qualify for Medicaid, currently use the Oregon Health Plan and are served by Coordinated Care Organizations, to meet their medical needs. Since there is high medical, behavioral and mental health needs,

the program treatment plans are critical for client stabilization and coordination of health services.

From the initial homes in 1987 to today, the profile of the individuals served by SACU has dramatically changed. As private agencies increase their skills to meet challenging needs and are able to provide services, the person who needs safety net services has changed. In 2000, SACU had six homes serving 30 people with high medical needs. Today these medical homes serve only 15 clients. These clients now receive care in community and nursing facilities.

In the past, the numbers of people with intensive behaviors were people who had a diagnosis of autism. Today, intensive behaviors are related to co-occurring mental health diagnosis and/or criminal convictions.

To respond to an individual in crisis, the program has always developed exit plans with providers and counties for people ready to leave at the same time new clients are admitted. However, in 2011, the Legislature reduced the SACU budget. This prompted a comprehensive review of individuals in State care to determine if any could be moved out of SACU to reduce the overall number of clients. Several individuals were identified and recommended for private care. They are still individuals who are assessed at the highest levels of acuity but have behavioral or medical needs that are predictable and can be supported by a private agency.

The 2011-13 budget reduction resulted in six homes being closed over the course of that biennium. This reduced overall client capacity by 22 percent. Those individuals that remain in SACU or will be entering as a new client continue requiring the highest level of staffing and support. DHS has completed a workforce allocation that identifies the type of home (medical or behavioral), and the direct care and administrative staffing required to operate each home. We continue to improve on our efficiencies and staffing needs to produce the most programmatically sound and cost-effective staffing configurations for each house, each shift and each day in every setting.

Program Justification and Link to 10-Year Outcome

SACU helps individuals with intellectual/developmental disabilities be healthy and have the best possible quality of life by helping them live in their communities and to work or attend school to achieve their potential. Stabilization and training are

provided for adults and children who have entered the program in crisis. SACU helps individuals transition back into community settings with support from their families, caregivers or private providers.

Individuals enrolled generally have no other alternatives for a residential placement. They are in crisis due to a family breakdown; discharge from a hospital, psychiatric or correctional setting, or discharge from a private provider who can no longer support them due to the intensity of their behavioral or medical needs. SACU provides a critical alternative to assist the person to return to a healthy and productive life through a high quality residential program, including community-based housing, appropriate nutritional and medical care, and interventions.

In addition, the safety net provided by SACU allows for targeted, community-based support to individuals in crisis or with otherwise unmet intensive needs, individuals receive the services they need for the time they need them, and are then assisted to transition back to families or private providers.

Program Performance

Staff ratios are quite high; at minimum all require a 1:1 staffing level. Many require a greater staffing level while in the community. The goal is to stabilize behaviors or health issues in a residential setting so that transition to a private provider is successful. Average length of stay for SACU individuals is between seven and eight years.

SACU is focusing on placement of these long-term individuals in private care. These types of individuals, who can now be served by private providers due to improvements in community service skills and capacity, are no longer prioritized for this program.

All homes maintain a long-term record of licensing success supporting the quality of care provided. Our client, guardian and family data shows a high level of satisfaction with services. SACU tracks clinical data on client restraints, incidents, medication errors, safety records, and a number of other elements.

Enabling Legislation/Program Authorization

Virtually all individuals served by SACU are funded through Medicaid Home and Community-Based Waivers and the 1915K Medicaid State Plan. The individuals served by SACU would be entitled to nursing home or Intermediate Care Facilities for persons with Mental Retardation (ICF/MR) institutional services. Oregon no longer uses institutional care but the service would be required if we could not meet the need in the community.

Other federal laws or rulings that impact services delivered through SACU are the Americans with Disabilities Act and the Supreme Court Ruling on Olmstead, which generally require individuals to be served in least restrictive, non-institutional settings. Oregon commitment statutes in ORS 427 also require the State to provide care and custody to a person who presents harm to themselves or others, and SACU's status as the safety net is integral to accomplishing this.

Additional statutes that guide the delivery and program are found in ORS 412, 430, 409 and 410. The Oregon Administrative Rules (OARs) that govern the operations of SACU require that individuals be supported in the community and in pursuit of educational and vocational activities.

At the Federal level, in addition to all applicable Medicaid statutes and regulations, services must comply with the Title II of the Americans with Disabilities Act (ADA) of 1990 and Section 504 of the Rehabilitation Act of 1973. Compliance with these Federal laws is subject to the U.S. Supreme Court's Olmstead Decision of 1999 and the U.S. Department of Justice's interpretation of that decision as it relates to the ADA and Rehabilitation Act. The Olmstead ruling is relevant to the SACU in that it requires all services allowed in the Waiver, including SACU, are ones that create inclusion in the community equitably across the state.

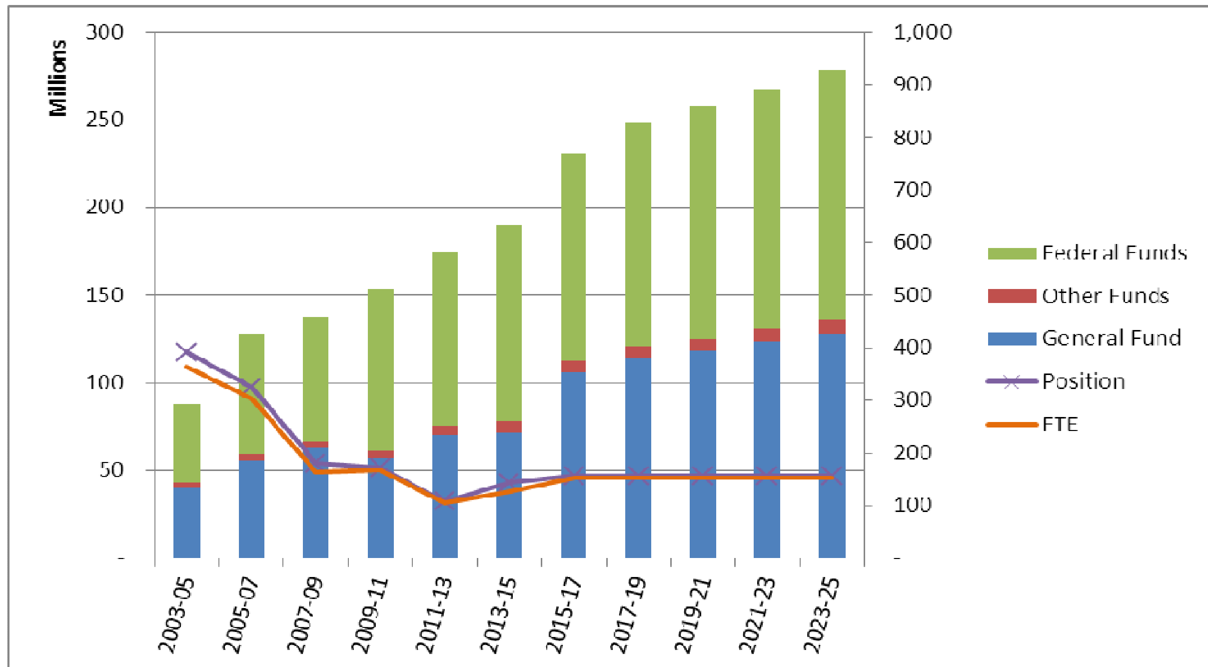
Funding Streams

The services are designed and approved using a Medicaid 1915c Home and Community-Based Waiver and a 1915k Medicaid State Plan which provides a Federal match to the program's General Funds. The program funding match rate is 63 percent Federal funds and 37 percent State General Funds for waiver services and 69 percent Federal funds and 31 percent State General Funds for 1915k State Plan services. Based on their income level, some individuals also pay an Other Funds contribution toward their room and board costs.

Department of Human Services: Program Delivery and Design

Intellectual and Developmental Disabilities Services

Primary Outcome Area: Healthy People
Secondary Outcome Area: N/A
Program Contact: Lilia Teninty, 503-945-6918



Executive Summary

The Office of Developmental Disabilities Office (ODDS) manages a lifespan program that provides support and funding to children and adults with intellectual and developmental disabilities (I/DD) to live fully engaged lives in their communities. Oregon has stopped using institutional models to care for people with intellectual and developmental disabilities and has focused all efforts on people living in their community. Programs are provided in the community in the family home or in a foster care, group home or supported apartment.

Program Funding Request

	Delivery and Design					
	GF	OF	FF	TF	Positions	FTE
LAB 13-15	71,659,938	6,233,991	112,012,329	189,906,258	142	139.33
GB 15-17	106,153,133	6,221,574	118,694,917	231,069,624	156	151.89
Difference	34,493,195	(12,417)	6,682,588	41,163,366	14	12.56
Percent of Change	48.1%	-0.2%	6.0%	21.7%	9.9%	9.0%

Significant Program Changes

Intellectual/Developmental Disabilities Delivery and Design						
Intellectual/Developmental Disabilities Investments/Reductions	GF	OF	FF	TF	Pos.	FTE
Employment Outcomes for People with I-DD	4.36	-	0.84	5.20	12	10.80
Build Capacity for Clients	0.65	-	0.15	0.80	2	1.76

The Department of Human Services (DHS) proposes to increase the funding available to support individuals with I/DD in moving towards integrated employment in the community. This funding will support the further implementation of Executive Order 13-04.

DHS also requests funding for building provider capacity for serving individuals with I/DD in the community. The implementation of the Community First Choice Option (CFCO) has created an unprecedented demand for providers. Building provider capacity is especially important now. This request will also support the creation of capacity for providers to serve individuals stepping down from our state run Stabilization and Crisis Unit into community placement.

Program Description

There are over 23,000 Oregonians with intellectual or developmental disabilities receiving case management and other supports. The numbers of people with intellectual or developmental disabilities requesting services has steadily increased. Since January 2014, we have seen over 100 new people per month. Caseload typically grows in accordance with the general population at a rate of approximately 0.5 percent per year but additional factors that influence the increase include increased lifespan of those with I/DD, autism diagnosis and drug and alcohol affected births.

The structure for service delivery and design includes a central program administration office and contracted services with Community Developmental Disabilities Programs (CDDP) and Support Service Brokerages (Brokerages). The ODDS central office provides strategic planning, program funding, policy development, general oversight, and technical support to community services. Contracted county Community Developmental Disability Programs (CDDPs) are responsible for eligibility determination, program enrollment, case management, abuse investigation, provider development, quality assurance, and crisis response. Adults can also choose to get case management through contracted Brokerages.

Services are offered on a continuum of care model and are provided as the first option of supports for a person with developmental disabilities. With CFCO people can chose the setting in which they live, this increases the importance of supporting and strengthening the ability of families and communities to include and provide natural supports to those with I/DD. The table demonstrates the continuum of services.

FIRST	IF	THEN
Support Services	*Crisis*	*Comprehensive Services*
Person lives at home with family or in their own apartment. Family or others provide support and care in the home as part of natural (unpaid) supports. DHS funds portion of care that cannot be met by family or natural support network.	Person's family or network cannot continue to provide the care. This may be due to increased need by the individual or a decreased capacity by the care giver. It is determined to be more than a short-term issue and will require long-term services	Person is in services that are provided on a 24-hour basis. Includes both residential care such as foster care or group home as well as employment or day services for an adult or school (not funded by DHS) for children.

ODDS delegates responsibility for administration to local county government, Community Developmental Disabilities Programs (CDDPs) in accordance with state statutes (ORS 407) giving the counties. DHS has Intergovernmental Agreements with all but seven counties. In those counties, the state contracts with a private agency. Local oversight responsibilities include determining eligibility

for developmental disabilities, planning and resource development, developing and monitoring Individual Support Plans, documentation of service delivery to comply with state and federal requirements. Counties also are responsible for case management services, evaluation and coordination of services, abuse investigations of adults and quality assurance services. ODDS provides funding for the equivalent of nearly 730 full time employees of CDDPs through contracts. CDDPs provide case management for all individuals except adults choosing to be served by a Support Service Brokerage. The case management for those individuals is then provided through a Support Service Brokerage. ODDS provides funding for nearly 300 full time employees to the Brokerages.

In 2001 the Intellectual and Developmental Disability office started the Support Services Program. In order to not duplicate services, once a person is in a Brokerage, they do not also get case management from the CDDP. There are 13 Support Service Brokerages statewide. Brokerages vary in size and support from 300 to 750 people. Adults have a choice of case management providers, between the local CDDP and a Brokerage. Children are all served by the CDDPs.

People with I/DD are enrolled in Brokerages from the county when they select Brokerage case management services. Once in a Brokerage, the Brokerage Personal Agent (PA) completes a needs assessment, develops the Individual Support Plan, assists the person in determining services needed, amount of service and possible workers or agencies. PA's help the individual to design plans that meet their needs as determined by the needs assessment.

The majority of individuals receiving services are eligible for Medicaid. Oregon no longer uses institutional models of care for people with I/DD. Instead, the State uses Medicaid Home and Community-Based Services (HCBS) that allow for shared funding from the Federal government. Through the CFCO State Plan Option, the Federal match for most services is 69 percent to 31 percent State General Funds.

ODDS staff provide policy and program design, technical support, quality assurance, provider development and review, and field support of CDDPs, Brokerages and direct service providers. There are over 120 private service providers, approximately 1,030 foster care providers and over 7,000 Personal Support Workers. Regulatory oversight for licensed settings is provided by the

DHS Office of Licensing and Regulatory Oversight. The DHS Office of Information Technology Business Supports provides technical support on payment systems and is working on the development of streamlined payment systems with the goal to limit the numbers of systems.

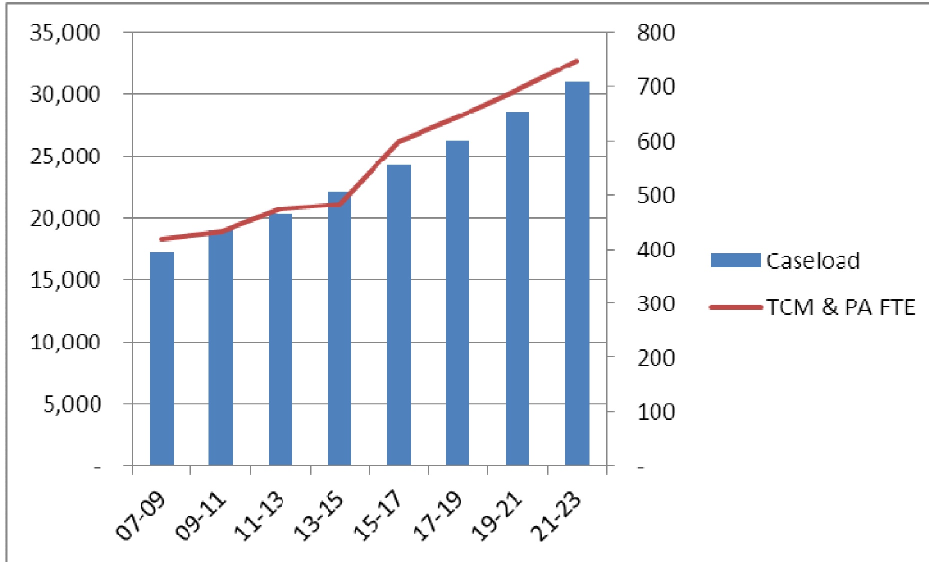
Central office staff provides programmatic and budget analysis support to Department of Administrative Services Labor Management, collective bargaining, for the Adult Foster Homes, Home Care Worker, and Personal Support Worker. The central office also works with the Children's Intensive In-Home services and the Children's Residential Services. This includes assessing level of care and authorizing services, developing and monitoring plan outcomes, and developing provider resources. Due to understaffing, ODDS has prioritized central office staff responsibilities to three critical areas: development and implementation of policies, liaison and support of the Brokerage and CDDP services, and liaison and support to service providers.

Program Justification and Link to 10-Year Outcome

The program delivery system, designed and monitored by central staff and implemented through either the CDDP or Brokerage, is designed to assure supports are provided so the individual is healthy and safe, and fully engaged in their community. The goal is to help them have the best possible quality of life at any age. Person-centered strategies are used to maximize the person's natural supports. The CDDP and Brokerage reports on critical incidents and the data are used to track trends and determine strategies to improve healthy living outcomes.

Program Performance

Personnel resources are necessary to provide performance in the delivery of programs within Developmental Disabilities in a linguistically and culturally competent manner. The chart below provides a comparison of the caseload growth to the equivalent contracted CDDP and Brokerage personnel-Case Managers and the Brokerage Personal Agents. The growth over time provides a stark display of how our current resources are struggling to keep pace with the need of vulnerable Oregonians with intellectual or developmental disabilities. (See chart)



Enabling Legislation/Program Authorization

The services are designed and approved using a Medicaid 1915c Home and Community-Based Waiver and the CFCO Medicaid State Plan. Without the Waiver and state plan, individuals would be entitled to Institutional Care for Individuals with Intellectual and Developmental Disabilities (ICF/IID). Individuals can also be court committed to the State care and custody under ORS 427. Targeted Case Management is authorized under the Medicaid State Plan. Federal authorization for all services is at 42 C.F.R. 441 and Section 1915(c) of the Social Security Act. Authorization to provide the services in Oregon is in ORS (410.070, 409.050).

At the Federal level, in addition to all applicable Medicaid statutes and regulations, services must comply with the Title II of the Americans with Disabilities Act (ADA) of 1990 and Section 504 of the Rehabilitation Act of 1973. Compliance with these Federal laws is subject to the U.S. Supreme Court's Olmstead Decision of 1999 and the U.S. Department of Justice's interpretation of that decision as it relates to the ADA and Rehabilitation Act. The Olmstead Decision requires states to provide services and supports in non-segregated settings.

Funding Streams

The services are designed and approved using the Community First Choice Option in the Medicaid State Plan and Home and Community-Based Waivers, which provides a Federal match to the program's General Funds. The program funding

match rate for waivered services is 63 percent Federal funds and 37 percent State General Funds and for CFCO services is 70 percent Federal funds and 30 percent State General fund.

The administration of CDDP, Brokerage, and central office staff are funded at the Medicaid administrative match of 50/50. Authorization to provide the services in Oregon is in ORS (410.070, 409.050).

Department of Human Services
2015-17 Policy Option Package Tracker

Program	Policy Option Package Title	Summary Statement	General Fund	Other Funds	Federal Funds	Total Funds	Positions	FTE	POP #
SS	TANF Flexibility in Design	Economic recovery has been uneven in Oregon and has not yet reached most families who participate in TANF. Caseloads remain very high. TANF participants often cannot find jobs that fit their current skills, offer a living wage or offer enough hours for them to exit the TANF program due to employment. At the same time, there are several redesigns of state systems that involve TANF families. DHS proposes a refocusing of the TANF program that fits today's realities. DHS is proposing a package of cost-neutral, targeted investments that will build the capacity of families to increase earnings and transition from TANF through an accountable, flexible and family-centered approach. The investments emphasize alignment with systems that touch or should touch TANF participants, the scaling up of best practice case management, and raising the income limits for TANF exit to create a glide path off of TANF to decrease the number of families who return to the program repeatedly. DHS proposes using savings from projected caseload savings to fund the investments.	$ 20,000,000	$ -	$ (7,983,033)	$ 12,016,967			101
OEMS	REaL-D	This Policy Option Package supports the establishment of uniform standards and practices for the collection of data on race, ethnicity, preferred spoken or signed language, preferred written language, and disability status by the Oregon Health Authority (OHA) and Department of Human Services (DHS). This POP supports designing, building and implementing a master client data service that supports the long-term strategy of a comprehensive view of the OHA/DHS client. Upon establishment of a re-useable master client service, the agency will have the capability to collect demographic information on the client that will serve multiple program and reporting needs. DHS and OHA have developed administrative rules and policies for collecting, analyzing, and reporting meaningful race, ethnicity, language and disability data (REAL+D) across DHS and OHA based on the foundation of the U.S. Office of Management and Budget's (OMB) Directive 15 (revised 1997), and adds key elements that will improve the quality of the data gathered. This POP addresses both the business and technical changes required to create a unified, sustainable model for collecting client data across both agencies. Planning for the project is occurring during the remainder of the 13-15 biennium; DHS and OHA have put in place a REaL-D Analysis and Assessment Project to inventory and analyze all business processes, systems and reports across DHS/OHA that capture, update or utilize REaL-D data. This project's focus is on a detailed assessment and impact analysis of the changes that will be required across DHS & OHA in support of the implementation of HB 2134 and the related Oregon REaL-D data collection standards. The outcome of the in-depth analysis will include a detailed business case and recommended implementation strategies for REAL-D data standards compliance.	$ 743,644	$ 1,000,000	$ -	$ 1,743,644	3	2.84	201
APD	DHS Non-MAGI Eligibility Project	At Agency Request Budget, this was a placeholder POP. At the Governor's Budget, the POP was redirected to work on Non-MAGI Eligibility Automation. Department of Human Services (DHS) seeks $7.5 M TF ($6.75M FF, $0.75M GF) to implement a planning effort to prepare for the implementation of an eligibility system for its non-MAGI (Modified Adjusted Gross Income) Medicaid programs. DHS is committed to completing thorough planning to provide a framework for phased delivery of functionality that demonstrates meaningful progress in short increments of time.	$ 750,000	$ -	$ 6,750,000	$ 7,500,000			103

Department of Human Services
2015-17 Policy Option Package Tracker

Program	Policy Option Package Title	Summary Statement	General Fund	Other Funds	Federal Funds	Total Funds	Positions	FTE	POP #
I/DD	Employment Outcomes for People with I/DD	Youth and adults with intellectual and developmental disabilities (I/DD) are significantly underrepresented in Oregon's workforce. With appropriate services and assistance, persons with I/DD are capable of employment. The state is seeking to increase competitive employment of I/DD persons in integrated workplaces through the Department of Human Services' (DHS) Employment First Policy and Governor Kitzhaber's Executive Order 13-04. The order directs state agencies and programs, including DHS' Office of Developmental Disability Services and Vocational Rehabilitation, to take various steps and to achieve specific goals. In order fulfill the policy and order, this POP requests funding for: a. Six Vocational Rehabilitation Counselors, Two Human Services Specialists and 1 Operations and Policy Analyst to serve increasing numbers of youth with intellectual and developmental disabilities and increase engagement with school districts participating in Youth Transition Program (YTP) and with state I/DD system. b. 10.5 contract Benefits Counselors to provide benefits counseling services to persons with disabilities, including those with I/DD; and two Operations and Policy Analysts to train, oversee and support the counselors; and to plan future delivery of these services. c. An Employment First Transformation Fund and Operations and Policy Analyst to identify, research and promote utilization of best and evidence-based practices that facilitate competitive employment of I/DD persons and promote continues improvement of related services.	$ 4,358,223	$ -	$ 841,898	$ 5,200,121	12	10.80	104
APD	Adult Protective Services I.T. System	This is a POP to develop a streamlined and Integrated Statewide Adult Abuse and Report Writing System. Phase I planning was approved by the Emergency Board in March 2014. This POP assumes the planning is completed and the Phase II development is ready to proceed based on the Phase 1 business case and solicitation documents. It is also planned to keep close connection between program, OIS, DAS and LFO on the gate review processes and progress of this project. The need for a stable, integrated Abuse Data and Report-writing System is critical as Oregon faces an aging population, an annual increase of 5-8% in abuse referrals, and an increased need for services across all demographics. Currently all funding is assumed as GF but DHS is pursuing other avenues of Federal Funds that may or may not become available. Assumes $2 million of Q-bond available.	$ 1,437,494	$ 2,000,000	$ -	$ 3,437,494	-	-	107
OPI	Child Welfare Quality Control Reviewer Staff	The position requested in this POP will increase the QC review capacity in the statewide Child Welfare Quality Assurance system to include stakeholder interviews, which are federally required as part of each state's Continuous Quality Improvement in Child Welfare program. This requirement can be found in the federal Adoption and Safe Families Act of 1997 and the Administration for Children and Families Information Memorandum CB-IM 12-07 dated August 27, 2012. There are currently 3 FTE in the Child Welfare review team. This additional position will enable the state to complete federally mandated Children and Family Services Review (CFSR) as required and mitigate the risk for federal penalties and imposed program improvement plans.	$ 79,725	$ -	$ 79,725	$ 159,450	1	1.00	108

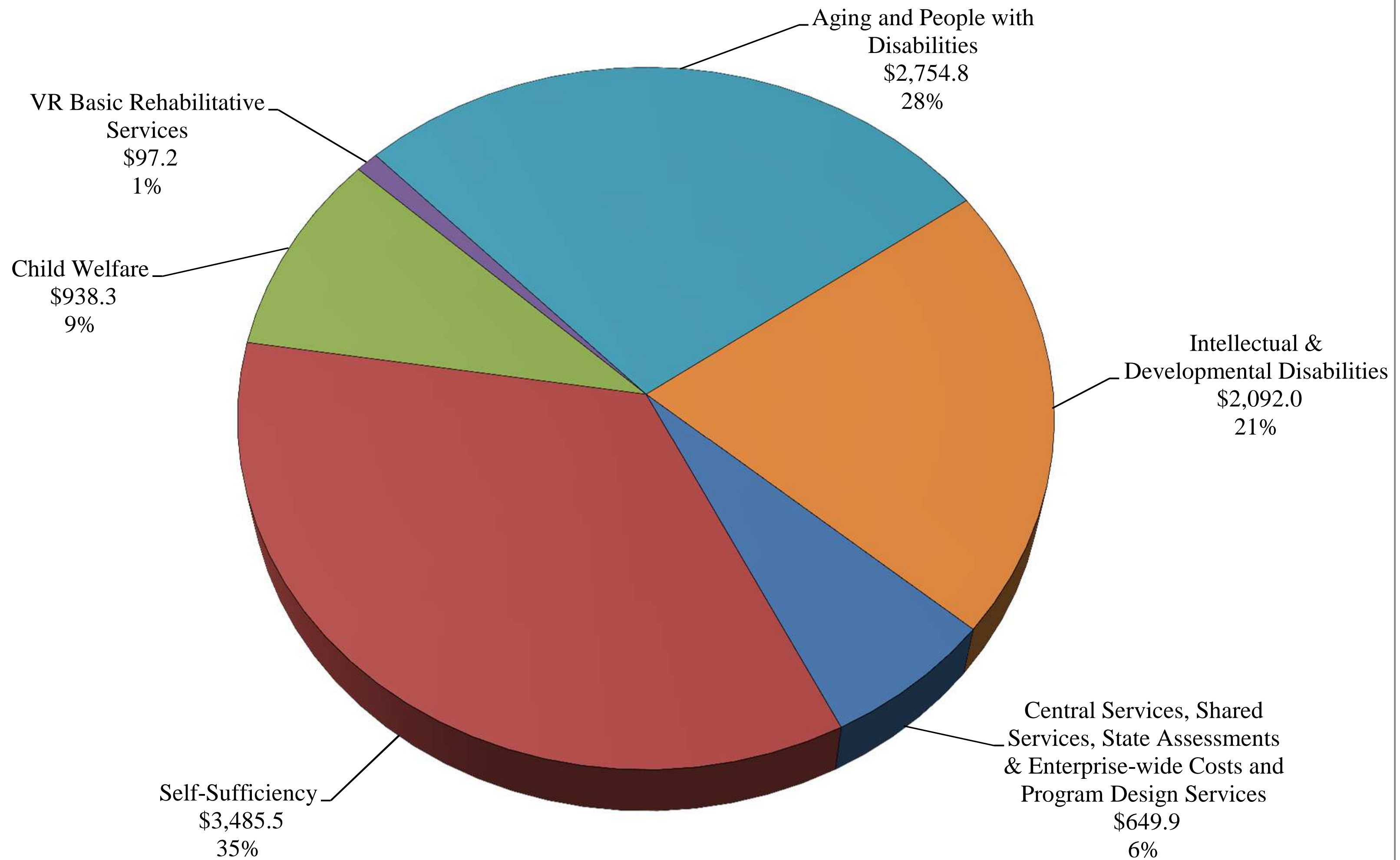
Department of Human Services
2015-17 Policy Option Package Tracker

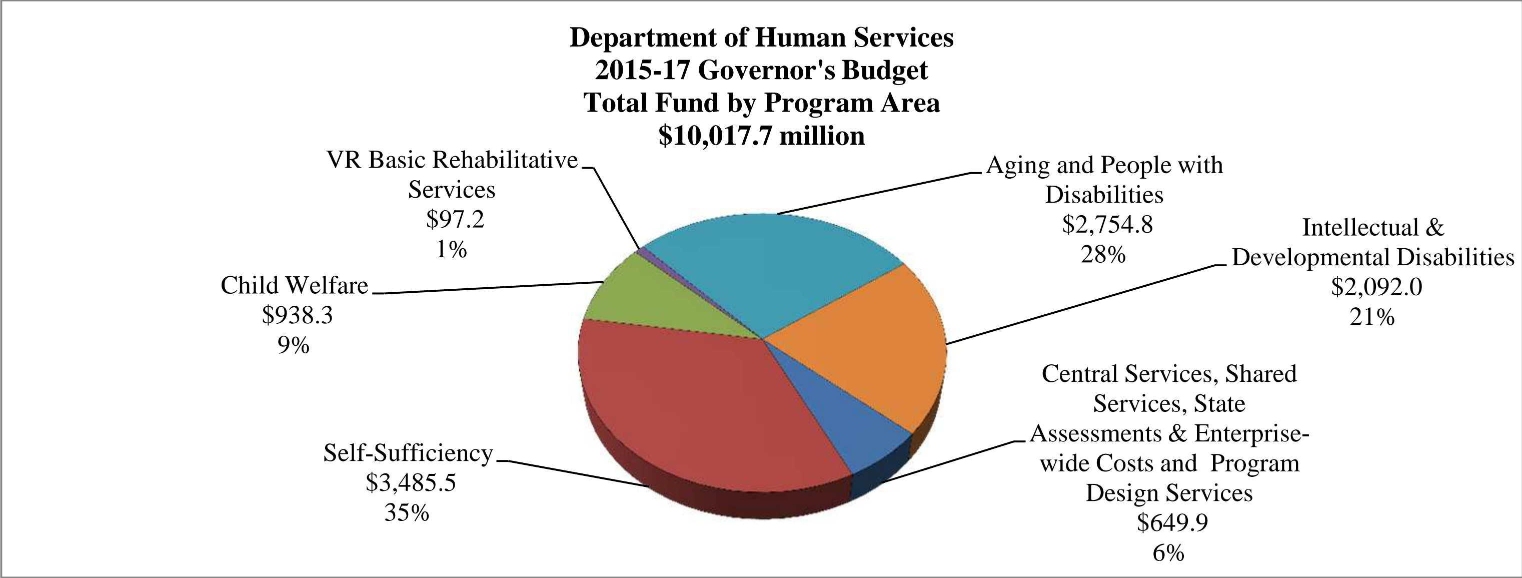
Program	Policy Option Package Title	Summary Statement	General Fund	Other Funds	Federal Funds	Total Funds	Positions	FTE	POP #
CW	Program Infrastructure	With additional workload associated with CW system transformation, additional infrastructure is needed to assure that the program can meet its aggressive foster care reduction and family stability/child safety targets. This request also creates support for cross-system alignment with the education and health/behavioral health systems to ensure that children experiencing foster care fully benefit from the systems transformation underway in those areas. This POP requests15 OPA3s, 2 PA2s, 2 PEM Es, one PEM D and 3 AS2s to staff adequately the strategies currently underway. These include additional support for the expansion of Differential Response, implementation of the Title IV-E waiver that will support the service array for DR, Educational Advocacy for children in care, adequate monitoring of psychotropic medication, support for ILP and Youth support services, increased support to address programmatic needs for Commercially Sexually Exploited Children, additional support for Behavioral Rehabilitation Services delivery, contracting, training, and the centralized hotline. Also adds four ORKIDS accountants 1s for payment processing and research and two positions to support Child Welfare work by the Legislative Legal Unit.	$ 2,183,289	$ -	$ 2,176,226	$ 4,359,515	29	21.75	109
I/DD	Build Capacity for SACU clients in Prov Comm	As Stabilization and Crisis Unit (SACU formerly SOCP) moves toward a crisis resource for residential resources for the most vulnerable adults and children across the State of Oregon, a strong need has emerged to support the current SACU population with enhanced services in community placed settings. To that end, the need for a focused strategic plan to address the "stepping down" of severely disabled, although NOT in crisis, individuals currently served through SACU resources is immediate, cost effective and necessary. Additionally, the expanded supports and services provided to individuals through the "K" Plan are requiring increased provider capacity in all aspects of our service delivery - both agency providers and Personal Support Workers. This POP supports a plan to expand provider capacity with start–up or "grant funds" to provider agencies and others throughout the state who will build residential homes targeted at a specific SACU population each agency agrees to serve if that agency is awarded a grant. It would also provide grant funds for entities interested in developing capacity for serving non-SACU individuals in their own homes or in other community living settings.	$ 653,730	$ -	$ 153,258	$ 806,988	2	1.76	110
I/DD	Provider Rate Increases	DHS is requesting a 4% increase, effective 1/1/2016, in all non-bargained provider types, residential and non-residential, agency providers. 4% is less than the combined COLAs for the previous three biennia but will allow these agencies to increase direct staff wages and/or benefits for those that serve our I/DD individuals. The Direct Support Professionals that provide services through provider agencies are currently allocated $10.80 per hour in our budget models. This package will allow an increase of 4% to that model, bringing the base rate to $11.23.	$ 8,537,069	$ -	$ 18,163,987	$ 26,701,056	-	-	111
SS	SS - backfill empty OF & restoration of pos.	This combination of policy option packages eliminates all the empty other fund limitation in virtually all Self Sufficiency positions and replacing it with a combination of General and Federal Funds. The empty other fund limitation issue is primarily the result of actions taken prior to the 2003-05 session to hit a GF target at the time, where all positions were provided some other fund limitation. In addition the loss of provider and hospital tax funding for Self Sufficiency positions, to free up GF in 2011-13 and 2013-15, was not permanently backfilled. DHS has been managing to the budget for several biennia through vacancy savings. The Federal Fund backfill is from the TANF flexibility in design POP 101. The remaining backfill is General Funds. This combination of actions will keep the Self Sufficiency workload model at 76.7%.	$ 10,000,000	$ (15,049,969)	$ 7,983,033	$ 2,933,064	17	17.00	070/ 113
VR	No Cost Position Authority Request	The policy option package is requesting position authority to clear all of the double filled positions within the Vocational Rehabilitation program. These positions currently have the necessary funding to support them. These positions were hired to serve the ever expanding need for rehabilitation services by Oregon residents, as well as meeting required over site of program based on federal reviews and reporting requirements. Vocational Rehabilitation has been able to fund these by reducing contract costs and managing spending related to client services.	$ -	$ -	$ -	$ -	19	19.00	119

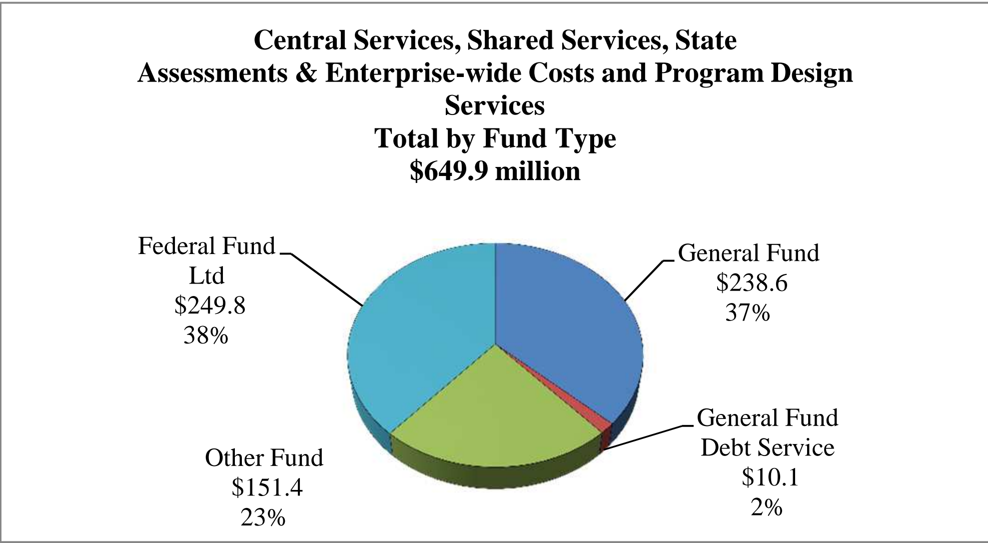
Department of Human Services
2015-17 Policy Option Package Tracker

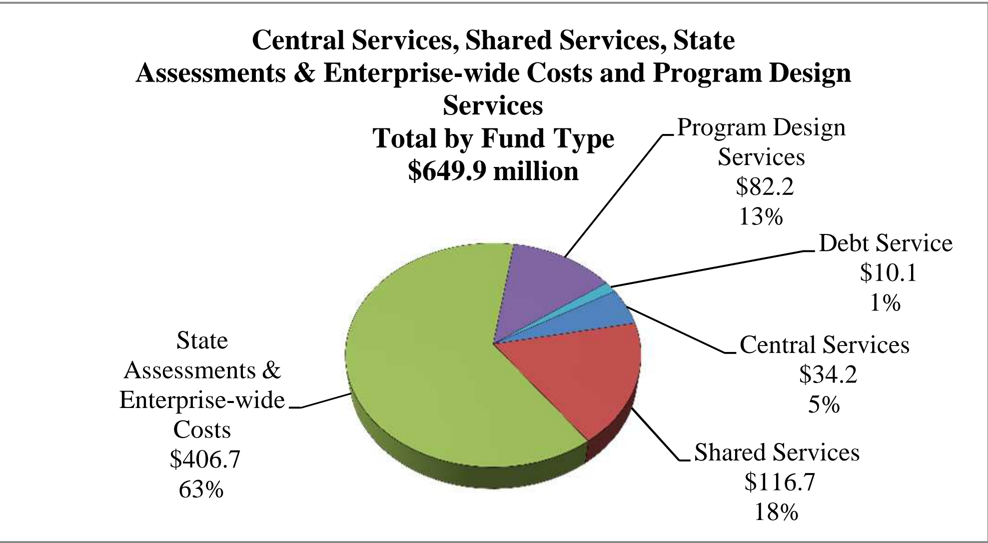
Program	Policy Option Package Title	Summary Statement	General Fund	Other Funds	Federal Funds	Total Funds	Positions	FTE	POP #
OFRA	Oregon Enterprise Data Analytics	State agencies increasingly need to analyze data across all agencies serving the same clients/customers to improve their ability to design effective programs, achieve outcomes, minimize risks and find efficiencies. This helps to bring the right resources and services to the right families at the right time by identifying risk levels and strategically targeting services to produce outcomes. Some agencies have already built combined data sets for analysis purposes. This POP extends this work to more agencies and builds the resources to make use of this data. All positions are in shared services Office of Forecasting Research and Analysis (OFRA) as they would answer to multiple agencies.	$ 946,393	$ 1,889,626	$ 943,233	$ 3,779,252	13	8.45	121
SS	TANF Investigator POP	Currently, Overpayment and Recovery's (OPAR) client fraud investigators have caseloads in excess of 300 cases each. This is excessive and additional resources are needed to properly decrease the backlogged workload. Further, an investigator's work often happens in client homes and in adversarial situations where safety is a concern. These new staff (7 FTE, Investigator 3 classification; 10 FTE, Investigator 2 classification; 2 FTE, Office Specialist 2; 2 FTE, Administrative Specialist 2; 1 FTE, Program Manager C) would provide the additional investigative staffing needed to right-size the investigations unit, reduce existing safety concerns, as well as expand capacity for utilizing new data- mining and GIS fraud-identification techniques. The expected recovery estimate in program budgets can provide some programmatic offset to this POP cost. In addition overall Return on Investment (ROI) including federal funds provides a minimum ROI of $1:1 in total fund to total fund recovery for taxpayers overall.	$ 884,248	$ 1,314,776	$ 763,687	$ 2,962,711	22	9.24	123
SS	Early Learning ERDC Investment	Enhanced funding for food programs, which have been transferred from the Oregon Department of Housing and Community Services.	$ 49,570,687	$ -	$ -	$ 49,570,687	-	-	129
SS	Transfer Food Assistance	Additional investment in Employment Related Day Care in support of the Governor's Early Learning initiative, providing greater access to quality childcare for Oregon's working families.	$ 1,772,578		$ 1,786,327	$ 3,558,905	-	-	301
APD	LTCO	This Package 070 was created to allow the Budget to align with the Long-Term Care Ombudsman.	$ -	$ (20,087)	$ (58,436)	$ (78,523)	-	-	070
		TOTAL DHS POPs	**$ 101,917,080**	**$ (8,865,654)**	**$ 31,599,905**	**$ 124,651,331**	**118**	**91.84**	

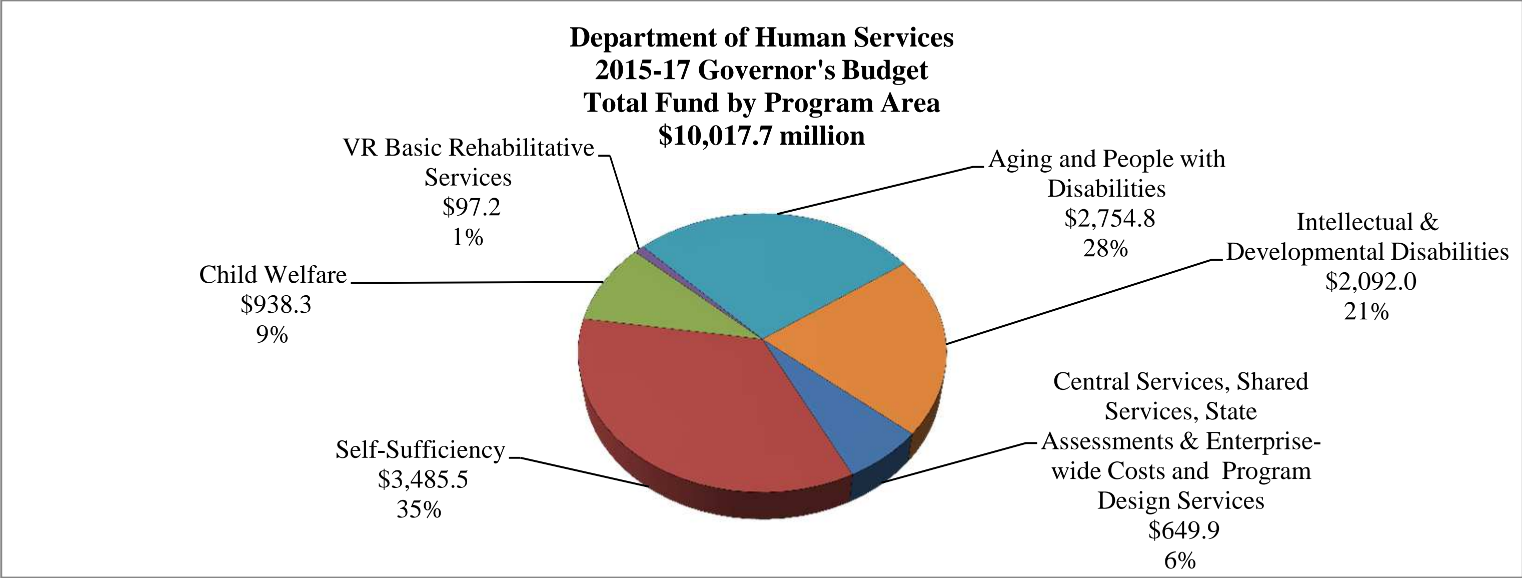
Department of Human Services
2015-17 Governor's Budget
Total Fund by Program Area
$10,017.7 million

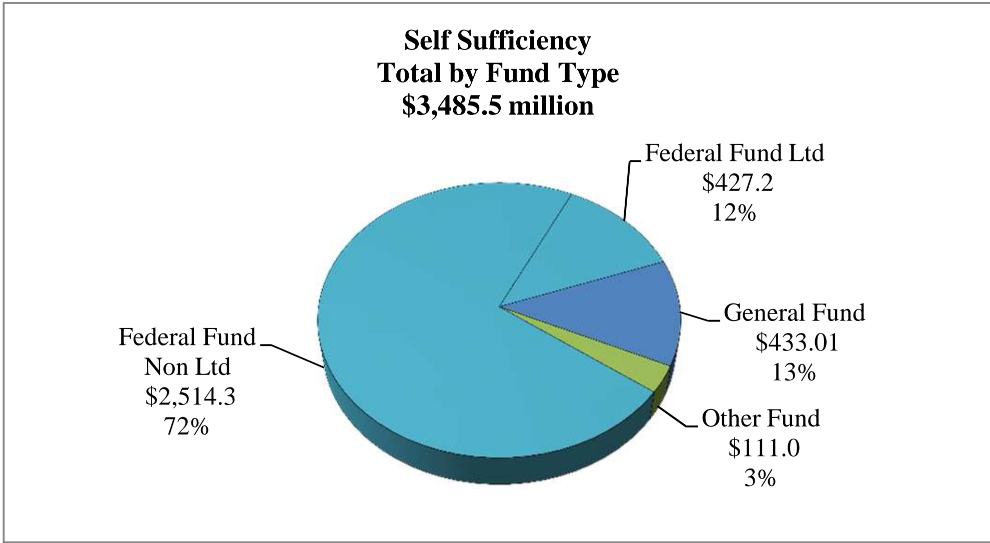


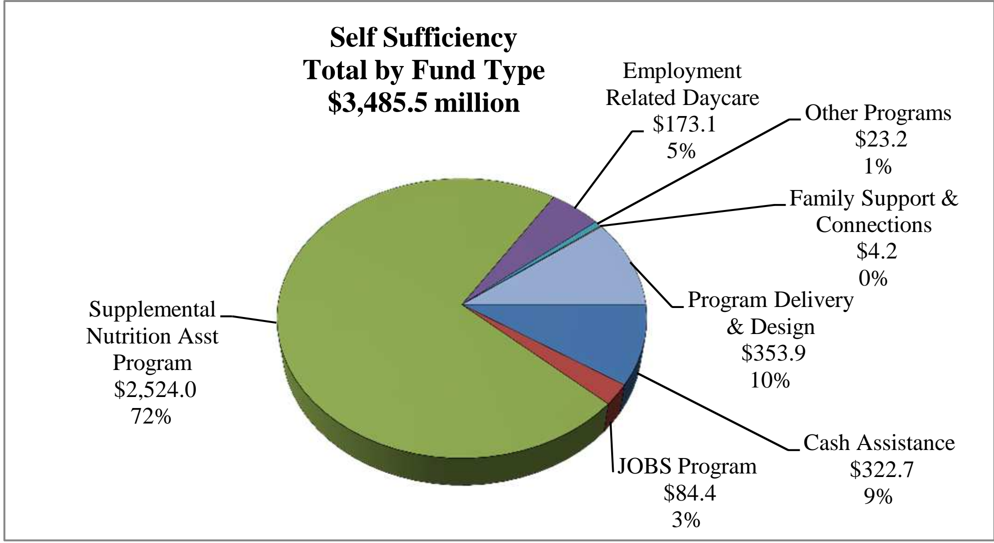

Department of Human Services
2015-17 Governor's Budget
Total Fund by Program Area
$10,017.7 million
VR Basic Rehabilitative Services
$97.2
1%
Aging and People with Disabilities
$2,754.8
28%
Intellectual & Developmental Disabilities
$2,092.0
21%
Child Welfare
$938.3
9%
Central Services, Shared Services, State Assessments & Enterprise-wide Costs and Program Design Services
$649.9
6%
Self-Sufficiency
$3,485.5
35%

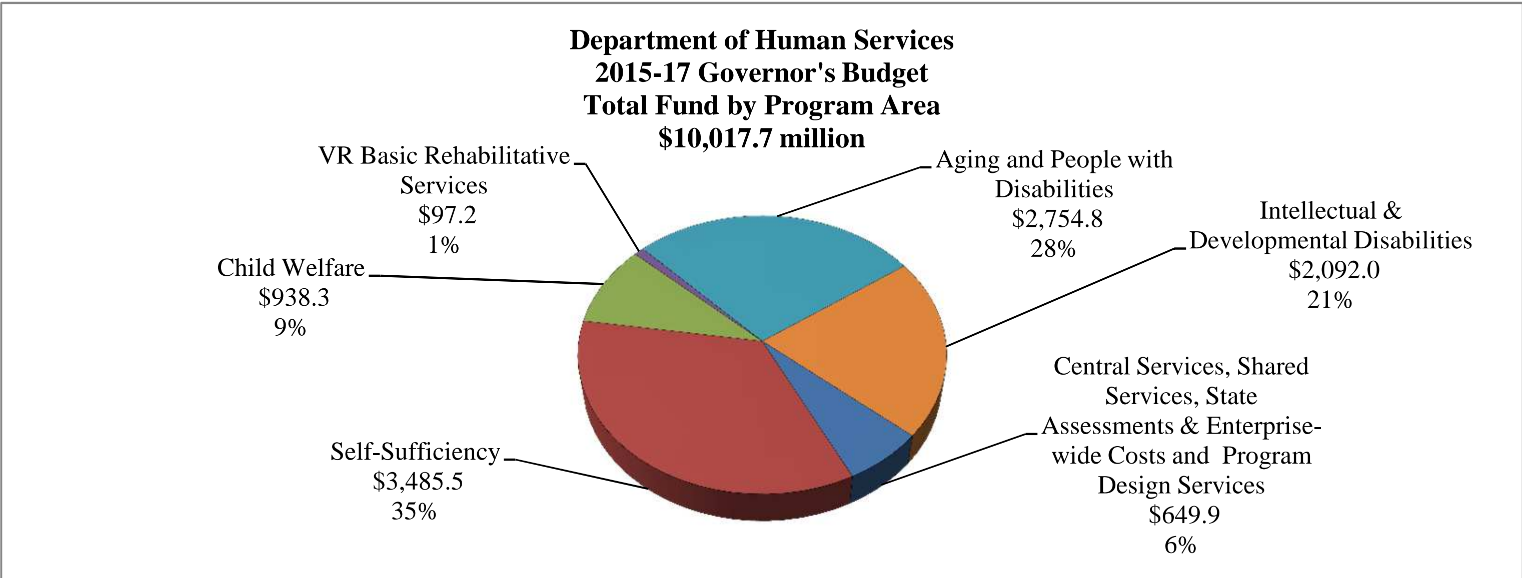

Central Services, Shared Services, State Assessments & Enterprise-wide Costs and Program Design Services
Total by Fund Type
$649.9 million
Federal Fund Ltd
$249.8
38%
General Fund
$238.6
37%
General Fund Debt Service
$10.1
2%
Other Fund
$151.4
23%

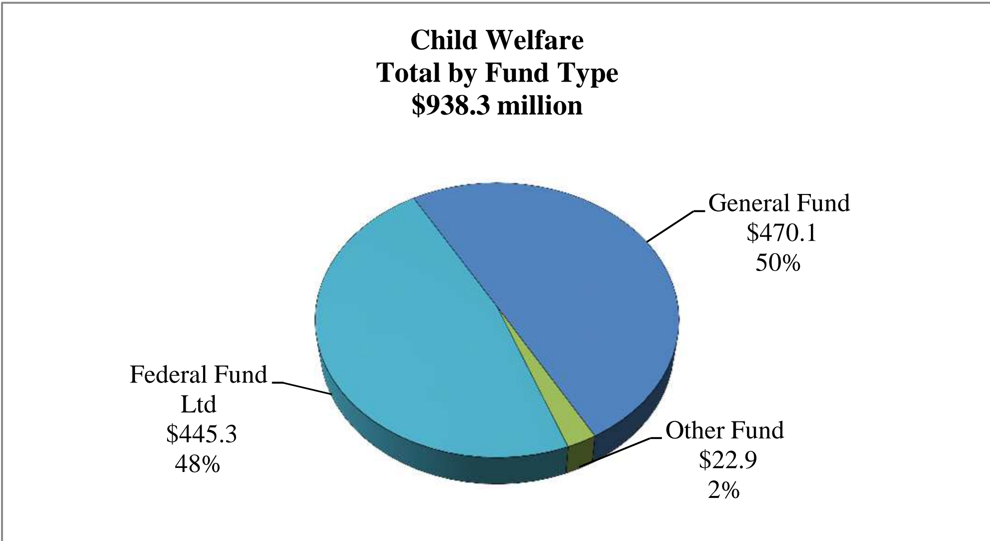

Central Services, Shared Services, State Assessments & Enterprise-wide Costs and Program Design Services
Total by Fund Type
$649.9 million
Program Design Services
$82.2
13%
Debt Service
$10.1
1%
Central Services
$34.2
5%
State Assessments & Enterprise-wide Costs
$406.7
63%
Shared Services
$116.7
18%

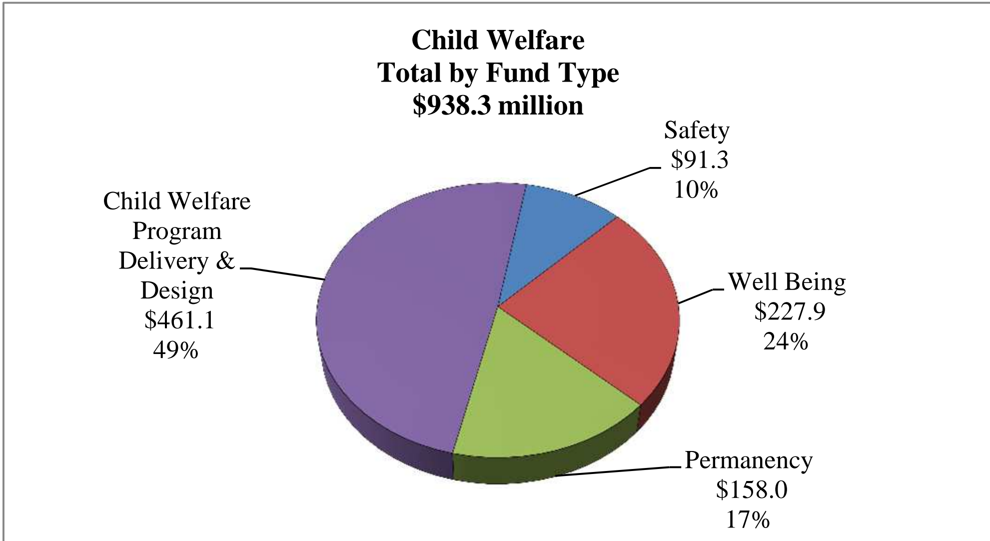

Department of Human Services
2015-17 Governor's Budget
Total Fund by Program Area
$10,017.7 million
VR Basic Rehabilitative Services
$97.2
1%
Aging and People with Disabilities
$2,754.8
28%
Intellectual & Developmental Disabilities
$2,092.0
21%
Child Welfare
$938.3
9%
Central Services, Shared Services, State Assessments & Enterprise-wide Costs and Program Design Services
$649.9
6%
Self-Sufficiency
$3,485.5
35%

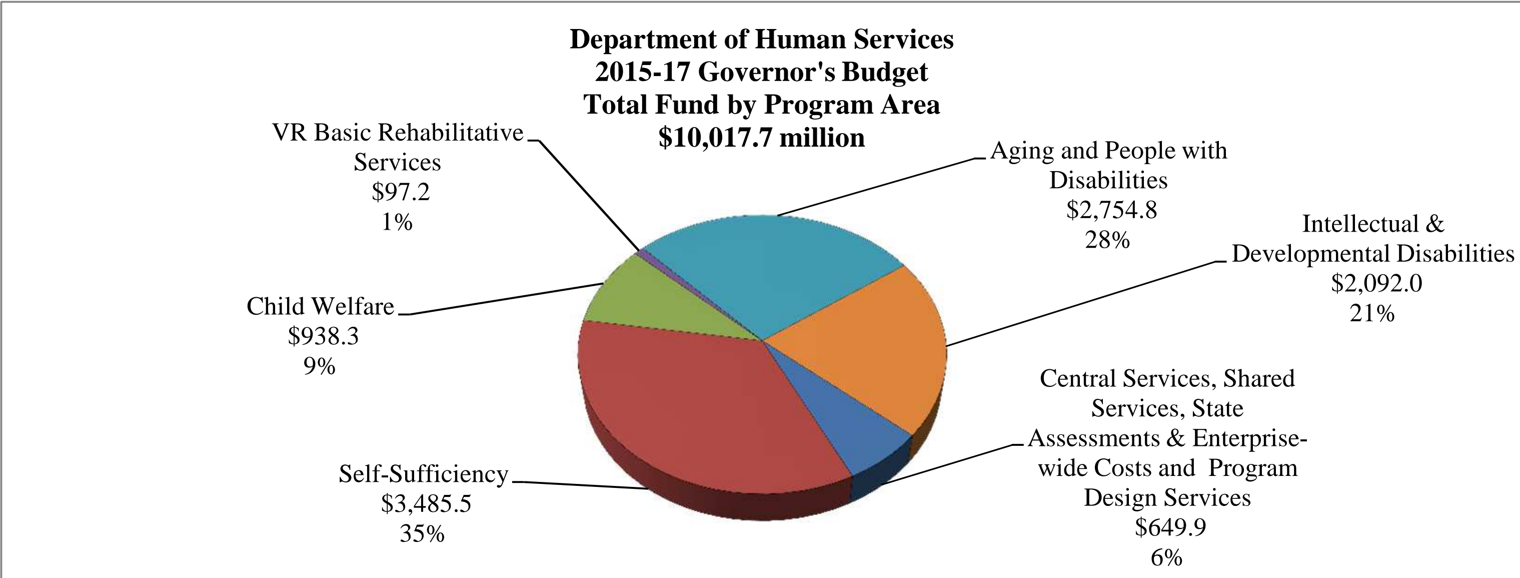

Self Sufficiency
Total by Fund Type
$3,485.5 million
Federal Fund Ltd
$427.2
12%
General Fund
$433.01
13%
Federal Fund Non Ltd
$2,514.3
72%
Other Fund
$111.0
3%


Self Sufficiency
Total by Fund Type
$3,485.5 million
Employment Related Daycare
$173.1
5%
Other Programs
$23.2
1%
Family Support & Connections
$4.2
0%
Program Delivery & Design
$353.9
10%
Supplemental Nutrition Asst Program
$2,524.0
72%
Cash Assistance
$322.7
9%
JOBS Program
$84.4
3%


Department of Human Services
2015-17 Governor's Budget
Total Fund by Program Area
$10,017.7 million
VR Basic Rehabilitative Services
$97.2
1%
Aging and People with Disabilities
$2,754.8
28%
Intellectual & Developmental Disabilities
$2,092.0
21%
Child Welfare
$938.3
9%
Central Services, Shared Services, State Assessments & Enterprise-wide Costs and Program Design Services
$649.9
6%
Self-Sufficiency
$3,485.5
35%


Child Welfare
Total by Fund Type
$938.3 million
General Fund
$470.1
50%
Federal Fund Ltd
$445.3
48%
Other Fund
$22.9
2%


Child Welfare
Total by Fund Type
$938.3 million
Safety
$91.3
10%
Child Welfare Program Delivery & Design
$461.1
49%
Well Being
$227.9
24%
Permanency
$158.0
17%


Department of Human Services
2015-17 Governor's Budget
Total Fund by Program Area
$10,017.7 million
VR Basic Rehabilitative Services
$97.2
1%
Aging and People with Disabilities
$2,754.8
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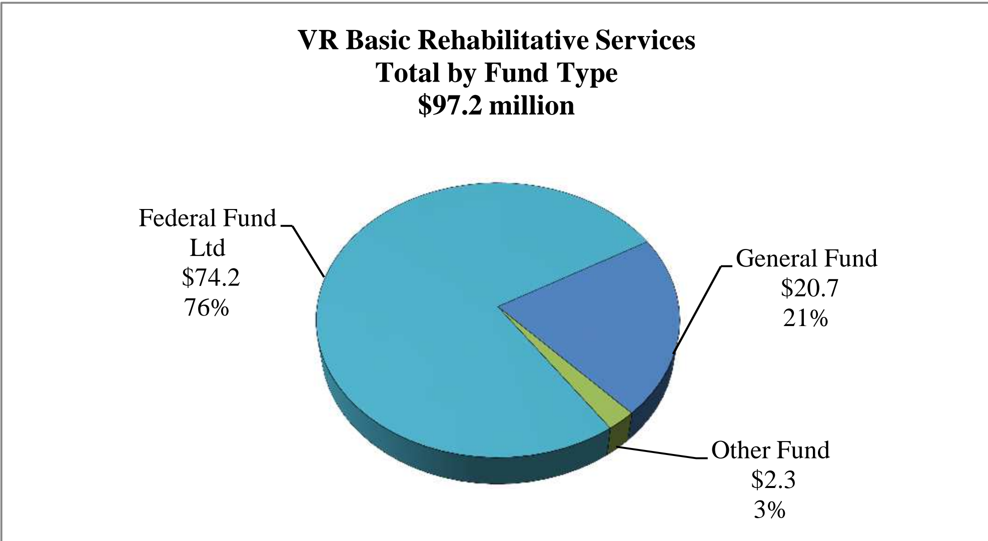
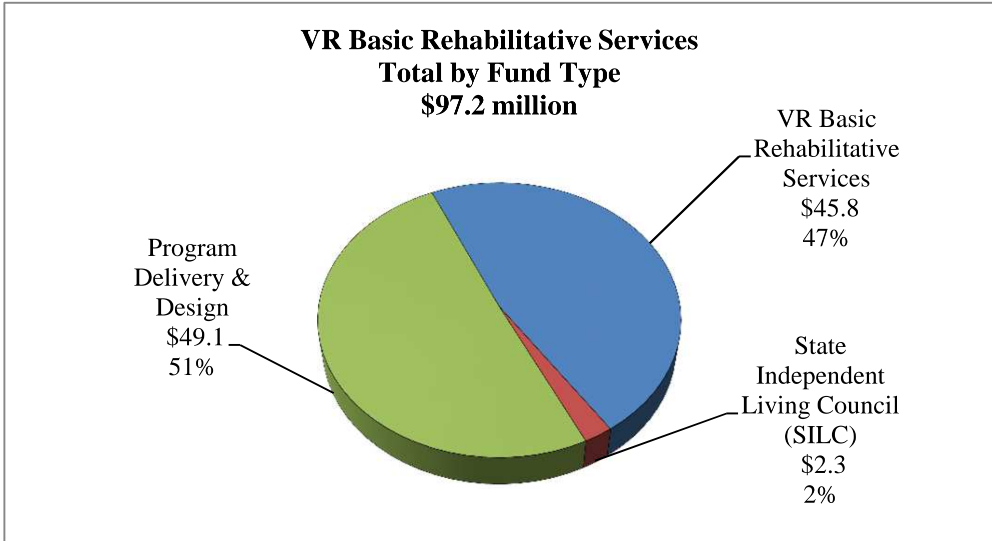
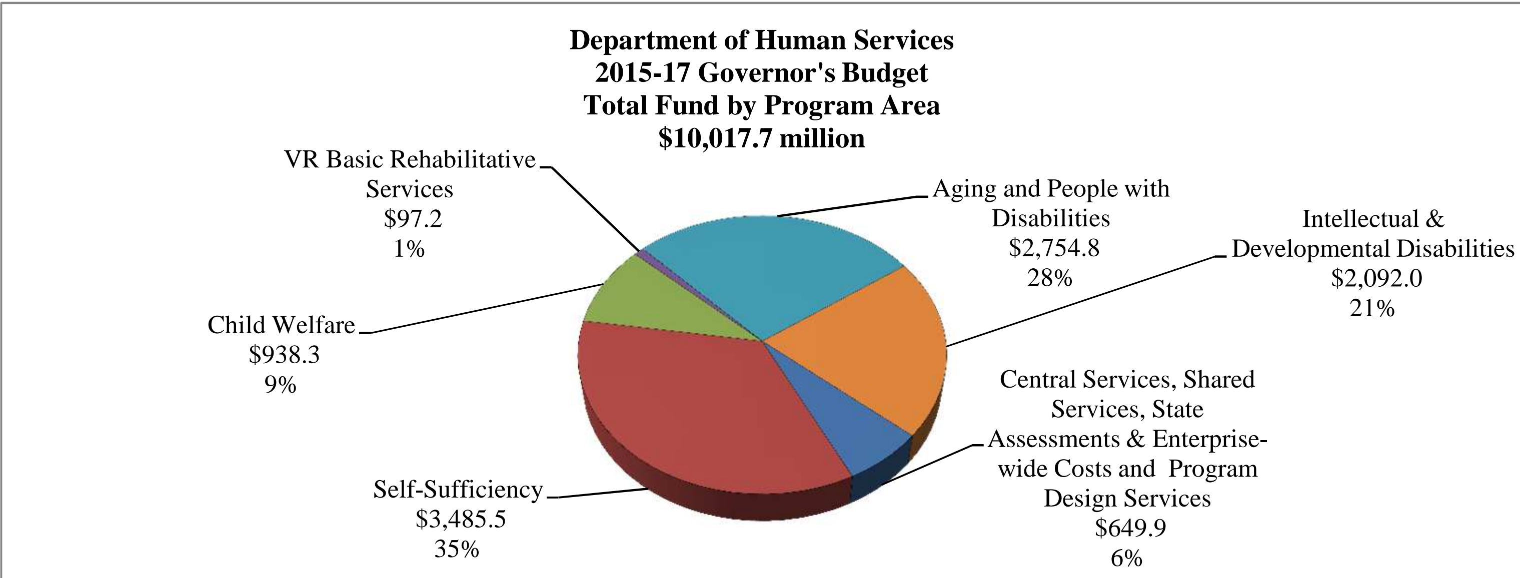
$2,092.0
21%
Child Welfare
$938.3
9%
Central Services, Shared Services, State Assessments & Enterprise-wide Costs and Program Design Services
$649.9
6%
Self-Sufficiency
$3,485.5
35%


VR Basic Rehabilitative Services
Total by Fund Type
$97.2 million
Federal Fund Ltd
$74.2
76%
General Fund
$20.7
21%
Other Fund
$2.3
3%


VR Basic Rehabilitative Services
Total by Fund Type
$97.2 million
VR Basic Rehabilitative Services
$45.8
47%
Program Delivery & Design
$49.1
51%
State Independent Living Council (SILC)
$2.3
2%


Department of Human Services
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Child Welfare
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Central Services, Shared Services, State Assessments & Enterprise-wide Costs and Program Design Services
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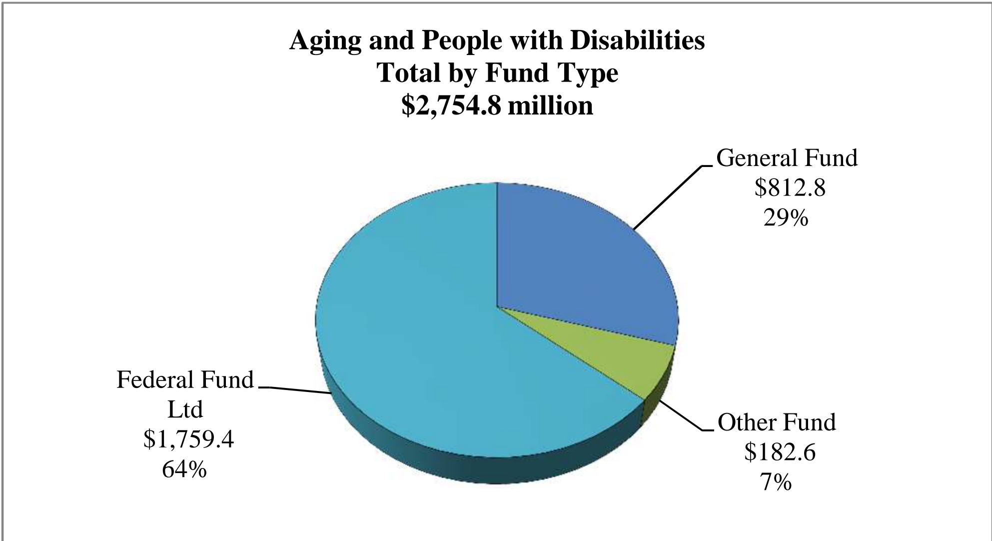
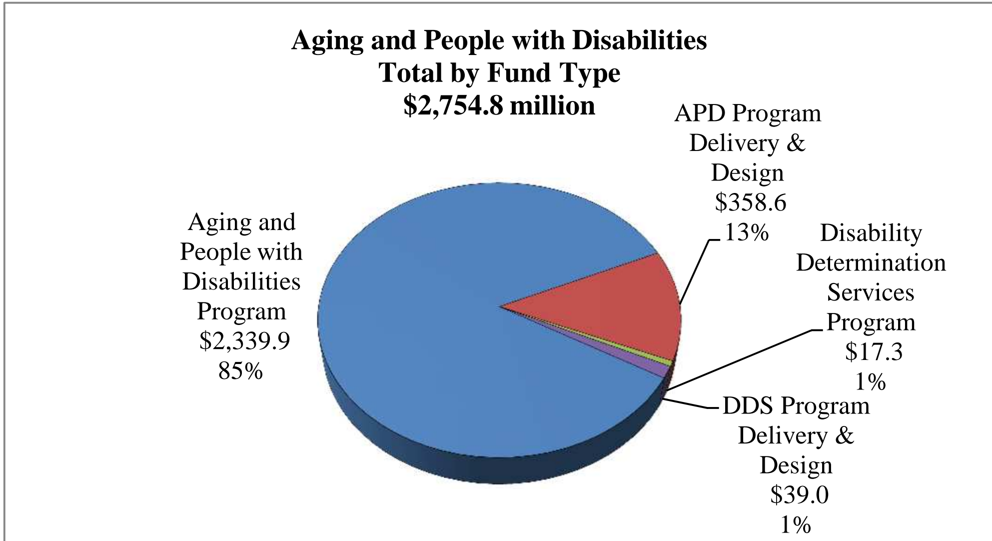
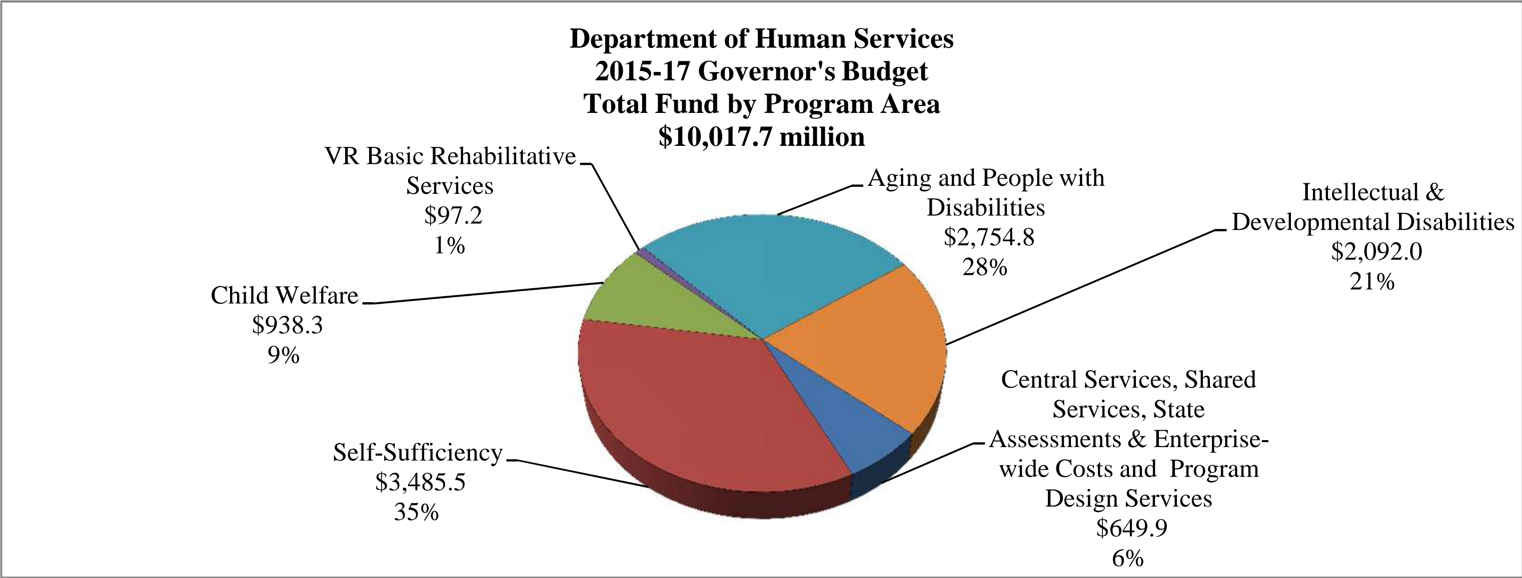
6%
Self-Sufficiency
$3,485.5
35%


Aging and People with Disabilities
Total by Fund Type
$2,754.8 million
General Fund
$812.8
29%
Federal Fund Ltd
$1,759.4
64%
Other Fund
$182.6
7%


Aging and People with Disabilities
Total by Fund Type
$2,754.8 million
APD Program Delivery & Design
$358.6
13%
Aging and People with Disabilities Program
$2,339.9
85%
Disability Determination Services Program
$17.3
1%
DDS Program Delivery & Design
$39.0
1%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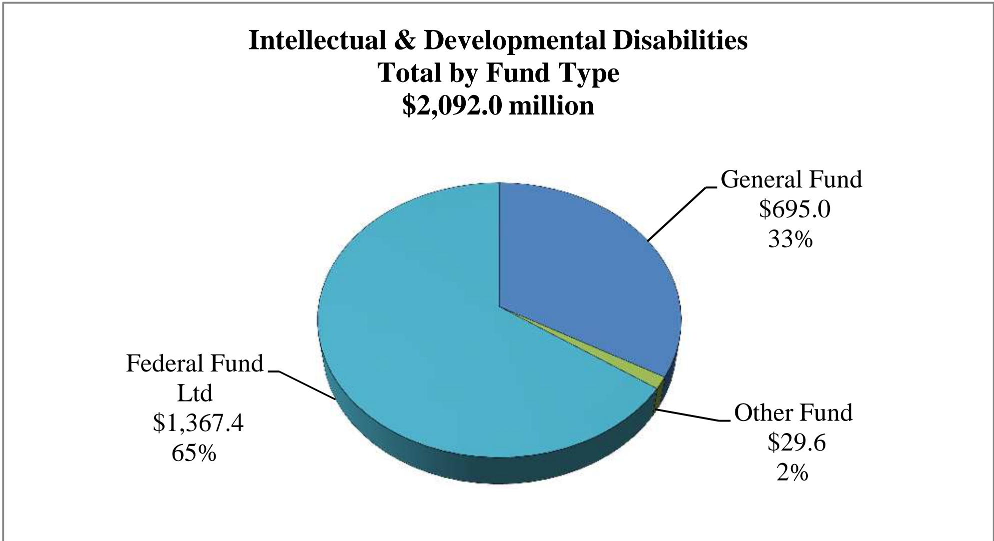
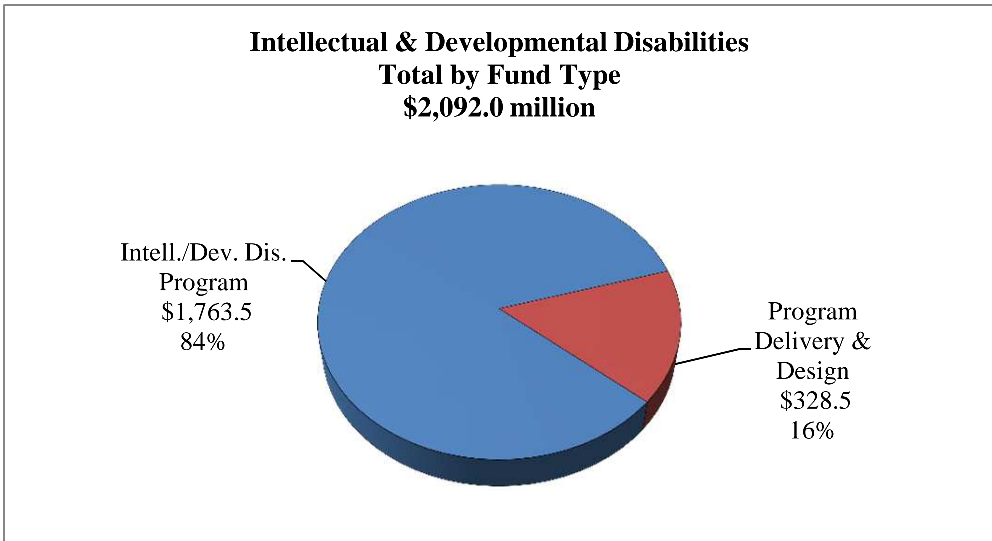
$2,092.0
21%
Child Welfare
$938.3
9%
Central Services, Shared Services, State Assessments & Enterprise-wide Costs and Program Design Services
$649.9
6%
Self-Sufficiency
$3,485.5
35%


Intellectual & Developmental Disabilities
Total by Fund Type
$2,092.0 million
General Fund
$695.0
33%
Federal Fund Ltd
$1,367.4
65%
Other Fund
$29.6
2%


Intellectual & Developmental Disabilities
Total by Fund Type
$2,092.0 million
Intell./Dev. Dis. Program
$1,763.5
84%
Program Delivery & Design
$328.5
16%