

Department of Human Services
2015-17 Joint Legislative Committee on Ways and Means
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FALL 2014 DHS|OHA CASELOAD FORECAST

Budget Planning and Analysis

Office of Forecasting, Research and Analysis





FALL 2014 DHS OHA
CASELOAD FORECAST

OCTOBER 2014

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EXECUTIVE SUMMARY

The **Supplemental Nutrition Assistance Program (SNAP)** Biennial Average Forecast for 2013–15 is 437,386 households, 1.8 percent higher than the Spring 2014 forecast. The forecast average for the 2015–17 biennium is 421,679 households, 3.6 percent lower than the forecast average for 2013–15.

The **Temporary Assistance to Needy Families (TANF)** Biennial Average Forecast for 2013–15 is 32,953 families, 1.1 percent lower than the Spring 2014 forecast. The forecast average for the 2015–17 biennium is 29,048 families, 11.9 percent lower than the forecast average for 2013–15.

The **Child Welfare** Biennial Average Forecast for 2013–15 is 21,344 children, 1.9 percent lower than the Spring 2014 forecast. The forecast average for the 2015–17 biennium is 21,465 children, 0.6 percent higher than the forecast average for 2013–15.

The **Vocational Rehabilitation** Biennial Average Forecast for 2013–15 is 8,936 clients, 1.1 percent higher than the Spring 2014 forecast. The forecast average for the 2015–17 biennium is 9,963 clients, 11.5 percent higher than the forecast average for 2013–15.

The total **Aging and People with Disabilities Long–Term Care (LTC)** Biennial Average Forecast for 2013–15 is 30,183 clients, 1.2 percent higher than the Spring 2014 forecast. The forecast average for the 2015–17 biennium is 31,424 clients, 4.1 percent higher than the forecast average for 2013–15.

The **Intellectual and Developmental Disabilities Case Management** Biennial Average Forecast for 2013–15 is 22,303 clients, 0.7 percent higher than the Spring 2014 forecast. The forecast average for the 2015–17 biennium is 24,223 clients, 8.6 percent higher than the forecast average for 2013–15.

The total **Medical Assistance Programs** Biennial Average Forecast for 2013–15 is 935,819 clients, 7.1 percent higher than the Spring 2014 forecast. The forecast average for the 2015–17 biennium is 988,757 clients, 5.7 percent higher than the forecast average for 2013–15. The current caseloads are higher than expected due to deferred redeterminations. The Fall 2014 forecast predicts that by March 2015 caseloads should drop back to their natural growth curves following an intensive period of redeterminations scheduled to take place from October 2014 through February 2015.

The total **Adult Mental Health** Biennial Average Forecast for the 2013–15 biennium is 47,991 clients served. This includes clients who are currently committed (1,778 people), who were committed sometime in the past (2,787 people), and who have never been committed (43,416 people). The forecast average for the 2015–17 biennium is 53,881 clients, 12.3 percent higher than the Fall 2014 Forecast for 2013–15.

1. Not everyone who is eligible for means-tested public programs participates in them, and Medicaid is no exception. When public programs are expanded, new enrollment often occurs not only among the newly eligible, but also among the previously eligible populations. This is referred to as the "welcome mat effect" and was seen after CHIP was created in 1997 and more recently as several states expanded coverage for children.

Introduction

This document summarizes the Fall 2014 forecasts of client caseloads for the Oregon Department of Human Services (DHS) and Oregon Health Authority (OHA). The Office of Forecasting, Research and Analysis (OFRA) issues these forecasts semiannually in the spring and fall. DHS caseload forecasts cover the major program areas administered by the department: Self Sufficiency, Child Welfare, Vocational Rehabilitation, Aging and People with Disabilities, and Developmental Disabilities. OHA caseload forecasts cover the major program areas of Medical Assistance Programs and Addictions and Mental Health. Forecasts are used for budgeting and planning and usually extend through the end of the next biennium. Forecasts are developed using a combination of time-series techniques, input-output deterministic models and expert consensus. Forecast accuracy is tracked via monthly reports that compare actual caseload counts to the forecasted caseload. An annual forecast quality report which compares forecast accuracy across programs and over time is also available.¹

1. Forecast accuracy reports can be found at <http://www.oregon.gov/dhs/ofra/Pages/index.aspx>. For current monthly reports go to the Home page, for the annual report go to About Us, for older reports go to Forecasts, Reports & Publications. For information on OFRA's forecast methodology, go to the Forecast Process page.

Forecast environment and risks

Oregon's economy is still recovering from the Great Recession of 2008-2009. Oregon lost nearly 150,000 jobs between December 2007 and December 2009, more than half of which disappeared during the six months ending in March 2009. The large and sudden loss of jobs resulted in large and sudden increases in many DHS and OHA caseloads. This period is easily identified in many of the caseload graphs that follow.

Oregon's total employment has increased consistently over the past few years. Total nonfarm employment was 1,713,700 for July 2014 – 9,900 fewer jobs than in July 2008 but 109,000 more jobs than in July 2010. This growth, however, has not been evenly distributed among industry sectors. Compared to 2008, there are 18,600 fewer construction jobs, 15,700 fewer durable goods manufacturing jobs, 11,600 fewer jobs in finance, and 8,900 fewer government jobs. At the other end of the spectrum, there are 26,400 more jobs in health care and social assistance, 12,600 more jobs in professional and business services, and 9,800 more jobs in accommodation and food services. The U.S. Bureau of Labor Statistics reported that during 2013, 141,000 Oregonians worked part-time because they could not find full-time work (*economic reasons*). This is an increase from 2012 when there were 112,000 involuntary part-time workers and 2007 when there were just 47,000.

These trends have affected DHS clients. For example, employment among adults on the January 2014 SNAP caseload declined by 7 percent between 2008 and 2013, yet their real wages declined by 25 percent. Some employment shifted from manufacturing and construction to employment as care providers to the elderly and disabled, work in accommodation and food services, or work for temporary employment agencies. Work in these sectors tends to pay less and provide fewer hours when compared to manufacturing or construction employment. Such employment dynamics explain why Oregon's overall increase in employment has not translated into large decreases in Self Sufficiency and some Medicaid caseloads.

Forecasts are based on specific assumptions about the future, and an important part of forecasting is identifying the major risks to those assumptions. Caseload dynamics are influenced by demographics, the economy, and policy choices. Demographic changes have a long-term and predictable influence on caseloads. Economic factors can have a dramatic effect on some caseloads, especially during recessions. The most immediate and dramatic effects on caseloads result from policy changes that alter the pool of eligible clients or the duration of their program eligibility. Sometimes economic factors influence policy changes. For example, a poor economy will cause tax receipts to decline, which can in turn force spending cuts that limit eligibility for some programs.

The Office of Economic Analysis (OEA) identifies major risks to Oregon's economy in its quarterly forecasts. The second quarter 2014 edition lists the major risks as federal fiscal policies, strength of the housing market recovery, European debt problems and potential financial instability, commodity price inflation, and uncertainty surrounding federal timber payments.²

Forecasts are based on current practices and policies applied to the expected state of external factors such as demographics and the economy. We do not attempt to anticipate future policy changes. Moreover, the effects of policy changes that have been adopted but not implemented sometimes cannot be quantified to the degree needed to accurately forecast outcomes. Future policy changes or uncertainty about the implementation of recent policy changes represent a major risk to the caseload forecasts.

2. For a complete discussion of risks to Oregon's economy, see OEA's most recent forecast: <http://www.oregon.gov/DAS/OEA/docs/economic/oregon.pdf>.

Department of Human Services

A decorative graphic at the bottom of the page consists of several overlapping, wavy bands. From bottom to top, the colors are a solid dark blue, a textured gold, a light beige, a light purple, and a very light beige. The bands curve upwards from left to right, creating a sense of movement and growth.

Total Department of Human Services Biennial Average Forecast Comparison

	Current Biennium		% Change Between Forecasts	Fall 14 Forecast		% Change Between Biennia
	Spring 14 Forecast	Fall 14 Forecast		2013-15	2015-17	
Self Sufficiency						
Supplemental Nutrition Assistance Program (households)	429,661	437,386	1.8%	437,386	421,679	-3.6%
Temporary Assistance for Needy Families - Basic and UN (families: cash assistance)	33,336	32,953	-1.1%	32,953	29,048	-11.9%
Child Welfare (children served)						
Adoption Assistance	11,190	11,101	-0.8%	11,101	11,182	0.7%
Guardianship Assistance	1,365	1,382	1.2%	1,382	1,557	12.7%
Out-of-Home Care	7,477	7,319	-2.1%	7,319	7,285	-0.5%
Child In-Home	1,717	1,543	-10.1%	1,543	1,441	-6.6%
Vocational Rehabilitation Services	8,836	8,936	1.1%	8,936	9,963	11.5%
Aging and People with Disabilities						
Long-Term Care: In-Home	13,863	14,438	4.1%	14,438	15,486	7.3%
Long-Term Care: Community-Based	11,656	11,526	-1.1%	11,526	11,915	3.4%
Long-Term Care: Nursing Facilities	4,320	4,219	-2.3%	4,219	4,023	-4.6%
Intellectual and Developmental Disabilities						
Total Case Management Enrollment	22,139	22,303	0.7%	22,303	24,223	8.6%
Total I/DD Services	16,251	16,067	-1.1%	16,067	17,868	11.2%

Self Sufficiency Programs

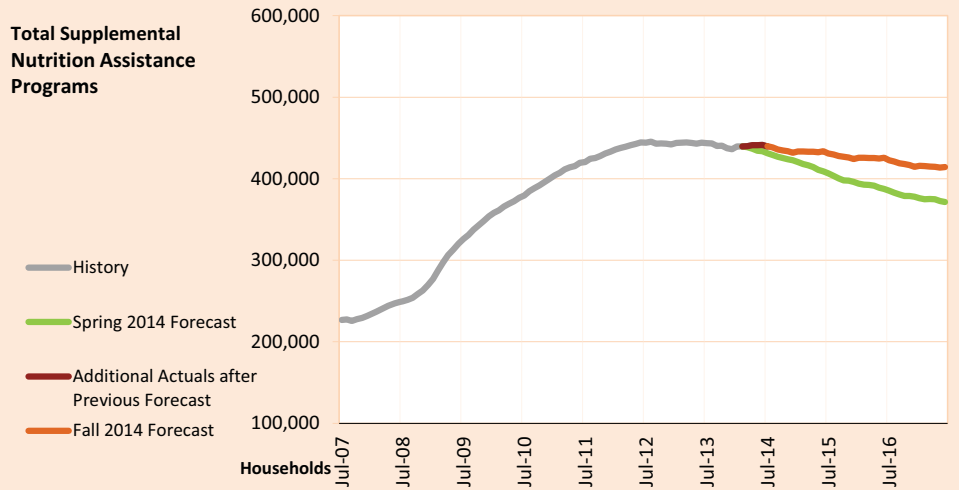
Supplemental Nutrition Assistance Program (SNAP) — There were 441,500 households (791,500 persons) receiving SNAP benefits in June 2014, approximately one-fifth of all Oregonians. The SSP portion of SNAP rose rapidly at the outset of 2009 and continued to grow at a steadily decreasing rate until leveling off in mid-2012. The caseload has declined by 17,400 households since June 2012. The smaller APD SNAP caseload has been increasing steadily for several years. The combined SNAP biennial average forecast for 2013-15 is 437,386 households, 1.8 percent higher than the Spring 2014 forecast. The Fall 2014 Forecast average for the 2015–17 biennium is 421,679 households, 3.6 percent lower than the biennial average forecast for 2013-15. APD SNAP is in the pilot phase of increasing from 12-month to 24-month redeterminations. When this policy is implemented statewide it may decrease the “churn” in the APD SNAP caseload. Churn occurs when clients do not complete the redetermination process in a timely manner and temporarily drop off the caseload. All other things being equal, implementation of this change could increase the total caseload. Finally, the SNAP caseload could be affected by the issues stated in the “Forecast environment and risks” section above.

Temporary Assistance for Needy Families (TANF) — There were 33,188 families receiving TANF benefits in June 2014. The TANF caseload underwent nearly uninterrupted growth starting in January 2008 until leveling off in mid-2012. After a seasonal increase in the winter of 2012-2013, the caseload declined and is currently 3,400 cases below its February 2013 peak. Over the current and next biennia, the caseload is expected to decline overall but with small seasonal increases during the winter months. The TANF biennial average forecast for 2013–15 is 32,953 families, 1.1 percent lower than the Spring 2014 forecast. The current forecast average for the 2015–17 biennium is 29,048 families, 11.9 percent lower than the forecast for 2013-15. The major risk to the TANF forecast is a potential program re-design that may be adopted in the upcoming legislative session. The TANF caseload also could be affected by the issues stated in the “Forecast environment and risks” section above.

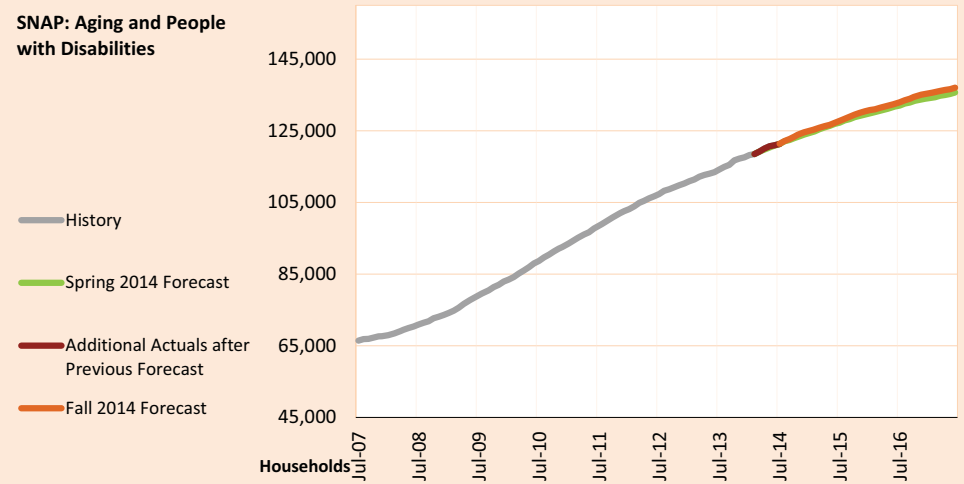
Pre-SSI - The Fall 2014 forecast for the 2013–15 biennium is 502 families, 3.6 percent lower than the Spring 2014 forecast. The caseload is expected to average 485 families during the 2015–17 biennium, 3.4 percent lower than the forecast for the current biennium.

Temporary Assistance for Domestic Violence Survivors (TA-DVS) — This is a relatively small caseload that experiences regular seasonal fluctuations. The Fall 2014 forecast for the 2013–15 biennium is 449 families, 1.3 percent lower than the Spring 2014 forecast. The caseload is expected to average 457 families during the 2015–17 biennium, 1.8 percent higher than the forecast for the current biennium.

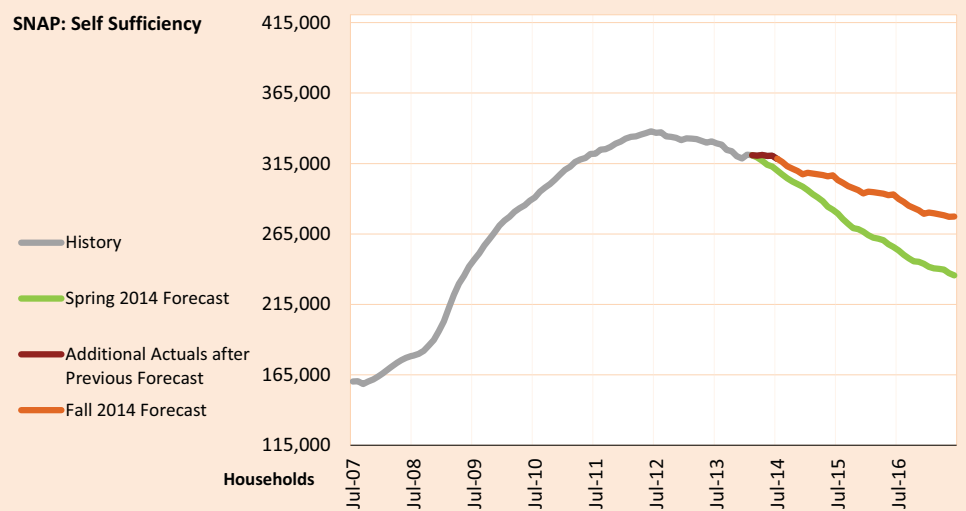
Total Supplemental Nutrition Assistance Programs



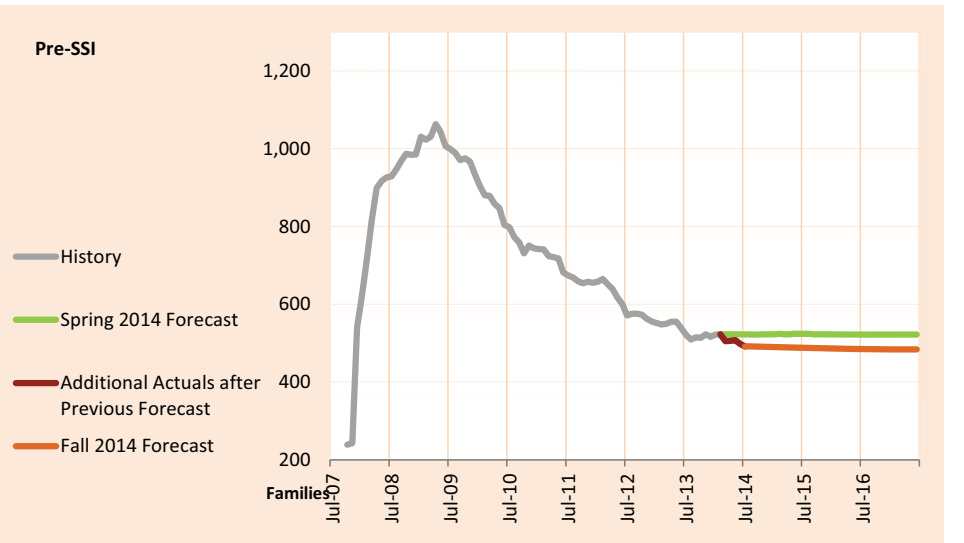
SNAP: Aging and People with Disabilities

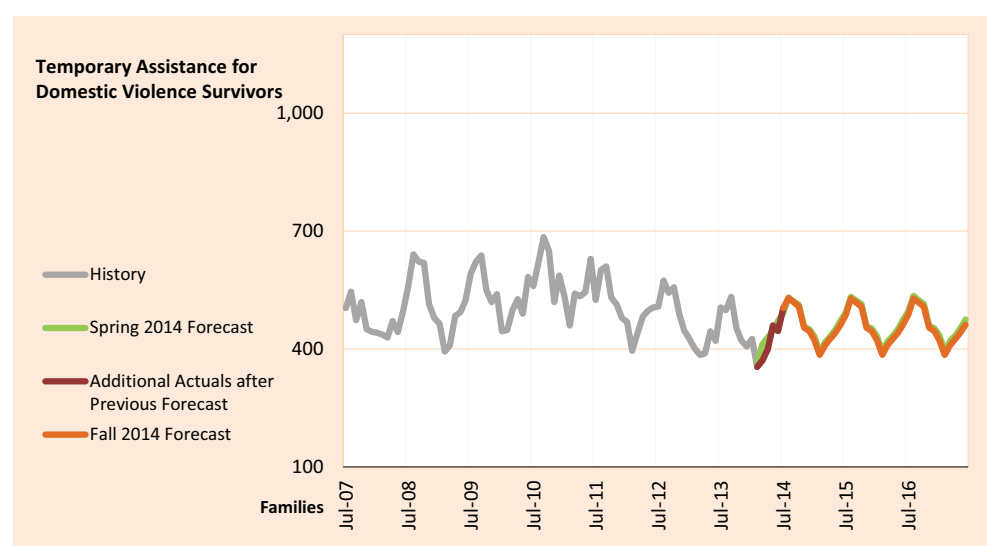
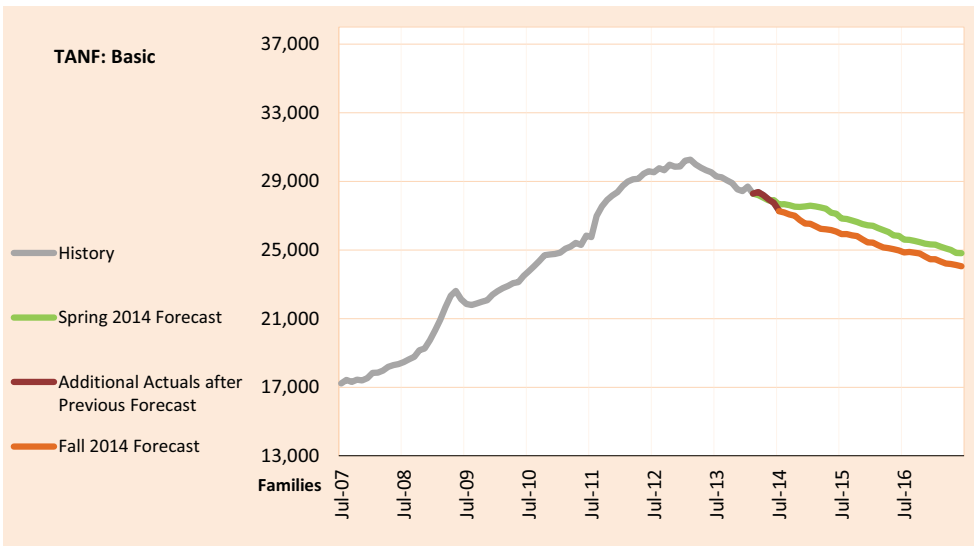
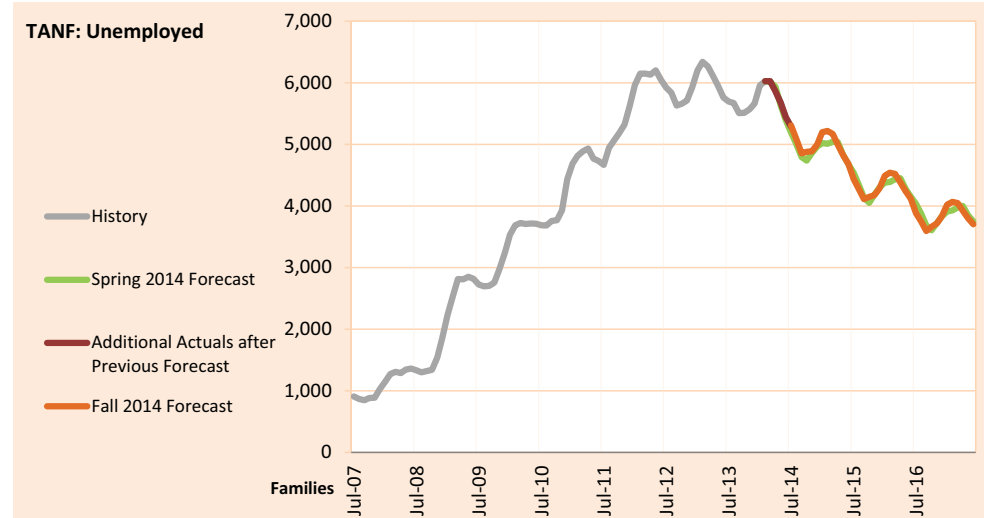
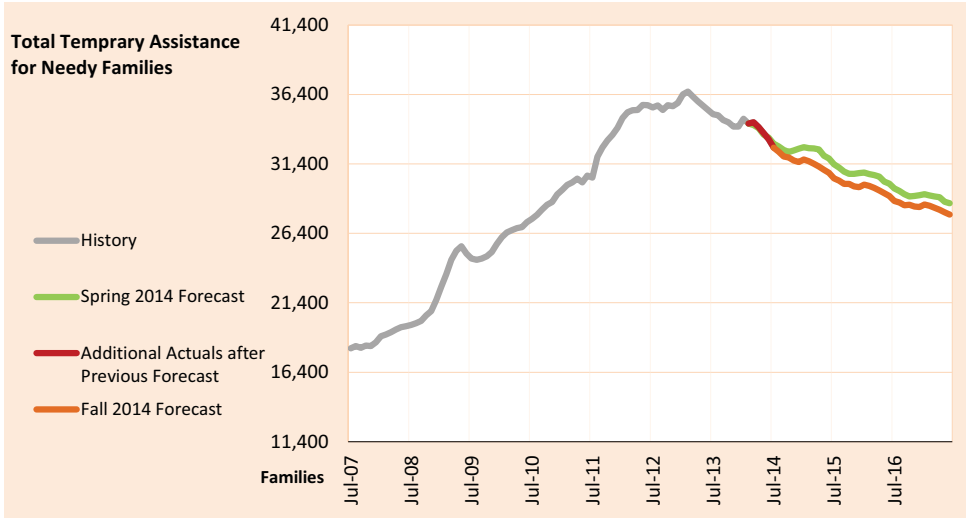


SNAP: Self Sufficiency



Pre-SSI





Self Sufficiency Biennial Average Forecast comparison

	Current Biennium		% Change Between Forecasts	Fall 2014 Forecast		% Change Between Biennia
	Spring 14 Forecast	Fall 14 Forecast		2013-15	2015-17	
Supplemental Nutrition Assistance Program (households)						
Self Sufficiency	308,682	316,190	2.4%	316,190	288,875	-8.6%
Aging and People with Disabilities	120,979	121,197	0.2%	121,197	132,804	9.6%
Total SNAP	429,661	437,386	1.8%	437,386	421,679	-3.6%
Temporary Assistance for Needy Families (families: cash/grants)						
Basic	28,012	27,589	-1.5%	27,589	24,975	-9.5%
UN	5,324	5,364	0.8%	5,364	4,073	-24.1%
Total TANF	33,336	32,953	-1.1%	32,953	29,048	-11.9%
Pre-SSI (families)	521	502	-3.6%	502	485	-3.4%
Temporary Assistance for Domestic Violence Survivors (families)	455	449	-1.3%	449	457	1.8%

Child Welfare

DHS implemented a new Child Welfare computer system (OR-KIDS) in August 2011. This explains the gaps in the forecast graphs, as several months of data were not collected during the transition process. The Fall 2014 forecast is the fourth edition based on OR-KIDS data.

Adoption Assistance – This caseload was on a steady growth trajectory for many years, increasing an average of 6 percent annually. In mid-2009 the caseload flattened and remained at an average of 10,760 children served per month for the next two years. The percentage of children transferring to adoption assistance from foster care declined, possibly as a result of a rate redesign. It is thought that adoptive families wanted to wait and see the details and effects of the new rate structure. OR-KIDS counts started in August 2011 and were slightly higher but still flat, averaging 10,900 until early 2012 when the caseload again started to grow at a modest pace. In October 2012 the caseload exceeded 11,000 for the first time. Caseload growth has been relatively flat from July 2013 to the present, averaging 11,080 children served per month. The caseload is expected to average 11,101 for the 2013-15 biennium, 0.8 percent lower than the Spring 2014 forecast. The caseload is expected to average 11,182 over the 2015-17 biennium, 0.7 percent higher than the biennial average forecast for 2013-15.

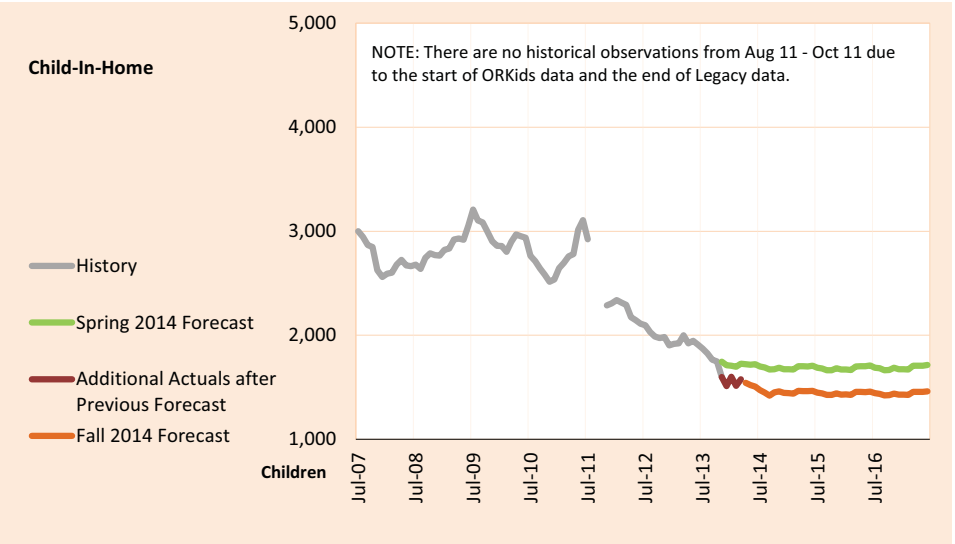
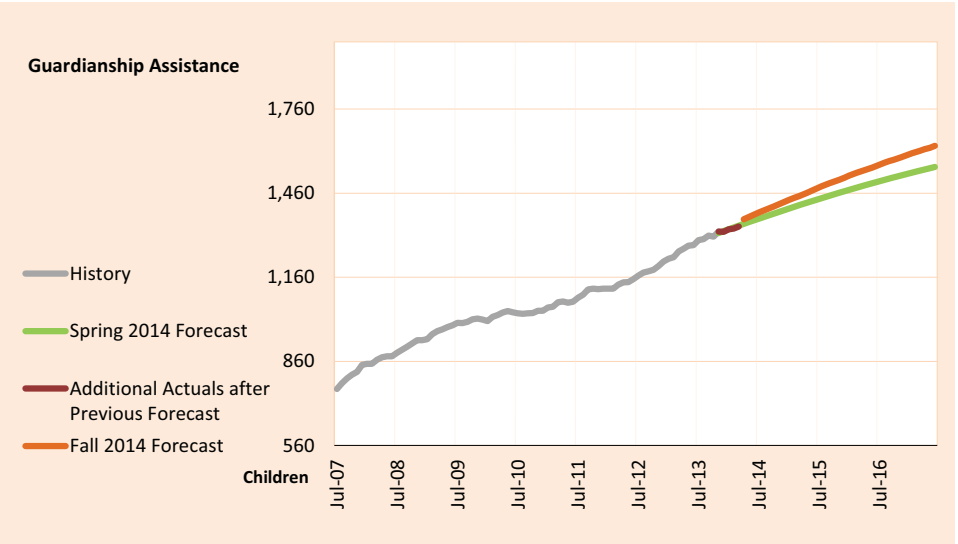
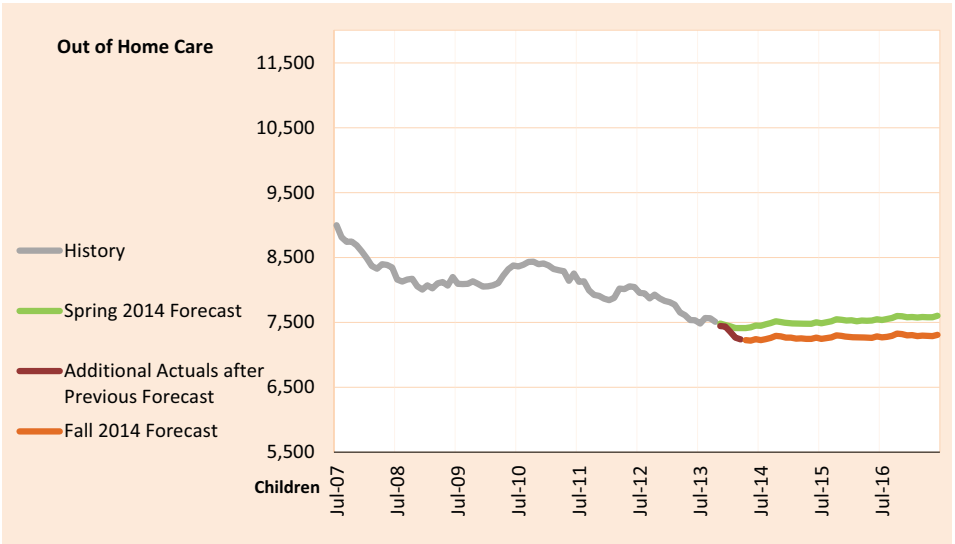
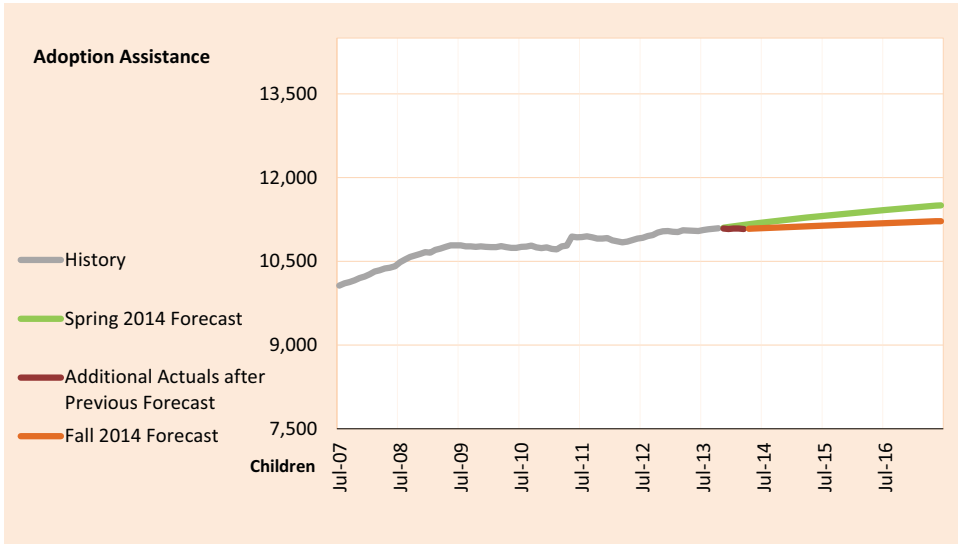
Guardianship Assistance – This caseload has exhibited steady, fairly rapid growth for its entire history. It increased an average of 23 percent annually between 2001 and 2013, although growth slowed in 2013. This spring the caseload appears to be picking up its rate of growth, increasing 2 percent between March and April 2014. Current policies are in place to shorten the length of time to permanency, so we expect continued increases to this caseload as children move out of foster care. The Fall 2014 forecast reflects this expected growth. The caseload is expected to average 1,382 for the 2013-15 biennium, 1.2 percent higher than the Spring 2014 forecast. The caseload is expected to average 1,557 over the 2015-17 biennium, 12.7 percent higher than the biennial average forecast for 2013-15.

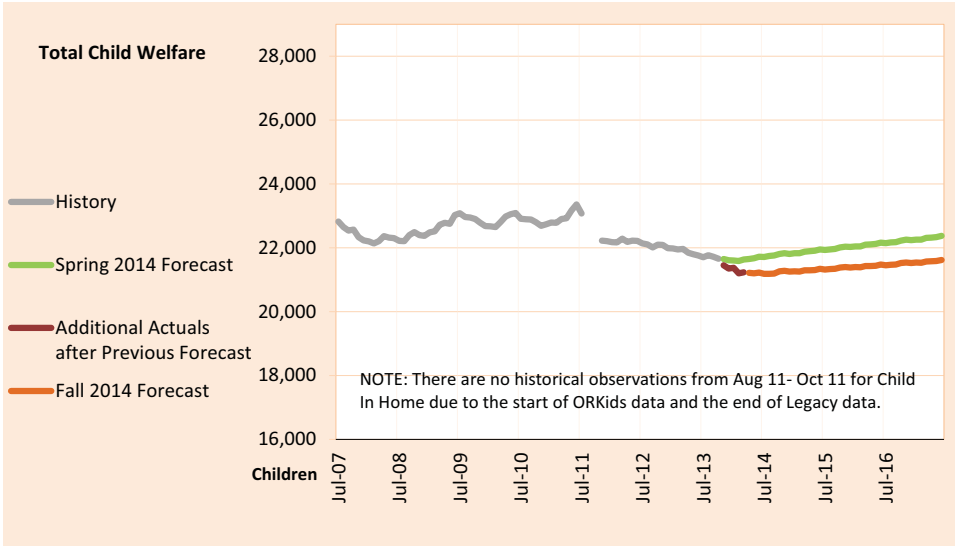
Out-of-Home Care — This caseload is comprised of paid foster care, non-paid foster care (including trial home visits), and residential care. Paid foster care is by far the largest portion of the group. The total foster care caseload experienced a significant decrease in the four years between January 2006 and December 2009, declining from 10,300 to 8,000 children. During this period, the number of children supervised in home also declined, as well as the percentage of in-home children who transferred into foster care. Between May 2012 and March 2014, the caseload decreased 10 percent. There are many initiatives in place that are designed to decrease the foster care caseload even though the child population in Oregon continues to grow. In recent months the caseload decline has slowed somewhat. The Fall 2014 forecast also reflects a phase-in of 48 beds between April and September 2014, due to restored general funds. The caseload is expected to average 7,319 for the 2013-15 biennium, 2.1 percent lower than the Spring 2014 forecast. The caseload is expected to average 7,285 over the 2015-17 biennium, 0.5 percent lower than the biennial average forecast for 2013-15.

Child-In-Home — This caseload experienced steady decline from 2004 to 2007, followed by a period of rising and falling caseloads through 2011, then shifted to a period of slow decline that ended in late 2013. Since that time, caseload has fluctuated within a narrow band of 1,500 to 1,600. The Fall 2014 forecast reflects this history, with a very slow growth pattern that is expected to average 1,543 for the 2013-15 biennium, 10.2 percent lower than the Spring 2014 forecast. The caseload is expected to average 1,441 over the 2015-17 biennium, 6.6 percent lower than the biennial average forecast for 2013-15.

Risk and Assumptions

Risks to this forecast include continued implementation of *differential response*, a program designed to reduce the use of foster care in favor of supervising children in their homes. Some counties engage more families in prevention, so those children may not end up with a case plan, and as such, will not get counted in the caseload. In addition, there is a group working to re-define the Child-In-Home caseload. New definitions for Child-In-Home could affect which children are counted as part of the caseload. Another risk is the influence of overdue or unclosed assessments; if not entered in the system, Child-In-Home numbers could be affected.



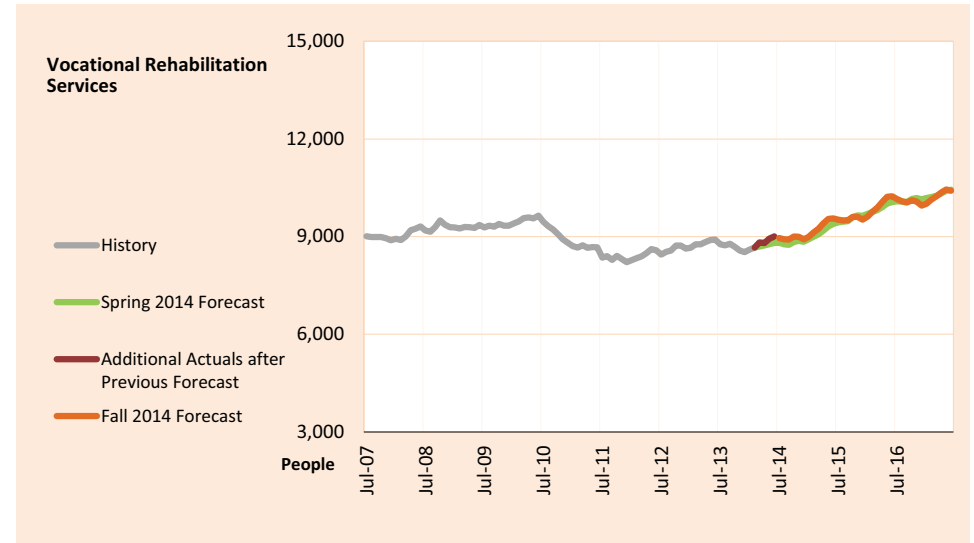


Child Welfare Biennial Average Forecast comparison

	Current Biennium		% Change Between Forecasts	Fall 14 Forecast		% Change Between Biennia
	Spring 14 Forecast	Fall 14 Forecast		2013-15	2015-17	
Adoption Assistance	11,190	11,101	-0.8%	11,101	11,182	0.7%
Guardianship Assistance	1,365	1,382	1.2%	1,382	1,557	12.7%
Out-of-Home Care	7,477	7,319	-2.1%	7,319	7,285	-0.5%
Child In-Home	1,717	1,543	-10.1%	1,543	1,441	-6.6%
Total Child Welfare	21,749	21,344	-1.9%	21,344	21,465	0.6%

Vocational Rehabilitation

From 2006 through 2008 the Vocational Rehabilitation caseload averaged 9,100 clients. In 2009, budget reductions caused the program to operate under an order of selection, a means of prioritizing clients when demand for services exceeds program capacity. As a result, the caseload averaged 6,000 clients during 2009. Since then, Vocational Rehabilitation has avoided placing clients on the waiting list and the caseload has averaged 8,600 clients over the past three years. The Fall 2014 forecast for the 2013–15 biennium is 8,936 clients, 1.1 percent higher than the Spring 2014 forecast. The caseload is expected to average 9,963 clients during the 2015–17 biennium, 11.5 percent higher than in 2013–15. Executive Order 13-04 requires the Vocational Rehabilitation program to serve an additional 275 clients by FY 2017, and the increase in caseload is expected as a result of hiring additional counselors. Risks include the eventual outcome of Lane v. Kitzhaber (a federal class-action lawsuit) and the reauthorization of the Rehabilitation Act as part of the Workforce Innovation and Opportunity Act (PL 113-128). This federal act was signed into law in July and is scheduled to take effect July 1, 2015. During the coming year the effect of this law on Oregon's Vocational Rehabilitation services should become clearer.



Vocational Rehabilitation Services Biennial Average Forecast comparison

	Current Biennium		% Change Between Forecasts	Fall 14 Forecast		% Change Between Biennia
	Spring 14 Forecast	Fall 14 Forecast		2013-15	2015-17	
Total receiving service	8,836	8,936	1.1%	8,936	9,963	11.5%

Aging and People with Disabilities

Following five years of steady decline, the Total Long-Term Care (LTC) caseload began to increase in the second half of 2008. In 2009 the caseload grew by roughly 6 percent, most likely due to the economic downturn. Since then caseload growth has been slow despite significant increases in the number of Oregon seniors. Caseload growth slowed to roughly 2 percent in 2010, 2 percent in 2011, and then remained essentially flat with some fluctuations until mid-2013 when the caseload resumed a pattern of slow growth.

Historically, Oregon's LTC services were provided under the authority of a Medicaid 1915 (c) Home and Community-Based Services (HCBS) Waiver. Beginning in July 2013, Oregon also began offering services through the Community First Choice Option under 1915 (k) of the Social Security Act (referred to as the K Plan).

Total Long-Term Care — A total of 30,241 clients received long-term care services in April 2014. The biennial average forecast for 2013-15 is 30,183, 1.2 percent higher than the Spring 2014 forecast. The biennial average forecast for 2015-17 is 31,424 clients, a 4.1 percent increase from 2013-15.

The LTC forecast is divided into three major categories: In-Home, Community-Based Care (CBC), and Nursing Facilities. Most of the forecasted increase in total LTC is expected to occur in In-Home Care, particularly In-Home Hourly. In-Home Care continues to be a popular placement choice, especially since APD implemented a variety of policy and program changes designed to make In-Home services more attractive to clients. Community-Based Care is still forecasted to grow, although the rate of growth has been lowered slightly due to the corresponding growth in In-Home Care services. Community-Based Care will continue to be a stable placement choice for many LTC clients because they are easier to set up and coordinate than In-Home Care services, and because hospitals prefer discharging patients to higher service settings in order to prevent repeat emergency visits or hospitalizations. Although Medicaid reimbursement rates continue to lag behind private market rates, low housing prices and slow home sales continue to impact the flow of private pay clients, thus making Medicaid clients more attractive than they might otherwise be to CBC providers.

In-Home Care — In April 2014, 14,504 clients received In-Home Care, which accounted for 48 percent of total LTC at that time. The biennial average forecast for 2013-15 is 14,438 clients, 4.1 percent higher than the Spring 2014 forecast. The biennial average forecast for 2015-17 is 15,486 clients, a 7.3 percent increase from 2013-15. In-Home Care is forecasted to be 49 percent of the total LTC in June 2017.

Recent growth in the In-Home Care caseload may be due to implementation of a variety of policy and program changes intended to promote the use of In-Home Care rather than more expensive forms of service. For example, under the new rules, clients who want long-term care services are required to contribute to their own support by relinquishing to the State all income over \$1,210 per month; previously, the limit for how much a client could keep was \$710 per month. Clients who may have been reluctant to forgo some of their limited income, even in exchange for needed supports, might now find the program more attractive. In addition, the fact that options exist which allow family members, friends, or neighbors (natural supports) to be paid (under certain circumstances) for providing services may also entice more individuals to request In-Home Care services.

Community-Based Care — In April 2014, 11,466 clients received Community-Based Care, which accounted for 38 percent of total LTC at that time. The biennial average forecast for 2013-15 is 11,526 clients, 1.1 percent lower than the Spring 2014 forecast. The biennial average forecast for 2015-17 is 11,915 clients, a 3.4 percent increase from 2013-15. Community-Based Care is forecasted to be 38 percent of the total LTC in June 2017.

Community-Based Care includes several different types of services. The forecasted caseload for each type has been revised to more accurately reflect clients' recent, actual utilization of services. Consequently, Assisted Living has become a larger portion of the CBC forecast, while Adult Foster Care (AFC) became smaller. Several factors may be contributing to the recent decline in AFC caseload: recent policy changes have improved the attractiveness of In-Home Care, potentially reducing demand for foster care; providers consider the current reimbursement rate inadequate and are requesting exception rates – but the exception approval process is cumbersome; unionization of workforce has made the relationship between workers and providers more adversarial; and capacity may be declining as individual providers retire without a replacement.

Nursing Facility Care (NFC) — In April 2014, 4,271 clients received Nursing Facility Care, which accounted for 14 percent of total LTC at that time. The biennial average forecast for 2013-15 is 4,219, 2.3 percent lower than the Spring 2014 forecast. The biennial average forecast for 2015-17 is 4,023, a 4.6 percent decrease from 2013-15. Nursing Facility Care is forecasted to be 14 percent of the total LTC in June 2017.

Risk and Assumptions

The Patient Protection and Affordable Care Act of 2010 (ACA) created a new option for providing Home and Community-Based attendant services and supports, known as Medicaid State Plan (K) option. Starting July 1, 2013, Oregon has been authorized to provide LTC services under either the HCBS Waiver or the new K Plan. The K Plan includes a wide variety of changes in how the long-term care population is served. Those changes introduce new risks to the LTC forecast.

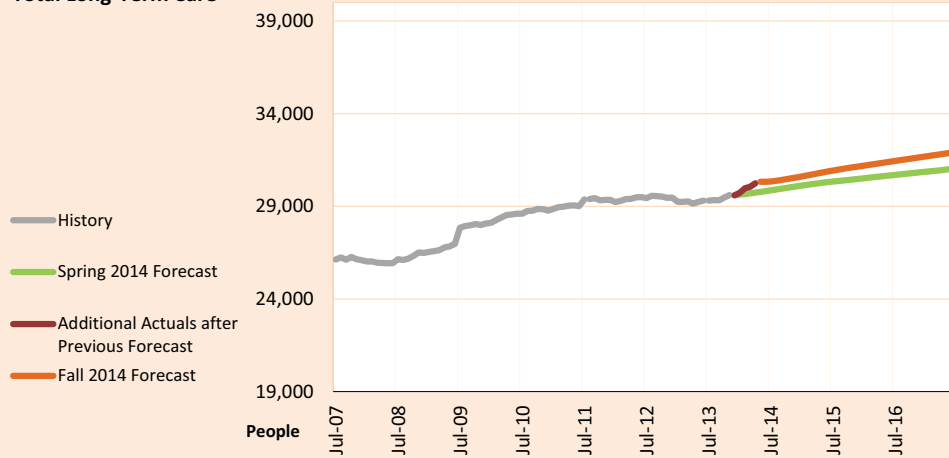
One of the most significant new risks comes from a change in eligibility rules between the Waiver and the K Plan. To qualify for LTC under the HCBS Waiver, requirements include income and asset limits, disability (or age) requirements, and a level of care assessment. To qualify for LTC under K Plan, there are fewer requirements: income limits (but no asset limits) and a level of care assessment (but no need to be determined “disabled”). Program management does not think these changes lower the bar for eligibility, so they do not expect it to increase the caseload. If, however, that assumption is wrong, then the LTC caseload might grow significantly and ACA’s expansion of Medicaid to low income adults under age 65 might aggravate that problem. For more information about ACA’s impact on Medicaid enrollment, see the “Medical Assistance Programs” section of this report.

Another significant risk has been created by the implementation of policy and program changes in 2013 which were designed to delay or prevent individuals from needing assistance, and to increase the attractiveness of In-Home Care relative to other more expensive forms of care. Successful prevention measures might eventually lower the caseload; and changes that make In-Home Care more attractive might lead clients to choose In-Home Care over Community-Based Care, or it might lead people who were struggling on their own to enroll for assistance. For another example of one of the new policies see the In-Home Care section above.

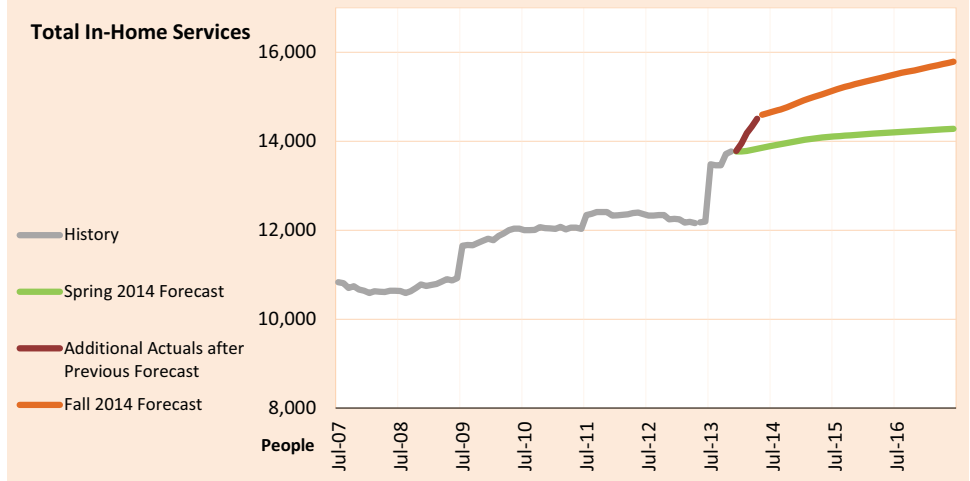
On a smaller scale, K Plan’s reduced requirements also open the door for clients to qualify based on needs that are essentially short-term in nature. Consequently, a K Plan amendment may be submitted to limit service to clients who are expected to meet level of care needs for six months or longer.

Another factor that might impact caseload is the passage of Oregon House Bill 2216 in 2013 which calls for a reduction in the overall Long-Term Care bed capacity by 1,500 by December 31, 2015.

Total Long-Term Care



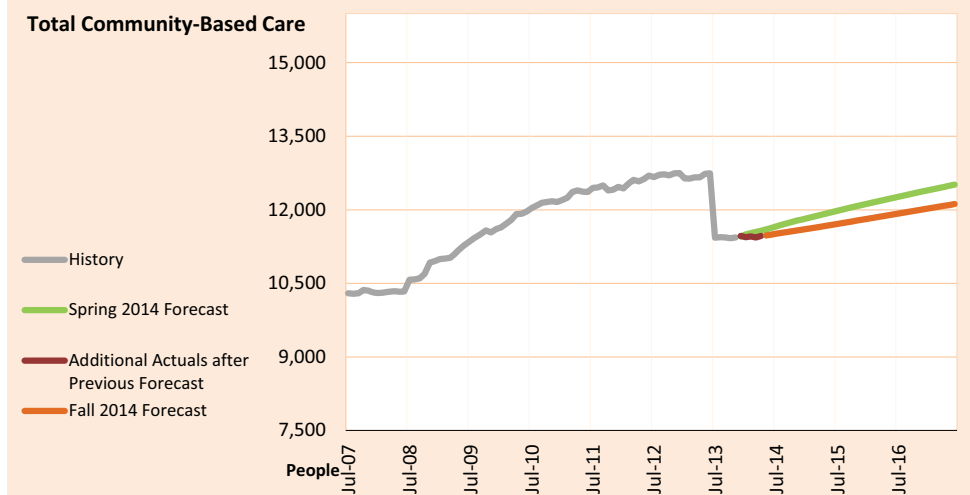
Total In-Home Services

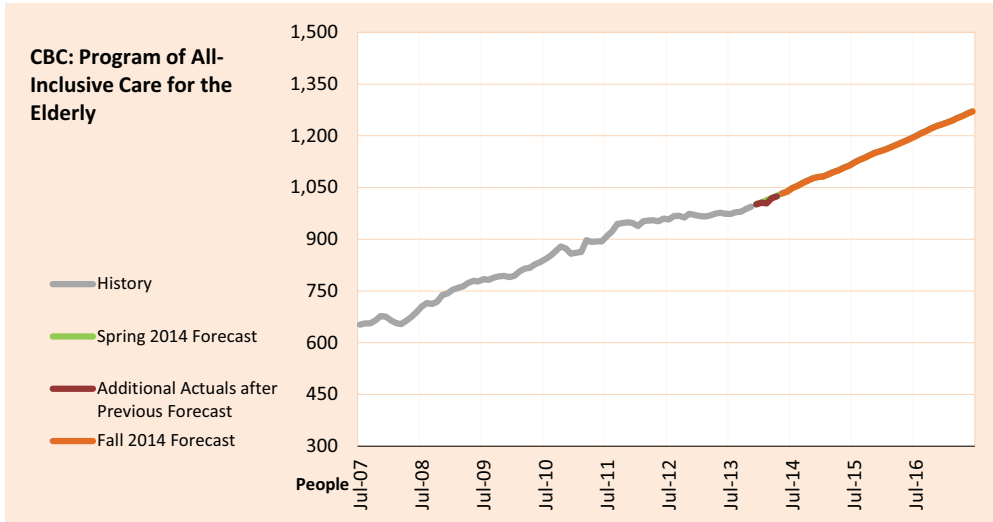
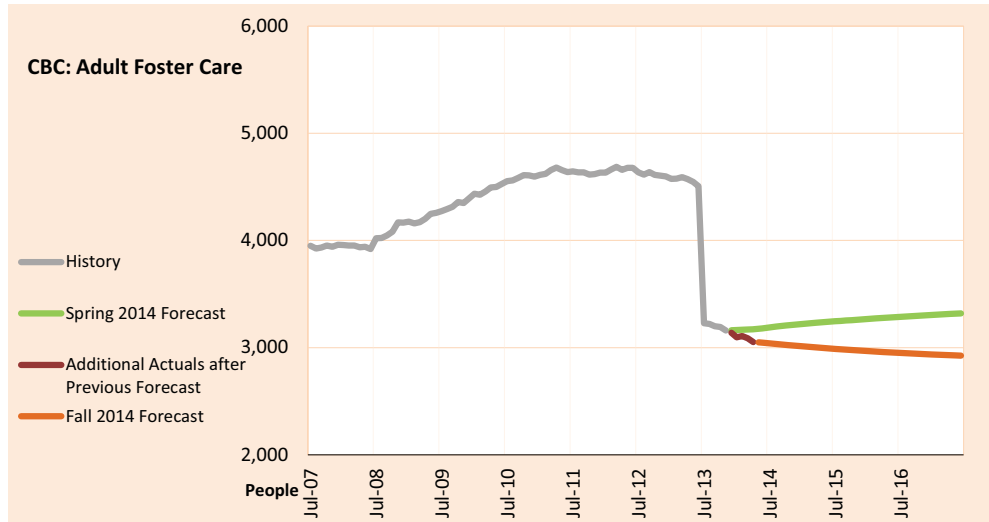
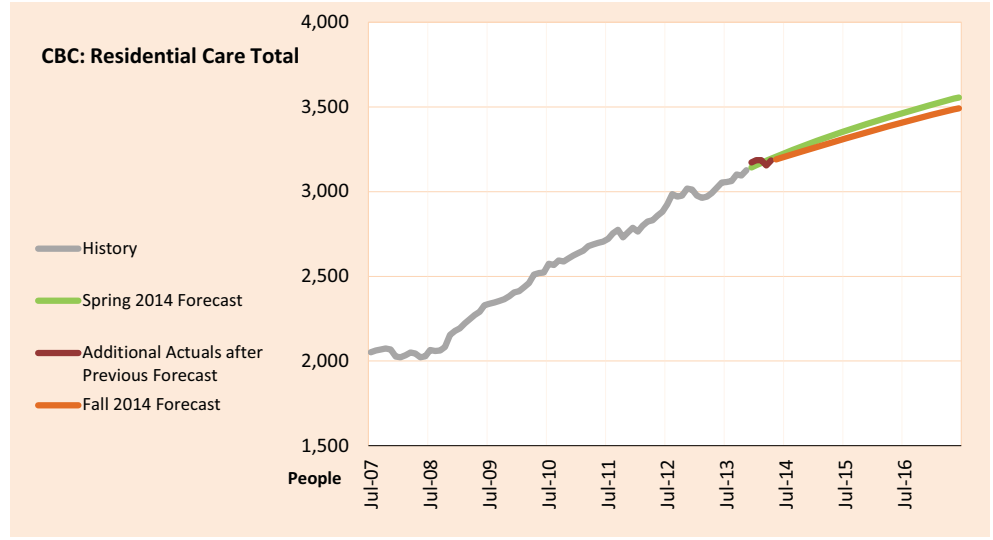
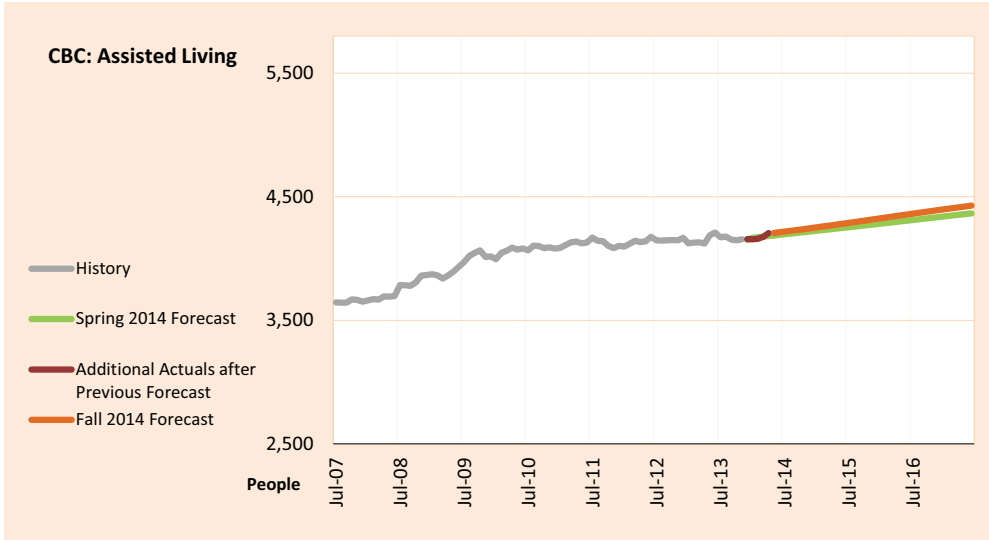


Total Nursing Facilities Care



Total Community-Based Care





Aging and People with Disabilities Biennial Average Forecast comparison

	Current Biennium		% Change Between Forecasts	Fall 14 Forecast		% Change Between Biennia
	Spring 14 Forecast	Fall 14 Forecast		2013-15	2015-17	
In-Home Hourly without SPPC	8,846	9,136	3.3%	9,136	9,791	7.2%
In-Home Agency without SPPC	1,270	1,387	9.2%	1,387	1,508	8.7%
In-Home Live-In	1,815	1,892	4.2%	1,892	2,033	7.5%
In-Home Spousal Pay	91	92	1.1%	92	98	6.5%
Independent Choices	294	294	0.0%	294	295	0.3%
Specialized Living	180	180	0.0%	180	187	3.9%
In-Home K Plan Subtotal	12,496	12,981	3.9%	12,981	13,912	7.2%
In-Home Hourly with State Plan Personal Care	1,077	1,149	6.7%	1,149	1,242	8.1%
In-Home Agency with State Plan Personal Care	290	308	6.2%	308	332	7.8%
In-Home Non-K Plan Subtotal	1,367	1,457	6.6%	1,457	1,574	8.0%
Total In-Home	13,863	14,438	4.1%	14,438	15,486	7.3%
Assisted Living	4,196	4,211	0.4%	4,211	4,359	3.5%
Adult Foster Care	3,200	3,073	-4.0%	3,073	2,953	-3.9%
Contract Residential Care	2,189	2,158	-1.4%	2,158	2,321	7.6%
Regular Residential Care	1,028	1,042	1.4%	1,042	1,085	4.1%
Program of All-Inclusive Care for the Elderly (PACE)	1,043	1,042	-0.1%	1,042	1,197	14.9%
Community-Based Care Subtotal	11,656	11,526	-1.1%	11,526	11,915	3.4%
Basic Nursing Facility Care	3,641	3,615	-0.7%	3,615	3,456	-4.4%
Complex Medical Add-On	569	505	-11.2%	505	467	-7.5%
Enhanced Care	59	55	-6.8%	55	55	0.0%
Pediatric Care	51	44	-13.7%	44	45	2.3%
Nursing Facilities Subtotal	4,320	4,219	-2.3%	4,219	4,023	-4.6%
Total Long-Term Care	29,839	30,183	1.2%	30,183	31,424	4.1%

Intellectual and Developmental Disabilities

Historically, Oregon's LTC services were provided under the authority of a Medicaid 1915 (c) Home and Community-Based Services (HCBS) Waiver. Beginning in July 2013, Oregon also began offering services through the Community First Choice Option under 1915 (k) of the Social Security Act (referred to simply as the K Plan).

Case Management Enrollment is an entry-level eligibility, evaluation, and coordination service delivered to all individuals with intellectual and developmental disabilities. There were 22,127 clients enrolled in Case Management in April 2014, of which over 80 percent received additional I/DD services. The biennial average forecast for 2013–15 is 22,303 clients, 0.7 percent higher than the Spring 2014 forecast. The forecast for the 2015–17 biennium is 24,223 clients, a 8.6 percent increase from 2013-15.

The remaining caseload categories are divided into adult services, children services, and other services.

Adult Services include:

Brokerage Enrollment — In general, if the volume of Brokerage clients was not capped, caseload would be expected to expand by its historical rate of growth. Because enrollment growth has slowed recently, caseload is now forecast to reach the current contractual limit of 7,805 clients by May 2015, and to remain at that level through 2015-17. Consequently, the biennial average forecast for 2013-15 is 7,650 clients, 0.7 percent less than the Spring 2014 forecast. And the biennial average forecast for 2015-17 is 7,805 clients, a 2.0 percent increase from 2013-15.

Since implementation of K Plan requires that services be provided to all eligible applicants, clients who would have used a brokerage if there was sufficient volume will be diverted to county Community Developmental Disability Programs (CDDPs) and served primarily through Comprehensive In-Home Support Services (CIHS). To estimate the volume and timing of clients likely be diverted from Brokerage services to CIHS, an uncapped forecast was prepared for Brokerage Enrollment and volume which exceeded the contractual limit for Brokerage Enrollment were added to the CIHS caseload instead. For additional information, see Comprehensive In-Home Services or the "Risks and Assumptions" section below.

24-Hour Residential Care — The biennial average forecast for 2013–15 is 2,698 clients, no change from the Spring 2014 forecast. The biennial average forecast for the 2015–17 biennium is 2,784 clients, a 3.2 percent increase from 2013-15.

Supported Living - The biennial average forecast is 706 clients for 2013-15, and 705 clients for the 2015-17 biennium.

Comprehensive In-Home Services (CIHS) — Caseload is forecast to grow dramatically in both 2013-15 and 2015-17 due to the new K Plan requirement to serve all eligible applicants, combined with the fact that Brokerage Enrollment has limited capacity. Once Brokerage Enrollment reaches its current contractual limit, clients seeking support will be served by CDDPs, primarily through the CIHS program. Recent data shows Brokerage Enrollment growth continues to be slower than anticipated in the previous forecasts (Fall 2013 and Spring 2014). Consequently, the timing for when Brokerage requests will overflow into CIHS has been delayed and the biennial average forecast for 2013-15 has been reduced to 369, a 10.2 percent reduction from the Spring 2014 forecast level. The forecasted increase for 2015-17 will also be smaller – 615 clients instead of 904, which is a 66.7 percent increase from 2013-15. For additional information, see Brokerage Enrollment or the "Risks and Assumptions" section below.

I/DD Foster Care — This category serves both adults and children, with children representing approximately 18 percent. Closure of the Children Proctor Care program at the end of 2013 increased this caseload by 40 clients. Consequently, the biennial average forecast for 2013–15 is 3,079 clients, 0.3 percent higher than the Spring 2014 forecast. The biennial average forecast for 2015–17 is 3,233 clients, a 5.0 percent increase from 2013-15.

Stabilization and Crisis Unit — This category also serves both adults and children, with children representing approximately 11 percent. Caseload is expected to remain at the current level of 106 to 108 through 2015-17.

Children's Services:

In-Home Support for Children (also called Long-Term Support) — This caseload started growing rapidly following implementation of K Plan in late 2013, and is forecast to continue increasing throughout the forecast horizon. For instance, in November 2013, only 187 children were served, but by April 2014 the caseload had risen to 587 children. Even so, the actual growth began slightly later than anticipated in the Spring 2014 forecast, so the Fall 2014 forecast has been adjusted to account for that delay. As a result, the biennial average forecast for 2013-15 is 896 clients, 8.8 percent lower than the Spring 2014 forecast; and the biennial average forecast for 2015-17 is 2,041 clients, a 127.8 percent increase from 2013-15.

Growth in this caseload is due to the fact that K Plan changed the eligibility rules for children with intellectual and developmental disabilities. The new rules make almost all I/DD children eligible for service despite their family circumstances. Not known, however, is the total number of children who will now be eligible for service, or the portion of families that will want (and apply for) the newly available services. For this and other reasons, this caseload was especially difficult to forecast and the risk of error is high. For additional information, see the “Risks and Assumptions” section below.

Children Intensive In-Home Services is a category which includes Medically Fragile Children Services, Intensive Behavior Programs, and Medically Involved Program. The biennial average forecast for 2013-15 is unchanged at 400 children; and the biennial average for 2015-17 is 417 children.

Children Residential Care — Caseload is expected to grow slightly to a biennial average of 151 in 2013-15, and 160 in 2015-17 due to the addition of 16 new beds (total) in March, June, and September of 2014.

Other Services:

Employment and Day Support Activities — The biennial average forecast for 2013-15 is 4,258 clients, essentially unchanged from the Spring 2014 forecast. The biennial average forecast for 2015-17 is 4,416 clients, a 3.7 percent increase from 2013-15. As part of the Employment First initiative, this program is undergoing

significant changes including an increased focus on early job preparation programs for qualifying high school students. It is anticipated that these students will graduate from high school with their employment training and/or employment already in place. Consequently, the Employment First initiative may cause caseload to exceed the current forecast.

Transportation — This caseload is based on payment data that does not include services funded by local match. Since the Spring 2014 forecast, more clients have been covered by local match reduced the caseload by about 150 clients between November 2013 and April 2014. The biennial average forecast for 2013-15 is 1,879 clients, 6.5 percent lower than the Spring 2014 forecast. The biennial average forecast for 2015-17 biennium is 1,913 clients, a 1.8 percent increase from 2013-15.

Crisis Services — This caseload declined dramatically in 2009-11 due to management action. It is expected to remain at or below the current forecast level of 25 through the 2015-17 forecast.

Risks and Assumptions

The biggest risks to the intellectual and developmental disabilities caseload forecast are changes resulting from implementation of the new Medicaid State Plan (K) option which began on July 1, 2013.

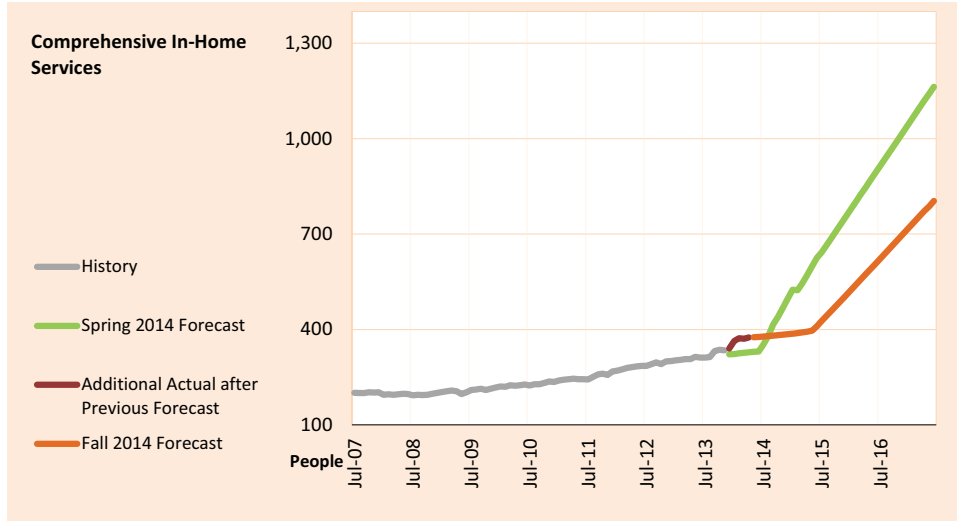
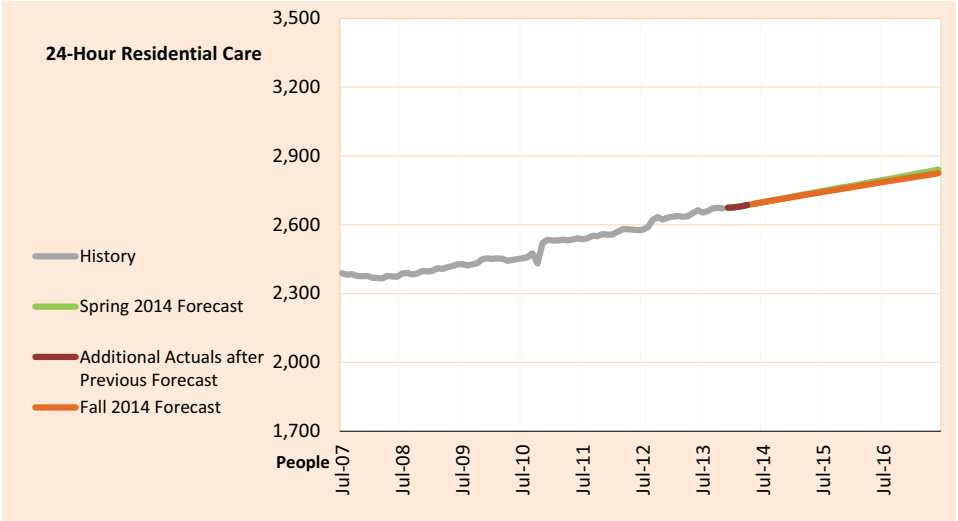
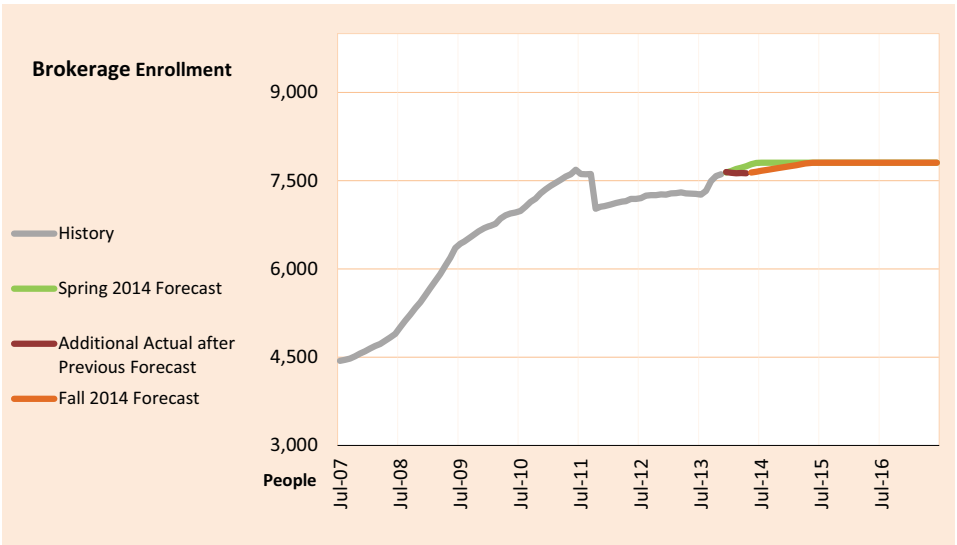
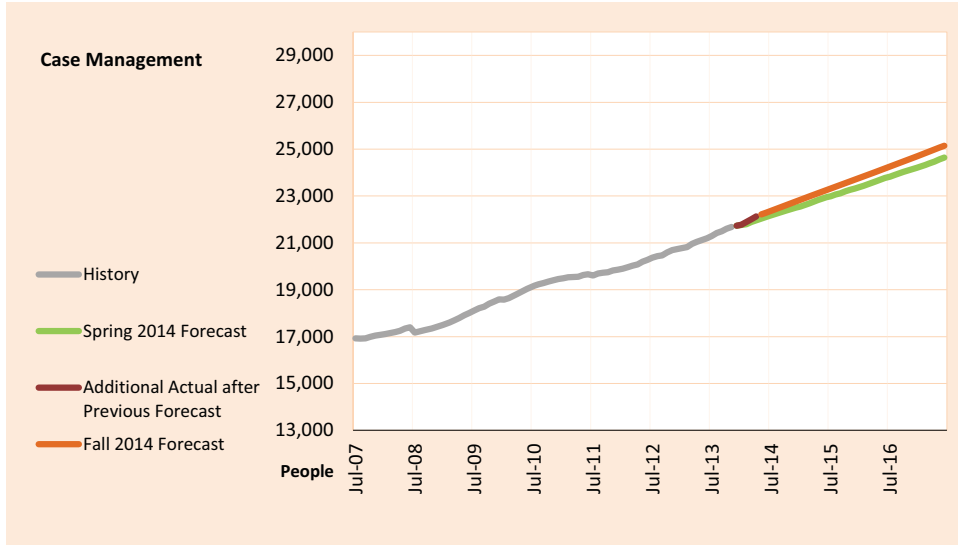
The most significant change affecting I/DD adults is “opening” of the Brokerage wait list, which is expected to cause **Brokerage Enrollment** to climb to the current contractual and budgetary limit of 7,805 clients by June 2015. Since K Plan requires that services be provided to all eligible applicants and brokerages will be at capacity, Brokerage Enrollment growth that cannot be served due to capacity limitations will instead be served through county Community Developmental Disability Programs (CDDPs), primarily in the category called **Comprehensive In-Home Services**.

This caseload will be funded through K Plan rather than through Waiver services and does not require having a service cost of greater than \$21,833 per year. Thus, it can serve additional clients diverted from Brokerage to CDDP. Since Comprehensive In-Home Services is a small program, clients diverted due to Brokerage capacity limitations are expected to swell the caseload to several times its current size by the end of 2015-17. Conversely, if Brokerage capacity is increased, Comprehensive In-Home Services growth, or some portion of it, could be reversed.

The most significant change affecting I/DD children is that with K Plan many more children will qualify for **In-Home Support for Children** since eligibility is based on the income of the child, not their family. The In-Home Support caseload averaged fewer than 200 prior to K Plan, but is now expected to grow to more than 2,000 by the end of 2015-17 biennium. Accurately estimating the increase is difficult for a variety of reasons. Processing of applications for In-Home Support under K Plan began slowly in November 2013, but escalated rapidly in early 2014. Since the change began so recently, data is not yet available to show the new volume, rate of growth, or patterns of service. To further complicate matters, Client Process Monitoring System processing backlogs have increased the lag time needed before caseload counts can be considered complete.

To forecast the likely volume of In-Home Support for Children clients for the Spring 2014 forecast, the 6 largest CDDPs were surveyed about their current and anticipated service volume. The counties surveyed (Clackamas, Deschutes, Lane, Marion, Multnomah and Washington) represent approximately two-thirds of all I/DD clients. The resulting forecast was developed based on 1) the pool of “potential” applicants (currently defined as children enrolled in Case Management but using no other services), 2) results of the CDDP survey prorated to reflect the full state, 3) extensive discussion with the I/DD Caseload Forecast Advisory Committee, and 4) forecaster's judgment. For the Fall 2014 forecast, the Spring 2014 forecast was adjusted slightly to reflect additional months of data which support the anticipated pattern, but with a delayed start date. It should also be noted that there may be families with I/DD children who have not yet enrolled in Case Management, in which case the pool of potential clients for may be larger than what was used to generate these forecasts. Program staff believe this number is small.

In addition to creating forecasting and budgeting challenges, K Plan also created capacity challenges for the CDDPs and their provider networks. To receive services, enrollees’ Medicaid eligibility must be established and an individual Plan of Care created within 60 days of the initial application for services. In addition to the new administrative requirements, initial implementation of K Plan was delayed by five months creating a compressed enrollment period and making the CDDPs workload backlog even larger. CDDP staff workload capacity, and provider service capacity, may impact the entry of new clients into services, particularly the services growing most quickly: Comprehensive In-Home Services and In-Home Support for Children. Going forward, an electronic I/DD Plan of Care that is compatible with K Plan eligibility requirements is expected to improve efficiency and be operational in fall 2014.



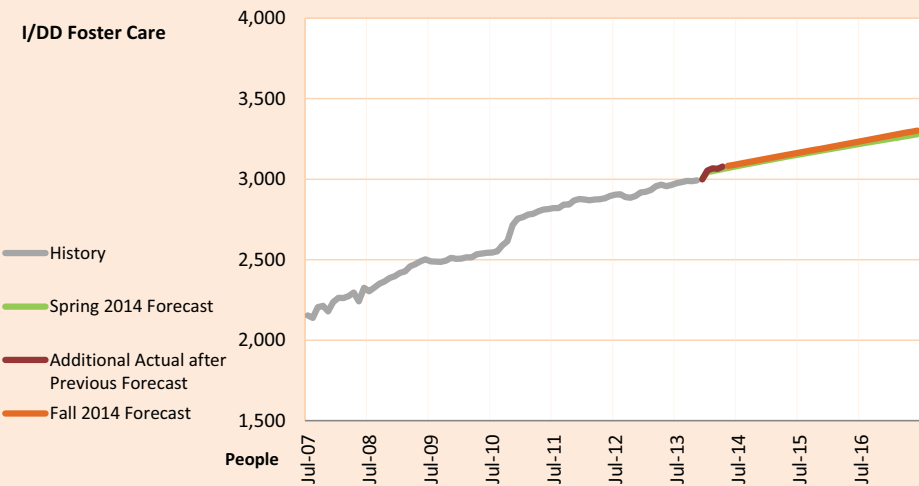
Supported Living



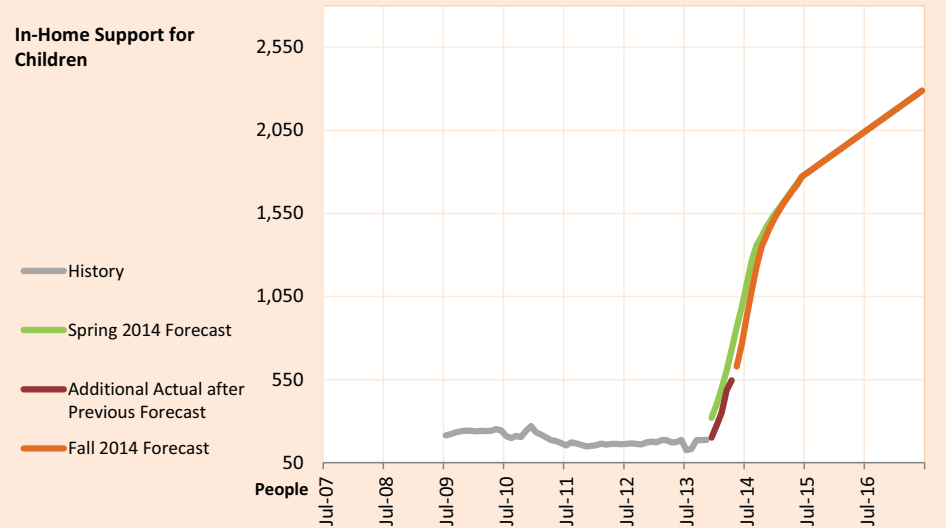
Stabilization and Crisis Unit

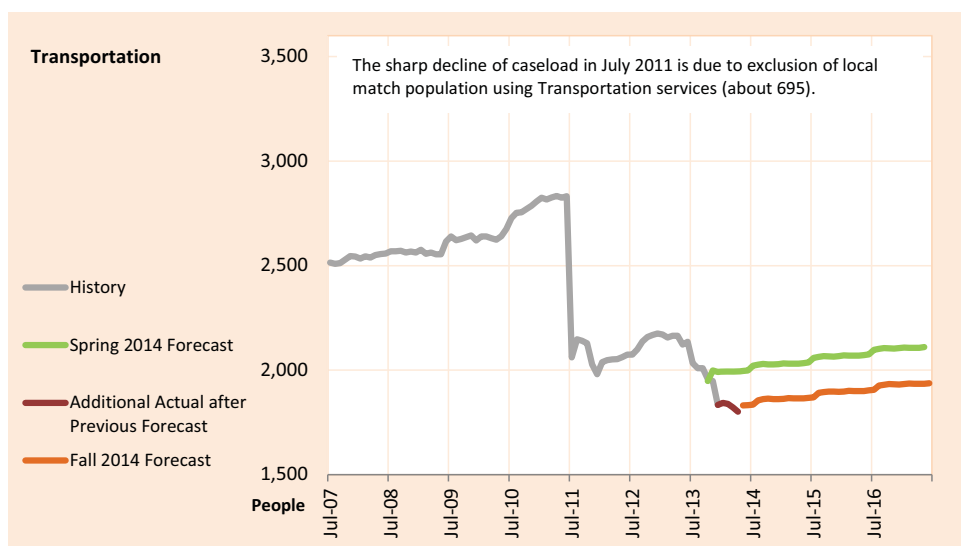
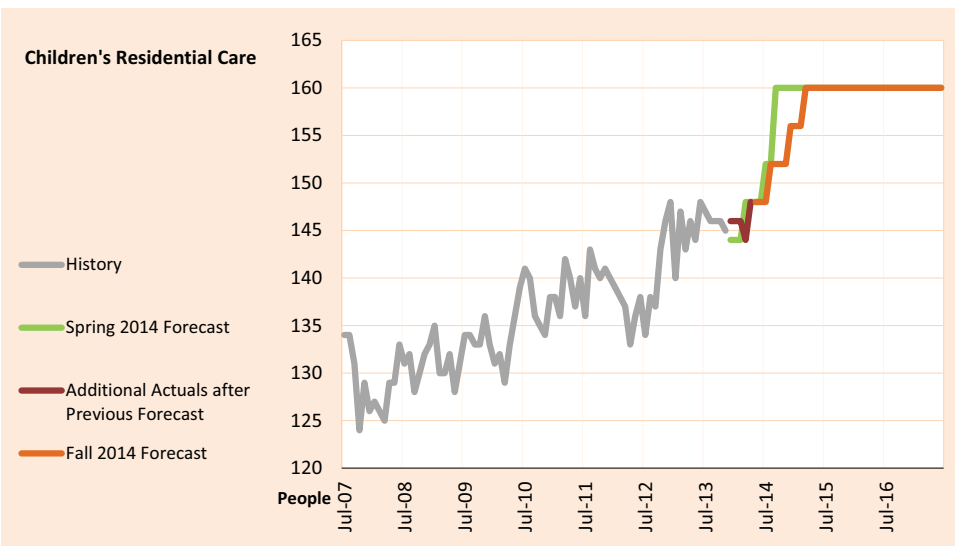
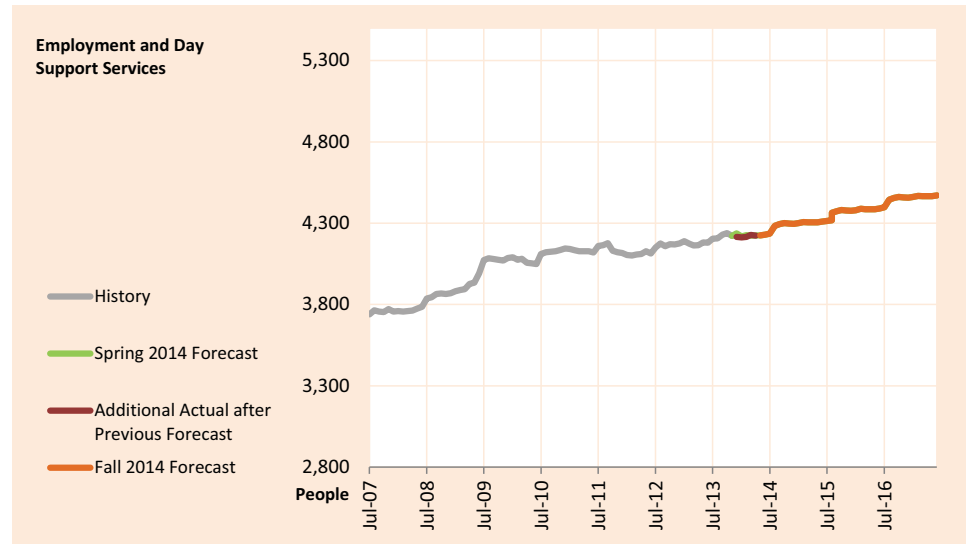
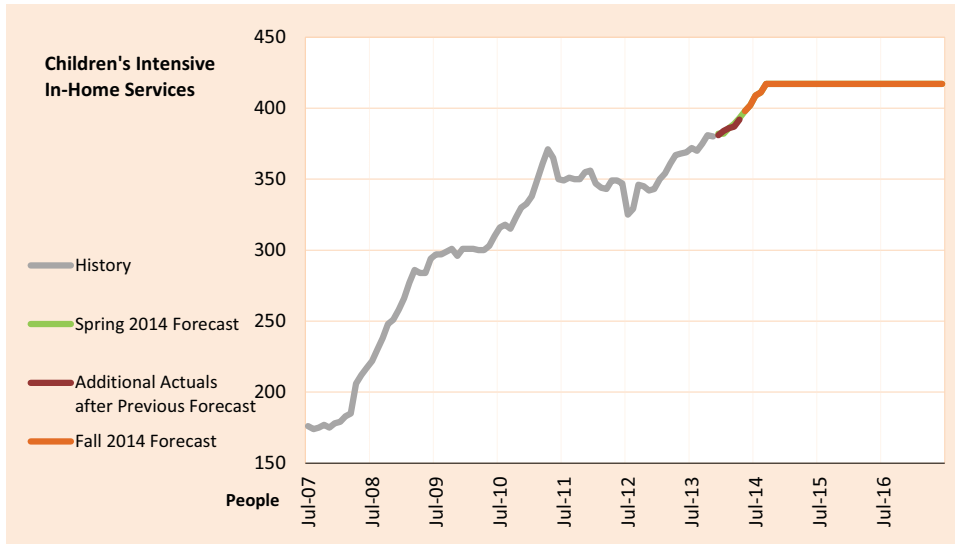


I/DD Foster Care



In-Home Support for Children





Intellectual and Developmental Disabilities Biennial Average Forecast comparison

	Current Biennium		% Change Between Forecasts	Fall 14 Forecast		% Change Between Biennia
	Spring 14 Forecast	Fall 14 Forecast		2013-15	2015-17	
Total Case Management Enrollment¹	22,139	22,303	0.7%	22,303	24,223	8.6%
Adult						
Brokerage Enrollment	7,707	7,650	-0.7%	7,650	7,805	2.0%
24-Hour Residential Care	2,698	2,698	0.0%	2,698	2,784	3.2%
Supported Living	713	706	-1.0%	706	705	-0.1%
Comprehensive In-Home Services ²	409	369	-9.8%	369	615	66.7%
I/DD Foster Care ³	3,070	3,079	0.3%	3,079	3,233	5.0%
Stabilization and Crisis Unit ³	107	106	-0.9%	106	108	1.9%
Children						
In-Home Support for Children ⁴	982	896	-8.8%	896	2,041	127.8%
Children Intensive In-Home Support	400	400	0.0%	400	417	4.3%
Children Residential Care	152	151	-0.7%	151	160	6.0%
Children Proctor Care ⁵	13	12	-7.7%	12	0	NA
Total I/DD Services	16,251	16,067	-1.1%	16,067	17,868	11.2%
Other DD Services						
Employment & Day Support Activities	4,260	4,258	0.0%	4,258	4,416	3.7%
Transportation	2,010	1,879	-6.5%	1,879	1,913	1.8%
Crisis Services	54	31	-42.6%	31	25	-19.4%

1. Total I/DD Services and Other I/DD Services do not add up to Total Case Management Enrollment.

2. The Comprehensive In-Home Services biennial average for 2015-17 is expected to be significantly higher than 2013-15 due to clients entering this category instead of Brokerages due contractual limitations on the number of Brokerage clients.

3. Foster Care and the Stabilization and Crisis Unit serve both adults and children: (I/DD FC - 82% / 18%; SACU - 89% / 11% respectively).

4. In-Home Support caseload is expected to increase significantly in 2015-17 due to K Plan implementation, but at a slower rate than anticipated in the Spring 2014 forecast.

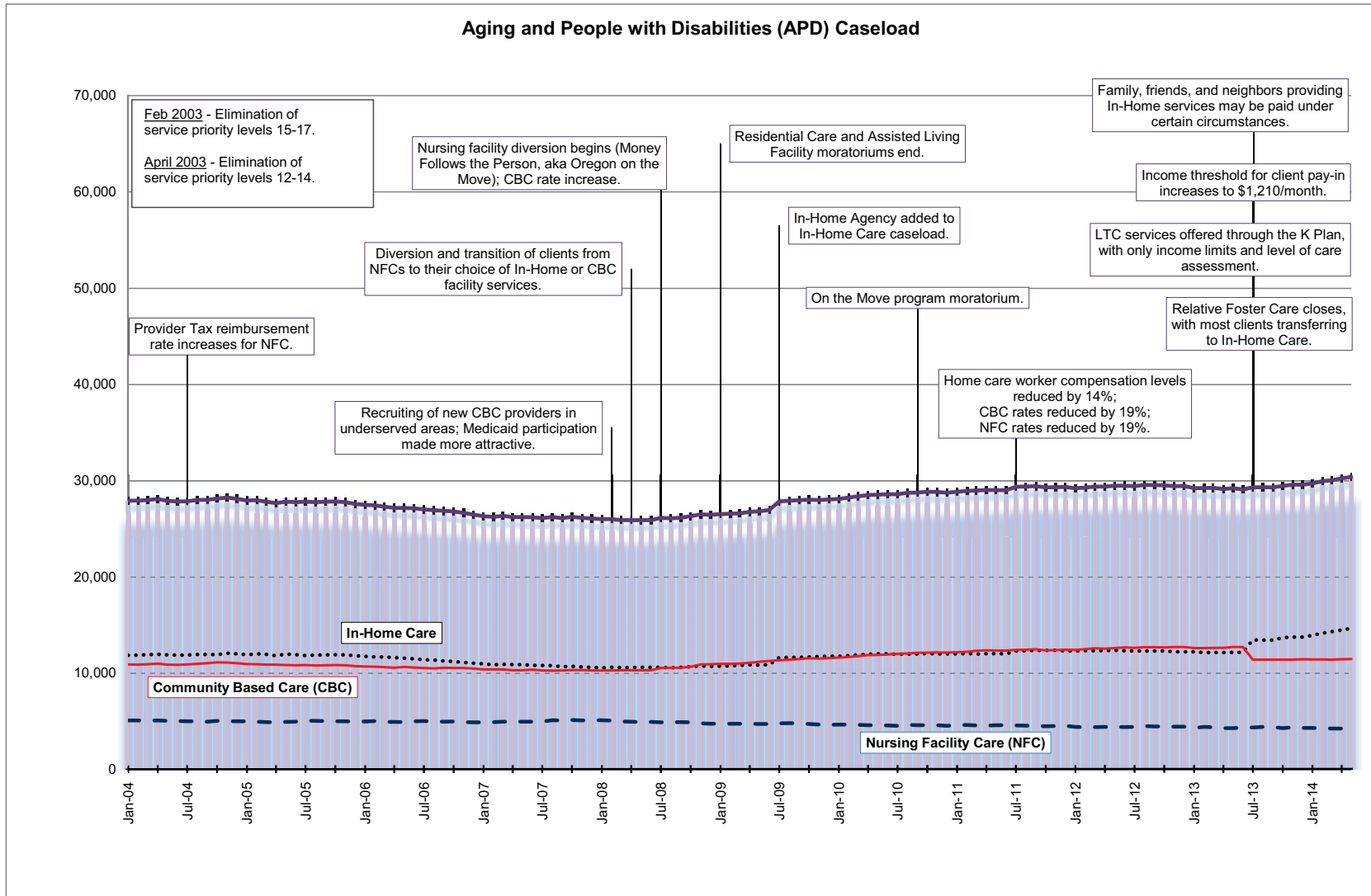
5. Children Proctor Care was closed in December 2013; caseload transferred primarily to I/DD Foster Care and other I/DD Children services including In-Home Support.

Appendix I

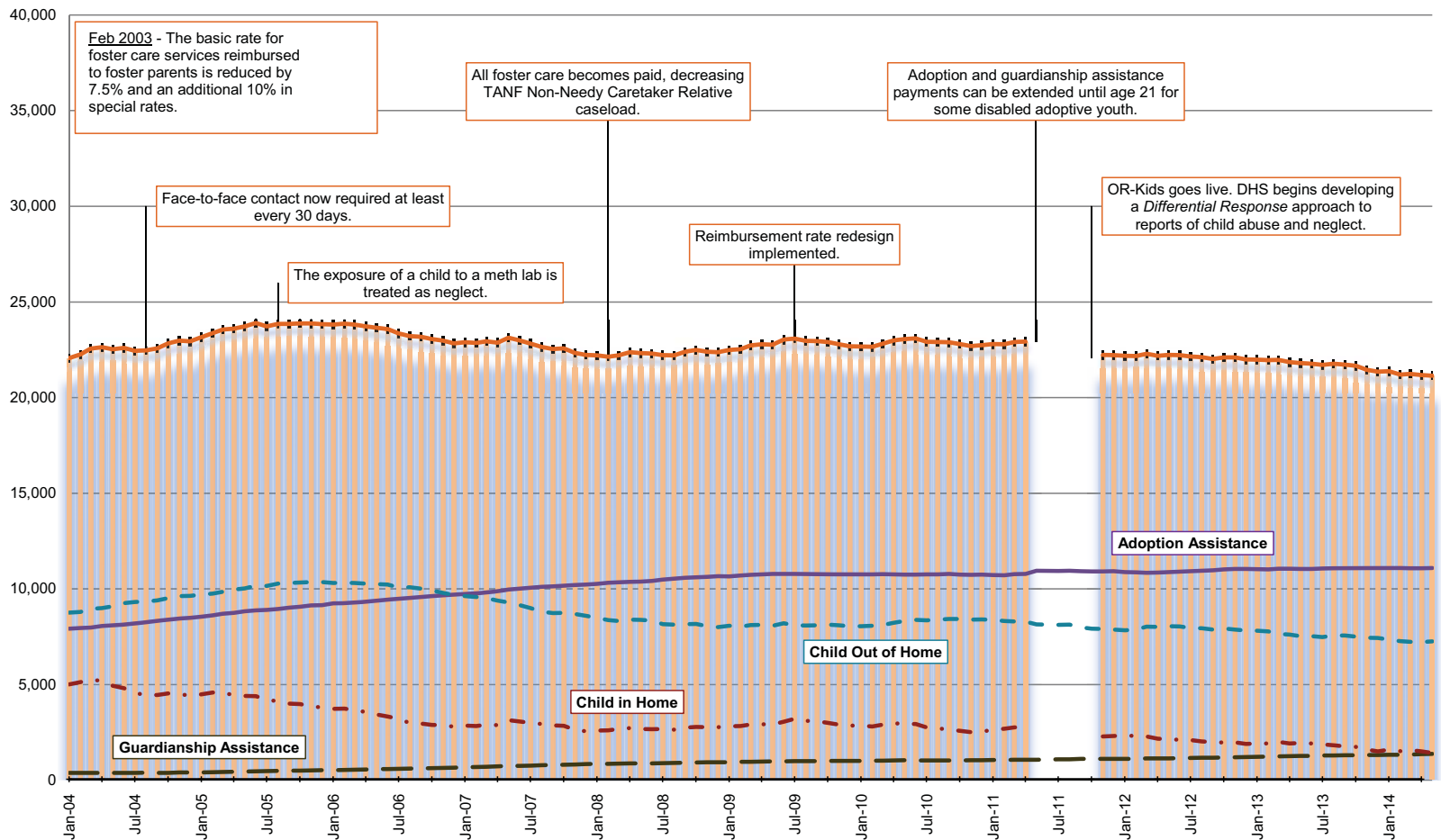
DHS Caseload History & Definitions



Aging and People with Disabilities (APD) Caseload

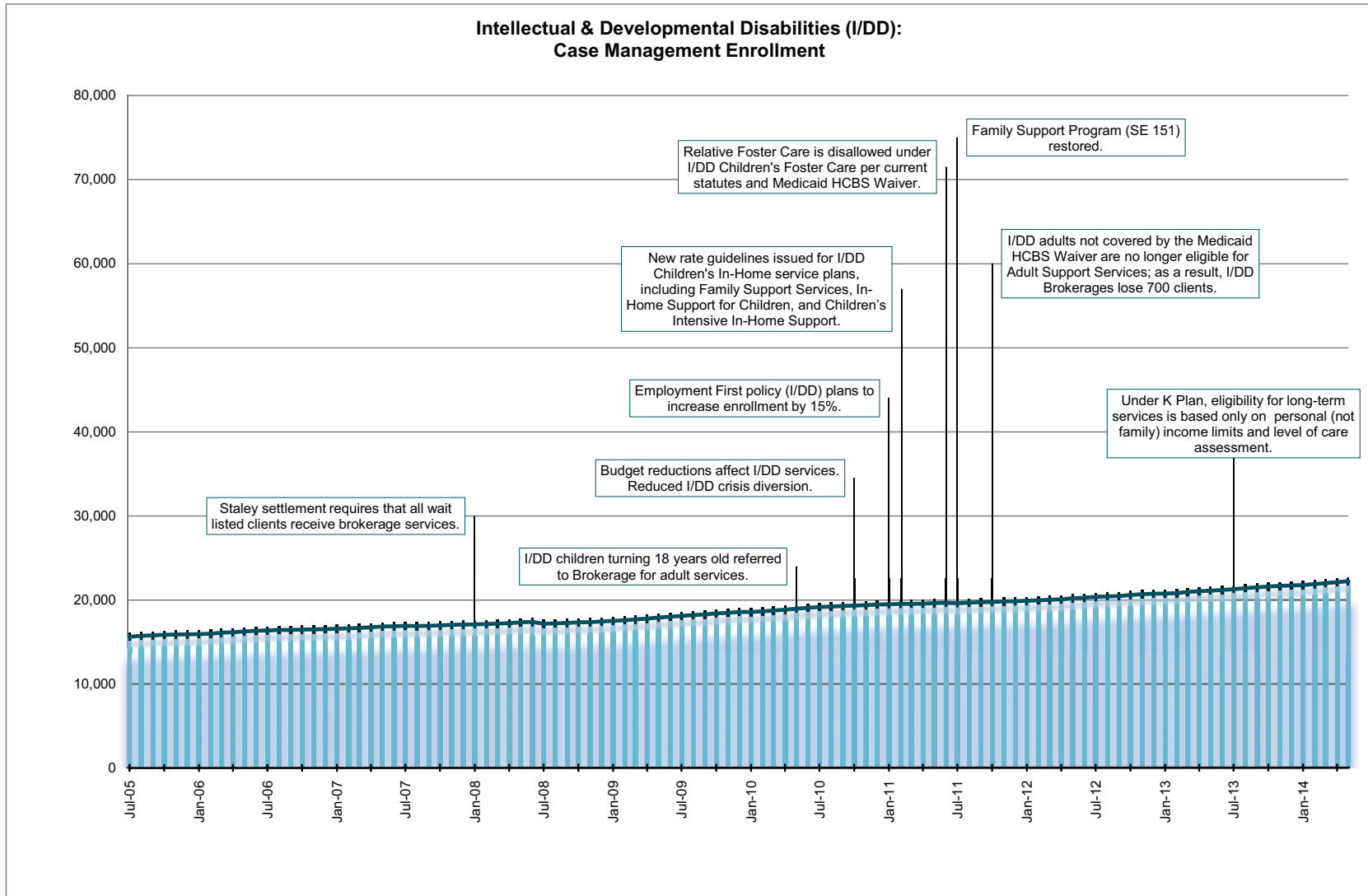


Child Welfare (CW) Caseload

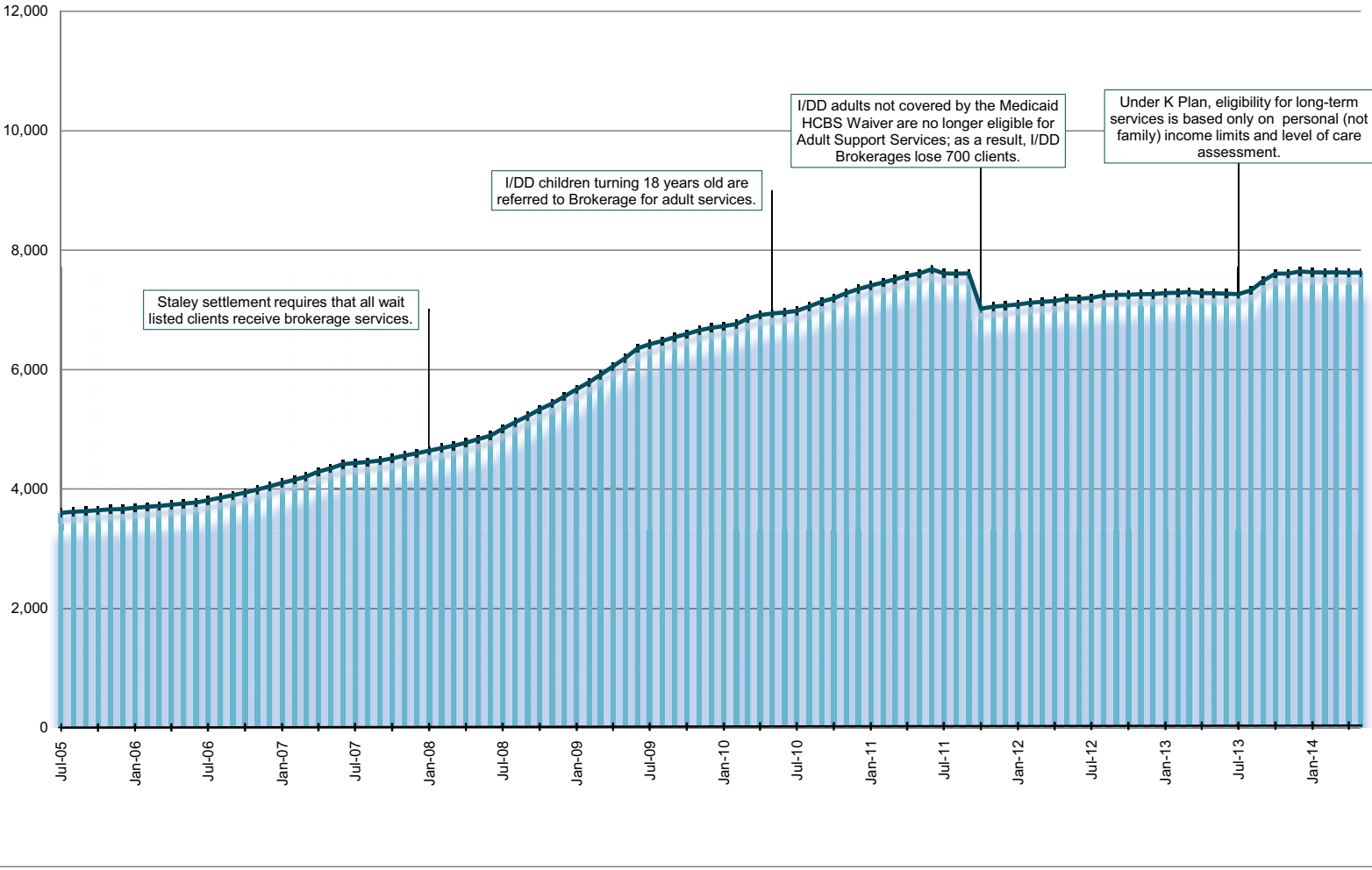


NOTE: There is no historical observations from May - Nov. 11 due to the start of ORKids data and the end of Legacy data.

Intellectual & Developmental Disabilities (I/DD): Case Management Enrollment



Intellectual & Developmental Disabilities (I/DD): Brokerage Enrollment (Adult)



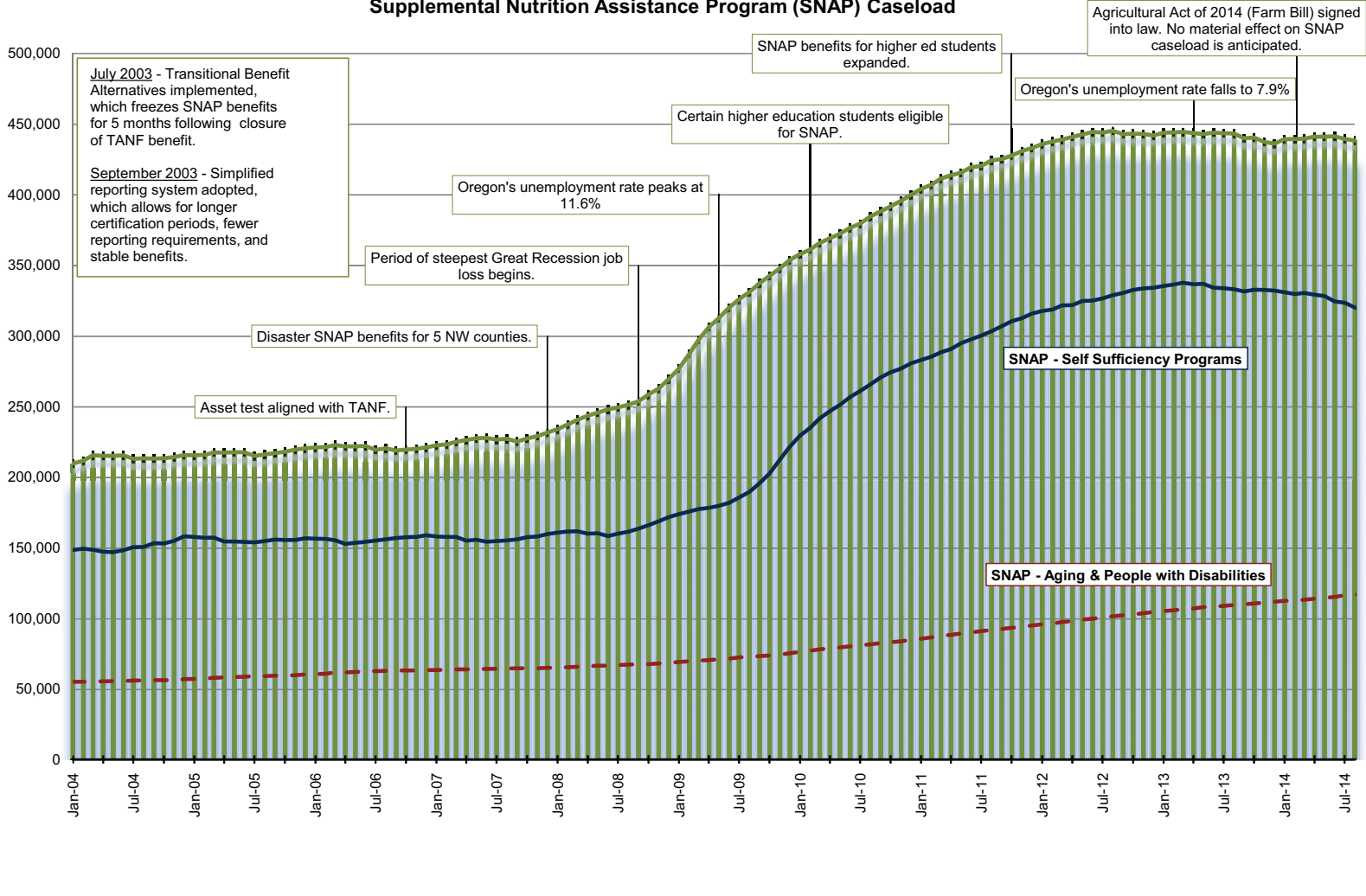
Staley settlement requires that all wait listed clients receive brokerage services.

I/DD children turning 18 years old are referred to Brokerage for adult services.

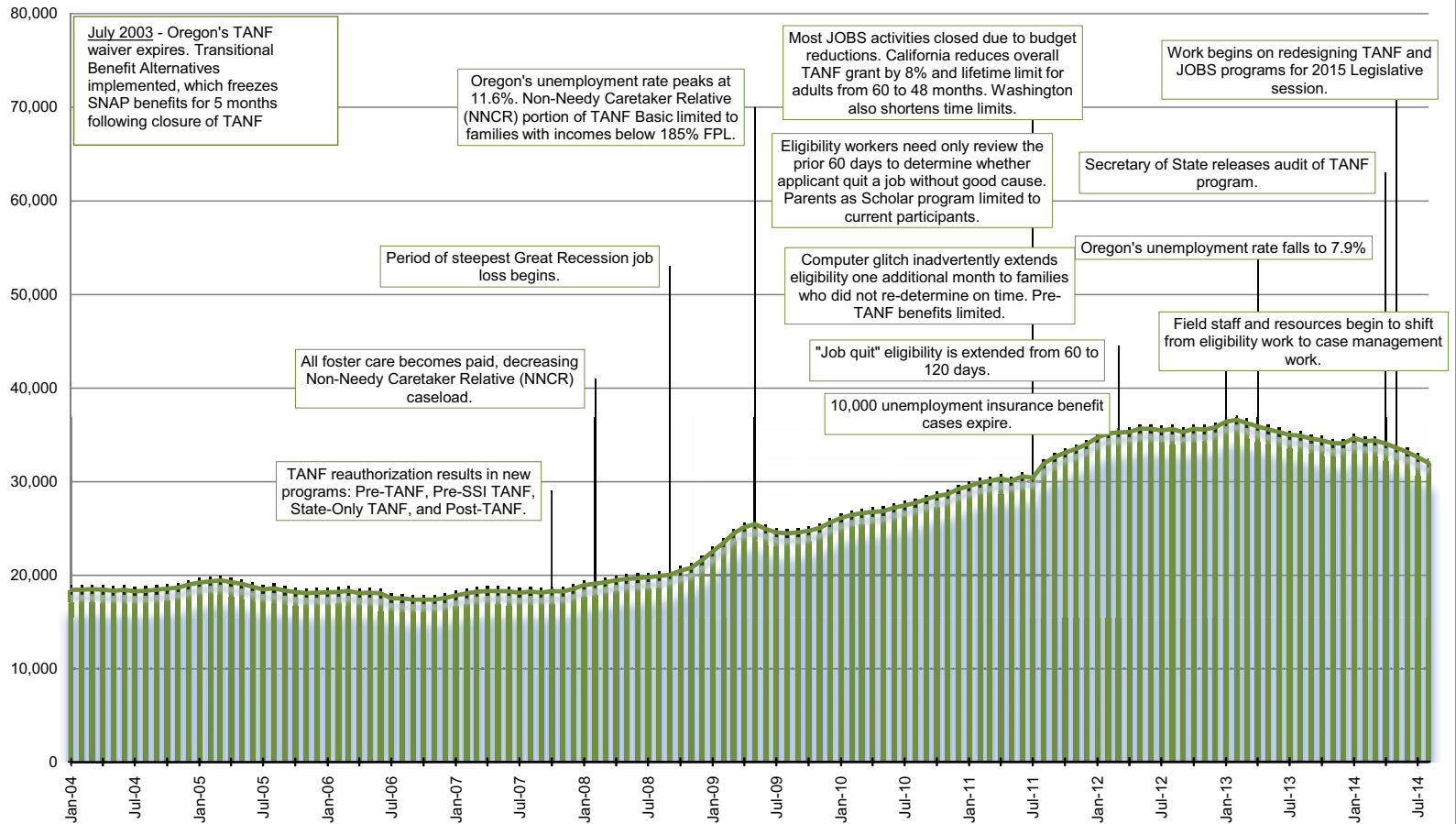
I/DD adults not covered by the Medicaid HCBS Waiver are no longer eligible for Adult Support Services; as a result, I/DD Brokerages lose 700 clients.

Under K Plan, eligibility for long-term services is based only on personal (not family) income limits and level of care assessment.

Self Sufficiency Programs (SSP): Supplemental Nutrition Assistance Program (SNAP) Caseload



Self Sufficiency Programs: Temporary Assistance for Needy Families (TANF) Caseload



Federal Poverty Level (FPL)

The set minimum amount of gross income that a family needs for food, clothing, transportation, shelter and other necessities. In the United States, this level is determined by the Department of Health and Human Services. FPL varies according to family size. The number is adjusted for inflation and reported annually in the form of poverty guidelines. Public assistance programs, such as Medicaid in the U.S., define eligibility income limits as some percentage of FPL.ⁱ

i. Source: www.investopedia.com. November 13, 2013.

AGING AND PEOPLE WITH DISABILITIES (APD)

Aging and People with Disabilities Programs provide Long-Term Care (LTC) services to qualifying people who, due to their age or disabilities, need help with their activities of daily living (ADL), including eating, dressing/ grooming, bathing/ personal hygiene, mobility, bowel and bladder management, and cognition.

Area Agencies on Aging (AAA) and DHS staff help clients find the appropriate care settings to meet their needs and determine financial eligibility.

Historically, Oregon's LTC services were provided under the authority of a Medicaid 1915 (c) Home and Community-Based Services (HCBS) Waiver (under the Omnibus Budget Reconciliation Act of 1981), which allows the State to provide home and community-based care alternatives to institutional care such as nursing facilities.

Beginning in July 2013, using a new option available due to the Patient Protection and Affordable Care Act of 2010 (ACA), Oregon also began offering services through the Community First Choice Option under 1915 (k) of the Social Security Act (referred to as the K Plan).

To qualify for LTC clients must meet financial and non-financial requirements which vary depending on whether the individual will be covered under the Waiver or the K Plan. To qualify for LTC under the HCBS Waiver, requirements include income and asset limits, disability (or age) requirements, and a level of care assessment. To qualify for LTC under K Plan, there are fewer requirements: income limits (but no asset limits) and a level of care assessment (but no need to be determined "disabled").

The LTC caseloads are grouped into three major categories: In-Home, Community-Based Care, and Nursing Facilities.

IN-HOME PROGRAMS

In-Home Programs provide personal services that help people stay in their homes when they need assistance with Activities of Daily Living (ADL).

In-Home Hourly

In-Home Hourly caseload includes clients who hire hourly workers to assist them in meeting their ADL needs and other common household tasks.

In-Home Agency

In-Home Agency is an alternative way to purchase in-home care. Under this program, clients contract with an agency for the services they need, and those services are delivered in the client's own home by an employee of the agency. Screening and scheduling are often simpler when working with an agency.

Live-In

Live-In Provider caseload includes clients who hire a live-in home care worker to provide 24-hour care.

Spousal Pay

Spousal Pay caseload includes clients who choose to have their paid care provided by their spouse. Spouses are paid for the services they provide.

Independent Choices

Independent Choices allows clients more control in the way they receive their in-home services. Under this program, clients decide for themselves which services they will purchase, but are also required to keep financial records of the services they've purchased.

Specialized Living

Specialized Living provides care in a home-like setting for clients with specialized needs (such as quadriplegics or clients with acquired brain injuries). These clients are eligible for a live-in attendant, but because of their special needs, cannot live independently or be served in other Community-Based Care facilities.

State Plan Personal Care (Non-K Plan Medicaid Services)

State Plan Personal Care services are available to people who are eligible for Medicaid, but not eligible for waived services. Services supplement the individual's own personal abilities and resources, but are limited to assistance with Activities of Daily Living and Instrumental Activities of Daily Living.

COMMUNITY-BASED CARE (CBC)

Community-Based Care caseload includes clients receiving services in licensed, community-based residential settings. Services include assistance with ADLs, medication oversight, and social activities. Services can also include nursing and behavioral supports to meet complex needs.

Assisted Living Facilities

Assisted Living Facilities are licensed 24-hour care settings serving six or more residents that provide private apartments and focus on resident independence and choice.

Adult Foster Care

Adult Foster Care provides long-term care in home-like settings licensed for five or fewer unrelated people. These facilities are open to clients who are not related to the care provider.

Residential Care Facilities

Residential Care Facilities (Regular or Contract) are licensed 24-hour care settings serving six or more residents. These facilities range in size from six beds to over 100. "Contract" facilities are licensed to provide specialized Alzheimer care.

Program of All-Inclusive Care for the Elderly (PACE)

PACE is a capitated Medicare/Medicaid program providing all-inclusive care. Seniors served in this program live in a variety of care settings. PACE is responsible for coordinating their clients' acute health and long-term care needs.

NURSING FACILITIES (NFC)

Nursing Facilities provide institutional services for seniors and people with disabilities in facilities licensed and regulated by DHS. Nursing facilities provide clients with skilled nursing services, housing, related services and ongoing assistance with activities of daily living.

Basic Care

Basic Care clients need comprehensive, 24-hour care for assistance with ADLs and ongoing nursing care due to either age or physical disability.

Complex Medical Add-On

Complex Medical Add-On clients have medical conditions that require additional nursing services and staff assistance beyond Basic Care.

Enhanced Care

Enhanced Care clients have difficulty to manage behavioral issues such as self-endangering behaviors, physical aggression, intrusiveness, intractable psychiatric symptoms, or problematic medication needs that require special care in Nursing Facilities. Some of these clients are also served in community-based care facilities.

Pediatric Care

Pediatric Care clients are children under 21 who receive nursing care in pediatric nursing facility units.

CHILD WELFARE

Child Welfare Programs oversee the safety of children who have been abused or neglected. The Child Protective Services (CPS) program investigates reports of child abuse or neglect. If abuse or neglect is founded, caseworkers prepare an action plan and provide case management to ensure safety for the child using the strengths of the family.

The Child Welfare caseload is an unduplicated count of children served in the various programs listed below. A child can be counted only once during a month, and if there is participation in more than one of the programs listed below, they are counted in only one group. The groups are listed below in order of this counting priority.

Adoption Assistance

Adoption Assistance coordinates and supervises adoption for children in foster care who cannot return safely to the care of their biological parents. Adoption Assistance services can include financial and/or medical help with the costs associated with the adoptive child's needs.

Guardianship Assistance

Guardianship Assistance helps remove financial barriers for individuals who provide a permanent home for children who would otherwise be in Foster Care. Guardianship allows an alternative plan to adoption. Guardianship Assistance services can include financial support for costs associated with the needs of the child (similar to a Foster Care payment).

Out-of-Home Care

Out-of-Home Care programs provide a safe, temporary home for abused or neglected children who cannot remain safely in their homes. Children in the program are placed with relatives, foster families, or in residential treatment care settings. The program

aims to reunite children with their parents. Out-of-Home Care services can include financial support and/or medical help for costs associated with the child's needs.

Child-In-Home

In-Home Services provide support and safety monitoring services to prevent placement of children in Foster Care and to support reunification with the parents after Foster Care. Caseworkers oversee services and monitor in-home safety plans for children. In-Home Services can include financial support for costs associated with the safety, permanence and well-being of children, and outside resources to help meet those needs.

INTELLECTUAL AND DEVELOPMENTAL DISABILITIES (I/DD)

Intellectual and Developmental Disabilities Programs provide support to qualified adults and children with intellectual and developmental disabilities through a combination of case management and services. Intellectual and Developmental disabilities include intellectual disabilities, cerebral palsy, Down's syndrome, autism and other impairments of the brain that occur during childhood. Some people with developmental disabilities also have significant medical or mental health needs.

Adults with developmental disabilities may be eligible for services ranging from supports to help individuals live in their own homes to 24-hour comprehensive services. Twenty-four-hour services are provided in a variety of settings including group homes and foster homes. Children with developmental disabilities may be eligible for services ranging from family support to out-of-home placements. Placements include foster homes or residential group home settings.

The forecasted Intellectual and Developmental Disabilities programs are counts of individual clients receiving a program's services within the month. Clients can receive services from more than one program in the same month (for example, from both a residential and a support program).

Case Management

Case Management Enrollment provides entry-level eligibility evaluation and coordination services.

The other caseloads are grouped into three broad categories: adult services, children's services, and other services.

Adult services include:

Brokerage Enrollment

Brokerage Enrollment provides planning and coordination of services that allow clients to live in their own home or in their family's home.

24-Hour Residential Care

24-Hour Residential Care provides 24-hour supervised care, training and support services delivered in neighborhood homes.

Supported Living

Supported Living provides individualized support services to clients in their own home based on their Individual Support Plan.

Comprehensive In-Home Services (CIHS)

Comprehensive In-Home Services help individuals aged 18 years or older with intellectual and developmental disabilities to continue to live in their homes.

I/DD Foster Care

Foster Care provides 24-hour care, supervision, provision of room and board, and assistance with activities of daily living for both adults and children (approximately 82 percent and 18 percent respectively).

Stabilization and Crisis Unit

Stabilization and Crisis Unit (previously called State Operated Community Programs) offers safety net services and support to the most vulnerable, intensive, medically and behaviorally challenged I/DD clients when no other community based option is available to them. The program serves both adults and children (approximately 89 percent and 11 percent respectively).

Children's Services include:

In-Home Support for Children

In-Home Support for Children (also called Long-Term Support) provides services to individuals under the age of 18 in the family home.

Children Intensive In-Home Services

Children Intensive In-Home Services cares for children with intensive medical or behavioral needs in their own homes. This caseload is composed of three distinct groups: Medically Fragile Children Services, Intensive Behavior Program, and Medically Involved Programs.

Children Residential Care

Children Residential Care provides 24-hour care, supervision, training, and support services to individuals under the age of 18 in neighborhood homes other than the family home or foster care.

Children Proctor Care (discontinued December 31, 2013)

This program was ended and clients were transferred to other caseloads – primarily to I/DD Foster Care and other children services including In-Home Support.

Other I/DD Services include:

Employment and Day Support Activities

Employment and Day Support Activities are out-of-home employment or community training services and related supports, provided to individuals aged 18 or older, to improve the individuals' productivity, independence and integration in the community.

Transportation

Transportation services are state-paid public or private transportation provided to individuals with intellectual and developmental disabilities.

Crisis Services

Crisis Services offer temporary out-of-home placement services to I/DD adults and children.

SELF SUFFICIENCY PROGRAMS (SSP)

Self Sufficiency Programs provide assistance for low-income families to help them become healthy, safe, and economically independent. With the exception of SNAP, Self Sufficiency Program caseloads count the number of families receiving program benefits within the month. In the SNAP program, caseloads count the number of households receiving the benefit within the month.

Supplemental Nutrition Assistance Program (SNAP)

As of October 1, 2008, the new name for the federal Food Stamp Program is the Supplemental Nutrition Assistance Program (SNAP). Oregon began using the new name on January 1, 2010.

SNAP benefits improve the health and well-being of low-income individuals by providing them a means to meet their nutritional needs. Recipients use SNAP benefits to buy food.

To be eligible for SNAP benefits, applicants provide proof of household composition (living in same dwelling, purchase food and prepare meals together) and have assets and income within program limits. The maximum income limit is 185 percent of Federal Poverty Level (FPL) (\$44,123 for a household of four); most recipients qualify below 130 percent of FPL.

The SNAP forecast includes two caseloads – APD and SSP. Households entering the program through the Self Sufficiency Programs (SSP) are classified as SSP households, while those entering the program through Aging and People with Disabilities (APD) are classified as APD households. The two caseloads share eligibility guidelines and benefit amounts.

Temporary Assistance to Needy Families (TANF)

The Temporary Assistance for Needy Families (TANF) program provides case management and cash assistance to very poor families with minor children. The goal of the program is to reduce the number of families living in poverty through employment

services and community resources.

Recipients must meet basic TANF asset requirements (including a \$2,500 - \$10,000 resource limit and income less than 40 percent of FPL) to be eligible for the program. They must also meet non-financial eligibility requirements including dependent children in the case, Oregon residence, citizenship status, parental school attendance, pursuing assets, deprivation (death, absence, incapacity, or unemployment of a parent) and pursuing treatment for drug abuse or mental health as needed.

The TANF Basic program includes one-parent families and two-parent families where at least one parent is unable to care for children, or families headed by an adult relative who is not considered financially needy.

The TANF UN program includes families where both parents are able to care for their children, but both are unemployed or underemployed.

Pre-SSI

The State Family Pre-SSI/SSDI (SFPSS) program provides cash assistance, case management, and professional level support to TANF-eligible adults and their family in pursuing Supplemental Security Income (SSI) and Supplemental Security Disability Income (SSDI). To be eligible for Pre-SSI, the adult must be found eligible for a TANF grant and must have severe physical or mental impairment(s) that has been assessed and determined to meet the program impairment criteria by the program's disability analyst.

Temporary Assistance to Domestic Violence Survivors (TA-DVS)

The TA-DVS program supports domestic violence survivors by providing temporary financial assistance to flee domestic violence. TA-DVS payments can be issued to meet the family's needs for shelter, food, medical care, relocation, stabilization, or to promote safety or independence from the abuser.

To be eligible for TA-DVS, a survivor must have a current or future risk of domestic violence; be a pregnant woman, or a parent or relative caring for a minor child; and must have income not exceeding TANF limits (40 percent of FPL) TA-DVS only considers income on hand that is available to meet emergency needs.

VOCATIONAL REHABILITATION

Vocational Rehabilitation Services assess, plan, and coordinate vocational rehabilitation services for people who have physical or mental disabilities and need assistance to obtain and retain employment that matches their skills, potential, and interest. Services are provided through local Vocational Rehabilitation offices across the state. The program provides counseling, training, job placement, assistive technology, and extended services and supports.

FALL 2014 DHS|OHA REGIONAL FORECASTS BY DISTRICT

Budget, Planning and Analysis
Office of Forecasting, Research and Analysis





FALL 2014 DHS OHA
REGIONAL FORECAST BY DISTRICT

OCTOBER 2014

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Fall 2014 DHS|OHA Regional Caseload Forecast

The Regional Forecast is designed to increase the Statewide Caseload Forecast's use as a tool for regional and local policy decisions by breaking down the Statewide Caseload Forecast into smaller geographic units. By developing a regional focus on caseloads and causal factors, we hope to support a wide range of local and community partners as they, in turn, support the diverse needs of Oregonians.

This forecast presents county biennial averages for each DHS service district, as well as district totals. The result is a forecast for all 36 Oregon counties for 15 different programs within the Oregon Department of Human Services and the Oregon Health Authority.

The results of the DHS and OHA statewide biennial forecasts are also included in this document in order to provide a contrast to the county and district forecast values. For more information, see the Fall 2014 DHS/OHA Caseload Forecast.

Care must be taken in interpreting some of this forecast's results. Because county-by-county values are presented, small numerical values are forecast and published. As the number of cases in a caseload shrinks, the possibility of forecasting error grows. In general, the forecasts presented here are designed to illustrate the general magnitude of caseloads and trends for each county. They are not presented to conform to a highly specific numerical target for caseloads through June 2017. This is especially true for counties with small populations where a modest increase in caseload represents a major percentage increase.

Changes to Forecasted Caseloads

Starting in January 2014, the Oregon Health Authority implemented several significant changes in how Medicaid is delivered due to the federal Patient Protection and Affordable Care Act of 2010 (ACA). The ACA allows eligibility for Medicaid caseloads to be extended to higher income levels. As a result of this expansion, several programmatic changes occurred in Oregon Health Plan (OHP) Plus:

1. Adult citizens, 19-64 years old, are now eligible for OHP Plus coverage up to 138% of the Federal Poverty Level (FPL);
2. OHP Standard was phased out, with existing clients folded into OHP Plus;
3. A new category, "ACA Adult" was created which includes the newly eligible adults (as indicated in #1 above), former Standard clients, and transfers out of TANF-Related Medical who would have previously been considered over-income;

4. Children of families with income up to 138% of FPL now qualify for Medicaid, therefore some children who previously qualified for OHP Plus through the Children's Health Insurance Program (CHIP) were transferred to Medicaid; and
5. CHIP eligibility was extended to 300% of FPL. The Healthy Kids Connect program has been closed, and existing caseloads transferred to CHIP.

Eligibility changes have necessitated changes in how programs are organized. This reorganization is reflected in new caseload categories that appear for the first time in this forecast cycle:

1. The category of "TANF-Related Medical" has been discontinued. Adults from this category will now be a stand-alone category called "Parent/Caretaker Relative."
2. A new category called "Children's Medicaid Program" was created. This category is made up of children from "TANF-Related Medical," all clients from "Poverty Level Medical-Children," and those children who previously qualified for CHIP who were transferred to Medicaid (see #4 above).
3. The "Poverty-Level Medical Women" category has been renamed "Pregnant Women Program."
4. The ACA Adults program has been split into two groups, one representing ACA Adults who have children in the household: "ACA Adults with Children," and a category of ACA Adults who have no children in the household: "ACA Adults without Children."

There are multiple unknowns at play when estimating participation in a new program and reformulating existing ones. Chief among them is the rate at which new clients will choose to take advantage of the expanded eligibility. The initial modeling for the uptake of expanded Medicaid was prepared by the State Health Access Data Assistance Center (SHADAC) in concert with the Oregon Health Authority (OHA). However, this estimate was quickly abandoned as pre-enrollment in the fall of 2013 exceeded the expectations of the model. The most recent forecast assumes that 78% of the total expected population of adult ACA clients (including transfers from other programs) entered the caseload on January 1, 2014. Furthermore, the forecast assumes that 99% of total expansion will occur by mid-2015, eventually topping out at about 299,500 cases by mid-2017.

Although current data is generally in agreement with this estimate, the creation of any new program will, by definition, be a venture into the unknown. Without a caseload history to draw from, the forecasting process is based on best-evidence estimations without the foundation usually available for the forecasts. The likelihood of forecast error, therefore, is larger than for established programs. Under these circumstances, error at the county level is magnified.

In addition to the difficulty with forecasting a new program, the publicity surrounding healthcare expansion also opens the door for a possible “welcome mat effect,” where enrollment often occurs not only among the newly eligible, but also among the previously eligible populations who would not have otherwise applied for services. Although growth in non ACA-related caseloads indicates there has been some welcome mat effect, the exact magnitude of that effect cannot be determined due to an array of other changes occurring at the same time. Nevertheless, the welcome mat effect remains one of many risks to the accuracy of this forecast.

The ACA expansion also influenced forecasting accuracy due to pressures put on the OHA system overall. In order to adequately deal with the high volume of new enrollments, redetermination of eligibility for some existing cases was suspended in the fall of 2013, and was only recently re-initiated. The current redetermination plan includes both the normally occurring redeterminations as well as an aggressive schedule for working through the redetermination backlog. This sudden review of large numbers of cases will necessarily create a downward pressure on caseloads equal to the previous upward pressure related to suspending redeterminations. This downturn in caseload is modeled in the current forecast, but the specific details are difficult to estimate, both in timing (when the caseloads will go down related to the backlog being addressed) and magnitude (how many cases will be closed or transferred to a new program as a result of the redeterminations).

Changes in the economy are a persistent risk to the accuracy of all forecasted caseloads. Although patterns of economic improvement and caseload reductions in human services have been documented in previous recessions, the only reference point for the extraordinary events of the Great Recession is the “double-dip” recession of 1981. That recession and recovery predate the existing programs in DHS and OHA, making it difficult to reconcile those patterns to the current situation found in Oregon. Patterns of recovery are especially difficult to forecast at the county level, given that different parts of the state have different economic and employment resources to draw on.

Special Sections

Two special sections are presented in this document.

The first shows Oregon counties through the lens of a “hardship score” developed by the New York Times Magazine. The Times created this particular scoring system in an article about Clay County, Kentucky. The county was portrayed as the “hardest place in America to live” based on its performance on several “livability measures” – educational attainment, household income, unemployment rate, disability rate, life expectancy, and obesity. This section presents Oregon counties in the same manner. Although the measures used by the New York Times might be controversial in terms of what determines “livability” or “hardship,” these measures are nevertheless useful for understanding how the economy and the residents of the counties are doing, and how they’re likely to do in the future.

The second special section illustrates areas of the state with the highest poverty density – that is, spots with the highest percentage of poor residents within a relatively small area. These poverty density measures are at the level of census tracts, and represent the first time the regional forecast has presented data at a smaller-than-county level.

Regional Forecast Methodology

Each forecast was developed using time series models; however, different methods were used for different programs based on goodness-of-fit. For the current forecast, several programs used the Statewide Forecast as an independent variable. This controlled for the inability of local time series models to detect the variation caused by the recession and recovery. However, it also means that, in the future, counties that do not follow the statewide trend could be distorted to match the expected statewide pattern. As patterns at the county level are better understood, forecasts will become more accurate.

Goodness-of-fit was determined for each program's forecast by summing the total county values and comparing the result to the official Statewide Forecast. Generally, if the Regional Forecast was within 5 percent of the Statewide Forecast, it was accepted as valid. There will be some inherent error because regional values used for the analysis will never total the exact amount of the statewide historic values. In addition, statewide forecasts use different forecast methods not available to the regional forecasts.

To avoid internal discrepancies, each forecast is apportioned to the official Statewide Forecast. Thus, the critical information from the regional forecast becomes the forecast direction of caseload change and the magnitude of change in comparison to the state as a whole.

Data from multiple sources were used in order to interpret the forecast for each county and provide basic demographic and economic information. Information was included from:

- The U.S. Census Bureau, "American Community Survey" 1 year (2012) estimates, 3 year (2010-2012) estimates, and 5 year (2008-2012) estimates.
- The Oregon Employment Department's "Oregon Labor Market Information System," "Current Employment Statistics" and "Labor Force and Unemployment by Area" data, August, 2014;
- The Portland State University Population Research Center, "Estimates of Population Age Groups for Oregon and Its Counties," July 1, 2013;
- Oregon Economic and Revenue Forecast, June, 2014, Volume XXXIV, No.2.

Counties of Oregon and the "Livability Index"

This section focuses on the “livability” of counties across the state using a method created by the New York Times Magazine in a story about Clay County, Kentucky¹. The Times’ scoring method examined county performance based on two groups of indicators: one economic, and the other health-based. Economic indicators of livability include educational attainment (number of residents with a college education), household income, and unemployment rate. The measures of health include disability rate, live expectancy, and obesity.

This section presents Oregon counties in the same manner. Scores on the six measures of livability were developed. An overall index was created based on the ranking of each county compared to the other counties in the state, and averaged to create a single livability score. The results appear on the following pages. Each table shows how the county scored on the six measures, as well as the index score each achieved. In the far right column is a rank of that county compared to every county in the United States (all 3,135 of them) as scored by the New York Times.

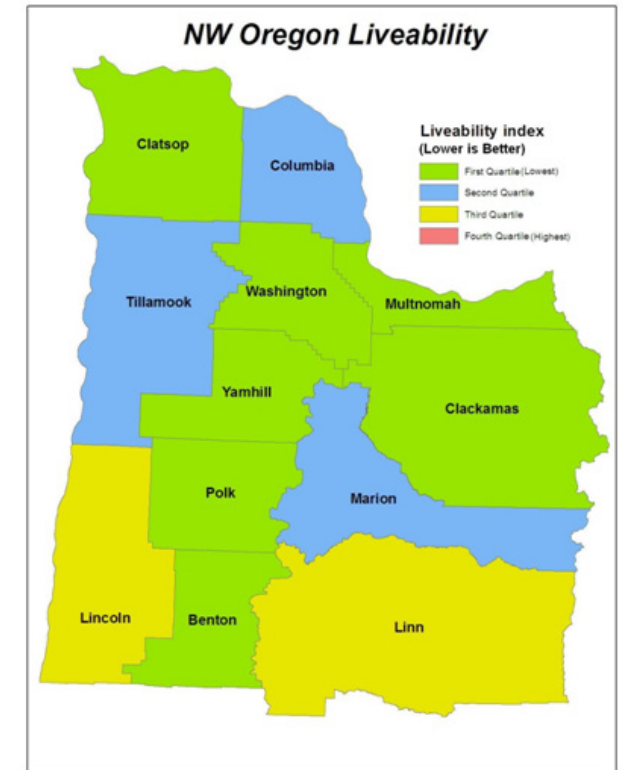
Index values are displayed in maps with colors representing where the county scored in quartiles – the lower the score, then better the county’s performance. Best scores are displayed in green, second best in blue, third quartile in yellow, and bottom quartile in red.

Although the measures used by the New York Times might be controversial in terms of what determines “livability” or “hardship,” these measures are nevertheless useful for understanding how the economy and the residents of the counties are doing, and how they’re likely to do in the future.

1. See: <http://www.nytimes.com/2014/06/29/magazine/whats-the-matter-with-eastern-kentucky.html>

Livability Index: Northwest Oregon

County	Median Hhold Income	% with College Education	% Unemployed	% Disabled	Life Expectancy	% Obese	Index Score	Rank (of 3,135 Counties)
Clatsop	\$45,691	21.1%	6.1%	1.1%	78.3	35%	12.5	1,097
Columbia	\$52,739	17.4%	7.6%	1.3%	78.2	38%	18.7	1,481
Tillamook	\$42,957	20.3%	6.5%	1.1%	78.8	36%	14.5	1,368
Multnomah	\$54,024	39.2%	6.2%	1.4%	78.9	30%	7.3	597
Clackamas	\$66,758	31.8%	6.2%	0.7%	80.1	33%	4.0	271
Washington	\$63,238	39.5%	5.8%	0.6%	81.4	32%	2.2	103
Marion	\$46,873	20.8%	7.4%	1.4%	78.4	38%	18.0	1,546
Polk	\$49,781	28.5%	6.7%	1.0%	79.6	39%	11.8	989
Yamhill	\$58,612	22.5%	6.6%	0.8%	79.8	37%	9.3	786
Benton	\$47,808	48.6%	5.5%	0.7%	81.2	32%	3.7	159
Lincoln	\$42,342	24.0%	7.7%	1.5%	77.4	37%	22.0	1,664
Linn	\$45,130	16.1%	8.5%	1.7%	77.7	37%	23.8	1,828



As a region, the counties of the Northwest part of the state score best on the “livability Index.” This isn’t surprising, given the resources available in the urban center of the Portland Metro area. Clatsop County score is aided by its relatively low unemployment. Columbia County has a very high income rank, yet a low number of college educated people, especially in contrast to the rest of the region. Tillamook County is a bit low in income and the number of college educated in the county, but scores well on the other measures.

Multnomah, Clackamas, and Washington all score very high on all measures with one exception – Multnomah County has a high number of disabled persons. This may be due to the number of disabled people moving to the Portland Metro area in search of services that they would not otherwise find in other parts of the state.

The mid-valley area is a mixed bag in terms of livability scores. Marion County is solidly in the middle of the pack compared to other counties in the state, but has high obesity and disability ranks, a bad sign when thinking about the overall health of a region. Polk County scores in the top ten in some measures, but has a very high obesity ranking, as does Yamhill. Benton County has the highest proportion of college educated residents in the state, and scores in the top five in all other livability measures except income, which is a bit low. The income measure may be weighed down a bit by the large number of college students in Corvallis.

Lincoln and Linn counties don’t fare as well as their neighbors in livability scores, Lincoln does well in numbers of college educated residents, but is near the bottom in life expectancy and percent of the population with disabilities. Linn also ranks near worst in disabilities, and has a very low percent of the population with a college education.

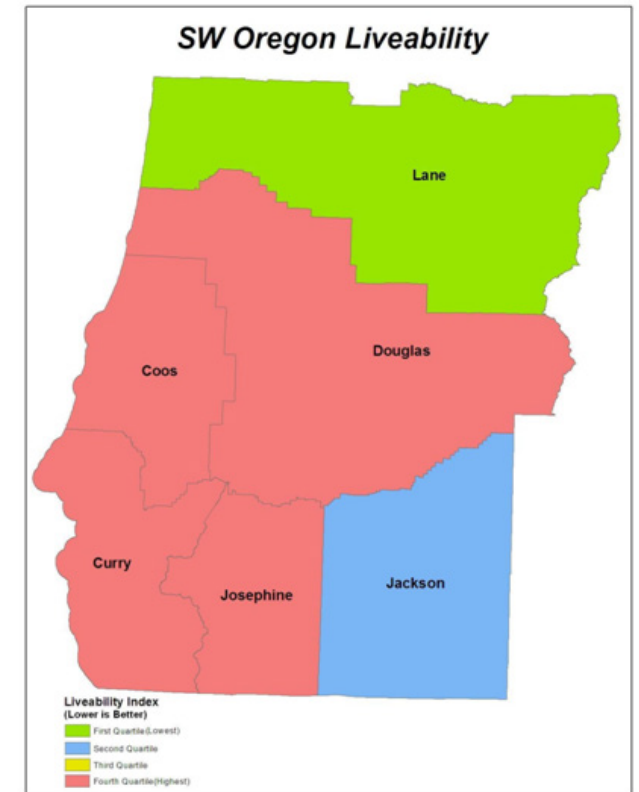
Livability Index: Southwest Oregon

County	Median Hhold Income	% with College Education	% Unemployed	% Disabled	Life Expectancy	% Obese	Index Score	Rank (of 3,135 Counties)
Lane	\$43,459	27.5%	6.9%	1.4%	79.3	33%	12.7	1,087
Douglas	\$40,605	15.2%	9.8%	1.6%	77.4	38%	29.5	2,228
Coos	\$37,345	17.8%	8.9%	2.1%	76.5	39%	30.5	2,379
Curry	\$38,017	20.4%	10.7%	1.3%	77.5	37%	25.7	1,881
Jackson	\$43,363	24.4%	8.6%	1.1%	78.6	32%	14.0	1,215
Josephine	\$38,298	16.4%	9.8%	1.8%	77.3	36%	28.5	2,198

The southwest region of the state has some of the poorest performers in the “livability Index,” with especially poor health indicators (such as disability and life expectancy). The one outlier is Lane County, which scores in the top ten in number of college educated, life expectancy, and low rates of obesity. Douglas County fares poorly in all ranking, near bottom in every livability measure except income, which is closer to the middle of the pack. Douglas County has been dealing with high unemployment for a long time, and has a greying population, more inclined to disability and obesity.

Coos and Curry counties have been dealing with high unemployment and low income since before the Great Recession, which pulls their ranking down. Curry has one of the highest unemployment rates in the state, and Coos County has the poorest scores in the state in disability and life expectancy. Josephine County also fares poorly in measures of healthy population, with scores near the bottom in disability and life expectancy (but fares better than some of its neighbors in obesity).

Jackson County, with the economic engine of Medford, fares better than any of its immediate neighbors, with top-five scores on college education and low obesity. Disability and life expectancy are fairly good, as is income. Medford has been struggling with high unemployment, which keeps its overall livability score down a bit, but it is improving. Given the advantages the Medford area has in education and health, it’s likely that it is poised for better times, especially if California immigrants start to arrive in the numbers they did before the Great Recession.



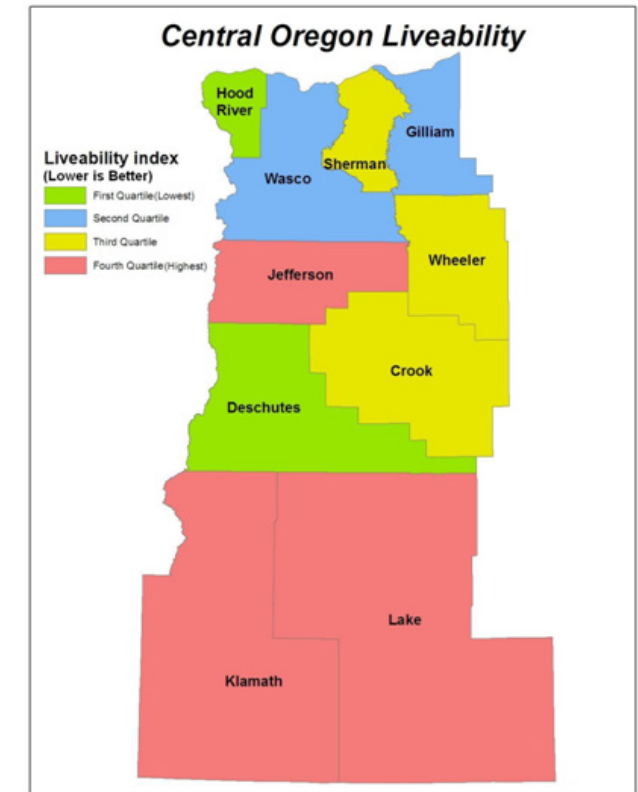
Livability Index: Central Oregon

County	Median Hhold Income	% with College Education	% Unemployed	% Disabled	Life Expectancy	% Obese	Index Score	Rank (of 3,135 Counties)
Gilliam	\$45,833	16.1%	6.3%	1.4%	78.0	38%	19.3	1,599
Hood River	\$58,344	26.4%	5.1%	0.5%	79.4	35%	5.2	311
Sherman	\$44,583	14.8%	6.3%	1.5%	78.0	38%	22.7	1,842
Wasco	\$42,080	20.6%	6.4%	1.4%	78.0	40%	20.8	1,674
Wheeler	\$36,357	14.8%	7.0%	1.2%	77.5	36%	23.3	1,760
Crook	\$35,052	14.4%	10.2%	1.2%	78.7	35%	24.0	1,844
Deschutes	\$46,791	30.5%	8.2%	0.8%	80.1	28%	8.2	552
Jefferson	\$45,069	15.5%	9.5%	1.6%	77.9	39%	26.7	2,056
Klamath	\$36,885	19.5%	9.9%	1.7%	76.6	34%	27.2	1,945
Lake	\$40,049	19.8%	9.5%	1.7%	76.6	34%	25.0	1,959

The central part of Oregon is most definitely a mixed bag, with some of the best and worst performers on “livability.” Among the counties in the gorge area, Hood River scores best, ranking in the top ten in every measure of livability, even rates of the college educated – a pattern not generally seen in counties with agricultural roots. It’s a sign that Hood River is pivoting away from agriculture/tourism and toward new industries, as well as becoming an “xburb” of Portland.

Other areas of the gorge fare well in livability, with relatively low unemployment and good to middle scores on other indicators. There are some wrinkles, though – Wasco is near the bottom in measures of obesity. Sherman is near the bottom in college education. Wheeler is near the bottom in income.

The middle section of the state – Crook, Deschutes, and Jefferson counties – took a big economic hit during the Great Recession, and it has carried over. Crook is near bottom in income, number of college educated residents, and unemployment, yet scores well on measures of health. Jefferson scores near the bottom on almost every measure except income, which is moderately good. Deschutes, though, is where the best news resides. After a deep slide due to the housing crisis, the Bend area is roaring back, with good scores in income and an improved unemployment picture. Added to that top-ten scores on all health measures and relatively high income, and it looks like the Bend area is poised for much better days going forward.



Livability Index: Eastern Oregon

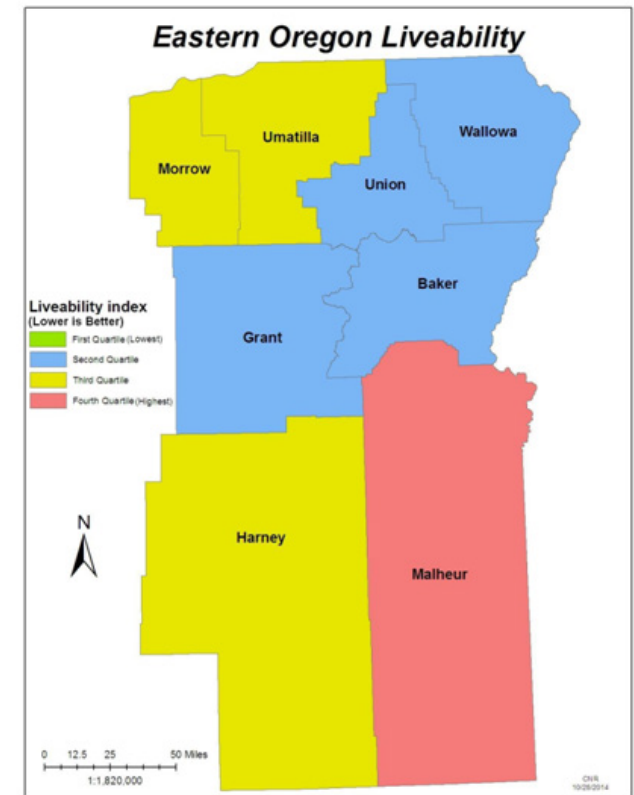
County	Median Hhold Income	% with College Education	% Unemployed	% Disabled	Life Expectancy	% Obese	Index Score	Rank (of 3,135 Counties)
Morrow	\$48,457	11.1%	7.8%	1.0%	77.5	40%	22.7	1,941
Umatilla	\$48,514	14.8%	7.6%	1.2%	77.5	41%	22.7	1,887
Baker	\$40,348	20.5%	8.7%	1.4%	78.6	36%	20.7	1,584
Union	\$41,462	21.5%	7.5%	1.3%	78.3	36%	17.7	1,432
Wallowa	\$40,204	22.3%	9.0%	0.9%	78.6	36%	17.0	1,346
Grant	\$34,337	17.5%	11.2%	0.9%	78.8	35%	20.7	1,679
Harney	\$39,674	15.7%	10.5%	1.4%	78.8	35%	23.3	1,823
Malheur	\$36,318	13.7%	8.9%	1.5%	77.1	37%	30.3	2,233

The eastern side of the state is the only region that has no counties in the first (that is, best) quartile in “livability score.” Still, the east has some strengths, although they are somewhat undermined by a poor job market that has kept unemployment high for years.

Morrow and Umatilla score in the top ten in income level, but share the very bottom two scores in obesity rate. Both counties are also lagging behind other parts of the state in number of college educated residents, and life expectancy.

Baker and Union counties manage to score in the middle of the pack on all measures of livability. Wallowa is essentially the same as the other two, but with a relatively low score on income.

Grant County has favorable ranking in health measures – numbers of disabled residents, life expectancy, and obesity. But Grant is dead last in unemployment and income level. The local economy in Grant County has been a long-term problem. Harney and Malheur counties also score near the bottom in income and unemployment. These two counties also score poorly on numbers of college educated and rates of disability. Malheur has a poor score on rates of obesity compared to other counties in the state.



Areas of High Poverty Density

The US Census Bureau organizes the county into census tracts in order to conduct the decennial census. Each tract is required to be within the same county, and be contiguous. Because census tracts were designed to facilitate the census count, some tracts can be very large in rural areas where few people live, or quite small in urban areas with a dense population.

Tracts are useful for analysis of social and demographic issues, and a good deal of data is collected by the Census Bureau at the census tract level. This analysis looks at poverty in census tracts in Oregon.

The Census Bureau defines census tracts of “high poverty density” as any tract that has 20 percent or more residents living in poverty. Oregon has quite a few of these areas – more than can be described in this publication. To highlight the very highest poverty areas. This report focuses on areas where one in three residents (33%) are in poverty. For a more detailed analysis of all the high poverty density areas, see <http://www.oregon.gov/dhs/ofra/Pages/index.aspx> and click [High Poverty Hotspots - 2014](#).

At right is a map showing all of the state’s highest poverty areas. The graphics are organized so that color represents the percent of the population in poverty, while the size of the circle represents the total number of people in poverty. The most intensive poverty areas would therefore have a high percent in poverty, and a large number of people in poverty.

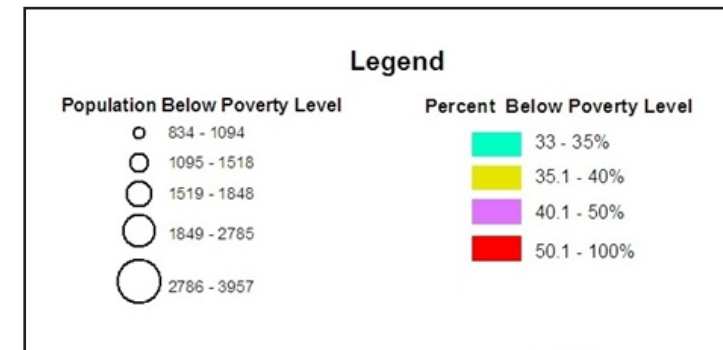
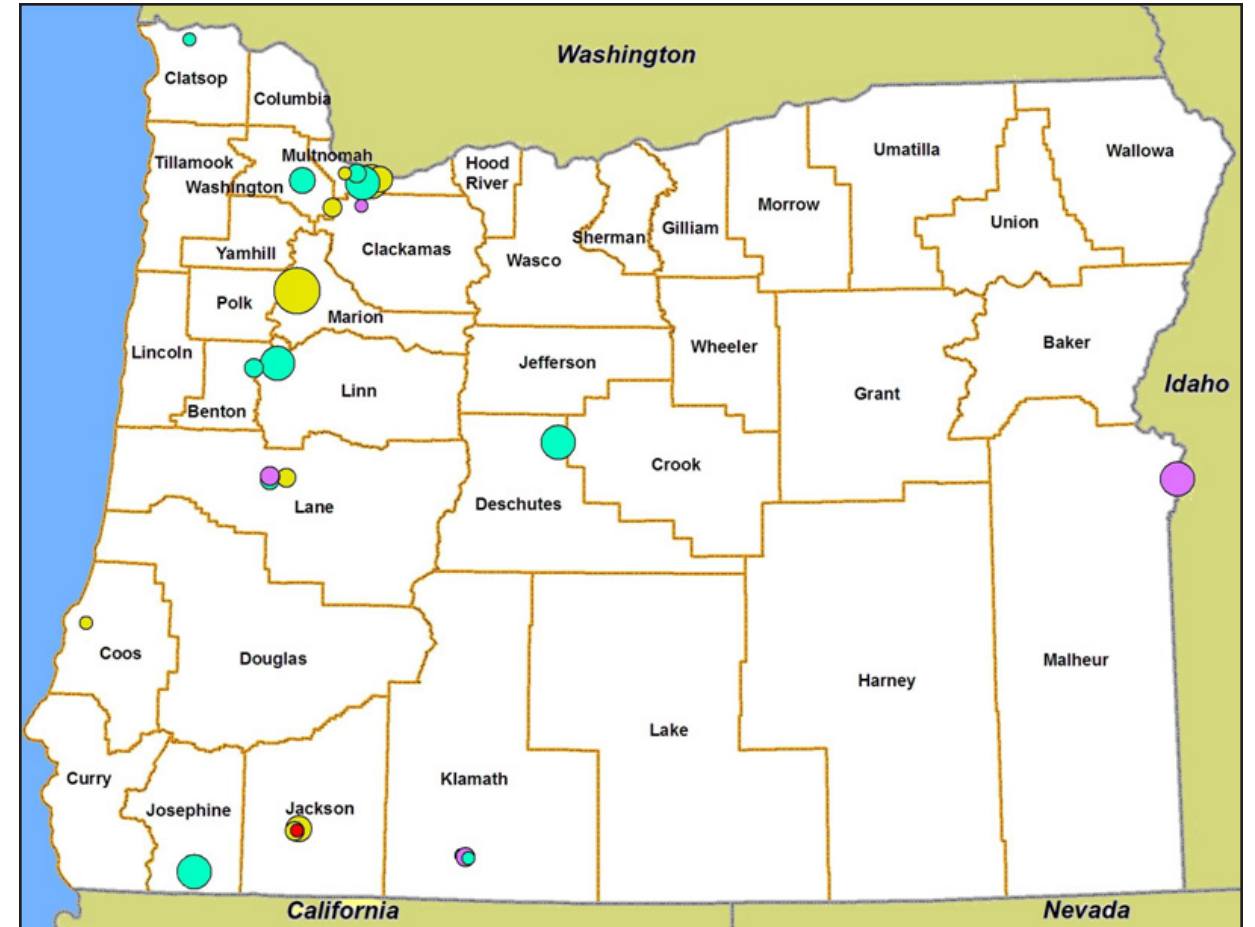
As can be seen on the map, poverty density is not an urban phenomenon. One of the highest poverty counts is in rural Josephine County, in the Cave Junction area. Another is located in Redmond, in Deschutes County.

High Poverty areas can happen in any part of the state, regardless of overall economic conditions. Clackamas and Washington counties are generally considered high-wealth areas when measuring median household income, yet both contain high-poverty neighborhoods.

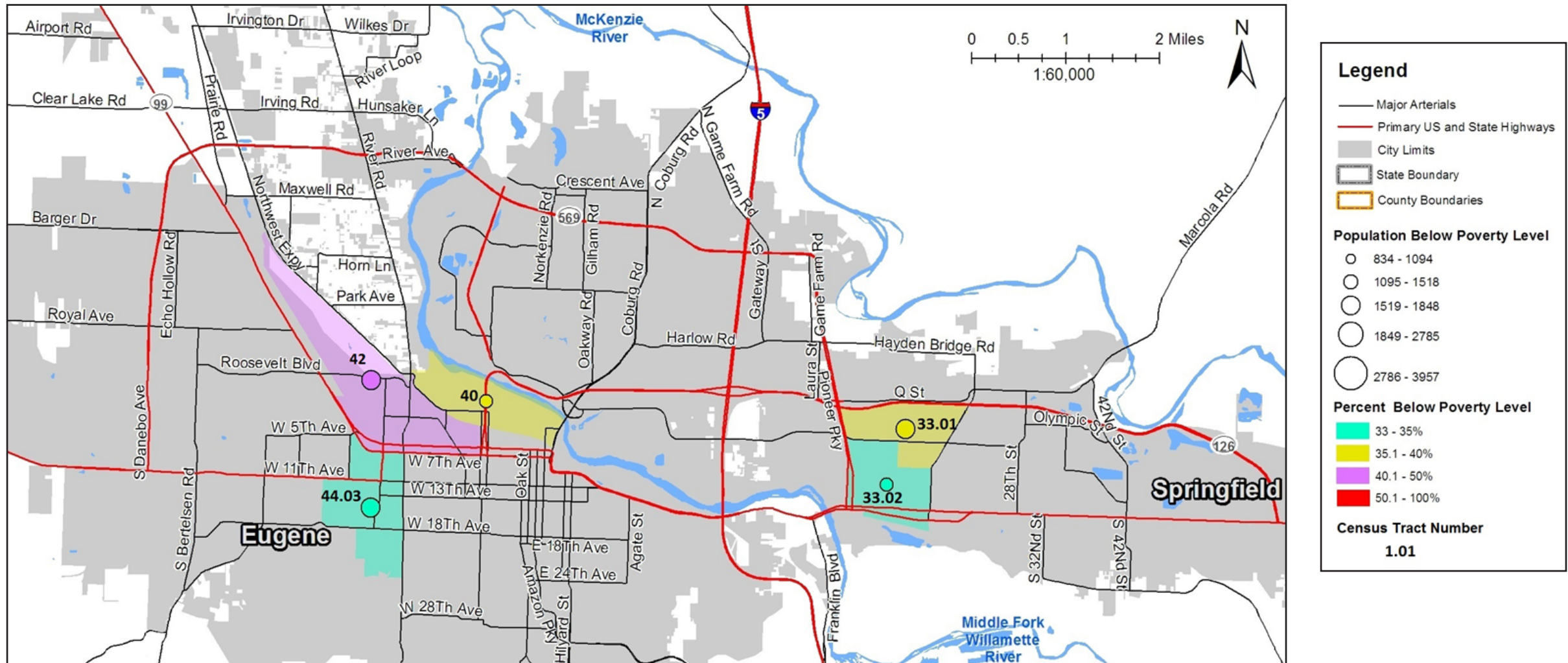
Detailed maps of the high-poverty areas can be found on the following pages, along with information about the demographics of the census tracts being examined. Almost all the census tracts displayed in this publication are different than the state overall in several ways:

1. A higher percentage of people on public assistance (TANF, SNAP),
2. A higher percentage of single parents (especially in urban tracts),
3. A higher percentage of disabled persons (especially in rural tracts),
4. A larger number of racial and ethnic minorities (true of all urban and some rural tracts),
5. A much smaller number of high school graduates, and
6. A larger number of persons employed in service sector jobs. Service sector jobs are often found to be low-paying, and provide only part time or part year employment.

Some census tracts that met the criteria for inclusion in this analysis were eliminated because they contained a very large number of people living in group quarters, such as is common with college dormitories and prisons. Other tracts were eliminated due to the overwhelmingly large number of college students living in the tract (the cutoff was 75 percent or greater enrolled in college). Although it is true that some college students meet the traditional definition of poverty, others who have little or no income are actually supported by other means, and including them could distort this analysis.

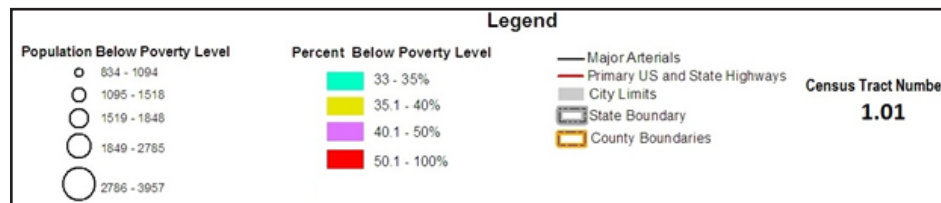
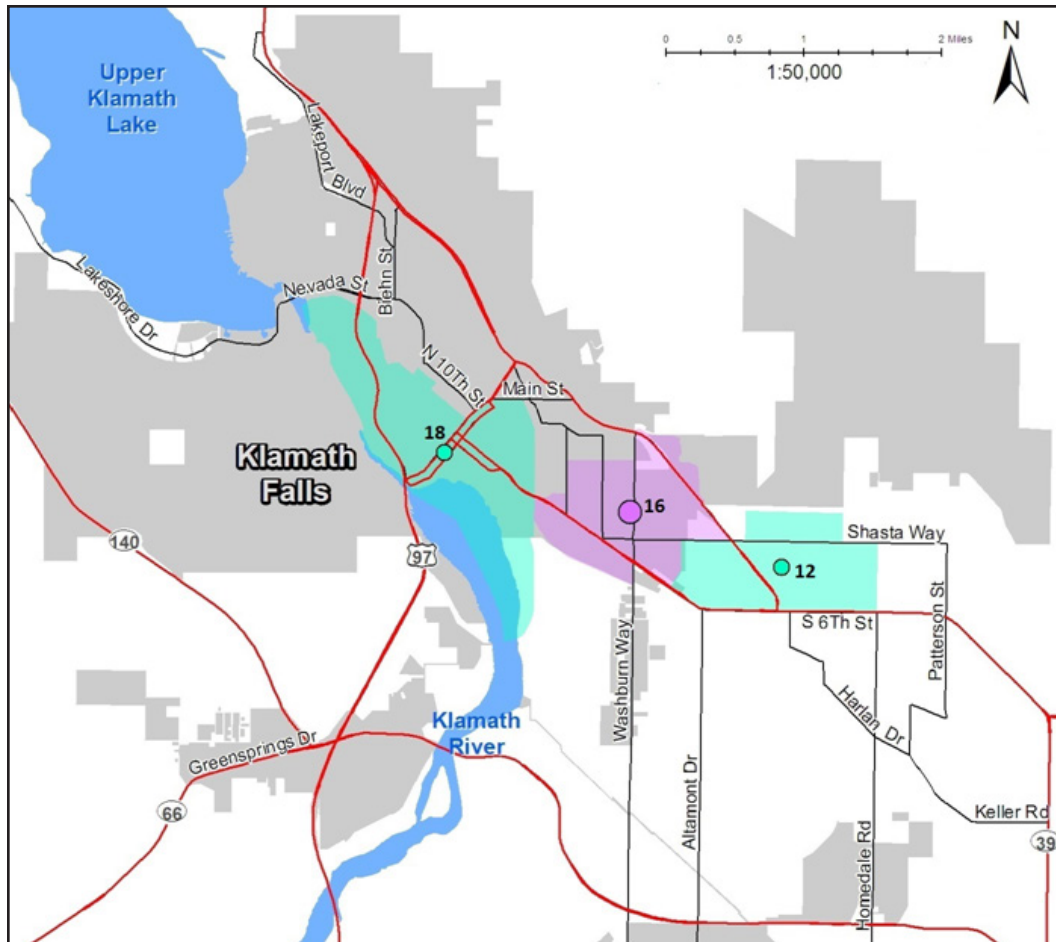


Areas of High Poverty Density: Eugene/Springfield



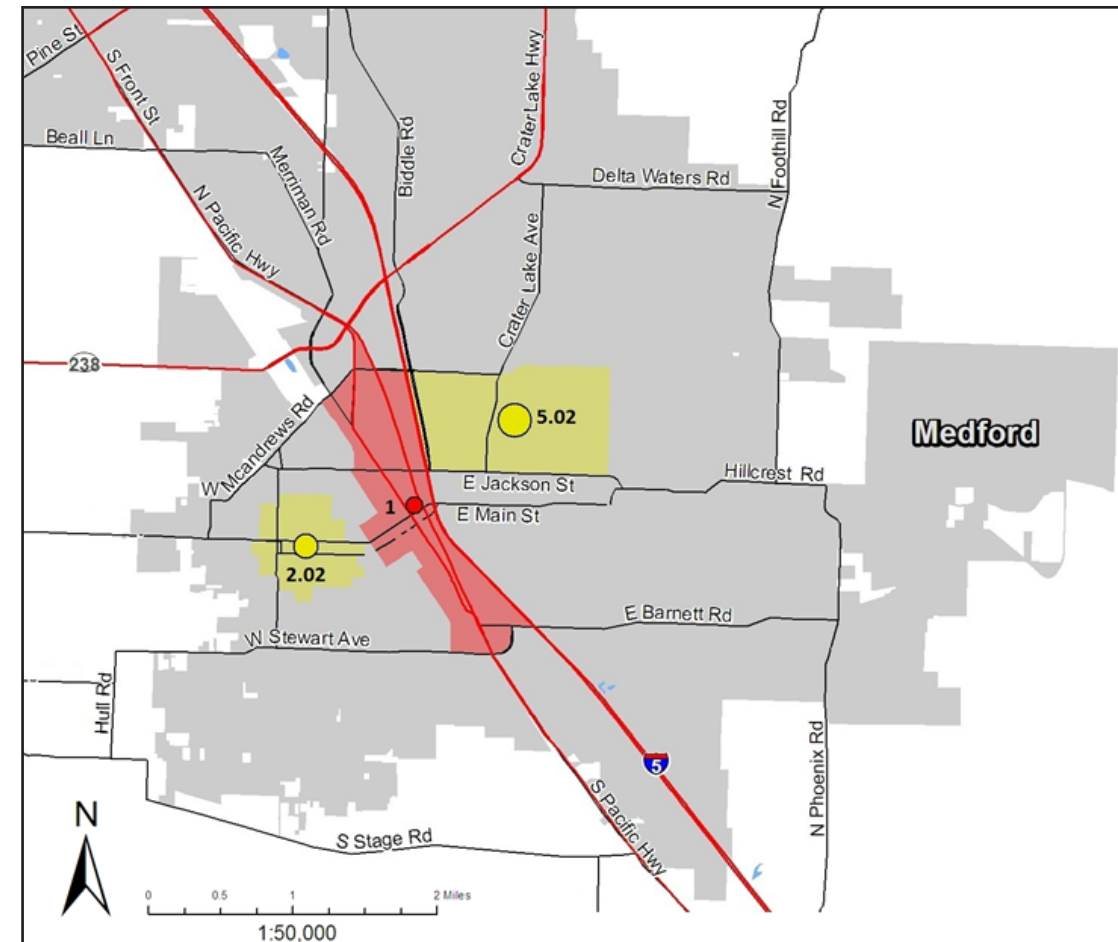
Eugene/Springfield - This metro area contains several areas of high-density poverty. All four census tracts illustrated here have a large percentage of disabled people in the census tract and a large percentage of people living on \$10,000 or less per year. It should be noted that other census tracts which also show high-poverty density in the Eugene area have been eliminated from this analysis, given that they contain a large preponderance (over 75%) of residents enrolled in college.

Areas of High Poverty Density: Klamath Falls and Medford



Klamath Falls - Census tracts 9712, 9716, and 9718 (referred to as 12, 16, and 18 on the map above) follow state Highway 39 and Business 97 through the northern part of the city of Klamath Falls. Tracts 9712 and 9716 have high concentrations of Hispanics, especially census tract 9716, where over a third of residents are Hispanic. Tract 9716 is also notable in the number of residents with a college education – only 5.7 percent, the lowest of all high-poverty tracts under consideration in this document. Statewide, 30 percent of the population is college educated.

Census tract 9718 has a very high American Indian population (12.5 percent, versus less than 2 percent statewide) and a high percent of disabled residents (22 percent).



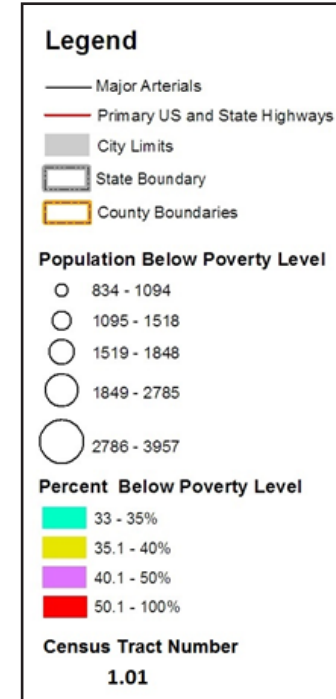
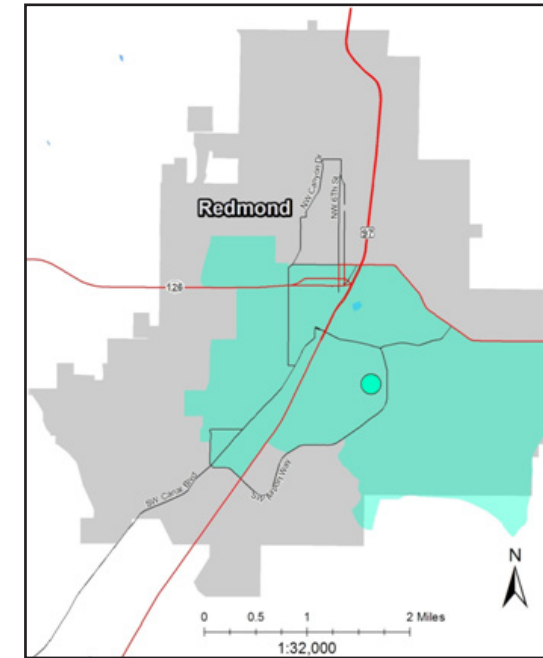
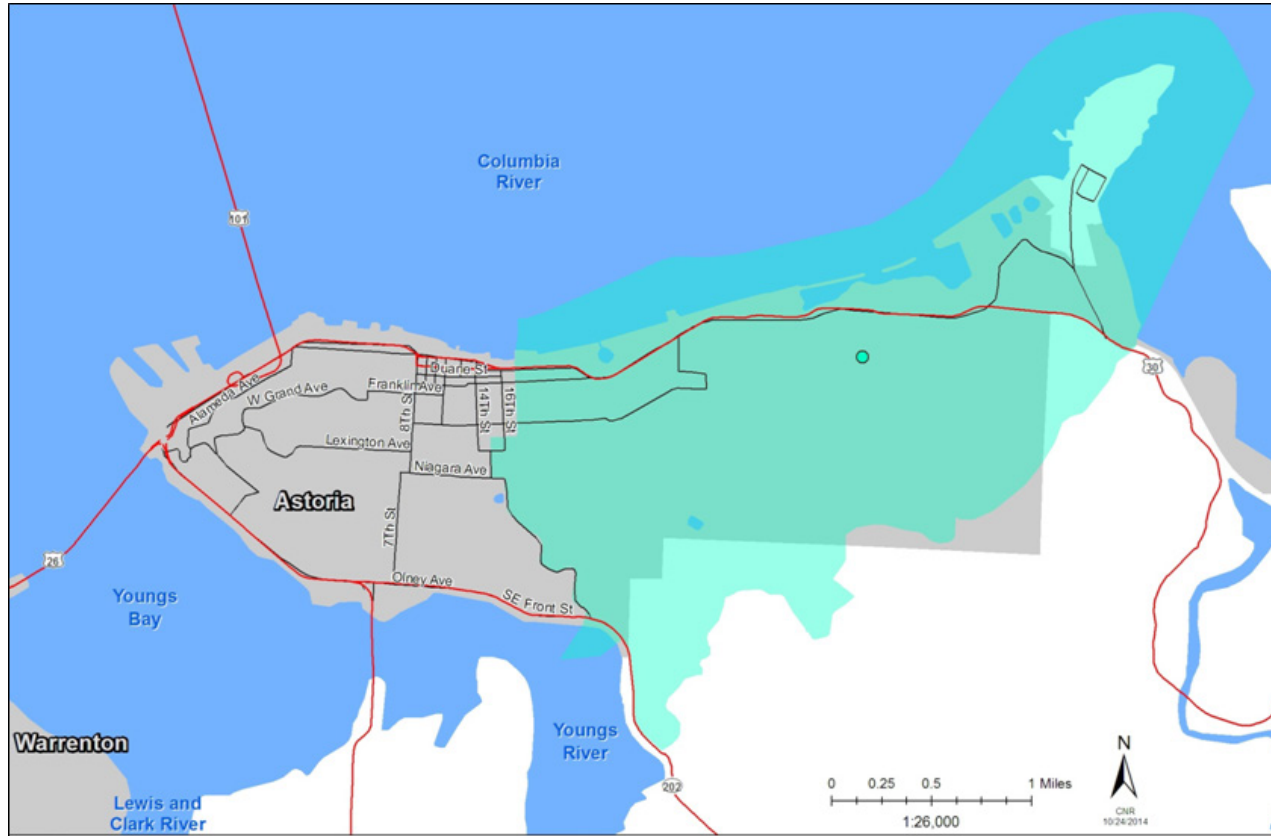
Medford - Jackson County's census tract 1 is sandwiched between highway 99 and interstate 5 in central Medford. It contains the highest concentration of poverty of any tract in the state. Over 50 percent of the residents of the area are living in poverty. Almost a third of all households are getting by on less than \$10,000 a year. It has the highest percentage of residents in service sector jobs (42 percent) of any high-poverty tract in the state, is very high in numbers of disabled people (28.5 percent, essentially double the statewide value), and is very high in percentage Hispanic (one third of all residents). Probably as a result of the large Hispanic population, the number of households where English is not spoken in the home is very high (28 percent of the area, compared to 15 percent statewide).

Only 64 percent of the residents of census tract 1 completed high school.

Census tract 2.02 is adjacent to tract 1, to the west along west Main St. like census tract 1, about a third of the residents are Hispanic. It also has a high number of residents who live on less than \$10,000 a year.

Tract 5.02 is east of interstate 5, south of East McAndrews Road. It is high in the number of households getting by on less than \$10,000 a year.

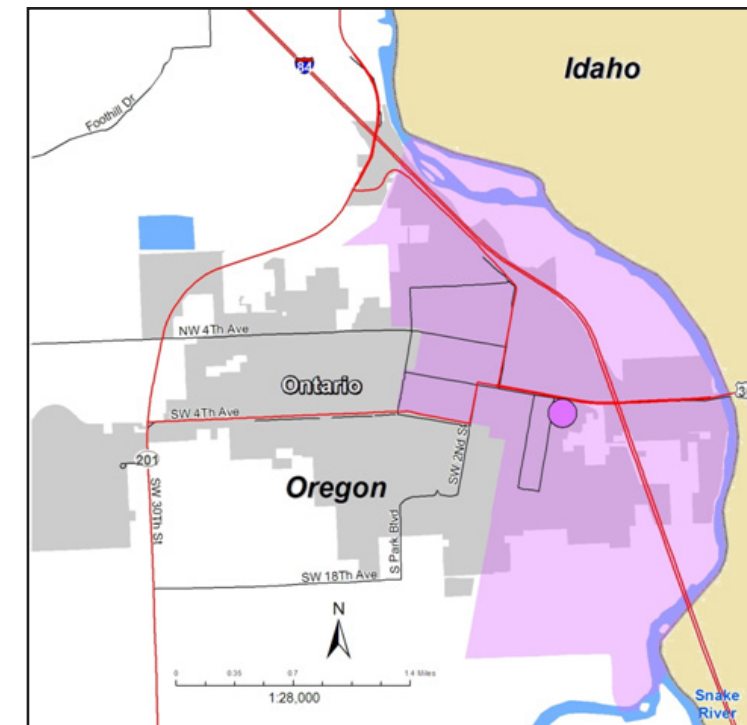
Areas of High Poverty Density: Astoria, Redmond, and Ontario



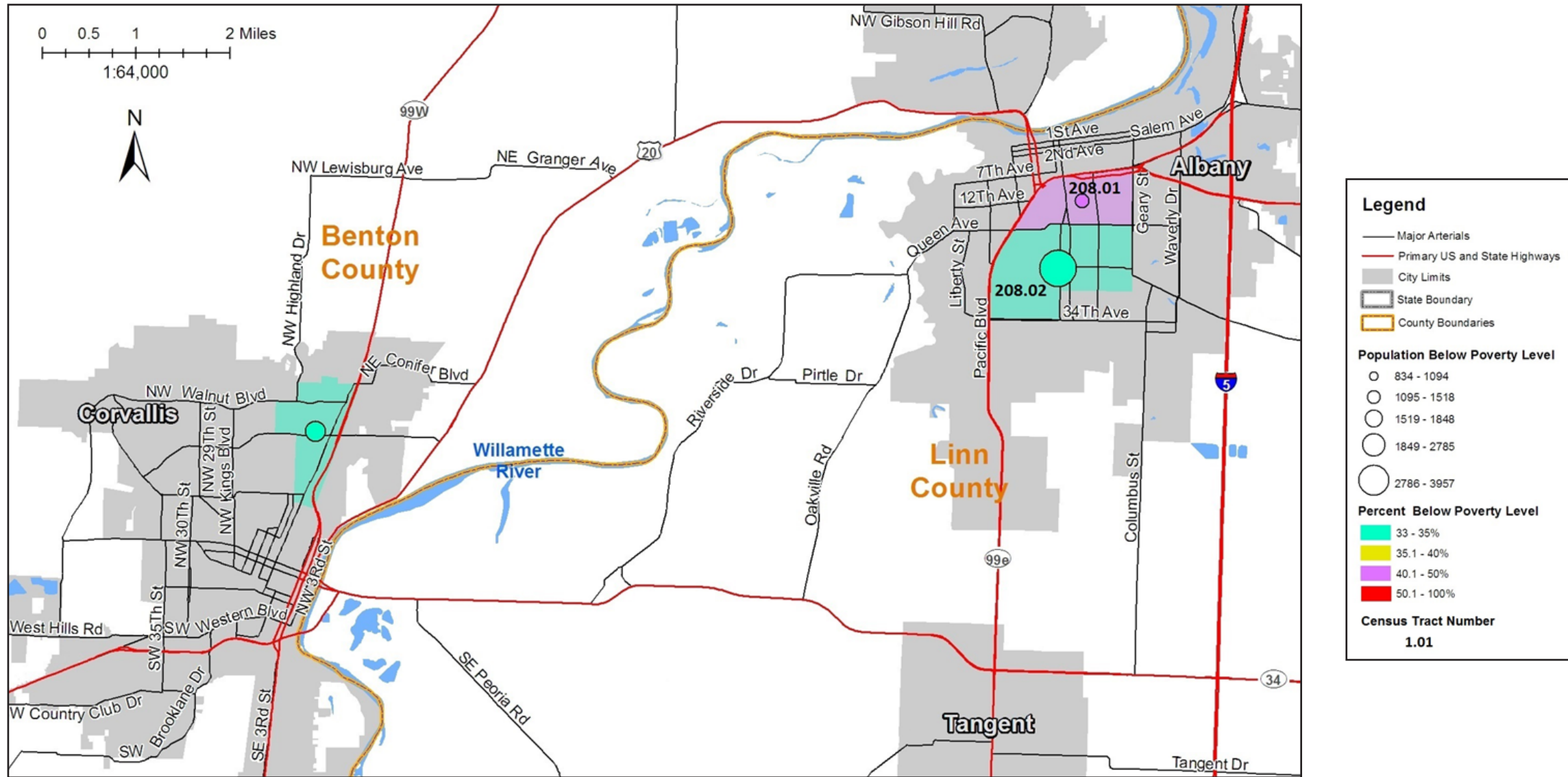
Astoria - Census tract 9503 in Clatsop County (above) comprises the eastern half of Astoria. It contains a large concentration of Hispanic residents (17 percent, compared to 12 percent of the state as a whole), and a large percentage of households where a language other than English is spoken in the home (20 percent, versus 15 percent statewide). Despite the fact that the eastern Astoria area has high-density poverty, it is somewhat economically diverse, with a higher median household income than most areas fitting the high-density definition.

Redmond - Census tract 9 in Deschutes (upper right) represents the southeastern area of the town of Redmond, Oregon. Its northern boundary is essentially highway 126 as it snakes through town. It has a high concentration of Hispanic residents (15 percent in the tract, compared to 12 percent statewide) and a higher concentration of households with children (thirty-seven percent in the area, compared to 29 percent statewide).

Ontario - Malheur County's census tract 9704 (bottom right) comprises the eastern half of the city of Ontario. It is the smallest, most densely populated census tract in an otherwise rural county. It is very high in number of households getting by on less than \$10,000 a year (21 percent), very high in number of Hispanic residents (54 percent, the highest ratio of all tracts measured here) and is very high in residents who speak a language other than English in the home (45 percent). Only 65 percent of the residents of the eastern part of Ontario completed high school.



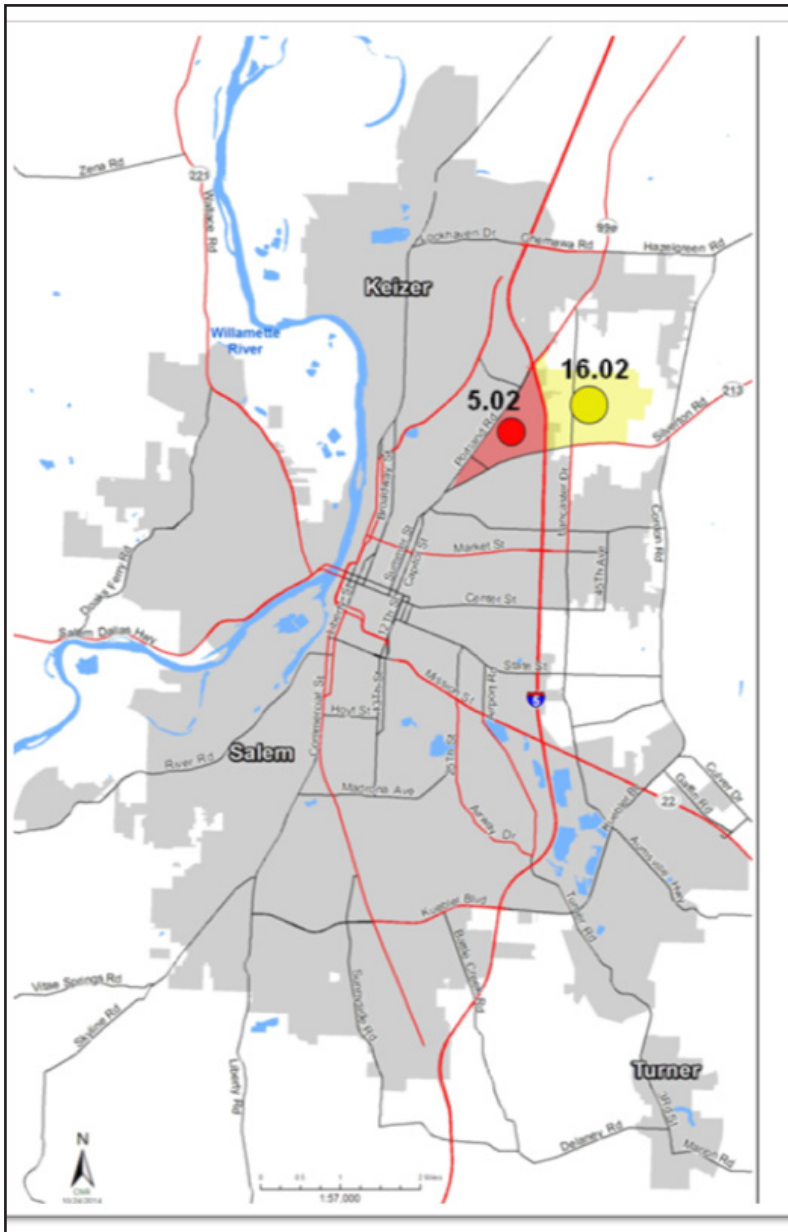
Areas of High Poverty Density: Corvallis and Albany



Corvallis - Census tract 10.01 hugs the western side of highway 99 as it enters the city limits of Corvallis. It is higher in racial/ethnic minorities compared to statewide (larger numbers of African American, Asian, and Hispanics than can be found statewide), and has a high number of families reporting speaking a language other than English around the house (27 percent in the tract, compared to 15 percent statewide). It should be noted that other census tracts which also show high-poverty density in the Corvallis area have been eliminated from this analysis, given that they contain a large preponderance (over 75%) of residents enrolled in college.

Albany - Neighboring Linn County has two census tracts that are high in poverty: 208.01 and 208.02. These tracts represent the central part of the city of Albany. These two tracts contain a large number of households that get by on less than \$10,000 a year. Tract 208.01 has a higher percentage of American Indian residents (5.8 percent) than is found statewide. Tract 208.02 contains a very high concentration of disabled persons (28.5 percent of residents).

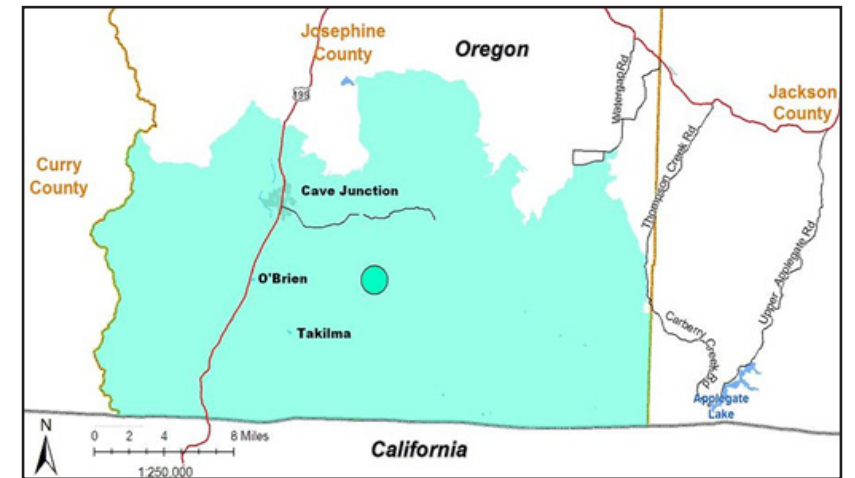
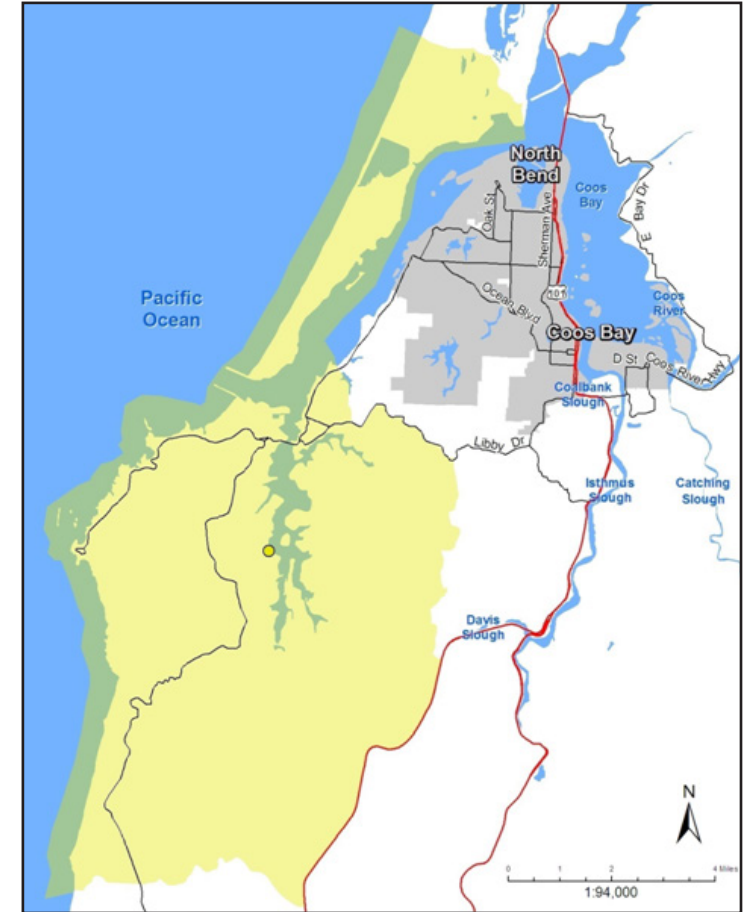
Areas of High Poverty Density: Salem, Rural Josephine County and Coos Bay



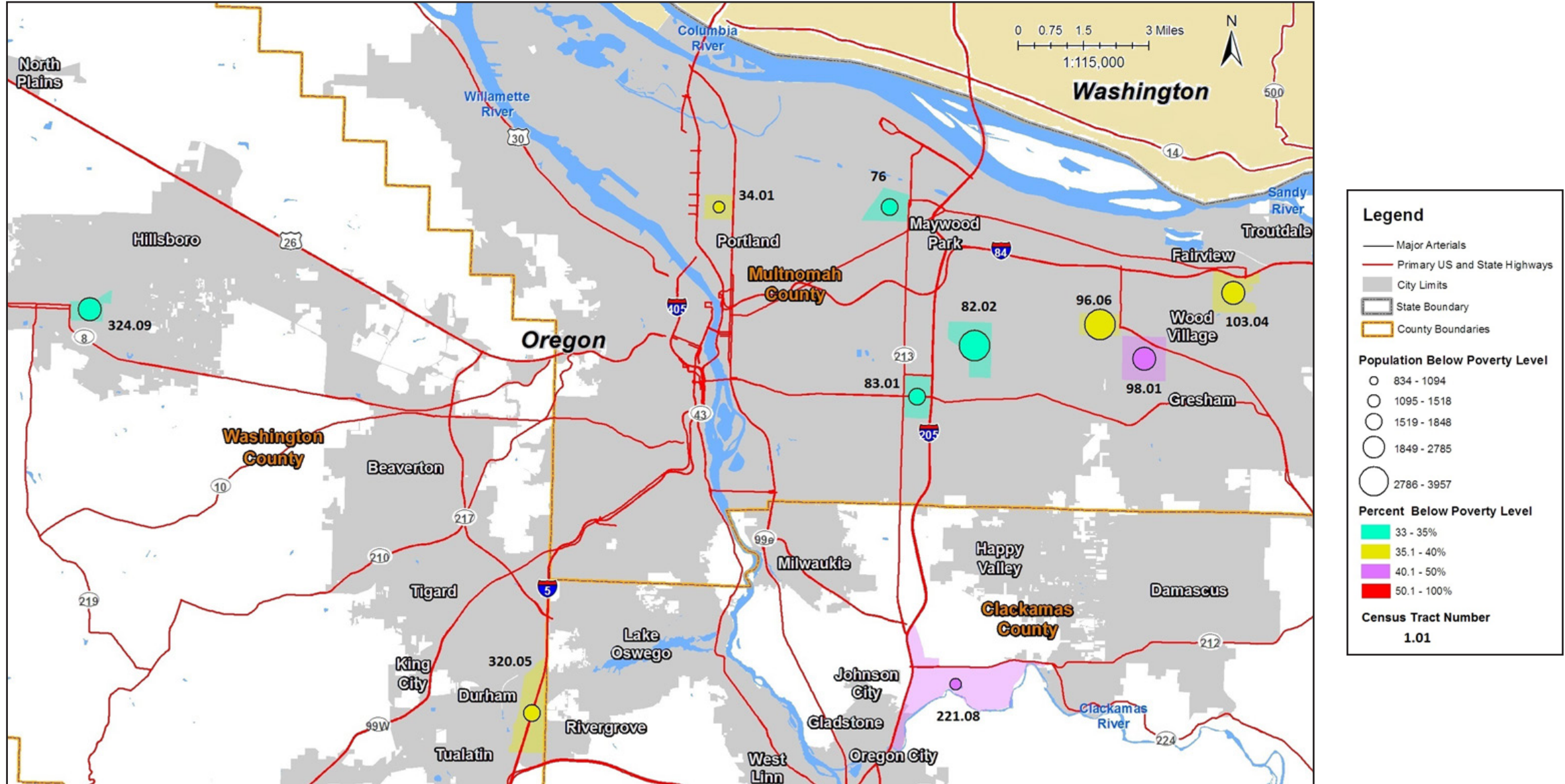
Salem/Keizer - The area of Northeast Salem (left) containing census tracts 5.02 and 16.02 are among the most densely populated and highest poverty in the state. Both tracts have a large number of residents earning \$10,000 or less (19 percent and 21 percent respectively). They are both high in single-parent households – over 25 percent of all households in both tracts. Almost half of all households in tract 5.02 contain children –the second highest ratio among the high-poverty tracts. About fifty percent of the residents of both of these tracts speak a language other than English in the household.

Coos Bay - Census tract 5.02 in Coos County (right) is in the Coos Bay area of the county. It contains a high percentage of disabled people (27 percent). In other ways, this area does not have the usual indicators of poverty, and has a very low percentage of households on public assistance compared to other tracts in this analysis.

Rural Josephine County - Census tract 3616 (lower right) comprises a large section of southern Josephine County along the California border. It includes the towns of Cave Junction, O'Brien, Kerby, and Takilma. It is the most rural of the census tracts with high poverty concentrations, and has a high population of people over the age of 65.



Areas of High Poverty Density: Portland Metro



For more information about the poverty density in Portland Metro area, please see the following page.

Multnomah County has a large number of census tracts that conform to the statistics of a very-high-density poverty area (over 33 percent in poverty).

Census tract 34.01 includes portions of the Humboldt and King neighborhoods. It contains a large number of single parent households (24 percent of all households, compared to 8.5 percent statewide). This census tract contains the largest concentration of African Americans of any high-poverty area. Thirty-five percent of the residents of this tract are Black, while statewide African Americans make up less than two percent of the population.

Census tract 76 is the Cully neighborhood. It is high in Hispanic households, who make up 28 percent of the population. Forty-one percent of the population speaks a language other than English in the home, suggesting a large immigrant population.

Census tract 82.02 is the Mill Park area. It is the most economically diverse area that is included in this analysis – it contains more people with high income and lower levels of public assistance than any other census tract in this analysis. However, it does contain a large number of people in poverty. This area has a high concentration of African Americans, Asians, and Hispanics. Forty-one percent of the residents of this tract speak a language other than English in the home.

Tract 83.01 is a portion of the Foster Powell neighborhood. It contains a high concentration of people living on \$10,000 or less (19 percent, compared to 7.6 percent statewide). It is very high in the proportion of residents over 65 (35 percent) and the number of residents who speak a language other than English in the home (52 percent). This census tract contains a large number of African Americans (11 percent) and an especially high concentration of Asian Americans (29 percent in a state that has an Asian minority of 3.9 percent).

Census tract 96.06 is part of Gresham. It has a very high concentration of households who get by on \$10,000 or less a year (22.5 percent). It is also very high in the number of households with children (45 percent). Thirty-six percent of the census tract is Hispanic (compared to 12.5 percent statewide).

Census tract 98.01 is in Gresham, near Venice Park. It has a high concentration of single parents (22 percent, compared to a statewide value of 8.5 percent), and a high concentration of households containing children in general (42 percent). It contains a large number of non-white residents, with high concentrations of African Americans, American Indians, and Pacific Islanders/Native Hawaiians. Language other than English is spoken in 39.5 percent of the households. This census tract is also more economically diverse than most in this analysis, and has more relatively high income residents than most high-poverty areas.

Census tract 103.04 is in the Wood Village neighborhood. It contains a high percentage of households with children (42 percent, compared to a statewide value of 29 percent). It also has more non-whites than the state overall, with higher concentrations of African Americans, American Indians, and Pacific Islanders/Native Hawaiians.

Washington County has two high density poverty areas. Census tract 320.05 is in the Durham area of Washington County. It has one of the highest ratios of households with children (over 40 percent) of any high-poverty tract in this analysis. Over 40 percent of the residents are Hispanic. Thirty-eight percent of residents speak a language other than English in the home. Tract 320.05 contains a larger percentage of African Americans, Pacific Islander/Native Hawaiian, and American Indians than can be found statewide.

Census tract 324.09 in Washington County is one of the most densely packed areas of Hillsboro. It runs east from SE 10th Ave to SE 24th Ave. It is very high in single parent households (24 percent, compared to 8.5 percent statewide) and has the highest ratio of households with children present (56.5 percent) of any tract in this analysis. It also has a higher percentage of Hispanics (75 percent) than any other high-poverty tract.

Clackamas County is one of the most affluent and highly populated counties in the state. It has only one tract with high poverty density. Tract 221.08 is bounded by Carver Road to the north and the Clackamas River to the south. Most of the area is industrial, but has some residential interspersed in the area, including a large mobile home park. Very few residents of tract 221.08 have a college education (8.6 percent of the residents of the area, compared to 30 percent statewide). A large number of residents (23 percent) get by on \$10,000 or less per year.

Total Department of Human Services Biennial Average Forecast comparison

	Current Biennium		% Change Between Forecasts	Fall 14 Forecast		% Change Between Biennia
	Spring 14 Forecast	Fall 14 Forecast		2013-15	2015-17	
Self Sufficiency						
Supplemental Nutrition Assistance Program (households)	429,661	437,386	1.8%	437,386	421,679	-3.6%
Temporary Assistance for Needy Families - Basic and UN (families: cash assistance)	33,336	32,953	-1.1%	32,953	29,048	-11.9%
Child Welfare (children served)						
Adoption Assistance	11,190	11,101	-0.8%	11,101	11,182	0.7%
Guardianship Assistance	1,365	1,382	1.2%	1,382	1,557	12.7%
Out of Home Care	7,477	7,319	-2.1%	7,319	7,285	-0.5%
Child In-Home	1,717	1,543	-10.1%	1,543	1,441	-6.6%
Vocational Rehabilitation Services	8,836	8,936	1.1%	8,936	9,963	11.5%
Aging and People with Disabilities						
Long-Term Care: In-Home	13,863	14,438	4.1%	14,438	15,486	7.3%
Long-Term Care: Community-Based	11,656	11,526	-1.1%	11,526	11,915	3.4%
Long-Term Care: Nursing Facilities	4,320	4,219	-2.3%	4,219	4,023	-4.6%
Intellectual and Developmental Disabilities						
Total I/DD Services	16,251	16,067	-1.1%	16,067	17,868	11.2%
Total Case Management Enrollment	22,139	22,203	0.7%	22,303	24,223	8.6%

Total Oregon Health Authority Biennial Average Forecast Comparison

	Current Biennium		% Change Between Forecasts	Fall 14 Forecast		% Change Between Biennia
	Spring 14 Forecast	Fall 14 Forecast		2013-15	2015-17	
Medical Assistance Programs						
OHP Plus						
ACA Adults	212,496	246,675	16.1%	246,675	315,000	27.7%
Parents/Caretaker Relative ¹	NA	74,859	NA	74,859	69,512	-7.1%
Old Age Assistance	37,280	37,442	0.4%	37,442	39,944	6.7%
Pregnant Woman Program ²	14,098	16,611	17.8%	16,611	14,780	-11.0%
Aid to the Blind & Disabled	84,657	83,797	-1.0%	83,797	85,456	2.0%
Children's Medicaid Program ³	NA	308,052	NA	308,052	307,000	-0.3%
Children's Health Insurance Program	72,382	77,127	6.6%	77,127	75,245	-2.4%
Foster, Substitute & Adoption Care	18,683	18,753	0.4%	18,753	18,753	0.0%
Previously used caseloads						
TANF Medical ^{1,3}	188,538	NA	NA	NA	NA	NA
Poverty Level Medical - Children ³	179,103	NA	NA	NA	NA	NA
Total OHP Plus	807,237	863,316	6.9%	863,316	925,690	7.2%
Total Other Medical Assistance Programs	50,978	57,059	11.9%	57,059	63,067	10.5%
OHP Standard ⁴	15,444	15,444	0.0%	15,444	NA	NA
Total Medical Assistance Programs	873,659	935,819	7.1%	935,819	988,757	5.7%
Addictions and Mental Health						
Aid & Assist ⁵	178	158	NA	158	168	6.3%
Guilty Except for Insanity (GEI)	673	610	NA	610	595	-2.5%
Civil Commitment ⁶	3,389	1,020	NA	1,020	990	-2.9%
Total Mandated Care	5,115	1,788	NA	1,788	1,753	-2.0%

1. Parent/Caretaker Relative is a new caseload group for adults under 42% FPL. This caseload used to be part of the TANF Medical caseload.

2. Pregnant Women Program is a new name for Poverty Level Medical - Women.

3. Children's Medicaid Program is a new caseload group for children who were previously in TANF Medical, Poverty Level Medical - Children, and CHIP under 133% FPL.

4. OHP Standard program closed on Dec 31, 2013.

Starting with the Fall 2014 forecast cycle, the Mental Health caseload categories have been redefined.

5. In prior forecasts, some clients were counted more than once. With the new definitions, each client is counted only once for any given month.

6. The old Civil Commitment caseload included everyone receiving service who had been civilly committed at some point in time. The new definition counts only clients who are currently under commitment (although a proxy rule is being used to estimate the end date for clients' mandated service).

Forecasted Biennial Average Totals by County

SNAP Total			TANF			Long Term Care Total			Oregon Health Plan Total		
Counties	Fall 14 Forecast 2013-15	Fall 14 Forecast 2015-17	Counties	Fall 14 Forecast 2013-15	Fall 14 Forecast 2015-17	Counties	Fall 14 Forecast 2013-15	Fall 14 Forecast 2015-17	Counties	Fall 14 Forecast 2013-15	Fall 14 Forecast 2015-17
Baker	2,156	2,262	Baker	173	151	Baker	140	144	Baker	4,312	4,249
Benton	6,059	5,786	Benton	304	261	Benton	289	291	Benton	13,000	12,648
Clackamas	27,993	27,305	Clackamas	1,725	1,297	Clackamas	2,481	2,585	Clackamas	66,176	65,505
Clatsop	4,696	4,565	Clatsop	116	107	Clatsop	292	296	Clatsop	9,629	9,345
Columbia	5,508	5,629	Columbia	372	323	Columbia	322	354	Columbia	10,858	10,442
Coos	10,094	9,795	Coos	713	643	Coos	931	963	Coos	18,896	18,614
Crook	2,545	2,431	Crook	200	192	Crook	191	217	Crook	5,709	5,478
Curry	2,721	2,689	Curry	125	127	Curry	266	287	Curry	5,600	5,722
Deschutes	16,922	14,450	Deschutes	1,156	959	Deschutes	867	919	Deschutes	40,559	39,176
Douglas	15,614	14,984	Douglas	1,338	1,195	Douglas	1,065	1,132	Douglas	30,667	30,304
Gilliam	132	128	Gilliam	12	11	Gilliam	11	12	Gilliam	346	346
Grant	647	636	Grant	36	40	Grant	60	66	Grant	1,422	1,441
Harney	821	828	Harney	43	34	Harney	65	65	Harney	1,788	1,789
Hood River	1,645	1,444	Hood River	59	43	Hood River	88	81	Hood River	6,010	5,931
Jackson	28,621	27,692	Jackson	2,233	1,927	Jackson	1,733	1,795	Jackson	60,225	57,730
Jefferson	3,649	3,609	Jefferson	435	389	Jefferson	172	187	Jefferson	7,929	7,776
Josephine	14,437	14,442	Josephine	1,215	1,067	Josephine	939	940	Josephine	27,775	27,300
Klamath	9,987	9,858	Klamath	627	540	Klamath	511	527	Klamath	20,049	19,668
Lake	845	864	Lake	27	36	Lake	41	41	Lake	1,832	1,782
Lane	47,105	45,815	Lane	2,758	2,571	Lane	2,965	3,125	Lane	91,335	89,901
Lincoln	6,768	6,698	Lincoln	393	363	Lincoln	485	492	Lincoln	13,236	12,892
Linn	16,119	16,790	Linn	1,223	1,086	Linn	1,247	1,334	Linn	33,421	32,922
Malheur	4,000	4,102	Malheur	356	316	Malheur	303	310	Malheur	9,649	9,507
Marion	38,965	36,714	Marion	3,823	3,348	Marion	2,325	2,414	Marion	92,986	91,326

Forecasted Biennial Average Totals by County (Cont'd)

SNAP Total		
Counties	Fall 14 Forecast 2013-15	Fall 14 Forecast 2015-17
Morrow	1,125	1,153
Multnomah	96,196	94,299
Polk	7,961	7,024
Sherman	145	149
Tillamook	2,791	2,778
Umatilla	8,311	7,313
Union	2,766	2,675
Wallowa	615	635
Wasco	3,127	3,050
Washington	35,769	33,253
Wheeler	139	139
Yamhill	10,393	9,697

TANF		
Counties	Fall 14 Forecast 2013-15	Fall 14 Forecast 2015-17
Morrow	97	83
Multnomah	7,990	7,207
Polk	780	679
Sherman	3	5
Tillamook	103	105
Umatilla	700	576
Union	285	249
Wallowa	44	37
Wasco	153	144
Washington	2,614	2,327
Wheeler	10	9
Yamhill	710	603

Long Term Care Total		
Counties	Fall 14 Forecast 2013-15	Fall 14 Forecast 2015-17
Morrow	51	53
Multnomah	7,049	7,357
Polk	613	635
Sherman	11	13
Tillamook	179	181
Umatilla	643	658
Union	226	224
Wallowa	64	63
Wasco	300	284
Washington	2,458	2,546
Wheeler	11	13
Yamhill	787	823

Oregon Health Plan Total		
Counties	Fall 14 Forecast 2013-15	Fall 14 Forecast 2015-17
Morrow	2,969	2,857
Multnomah	191,230	187,242
Polk	17,741	17,534
Sherman	300	312
Tillamook	6,123	6,024
Umatilla	20,376	19,783
Union	6,511	6,463
Wallowa	1,667	1,720
Wasco	7,459	7,464
Washington	94,020	91,276
Wheeler	306	334
Yamhill	23,425	22,885

Regional Forecasts by District



District 1 Regional Forecast



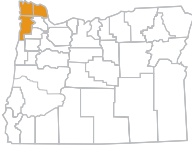
Slow steady improvement in the job market continued in District 1. This led the unemployment rate to rise in the early months of 2014 as more people entered the job market than could find employment. Some of the new entrants were new arrivals to the area, while others were people who had abandoned the job market but reentered to take advantage of improvements in the economy.

At the end of the summer of 2014, total employment was at pre-recession levels in Clatsop and Tillamook counties, although Columbia still has ground to make up. In Columbia County manufacturing jobs have still not recovered, nor has retail trade; but construction employment is up from 2013 and exceeds pre-recession levels.

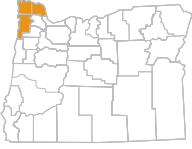
In contrast to the statewide pattern, TANF caseload is expected to rise slightly through 2017 in Clatsop and Tillamook counties; while Columbia County is expected to decline. The SNAP Self-Sufficiency caseload will fall for all counties in the district.

DISTRICT 1		Population		Income		Unemployment	
Region	Total population	Percent under age 18	Percent age 65 and over	Median Household Income	Percent in poverty	Aug-13	Aug-14
Oregon	3,919,020	22.1%	15.4%	\$50,251	11.3%	8.1%	7.2%
Clatsop	37,270	20.3%	18.7%	\$45,691	12.4%	7.0%	6.1%
Columbia	49,850	22.6%	15.8%	\$52,739	10.2%	8.2%	7.6%
Tillamook	25,375	19.9%	22.8%	\$42,957	9.9%	7.5%	6.5%

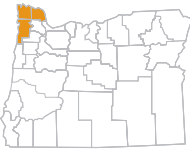
District 1 Regional Forecast, Oregon Department of Human Services

Counties served: Clatsop, Columbia and Tillamook 	Current Biennium		% Change Between Forecasts	Fall 14 Forecast		% Change Between Biennia
	Spring 14 Forecast	Fall 14 Forecast		2013-15	2015-17	
Self Sufficiency (households)						
SNAP - Self Sufficiency						
Clatsop	3,013	3,103	3.0%	3,103	2,787	-10.2%
Columbia	3,705	3,812	2.9%	3,812	3,554	-6.8%
Tillamook	1,899	1,952	2.8%	1,952	1,810	-7.3%
District 1 total	8,617	8,867	2.9%	8,867	8,151	-8.1%
SNAP - Aid to People with Disabilities						
Clatsop	1,590	1,593	0.2%	1,593	1,778	12%
Columbia	1,693	1,696	0.2%	1,696	2,075	22%
Tillamook	838	839	0.1%	839	968	15%
District 1 total	4,121	4,128	0.2%	4,128	4,821	16.8%
TANF						
Clatsop	118	116	-1.7%	116	107	-7.76%
Columbia	377	372	-1.3%	372	323	-13.17%
Tillamook	104	103	-1.0%	103	105	1.94%
District 1 total	599	591	-1.3%	591	535	-9.5%

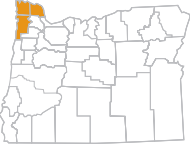
District 1 Regional Forecast, Oregon Department of Human Services (continued)

Counties served: Clatsop, Columbia and Tillamook 	Current Biennium		% Change Between Forecasts	Fall 14 Forecast		% Change Between Biennia
	Spring 14 Forecast	Fall 14 Forecast		2013-15	2015-17	
Aging and People with Disabilities, Long-Term Care (clients)						
In-Home Care						
Clatsop	98	112	14.3%	112	114	1.8%
Columbia	120	130	8.3%	130	153	17.7%
Tillamook	77	77	0.0%	77	81	5.2%
District 1 total	295	319	8.1%	319	348	9.1%
Community-Based Care						
Clatsop	133	133	0.0%	133	135	1.5%
Columbia	140	132	-5.7%	132	143	8.3%
Tillamook	73	75	2.7%	75	77	2.7%
District 1 total	346	340	-1.7%	340	355	4.4%
Nursing Care						
Clatsop	50	47	-6.0%	47	47	0.0%
Columbia	61	60	-1.6%	60	58	-3.3%
Tillamook	33	27	-18.2%	27	23	-14.8%
District 1 total	144	134	-6.9%	134	128	-4.5%

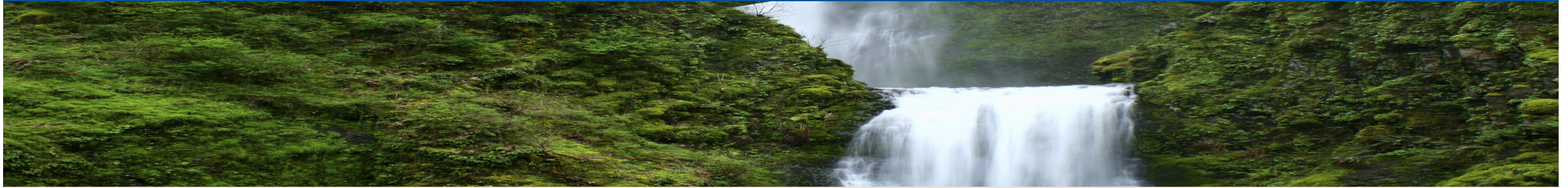
District 1 Regional Forecast, Oregon Health Authority (clients)

Counties served: Clatsop, Columbia and Tillamook 	Current Biennium		% Change Between Forecasts	Fall 14 Forecast		% Change Between Biennia
	Spring 14 Forecast	Fall 14 Forecast		2013-15	2015-17	
Parents/Caretaker Relative						
Clatsop	NA	518	-	518	471	-9.1%
Columbia	NA	1,016	-	1,016	818	-19.5%
Tillamook	NA	447	-	447	437	-2.2%
District 1 Total	NA	1,981	-	1,981	1,726	-12.9%
Children's Medicaid Program						
Clatsop	NA	2,794	-	2,794	2,777	-0.6%
Columbia	NA	3,271	-	3,271	3,206	-2.0%
Tillamook	NA	1,935	-	1,935	1,965	1.6%
District 1 Total	NA	8,000	-	8,000	7,948	-0.7%
Children's Health Insurance Program (CHIP)						
Clatsop	790	815	3.2%	815	761	-6.6%
Columbia	697	788	13.1%	788	751	-4.7%
Tillamook	512	477	-6.8%	477	431	-9.6%
District 1 Total	1,999	2,080	4.1%	2,080	1,943	-6.6%
Pregnant Women Program						
Clatsop	173	196	13.3%	196	184	-6.1%
Columbia	151	177	17.2%	177	159	-10.2%
Tillamook	84	96	14.3%	96	86	-10.4%
District 1 Total	408	469	15.0%	469	429	-8.5%
Foster Care & Adoption Services						
Clatsop	237	239	0.8%	239	239	0.0%
Columbia	329	325	-1.2%	325	322	-0.9%
Tillamook	111	113	1.8%	113	111	-1.8%
District 1 Total	677	677	0.0%	677	672	-0.7%

District 1 Regional Forecast, Oregon Health Authority (clients) (continued)

Counties served: Clatsop, Columbia and Tillamook 	Current Biennium		% Change Between Forecasts	Fall 14 Forecast		% Change Between Biennia
	Spring 14 Forecast	Fall 14 Forecast		2013-15	2015-17	
Aid to Blind/Disabled						
Clatsop	904	861	-4.8%	861	867	0.7%
Columbia	1,138	1,106	-2.8%	1,106	1,129	2.1%
Tillamook	578	587	1.6%	587	622	6.0%
District 1 total	2,620	2,554	-2.5%	2,554	2,618	2.5%
Old Age Assistance						
Clatsop	336	329	-2.1%	329	328	-0.3%
Columbia	375	377	0.5%	377	420	11.4%
Tillamook	183	195	6.6%	195	200	2.6%
District 1 total	894	901	0.8%	901	948	5.2%
ACA Adults with Children						
Clatsop	NA	1,006	-	1,006	961	-4.5%
Columbia	NA	986	-	986	940	-4.6%
Tillamook	NA	590	-	590	561	-4.8%
District 1 Total	NA	2,582	-	2,582	2,463	-4.6%
ACA Adults without Children						
Clatsop	NA	2,871	-	2,871	2,757	-4.0%
Columbia	NA	2,812	-	2,812	2,697	-4.1%
Tillamook	NA	1,683	-	1,683	1,611	-4.3%
District 1 Total	NA	7,366	-	7,366	7,064	-4.1%

District 2 Regional Forecast



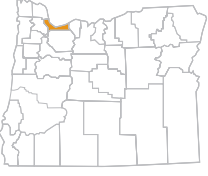
Employment in Multnomah is at an all-time high, exceeding pre-recession levels. Job growth in the private sector easily topped 3 percent (annualized) earlier in the year but moderated as a surge in the professional and business services industry tapered off. Public sector employment, especially at the local/county level is up, but federal and state employment remains flat. Federal employment remains lower now than before the Great Recession in Multnomah County.

Like other areas of the state, the unemployment rate went up a little in the spring of 2014, not because of a contraction in the job market, but because of an increase in the number of people looking for work. Some of that increase was due to new arrivals to the area, while others were people who had abandoned the job market but returned to take advantage of an improving economy. As of August 2014, unemployment in District 2 is lower than statewide.


Self-Sufficiency caseloads are expected to fall in District 2 in line with statewide expectations.

DISTRICT 2	Population			Income		Unemployment	
Region	Total population	Percent under age 18	Percent age 65 and over	Median Household Income	Percent in poverty	Aug-13	Aug-14
Oregon	3,919,020	22.1%	15.4%	\$50,251	11.3%	8.1%	7.2%
Multnomah	756,530	20.0%	11.5%	\$54,024	11.9%	7.0%	6.2%

District 2 Regional Forecast, Oregon Department of Human Services

Counties served: Multnomah 	Current Biennium		% Change Between Forecasts	Fall 14 Forecast		% Change Between Biennia
	Spring 14 Forecast	Fall 14 Forecast		2013-15	2015-17	
Self Sufficiency (households)						
SNAP - Self Sufficiency						
Multnomah	66,838	69,530	4.0%	69,530	65,642	-5.6%
District 2 total	66,838	69,530	4.0%	69,530	65,642	-5.6%
SNAP - Aid to People with Disabilities Multnomah	26,619	26,666	0.2%	26,666	28,657	7.5%
District 2 total	26,619	26,666	0.2%	26,666	28,657	7.5%
TANF						
Multnomah	8,083	7,990	-1.2%	7,990	7,207	-9.8%
District 2 total	8,083	7,990	-1.2%	7,990	7,207	-9.8%
Aging and People with Disabilities, Long-Term Care (clients)						
In-Home Care						
Multnomah	3,247	3,369	3.8%	3,369	3,591	6.6%
District 2 total	3,247	3,369	3.8%	3,369	3,591	6.6%
Community-Based Care						
Multnomah	2,533	2,504	-1.1%	2,504	2,638	5.4%
District 2 total	2,533	2,504	-1.1%	2,504	2,638	5.4%
Nursing Care						
Multnomah	1,223	1,176	-3.8%	1,176	1,128	-4.1%
District 2 total	1,223	1,176	-3.8%	1,176	1,128	-4.1%

District 2 Regional Forecast, Oregon Health Authority (clients)

Counties served: Multnomah 	Current Biennium		% Change Between Forecasts	Fall 14 Forecast		% Change Between Biennia
	Spring 14 Forecast	Fall 14 Forecast		2013-15	2015-17	
Parents/Caretaker Relative						
Multnomah	NA	14,820	-	14,820	14,208	-4.1%
District 2 Total	NA	14,820	-	14,820	14,208	-4.1%
Children's Medicaid Program						
Multnomah	NA	57,568	-	57,568	57,462	-0.2%
District 2 Total	NA	57,568	-	57,568	57,462	-0.2%
Children's Health Insurance Program (CHIP)						
Multnomah	11,747	12,280	4.5%	12,280	11,354	-7.5%
District 2 Total	11,747	12,280	4.5%	12,280	11,354	-7.5%
Pregnant Women Program						
Multnomah	2,475	2,954	19.4%	2,954	2,670	-9.6%
District 2 Total	2,475	2,954	19.4%	2,954	2,670	-9.6%
Foster/Substitute Care						
Multnomah	3,299	3,221	-2.4%	3,221	3,179	-1.3%
District 2 total	3,299	3,221	-2.4%	3,221	3,179	-1.3%
Aid to Blind/Disabled						
Multnomah	18,616	18,404	-1.1%	18,404	18,673	1.5%
District 2 total	18,616	18,404	-1.1%	18,404	18,673	1.5%
Old Age Assistance						
Multnomah	9,727	9,781	0.6%	9,781	10,522	7.6%
District 2 total	9,727	9,781	0.6%	9,781	10,522	7.6%
ACA Adults with Children						
Multnomah	NA	18,731	-	18,731	17,885	-4.5%
District 2 Total	NA	18,731	-	18,731	17,885	-4.5%
ACA Adults without Children						
Multnomah	NA	53,427	-	53,427	51,299	-4.0%
District 2 Total	NA	53,427	-	53,427	51,299	-4.0%

District 3 Regional Forecast

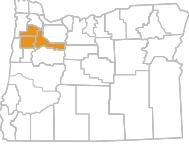


Almost all employment sectors are up from the previous year in District 3, including construction. Still, construction employment remains a shadow of its former self compared to the building boom of the 2000's. Yamhill County, which was spared some of the worst effects of the Great Recession, has seen growth taper off while Marion and Polk counties show a more vigorous recovery pattern.

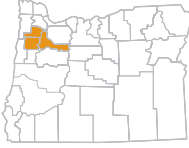
Self-Sufficiency caseloads are expected to fall through 2017. Reductions will be fastest in Polk County.

DISTRICT 3		Population		Income		Unemployment	
Region	Total population	Percent under age 18	Percent age 65 and over	Median Household Income	Percent in poverty	Aug-13	Aug-14
Oregon	3,919,020	22.1%	15.4%	\$50,251	11.3%	8.1%	7.2%
Marion	322,880	26.1%	14.0%	\$46,873	14.1%	8.6%	7.4%
Polk	77,065	24.3%	16.1%	\$49,781	13.3%	7.8%	6.7%
Yamhill	101,400	24.4%	14.9%	\$58,612	10.0%	7.5%	6.6%

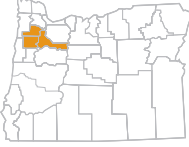
District 3 Regional Forecast, Oregon Department of Human Services

Counties served: Marion, Polk and Yamhill 	Current Biennium		% Change Between Forecasts	Fall 14 Forecast		% Change Between Biennia
	Spring 14 Forecast	Fall 14 Forecast		2013-15	2015-17	
Self Sufficiency (households)						
SNAP - Self Sufficiency						
Marion	29,044	29,740	2.4%	29,740	26,760	-10.0%
Polk	5,901	5,922	0.4%	5,922	4,763	-19.6%
Yamhill	7,602	7,810	2.7%	7,810	6,850	-12.3%
District 3 total	42,547	43,472	2.2%	43,472	38,373	-11.7%
SNAP - Aid to People with Disabilities						
Marion	9,208	9,225	0.2%	9,225	9,954	7.9%
Polk	2,036	2,039	0.1%	2,039	2,261	10.9%
Yamhill	2,579	2,583	0.2%	2,583	2,847	10.2%
District 3 total	13,823	13,847	0.2%	13,847	15,062	8.8%
TANF						
Marion	3,868	3,823	-1.2%	3,823	3,348	-12.4%
Polk	789	780	-1.1%	780	679	-12.9%
Yamhill	718	710	-1.1%	710	603	-15.1%
District 3 total	5,375	5,313	-1.2%	5,313	4,630	-12.9%

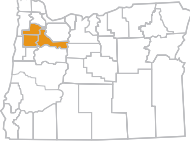
District 3 Regional Forecast, Oregon Department of Human Services (continued)

Counties served: Marion, Polk and Yamhill 	Current Biennium		% Change Between Forecasts	Fall 14 Forecast		% Change Between Biennia
	Spring 14 Forecast	Fall 14 Forecast		2013-15	2015-17	
Aging and People with Disabilities, Long-Term Care (clients)						
In-Home Care						
Marion	1,028	1,088	5.8%	1,088	1,169	7.4%
Polk	275	280	1.8%	280	303	8.2%
Yamhill	246	273	11.0%	273	299	9.5%
District 3 total	1,549	1,641	5.9%	1,641	1,771	7.9%
Community-Based Care						
Marion	946	929	-1.8%	929	950	2.3%
Polk	249	241	-3.2%	241	244	1.2%
Yamhill	383	379	-1.0%	379	394	4.0%
District 3 total	1,578	1,549	-1.8%	1,549	1,588	2.5%
Nursing Care						
Marion	302	308	2.0%	308	295	-4.2%
Polk	99	92	-7.1%	92	88	-4.3%
Yamhill	130	135	3.8%	135	130	-3.7%
District 3 total	531	535	0.8%	535	513	-4.1%

District 3 Regional Forecast, Oregon Health Authority (clients)

Counties served: Marion, Polk and Yamhill 	Current Biennium		% Change Between Forecasts	Fall 14 Forecast		% Change Between Biennia
	Spring 14 Forecast	Fall 14 Forecast		2013-15	2015-17	
Parents/Caretaker Relative						
Marion	NA	7,293	-	7,293	6,705	-8.1%
Polk	NA	1,600	-	1,600	1,689	5.6%
Yamhill	NA	1,862	-	1,862	1,826	-1.9%
District 3 Total	NA	10,755	-	10,755	10,220	-5.0%
Children's Medicaid Program						
Marion	NA	36,967	-	36,967	36,489	-1.3%
Polk	NA	6,203	-	6,203	6,200	0.0%
Yamhill	NA	8,388	-	8,388	8,370	-0.2%
District 3 Total	NA	51,558	-	51,558	51,059	-1.0%
Children's Health Insurance Program (CHIP)						
Marion	8,417	8,406	-0.1%	8,406	8,603	2.3%
Polk	1,391	1,498	7.7%	1,498	1,395	-6.9%
Yamhill	2,074	2,239	8.0%	2,239	2,052	-8.4%
District 3 Total	11,882	12,143	2.2%	12,143	12,050	-0.8%
Pregnant Women Program						
Marion	1,323	1,578	19.3%	1,578	1,473	-6.7%
Polk	278	301	8.3%	301	309	2.7%
Yamhill	356	414	16.3%	414	378	-8.7%
District 3 Total	1,957	2,293	17.2%	2,293	2,160	-5.8%
Foster Care & Adoption Services						
Marion	1,775	1,779	0.2%	1,779	1,777	-0.1%
Polk	415	401	-3.4%	401	409	2.0%
Yamhill	430	421	-2.1%	421	407	-3.3%
District 3 Total	2,620	2,601	-0.7%	2,601	2,593	-0.3%

District 3 Regional Forecast, Oregon Health Authority (clients) (continued)

Counties served: Marion, Polk and Yamhill 	Current Biennium		% Change Between Forecasts	Fall 14 Forecast		% Change Between Biennia
	Spring 14 Forecast	Fall 14 Forecast		2013-15	2015-17	
Aid to the Blind/Disabled						
Marion	7,361	7,302	-0.8%	7,302	7,441	1.9%
Polk	1,577	1,537	-2.5%	1,537	1,558	1.4%
Yamhill	1,749	1,744	-0.3%	1,744	1,777	1.9%
District 3 Total	10,687	10,583	-1.0%	10,583	10,776	1.8%
Old Age Assistance						
Marion	3,110	3,093	-0.5%	3,093	3,336	7.9%
Polk	636	644	1.3%	644	666	3.4%
Yamhill	870	851	-2.2%	851	898	5.5%
District 3 Total	4,616	4,588	-0.6%	4,588	4,900	6.8%
ACA Adults with Children						
Marion	NA	6,897	-	6,897	6,593	-4.4%
Polk	NA	1,443	-	1,443	1,372	-4.9%
Yamhill	NA	1,948	-	1,948	1,855	-4.8%
District 3 Total	NA	10,288	-	10,288	9,820	-4.5%
ACA Adults without Children						
Marion	NA	19,671	-	19,671	18,909	-3.9%
Polk	NA	4,114	-	4,114	3,936	-4.3%
Yamhill	NA	5,558	-	5,558	5,322	-4.2%
District 3 Total	NA	29,343	-	29,343	28,167	-4.0%

District 4 Regional Forecast



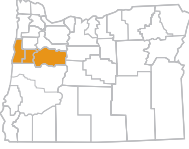
District 4 is the most economically diverse region in this report with coastal tourism dominating Lincoln County, agriculture and manufacturing dominating Linn County, and university employment dominating Benton County.

Of the three counties, Linn suffered worst during the Great Recession and unemployment remains higher than statewide. Still, things are improving from the previous year with unemployment finally under 10 percent. Benton County has recovered all the jobs lost during the economic downturn, although higher-paying manufacturing jobs have not returned. Instead, other sectors such as healthcare and social assistance are booming. Local education jobs are coming back to District 4 as rounds of cost-cutting due to budget shortfalls have stopped and schools are refilling lost positions.

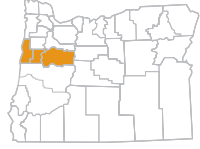
Benton and Lincoln counties are expected to see declining SNAP caseloads through 2017, although Linn County will likely see the current high caseloads level off, but not fall. TANF caseloads will likely fall in all three counties.

DISTRICT 4	Population			Income		Unemployment	
Region	Total population	Percent under age 18	Percent age 65 and over	Median Household Income	Percent in poverty	Aug-13	Aug-14
Oregon	3,919,020	22.1%	15.4%	\$50,251	11.3%	8.1%	7.2%
Benton	87,725	17.3%	14.0%	\$47,808	9.7%	6.1%	5.5%
Lincoln	46,560	17.0%	24.4%	\$42,342	11.0%	8.4%	7.7%
Linn	118,665	23.7%	16.8%	\$45,130	13.0%	10.1%	8.5%

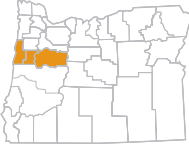
District 4 Regional Forecast, Oregon Department of Human Services

Counties served: Benton, Lincoln and Linn 	Current Biennium		% Change Between Forecasts	Fall 14 Forecast		% Change Between Biennia
	Spring 14 Forecast	Fall 14 Forecast		2013-15	2015-17	
Self Sufficiency (households)						
SNAP - Self Sufficiency						
Benton	4,661	4,779	2.5%	4,779	4,419	-7.5%
Lincoln	4,277	4,412	3.2%	4,412	4,139	-6.2%
Linn	11,286	11,578	2.6%	11,578	11,457	-1.0%
District 4 Total	20,224	20,769	2.7%	20,769	20,015	-3.6%
SNAP - Aid to People with Disabilities						
Benton	1,278	1,280	0.2%	1,280	1,367	6.8%
Lincoln	2,351	2,356	0.2%	2,356	2,559	8.6%
Linn	4,532	4,541	0.2%	4,541	5,333	17.4%
District 4 Total	8,161	8,177	0.2%	8,177	9,259	13.2%
TANF						
Benton	308	304	-1.3%	304	261	-14.1%
Lincoln	398	393	-1.3%	393	363	-7.6%
Linn	1,237	1,223	-1.1%	1,223	1,086	-11.2%
District 4 Total	1,943	1,920	-1.2%	1,920	1,710	-10.9%

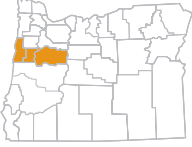
District 4 Regional Forecast, Oregon Department of Human Services (continued)

Counties served: Benton, Lincoln and Linn 	Current Biennium		% Change Between Forecasts	Fall 14 Forecast		% Change Between Biennia
	Spring 14 Forecast	Fall 14 Forecast		2013-15	2015-17	
Aging and People with Disabilities, Long-Term Care (clients)						
In-Home Care						
Benton	167	149	-10.8%	149	147	-1.3%
Lincoln	292	307	5.1%	307	316	2.9%
Linn	690	699	1.3%	699	758	8.4%
District 4 total	1,149	1,155	0.5%	1,155	1,221	5.7%
Community-Based Care						
Benton	104	104	0.0%	104	112	7.7%
Lincoln	140	141	0.7%	141	142	0.7%
Linn	396	393	-0.8%	393	424	7.9%
District 4 total	640	638	-0.3%	638	678	6.3%
Nursing Care						
Benton	42	36	-14.3%	36	32	-11.1%
Lincoln	40	37	-7.5%	37	34	-8.1%
Linn	162	155	-4.3%	155	152	-1.9%
District 4 total	244	228	-6.6%	228	218	-4.4%

District 4 Regional Forecast, Oregon Health Authority (clients)

Counties served: Benton, Lincoln and Linn 	Current Biennium		% Change Between Forecasts	Fall 14 Forecast		% Change Between Biennia
	Spring 14 Forecast	Fall 14 Forecast		2013-15	2015-17	
Parents/Caretaker Relative						
Benton	NA	911	-	911	818	-10.2%
Lincoln	NA	1,042	-	1,042	998	-4.2%
Linn	NA	3,140	-	3,140	3,337	6.3%
District 4 Total	NA	5,093	-	5,093	5,153	1.2%
Children's Medicaid Program						
Benton	NA	3,761	-	3,761	3,785	0.6%
Lincoln	NA	3,864	-	3,864	3,833	-0.8%
Linn	NA	11,137	-	11,137	11,023	-1.0%
District 4 Total	NA	18,762	-	18,762	18,641	-0.6%
Children's Health Insurance Program (CHIP)						
Benton	938	1,044	11.3%	1,044	997	-4.5%
Lincoln	916	966	5.5%	966	895	-7.3%
Linn	2,503	2,587	3.4%	2,587	2,389	-7.7%
District 4 Total	4,357	4,597	5.5%	4,597	4,281	-6.9%
Pregnant Women Program						
Benton	171	189	10.5%	189	155	-18.0%
Lincoln	161	201	24.8%	201	178	-11.4%
Linn	501	581	16.0%	581	536	-7.7%
District 4 Total	833	971	16.6%	971	869	-10.5%
Foster Care & Adoption Services						
Benton	219	210	-4.1%	210	216	2.9%
Lincoln	306	299	-2.3%	299	296	-1.0%
Linn	715	707	-1.1%	707	700	-1.0%
District 4 Total	1,240	1,216	-1.9%	1,216	1,212	-0.3%

District 4 Regional Forecast, Oregon Health Authority (clients) (continued)

Counties served: Benton, Lincoln and Linn 	Current Biennium		% Change Between Forecasts	Fall 14 Forecast		% Change Between Biennia
	Spring 14 Forecast	Fall 14 Forecast		2013-15	2015-17	
Aid to the Blind/Disabled						
Benton	1,160	1,148	-1.0%	1,148	1,160	1.0%
Lincoln	1,363	1,346	-1.2%	1,346	1,364	1.3%
Linn	3,410	3,374	-1.1%	3,374	3,442	2.0%
District 4 Total	5,933	5,868	-1.1%	5,868	5,966	1.7%
Old Age Assistance						
Benton	338	336	-0.6%	336	338	0.6%
Lincoln	511	523	2.3%	523	534	2.1%
Linn	1,136	1,148	1.1%	1,148	1,200	4.5%
District 4 Total	1,985	2,007	1.1%	2,007	2,072	3.2%
ACA Adults with Children						
Benton	NA	1,402	-	1,402	1,339	-4.5%
Lincoln	NA	1,297	-	1,297	1,239	-4.4%
Linn	NA	2,790	-	2,790	2,661	-4.6%
District 4 Total	NA	5,488	-	5,488	5,240	-4.5%
ACA Adults without Children						
Benton	NA	3,999	-	3,999	3,840	-4.0%
Lincoln	NA	3,698	-	3,698	3,555	-3.9%
Linn	NA	7,957	-	7,957	7,634	-4.1%
District 4 Total	NA	15,655	-	15,655	15,028	-4.0%

District 5 Regional Forecast




Lane County is a microcosm of the state overall – some tourism employment, some agriculture, some manufacturing, and a white-collar workforce centered in Eugene. Unemployment in Lane County has followed the state trend, showing a consistent pattern of slow growth. Most employment sectors are adding jobs, especially natural resource extraction (mining and logging). Federal government employment however, continues to contract as the federal government pivots toward austerity rather than expansion.


Lane County will see reductions in Self-Sufficiency caseloads, but at a slightly slower pace than statewide, especially where TANF is concerned.

DISTRICT 5		Population		Income		Unemployment	
Region	Total population	Percent under age 18	Percent age 65 and over	Median Household Income	Percent in poverty	Aug-13	Aug-14
Oregon	3,919,020	22.1%	15.4%	\$50,251	11.3%	8.1%	7.2%
Lane	356,125	19.2%	16.9%	\$43,459	12.8%	8.0%	6.9%

District 5 Regional Forecast, Oregon Department of Human Services

County served: Lane 	Current Biennium		% Change Between Forecasts	Fall 14 Forecast		% Change Between Biennia
	Spring 14 Forecast	Fall 14 Forecast		2013-15	2015-17	
Self Sufficiency (households)						
SNAP - Self Sufficiency						
Lane	33,076	33,786	2.1%	33,786	31,397	-7.1%
District 5 total	33,076	33,786	2.1%	33,786	31,397	-7.1%
SNAP - Aid to People with Disabilities						
Lane	13,295	13,319	0.2%	13,319	14,418	8.3%
District 5 total	13,295	13,319	0.2%	13,319	14,418	8.3%
TANF						
Lane	2,791	2,758	-1.2%	2,758	2,571	-6.8%
District 5 total	2,791	2,758	-1.2%	2,758	2,571	-6.8%
Aging and People with Disabilities, Long-Term Care (clients)						
In-Home Care						
Lane	1,359	1,482	9.1%	1,482	1,657	11.8%
District 5 total	1,359	1,482	9.1%	1,482	1,657	11.8%
Community-Based Care						
Lane	1,076	1,051	-2.3%	1,051	1,075	2.3%
District 5 total	1,076	1,051	-2.3%	1,051	1,075	2.3%
Nursing Care						
Lane	443	432	-2.5%	432	393	-9.0%
District 5 total	443	432	-2.5%	432	393	-9.0%

District 5 Regional Forecast, Oregon Health Authority (clients)

County served: Lane 	Current Biennium		% Change Between Forecasts	Fall 14 Forecast		% Change Between Biennia
	Spring 14 Forecast	Fall 14 Forecast		2013-15	2015-17	
Parents/Caretaker Relative						
Lane	NA	6,795	-	6,795	5,646	-16.9%
District 5 Total	NA	6,795	-	6,795	5,646	-16.9%
Children's Medicaid Program						
Lane	NA	25,557	-	25,557	25,578	0.1%
District 5 Total	NA	25,557	-	25,557	25,578	0.1%
Children's Health Insurance Program (CHIP)						
Lane	6,080	6,756	11.1%	6,756	7,423	9.9%
District 5 Total	6,080	6,756	11.1%	6,756	7,423	9.9%
Pregnant Women Program						
Lane	1,553	1,852	19.3%	1,852	1,784	-3.7%
District 5 Total	1,553	1,852	19.3%	1,852	1,784	-3.7%
Foster Care & Adoption Services						
Lane	2,361	2,372	0.5%	2,372	2,381	0.4%
District 5 Total	2,361	2,372	0.5%	2,372	2,381	0.4%
Aid to the Blind/Disabled						
Lane	9,995	9,943	-0.5%	9,943	10,140	2.0%
District 5 Total	9,995	9,943	-0.5%	9,943	10,140	2.0%
Old Age Assistance						
Lane	3,363	3,353	-0.3%	3,353	3,701	10.4%
District 5 Total	3,363	3,353	-0.3%	3,353	3,701	10.4%
ACA Adults with Children						
Lane	NA	9,009	-	9,009	8,595	-4.6%
District 5 Total	NA	9,009	-	9,009	8,595	-4.6%
ACA Adults without Children						
Lane	NA	25,698	-	25,698	24,653	-4.1%
District 5 Total	NA	25,698	-	25,698	24,653	-4.1%

District 6 Regional Forecast



Douglas County had a significant employment contraction during the Great Recession and has been slow to recover. However, things are improving and unemployment is finally under 10 percent for the first time since 2008. Douglas County unemployment rates have been consistently higher than the state overall for the last 20 years.

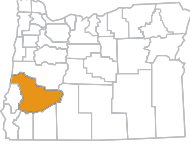
Many employment sectors have been expanding in Douglas County, but manufacturing and retail trade remain weak. Construction employment began to contract before the start of the Great Recession and has yet to fully recover.

Douglas County has a high percentage of retirement-age adults and will likely continue to feel the strain of a population in need of age-related services, while the number of working-age adults continues to decline.

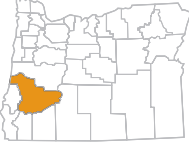
Douglas County is expected to see reductions in the Self-Sufficiency caseload in line with the statewide trend.

DISTRICT 6		Population		Income		Unemployment	
Region	Total population	Percent under age 18	Percent age 65 and over	Median Household Income	Percent in poverty	Aug-13	Aug-14
Oregon	3,919,020	22.1%	15.4%	\$50,251	11.3%	8.1%	7.2%
Douglas	108,850	19.9%	23.2%	\$40,605	14.5%	11.0%	9.8%

District 6 Regional Forecast, Oregon Department of Human Services

County served: Douglas 	Current Biennium		% Change Between Forecasts	Fall 14 Forecast		% Change Between Biennia
	Spring 14 Forecast	Fall 14 Forecast		2013-15	2015-17	
Self Sufficiency (households)						
SNAP - Self Sufficiency						
Douglas	10,128	10,376	2.4%	10,376	9,389	-9.5%
District 6 total	10,128	10,376	2.4%	10,376	9,389	-9.5%
SNAP - Aid to People with Disabilities						
Douglas	5,228	5,238	0.2%	5,238	5,595	6.8%
District 6 total	5,228	5,238	0.2%	5,238	5,595	6.8%
TANF						
Douglas	1,353	1,338	-1.1%	1,338	1,195	-10.7%
District 6 total	1,353	1,338	-1.1%	1,338	1,195	-10.7%
Aging and People with Disabilities, Long-Term Care (clients)						
In-Home Care						
Douglas	537	571	6.3%	571	620	8.6%
District 6 total	537	571	6.3%	571	620	8.6%
Community-Based Care						
Douglas	387	379	-2.1%	379	394	4.0%
District 6 total	387	379	-2.1%	379	394	4.0%
Nursing Care						
Douglas	107	115	7.5%	115	118	2.6%
District 6 total	107	115	7.5%	115	118	2.6%

District 6 Regional Forecast, Oregon Health Authority (clients)

County served: Douglas 	Current Biennium		% Change Between Forecasts	Fall 14 Forecast		% Change Between Biennia
	Spring 14 Forecast	Fall 14 Forecast		2013-15	2015-17	
Parents/Caretaker Relative						
Douglas	NA	3,004	-	3,004	3,177	5.8%
District 6 Total	NA	3,004	-	3,004	3,177	5.8%
Children's Medicaid Program						
Douglas	NA	9,291	-	9,291	9,265	-0.3%
District 6 Total	NA	9,291	-	9,291	9,265	-0.3%
Children's Health Insurance Program (CHIP)						
Douglas	1,800	1,745	-3.1%	1,745	1,590	-8.9%
District 6 Total	1,800	1,745	-3.1%	1,745	1,590	-8.9%
Pregnant Women Program						
Douglas	463	545	17.7%	545	478	-12.3%
District 6 Total	463	545	17.7%	545	478	-12.3%
Foster Care & Adoption Services						
Douglas	719	745	3.6%	745	807	8.3%
District 6 Total	719	745	3.6%	745	807	8.3%
Aid to the Blind/Disabled						
Douglas	3,206	3,189	-0.5%	3,189	3,248	1.9%
District 6 Total	3,206	3,189	-0.5%	3,189	3,248	1.9%
Old Age Assistance						
Douglas	1,049	1,068	1.8%	1,068	1,107	3.7%
District 6 Total	1,049	1,068	1.8%	1,068	1,107	3.7%
ACA Adults with Children						
Douglas	NA	2,876	-	2,876	2,749	-4.4%
District 6 Total	NA	2,876	-	2,876	2,749	-4.4%
ACA Adults with Children						
Douglas	NA	8,204	-	8,204	7,883	-3.9%
District 6 Total	NA	8,204	-	8,204	7,883	-3.9%

District 7 Regional Forecast



Overall recovery from the Great Recession is still spotty in this corner of Oregon. The unemployment rate in Coos County has been steadily declining, although less from new job creation than from fewer people in the county actively seeking employment. Curry County continues to suffer double-digit unemployment, which increased in 2014, probably due to more people looking for work than before.


Improvement in the demand for wood products has increased employment in logging and related manufacturing above recession lows. Rising tourism spending is creating gains in leisure and hospitality employment. Local government jobs in Coos County continue to contract as the public sector reduces spending in response to budget shortfalls.

The economies of Coos and Curry counties are fighting uphill against a demographic tide. The region has lost population over the last 10 years, especially young working-age adults. This hampers the region's ability to grow economically. Coos and Curry counties have a high percentage of retirement-age adults and will likely continue to feel the strain of a population in need of age-related services. At the same time, the district has a smaller base of employment-age adults to provide those services.


Self-Sufficiency caseloads in Coos County are expected to decline at a slower rate than statewide. Curry County will show a slight increase in TANF through 2017.

DISTRICT 7		Population		Income		Unemployment	
Region	Total population	Percent under age 18	Percent age 65 and over	Median Household Income	Percent in poverty	Aug-13	Aug-14
Oregon	3,919,020	22.1%	15.4%	\$50,251	11.3%	8.1%	7.2%
Coos	62,860	19.0%	23.4%	\$37,345	11.6%	10.4%	8.9%
Curry	22,300	15.0%	30.4%	\$38,017	8.4%	10.7%	10.7%


District 7 Regional Forecast, Oregon Department of Human Services (clients)

Counties served: Coos and Curry 	Current Biennium		% Change Between Forecasts	Fall 14 Forecast		% Change Between Biennia
	Spring 14 Forecast	Fall 14 Forecast		2013-15	2015-17	
Self Sufficiency (households)						
SNAP - Self Sufficiency						
Coos	6,373	6,432	0.9%	6,432	5,864	-8.8%
Curry	1,508	1,545	2.5%	1,545	1,427	-7.6%
District 7 total	7,881	7,977	1.2%	7,977	7,291	-8.6%
SNAP - Aid to People with Disabilities						
Coos	3,656	3,662	0.2%	3,662	3,931	7.3%
Curry	1,174	1,176	0.2%	1,176	1,262	7.3%
District 7 total	4,830	4,838	0.2%	4,838	5,193	7.3%
TANF						
Coos	722	713	-1.2%	713	643	-9.8%
Curry	126	125	-0.8%	125	127	1.6%
District 7 total	848	838	-1.2%	838	770	-8.1%
Aging and People with Disabilities, Long-Term Care (clients)						
In-Home Care						
Coos	546	572	4.8%	572	612	7.0%
Curry	80	91	13.8%	91	98	7.7%
District 7 total	626	663	5.9%	663	710	7.1%
Community-Based Care						
Coos	278	276	-0.7%	276	276	0.0%
Curry	148	143	-3.4%	143	157	9.8%
District 7 total	426	419	-1.6%	419	433	3.3%
Nursing Care						
Coos	82	83	1.2%	83	75	-9.6%
Curry	30	32	6.7%	32	32	0.0%
District 7 total	112	115	2.7%	115	107	-7.0%

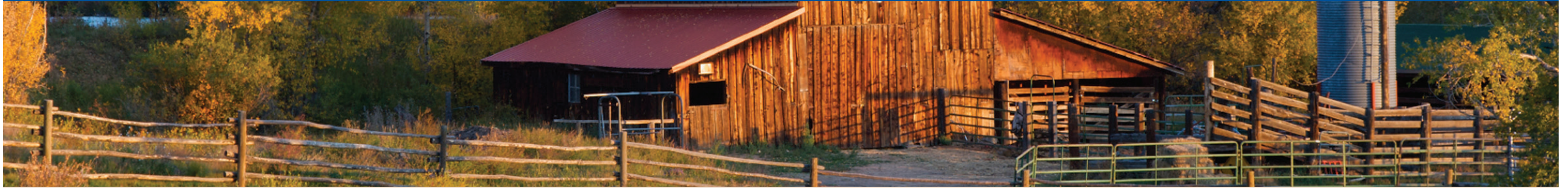
District 7 Regional Forecast, Oregon Health Authority (clients)

Counties served: Coos and Curry	Current Biennium		% Change Between Forecasts	Fall 14 Forecast		% Change Between Biennia
	Spring 14 Forecast	Fall 14 Forecast		2013-15	2015-17	
						
Parents/Caretaker Relative						
Coos	NA	1,528	-	1,528	1,539	0.7%
Curry	NA	391	-	391	473	21.0%
District 7 Total	NA	1,919	-	1,919	2,012	4.8%
Children's Medicaid Program						
Coos	NA	5,274	-	5,274	5,282	0.2%
Curry	NA	1,503	-	1,503	1,557	3.6%
District 7 Total	NA	6,777	-	6,777	6,839	0.9%
Children's Health Insurance Program (CHIP)						
Coos	1,174	1,145	-2.5%	1,145	1,032	-9.9%
Curry	309	352	13.9%	352	384	9.1%
District 7 Total	1,483	1,497	0.9%	1,497	1,416	-5.4%
Pregnant Women Program						
Coos	328	357	8.8%	357	349	-2.2%
Curry	85	92	8.2%	92	88	-4.3%
District 7 Total	413	449	8.7%	449	437	-2.7%
Foster Care & Adoption Services						
Coos	494	501	1.4%	501	507	1.2%
Curry	78	81	3.8%	81	83	2.5%
District 7 Total	572	582	1.7%	582	590	1.4%

District 7 Regional Forecast, Oregon Health Authority (clients) (continued)

Counties served: Coos and Curry 	Current Biennium		% Change Between Forecasts	Fall 14 Forecast		% Change Between Biennia
	Spring 14 Forecast	Fall 14 Forecast		2013-15	2015-17	
Aid to the Blind/Disabled						
Coos	2,307	2,273	-1.5%	2,273	2,314	1.8%
Curry	613	592	-3.4%	592	590	-0.3%
District 7 Total	2,920	2,865	-1.9%	2,865	2,904	1.4%
Old Age Assistance						
Coos	916	947	3.4%	947	1,016	7.3%
Curry	340	340	0.0%	340	388	14.1%
District 7 Total	1,256	1,287	2.5%	1,287	1,404	9.1%
ACA Adults with Children						
Coos	NA	1,784	-	1,784	1,700	-4.7%
Curry	NA	584	-	584	558	-4.4%
District 7 Total	NA	2,367	-	2,367	2,258	-4.6%
ACA Adults without Children						
Coos	NA	5,087	-	5,087	4,875	-4.2%
Curry	NA	1,665	-	1,665	1,601	-3.9%
District 7 Total	NA	6,753	-	6,753	6,476	-4.1%

District 8 Regional Forecast



Slow but steady, the Rogue Valley economy is improving and producing new jobs. Manufacturing and retail trade have seen solid increases in 2014, especially in Jackson County. Construction employment is improving, but is lagging behind other parts of the state.

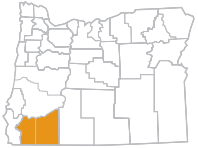
Buoyed by greater demand for wood products, logging and related manufacturing is up in Josephine County. Leisure and hospitality jobs in the Rogue Valley are nearly back to pre-recession levels.

The region may begin to see a boost from households moving to the Rogue Valley from California – a trend that slowed during the Great Recession but is overdue to resume.

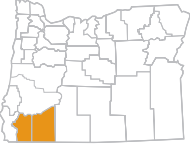
Self-Sufficiency caseloads are expected to drop in District 8, but at a slower pace than statewide.

DISTRICT 8		Population		Income		Unemployment	
Region	Total population	Percent under age 18	Percent age 65 and over	Median Household Income	Percent in poverty	Aug-13	Aug-14
OREGON	3,919,020	22.1%	15.4%	\$50,251	11.3%	8.1%	7.2%
JACKSON	206,310	21.3%	19.5%	\$43,363	13.9%	9.8%	8.6%
Josephine	82,815	19.8%	24.3%	\$38,298	14.3%	11.2%	9.8%

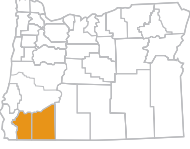
District 8 Regional Forecast, Oregon Department of Human Services

Counties served: Jackson and Josephine 	Current Biennium		% Change Between Forecasts	Fall 14 Forecast		% Change Between Biennia
	Spring 14 Forecast	Fall 14 Forecast		2013-15	2015-17	
Self Sufficiency (households)						
SNAP - Self Sufficiency						
Jackson	20,204	20,641	2.2%	20,641	19,030	-7.8%
Josephine	9,956	10,050	0.9%	10,050	9,702	-3.5%
District 8 total	30,160	30,691	1.8%	30,691	28,732	-6.4%
SNAP - Aid to People with Disabilities						
Jackson	7,966	7,980	0.2%	7,980	8,662	8.5%
Josephine	4,379	4,387	0.2%	4,387	4,740	8.0%
District 8 total	12,345	12,367	0.2%	12,367	13,402	8.4%
TANF						
Jackson	2,259	2,233	-1.2%	2,233	1,927	-13.7%
Josephine	1,229	1,215	-1.1%	1,215	1,067	-12.2%
District 8 total	3,488	3,448	-1.1%	3,448	2,994	-13.2%
Aging and People with Disabilities, Long-Term Care (clients)						
In-Home Care						
Jackson	867	846	-2.4%	846	916	8.3%
Josephine	451	453	0.4%	453	469	3.5%
District 8 total	1,318	1,299	-1.4%	1,299	1,385	6.6%
Community-Based Care						
Jackson	762	742	-2.6%	742	747	0.7%
Josephine	341	336	-1.5%	336	336	0.0%
District 8 total	1,103	1,078	-2.3%	1,078	1,083	0.5%
Nursing Care						
Jackson	140	145	3.6%	145	132	-9.0%
Josephine	153	150	-2.0%	150	135	-10.0%
District 8 total	293	295	0.7%	295	267	-9.5%

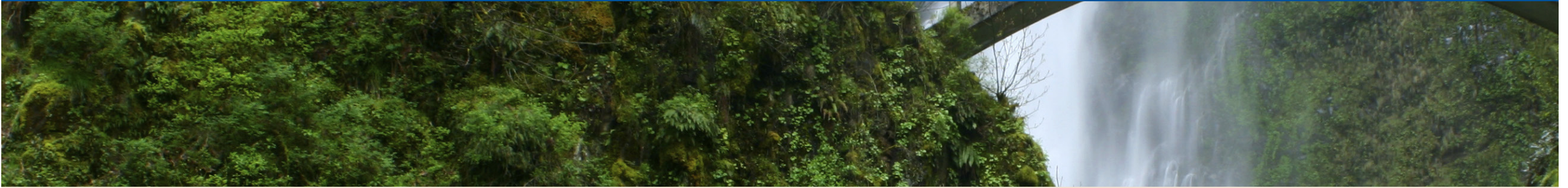
District 8 Regional Forecast, Oregon Health Authority (clients)

Counties served: Jackson and Josephine 	Current Biennium		% Change Between Forecasts	Fall 14 Forecast		% Change Between Biennia
	Spring 14 Forecast	Fall 14 Forecast		2013-15	2015-17	
Parents/Caretaker Relative						
Jackson	NA	5,035	-	5,035	3,844	-23.7%
Josephine	NA	2,688	-	2,688	2,707	0.7%
District 8 Total	NA	7,723	-	7,723	6,551	-15.2%
Children's Medicaid Program						
Jackson	NA	18,955	-	18,955	18,750	-1.1%
Josephine	NA	8,098	-	8,098	8,090	-0.1%
District 8 Total	NA	27,053	-	27,053	26,840	-0.8%
Children's Health Insurance Program (CHIP)						
Jackson	4,580	4,948	8.0%	4,948	4,627	-6.5%
Josephine	1,596	1,657	3.8%	1,657	1,538	-7.2%
District 8 Total	6,176	6,605	6.9%	6,605	6,165	-6.7%
Pregnant Women Program						
Jackson	1,040	1,213	16.6%	1,213	1,110	-8.5%
Josephine	412	513	24.5%	513	476	-7.2%
District 8 Total	1,452	1,726	18.9%	1,726	1,586	-8.1%
Foster Care & Adoption Services						
Jackson	1,144	1,189	3.9%	1,189	1,232	3.6%
Josephine	485	499	2.9%	499	512	2.6%
District 8 Total	1,629	1,688	3.6%	1,688	1,744	3.3%

District 8 Regional Forecast, Oregon Health Authority (clients) (continued)

Counties served: Jackson and Josephine 	Current Biennium		% Change Between Forecasts	Fall 14 Forecast		% Change Between Biennia
	Spring 14 Forecast	Fall 14 Forecast		2013-15	2015-17	
Aid to the Blind/Disabled						
Jackson	4,933	4,887	-0.9%	4,887	4,990	2.1%
Josephine	2,800	2,743	-2.0%	2,743	2,788	1.6%
District 8 Total	7,733	7,630	-1.3%	7,630	7,778	1.9%
Old Age Assistance						
Jackson	2,037	2,047	0.5%	2,047	2,232	9.0%
Josephine	1,067	1,069	0.2%	1,069	1,114	4.2%
District 8 Total	3,104	3,116	0.4%	3,116	3,346	7.4%
ACA Adults with Children						
Jackson	NA	5,698	-	5,698	5,415	-5.0%
Josephine	NA	2,728	-	2,728	2,605	-4.5%
District 8 Total	NA	8,426	-	8,426	8,019	-4.8%
ACA Adults without Children						
Jackson	NA	16,253	-	16,253	15,530	-4.4%
Josephine	NA	7,780	-	7,780	7,470	-4.0%
District 8 Total	NA	24,033	-	24,033	23,001	-4.3%

District 9 Regional Forecast




District 9 has the lowest population of any region of the state. Agriculture is the primary source of income in the area, which limits the opportunity for economic growth but also provided a buffer from the worst aspects of the Great Recession.

More people are working now in District 9 than before the Great Recession, primarily in Wasco and Hood River counties. All five counties in the region have unemployment lower than Oregon overall. Hood River County is expanding in many sectors, while Wasco shows some recent job market weakness. Wasco County is one of the few counties in the state to show contraction in the labor force from August 2013 to August 2014.

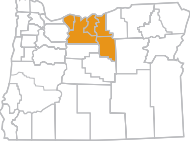
District 9 SNAP caseloads are expected to continue to decline through 2017, and Hood River County will see large drops in SNAP Self-Sufficiency. District 9 TANF caseloads are not expected to change much from current levels.

DISTRICT 9	Population			Income		Unemployment	
Region	Total population	Percent under age 18	Percent age 65 and over	Median Household Income	Percent in poverty	Aug-13	Aug-14
Oregon	3,919,020	22.1%	15.4%	\$50,251	11.3%	8.1%	7.2%
Gilliam	1,945	18.3%	24.9%	\$45,833	7.6%	7.7%	6.3%
Hood River	23,295	25.2%	13.7%	\$58,344	7.4%	6.1%	5.1%
Sherman	1,780	19.6%	23.8%	\$44,583	14.9%	7.5%	6.3%
Wasco	25,810	23.0%	19.2%	\$42,080	9.8%	7.5%	6.4%
Wheeler	1,430	18.1%	30.9%	\$36,357	9.8%	6.9%	7.0%


District 9 Regional Forecast, Oregon Department of Human Services

Counties served: Gilliam, Hood River, Sherman, Wasco and Wheeler 	Current Biennium		% Change Between Forecasts	Fall 14 Forecast		% Change Between Biennia
	Spring 14 Forecast	Fall 14 Forecast		2013-15	2015-17	
Self Sufficiency (households)						
SNAP - Self Sufficiency						
Gilliam	77	75	-2.6%	75	71	-5.3%
Hood River	1,297	1,275	-1.7%	1,275	1,013	-20.5%
Sherman	85	83	-2.4%	83	83	0.0%
Wasco	2,117	2,092	-1.2%	2,092	1,910	-8.7%
Wheeler	79	81	2.5%	81	73	-9.9%
District 9 total	3,655	3,606	-1.3%	3,606	3,150	-12.6%
SNAP - Aid to People with Disabilities						
Gilliam	57	57	0.0%	57	57	0.0%
Hood River	369	370	0.3%	370	431	16.5%
Sherman	62	62	0.0%	62	66	6.5%
Wasco	1,033	1,035	0.2%	1,035	1,140	10.1%
Wheeler	58	58	0.0%	58	66	13.8%
District 9 total	1,579	1,582	0.2%	1,582	1,760	11.3%
TANF						
Gilliam	12	12	0.0%	12	11	-8.3%
Hood River	60	59	-1.7%	59	43	-27.1%
Sherman	3	3	0.0%	3	5	66.7%
Wasco	155	153	-1.3%	153	144	-5.9%
Wheeler	10	10	0.0%	10	9	-10.0%
District 9 total	240	237	-1.3%	237	212	-10.5%


District 9 Regional Forecast, Oregon Department of Human Services (continued)

Counties served: Gilliam, Hood River, Sherman, Wasco and Wheeler 	Current Biennium		% Change Between Forecasts	Fall 14 Forecast		% Change Between Biennia
	Spring 14 Forecast	Fall 14 Forecast		2013-15	2015-17	
Aging and People with Disabilities, Long-Term Care (clients)						
In-Home Care						
Gilliam	3	4	33.3%	4	4	0.0%
Hood River	27	27	0.0%	27	27	0.0%
Sherman	8	7	-12.5%	7	7	0.0%
Wasco	108	105	-2.8%	105	102	-2.9%
Wheeler	4	2	-50.0%	2	2	0.0%
District 9 total	150	145	-3.3%	145	142	-2.1%
Community-Based Care						
Gilliam	7	7	0.0%	7	8	14.3%
Hood River	26	26	0.0%	26	22	-15.4%
Sherman	3	3	0.0%	3	5	0.0%
Wasco	86	81	-5.8%	81	79	-2.5%
Wheeler	6	9	50.0%	9	11	22.2%
District 9 total	128	126	-1.6%	126	125	-0.8%
Nursing Care						
Gilliam	1	0	-100.0%	0	0	0.0%
Hood River	38	35	-7.9%	35	32	-8.6%
Sherman	1	1	0.0%	1	1	0.0%
Wasco	129	114	-11.6%	114	103	-9.6%
Wheeler	1	0	-100.0%	0	0	0.0%
District 9 total	170	150	-11.8%	150	136	-9.3%

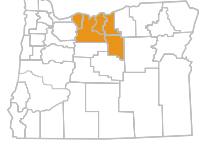
District 9 Regional Forecast, Oregon Health Authority (clients)

Counties served: Gilliam, Hood River, Sherman, Wasco and Wheeler 	Current Biennium		% Change Between Forecasts	Fall 14 Forecast		% Change Between Biennia
	Spring 14 Forecast	Fall 14 Forecast		2013-15	2015-17	
Parents/Caretaker Relative						
Gilliam	NA	36	-	36	37	2.8%
Hood River	NA	268	-	268	257	-4.1%
Sherman	NA	26	-	26	36	38.5%
Wasco	NA	478	-	478	436	-8.8%
Wheeler	NA	26	-	26	31	19.2%
District 9 Total	NA	834	-	834	797	-4.4%
Children's Medicaid Program						
Gilliam	NA	114	-	114	115	0.9%
Hood River	NA	2,177	-	2,177	2,257	3.7%
Sherman	NA	79	-	79	85	7.6%
Wasco	NA	2,530	-	2,530	2,519	-0.4%
Wheeler	NA	93	-	93	109	17.2%
District 9 Total	NA	4,993	-	4,993	5,085	1.8%
Children's Health Insurance Program (CHIP)						
Gilliam	21	31	47.6%	31	36	16.1%
Hood River	908	885	-2.5%	885	802	-9.4%
Sherman	24	23	-4.2%	23	21	-8.7%
Wasco	696	718	3.2%	718	803	11.8%
Wheeler	14	15	7.1%	15	21	40.0%
District 9 Total	1,663	1,672	0.5%	1,672	1,683	0.7%
Pregnant Women Program						
Gilliam	3	3	0.0%	3	3	0.0%
Hood River	97	113	16.5%	113	106	-6.2%
Sherman	4	3	-25.0%	3	3	0.0%
Wasco	145	162	11.7%	162	155	-4.3%
Wheeler	4	3	-25.0%	3	4	33.3%
District 9 Total	253	284	12.3%	284	271	-4.6%

District 9 Regional Forecast, Oregon Health Authority (clients) (continued)

Counties served: Gilliam, Hood River, Sherman, Wasco and Wheeler 	Current Biennium		% Change Between Forecasts	Fall 14 Forecast		% Change Between Biennia
	Spring 14 Forecast	Fall 14 Forecast		2013-15	2015-17	
Foster Care & Adoption Services						
Gilliam	11	14	27.3%	14	12	-14.3%
Hood River	80	80	0.0%	80	82	2.5%
Sherman	15	14	-6.7%	14	14	0.0%
Wasco	154	158	2.6%	158	162	2.5%
Wheeler	8	10	25.0%	10	13	30.0%
District 9 Total	268	276	3.0%	276	283	2.5%
Aid to Blind/Disabled						
Gilliam	28	29	3.6%	29	28	-3.4%
Hood River	262	261	-0.4%	261	271	3.8%
Sherman	33	32	-3.0%	32	33	3.1%
Wasco	703	708	0.7%	708	752	6.2%
Wheeler	22	21	-4.5%	21	21	0.0%
District 9 total	1,048	1,051	0.3%	1,051	1,105	5.1%
Old Age Assistance						
Gilliam	18	19	5.6%	19	20	5.3%
Hood River	130	132	1.5%	132	135	2.3%
Sherman	9	10	11.1%	10	11	10.0%
Wasco	357	357	0.0%	357	387	8.4%
Wheeler	13	14	7.7%	14	14	0.0%
District 9 total	527	532	0.9%	532	567	6.6%
ACA Adults with Children						
Gilliam	NA	26	-	26	25	-5.4%
Hood River	NA	544	-	544	522	-3.9%
Sherman	NA	29	-	29	28	-3.9%
Wasco	NA	610	-	610	582	-4.6%
Wheeler	NA	32	-	32	31	-2.8%
District 9 Total	NA	1,241	-	1,241	1,188	-4.2%

District 9 Regional Forecast, Oregon Health Authority (clients) (continued)

Counties served: Gilliam, Hood River, Sherman, Wasco and Wheeler 	Current Biennium		% Change Between Forecasts	Fall 14 Forecast		% Change Between Biennia
	Spring 14 Forecast	Fall 14 Forecast		2013-15	2015-17	
ACA Adults without Children						
Gilliam	NA	74	-	74	70	-4.9%
Hood River	NA	1,550	-	1,550	1,499	-3.3%
Sherman	NA	84	-	84	81	-3.4%
Wasco	NA	1,738	-	1,738	1,668	-4.0%
Wheeler	NA	92	-	92	90	-2.3%
District 9 Total	NA	3,538	-	3,538	3,408	-3.7%

District 10 Regional Forecast



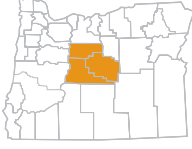
Central Oregon is growing again. Jobs are coming back to the region at a faster pace than anywhere else in the state. An area that looked moribund from 2009 through 2012 is now the fastest recovering region, with employment up 4.3 percent compared to last year. Still, District 10 was one of the hardest hit areas of the state during the Great Recession. Even with the recent job recovery, the area is still 14 percent below the 2008 employment peak. Unemployment remains high in the area, especially in Crook County which lost jobs in both construction and wood products manufacturing as a result of the housing bust.

According to the U.S. Census Bureau, Deschutes County is the fastest growing county in the state, adding 4,000 residents between 2012 and 2013. Unfortunately this growth has resulted in a tightening of the housing and rental markets, particularly low-income housing options. The growing population is likely leading to a surge in construction employment as new homes, apartments, and commercial buildings are needed to meet the increased demand for housing. The employment sector that includes construction has grown 16.4 percent since 2013. The summer tourism season will likely also benefit, with a higher number of visitors using overnight accommodations.

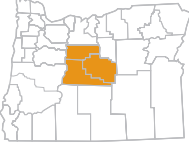
Self-Sufficiency caseloads are expected to fall quickly in Deschutes County. Crook County will also see reduced caseloads as the economy improves. Jefferson County, however, will see only modest reductions in SNAP, and increases in TANF through 2017.

DISTRICT 10	Population			Income		Unemployment	
Region	Total population	Percent under age 18	Percent age 65 and over	Median Household Income	Percent in poverty	Aug-13	Aug-14
Oregon	3,919,020	22.1%	15.4%	\$50,251	11.3%	8.1%	7.2%
Crook	20,690	20.7%	22.9%	\$35,052	16.5%	12.5%	10.2%
Deschutes	162,525	22.7%	16.4%	\$46,791	11.6%	9.9%	8.2%
Jefferson	22,040	24.2%	17.0%	\$45,069	14.8%	10.9%	9.5%

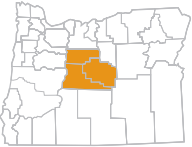
District 10 Regional Forecast, Oregon Department of Human Services

Counties served: Crook, Deschutes and Jefferson 	Current Biennium		% Change Between Forecasts	Fall 14 Forecast		% Change Between Biennia
	Spring 14 Forecast	Fall 14 Forecast		2013-15	2015-17	
Self Sufficiency (households)						
SNAP - Self Sufficiency						
Crook	1,614	1,637	1.4%	1,637	1,447	-11.6%
Deschutes	12,618	12,800	1.4%	12,800	9,813	-23.3%
Jefferson	2,769	2,833	2.3%	2,833	2,686	-5.2%
District 10 total	17,001	17,270	1.6%	17,270	13,946	-19.2%
SNAP - Aid to People with Disabilities						
Crook	906	908	0.2%	908	984	8.4%
Deschutes	4,115	4,122	0.2%	4,122	4,637	12.5%
Jefferson	814	816	0.2%	816	923	13.1%
District 10 total	5,835	5,846	0.2%	5,846	6,544	11.9%
TANF						
Crook	202	200	-1.0%	200	192	-4.0%
Deschutes	1,170	1,156	-1.2%	1,156	959	-17.0%
Jefferson	440	435	-1.1%	435	389	-10.6%
District 10 total	1,812	1,791	-1.2%	1,791	1,540	-14.0%

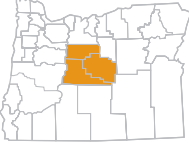
District 10 Regional Forecast, Oregon Department of Human Services (continued)

Counties served: Crook, Deschutes and Jefferson 	Current Biennium		% Change Between Forecasts	Fall 14 Forecast		% Change Between Biennia
	Spring 14 Forecast	Fall 14 Forecast		2013-15	2015-17	
Aging and People with Disabilities, Long-Term Care (clients)						
In-Home Care						
Crook	97	117	20.6%	117	142	21.4%
Deschutes	364	392	7.7%	392	425	8.4%
Jefferson	75	83	10.7%	83	90	8.4%
District 10 total	536	592	10.4%	592	657	11.0%
Community-Based Care						
Crook	60	59	-1.7%	59	59	0.0%
Deschutes	408	407	-0.2%	407	428	5.2%
Jefferson	75	73	-2.7%	73	82	12.3%
District 10 total	543	539	-0.7%	539	569	5.6%
Nursing Care						
Crook	17	15	-11.8%	15	16	6.7%
Deschutes	77	68	-11.7%	68	66	-2.9%
Jefferson	16	16	0.0%	16	15	-6.3%
District 10 total	110	99	-10.0%	99	97	-2.0%

District 10 Regional Forecast, Oregon Health Authority (clients)

Counties served: Crook, Deschutes and Jefferson 	Current Biennium		% Change Between Forecasts	Fall 14 Forecast		% Change Between Biennia
	Spring 14 Forecast	Fall 14 Forecast		2013-15	2015-17	
Parents/Caretaker Relative						
Crook	NA	470	-	470	425	-9.6%
Deschutes	NA	3,339	-	3,339	2,828	-15.3%
Jefferson	NA	792	-	792	755	-4.7%
District 10 Total	NA	4,601	-	4,601	4,008	-12.9%
Children's Medicaid Program						
Crook	NA	1,738	-	1,738	1,633	-6.0%
Deschutes	NA	12,789	-	12,789	12,669	-0.9%
Jefferson	NA	3,063	-	3,063	3,064	0.0%
District 10 Total	NA	17,590	-	17,590	17,366	-1.3%
Children's Health Insurance Program (CHIP)						
Crook	534	571	6.9%	571	535	-6.3%
Deschutes	3,424	4,141	20.9%	4,141	3,994	-3.5%
Jefferson	569	575	1.1%	575	520	-9.6%
District 10 Total	4,527	5,287	16.8%	5,287	5,049	-4.5%
Pregnant Women Program						
Crook	88	107	21.6%	107	102	-4.7%
Deschutes	654	756	15.6%	756	708	-6.3%
Jefferson	97	118	21.6%	118	103	-12.7%
District 10 Total	839	981	16.9%	981	913	-6.9%
Foster Care & Adoption Services						
Crook	91	90	-1.1%	90	91	1.1%
Deschutes	508	510	0.4%	510	510	0.0%
Jefferson	204	200	-2.0%	200	200	0.0%
District 10 Total	803	800	-0.4%	800	801	0.1%

District 10 Regional Forecast, Oregon Health Authority (clients) (continued)

Counties served: Crook, Deschutes and Jefferson 	Current Biennium		% Change Between Forecasts	Fall 14 Forecast		% Change Between Biennia
	Spring 14 Forecast	Fall 14 Forecast		2013-15	2015-17	
Aid to the Blind/Disabled						
Crook	465	465	0.0%	465	509	9.5%
Deschutes	2,544	2,507	-1.5%	2,507	2,563	2.2%
Jefferson	549	554	0.9%	554	572	3.2%
District 10 Total	3,558	3,526	-0.9%	3,526	3,644	3.3%
Old Age Assistance						
Crook	190	192	1.1%	192	193	0.5%
Deschutes	904	920	1.8%	920	991	7.7%
Jefferson	200	211	5.5%	211	241	14.2%
District 10 Total	1,294	1,323	2.2%	1,323	1,425	7.7%
ACA Adults with Children						
Crook	NA	539	-	539	514	-4.5%
Deschutes	NA	4,049	-	4,049	3,855	-4.8%
Jefferson	NA	627	-	627	600	-4.3%
District 10 Total	NA	5,215	-	5,215	4,970	-4.7%
ACA Adults without Children						
Crook	NA	1,537	-	1,537	1,476	-4.0%
Deschutes	NA	11,548	-	11,548	11,058	-4.2%
Jefferson	NA	1,789	-	1,789	1,721	-3.8%
District 10 Total	NA	14,874	-	14,874	14,254	-4.2%

District 11 Regional Forecast



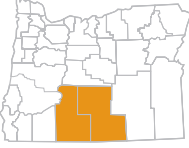
The Klamath basin has experienced another summer of extreme drought, with negative direct effects to farmers and ranchers, as well as businesses that provide goods and services to those farmers and ranchers.

Klamath County is one of the few places to see overall employment shrink from 2013 to 2014. Almost all employment sectors are down with the exception of construction. Lake County is adding jobs, erasing losses experienced in 2012 and 2013. The unemployment rate is down in both Klamath and Lake counties, but that is probably due to fewer unemployed people actively looking for work rather than an upswing in available jobs.

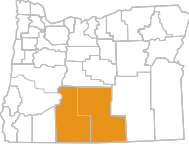
The SNAP self-sufficiency caseload is expected to fall in District 11, though at a slower pace than statewide. TANF is expected to fall in Klamath County, but not in Lake County.

DISTRICT 11	Population			Income		Unemployment	
Region	Total population	Percent under age 18	Percent age 65 and over	Median Household Income	Percent in poverty	Aug-13	Aug-14
Oregon	3,919,020	22.1%	15.4%	\$50,251	11.3%	8.1%	7.2%
Klamath	66,810	21.6%	19.1%	\$36,885	11.7%	10.9%	9.9%
Lake	7,940	18.2%	22.6%	\$40,049	12.6%	12.0%	9.5%

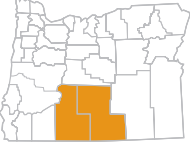
District 11 Regional Forecast, Oregon Department of Human Services

Counties served: Klamath and Lake 	Current Biennium		% Change Between Forecasts	Fall 14 Forecast		% Change Between Biennia
	Spring 14 Forecast	Fall 14 Forecast		2013-15	2015-17	
Self Sufficiency (households)						
SNAP - Self Sufficiency						
Klamath	7,019	7,057	0.5%	7,057	6,538	-7.4%
Lake	498	492	-1.2%	492	451	-8.3%
District 11 total	7,517	7,549	0.4%	7,549	6,989	-7.4%
SNAP - Aid to People with Disabilities						
Klamath	2,925	2,930	0.2%	2,930	3,320	13.3%
Lake	352	353	0.3%	353	413	17.0%
District 11 total	3,277	3,283	0.2%	3,283	3,733	13.7%
TANF						
Klamath	634	627	-1.1%	627	540	-13.9%
Lake	28	27	-3.6%	27	36	33.3%
District 11 total	662	654	-1.2%	654	576	-11.9%
Aging and People with Disabilities, Long-Term Care (clients)						
In-Home Care						
Klamath	273	279	2.2%	279	299	7.2%
Lake	19	20	5.3%	20	19	-5.0%
District 11 total	292	299	2.4%	299	318	6.4%
Community-Based Care						
Klamath	193	186	-3.6%	186	182	-2.2%
Lake	8	6	-25.0%	6	6	0.0%
District 11 total	201	192	-4.5%	192	188	-2.1%
Nursing Care						
Klamath	46	46	0.0%	46	46	0.0%
Lake	15	15	0.0%	15	16	6.7%
District 11 total	61	61	0.0%	61	62	1.6%

District 11 Regional Forecast, Oregon Health Authority (clients)

Counties served: Klamath and Lake 	Current Biennium		% Change Between Forecasts	Fall 14 Forecast		% Change Between Biennia
	Spring 14 Forecast	Fall 14 Forecast		2013-15	2015-17	
Parents/Caretaker Relative						
Klamath	NA	1,714	-	1,714	1,654	-3.5%
Lake	NA	143	-	143	128	-10.5%
District 11 Total	NA	1,857	-	1,857	1,782	-4.0%
Children's Medicaid Program						
Klamath	NA	6,546	-	6,546	6,520	-0.4%
Lake	NA	610	-	610	615	0.8%
District 11 Total	NA	7,156	-	7,156	7,135	-0.3%
Children's Health Insurance Program (CHIP)						
Klamath	1,188	1,190	0.2%	1,190	1,070	-10.1%
Lake	108	97	-10.2%	97	89	-8.2%
District 11 Total	1,296	1,287	-0.7%	1,287	1,159	-9.9%
Pregnant Women Program						
Klamath	341	406	19.1%	406	374	-7.9%
Lake	29	34	17.2%	34	30	-11.8%
District 11 Total	370	440	18.9%	440	404	-8.2%
Foster Care & Adoption Services						
Klamath	521	517	-0.8%	517	515	-0.4%
Lake	43	48	11.6%	48	50	4.2%
District 11 Total	564	565	0.2%	565	565	0.0%

District 11 Regional Forecast, Oregon Health Authority (clients) (continued)

Counties served: Klamath and Lake	Current Biennium		% Change Between Forecasts	Fall 14 Forecast		% Change Between Biennia
	Spring 14 Forecast	Fall 14 Forecast		2013-15	2015-17	
						
Aid to the Blind/Disabled						
Klamath	2,077	2,070	-0.3%	2,070	2,184	5.5%
Lake	181	181	0.0%	181	180	-0.6%
District 11 Total	2,258	2,251	-0.3%	2,251	2,364	5.0%
Old Age Assistance						
Klamath	631	627	-0.6%	627	657	4.8%
Lake	68	65	-4.4%	65	64	-1.5%
District 11 Total	699	692	-1.0%	692	721	4.2%
ACA Adults with Children						
Klamath	NA	1,812	-	1,812	1,731	-4.5%
Lake	NA	170	-	170	162	-4.7%
District 11 Total	NA	1,981	-	1,981	1,892	-4.5%
ACA Adults without Children						
Klamath	NA	5,167	-	5,167	4,963	-3.9%
Lake	NA	484	-	484	464	-4.1%
District 11 Total	NA	5,652	-	5,652	5,428	-4.0%

District 12 Regional Forecast



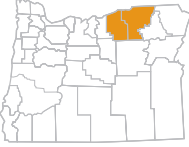
Umatilla County's economy contracted from 2013 to the summer of 2014, losing jobs and shrinking payrolls. Especially hard hit was the professional/business sector, which fell by over 19 percent from 2013 to 2014. Employment in Umatilla County has yet to recover the jobs lost in the Great Recession.

Morrow County, with an economy centered on agriculture, grew throughout the Great Recession. More people in Morrow County were employed in the summer of 2014 than before the start of the economic downturn.

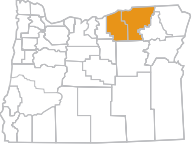
TANF caseloads are expected to fall in District 12 more quickly than statewide. The SNAP Self-Sufficiency caseload is forecast to fall quickly in Umatilla County, but is not expected to change much in Morrow County.

DISTRICT 12	Population			Income		Unemployment	
Region	Total population	Percent under age 18	Percent age 65 and over	Median Household Income	Percent in poverty	Aug-13	Aug-14
Oregon	3,919,020	22.1%	15.4%	\$50,251	11.3%	8.1%	7.2%
Morrow	11,425	27.2%	14.3%	\$48,457	13.8%	8.0%	7.8%
Umatilla	77,895	26.3%	13.8%	\$48,514	14.6%	8.5%	7.6%

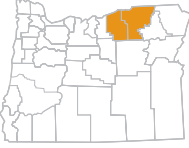
District 12 Regional Forecast, Oregon Department of Human Services

Counties served: Morrow and Umatilla 	Current Biennium		% Change Between Forecasts	Fall 14 Forecast		% Change Between Biennia
	Spring 14 Forecast	Fall 14 Forecast		2013-15	2015-17	
Self Sufficiency (households)						
SNAP - Self Sufficiency						
Morrow	849	845	-0.5%	845	842	-0.4%
Umatilla	6,010	6,058	0.8%	6,058	4,903	-19.1%
District 11 total	6,859	6,903	0.6%	6,903	5,745	-16.8%
SNAP - Aid to People with Disabilities						
Morrow	280	280	0.0%	280	311	11.1%
Umatilla	2,249	2,253	0.2%	2,253	2,410	7.0%
District 11 total	2,529	2,533	0.2%	2,533	2,721	7.4%
TANF						
Morrow	98	97	-1.0%	97	83	-14.4%
Umatilla	708	700	-1.1%	700	576	-17.7%
District 11 total	806	797	-1.1%	797	659	-17.3%
Aging and People with Disabilities, Long-Term Care (clients)						
In-Home Care						
Morrow	43	40	-7.0%	40	43	7.5%
Umatilla	295	322	9.2%	322	339	5.3%
District 11 total	338	362	7.1%	362	382	5.5%
Community-Based Care						
Morrow	6	7	16.7%	7	7	0.0%
Umatilla	241	236	-2.1%	236	236	0.0%
District 11 total	247	243	-1.6%	243	243	0.0%
Nursing Care						
Morrow	3	4	33.3%	4	3	-25.0%
Umatilla	81	85	4.9%	85	83	-2.4%
District 11 total	84	89	6.0%	89	86	-3.4%

District 12 Regional Forecast, Oregon Health Authority (clients)

Counties served: Morrow and Umatilla 	Current Biennium		% Change Between Forecasts	Fall 14 Forecast		% Change Between Biennia
	Spring 14 Forecast	Fall 14 Forecast		2013-15	2015-17	
Parents/Caretaker Relative						
Morrow	NA	216	-	216	182	-15.7%
Umatilla	NA	1,704	-	1,704	1,626	-4.6%
District 12 Total	NA	1,920	-	1,920	1,808	-5.8%
Children's Medicaid Program						
Morrow	NA	1,309	-	1,309	1,314	0.4%
Umatilla	NA	8,267	-	8,267	8,258	-0.1%
District 12 Total	NA	9,576	-	9,576	9,572	0.0%
Children's Health Insurance Program (CHIP)						
Morrow	372	342	-8.1%	342	294	-14.0%
Umatilla	1,954	1,831	-6.3%	1,831	1,712	-6.5%
District 12 Total	2,326	2,173	-6.6%	2,173	2,006	-7.7%
Pregnant Women Program						
Morrow	36	50	38.9%	50	53	6.0%
Umatilla	344	414	20.3%	414	281	-32.1%
District 12 Total	380	464	22.1%	464	334	-28.0%
Foster Care & Adoption Services						
Morrow	39	41	5.1%	41	43	4.9%
Umatilla	365	370	1.4%	370	368	-0.5%
District 12 Total	404	411	1.7%	411	411	0.0%

District 12 Regional Forecast, Oregon Health Authority (clients) (continued)

Counties served: Morrow and Umatilla 	Current Biennium		% Change Between Forecasts	Fall 14 Forecast		% Change Between Biennia
	Spring 14 Forecast	Fall 14 Forecast		2013-15	2015-17	
Aid to the Blind/Disabled						
Morrow	200	198	-1.0%	198	195	-1.5%
Umatilla	1,656	1,644	-0.7%	1,644	1,650	0.4%
District 12 Total	1,856	1,842	-0.8%	1,842	1,845	0.2%
Old Age Assistance						
Morrow	69	69	0.0%	69	69	0.0%
Umatilla	791	788	-0.4%	788	809	2.7%
District 12 Total	860	857	-0.3%	857	878	2.5%
ACA Adults with Children						
Morrow	NA	193	-	193	183	-5.4%
Umatilla	NA	1,391	-	1,391	1,313	-5.6%
District 12 Total	NA	1,584	-	1,584	1,496	-5.6%
ACA Adults without Children						
Morrow	NA	551	-	551	524	-4.8%
Umatilla	NA	3,967	-	3,967	3,766	-5.1%
District 12 Total	NA	4,518	-	4,518	4,290	-5.0%

District 13 Regional Forecast



Northeast Oregon is enjoying steadily lower jobless rates in 2014. As of August, the local unemployment rate had shown a year-over-year improvement for 29 consecutive months in Baker County, 35 months in Union County, and 10 months in Wallowa County.

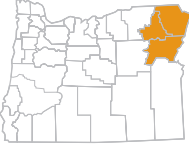
Union County is poised to make up all the jobs lost due to the Great Recession, if not by the end of 2014, then in 2015. Wallowa employment is also growing, but there are fewer signs of a sustained recovery in Baker County.

Prime working age is generally defined as ages 25 to 54, and there are fewer workers in Eastern Oregon that fall into that category than elsewhere in the state.

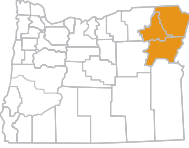
Baker County is one of the few places that is expected to see SNAP caseloads continue to rise through 2017. The other counties in District 13 will have reductions, but at a slower pace than statewide. All three counties in the district are expected to see reductions in TANF in line with the statewide pattern.

DISTRICT 13	Population			Income		Unemployment	
Region	Total population	Percent under age 18	Percent age 65 and over	Median Household Income	Percent in poverty	Aug-13	Aug-14
Oregon	3,919,020	22.1%	15.4%	\$50,251	11.3%	8.1%	7.2%
Baker	16,280	19.9%	24.2%	\$40,348	12.9%	9.6%	8.7%
Union	26,325	22.8%	18.6%	\$41,462	10.6%	8.3%	7.5%
Wallowa	7,045	19.4%	26.1%	\$40,204	12.0%	10.1%	9.0%


District 13 Regional Forecast, Oregon Department of Human Services

Counties served: Baker, Union and Wallowa 	Current Biennium		% Change Between Forecasts	Fall 14 Forecast		% Change Between Biennia
	Spring 14 Forecast	Fall 14 Forecast		2013-15	2015-17	
Self Sufficiency (households)						
SNAP - Self Sufficiency						
Baker	1,373	1,390	1.2%	1,390	1,390	0.0%
Union	1,915	1,941	1.4%	1,941	1,771	-8.8%
Wallowa	341	340	-0.3%	340	331	-2.6%
District 13 total	3,629	3,671	1.2%	3,671	3,492	-4.9%
SNAP - Aid to People with Disabilities						
Baker	765	766	0.1%	766	872	13.8%
Union	823	825	0.2%	825	904	9.6%
Wallowa	275	275	0.0%	275	304	10.5%
District 13 total	1,863	1,866	0.2%	1,866	2,080	11.5%
TANF						
Baker	175	173	-1.1%	173	151	-12.7%
Union	289	285	-1.4%	285	249	-12.6%
Wallowa	45	44	-2.2%	44	37	-15.9%
District 13 total	509	502	-1.4%	502	437	-12.9%

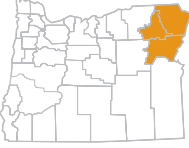
District 13 Regional Forecast, Oregon Department of Human Services (continued)

Counties served: Baker, Union and Wallowa 	Current Biennium		% Change Between Forecasts	Fall 14 Forecast		% Change Between Biennia
	Spring 14 Forecast	Fall 14 Forecast		2013-15	2015-17	
Aging and People with Disabilities, Long-Term Care (clients)						
In-Home Care						
Baker	39	41	5.1%	41	42	2.4%
Union	82	86	4.9%	86	88	2.3%
Wallowa	31	31	0.0%	31	30	-3.2%
District 13 total	152	158	3.9%	158	160	1.3%
Community-Based Care						
Baker	80	81	1.3%	81	86	6.2%
Union	105	100	-4.8%	100	95	-5.0%
Wallowa	31	30	-3.2%	30	30	0.0%
District 13 total	216	211	-2.3%	211	211	0.0%
Nursing Care						
Baker	24	18	-25.0%	18	16	-11.1%
Union	39	40	2.6%	40	41	2.5%
Wallowa	7	3	-57.1%	3	3	0.0%
District 13 total	70	61	-12.9%	61	60	-1.6%

District 13 Regional Forecast, Oregon Health Authority (clients)

Counties served: Baker, Union and Wallowa 	Current Biennium		% Change Between Forecasts	Fall 14 Forecast		% Change Between Biennia
	Spring 14 Forecast	Fall 14 Forecast		2013-15	2015-17	
Parents/Caretaker Relative						
Baker	NA	377	-	377	405	7.4%
Union	NA	671	-	671	651	-3.0%
Wallowa	NA	144	-	144	207	43.8%
District 13 Total	NA	1,192	-	1,192	1,263	6.0%
Children's Medicaid Program						
Baker	NA	1,364	-	1,364	1,367	0.2%
Union	NA	2,271	-	2,271	2,259	-0.5%
Wallowa	NA	470	-	470	511	8.7%
District 13 Total	NA	4,105	-	4,105	4,137	0.8%
Children's Health Insurance Program (CHIP)						
Baker	302	304	0.7%	304	288	-5.3%
Union	438	518	18.3%	518	616	18.9%
Wallowa	107	160	49.5%	160	122	-23.8%
District 13 Total	847	982	15.9%	982	1,026	4.5%
Pregnant Women Program						
Baker	76	81	6.6%	81	74	-8.6%
Union	109	122	11.9%	122	114	-6.6%
Wallowa	25	24	-4.0%	24	24	0.0%
District 13 Total	210	227	8.1%	227	212	-6.6%
Foster Care & Adoption Services						
Baker	124	117	-5.6%	117	119	1.7%
Union	125	132	5.6%	132	140	6.1%
Wallowa	22	20	-9.1%	20	19	-5.0%
District 13 Total	271	269	-0.7%	269	278	3.3%

District 13 Regional Forecast, Oregon Health Authority (clients) (continued)

Counties served: Baker, Union and Wallowa 	Current Biennium		% Change Between Forecasts	Fall 14 Forecast		% Change Between Biennia
	Spring 14 Forecast	Fall 14 Forecast		2013-15	2015-17	
Aid to the Blind/Disabled						
Baker	449	450	0.2%	450	454	0.9%
Union	597	602	0.8%	602	603	0.2%
Wallowa	182	176	-3.3%	176	187	6.3%
District 13 Total	1,228	1,228	0.0%	1,228	1,244	1.3%
Old Age Assistance						
Baker	167	166	-0.6%	166	167	0.6%
Union	245	246	0.4%	246	251	2.0%
Wallowa	64	64	0.0%	64	64	0.0%
District 13 Total	476	476	0.0%	476	482	1.3%
ACA Adults with Children						
Baker	NA	377	-	377	355	-5.8%
Union	NA	506	-	506	473	-6.5%
Wallowa	NA	158	-	158	151	-4.2%
District 13 Total	NA	1,041	-	1,041	980	-5.9%
ACA Adults without Children						
Baker	NA	1,076	-	1,076	1,020	-5.2%
Union	NA	1,443	-	1,443	1,356	-6.0%
Wallowa	NA	451	-	451	435	-3.6%
District 13 Total	NA	2,970	-	2,970	2,810	-5.4%

District 14 Regional Forecast



District 14 is one of the few regions to experience a reduction in the number people employed comparing 2013 to 2014. Malheur County saw an increase in unemployment as multiple job sectors shed jobs, including financial, professional and business services, and manufacturing. Public sector jobs are also down compared to 2013, although new school-year hiring may erase some of those losses.

Grant County also experienced rising unemployment. On an annualized basis, the number of jobs in Grant County declined every year from 2006 to 2012. Since then, things have stabilized but not necessarily improved.

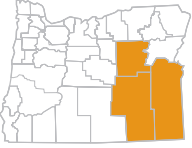
Harney County's unemployment rate has been in double-digits since the middle of 2008. The rate improved in 2014, but remains above 10 percent. Since job creation has improved only marginally, improvements in the unemployment rate are due to fewer people looking for work, not an improved job market.

Prime working age is generally defined as ages 25 to 54, and there are fewer workers in Eastern Oregon that fall into that category than elsewhere in the state.

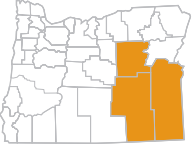
The SNAP Self-Sufficiency caseload is expected to decline in a pattern similar to statewide in Grant and Harney counties, but not in Malheur, which should see very little change in rates of SNAP participation. Malheur will see reductions in TANF in line with the statewide pattern, although the other two counties in the district are expected to see modest increases.

DISTRICT 14		Population		Income		Unemployment	
Region	Total population	Percent under age 18	Percent age 65 and over	Median Household Income	Percent in poverty	Aug-13	Aug-14
Oregon	3,919,020	22.1%	15.4%	\$50,251	11.3%	8.1%	7.2%
Grant	7,435	17.8%	27.5%	\$34,337	12.5%	12.3%	11.2%
Harney	7,260	21.6%	21.3%	\$39,674	16.7%	12.6%	10.5%
Malheur	31,440	25.0%	16.3%	\$36,318	16.7%	8.6%	8.9%

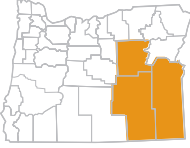
District 14 Regional Forecast, Oregon Department of Human Services

Counties served: Grant, Harney and Malheur 	Current Biennium		% Change Between Forecasts	Fall 14 Forecast		% Change Between Biennia
	Spring 14 Forecast	Fall 14 Forecast		2013-15	2015-17	
Self Sufficiency (households)						
SNAP - Self Sufficiency						
Grant	378	370	-2.1%	370	328	-11.4%
Harney	468	477	1.9%	477	437	-8.4%
Malheur	2,798	2,816	0.6%	2,816	2,825	0.3%
District 14 total	3,644	3,663	0.5%	3,663	3,590	-2.0%
SNAP - Aid to People with Disabilities						
Grant	277	277	0.0%	277	308	11.2%
Harney	344	344	0.0%	344	391	13.7%
Malheur	1,182	1,184	0.2%	1,184	1,277	7.9%
District 14 total	1,803	1,805	0.1%	1,805	1,976	9.5%
TANF						
Grant	37	36	-2.7%	36	40	11.1%
Harney	43	43	0.0%	43	34	-20.9%
Malheur	360	356	-1.1%	356	316	-11.2%
District 14 total	440	435	-1.1%	435	390	-10.3%

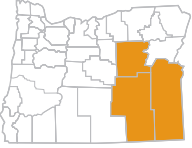
District 14 Regional Forecast, Oregon Department of Human Services (continued)

Counties served: Grant, Harney and Malheur 	Current Biennium		% Change Between Forecasts	Fall 14 Forecast		% Change Between Biennia
	Spring 14 Forecast	Fall 14 Forecast		2013-15	2015-17	
Aging and People with Disabilities, Long-Term Care (clients)						
In-Home Care						
Grant	22	25	13.6%	25	32	28.0%
Harney	30	30	0.0%	30	30	0.0%
Malheur	163	143	-12.3%	143	150	4.9%
District 14 total	215	198	-7.9%	198	212	7.1%
Community-Based Care						
Grant	25	24	-4.0%	24	25	4.2%
Harney	34	34	0.0%	34	34	0.0%
Malheur	142	133	-6.3%	133	135	1.5%
District 14 total	201	191	-5.0%	191	194	1.6%
Nursing Care						
Grant	14	11	-21.4%	11	9	-18.2%
Harney	1	1	0.0%	1	1	0.0%
Malheur	28	27	-3.6%	27	25	-7.4%
District 14 total	43	39	-9.3%	39	35	-10.3%

District 14 Regional Forecast, Oregon Health Authority (clients)

Counties served: Grant, Harney and Malheur 	Current Biennium		% Change Between Forecasts	Fall 14 Forecast		% Change Between Biennia
	Spring 14 Forecast	Fall 14 Forecast		2013-15	2015-17	
Parents/Caretaker Relative						
Grant	NA	119	-	119	143	20.2%
Harney	NA	115	-	115	136	18.3%
Malheur	NA	843	-	843	891	5.7%
District 14 Total	NA	1,077	-	1,077	1,170	8.6%
Children's Medicaid Program						
Grant	NA	428	-	428	428	0.0%
Harney	NA	538	-	538	555	3.2%
Malheur	NA	4,071	-	4,071	4,057	-0.3%
District 14 Total	NA	5,037	-	5,037	5,040	0.1%
Children's Health Insurance Program (CHIP)						
Grant	116	130	12.1%	130	148	13.8%
Harney	141	135	-4.3%	135	126	-6.7%
Malheur	728	666	-8.5%	666	602	-9.6%
District 14 Total	985	931	-5.5%	931	876	-5.9%
Pregnant Women Program						
Grant	19	19	0.0%	19	20	5.3%
Harney	36	38	5.6%	38	33	-13.2%
Malheur	157	176	12.1%	176	162	-8.0%
District 14 Total	212	233	9.9%	233	215	-7.7%
Foster Care & Adoption Services						
Grant	36	37	2.8%	37	36	-2.7%
Harney	41	47	14.6%	47	49	4.3%
Malheur	246	233	-5.3%	233	233	0.0%
District 14 Total	323	317	-1.9%	317	318	0.3%

District 14 Regional Forecast, Oregon Health Authority (clients) (continued)

Counties served: Grant, Harney and Malheur 	Current Biennium		% Change Between Forecasts	Fall 14 Forecast		% Change Between Biennia
	Spring 14 Forecast	Fall 14 Forecast		2013-15	2015-17	
Aid to the Blind/Disabled						
Grant	126	131	4.0%	131	134	2.3%
Harney	200	195	-2.5%	195	205	5.1%
Malheur	866	853	-1.5%	853	859	0.7%
District 14 Total	1,192	1,179	-1.1%	1,179	1,198	1.6%
Old Age Assistance						
Grant	82	79	-3.7%	79	80	1.3%
Harney	75	78	4.0%	78	79	1.3%
Malheur	422	420	-0.5%	420	448	6.7%
District 14 Total	579	577	-0.3%	577	607	5.2%
ACA Adults with Children						
Grant	NA	124	-	124	117	-6.0%
Harney	NA	167	-	167	157	-6.0%
Malheur	NA	620	-	620	583	-5.9%
District 14 Total	NA	911	-	911	856	-5.9%
ACA Adults without Children						
Grant	NA	355	-	355	335	-5.5%
Harney	NA	475	-	475	449	-5.5%
Malheur	NA	1,767	-	1,767	1,672	-5.4%
District 14 Total	NA	2,597	-	2,597	2,457	-5.4%

District 15 Regional Forecast



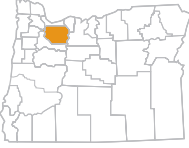
Clackamas County continues its slow march down the path of recovery. As of the summer of 2014, it had recovered more than half of the jobs lost during the Great Recession. Construction employment leads the charge with more people employed in August of 2014 than at any time since 2009. Even so, construction employment remains far below the highs seen before the housing bust of 2008.

The unemployment rate in Clackamas County is lower than the state overall and among the lowest in the state. Employment in retail sales and leisure and hospitality are poised to reach pre-recession levels. Jobs in healthcare and social assistance increased throughout the Great Recession and are still increasing.


Clackamas County is poised to see large reductions in the SNAP and TANF caseloads at a rate that exceeds the statewide trend.

DISTRICT 15		Population		Income		Unemployment	
Region	Total population	Percent under age 18	Percent age 65 and over	Median Household Income	Percent in poverty	Aug-13	Aug-14
Oregon	3,919,020	22.1%	15.4%	\$50,251	11.3%	8.1%	7.2%
Clackamas	386,080	22.9%	15.5%	\$66,758	6.7%	6.9%	6.2%

District 15 Regional Forecast, Oregon Department of Human Services

County served: Clackamas 	Current Biennium		% Change Between Forecasts	Fall 14 Forecast		% Change Between Biennia
	Spring 14 Forecast	Fall 14 Forecast		2013-15	2015-17	
Self Sufficiency (households)						
SNAP - Self Sufficiency						
Clackamas	19,991	20,350	1.8%	20,350	18,414	-9.5%
District 15 total	19,991	20,350	1.8%	20,350	18,414	-9.5%
SNAP - Aid to People with Disabilities						
Clackamas	7,629	7,643	0.2%	7,643	8,891	16.3%
District 15 total	7,629	7,643	0.2%	7,643	8,891	16.3%
TANF						
Clackamas	1,744	1,725	-1.1%	1,725	1,297	-24.8%
District 15 total	1,744	1,725	-1.1%	1,725	1,297	-24.8%
Aging and People with Disabilities, Long-Term Care (clients)						
In-Home Care						
Clackamas	1,139	1,167	2.5%	1,167	1,232	5.6%
District 15 total	1,139	1,167	2.5%	1,167	1,232	5.6%
Community-Based Care						
Clackamas	966	980	1.4%	980	1,024	4.5%
District 15 total	966	980	1.4%	980	1,024	4.5%
Nursing Care						
Clackamas	343	334	-2.6%	334	329	-1.5%
District 15 total	343	334	-2.6%	334	329	-1.5%

District 15 Regional Forecast, Oregon Health Authority (clients)

County served: Clackamas 	Current Biennium		% Change Between Forecasts	Fall 14 Forecast		% Change Between Biennia
	Spring 14 Forecast	Fall 14 Forecast		2013-15	2015-17	
Parents/Caretaker Relative						
Clackamas	NA	4,954	-	4,954	4,407	-11.0%
District 15 Total	NA	4,954	-	4,954	4,407	-11.0%
Children's Medicaid Program						
Clackamas	NA	20,810	-	20,810	20,807	0.0%
District 15 Total	NA	20,810	-	20,810	20,807	0.0%
Children's Health Insurance Program (CHIP)						
Clackamas	5,498	6,672	21.4%	6,672	7,588	13.7%
District 15 Total	5,498	6,672	21.4%	6,672	7,588	13.7%
Pregnant Women Program						
Clackamas	976	1,138	16.6%	1,138	806	-29.2%
District 15 Total	976	1,138	16.6%	1,138	806	-29.2%
Foster Care & Adoption Services						
Clackamas	1,499	1,450	-3.3%	1,450	1,415	-2.4%
District 15 Total	1,499	1,450	-3.3%	1,450	1,415	-2.4%
Aid to the Blind/Disabled						
Clackamas	5,605	5,529	-1.4%	5,529	5,658	2.3%
District 15 Total	5,605	5,529	-1.4%	5,529	5,658	2.3%
Old Age Assistance						
Clackamas	2,825	2,858	1.2%	2,858	2,996	4.8%
District 15 Total	2,825	2,858	1.2%	2,858	2,996	4.8%
ACA Adults with Children						
Clackamas	NA	5,909	-	5,909	5,643	-4.5%
District 15 Total	NA	5,909	-	5,909	5,643	-4.5%
ACA Adults without Children						
Clackamas	NA	16,856	-	16,856	16,185	-4.0%
District 15 Total	NA	16,856	-	16,856	16,185	-4.0%

District 16 Regional Forecast




Washington County has the second-lowest unemployment rate in the state (after Benton County). Unemployment rose slightly as 2014 progressed, as more people entered the job market. The number of people looking for work in the Portland Metro area has been surging, going up faster than the economic expansion can accommodate. Some of the increase is due to people moving into the area, and some is due to the long-term unemployed moving back into the job market to take advantage of improved prospects.

At an annualized rate, employment in Washington County is at an all-time high, although the rate of expansion is slowing. Most employment sectors are adding jobs, but there is some weakness in the public sector where local government employment is down.


Washington County is poised to see large reductions in the SNAP and TANF caseloads at a rate that exceeds the statewide trend.

DISTRICT 16	Population			Income		Unemployment	
Region	Total population	Percent under age 18	Percent age 65 and over	Median Household Income	Percent in poverty	Aug-13	Aug-14
Oregon	3,919,020	22.1%	15.4%	\$50,251	11.3%	8.1%	7.2%
Washington	550,990	24.9%	11.3%	\$63,238	7.9%	6.3%	5.8%

District 16 Regional Forecast, Oregon Department of Human Services

County served: Washington 	Current Biennium		% Change Between Forecasts	Fall 14 Forecast		% Change Between Biennia
	Spring 14 Forecast	Fall 14 Forecast		2013-15	2015-17	
Self Sufficiency (households)						
SNAP - Self Sufficiency						
Washington	26,913	27,709	3.0%	27,709	24,560	-11.4%
District 16 total	26,913	27,709	3.0%	27,709	24,560	-11.4%
SNAP - Aid to People with Disabilities						
Washington	8,045	8,060	0.2%	8,060	8,693	7.9%
District 15 total	8,045	8,060	0.2%	8,060	8,693	7.9%
TANF						
Washington	2,645	2,614	-1.2%	2,614	2,327	-11.0%
District 15 total	2,645	2,614	-1.2%	2,614	2,327	-11.0%
Aging and People with Disabilities, Long-Term Care (clients)						
In-Home Care						
Washington	959	1,019	6.3%	1,019	1,080	6.0%
District 15 total	959	1,019	6.3%	1,019	1,080	6.0%
Community-Based Care						
Washington	1,066	1,084	1.7%	1,084	1,119	3.2%
District 15 total	1,066	1,084	1.7%	1,084	1,119	3.2%
Nursing Care						
Washington	341	355	4.1%	355	347	-2.3%
District 15 total	341	355	4.1%	355	347	-2.3%

District 16 Regional Forecast, Oregon Health Authority (clients)

County served: Washington 	Current Biennium		% Change Between Forecasts	Fall 14 Forecast		% Change Between Biennia
	Spring 14 Forecast	Fall 14 Forecast		2013-15	2015-17	
Parents/Caretaker Relative						
Washington	NA	6,333	-	6,333	5,582	-11.9%
District 16 Total	NA	6,333	-	6,333	5,582	-11.9%
Children's Medicaid Program						
Washington	NA	34,216	-	34,216	34,227	0.0%
District 16 Total	NA	34,216	-	34,216	34,227	0.0%
Children's Health Insurance Program (CHIP)						
Washington	9,717	10,420	7.2%	10,420	9,636	-7.5%
District 16 Total	9,717	10,420	7.2%	10,420	9,636	-7.5%
Pregnant Women Program						
Washington	1,304	1,584	21.5%	1,584	1,212	-23.5%
District 16 Total	1,304	1,584	21.5%	1,584	1,212	-23.5%
Foster Care & Adoption Services						
Washington	1,515	1,518	0.2%	1,518	1,512	-0.4%
District 16 Total	1,515	1,518	0.2%	1,518	1,512	-0.4%
Aid to the Blind/Disabled						
Washington	6,205	6,156	-0.8%	6,156	6,293	2.2%
District 16 Total	6,205	6,156	-0.8%	6,156	6,293	2.2%
Old Age Assistance						
Washington	4,025	4,025	0.0%	4,025	4,270	6.1%
District 16 Total	4,025	4,025	0.0%	4,025	4,270	6.1%
ACA Adults with Children						
Washington	NA	7,727	-	7,727	7,379	-4.5%
District 16 Total	NA	7,727	-	7,727	7,379	-4.5%
ACA Adults without Children						
Washington	NA	22,041	-	22,041	21,165	-4.0%
District 16 Total	NA	22,041	-	22,041	21,165	-4.0%



This document can be provided upon request in alternate formats for individuals with disabilities or in a language other than English for people with limited English skills. To request this form in another format or language, contact Office of Forecasting Research and Analysis at 503-947-5185 or 503-378-2897 for TTY.

Legislatively Approved 2013-2015 Key Performance Measures

Agency: HUMAN SERVICES, DEPARTMENT of

Mission: Assisting people to become independent, healthy and safe.

Legislatively Proposed KPMs	Customer Service Category	Agency Request	Most Current Result	Target 2014	Target 2015
1 - OVRS CLOSED - EMPLOYED – The percentage of Office of Vocational Rehabilitation Services (OVRS) consumers with a goal of employment who are employed.		Approved KPM	60.00	66.00	66.00
2 - TANF FAMILY STABILITY – The percentage of children entering foster care who had received TANF cash assistance within the prior two months.		Approved KPM	43.60	30.00	30.00
3 - TANF RE-ENTRY - The percentage of Temporary Assistance for Needy Families (TANF) cases who have not returned within 18 months after exit due to employment.		Approved KPM	64.10	65.00	65.00
4 - SNAP (Supplemental Nutrition Assistance Program) UTILIZATION - The ratio of Oregonians served by SNAP to the number of low-income Oregonians.		Approved KPM	96.40	85.00	85.00
5 - SNAP (Supplemental Nutrition Assistance Program) ACCURACY - The percentage of accurate SNAP payments		Approved KPM	95.83	96.00	96.00
6 - ENHANCED CHILD CARE - The percentage of children receiving care from providers who are receiving the enhanced or licensed rate for child care subsidized by DHS		Approved KPM	61.80	60.00	60.00
7 - ABSENCE OF REPEAT MALTREATMENT - The percentage of abused/neglected children who were not subsequently victimized within 6 months of prior victimization.		Approved KPM	95.50	96.00	96.00
8 - TIMELINESS AND PERMANENCY OF REUNIFICATION OF CHILDREN		Approved KPM	144.70	125.00	125.00
9 - TIMELINESS OF FOSTER CARE RELATED ADOPTIONS		Approved KPM	88.00	104.40	104.40
10 - LTC NEED PREVENTION - Percentage of seniors (65+) needing publicly-funded long term care services.		Approved KPM	3.13	5.00	5.00

Agency: HUMAN SERVICES, DEPARTMENT of

Mission: Assisting people to become independent, healthy and safe.

Legislatively Proposed KPMs	Customer Service Category	Agency Request	Most Current Result	Target 2014	Target 2015
11 - LTC RECIPIENTS LIVING OUTSIDE OF NURSING FACILITIES – The percentage of Oregonians accessing publicly-funded long-term care services who are living outside of nursing facilities.		Approved KPM	85.10	85.09	85.96
12 - DEVELOPMENTAL DISABILITY SUPPORT SERVICES - The percentage of eligible adults who are receiving adult support services within 90 days of request.		Approved KPM	56.00	98.00	98.00
13 - PEOPLE WITH DISABILITIES IN COMMUNITY SETTINGS – The percentage of individuals with developmental disabilities who live in community settings of five or fewer.		Approved KPM	98.90	98.60	98.60
14 - INTEGRATED EMPLOYMENT SETTINGS - The percentage of adults with developmental disabilities who receive ODDS services who are working in integrated employment settings.		Approved KPM	22.80		
15 - ABUSE OF PEOPLE WITH DEVELOPMENTAL DISABILITIES - The percentage of people with developmental disabilities experiencing abuse.		Approved KPM	2.47	2.20	2.20
16 - PLACEHOLDER: ADULT PROTECTIVE SERVICES		Approved KPM	0.59		
17 - CUSTOMER SERVICE - Percentage of customers rating their satisfaction with DHS above average or excellent: overall, timeliness, accuracy, helpfulness, expertise, availability of information.	Accuracy	Approved KPM	57.98	75.00	75.00
17 - CUSTOMER SERVICE - Percentage of customers rating their satisfaction with DHS above average or excellent: overall, timeliness, accuracy, helpfulness, expertise, availability of information.	Availability of Information	Approved KPM	55.88	75.00	75.00
17 - CUSTOMER SERVICE - Percentage of customers rating their satisfaction with DHS above average or excellent: overall, timeliness, accuracy, helpfulness, expertise, availability of information.	Expertise	Approved KPM	56.73	75.00	75.00
17 - CUSTOMER SERVICE - Percentage of customers rating their satisfaction with DHS above average or excellent: overall, timeliness, accuracy, helpfulness, expertise, availability of information.	Helpfulness	Approved KPM	84.00	75.00	75.00
17 - CUSTOMER SERVICE - Percentage of customers rating their satisfaction with DHS above average or excellent: overall, timeliness, accuracy, helpfulness, expertise, availability of information.	Overall	Approved KPM	85.00	75.00	75.00

Agency: HUMAN SERVICES, DEPARTMENT of

Mission: Assisting people to become independent, healthy and safe.

Legislatively Proposed KPMs	Customer Service Category	Agency Request	Most Current Result	Target 2014	Target 2015
17 - CUSTOMER SERVICE - Percentage of customers rating their satisfaction with DHS above average or excellent: overall, timeliness, accuracy, helpfulness, expertise, availability of information.	Timeliness	Approved KPM	76.00	75.00	75.00
18 - PLACEHOLDER: SERVICE EQUITY		Approved KPM		815.00	
10 - ACCESS TO I & R AND I & A - Access to accurate and consistent Information & Referral and Information & Assistance for people who are not currently served by SPD		Legislative Delete	97.40		
11 - SENIORS LIVING OUTSIDE OF NURSING FACILITIES – The percentage of Oregon’s seniors receiving SPD long-term care services who are living outside of nursing facilities.		Legislative Delete	83.60		

LFO Recommendation:

Approve KPMs #1 through 9, 12, 13, 17, and 18 with targets as shown. Approve delete/new (replacement) requests for current KPMs #10 and 11, with targets as displayed. Modify requested change for KPM #14 as follows: Retain the old KPM but change the wording slightly, to: "Integrated Employment Settings: The percentage of adults with developmental disabilities who receive ODDS services who are working in integrated employment settings. Also, for KPM #14, show the most current result but leave the targets blank. Executive Order (EO) #13-04 establishes a policy group that is to recommend employment outcome metrics; that group is expected to evaluate this KPM and develop targets that fit EO objectives. Targets can be communicated to the Legislative Fiscal Office after review. Retitle KPM #15 to "ABUSE OF PEOPLE WITH DEVELOPMENTAL DISABILITIES" and approve the targets as presented. Direct the agency to reconsider this measure as it works to develop the Adult Protective Services KPM. Deny request to delete/replace KPM #16. Retain KPM #16 as a placeholder performance measurement for Adult Protective Services and direct the agency to develop an alternative KPM for 2015-17, with the understanding that DHS will continue to capture, analyze, and report on abuse-related data as part of the agency's overall program management responsibilities. Approve the customer service performance measure elements with targets as shown. Approve the placeholder request for Service Equity as KPM #18; specific measure and targets to be included with requested KPMs for 2015-17. Direct the Department of Human Services, as the agency works to align KPMs with its performance-based management system for the 2015-17 budget cycle, to improve the consistency of measurement components, displays, and comparisons.

Sub-Committee Action:

Approved the LFO Recommendation.

HUMAN SERVICES, DEPARTMENT of
Annual Performance Progress Report (APPR) for Fiscal Year (2013-2014)

Original Submission Date: 2014

Finalize Date:

2013-2014 KPM #	2013-2014 Approved Key Performance Measures (KPMs)
1	OVRS CLOSED - EMPLOYED – The percentage of Office of Vocational Rehabilitation Services (OVRS) consumers with a goal of employment who are employed.
2	TANF FAMILY STABILITY – The percentage of children entering foster care who had received TANF cash assistance within the prior two months.
3	TANF RE-ENTRY - The percentage of Temporary Assistance for Needy Families (TANF) cases who have not returned within 18 months after exit due to employment.
4	SNAP (Supplemental Nutrition Assistance Program) UTILIZATION - The ratio of Oregonians served by SNAP to the number of low-income Oregonians.
5	SNAP (Supplemental Nutrition Assistance Program) ACCURACY - The percentage of accurate SNAP payments
6	ENHANCED CHILD CARE - The percentage of children receiving care from providers who are receiving the enhanced or licensed rate for child care subsidized by DHS
7	ABSENCE OF REPEAT MALTREATMENT - The percentage of abused/neglected children who were not subsequently victimized within 6 months of prior victimization.
8	TIMELINESS AND PERMANENCY OF REUNIFICATION OF CHILDREN
9	TIMELINESS OF FOSTER CARE RELATED ADOPTIONS
10	LTC NEED PREVENTION - Percentage of seniors (65+) needing publicly-funded long term care services.
11	LTC RECIPIENTS LIVING OUTSIDE OF NURSING FACILITIES – The percentage of Oregonians accessing publicly-funded long-term care services who are living outside of nursing facilities.
12	DEVELOPMENTAL DISABILITY SUPPORT SERVICES - The percentage of eligible adults who are receiving adult support services within 90 days of request.
13	PEOPLE WITH DISABILITIES IN COMMUNITY SETTINGS – The percentage of individuals with developmental disabilities who live in community settings of five or fewer.

2013-2014 KPM #	2013-2014 Approved Key Performance Measures (KPMs)
14	INTEGRATED EMPLOYMENT SETTINGS - The percentage of adults with developmental disabilities who receive ODDS services who are working in integrated employment settings.
15	ABUSE OF PEOPLE WITH DEVELOPMENTAL DISABILITIES - The percentage of people with developmental disabilities experiencing abuse.
16	PLACEHOLDER: ADULT PROTECTIVE SERVICES
17	CUSTOMER SERVICE - Percentage of customers rating their satisfaction with DHS above average or excellent: overall, timeliness, accuracy, helpfulness, expertise, availability of information.
18	PLACEHOLDER: SERVICE EQUITY

New Delete	Proposed Key Performance Measures (KPM's) for Biennium 2015-2017
NEW	<p>Title: TANF FAMILY STABILITY – The percentage of children receiving TANF who entered foster.</p> <p>Rationale: This measure is the inverse of the previous KPM of the same name. The change in the measure is meant to make it more TANF program specific.</p>
NEW	<p>Title: TIMELY REUNIFICATION - The percentage of foster children exiting to reunification within 12 months of foster care entry.</p> <p>Rationale: The composite measure was hard to understand and interpret. This measure is more straightforward and focuses on the goal of DHS to reunify children who enter foster care in a timely fashion.</p>
NEW	<p>Title: PEOPLE WITH DISABILITIES LIVING AT HOME – The percentage of individuals enrolled in the Intellectual/Developmental disabilities program who are receiving services in their own home.</p> <p>Rationale: This measure more directly demonstrates the goal DHS has to help people live as independently as possible. The prior measure was a focus on those living in a community setting. The new measure sets a higher standard.</p>
NEW	<p>Title: ABUSE OF PEOPLE WITH DEVELOPMENTAL DISABILITIES - The percentage of people with developmental disabilities in licensed settings who experienced abuse.</p> <p>Rationale: This change is a language change only, to clarify the abuse is occurring in a licensed setting.</p>
NEW	<p>Title: ABUSE OF PEOPLE WITH PHYSICAL DISABILITIES OR THOSE OVER AGE 65: The percentage of people with physical disabilities and those over the age of 65 in licensed settings who experienced abuse.</p> <p>Rationale: This was a placeholder measure. The proposed measure is one showing the abuse rate of those placed in a licensed setting that experience abuse for the Aging and Peoples with Disabilities program area.</p>
NEW	<p>Title: SERVICE EQUITYThe rate of unduplicated DHS clients served per 1,000 of Oregon population at or below 185% FPL for All Communities of Color and broken down by:• African American, Non-Hispanic• Native American/Alaska Native, Non-Hispanic • Asian, Non-Hispanic • Pacific Islander, Non-Hispanic • Hispanic – all races</p> <p>Rationale: This was a placeholder measure.The proposed measure will show whether clients of each reported race group is over-represented or under-represented compared to all clients served by DHS. Note that neither higher or lower is necessarily better, but being close to the overall population rate per 1,000 is the goal.The intent is to have a view, much like with Customer Satisfaction, so that each category can be shown in the chart.</p>

New Delete	Proposed Key Performance Measures (KPM's) for Biennium 2015-2017
NEW	<p>Title: Children Served by Child Welfare Residing In Parental Home: The percent of children served in Child Welfare on an average daily basis (In Home and Foster Care) who were served while residing in their parent's home.</p> <p>Rationale: Oregon has been focusing on the safe and equitable reduction of children in foster care. This new measure allows for us to show the proportion of children served by Child Welfare who are able to reside in their own home.</p>
NEW	<p>Title: Timeliness of Adoption Once Legally Free: Percent of Legally free children adopted in less than 12 months</p> <p>Rationale: Once a child has been determined to be legally free, that is, all parental rights have been terminated or relinquished, this measure shows how successful Oregon is on finalizing adoptions within a timely fashion.</p>
NEW	<p>Title: TANF JOBS PLACEMENTS: The percentage of clients who achieve job placement each month compared to those anticipated to achieve placement.</p> <p>Rationale: This measure shows how well the TANF program is doing to get clients in a job placement compared to predetermined goals. This is an important measurement for the TANF JOBS program and an important measure of client engagement in achieving self-sufficiency.</p>
DELETE	<p>Title: TANF FAMILY STABILITY – The percentage of children entering foster care who had received TANF cash assistance within the prior two months.</p> <p>Rationale:</p>
DELETE	<p>Title: TIMELINESS AND PERMANENCY OF REUNIFICATION OF CHILDREN</p> <p>Rationale:</p>
DELETE	<p>Title: TIMELINESS OF FOSTER CARE RELATED ADOPTIONS</p> <p>Rationale:</p>
DELETE	<p>Title: PEOPLE WITH DISABILITIES IN COMMUNITY SETTINGS – The percentage of individuals with developmental disabilities who live in community settings of five or fewer.</p> <p>Rationale:</p>
DELETE	<p>Title: PLACEHOLDER: ADULT PROTECTIVE SERVICES</p> <p>Rationale:</p>

New Delete	Proposed Key Performance Measures (KPM's) for Biennium 2015-2017
DELETE	<p>Title: ABUSE OF PEOPLE WITH DEVELOPMENTAL DISABILITIES - The percentage of people with developmental disabilities experiencing abuse.</p> <p>Rationale:</p>
DELETE	<p>Title: PLACEHOLDER: SERVICE EQUITY</p> <p>Rationale:</p>

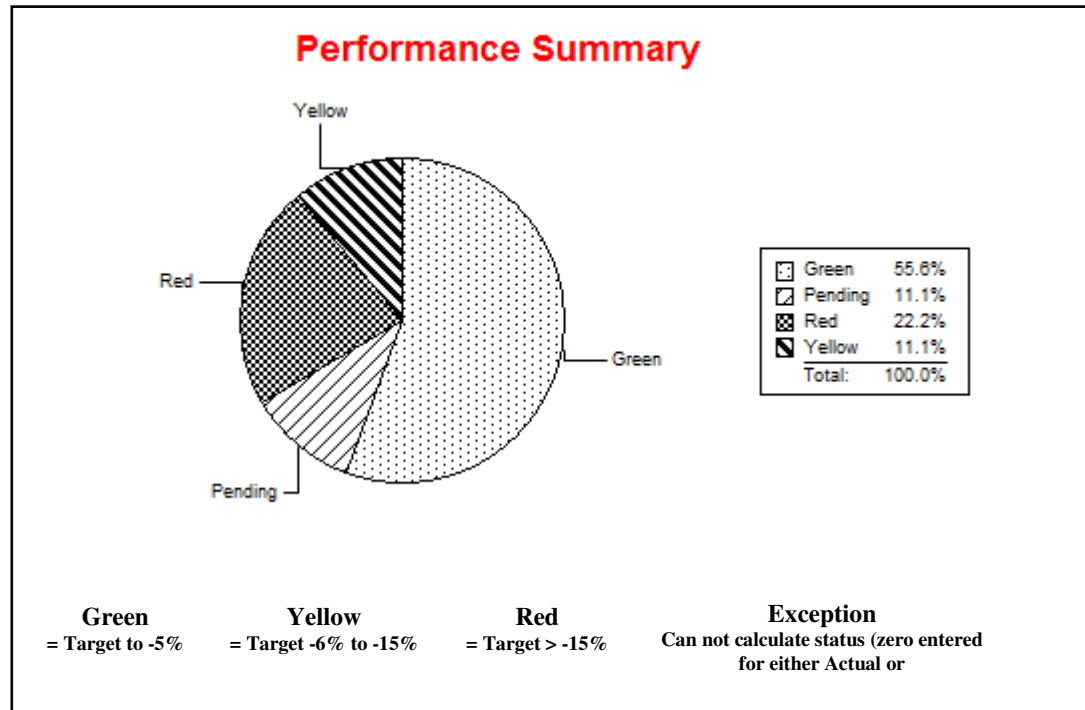
Agency Mission: Assisting people to become independent, healthy and safe.

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1. SCOPE OF REPORT

This report covers a broad array of programs throughout the Department of Human Services (DHS), such as employment, child well-being, and independence of seniors and people with intellectual and developmental disabilities that support the mission and goals of the agency. The purpose of this annual performance report is to communicate the results of the work we do. While the primary audience of this report is the Oregon Legislature and other key stakeholders, it is also a communication tool for staff, other governmental agencies and the public.

2. THE OREGON CONTEXT

The Oregon Department of Human Services helps achieve Oregon's goals. The agency's mission 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. Every year, more than one million people rely on DHS services to meet their most basic needs and their efforts to achieve economic stability and independence. DHS works to ensure these outcomes and tracks agency progress toward their successful achievement.

3. PERFORMANCE SUMMARY

DHS achieved green status on eleven (55.6%) Key Performance Measures. One (11.1%) KPM achieved yellow status. Three (22.2%) achieved red status, one measure does not have a Target established for 2013 and another two measures are Pending legislative approval. Green status = Target to -5% Yellow status = Target -6% to -15% Red status = Target > -15%

4. CHALLENGES

Poor economic conditions and unemployment appear to have an influence on many of our measures. Cuts in funding and limited resources (such as staff and providers) have an impact on whether or not we can achieve our desired results. Other challenges include the fact that the work of DHS is complex and requires coordinated efforts to see an impact on the results. It's not uncommon for clients to have multiple barriers to face. They may have drug or alcohol abuse issues, involvement with law enforcement, have mental health challenges, or be unemployed.

It continues to be a challenge to connect the daily work of the agency to intermediate and high level outcomes. However, doing so will enable us to prioritize and clarify the results of what we do (effectiveness) and the importance of efficient processes, thereby creating a culture throughout DHS by which all managers and staff rigorously use performance measures and other metrics for decision-making, managing the daily work and driving improvements throughout the agency. More effective communication with the public and stakeholders of the value of DHS services is desired as we attempt to educate others about our role as good stewards of public resources.

5. RESOURCES AND EFFICIENCY

2013-15 Total Fund Budget by Division

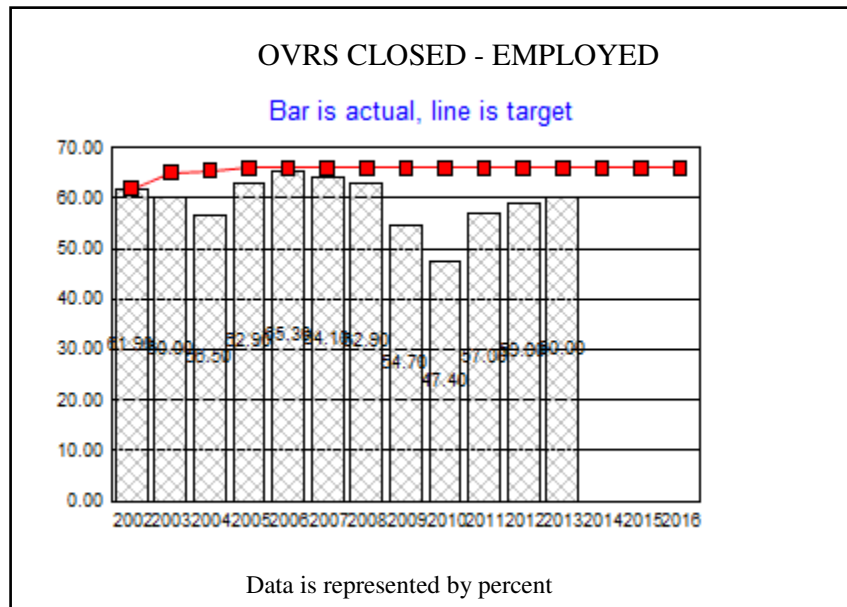
This section provides overall budget information for DHS and the major program areas.

Division, Total Funds (in millions), % Funds

Self Sufficiency, \$3,466.2, 37.31%
Child Welfare, \$916.7, 9.87%
Vocational Rehabilitation, \$97.6, 1.05%
Aging and People with Disabilities, \$2,437.0, 26.23%
People with Intellectual and Developmental Disabilities, \$1,734.3, 18.67%
Central and Shared Services, \$637.7, 6.87%
TOTAL FUNDS = \$9,289.7

Source: DHS Central Budget, Finance and Analysis Division

KPM #1	OVRS CLOSED - EMPLOYED – The percentage of Office of Vocational Rehabilitation Services (OVRS) consumers with a goal of employment who are employed.	1997
Goal	People are living as independently as possible.	
Oregon Context	Percentage of individuals receiving services who had employment outcomes during the state fiscal year.	
Data Source	Office of Vocational Rehabilitation Services Core Performance Status Summary Report	
Owner	DHS - Vocational Rehabilitation, David Ritacco, 503-945-6720	



1. OUR STRATEGY

Obtaining and maintaining suitable employment is consistent with the Department’s goal of assisting people to live independently. This outcome measure shows how successful DHS and its partners are at helping people with disabilities become employed in local communities. Based on a

Harris Survey of Americans with Disabilities, “Two out of three unemployed people with disabilities would prefer to be working.” During State Fiscal Year 2011, VR clients who closed with employment earned an average wage of \$11.76 an hour and worked an average of 27 hours per week.

2. ABOUT THE TARGETS

This target, often internally referred to as the success rate, reports the percentage of vocational rehabilitation clients who have received services and maintained suitable employment for a minimum of 90 consecutive days and who have exited the program. A higher percentage indicates more individuals obtaining successful employment outcomes.

3. HOW WE ARE DOING

OVRs’ performance declined on this measure with the imposition of the Order of Selection on January 15, 2009, which requires that OVRs serve the most severely disabled clients first, as well with the decline in the labor market during the past year. However, the performance began to improve in FFY11 increasing from 47% in FFY10 to 57% in FFY11. Currently, OVRs’ percentage of individuals receiving services who had employment outcomes for FFY13 through September 2013 was 60%.

4. HOW WE COMPARE

All 50 states have a state run general VR program. The State of Oregon’s VR program is required to meet or exceed a national performance level of 55.8 percent. As such, this percentage is considered a minimum acceptable number. The State of Oregon’s VR program met this measure in FFY 13 (60%).

5. FACTORS AFFECTING RESULTS

There is one factor which will impact Oregon’s performance. The Workforce Innovation and Opportunity Act (WIOA) requires totally different performance measures than is currently reported under the KPM. A higher percentage obtaining a rehabilitation may actually be detrimental to meeting the current WIOA performance measures (long term job retention and post-secondary education and training completion).

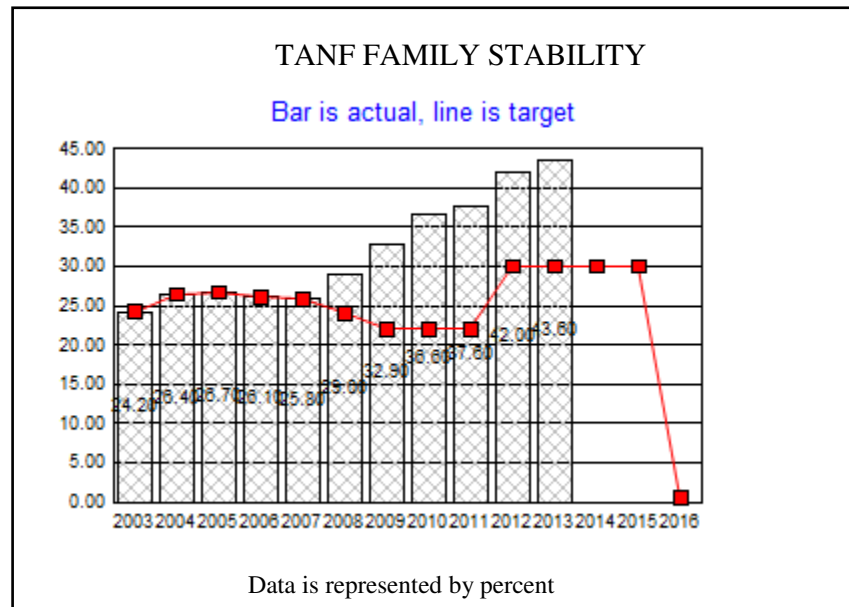
6. WHAT NEEDS TO BE DONE

The VR program will continue to conduct program monitoring and implement any necessary program improvements based on the data analysis.

7. ABOUT THE DATA

Reporting cycle – federal fiscal year. The success rate calculation is based on dividing the number of clients who exited the VR program in employment by the number of clients who exited the VR program after receiving services, multiplied by 100. VR relies on a state and federal relationship. Federal funding requires a state match of 21.3 percent and this has worked well for over 80 years but under the current appropriations, the VR program can meet the needs of only a small percentage of people with disabilities who live in Oregon. The VR program continues to look at state population distributions and have relocated staff to meet the increased demands in specific areas.

KPM #2	TANF FAMILY STABILITY – The percentage of children entering foster care who had received TANF cash assistance within the prior two months.	2007
Goal	People are safe	
Oregon Context	Oregon Benchmark #51 - Number of children per 1,000 persons under 18, who are: a) neglected/abused, b) at substantial risk of being neglected/abused.	
Data Source	Cumulative Federal Fiscal report cycle using AFCARS quarterly is used to identify the number of children entering foster care and Client Maintenance System to identify whether those children were from a household that received TANF cash assistance within the prior two months (referred to as TANF children). The number of TANF children is divided by the total number of children entering foster care for the federal fiscal year to arrive at the percent of children entering foster care who had received TANF cash assistance within the prior two months.	
Owner	DHS - Self Sufficiency, Xochitl Esparza, TANF Manager, 503-945-6122	



1. OUR STRATEGY

This measure tracks the movement of low-income children who leave the TANF program and enter foster care within two months of exit. This is designed to increase the overall effectiveness of the TANF program's family stability efforts.

The programs and services provided include supports to meet immediate needs and holistic family assessments, prevention (Family Support and Connections); Families are offered a holistic family assessment including screenings for physical health, substance abuse, mental health, domestic violence, learning needs and other family stability issues.

Family Support and Connections provides supports to prevent children in at-risk TANF families from entering the child welfare system. Home and community based services are used to guide interventions that build on family strengths and address family functioning issues. The services are designed to strengthen and support families by increasing parental protective factors and addressing risk factors related to child abuse. Temporary Assistance to Domestic Violence Survivors (TA-DVS) provides temporary financial assistance and support services to families with children who need to flee and stay free from domestic violence. TA-DVS is used to help the domestic violence survivor and the children address their safety concerns and to stabilize their living situation, thus reducing the likelihood of the survivor returning to the abuser. The array of these TANF services are intended to support and 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.

2. ABOUT THE TARGETS

Our objective is to decrease the percentage of children being served by the TANF cash assistance program who enter the foster care system.

DHS used the 2003 through 2007 performance data to establish a baseline. The FY2013 data indicates Foster Care entries are decreasing and TANF cash assistance cases are on the rise which could result in an increase in the percentage of TANF children entering foster care.

3. HOW WE ARE DOING

In FFY2007, 25.8 percent of the children entering foster care had received TANF cash assistance within the prior two months. The rate increased to 43.6 percent for FFY2013.

4. HOW WE COMPARE

This is a unique measure for Oregon and, therefore, there is a lack of data from other states for purposes of a comparison. However, a comparison of Aid to Families with Dependent Children (AFDC) and child welfare caseloads in California, Illinois and North Carolina found the majority of children entering foster care had been removed from AFDC-eligible households (U.S. Department of Health and Human Services, Office of Assistant Secretary for Planning and Evaluation, 2000).

5. FACTORS AFFECTING RESULTS

The factors affecting results include: multiple child abuse risk factors present in families such as, alcohol or drug abuse, parental involvement with law enforcement, domestic

violence, homelessness, previous child welfare involvement and unemployment. Often, there are several of these factors in families of child abuse/neglect victims. Following a national trend, the number of Oregon TANF children entering foster care has increased in direct relationship to more families entering poverty. This has resulted in an impact in the total number of children going into foster care as reported in the KPM.

Since the recession and the slow economic recovery, Oregonians continue accessing programs for low-income families such as TANF. The data table shows the percentage of children entering foster care who had received TANF has also been increasing. Contributing factors include higher case loads, broader demographic of families entering TANF and fewer community resources.

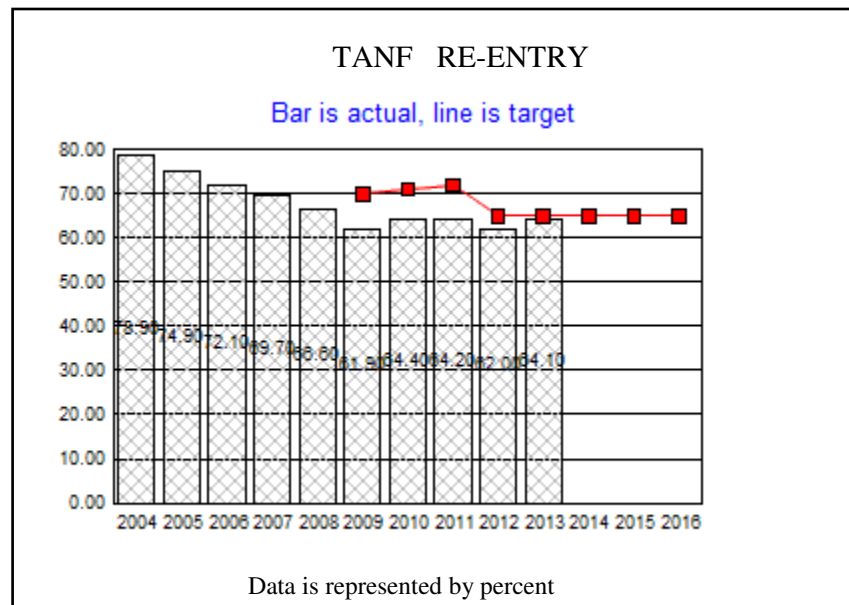
6. WHAT NEEDS TO BE DONE

We will continue to monitor data and trends related to family stability, child abuse and foster care utilization. Oregon has also increased the workforce capacity to provide enhanced case management services and intervene much earlier with appropriate services in support of struggling families. When family stability and parenting skills increase as a result of case management and services provided increasing parental protective factors will decrease the need for child welfare resources.

7. ABOUT THE DATA

Reporting cycle - Federal Fiscal year. AFCARS quarterly data is used to identify the number of children entering foster care and Client Maintenance System to identify whether those children were from a household that received TANF cash assistance within the prior two months (referred to as TANF children). The number of TANF children is divided by the total number of children entering foster care for the federal fiscal year to arrive at the percent of children entering foster care who had received TANF cash assistance within the prior two months. The percentage can be skewed by differing rate of increase/decrease of the two programs. As of FFY 2013 Foster Care entries are decreasing and TANF cash assistance cases are on the rise, this can cause an increase in the percentages.

KPM #3	TANF RE-ENTRY - The percentage of Temporary Assistance for Needy Families (TANF) cases who have not returned within 18 months after exit due to employment.	1991
Goal	People are able to support themselves and their families	
Oregon Context	Oregon Benchmark #14 and the DHS high-level outcome; "Percentage of covered Oregon workers with earnings of 150% or more of the poverty level for a family of four."	
Data Source	JAS/TRACS system placement data and Client Maintenance system public assistance data is used to determine the TANF clients who left TANF due to employment and did not return to cash assistance or were still off cash assistance 18 months after TANF closed.	
Owner	DHS - Self Sufficiency, Xochitl Esparza, TANF Manager, (503) 945-6122	



1. OUR STRATEGY

One of the main goals of the Temporary Assistance for Needy Families (TANF) Job Opportunities and Basic Skills (JOBS) program is to help clients find and maintain employment. The longer clients can stay employed, the higher their wages will be. The department's strategies are focused on meeting people where they are at, and as part of this we strive to give clients the tools they need to be successful in the workplace and to reduce incidences of returning to assistance. Our partners include other state agencies such as the Employment Department and Community Colleges and Workforce Development. We also work closely with county-based services, JOBS program providers, and community social service partners.

2. ABOUT THE TARGETS

Our objective is to increase the number of former TANF clients who do not require future TANF cash assistance. Due to the recent economic crisis DHS used only the 2007 performance data to develop a baseline. The target was determined by adding 1% to the baseline performance. The goal for 2014 and 2015 were maintained to consider the prolonged effects of the economic recession. Our goal continues to be focused on achieving high level of success in this area.

3. HOW WE ARE DOING

64.1% of TANF clients that left public cash assistance due to employment between January 2013 and December 2013 were not receiving cash assistance 18 months later, an increase from the previous year. This indicates that the majority of TANF clients who left the program due to employment were having relative success in the workplace, or have found other resources to maintain their own and their family's financial independence. The increase also may be indicative of an economy that slowly continues to recover.

4. HOW WE COMPARE

There are no relevant public or private industry standards that directly compare to this measure.

5. FACTORS AFFECTING RESULTS

This measure may be affected by several things, including the status of the economy, the labor market and industry. It can also be affected by the effectiveness of the JOBS program that determines, coordinates, and provides services to assist TANF clients find and retain employment, and offer strategies to enhance wage gain efforts. As the TANF caseload remains relatively high, a smaller percentage of families are able to be served in the JOBS program which also affects the program's ability to help families move off assistance through job placement. As a way to help the state balance its budget shortfall, the JOBS Program budget was reduced by half in 2011-13 compared to the previous biennium budget. This meant that the program was funded to support only 25% of those required to participate in employment or other alternatives. Additionally, the Post TANF payment was progressively reduced and then suspended. In 2013-15, the program was modified to allow for flexibility of services that support families in becoming self-sufficient.

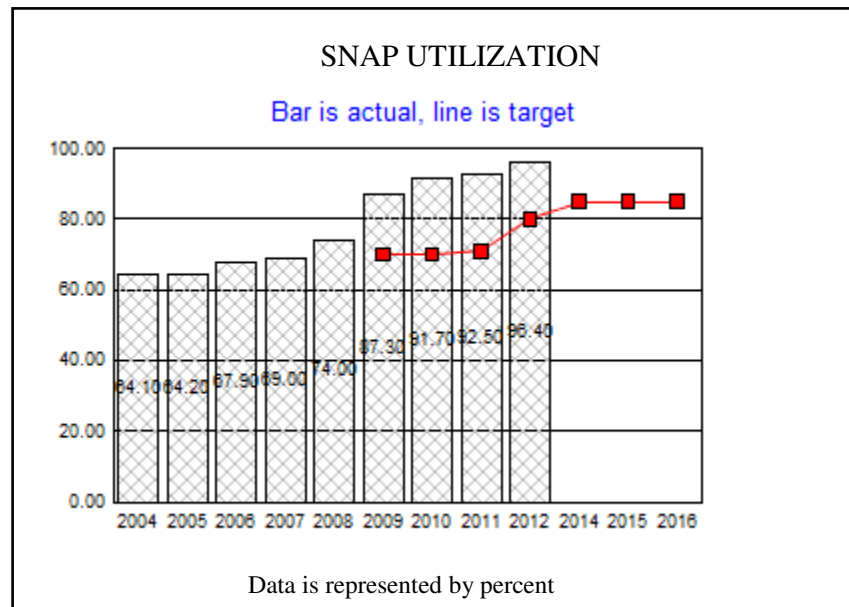
6. WHAT NEEDS TO BE DONE

Further study of this measure is needed to ensure it accurately reflects the TANF/JOBS programs' design in future biennia. This measure was modified for calendar year 2010.

7. ABOUT THE DATA

Reporting cycle – Calendar Year. This measure recently changed from counting all clients who left due to employment and are currently off TANF, to counting only clients who have never returned. The methodology and criteria used to obtain the data is adjusted as program changes occur, to ensure the validity of the data. Recidivism and Placement reports are issued separately, on a monthly basis and studied for any potential anomalies, as well as to identify trends in performance. The data is sent to program managers and interested parties.

KPM #4	SNAP (Supplemental Nutrition Assistance Program) UTILIZATION - The ratio of Oregonians served by SNAP to the number of low-income Oregonians.	2001
Goal	People are able to support themselves and their families.	
Oregon Context	This performance measure links to the DHS goal, "People are able to support themselves and their families." This measure also links to Oregon Benchmark #57 and the DHS high-level outcome, "Percent of Oregon households that are food insecure as a percentage of the	
Data Source	Food Stamp Management Information System and Census estimates.	
Owner	DHS, Self Sufficiency, Belit Burke, (503) 947-5389	



1. OUR STRATEGY

Our strategy is to maintain our outreach efforts, increase access and continue a focus on customer service. Outreach and education efforts will continue to focus on the most vulnerable populations (children and elderly) and the most under-served (the elderly).

2. ABOUT THE TARGETS

Target levels are established to assess the relative improvement in the proportion of Oregonians eligible for Supplemental Nutrition Assistance Program (SNAP) who are accessing the program. An increase in the proportion eligible that accesses the program is a positive outcome. The targets are set using the Program Access Index (PAI), which is one of the measures Food and Nutrition Services (FNS) uses to reward states for high performance.

The PAI is an index of the average monthly number of SNAP participants over the course of a calendar year to the number of people with income below 125 percent of the official poverty level. FNS computes average monthly participation over a calendar year – rather than the Federal fiscal year – to better align the participation count with the annual poverty measure. FNS makes an adjustment to the counts of participants, the numerator of this index, to better reflect State performance in the administration of SNAP.

3. HOW WE ARE DOING

SNAP participation (persons receiving benefits) has increased monthly for several years. In just the last 12-month period (07/2013-07/2014), the number of households receiving SNAP in Oregon decreased: from 443,618 to 439,865 households 789,001 persons, the decline is likely due to increased economic recovery in Oregon. (1 in 5 state residents The DHS SNAP has received federal participation bonuses for the past three federal fiscal years for ranking in the top three states nation-wide in participation rate.

4. HOW WE COMPARE

In 2007 Oregon was ranked number 18 in the nation in participation according to the PAI. In 2008 and 2009, Oregon was ranked second in the nation in SNAP participation based on the PAI and has remained one of the highest ranked states for participation. FNS ranking is based on the number of potential eligibles compared to the number receiving benefits.

There are eight states within the FNS Western Region: Alaska, Arizona, California, Hawaii, Idaho, Nevada, Oregon and Washington. (Guam is excluded from this comparison because of its small size and temporary suspension of SNAP.) Within the region, Oregon continues to be ranked 1st in participation (5th in the nation), the next closest state is Washington, ranked 8th in the nation. California is last in the Western Region and in the nation (ranked 50th). An additional comparison looks at Oregon and other states outside of the Western Region. These states have similar populations and a similar mix of relatively few urban/population centers with larger rural/remote areas as is found in Oregon. These states are: Alabama, ranked 25th; Kentucky, ranked 14th; Minnesota, 43rd; Oklahoma, ranked 26th; and South Carolina, 24th.

5. FACTORS AFFECTING RESULTS

Oregon has had great success in encouraging use of the on-line application, which is one of several efforts to ease access to SNAP benefits. The recession created critical need for basic necessities such as food in households that never expected asking for help. Oregon is also working to expand outreach efforts to identify and remove barriers to the SNAP program in all populations.

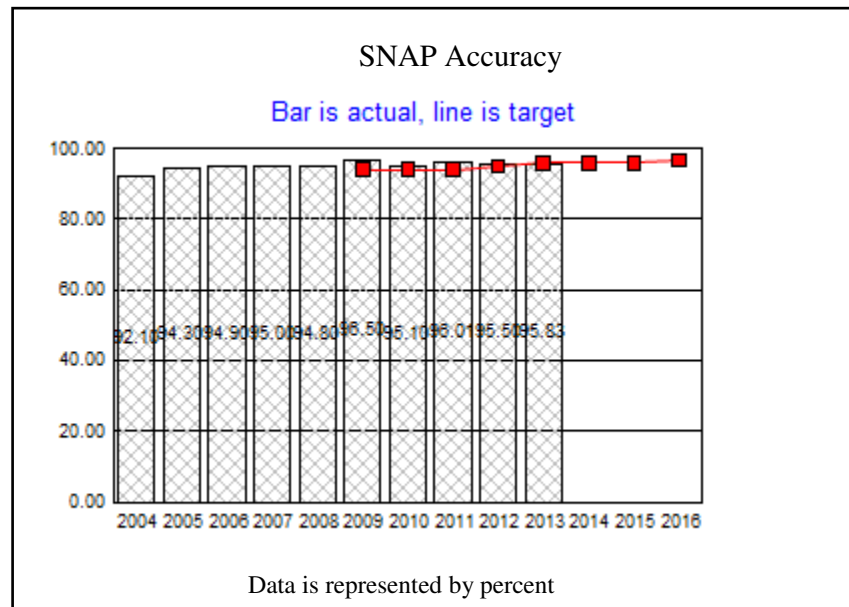
6. WHAT NEEDS TO BE DONE

Despite our outstanding performance in getting benefits to eligible households, Oregon as a state has a hunger problem. For several years, Oregon ranked among the top three states in food insecurity: the number of households in which residents were not certain where their next meal was coming from. Finally, the state is making progress. In the latest USDA data on very low food security or hunger, Oregon ranks 15th in the nation^[1]. Oregon continues efforts in outreach and improved customer service to reach more Oregonians; including working to increase population segments that are underserved. Oregon also partners with many anti-hunger organizations to help understand the issues and try to identify new ways to fight hunger in Oregon.

7. ABOUT THE DATA

Reporting cycle – calendar year. Reports submitted to Food and Nutrition Services (FNS) from our Food Stamp Management Information system is compared by FNS to Census estimates of Oregonians living at or below the federal poverty level.

KPM #5	SNAP (Supplemental Nutrition Assistance Program) ACCURACY - The percentage of accurate SNAP payments	2009
Goal	People are able to support themselves and their families	
Oregon Context	This measure links to Oregon Benchmark #58 and the DHS high-level outcome, "Percent of Oregon households that are food insecure as a percentage of the US."	
Data Source	Quality Control (QC) Active case accuracy rate.	
Owner	DHS, Office of Self Sufficiency Programs, Belit Burke, (503) 947-5389	



1. OUR STRATEGY

DHS has utilized an effective strategy in the past several years to reduce the error rate to below the national standard. This includes:

- Use of the SNAP Steering Committee, including field representatives, advocacy groups, policy, and Program Integrity, to oversee accuracy, access and customer services initiatives.
- Making available a variety of training tools for all levels of field staff, including materials listed on the SNAP policy website. Tools include classroom training, NetLink classes, monthly skill challenges, “On Target” and “In the Loop” accuracy newsletters and e-learning.
- Continuation and enhancement of a local review process which utilizes dedicated program accuracy reviewers. Over three thousand SNAP cases are assessed each month and feedback is shared with local offices. Reports produced from the database help identify areas of concern and keep track of accuracy targets.
- Updating and expanding SNAP related training, including SNAP core training, interview and narration training, and refresher training.
- Pursuit of continuous improvement concepts through Program Integrity Steering Committee.
- Making QC and Quality Assurance (QA) data available through the Office of Program Integrity (OPI) intranet website.

2. ABOUT THE TARGETS

The target for this measure is for the state’s payment error rate to be below the national standard. The national standard changes every year based on each state’s performance. The national standard has improved each year since FY 06. In FY 13, the national error rate was 3.20 percent, a historic low.

3. HOW WE ARE DOING

In FY 09, Oregon reached an all-time low error rate of 3.54 percent. The rate increased to 4.88 in FY 10 and decreased to 3.99 percent in FY 11. Oregon was placed into first year liability status in FY12, based on the error rate of 4.66 percent. In FY 13 our rate decreased to 4.17 percent.

4. HOW WE COMPARE

There are eight states and one territory within the FNS Western Region: Alaska, Arizona, California, Guam, Hawaii, Idaho, Nevada, Oregon and Washington. (Guam is excluded from this comparison because of its small size.) In FY13, Oregon was ranked fifth in our region in accuracy. Within the region, Oregon continues to be ranked 1st in participation (5th in the nation). The next closest state is Washington, ranked 8th in the nation.

An additional comparison looks at Oregon and other states outside of the Western Region. These states have similar populations and a

similar mix of relatively few urban/population centers with large rural/remote areas, as is found in Oregon. For this comparison, Oregon ranks 5th in accuracy.

Similar Population

South Carolina – 1.75%

Alabama – 1.70%

Oregon – 4.17%

Minnesota – 4.08%

Kentucky – 5.78%

Oklahoma – 3.99%

Among the top five states with high participation rates, Oregon ranks 5th in accuracy

Top Participation Rates

Delaware – 3.53%

Washington D.C. – 6.87%

Vermont – 9.66%

Maine – 2.48%

Oregon – 4.17%

5. FACTORS AFFECTING RESULTS

Oregon has worked hard to improve our Quality Control Payment Error Rate over the past decade. Despite increasing caseloads, efforts have been successful in reducing the error rate to 3.54 percent in FY 09, an all-time low, and to 4.5 percent in FY 12. Strategies contributing to this success include:

- Statewide Quality Control (QC) Panel video-conference meetings are held each month to discuss QC errors and preventative measures. This collaborative effort includes participation from field staff, SNAP policy staff, program integrity and training staff.
- DHS continues to use an improved intake process. Clients are seen more quickly, benefits are issued sooner and errors caused by delays in processing are reduced.
- “Error Trends” training is provided by Program Integrity staff to selected branch offices across the state.

6. WHAT NEEDS TO BE DONE

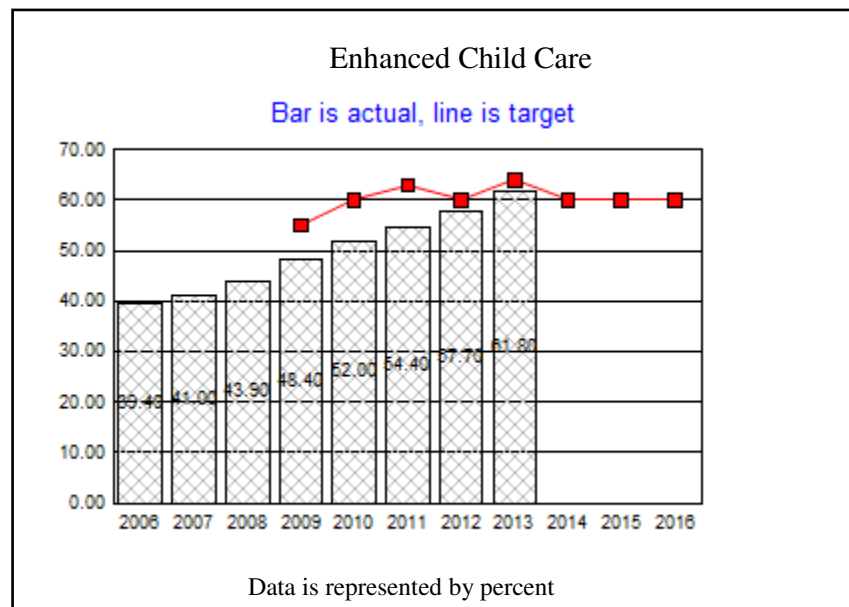
Oregon needs to maintain focus on SNAP accuracy. This will be accomplished by implementing the strategies listed above and by ongoing collaborative efforts with Office of Program Integrity, field staff, the SNAP policy unit and training staff. In addition, continuing to move forward with modernization efforts is expected to result in increased program accuracy in SNAP.

7. ABOUT THE DATA

This data is available in June every year for the previous Federal Fiscal Year. The data is regressed by federal validation and allows comparison of Oregon to other states. FY 12 and FY 13 payment accuracy data has been regressed by federal validation.

Error rates are published on the FNS Partnerweb website at <https://www.partnerweb.usda.gov>. The QC active case payment accuracy rate will be determined by subtracting the error rate from 100.

KPM #6	ENHANCED CHILD CARE - The percentage of children receiving care from providers who are receiving the enhanced or licensed rate for child care subsidized by DHS	2009
Goal	People are able to support themselves and their families	
Oregon Context	This performance measure links to the DHS goal, "People are able to support themselves and their families." With respect to children in care this measure links to the DHS goals, "People are healthy" and "People are safe."	
Data Source	DHS Provider Pay system. Percent of children receiving care from providers paid through DHS Provider Pay system receiving the enhanced or licensed rate.	
Owner	DHS - Self Sufficiency, Rhonda Prodzinski, (503) 945-6108	



1. OUR STRATEGY

To improve the quality of care available to subsidized families, DHS provides an incentive of 8 to 15% above the standard rate, dependent on the provider's

geographic location, for license-exempt providers who meet the same basic training requirements that are required of licensed family providers. DHS partners with Child Care Resource & Referral Agencies (CCR&R), American Federation of State, County and Municipal Employees (AFSCME), Service Employees International Union Local 503 (SEIU) and the Oregon Registry. The CCR&R's educate parents and help them find quality child care. They also assist with provider training that is required to qualify for the DHS enhanced rate and encourage licensed and enhanced providers to care for DHS subsidy families. The Oregon Registry documents provider training. DHS, the CCR&Rs, AFSCME, SEIU and the Oregon Registry team together to publicize training and resources available.

All license-exempt and registered providers must take a two hour pre-service online Child Care Basic Health and Safety class before they can be approved as a subsidy provider. A Child Care Orientation class is required for all newly approved license-exempt providers. The Orientation class includes information on resources available including no-cost training on First Aid/CPR, Recognizing and Reporting Child Abuse and Neglect, and Food Handlers to publicize the enhanced rate as well as the USDA Food Program. Providers also receive a license-exempt provider Literacy Tool Kit

DHS, in collaboration with the Oregon Department of Education, Early Learning Division (ELD) leveraged the existing Head Start contracted child care and expanded through a three year field test to Oregon Program of Quality providers. The key goals of the field test are for children to have access to continuous quality child care, for providers to have stable funding and for families to have continuity of quality child care to support their employment. A statewide research team has been engaged in evaluating the field test which is in its third year. The field test for expanding contracted child care is related to priorities set by the Governor and the Early Learning Council (ELC) to better prepare children for kindergarten and beyond. OPQ was Oregon's first step in creating a quality child care system for providers.

As ELD progressed their quality system, they adopted a new version to align with the Federal level movement for quality. With this shift, Oregon has developed a Quality Improvement Rating System (QRIS) for providers. QRIS is a star rating system that raises the quality and consistency of child care and early learning programs across the state. It helps ensure children in QRIS programs are ready for kindergarten, star rating starts at a C2Q (commitment to quality) and continues upward with 3, 4 and 5 Star. QRIS is currently in a pilot stage with rollout beginning state wide. DHS hopes to increase contracting efforts with QRIS in the near future. The Early Learning Division and DHS are also excited about the prospect of expanding contracted child care opportunities with Head Start as they partner with Child Care programs in their communities through the federal Early Head Start – Child Care Partnership grants. These partnerships provide more of Oregon's children with the opportunity to have high quality child care. DHS is engaged in this work and is building stronger collaborations with other agencies and partners to integrate our ERDC program with the state's early learning system. Guiding more of our providers through the Quality Improvement Rating System will be a priority.

2. ABOUT THE TARGETS

The targets were set based on an anticipated - and desired - increase in the numbers of children receiving care from providers who meet the training standards required to become licensed. These training standards promote child safety, well-being and enhance the quality of child care which encourages a more stable provider base. Stability in care arrangements promotes healthy child development, continuity of care and helps parents remain employed.

3. HOW WE ARE DOING

There was 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 from 2009 through present. There was also an increase in the number of license exempt providers who became registered providers with the Early Learning Division.

4. HOW WE COMPARE

Although a number of states have a tiered reimbursement system for child care providers, requirements vary too widely to draw meaningful comparisons.

5. FACTORS AFFECTING RESULTS

The 2007 Legislature authorized significant rate increases that took effect October 1, 2007. This gave parents increased access to licensed providers. In addition the Legislature authorized significant funding for outreach and training for license-exempt providers. The combination of more parents selecting licensed providers and increased investment in exempt provider training resulted in a steady increase in the percentage of children receiving care from providers earning the enhanced rate or the licensed rate. In July 2010, a Child Care Orientation class became required for all new license-exempt providers.

In July of 2013 an agreement was reached to increase licensed family child care provider rates effective October 1, followed by an agreement to increase license-exempt family provider rates effective November 1 of 2013.

An analysis of Subsidy Employment by Industry Sector was completed by the DHS Forecasting Unit in April 2010. The majority of ERDC clients work in industries that constrain child care options. Many subsidy parents work evening or night shifts, weekend shift or have a week or less advance notice of work schedule. A recent study confirmed that the majority of subsidy participants have two or more constraints on child care options. Most regulated child care facilities only operate during the day, and many require the parent pay for a part-time or full-time slot, so this limits subsidy parents

A new federal strategic framework from the Administration for Children and Families was made available in June of 2013. The Office of Child Care is recognizing the importance of access to quality childcare that supports parental employment in stable jobs that help parents provide for their families, that leads to healthy, happy and competent children who are ready for school with the necessary pre-academic skills; and high functioning CCDF grantees that use program dollars effectively, efficiently and with integrity, to the benefit of eligible children and families. The goal for DHS which aligns with federal ideals is to build a child care subsidy system that is child-focused, family friendly and fair to providers.

The Race to the Top Early Learning Challenge Grant is a four year federal grant recognizing Oregon's early learning work, and strengthening a statewide early care and education system. State recipients were chosen based on their ability to implement coherent, compelling, and comprehensive early learning education reform. This funding is designed to spur broad system improvement over four years to ensure Oregon children enter school ready to learn and succeed. The Early

Learning Council prioritized the activities below through determining the greatest impact on young children, and that fit grant scope and requirements:

- Tiered Quality Rating Improvement System

Race to the Top resources will engage providers with more training, mentorship, and professional development.

- Early Childhood Workforce

Race to the Top resources will provide professional development to support career pathways for early childhood educators to develop expertise in quality early learning and best practices.

- Family and Community Access

Race to the Top resources will provide dedicated outreach to build an informed, engaged public around quality early learning environments.

- Enhance the QRIS Data System

Race to the Top resources will enhance and connect data systems to capture quality information to deliver service providers, policy makers, and funders information needed to ensure better outcomes for children.

- Kindergarten Assessment

Race to the Top resources will allow Oregon to align statewide early learning with K-12 Common Core standards, launch the statewide rollout of the assessment, and gauge where children are at when they enter school.

Activities connecting early learning programs and the K-12 system are a priority throughout. Grant funding provides Oregon an opportunity to execute the system, making historic progress.

6. WHAT NEEDS TO BE DONE

DHS will continue to work with the Early Learning Division to promote innovations in subsidy intake and consumer education to increase access to high quality child care.

Efforts to inform parents and providers of the importance of quality child care and training continue to be improved. Exempt providers are represented by SEIU. DHS, Child Care Resource and Referral agencies and SEIU will continue to work together to promote the enhanced rate and help exempt providers access the training required to earn the enhanced rate.

HB 2013 legislatively mandated the Professional Development and Quality Improvement Committee for license-exempt family child care providers that receive subsidy. The committee shall develop a quality improvement system for self-employed child care providers and must use evidence-based approaches. Any quality standards established for the subsidy program are subject to collective bargaining.

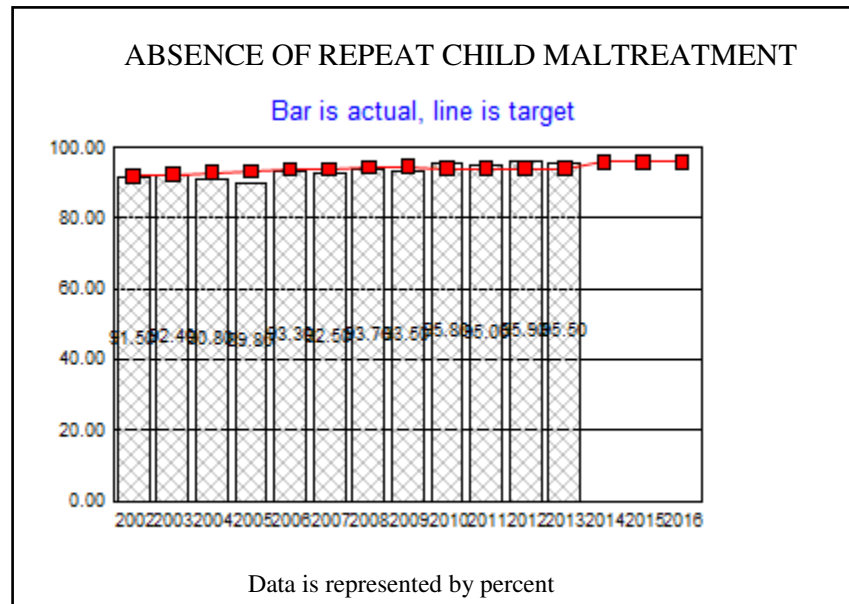
New Proposed Federal Rules for CCDF – The proposed regulatory action is needed to improve accountability broadly across many areas of the CCDF program, but is especially focused on ensuring children supported by CCDF funds are in safe, healthy, quality child care, and empowering parents with transparent information about the child care choices available to them. The new proposed rule would provide the first comprehensive update of CCDF regulations since 1998. The changes have the twin goals of promoting families' economic self-sufficiency by making child care more affordable, and fostering healthy child development and school success by improving the quality of child care. This NPRM is needed to improve accountability broadly across many areas of the CCDF program, but is especially focused on ensuring children supported by CCDF funds are in safe, healthy, quality child

care, and empowering parents with transparent information about the child care choices available to them.

7. ABOUT THE DATA

Reporting cycle - point in time, October of each year. This measure is reported as a percentage. The data are taken from the DHS Provider Pay system and compares the number of children in care with providers earning the enhanced and licensed rate to the total number of active providers in the system. As a result, the number is very reliable. Any variance caused by possible coding errors would be too small to be statistically significant. The data has been adjusted to include Head Start. Beginning, September 1, 2012, OPQ contracted child care was included.

KPM #7	ABSENCE OF REPEAT MALTREATMENT - The percentage of abused/neglected children who were not subsequently victimized within 6 months of prior victimization.	1997
Goal	People are safe	
Oregon Context	This performance measure links to the DHS goal, "People are safe." It also links to Oregon Benchmark #50 and the DHS high-level outcome, "Number of children per 1,000 persons under 18, who are: a) neglected/abused, b) at a substantial risk of being neglected/abused." This measure concerns children who are victims in founded cases of abuse. The term "founded" means that there is reasonable cause to believe that child abuse or neglect has occurred.	
Data Source	State Child Welfare SACWIS data system.	
Owner	DHS - Child Safety Program, Office of Child Welfare Programs, Stacey Ayers (503) 945-6696	



1. OUR STRATEGY

The state Child Welfare Program in conjunction with the National Resource Center for Child Protective Services (NRCCPS) developed and

implemented a comprehensive Safety Intervention Model in March 2007. The Safety Intervention Model, known as the Oregon Safety Model (OSM) includes all actions and decisions required throughout the life of a case to:

- Define Child Welfare (CW) as the “safety expert” and assure that all child welfare staff receives training in child safety interventions.
- Assess allegations of child abuse in a timely manner and provide a comprehensive protective capacity assessment of caregivers when a child has been determined to be unsafe.
- Develop focused service plans in families impacted by issues of abuse and create change goals to increase capacity and restore safety for children.
- The OSM has specific requirements regarding confirming and *reconfirming* the safety of children in their own homes or in out-of-home care throughout the life of the case. Active safety monitoring will enhance safety of children and decrease the potential of reabuse.
- The OSM moves away from incident-based child abuse assessments toward comprehensive safety assessments which focus on six factors related to child safety: 1) The extent of the abuse or neglect; 2) The circumstances surrounding the abuse or neglect; 3) Child functioning; 4) Adult functioning ; 5) Parenting; and 6) Disciplinary practices.

2. ABOUT THE TARGETS

Oregon performed above the Target of 94.1 percent in 2013. The current national standard for Absence of Repeat Maltreatment is 94.6 percent. The Target of 96 percent for 2014 and 2015 show a desire to increase our performance in keeping children safe.

3. HOW WE ARE DOING

From 2012 to 2013, Oregon saw a slight decrease in this performance measure of .4%. While 95.5% is still above the national standard, this is a measurement Oregon will continue to closely monitor to ensure it does not continue to drop.

4. HOW WE COMPARE

Oregon’s absence of repeat maltreatment rate is better than the national standard of 94.6%.

5. FACTORS AFFECTING RESULTS

The comprehensiveness of child abuse/neglect assessments takes significant resources and workload demand and urgency. The major factors affecting families of abused and neglected children are drug/alcohol abuse, parental involvement with law enforcement, domestic violence and poverty. Often, there are several of these factors co-occurring in families of child abuse/neglect victims.

6. WHAT NEEDS TO BE DONE

In February 2013, the NRCCPS assisted the department to develop curriculum for OSM training for each of the department's child welfare supervisors. The training consisted of 4 ½ days in a classroom setting and focused on the comprehensive assessment as well as other key concepts of the OSM. The training was piloted from April through September 2013, in 6 counties including Multnomah, Marion, Polk, Yamhill, Klamath and Lake. A total of 74 participants including child welfare supervisors, program managers and a representative from Portland State University Training unit completed this 4 ½ day training over a period of 6 months.

Following each classroom session, Intensive Field Consultation was provided to approximately 63 CPS & Permanency supervisors by the Child Protective Services Program consultants. The consultants were able to provide a minimum of two hours per week of Intensive Field Consultation for each supervisor to further their learning and application of the OSM concepts with their casework staff.

From October 2013 through May 2014, nearly 180 child welfare supervisors and program managers participated in the training and received intensive field consultation. Currently, another round of training for new supervisors and program managers is scheduled to begin the last week of August 2014. This has started.

In addition to the OSM training that was developed for supervisors, the CPS program is currently developing an interactive, OSM computer based training for child welfare caseworkers and other DHS staff. While some modules of the training are still in production, modules related to comprehensive assessments have been released and are being used by child welfare staff.

Oregon is also in the beginning stages of implementing a Differential Response (DR) system. For those families who are eligible for Child Protective Services, Differential Response is about providing more than one pathway for families to enter and exit the child welfare system. Assessing the needs of each family on an individual basis and offering services to meet those needs will continue to be critical to our work with families. Additionally, a DR system allows for greater flexibility in responding earlier and more meaningfully towards a collaborative helping process for families.

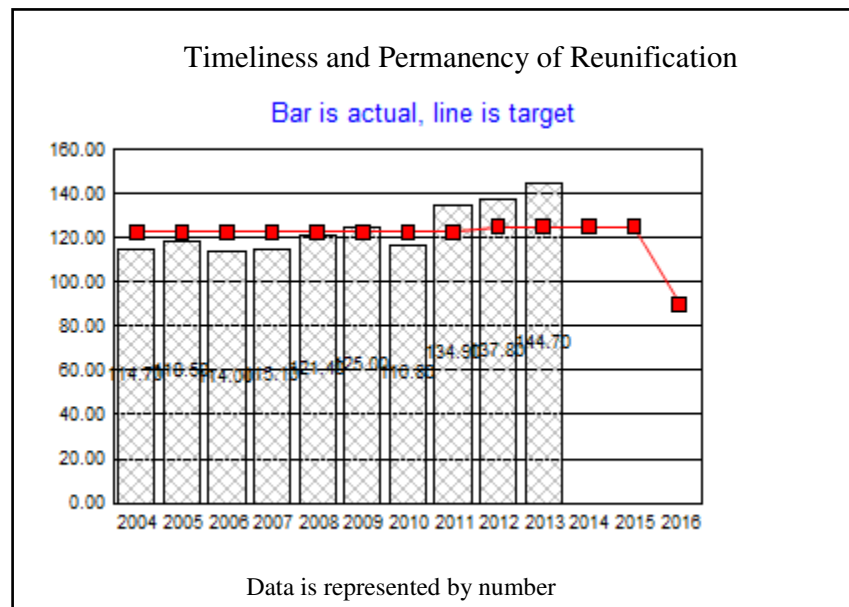
Finally, DHS is continuing to implement the Strengthening, Preserving, and Reunifying Families Act (SPRF) which requires DHS and county partners to implement programs to provide family preservation services to eligible families and reunification services for children in the custody of DHS, with the goal of fostering collaboration across programs and resources to help children remain safely with their families and thereby reduce the number of Oregon children in foster care.

Both Differential Response and SB 964 provide earlier interventions that connect families with preventive, community based services which can prevent further contact with the Child Welfare System, thus further reducing the reabuse rate.

7. ABOUT THE DATA

Definition: Of all children who were victims of a substantiated maltreatment allegation during the first 6 months of the year, the percent who were not victims of another substantiated maltreatment allegation within 6 months of the original abuse/neglect. Due to availability of more timely data in the Result Oriented Management system, we have transition to gathering the data from this source.

KPM #8	TIMELINESS AND PERMANENCY OF REUNIFICATION OF CHILDREN	2009
Goal	People are safe	
Oregon Context	This systemic KPM aligns with Oregon’s vision to have safe, caring and engaged communities.	
Data Source	The data used for this KPM are the same data gathered and reported to the federal government every six months as part of Oregon’s Federal Child and Family Services Review (CFSR).	
Owner	DHS - Child Well-Being Program, Office of Child Welfare Programs DHS Kevin George (503) 945-5987	



1. OUR STRATEGY

While children need and deserve timely permanency, the processes to terminate parental rights and establish a legal and emotional relationship with a new (adoptive) family is complex and time consuming. This process is being accomplished with due care given to

protecting the civil rights of the biological family while at the same time assuring, as much as possible using good social work practice, that the child's new (adoptive) family will truly be permanent and meet his or her current and life-long needs.

Identification and implementation of efficiencies in the adoption process intended to decrease the length of time to achieve finalization and increased monitoring and support of cases and families as they move through the process to finalization, to include:

- Use of the SAFE Home Study model as a common study approach to approval of families
- In-state general applicant adoptive home recruitment that includes an intra-state web-based photo exchange
- Increased focus of placement of children with relatives upon entering care
- Work with JCIP on the impact Judges can have on increasing timeliness of adoption
- Evaluation of barriers to timely adoptions occurring in targeted branch offices. Branch specific plans to address those barriers
- Increased training regarding the adoption process
- Addition of permanency consultants to the Permanency Unit to consult earlier and throughout the life of a Child Welfare case

2. ABOUT THE TARGETS

The target for this measure represents the goal within Oregon's Program Improvement Plan. The national standard for this measure is 104.4 or higher. The national standard represents the 75th percentile in performance among states (i.e. 75% of states have a Timeliness of Adoptions score LOWER than 104.4).

3. HOW WE ARE DOING

KPM #9 is a composite measure taking into account separate performance components impacted by practice, policy, and statute. 2011 data was not reported in the last round. Three components, C2.2 Median Months to Adoption, C2.3 Timeliness to Adoption for those children who are legally free or who have been in foster care for 17 or more months and C2.4 Children in care 17 months or longer who became legally free during the first 6 months of the year all remained stable for 2012 as compared to 2011, with slight positive changes to 2 of these 3 components. However, the other two components, C2.1 Adopted in less than 24 months from removal from the home and C2.5 Adopted in less than 12 months from legally free date both showed significant decreases in performance for 2011 and 2012. The net result was a decrease in performance in this KPM by 9.1% from the 2010 to 2011 level, and a decrease of 12.6% from the 2011 to 2012 level. An increase occurred in 2013 but Oregon is still below the target for this measure.

4. HOW WE COMPARE

Currently, Oregon's performance is below the national standard.

5. FACTORS AFFECTING RESULTS

With the implementation of Oregon's SACWIS system, the department has continued to revise the Federal AFCARS file which is the source for calculating the data in this measure.

The department has developed key strategic efforts to address the issue of foster care long stayers. These efforts include increased training and focus for how to work with teens on their permanency plans, specific case consultation on cases of youth who are in long term foster care, Casey Family plans in identified counties that focus on reduction of long stayers, and specific case consultation on children for whom reunification has not been timely achieved. Success in getting long stayers out of foster care and into a permanent plan, specifically adoption, will reduce the composite score in this key performance measure.

Another factor that affects the results of this composite is workload of field caseworkers. The process of freeing, placing, and finalizing an adoption is paperwork intensive on the part of field caseworkers. When staffing levels are down which they were during the recession, not all work gets completed in a timely manner. With the addition of casework staff over the past year, the performance of this composite should be affected in a positive manner.

6. WHAT NEEDS TO BE DONE

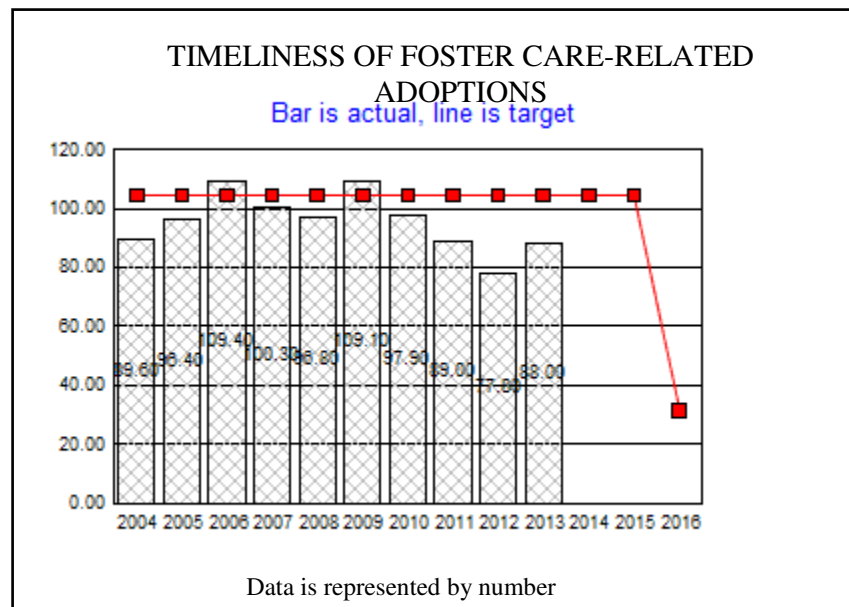
The Department should continue to proceed with implementation and development of the various activities identified in OUR STRATEGY section.

7. ABOUT THE DATA

The timeliness of adoptions composite KPM is made up of five individual measures. There are two measures around timeliness of adoptions, two measures around the progress being made for children in care at least 17 months, and one measure for those children who are legally free and progress towards finalization.

Each of these measures has been combined into one overarching score. A higher score represents better performance. The data represents performance during a federal fiscal year (October – September).

KPM #9	TIMELINESS OF FOSTER CARE RELATED ADOPTIONS	2009
Goal	People are safe	
Oregon Context	This systemic KPM aligns with Oregon’s vision to have safe, caring and engaged communities.	
Data Source	The data used for this KPM are the same data gathered and reported to the federal government every six months as part of Oregon’s AFCARS (Adoption and Foster Care Analysis & Reporting System) file, and used in the Federal Child and Family Services Review (CFSR).	
Owner	DHS -Office of Child Welfare Programs, Kathy Prouty, Permanency & Adoptions Program Manager, 503-947-5358	



1. OUR STRATEGY

While children need and deserve timely permanency, the processes to terminate parental rights and establish a legal and emotional

relationship with a new (adoptive) family is complex and time consuming. This process is being accomplished with due care given to protecting the civil rights of the biological family while at the same time assuring, as much as possible using good social work practice, that the child's new (adoptive) family will truly be permanent and meet his or her current and life-long needs.

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- Use of the SAFE Home Study model as a common study approach to approval of families
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- Increased focus of placement of children with relatives upon entering care
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- Evaluation of barriers to timely adoptions occurring in targeted branch offices. Branch specific plans to address those barriers
- Increased training regarding the adoption process
- Addition of permanency consultants to the Permanency Unit to consult earlier and throughout the life of a Child Welfare case

2. ABOUT THE TARGETS

The target for this measure represents the goal within Oregon's Program Improvement Plan. The national standard for this measure is 104.4 or higher. The national standard represents the 75th percentile in performance among states (i.e. 75% of states have a Timeliness of Adoptions score LOWER than 104.4).

3. HOW WE ARE DOING

KPM #9 is a composite measure taking into account separate performance components impacted by practice, policy, and statute. 2011 data was not reported in the last round. Three components, C2.2 Median Months to Adoption, C2.3 Timeliness to Adoption for those children who are legally free or who have been in foster care for 17 or more months and C2.4 Children in care 17 months or longer who became legally free during the first 6 months of the year all remained stable for 2012 as compared to 2011, with slight positive changes to 2 of these 3 components. However, the other two components, C2.1 Adopted in less than 24 months from removal from the home and C2.5 Adopted in less than 12 months from legally free date both showed significant decreases in performance for 2011 and 2012. The net result was a decrease in performance in this KPM by 9.1% from the 2010 to 2011 level, and a decrease of 12.6% from the 2011 to 2012 level. An increase occurred in 2013 but Oregon is still below the target for this measure.

4. HOW WE COMPARE

Currently, Oregon's performance is below the national standard.

5. FACTORS AFFECTING RESULTS

With the implementation of Oregon's SACWIS system, the department has continued to revise the Federal AFCARS file which is the source for calculating the data in this measure.

The department has developed key strategic efforts to address the issue of foster care long stayers. These efforts include increased training and focus for how to work with teens on their permanency plans, specific case consultation on cases of youth who are in long term foster care, Casey Family plans in identified counties that focus on reduction of long stayers, and specific case consultation on children for whom reunification has not been timely achieved. Success in getting long stayers out of foster care and into a permanent plan, specifically adoption, will reduce the composite score in this key performance measure.

Another factor that affects the results of this composite is workload of field caseworkers. The process of freeing, placing, and finalizing an adoption is paperwork intensive on the part of field caseworkers. When staffing levels are down which they were during the recession, not all work gets completed in a timely manner. With the addition of casework staff over the past year, the performance of this composite should be affected in a positive manner.

6. WHAT NEEDS TO BE DONE

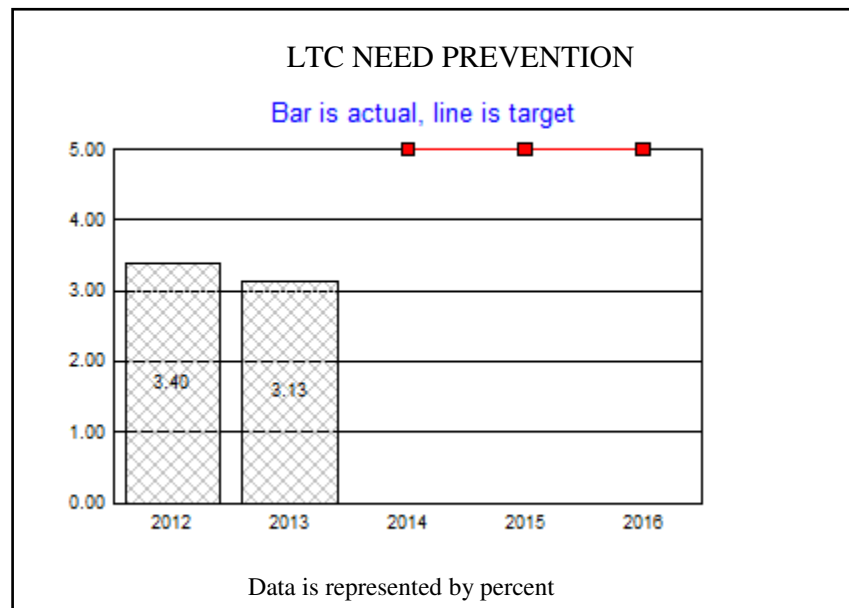
The Department should continue to proceed with implementation and development of the various activities identified in OUR STRATEGY section.

7. ABOUT THE DATA

The timeliness of adoptions composite KPM is made up of five individual measures. There are two measures around timeliness of adoptions, two measures around the progress being made for children in care at least 17 months, and one measure for those children who are legally free and progress towards finalization.

Each of these measures has been combined into one overarching score. A higher score represents better performance. The data represents performance during a federal fiscal year (October – September).

KPM #10	LTC NEED PREVENTION - Percentage of seniors (65+) needing publicly-funded long term care services.	2012
Goal	Independence – People are living as independently as possible.	
Oregon Context	DHS high-level outcome – Independent seniors	
Data Source	DHS data warehouse, the Office of Forecasting, Research-Analysis and Census data	
Owner	DHS - Aging and People with Disabilities, Mike McCormick, (503) 945-6229	



1. OUR STRATEGY

This performance measure links to the DHS goal – “People are living as independently as possible.” This measure also links to Oregon Benchmark #58 and the DHS high-level outcome “Percent of seniors (over 65) living independently.”

This key performance measure will focus APD efforts on keeping people independent, healthy and safe for longer periods of time. With the aging demographic rapidly approaching,

it's key that Oregon design and implement systems that will keep seniors independent for longer periods of time.

2. ABOUT THE TARGETS

The targets were established by the 2013 Legislative Assembly.

3. HOW WE ARE DOING

In 2012, only 3.4% of Oregonians 65 or older needed assistance with publicly funded long term care. In 2013, only 3.13% of Oregonians 65 or older needed assistance with publicly funded long term care. For both years, APD is currently performing better than the goal established by the Legislative Assembly for 2014.

4. HOW WE COMPARE

We are unaware of how other states are measuring this.

5. FACTORS AFFECTING RESULTS

The success of the Coordinated Care Model (Better health, better care, lower costs) should contribute towards the success of this measure. Additionally, the success of the AAA network administering Oregon Project Independence and Older Americans Act program contribute towards keeping seniors independent.

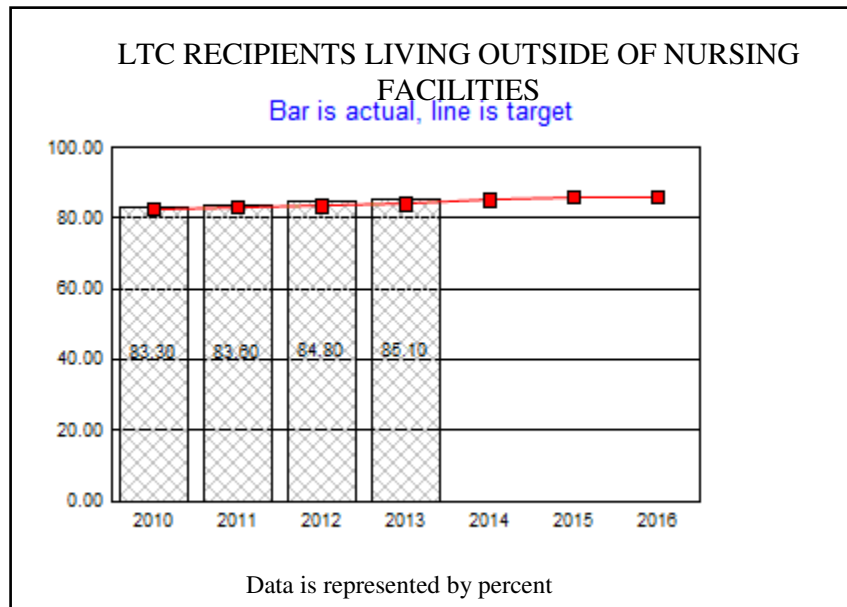
6. WHAT NEEDS TO BE DONE

In 2013, the Legislature recognized the need to get ahead of the demographic growth and passed SB21. This bill requires the State to develop a plan to strengthen and improve Oregon's system of long term care. It also requires the identification of factors that drive the need for long term care services. Strategies have been identified that will keep more seniors independent for a longer period of time. The Department intends to present those results to the 2015 Legislative Assembly.

7. ABOUT THE DATA

Data comes from DHS data warehouse, the Office of Forecasting, Research-Analysis and Census data.

KPM #11	LTC RECIPIENTS LIVING OUTSIDE OF NURSING FACILITIES – The percentage of Oregonians accessing publicly-funded long-term care services who are living outside of nursing facilities.	2012
Goal	People are living as independently as possible.	
Oregon Context	DHS high-level outcome – Independent seniors	
Data Source	The Office of Forecasting, Research and Analysis	
Owner	DHS - Aging and People with Disabilities, Mike McCormick, (503) 945-6229	



1. OUR STRATEGY

This performance measure links to the DHS goal – “People are living as independently as possible.” This measure also links to Oregon Benchmark #58 and the DHS high-level outcome “Percent of seniors (over 65) living independently.” This measure concerns serving seniors and people with physical disabilities in the most independent settings.

Institutionalization of people age 65 and older has historically been used as a marker of the degree to which seniors are living independently and has been extensively tracked. A nursing facility is an institution; people who live in their own homes, in the homes of family, or in community based care settings, adult foster homes, assisted living facilities, and residential care facilities are considered to be living independently. DHS strategy continues to emphasize maintaining seniors in their home communities, outside of institutions, to the maximum extent possible.

APD has increased its efforts to divert or relocate people who receive Medicaid-funded long-term services from nursing facilities and into home or community settings.

2. ABOUT THE TARGETS

This measure is used by APD to track its performance at helping seniors and people with disabilities age in their own communities. APD recognizes that some people must be served in institutional settings, but some institutionalized individuals could receive services in other less restrictive settings if they were available. Oregon continues to be the nation's leader in identifying and establishing community based options to institutional care, and as a result, the values of choice, dignity, and independence for Oregon's senior and disabled citizens continue to be the focus of all agency activities.

3. HOW WE ARE DOING

APD is making steady, continued progress at serving seniors and people with disabilities in settings less restrictive than nursing facilities.

4. HOW WE COMPARE

In a recent nationwide study conducted by AARP, Oregon's long term care system was ranked #3 over a wide variety of factors.

5. FACTORS AFFECTING RESULTS

Hospitals continue to discharge patients "sicker and quicker". In many cases, hospital preference on discharge of a senior who needs additional care is a nursing facility. While institutional care may be appropriate for certain individuals for short periods of time, DHS must continue to aggressively ensure that seniors are appropriately discharged from nursing facilities.

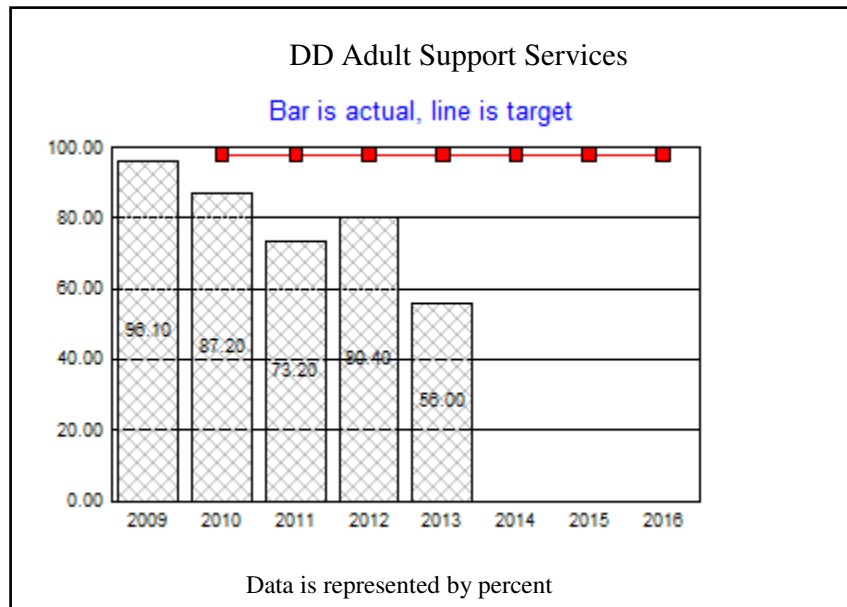
6. WHAT NEEDS TO BE DONE

Using the significant investment dollars made available by the K Plan and Legislative decisions, APD should continue to develop community resources to address the needs of seniors who may not be able to live fully independently, but need not live in an institution. APD needs to continually reinforce the importance of its diversion and transition program to ensure the steady rate of deinstitutionalization remains.

7. ABOUT THE DATA

Data comes from the Office of Forecasting, Research and Analysis. The Office of Forecasting, Research and Analysis publishes actual caseloads in long term care each month. The calculation is $1 - (\text{Total Nursing Facility Long Term Care} / \text{Total Long Term Care})$. An average of each calendar year is reported.

KPM #12	DEVELOPMENTAL DISABILITY SUPPORT SERVICES - The percentage of eligible adults who are receiving adult support services within 90 days of request.	2009
Goal	People are independent. People are safe.	
Oregon Context	Oregon Benchmark - Working Disabled	
Data Source	Express Payment & Reporting System (eXPRS)	
Owner	DHS – Developmental Disabilities, Leaann Stutheit, 503-945-9783	



1. OUR STRATEGY

Office of Developmental Disability Services (ODDS) tracks individuals enrolled in case management for developmental disabilities services who will be turning 18 or otherwise eligible for Adult Support Services using the case management service enrolment data system. In addition, all exits from Support Service Brokerages are tracked to best utilize

vacant capacity. Contracts are modified or new providers solicited to meet the forecasted need as resources allow.

2. ABOUT THE TARGETS

Adult Support Services were developed as a result of the Staley Settlement Agreement. This in-home service for adults with developmental disabilities was the key service accessed to eliminate the wait list for services. Based on the provisions of the settlement, these services needed to be accessed within 90-days of eligibility. The settlement agreement ended in June of 2011. But ODDS is still maintaining the 90-day access threshold as a performance measure, since timely access to service and avoidance of a wait list are important system features.

3. HOW WE ARE DOING

Meeting this target is an ongoing challenge. While individuals are still accessing services, the absolute target of 90-days is not always met.

4. HOW WE COMPARE

There is no equivalency in other states or systems from which to make comparisons. This measure needs to be assessed within its own baselines and metrics.

5. FACTORS AFFECTING RESULTS

In October 2011, Legislative action required that only adults with developmental disabilities eligible for federally funded Home and Community-Based Service Waivers would be eligible for Adult Support Services. Up to that time, this was not a requirement for accessing adult support services. This created another level of action prior to enrollment which as slowed down the process. Additionally, costs per case have escalated, this has caused less resources to be available to expand services to meet forecasted needs.

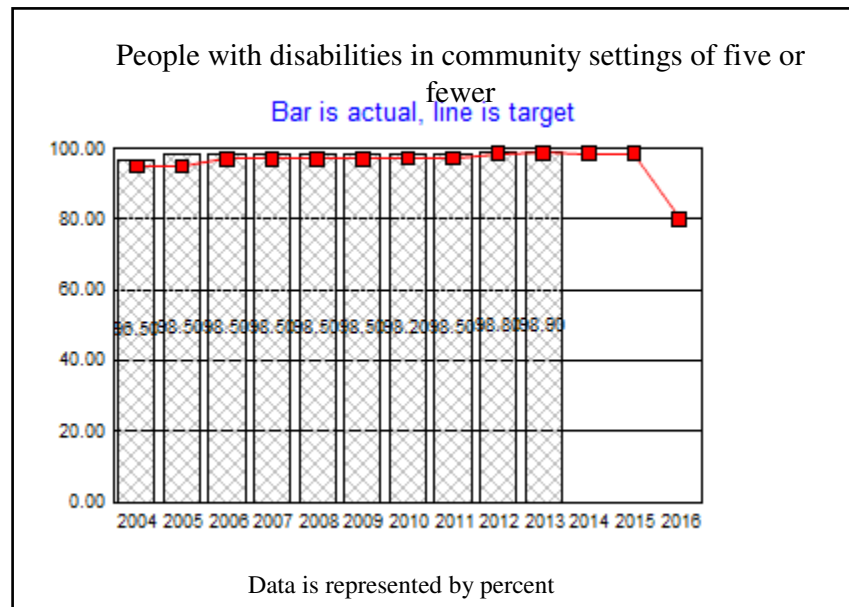
6. WHAT NEEDS TO BE DONE

ODDS is working with the DHS/OHA Forecast and Budget Units to identify trends, future growth, and associated costs. Some modifications to the data collection process may be necessary to assure accurate reporting and analysis.

7. ABOUT THE DATA

Data comes from Express Payment & Reporting System (eXPRS). The reporting cycle is fiscal year. The calculation is: Number of adults receiving adult support services within 90 days of request divided by the number of adults who were eligible and referred for adult support services.

KPM #13	PEOPLE WITH DISABILITIES IN COMMUNITY SETTINGS – The percentage of individuals with developmental disabilities who live in community settings of five or fewer.	2002
Goal	People are living as independently as possible.	
Oregon Context	Increase the percentage of Oregonians with a lasting developmental, mental and/or physical disability who could live on their own with adequate support.	
Data Source	Express Payment & Reporting System (eXPRS)	
Owner	DHS - Developmental Disabilities, Leaann Stutheit, 503-945-9783	



1. OUR STRATEGY

The Office of Developmental Disability Services (ODDS) provides an array of support for people that qualify for services. Historically, many services were

provided in large institutions or other congregate care situation. In recent years focus has been on the development of small (5 or less) residential service settings or the provision of supports in the private home of the individual with developmental disabilities or their family. Critical partners include County Developmental Disabilities Programs, Oregon's network of private service provider entities, and a variety of advocacy/stakeholder organizations.

2. ABOUT THE TARGETS

ODDS provides opportunities to individuals with developmental disabilities to become better integrated with and included in their local communities. By making it possible for people with developmental disabilities to live in small community settings or their own/family homes service outcomes are improved, client satisfaction is higher, and cost efficiencies are achieved. Smaller service settings also provide individuals a chance to experience living in an environment that approximates those experienced by all other Oregon citizens. Additionally, people with developmental disabilities can take advantage of everyday community life and involvement and take advantage of the opportunities this offers.

3. HOW WE ARE DOING

DHS has met or exceeded its target for the past years.

4. HOW WE COMPARE

Oregon ranks near the top in states that provide small residential or in-home services. Oregon is one of only three states that have no public or private institutions (Intermediate Care Facilities for individuals with Intellectual Disabilities – ICF/ID) serving individuals with developmental disabilities.

5. FACTORS AFFECTING RESULTS

ODDS, in recent years through the implementation of the Staley Settlement Agreement and development of Family Support and other in-home type services continues momentum in providing small community-based or family setting services to people with developmental disabilities. Continued implementation of Crisis Diversion assists in keeping people from institutional placement. PASRR- the Pre-Admission Screening Resident Review - is a screening tool which is used to prevent the placement of individuals with mental illness or intellectual or other developmental disabilities (I/DD) in a nursing facility unless their medical needs clearly indicate they require the level of care provided by a nursing facility. When placement into a nursing facility is ruled out, smaller, community based settings are explored. In-home support services and establishment of the Housing Trust Fund also support this measure.

ODDS reviews the programs with people greater than five persons to determine their ability to fill vacancies in the program. Agencies are required to offer

vacancies to individuals determined to be in crisis and in need of residential services. If the larger size program cannot meet the need due to low staff to high client ratio, programmatic changes may be required.

6. WHAT NEEDS TO BE DONE

Preservation of policy and funding structures that contribute to the maintenance and / or improvement of efforts for providing in-home services to persons with developmental disabilities, and continued attention to the impact of aging family caregivers and their needs. Access to funding for modifications of homes to assure their accessibility and appropriateness in regard to individual needs. Finally, access to low income housing options is a major barrier and needs to be addressed.

Next steps also include a focus on quality of life issues, particularly for those clients under age 18, and review of existing larger (6 or more) group homes with respect to their ability to meet the needs of the community.

7. ABOUT THE DATA

Reporting cycle is calendar year. Data comes from the following source:

-- Express Payment & Reporting System (eXPRS) - count of people receiving Case Management (Service Element 48) and count of residents in settings 6 or more. Formula used for this report is:

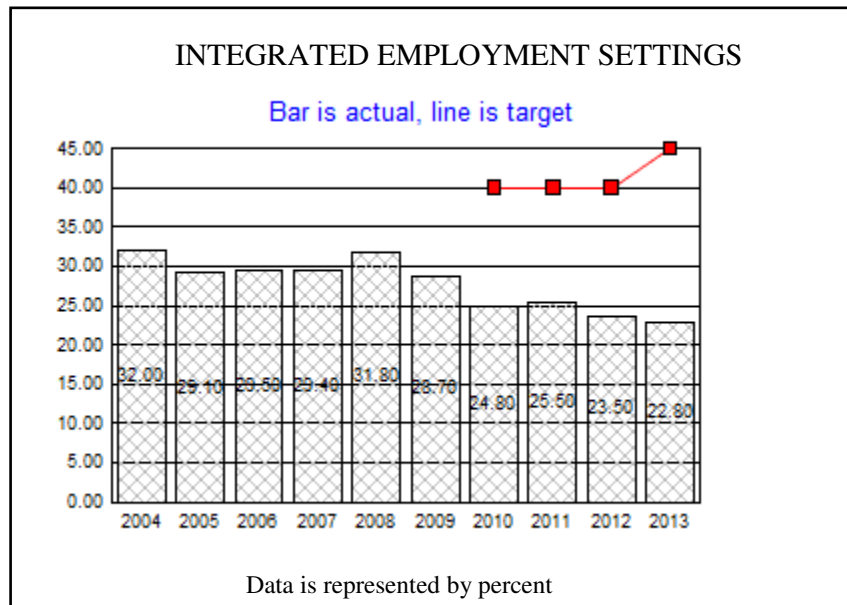
Calendar Year (SE 48 Count – Count of residents in settings 6 or more) / (SE 48 Count)

2012 data disaggregated: Count of people receiving Case Management = 21,545

Calendar Year (# of residents in settings 6 or more)= 251 (21,545 – 251) / (21,545) = 98.8%

(21,294) / (21,545) = 0.98835

KPM #14	INTEGRATED EMPLOYMENT SETTINGS - The percentage of adults with developmental disabilities who receive ODDS services who are working in integrated employment settings.	2009
Goal	People are living as independently as possible.	
Oregon Context	People with developmental disabilities who are employed value their wage-earning capacity. People are able to achieve a desired lifestyle. People become less financially dependent over time on long-term state and federal programs.	
Data Source	DEVELOPMENTAL. After September 1, 2014 the data source will be from planned and actual service utilization from the eXPRS payment system. It will be necessary to use supplemental sources of information beyond that system using periodic surveys or data sharing agreements with other state agencies. Data prior to 9/1/14 has relied on use the Employment Outcome System for people in comprehensive services and semi-annual surveys for people in adult support services to determine the percentage of people employed in integrated employment settings.	
Owner	DHS - Developmental Disabilities, Mike Maley, 503-947-4228	



1. OUR STRATEGY

The Office of Developmental Disability Services (ODDS) has developed and trained to an Employment First Policy which requires case managers to ask at each annual client planning meeting about the person with intellectual and other developmental disabilities (I/DD) seeking and maintaining employment in an integrated community setting. This policy was reinforced by Executive Order 13-04, "Providing Employment Services to Individuals with Intellectual and Developmental Disabilities", issued by Governor Kitzhaber in April 2013.

2. ABOUT THE TARGETS

The targets are being set by a Statewide Policy Group established by the Executive Order 13-04. The timelines will align with the Executive Order, that includes an implementation schedule ending July 1, 2022. Achieving improved employment outcomes for working age adults with developmental disabilities is a key component to the system sustainability plan adopted by ODDS and fulfilling the mission of DHS and its Office of Developmental Disability Services.

3. HOW WE ARE DOING

In general people with experience unemployment at a significant amount greater than individuals who are not disabled, people with I/DD face a greater rate of unemployment. The present employment market and economic continue to represent an additional challenge to the employment to individuals receiving services from ODDS. Consequently, meeting targets has been a challenge. The original targets have not been met. However, DHS has instituted in that past months policy and practice changes targeted to increase integrated employment opportunities for individuals with I/DD.

4. HOW WE COMPARE

The Institute of Community Inclusion has been collecting national data, while it is often hard to compare data from state to state, based on the latest published report (2013) Oregon continues to hold it relative position to other reporting states. Of the 42 states reporting, 9 states reported a percentage of people with I/DD in integrated employment services higher than Oregon. This means Oregon remains above the norm for state's reporting on integrated employment for working age adults with I/DD.

5. FACTORS AFFECTING RESULTS

Obtaining paid integrated employment for individuals with I/DD is a challenge in Oregon and nationwide. Many factors affect results such as attitudes/knowledge among prospective employers, work disincentives that exist with public funding streams, the general economic conditions and business climate and the availability of public resources

allocated to this goal, and provider capacity. As indicated earlier, in recent months DHS has instituted policy and practice changes to address factors affecting results.

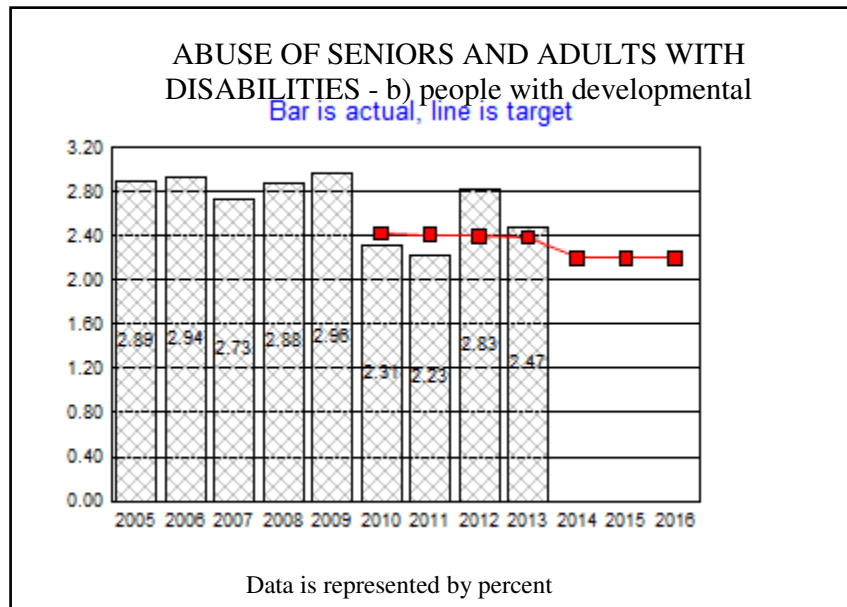
6. WHAT NEEDS TO BE DONE

Continued efforts need to be made in several areas. Included are the areas of continued training and technical assistance, specific service capacity building efforts, improving individual service planning processes as they relate to employment, employer education efforts, the alignment of key policies/practices between agencies such as ODDS, Vocational Rehabilitation, and the Department of Education, integrating efforts with the State's general workforce development and employer engagement strategies, and education/awareness effort with key stakeholders.. ODDS/DHS also needs to engage in new approaches such as customized employment approaches and pilot promising new practices.

7. ABOUT THE DATA

As noted earlier, the historic reporting cycle is 6-month "snapshot" of available information. These reported data months are March and September. Use the Employment Outcome System for people in comprehensive services and semi-annual surveys for people in adult support services to determine the percentage of people employed in integrated employment settings. More reliance for data will now be placed on the DHS eXPRS payment system in addition to supplemental sources to data.

KPM #15	ABUSE OF PEOPLE WITH DEVELOPMENTAL DISABILITIES - The percentage of people with developmental disabilities experiencing abuse.	2010
Goal	People are safe	
Oregon Context	Elder abuse	
Data Source	Office of Adult Abuse Prevention and Investigations (OAAPI)	
Owner	DHS - Office of Adult Abuse Prevention and Investigations, Marie Cervantes, (503) 945-9491	



1. OUR STRATEGY

Developmental disabilities: Ensuring the safety of people with developmental disabilities (DD) is an important part OAAPI’s Safety Outcome Area. Decreasing the incidence of DD abuse in Oregon will lead to fewer people experiencing harm and allows us to measure the impact of prevention strategies. Increasing public

awareness of abuse, strengthening collaboration with community partners and developing education and prevention initiatives that focus on the people we serve, their families, providers and the community at large are important elements of our strategy. In addition, continued focus on training for local protective service investigators and collaboration with brokerages who serve people with developmental disabilities in their own home are high priorities.

2. ABOUT THE TARGETS

This is a new measure and targets will be established for 2013 by conducting retrospective analysis of the prior three years (2010 thru 2012). In the abuse rate table, lower numbers are better.)

People with developmental disabilities: The types of services being received by over 20,000 individuals with developmental disabilities is significantly changing. The abuse rate primarily reflects licensed and certified settings, such as DD group homes and adult fosters homes licensed through ODDS, as well as vocational and employment programs. Reports of suspected abuse in these settings have traditional been nearly 70% of all reported abuse.

As individuals receiving brokerage services have surpassed those in residential settings, overall reporting of suspected abuse has increased. With the passage of HB 2442, additional definitions of abuse are now included (for example verbal abuse, financial abuse/exploitation and wrongful restraint) for these individuals that were not in place prior to 2010. While overall reporting for this population has increased, the “reporting rate” for community DD settings is much lower than the rate of reporting for licensed and certified settings. Individual decision-making, self-determination and autonomy will also affect the ability to provide protection in community DD settings. In comparison, licensed settings have more control over who may have access to a vulnerable person thru the employment process.

The baseline is, therefore, unclear. Because of the changes in the abuse definitions for community clients, including those receiving brokerage services, we propose that the 2010 thru 2012 data be used to establish a baseline and an appropriate target going forward. Strategies for intervention and abuse reduction will continue, however.

3. HOW WE ARE DOING

Developmental disabilities: Analysis of the 2006 thru 2009 abuse and neglect data showed a gradual increase the overall abuse rate from 2.9 to 3.1 percent for this population. Analysis of the 2010 thru 2012 abuse and neglect data showed a drop in the abuse rate (range of 2.4 - 2.8) when compared to the 2006-09 data. The numbers of investigations for abuse and neglect have been relatively consistent over this time period. While the data for substantiated allegations do show some annual fluctuation, they are also relatively consistent. Between 2006 and 2009 there were an average of 546 substantiated findings per year, and between 2010 and 2012 the average annual number of substantiations was 533 per year. The number of clients receiving services has significantly increased over this time and is more likely the reason for the drop in the abuse rate. This finding does raised concern that there may be a lack of reporting in community/brokerage programs.

The most serious types of substantiated abuse such as sexual abuse (2%) and physical abuse (10%) have remained relatively low as percentage of all substantiated findings. Neglect is by far the most commonly substantiated abuse type and represents nearly 40% of all findings. Financial exploitation has decreased in recent years, but remains the second largest substantiated abuse at approximately 20%. Verbal abuse has increased recently and is the third most common abuse at 15%.

Strategies to improve performance on these measures include initiation of a prevention initiative which will increase training to providers consumers advocates and the public; leadership of an initiative to address sexual abuse of persons with developmental disabilities that is sponsored by the Attorney General’s Sexual Assault Task

Force' collaboration with community partners to solicit a grant that will expand local capacity of domestic violence and sexual assault programs to meet the needs of victims of abuse who are developmentally disabled

4. HOW WE COMPARE

Developmental disabilities: There is no National data on abuse rates. Oregon is a national leader in this area as we are one of a very few number of states that track and report this data publicly.

5. FACTORS AFFECTING RESULTS

Developmental disabilities: For people with developmental disabilities, primarily due to their cognitive limitations, there is a pronounced level of vulnerability resulting in an inability to self-report incidents that may be abuse, and so the initiation of protective services depends on a healthy reporting system and mandatory abuse reporting by care givers when they suspect abuse. In addition people with developmental disabilities often show an inability to protect themselves. Factors affecting performance to target include high turnover of staff in licensed and certified programs; right to self determination; response of the criminal justice system; lack of services with the knowledge and capacity to respond and support developmentally disabled victims of abuse (e.g. domestic violence shelters, counseling resources).

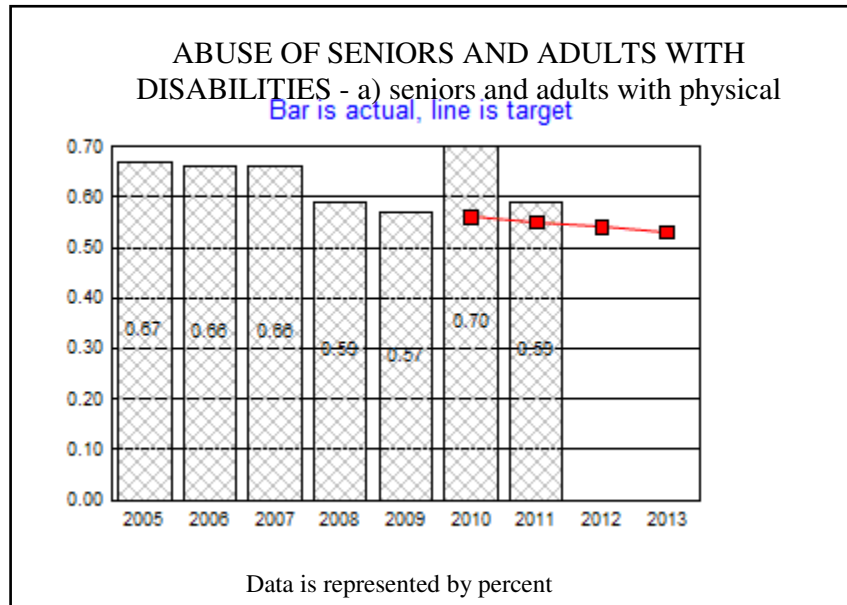
6. WHAT NEEDS TO BE DONE

Developmental disabilities: Additional training for protective service investigators and brokerage staff who are serving people in their own homes. Research on, and collaboration with community response systems including domestic violence and sexual assault needs to be explored further. Initiate program focusing on prevention of abuse such as the Attorney General's Sexual Assault Task Force Developmental Disability Initiative and inclusion of clients, their family and the community at large. Additional research on reporting rates to explore why some settings such as DD group homes have much higher reporting of possible abuse compared to DD adult foster care and brokerage settings.

7. ABOUT THE DATA

Reporting cycle is Calendar Year, and will reflect all case that closed during the reporting cycle. Data is maintained by the Office Adult Abuse Prevention and Investigation (OAAPI). The data source is the DD and MH Abuse Database, which reflects the investigation reports submitted to OAAPI by county and state DD and MH abuse investigators. Several quality assurance checks are conducted before final reports are generated from the database. The data for performance measure was checked for duplication.

KPM #16	PLACEHOLDER: ADULT PROTECTIVE SERVICES	2010
Goal	People are safe	
Oregon Context	People are safe. Oregon Benchmark #52 - Elder abuse	
Data Source	Office of Adult Abuse Prevention and Investigation (OAAPI)	
Owner	DHS - Office of Adult Abuse Prevention and Investigations, Marie Cervantes, (503) 945-9491	



1. OUR STRATEGY

Increase public awareness, strengthen collaboration with community partners, strengthen and increase Protective Service Training.

2. ABOUT THE TARGETS

This is a new measure and targets will be established for 2013 by conducting retrospective analysis of the prior three years (2010 thru 2012). In the abuse rate graphs, lower numbers are better.) In order to measure success in reducing abuse in the community, a preliminary target of under 1% is established. The primary strategy is to assist the victim in moving from the abusive living situations or to remove the abuser from the situation. The underlying ethical value for the Seniors and Adults with Disabilities' protective service model is to balance our obligation to protect older adults and adults with disabilities with their rights to self-determination. Independent adults can make decisions about their own life and the course of action to be taken in abuse situations. Performance to target comparison could be affected by a number of variables. This includes but is not limited to the following for Seniors and Adults with Disabilities:

- Right to self-determination;
- Limited resources including local community, state and federal resources;
- Additional training and development needed for APS Specialist's;
- Response of the criminal justice system;
- Development and understanding of intra-agency functions; Self-neglect: The abuse data figures include those clients that are categorized under self-neglect. This may be a result of an individual's right to self-determination that results in abuse, and may not be due to any of the other potential contributory factors.

3. HOW WE ARE DOING

Since our Department currently is below the preliminary target of 1% for the percentage of seniors and adults with disabilities who are abused, it appears that we are meeting the goals of our intervention model described above. However, abuse in the community can be difficult to lower due to the individual's right to make decisions about their own life and the course of action. Additionally, as public awareness of the signs of abuse increases so do the number of abuse reports received by the department resulting in more investigations and interventions. The department wants to encourage individuals to report as suspected abuse.

Strategies to improve the department's performance include:

- On-going Adult Protective Service training including fundamentals of and advanced training for experienced APS workers.

- Continuation of public education efforts;
- Technical Assistance to field offices;
- Basic Adult Protective Service Specialist functions such as screening, consultation, triage, assessment, investigation, intervention, documentation and risk management;
- Collaboration with community partners;
- Continuation of intra-agency relationships/training with other agencies that serve Adult Protective Service clients such as those with mental illness, developmental disabilities, and the Office of Investigations and Training.

4. HOW WE COMPARE

There is no National data on abuse rates.

5. FACTORS AFFECTING RESULTS

Performance to target comparison could be affected by a number of variables. This includes but is not limited to the following for Seniors and Adults with Disabilities:

- Right to self-determination;
- Limited resources including state, federal, and community-type(s);
- Additional training and development needed for APS Specialist's;
- Response of the criminal justice system;

-Development and understanding of intra-agency functions;

-Self-neglect: The abuse data figures include those clients that are categorized under self-neglect. This could be interpreted to mean that it may be an individual's right to self-determination that results in re-abuse, and may not be due to any of the other potential contributory factors.

6. WHAT NEEDS TO BE DONE

Continue to develop data tracking systems for baseline figures needed for comparison;

Continue Department activities related to this measure;

-Address the variances and see if any reductions can be made in order to achieve the Department's goals;

Gather data from public/private industry sources for comparison;

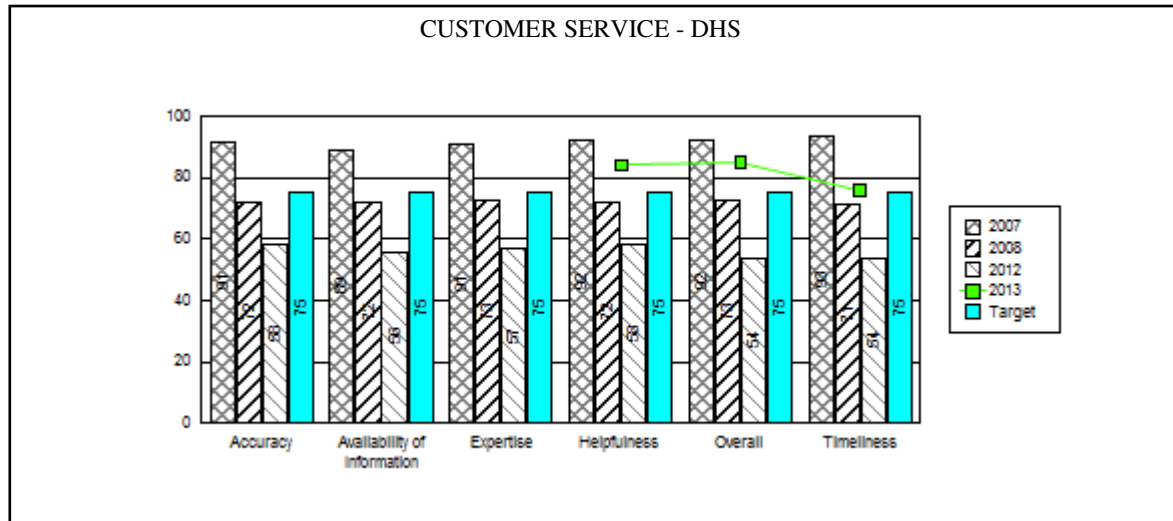
Respond to legislative request to direct efforts at maintaining to 5%.<

7. ABOUT THE DATA

Reporting cycle is Calendar Year, and will reflect all case that closed during the reporting cycle. Data is maintained by the Office of Licensing and Quality of Care, Quality Assessment and Monitoring Unit. Original data source is Oregon ACCESS for Community APS and QMDB for facility APS. Since Lane County does not use Oregon Access, abuse data is sent in electronically and then appended to the abuse data. Oregon ACCESS has system edits the help prevent duplication in data. Reports are checked for duplication.

Data for Seniors and Adults with Disabilities can be obtained by contacting the *Office of Licencing & Quality of Care Adult Protective Services*.

KPM #17	CUSTOMER SERVICE - Percentage of customers rating their satisfaction with DHS above average or excellent: overall, timeliness, accuracy, helpfulness, expertise, availability of information.	2005
Goal	People are independent, self-sufficient, safe & healthy.	
Oregon Context	DHS Mission – Safety, health and independence for all Oregonians	
Data Source	2013 data source: under development; 2012 data source: Online Client Survey (January through December 2012 results) 2008 data source: Consumer Assessment of Health Plans Survey (CAHPS) 2007 data source: Mail surveys to CAF and SPD clients 2006 data source: Web-based survey	
Owner	DHS - Gene Evans, 503-947-5286	



1. OUR STRATEGY

The mission of DHS is to help Oregonians in their own communities achieve well-being and independence through opportunities that

protect, empower, respect choice and preserve dignity. DHS is responsible for the care for our most vulnerable citizens -- children, people with disabilities and seniors. The agency seeks to collaborate with families and among agencies and community organizations, whenever possible. DHS believes that the prevention of problems will result in long-term benefits and savings, and DHS strives to deliver services that are prioritized, innovative and streamlined. Finally, the agency seeks to continuously improve and innovate to increase efficiency with public resources.

2. ABOUT THE TARGETS

Our methodology has varied greatly from year to year making it difficult to develop meaningful targets. In addition, with the split of DHS into two agencies it is unclear how the earlier targets were set. The current DHS Online Client Survey is part of an outcome tracked through the agency's management system. The management system includes a status reporting process. Status for each outcome is reported quarterly and is reported as red, yellow or green. Green status (90% of target or higher) represents outcome areas that have reached agency target. As a result, the agency target for client satisfaction is 90 percent. The legislatively approved Target for these measures is 75 percent.

3. HOW WE ARE DOING

Each year we've used a different methodology, therefore it's impossible, at this time, to determine whether or not we were seeing an improvement in the service we provide to clients. The current DHS Online Client Survey began in December 2011, and was discontinued at the end of 2012. The 2013 numbers are the first attempt at a random sample of customer experience.

4. HOW WE COMPARE

At this time, we are unable to compare our results to other agencies, organizations or jurisdictions. We can't compare our results from year to year because of the changes in survey methodology. The 2013 results give us a baseline to work with, based on the first random survey of clients and customers in all DHS programs.

5. FACTORS AFFECTING RESULTS

Two main factors affect results: Changes in the survey methodology and agency reorganization. In July 2011, DHS was split into two separate agencies – DHS and the Oregon Health Authority (OHA). The DHS customer base changed after the split when several divisions (Addictions and Mental Health, Division of Medical Assistance Programs and the Public Health Division) transferred to OHA. Today, the DHS customer base includes clients who receive services from the following programs: Child Welfare, Self Sufficiency, Aging and People with Disabilities, Developmental Disabilities and Vocational Rehabilitation.

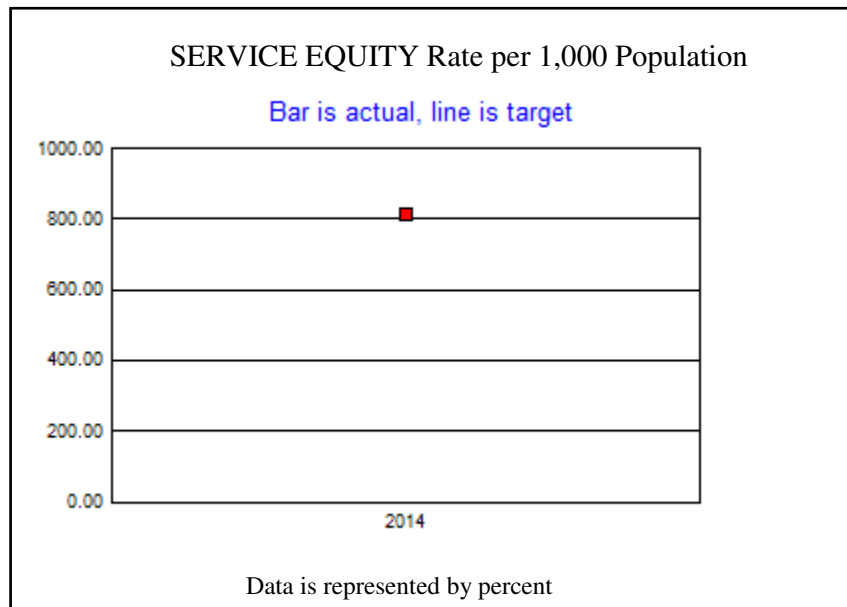
6. WHAT NEEDS TO BE DONE

The agency split created a need for DHS to revisit how it will collect and evaluate satisfaction data from its re-defined customer base. An online survey was created and posted in December 2011. The agency is working to develop a consistent, comprehensive and sustainable measurement of customer service. Measuring customer satisfaction is a priority for the agency, and the measure has been incorporated into the management system to be tracked quarterly by the DHS Director and Executive Leadership Team.

7. ABOUT THE DATA

This data was collected from October 2013-June 2014 of customers who had an experience with DHS within the past 6-9 months. The survey is administered in English and Spanish, and there were more than 700 respondents during three quarterly administrations. The 2008 results are from the Consumer Assessment of Health Plans Survey (CAHPS). It was administered through the Division of Medical Assistance Programs (DMAP) over a 10-week period (October-December 2007) using a mixed-mode (mail and telephone) five-wave protocol. Respondents were surveyed in English and Spanish. The sampling plan for the adult and child surveys called for a random sample of 900 eligible members per plan in each age group. To be eligible, members had to have been enrolled in Oregon Health Plan for at least six months as of December 31, 2006. The final selected sample consisted of 13,962 adult OHP enrollees and 13,747 child OHP enrollees. For the customer service questions, we received approximately 10,600 responses. The CAHPS survey is a biennial survey.

KPM #18	PLACEHOLDER: SERVICE EQUITY	2014
Goal	Health, independence and well-being	
Oregon Context	Health, independence and well-being	
Data Source	State of Equity Report.	
Owner		



1. OUR STRATEGY

2. ABOUT THE TARGETS

3. HOW WE ARE DOING

4. HOW WE COMPARE

5. FACTORS AFFECTING RESULTS

6. WHAT NEEDS TO BE DONE

7. ABOUT THE DATA

HUMAN SERVICES, DEPARTMENT of	III. USING PERFORMANCE DATA
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Agency Mission: Assisting people to become independent, healthy and safe.

Contact: Anna Cox, DHS Data Collection & Reporting	Contact Phone: 503-945-6680
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Alternate: Angela Long, DHS Office of Business Intelligence	Alternate Phone: 503-945-6170
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The following questions indicate how performance measures and data are used for management and accountability purposes.

<p>1. INCLUSIVITY</p>	<p>* Staff : Staff are involved in the identification and refinement of Key Performance Measures. This is more true than ever, as DHS use the Quarterly Business Reviews to review measures that will ideally replace or roll-up into Key Performance Measures. Feedback is sought to validate the measures. Over the next biennium, staff will become more involved in identifying, tracking and using performance metrics to make improvements to the work we do.</p> <p>* Elected Officials: Elected officials provide input to the agency KPMs, targets and strategies.</p> <p>* Stakeholders: Customer feedback is gathered to help guide strategies for effective service delivery. We continue to work closely with Legislative Fiscal Office and DAS Budget and Management to ensure we are making continuous improvements to our KPMs so they provide useful and relevant information for decision-making and management.</p> <p>* Citizens: Community forums related to budget development and priority-setting are a way to identify and validate priorities, expectations and performance areas.</p>
<p>2 MANAGING FOR RESULTS</p>	<p>As a result of Transformation efforts, there is an emphasis on using metrics to identify where improvements are needed, make changes, and track and report results to make sure improvements are sustained. The department has been training work units in the Lean Daily Management System® (LDMS®) which includes a component for developing metrics at the work unit level for the team’s main processes. Key Performance Measures provide a high-level picture of our results, but the underlying metrics provide a more meaningful and actionable management tool.</p>
<p>3 STAFF TRAINING</p>	<p>Management and staff continue to receive training related to transformation and continuous improvement. Training in both online and classroom formats is available. The courses are introducing staff to the principles and concepts for thinking about work in terms of systems, processes and process improvement. A component of these trainings focus on metrics and how to effectively measure the results of our work. People are becoming more familiar with using data and information to inform our strategies and decision-making.</p> <p>Required courses for managers teach about creating a culture of continuous improvement to achieve results to become a world-class organization and sustain the transformation. Workshops help prepare managers to assist their work groups</p>

	to establish and sustain LDMS® elements and practices, and improve their ability to guide work teams to constructively and practically select and use metrics to improve their work.
4 COMMUNICATING RESULTS	<p>* Staff : The annual performance report is posted online and used for information sharing. One goal of the Transformation Initiative is to make data and metrics more visible at all levels of the organization. As work units begin using the Lean Daily Management System® (LDMS®), they create visual display boards to post in their areas that include data and metrics about the team’s work to provide current information about the results they are achieving and goals they are working toward. Work unit members meet in front of the display board regularly to review metrics, share information, set priorities and problem-solve when needed.</p> <p>* Elected Officials: The annual performance report is posted online and included in the agency request document for purposes of sharing performance results, showing accountability, and informing the budget development process. KPMs are presented during the Ways & Means presentations to describe program results.</p> <p>* Stakeholders: The annual performance report is posted online and used for information sharing.</p> <p>* Citizens: The annual performance report is posted online and used for information sharing.</p>

Legislatively Approved 2013-2015 Key Performance Measures

Agency: HUMAN SERVICES, DEPARTMENT of

Mission: Assisting people to become independent, healthy and safe.

Legislatively Proposed KPMs	Customer Service Category	Agency Request	Most Current Result	Target 2014	Target 2015
1 - OVRS CLOSED - EMPLOYED – The percentage of Office of Vocational Rehabilitation Services (OVRS) consumers with a goal of employment who are employed.		Approved KPM	60.00	66.00	66.00
2 - TANF FAMILY STABILITY – The percentage of children entering foster care who had received TANF cash assistance within the prior two months.		Approved KPM	43.60	30.00	30.00
3 - TANF RE-ENTRY - The percentage of Temporary Assistance for Needy Families (TANF) cases who have not returned within 18 months after exit due to employment.		Approved KPM	64.10	65.00	65.00
4 - SNAP (Supplemental Nutrition Assistance Program) UTILIZATION - The ratio of Oregonians served by SNAP to the number of low-income Oregonians.		Approved KPM	96.40	85.00	85.00
5 - SNAP (Supplemental Nutrition Assistance Program) ACCURACY - The percentage of accurate SNAP payments		Approved KPM	95.83	96.00	96.00
6 - ENHANCED CHILD CARE - The percentage of children receiving care from providers who are receiving the enhanced or licensed rate for child care subsidized by DHS		Approved KPM	61.80	60.00	60.00
7 - ABSENCE OF REPEAT MALTREATMENT - The percentage of abused/neglected children who were not subsequently victimized within 6 months of prior victimization.		Approved KPM	95.50	96.00	96.00
8 - TIMELINESS AND PERMANENCY OF REUNIFICATION OF CHILDREN		Approved KPM	144.70	125.00	125.00
9 - TIMELINESS OF FOSTER CARE RELATED ADOPTIONS		Approved KPM	88.00	104.40	104.40
10 - LTC NEED PREVENTION - Percentage of seniors (65+) needing publicly-funded long term care services.		Approved KPM	3.13	5.00	5.00

Agency: HUMAN SERVICES, DEPARTMENT of

Mission: Assisting people to become independent, healthy and safe.

Legislatively Proposed KPMs	Customer Service Category	Agency Request	Most Current Result	Target 2014	Target 2015
11 - LTC RECIPIENTS LIVING OUTSIDE OF NURSING FACILITIES – The percentage of Oregonians accessing publicly-funded long-term care services who are living outside of nursing facilities.		Approved KPM	85.10	85.09	85.96
12 - DEVELOPMENTAL DISABILITY SUPPORT SERVICES - The percentage of eligible adults who are receiving adult support services within 90 days of request.		Approved KPM	56.00	98.00	98.00
13 - PEOPLE WITH DISABILITIES IN COMMUNITY SETTINGS – The percentage of individuals with developmental disabilities who live in community settings of five or fewer.		Approved KPM	98.90	98.60	98.60
14 - INTEGRATED EMPLOYMENT SETTINGS - The percentage of adults with developmental disabilities who receive ODDS services who are working in integrated employment settings.		Approved KPM	22.80		
15 - ABUSE OF PEOPLE WITH DEVELOPMENTAL DISABILITIES - The percentage of people with developmental disabilities experiencing abuse.		Approved KPM	2.47	2.20	2.20
16 - PLACEHOLDER: ADULT PROTECTIVE SERVICES		Approved KPM	0.59		
17 - CUSTOMER SERVICE - Percentage of customers rating their satisfaction with DHS above average or excellent: overall, timeliness, accuracy, helpfulness, expertise, availability of information.	Accuracy	Approved KPM	57.98	75.00	75.00
17 - CUSTOMER SERVICE - Percentage of customers rating their satisfaction with DHS above average or excellent: overall, timeliness, accuracy, helpfulness, expertise, availability of information.	Availability of Information	Approved KPM	55.88	75.00	75.00
17 - CUSTOMER SERVICE - Percentage of customers rating their satisfaction with DHS above average or excellent: overall, timeliness, accuracy, helpfulness, expertise, availability of information.	Expertise	Approved KPM	56.73	75.00	75.00
17 - CUSTOMER SERVICE - Percentage of customers rating their satisfaction with DHS above average or excellent: overall, timeliness, accuracy, helpfulness, expertise, availability of information.	Helpfulness	Approved KPM	84.00	75.00	75.00
17 - CUSTOMER SERVICE - Percentage of customers rating their satisfaction with DHS above average or excellent: overall, timeliness, accuracy, helpfulness, expertise, availability of information.	Overall	Approved KPM	85.00	75.00	75.00

Agency: HUMAN SERVICES, DEPARTMENT of

Mission: Assisting people to become independent, healthy and safe.

Legislatively Proposed KPMs	Customer Service Category	Agency Request	Most Current Result	Target 2014	Target 2015
17 - CUSTOMER SERVICE - Percentage of customers rating their satisfaction with DHS above average or excellent: overall, timeliness, accuracy, helpfulness, expertise, availability of information.	Timeliness	Approved KPM	76.00	75.00	75.00
18 - PLACEHOLDER: SERVICE EQUITY		Approved KPM		815.00	
10 - ACCESS TO I & R AND I & A - Access to accurate and consistent Information & Referral and Information & Assistance for people who are not currently served by SPD		Legislative Delete	97.40		
11 - SENIORS LIVING OUTSIDE OF NURSING FACILITIES – The percentage of Oregon’s seniors receiving SPD long-term care services who are living outside of nursing facilities.		Legislative Delete	83.60		

LFO Recommendation:

Approve KPMs #1 through 9, 12, 13, 17, and 18 with targets as shown. Approve delete/new (replacement) requests for current KPMs #10 and 11, with targets as displayed. Modify requested change for KPM #14 as follows: Retain the old KPM but change the wording slightly, to: "Integrated Employment Settings: The percentage of adults with developmental disabilities who receive ODDS services who are working in integrated employment settings. Also, for KPM #14, show the most current result but leave the targets blank. Executive Order (EO) #13-04 establishes a policy group that is to recommend employment outcome metrics; that group is expected to evaluate this KPM and develop targets that fit EO objectives. Targets can be communicated to the Legislative Fiscal Office after review. Retitle KPM #15 to "ABUSE OF PEOPLE WITH DEVELOPMENTAL DISABILITIES" and approve the targets as presented. Direct the agency to reconsider this measure as it works to develop the Adult Protective Services KPM. Deny request to delete/replace KPM #16. Retain KPM #16 as a placeholder performance measurement for Adult Protective Services and direct the agency to develop an alternative KPM for 2015-17, with the understanding that DHS will continue to capture, analyze, and report on abuse-related data as part of the agency's overall program management responsibilities. Approve the customer service performance measure elements with targets as shown. Approve the placeholder request for Service Equity as KPM #18; specific measure and targets to be included with requested KPMs for 2015-17. Direct the Department of Human Services, as the agency works to align KPMs with its performance-based management system for the 2015-17 budget cycle, to improve the consistency of measurement components, displays, and comparisons.

Sub-Committee Action:

Approved the LFO Recommendation.

Agency Management Report

KPMs For Reporting Year 2014

Finalize Date:

Agency: HUMAN SERVICES, DEPARTMENT of

	Green = Target to -5%	Yellow = Target -6% to -15%	Red = Target > -15%	Pending	Exception Can not calculate status (zero entered for either Actual or Target)
Summary Stats:	55.56%	11.11%	22.22%	11.11%	0.00%

Detailed Report:

KPMs	Actual	Target	Status	Most Recent Year	Management Comments
1 - OVRS CLOSED - EMPLOYED – The percentage of Office of Vocational Rehabilitation Services (OVRS) consumers with a goal of employment who are employed.	60.00	66.00	Yellow	2013	
2 - TANF FAMILY STABILITY – The percentage of children entering foster care who had received TANF cash assistance within the prior two months.	43.60	30.00	Red	2013	In FFY2007, 25.8 percent of the children entering foster care had received TANF cash assistance within the prior two months. During FFY2013 the rate had risen to 43.6 percent. DHS continues to seek resources to meet the needs of families being served through the TANF program and enhance and strengthen partnerships with community partners that provide family-centered, preventative, and comprehensive services for children and families.
3 - TANF RE-ENTRY - The percentage of Temporary Assistance for Needy Families (TANF) cases who have not returned within 18 months after exit due to employment.	64.10	65.00	Green	2013	While the majority of TANF clients that leave the program due to employment were having relative success in the workplace the status of the labor market and industry has a strong effect on performance for this measure. The recent economic crisis has had the greatest effect on low-income families and demand for TANF increased. Caseloads are beginning to decline but remain higher than immediately prior to recession.

Agency Management Report

KPMs For Reporting Year 2014

Finalize Date:

KPMs	Actual	Target	Status	Most Recent Year	Management Comments
4 - SNAP (Supplemental Nutrition Assistance Program) UTILIZATION - The ratio of Oregonians served by SNAP to the number of low-income Oregonians.	96.40	80.00	Green	2012	
5 - SNAP (Supplemental Nutrition Assistance Program) ACCURACY - The percentage of accurate SNAP payments	95.83	96.00	Green	2013	Oregon has been successful in reducing the error rate and avoiding a fiscal penalty for the past eight years, while having high participation rates. The error rate for FY 09 reached an all-time low of 3.54 percent, compared to the national standard of 4.36 percent. Oregon's error rate of 4.66 percent in FY 12 put Oregon in first year liability status. In order to have a liability established by FNS, a state must be in liability status for 2 consecutive years and for the second year of liability status, the state's validated error rate needs to be above 6.00 percent. Oregon's error rate for FY 13 of 4.17 percent did not place us in liability status, but was above the national standard of 3.20 percent. Oregon DHS will continue to focus on accuracy efforts to avoid a federal penalty and ensure our clients receive accurate and timely benefits.

Agency Management Report

KPMs For Reporting Year 2014

Finalize Date:

KPMs	Actual	Target	Status	Most Recent Year	Management Comments
6 - ENHANCED CHILD CARE - The percentage of children receiving care from providers who are receiving the enhanced or licensed rate for child care subsidized by DHS	61.80	64.00	Green	2013	<p>While there has been a steady increase in the percentage of children receiving care from providers who are receiving the enhanced or licensed rate for child care subsidized by DHS, we did not quite achieve our target for 2011 and 2012, However our numbers continued to climb with a substantial increase in the number of infants in licensed care for 2013. The 2012 data was corrected in this year's KPM document to reflect actual 2012 performance.</p> <p>The OPQ field test for expanding contracted child care is being evaluated by researchers from Oregon State University (OSU). The findings from the field test will help with the emerging statewide Quality Rating and Improvement System (QRIS) and address Oregon's diverse populations. The evaluation will be used to assess the extent to which it achieves its goal of stable, high quality early education and care for children. Evaluation findings will help decision makers decide if contracted child care should be continued and/or expanded with the Star rated programs.</p> <p>Discussions continue to take place with the Early Learning Division and OSU researchers to determine how best to implement alignment between the QRIS and the subsidy program.</p> <p>Ongoing recommendations from the ELC may create a need to change this KPM as well as information received from Health and Human Services who announced reforms to improve safety and quality of child care with the Notice</p>

Agency Management Report

KPMs For Reporting Year 2014

Finalize Date:

KPMs	Actual	Target	Status	Most Recent Year	Management Comments
					<p>of Proposed Rule Making (NPRM) changes for CCDF funded child care providers. The proposed rules could have an effect on future KPM's once rules become effective in October of 2015. This proposed regulatory action is needed to improve accountability broadly across many areas of the CCDF program, but is especially focused on ensuring children supported by CCDF funds are in safe, healthy, quality child care, and empowering parents with transparent information about the child care choices available to them. This proposed rule includes regulatory changes for CCDF in four priority areas:</p> <ol style="list-style-type: none"> 1. Improving health and safety in child care 2. Improving quality of child care 3. Establishing family-friendly policies 4. Strengthening program integrity
7 - ABSENCE OF REPEAT MALTREATMENT - The percentage of abused/neglected children who were not subsequently victimized within 6 months of prior victimization.	95.50	94.10	Green	2013	Oregon has adopted a safety model for assessing allegations of child abuse. A key tenet of the safety model is the concept of conducting comprehensive safety assessments as opposed to incident based assessments. As we continue to improve our ability to implement the model, we will more accurately identify those families at risk for reabusing their children.
8 - TIMELINESS AND PERMANENCY OF REUNIFICATION OF CHILDREN	144.70	125.00	Green	2013	Oregon must still make progress in timely adoption for short staying foster children for whom reunification cannot be achieved while it focuses efforts on the long staying foster children for whom we have failed to achieve timely permanency.

Agency Management Report

KPMs For Reporting Year 2014

Finalize Date:

KPMs	Actual	Target	Status	Most Recent Year	Management Comments
9 - TIMELINESS OF FOSTER CARE RELATED ADOPTIONS	88.00	104.40	Red	2013	Oregon must still make progress in timely adoption for short staying foster children for whom reunification cannot be achieved while it focuses efforts on the long staying foster children for whom we have failed to achieve timely permanency.
10 - LTC NEED PREVENTION - Percentage of seniors (65+) needing publicly-funded long term care services.	3.13		Pending	2013	APD needs to develop a comprehensive plan to execute the strategies recommended by the SB21 Workgroup in order to ensure this measure keeps moving in the right direction.
11 - LTC RECIPIENTS LIVING OUTSIDE OF NURSING FACILITIES – The percentage of Oregonians accessing publicly-funded long-term care services who are living outside of nursing facilities.	85.10	84.00	Green	2013	APD should continue to develop community resources to address the needs of seniors who may not be able to live fully independently, but need not live in an institution. Additionally, the work product emanating from SB21 should produce strategies to serve more individuals in the most independent manner possible.
12 - DEVELOPMENTAL DISABILITY SUPPORT SERVICES - The percentage of eligible adults who are receiving adult support services within 90 days of request.	56.00	98.00	Red	2013	Access to adult support services is a critical component to preventing or delaying use of higher cost service alternatives. Consequently, this measure remains an important part of the ODDS long range plans to assure sustainability of the system and desired, cost effective services. Efforts will continue to meet the benchmarks of this measure.
13 - PEOPLE WITH DISABILITIES IN COMMUNITY SETTINGS – The percentage of individuals with developmental disabilities who live in community settings of five or fewer.	98.90	98.70	Green	2013	DHS has met its target. Developmental Disabilities needs to preserve policy and funding structures that contribute to the maintenance and / or improvement of efforts for providing in-home services to persons with developmental disabilities, and continued attention to the impact of aging family caregivers and their needs.

Agency Management Report

KPMs For Reporting Year 2014

Finalize Date:

KPMs	Actual	Target	Status	Most Recent Year	Management Comments
14 - INTEGRATED EMPLOYMENT SETTINGS - The percentage of adults with developmental disabilities who receive ODDS services who are working in integrated employment settings.	22.80	45.00	Red	2013	Implementation of the Employment First policy and Executive Order 13-04 is a continuing high priority for ODDS and DHS. This outcome effort has been incorporated into the overall DHS management system structure. Continuing efforts include the coordination of efforts among key agencies by use of Memorandums of Understanding between ODDS, Office of Vocational Rehabilitation Services, Department of Education and the Oregon Council on Developmental Disabilities. Executive Order 13-04 has been issued to better promote the outcome of integrated employment for individuals with I/DD. This order outlines several added expectations and conditions aimed at achieving the desired progress. EO 13-04 also established a statewide policy group that will examine and reestablish the future benchmarks for this KPM.
15 - ABUSE OF PEOPLE WITH DEVELOPMENTAL DISABILITIES - The percentage of people with developmental disabilities experiencing abuse.	2.47	2.39	Green	2013	42C: Strategies to improve performance on these measures include initiation of a prevention initiative which will increase training to providers, consumers' advocates and the public; leadership of an initiative to address sexual abuse of persons with developmental disabilities that is sponsored by the Attorney Generals Sexual Assault Task Force.
16 - PLACEHOLDER: ADULT PROTECTIVE SERVICES	0.59	0.55	Yellow	2011	Strategies to improve the Department's performance include: on-going Adult Protective Service training, continuation of public education efforts, technical assistance to field offices, basic Adult Protective Service Specialist functions, collaboration with community partners, and continuation of intra-agency relationships/training with other agencies.

Agency Management Report

KPMs For Reporting Year 2014

Finalize Date:

KPMs	Actual	Target	Status	Most Recent Year	Management Comments
17 - CUSTOMER SERVICE - Percentage of customers rating their satisfaction with DHS above average or excellent: overall, timeliness, accuracy, helpfulness, expertise, availability of information.	85.00	75.00	Green	2013	This survey is based on a US postal service mailer that directs respondents to the DHS website to fill out an online form – or to a phone number to leave customer service comments via voicemail. In the coming year, the agency will move the invitation to take the survey to an e-mailed message to a larger group of clients and customers – increasing response volume and improving statewide random response.
18 - PLACEHOLDER: SERVICE EQUITY			Pending		

This report provides high-level performance information which may not be sufficient to fully explain the complexities associated with some of the reported measurement results. Please reference the agency's most recent Annual Performance Progress Report to better understand a measure's intent, performance history, factors impacting performance and data gather and calculation methodology.

IT Related Projects/Initiatives

Program Area	Agency	Project Name	Project Description	Estimated Start Date	Estimated End Date	Project cost to date	ARB Estimated 15-17 Costs	ARB All biennia total project cost	Base or POP	Included in GB (Y/N)	GB Estimated 15-17 Costs	GB Estimated All Biennia Total Project Cost	Comments
Human Services	DHS/OHA	OAAPI-APD	This is a POP to develop a streamlined and integrated statewide adult abuse and report writing system. Phase I planning was approved by the Eboard in March 2014. This POP assumes the planning is completed and the Phase II development is ready to proceed based on the Phase I business case and solicitation documents. It is also planned to keep close connection between programs, 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. Given the nature of the services provided to vulnerable Oregonians by OAAPI and its partners, we cannot afford to place our trust in a disconnected assortment of legacy data systems that do not give us the information we need to protect victims of abuse effectively and develop prevention efforts proactively. 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.	May-14	Jun-17	\$ -	\$ 3,437,494	\$ 3,437,494	POP	Y	\$ 3,437,494	\$ 3,437,494	\$500,000 allocated at May 2014 E-Board for planning
Human Services	DHS/OHA	REaL-D	This POP supports architecting and implementing a master client data collection solution to address the needs of the current and future client data collection requirements for unified data collection to address health and service equity for all programs and activities within DHS. DHS and OHA have developed policies for collecting, analyzing, and reporting meaningful race, ethnicity and language and disability data across DHS and OHA which was built 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. Assumes 1 million in Q-bond availability. Phase I planning is being done during the 2013-15 biennium.	Aug-14	TBD	\$ -	\$ 3,514,796	\$ 5,000,000	POP	Y	\$ 1,743,644	\$ 1,743,644	

IT Related Projects/Initiatives

Program Area	Agency	Project Name	Project Description	Estimated Start Date	Estimated End Date	Project cost to date	ARB Estimated 15-17 Costs	ARB All biennia total project cost	Base or POP	Included in GB (Y/N)	GB Estimated 15-17 Costs	GB Estimated All Biennia Total Project Cost	Comments
Human Services	DHS/OHA	Collective Bargaining and Federal Rule Change Placeholder	This is a placeholder for the system modifications that may be required to support the outcome of the 2015-2017 Collective Bargaining Agreements and any decision coming out of the session to account for Federal Department Of Labor rule changes in I/DD, APD and AMH.	TBD	TBD	TBD	TBD	TBD	N/A	Y	TBD	TBD	\$96,153,846 is included in GB to cover increased program costs as well as the cost of any needed system modifications.
Human Services	DHS/OHA	MMIS: ICD - 10	ICD -10 is an enhancement to the MMIS system interfaces based on two final rules published by the Federal Department of Health and Human Services under the Administrative Simplification provision of HIPAA. It will modify MMIS to meet HIPAA requirements for updated medical code set standards; from ICD-9x to ICD-10-CM, & ICD-10-PCS	Jun-13	Oct-15	\$ 1,124,738	4487452	\$ 8,920,449	Base				
Human Services	DHS/OHA	WIC EBT (TWIST EBT, eWIC)	The WIC EBT project will establish an Electronic Benefit Transaction system that is similar to the EBT system used currently for SNAP benefits.	Dec-11	Dec-15	\$ 2,732,258	TBD	TBD	Base				
Human Services	DHS/OHA	HIV-CAT (CAREAssist)	The HIV care and Treatment Program provides high quality. Cost effective services that promote access to and ongoing success in treatment for people with HIV/AIDS in Oregon. The Card Assist 2.0 project will replace the existing Care Assist application and other related legacy solutions with a new web application in an effort to improve workflow, increase productivity, and address issues with current legacy system.	TBD	TBD	\$ -	\$ 1,458,333	\$ 1,458,333	Base				

IT Related Projects/Initiatives

Program Area	Agency	Project Name	Project Description	Estimated Start Date	Estimated End Date	Project cost to date	ARB Estimated 15-17 Costs	ARB All biennia total project cost	Base or POP	Included in GB (Y/N)	GB Estimated 15-17 Costs	GB Estimated All Biennia Total Project Cost	Comments
Human Services	DHS/OHA	OHIT 1.5	OHIT Phase 1.5 includes 3 projects with technology components. The name and description of each are: Provider Directory; Establishing provider information repository services including a statewide provider directory, affiliating providers to their practice locations and identifying their health information exchange "addresses". This supports exchange of health information, analytics needed for quality improvement efforts and population management. Common Credentialing: Meets requirements under SB604 including the ability to streamline credentialing, establish a single entry point for providers and payers, and keep date in the provider directory current. Clinical quality metrics: Establishes a registry to capture provider's clinical metrics from their electronic health records, including the 3 clinical CCO quality pool metrics (diabetes poor control, hypertension, depression screening)	Aug-14	Jan-16	\$ -	\$ 29,329,201	\$ 29,329,201	POP/Base				This figure is the two year estimated cost for FFY15 and FFY16, where FFY15 is the approximate period for development and implementation and FFY16 is the approximate first full year of operation (at the time estimates were developed). The estimate included vendor contracts for Provider Directory, the CQMR Registry, Common Credentialing, and the Systems Integrator - \$26,365,263; and internal staffing costs across these projects - \$1,451,375 for a total of \$27,816,638. The QA vendor estimate is \$712,563 and the technology consultant is estimated to be \$800,000, which brings a total to \$29,329,201. This includes POP, Base budget, and Transformation dollars combined.
Human Services	DHS/OHA	MMIS Hardware Refresh	Modernize the MMIS infrastructure and sized for client usage plans and future growth. These updates will continue the viability of maintenance contracts and uphold SLAs relating to potential outages caused by end-f-life hardware. The current MMIS infrastructure has many components that were part of the original implementation and are past end-of-life. The expansion of Medicaid eligibility has increased the number of clients far beyond what the system was originally expected to handle. The future number of clients over the next five years is estimated based on forecasting and is expected to continue growth. The current Hewlett Packard Enterprise Services (HPES) contract 113737 for the replacement Medicaid Management Information System (MMIS) is set to be extended to February 28, 2017 for the balance of the three, one year extensions.	Oct-14	Oct-16	\$ -	\$ 8,000,000	\$ 12,000,000	Base				
Human Services	DHS/OHA	Environmental Public Health Tracking 6.0	Add additional data sets and functionality to the EPHT data portal	TBD	TBD	TBD	TBD	TBD	TBD				

IT Related Projects/Initiatives

Program Area	Agency	Project Name	Project Description	Estimated Start Date	Estimated End Date	Project cost to date	ARB Estimated 15-17 Costs	ARB All biennia total project cost	Base or POP	Included in GB (Y/N)	GB Estimated 15-17 Costs	GB Estimated All Biennia Total Project Cost	Comments
Human Services	DHS/OHA	Environmental Health Licensing Information System	Create an environmental health licensing and inspection application for use by both the state and county partners.	TBD	TBD	TBD	TBD	TBD	TBD				
Human Services	DHS/OHA	MAGI Eligibility, Enrollment and Redeterminations Project	Potential of additional requirements and/or enhancements to the technology solutions and system automation requirements for the Medicaid programs eligibility, enrollment and redetermination steps for clients into the Oregon Health Plan. * The initial Phase of this project has repurposed \$61.24M of prior federally approved funding to DHS and OHA from CMS.	TBD	TBD	\$ 61,242,756	TBD	\$ 61,242,756	POP				In July 2014, all remaining federal funds approved through Advanced Planning Documents (APD) to DHS and OHA were repurposed to fund the IT work necessary for OHA to transition eligibility and enrollment from Cover Oregon to the federal Exchange and the return of MAGI eligibility to OHA. This initial phase of the project is expected to be completed by the end of 2014. Any new requirements, enhancements or scope of the project has yet to be determined. As such, most of any future phase work will be dependent upon federal requirements and federal participation in associated costs. See also write up on DHS Modernization above.

IT Related Projects/Initiatives

Program Area	Agency	Project Name	Project Description	Estimated Start Date	Estimated End Date	Project cost to date	ARB Estimated 15-17 Costs	ARB All biennia total project cost	Base or POP	Included in GB (Y/N)	GB Estimated 15-17 Costs	GB Estimated All Biennia Total Project Cost	Comments
Human Services	DHS/OHA	Non-MAGI Eligibility Automation project,	Department of Human Services (DHS) seeks \$7.5MTF (\$6.75MFF, \$0.75MGF) 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.	1-Jun-15	30-Jun-17	\$ -	\$ 7,500,000	\$ 7,500,000	POP	Y	\$ 7,500,000	\$ 7,500,000	This replaced "modernization" in the DHS budget as a project. In initial conversations, DHS, working with the Office of Information Services, believes that a transfer system solution serves as the likely best alternative to minimize risk and increase likelihood of successful completion. For transfer systems to be successful, it is important to pick a state that most closely models Oregon's non-MAGI programs in order to minimize the amount of customization that must be made to support DHS's business needs. Because Oregon has been on the leading edge of policy waivers in this area, it is unlikely that any transfer system will be a perfect match. However, it is the desire of DHS to choose a system that has a majority match for functionality, and then to increment the delivery of additional functionality in small phased implementations.

DHS Audits in 2013-2015

2013 – 2015 Internal and External Audits and Reviews for DHS

Internal Audits and Consults

Name of Audit:	Targeted Case Management (TCM)
DHS Programs:	Shared Services, Developmental Disability, Self – Sufficiency, Child Welfare
Status:	Completed
Name of Audit:	SPD Internal Controls - Control Environment
DHS Programs:	Aging and People with Disabilities, Developmental Disabilities, Shared Services
Status:	Completed
Name of Audit:	Elder Abuse Response System
DHS Programs:	Aging and People with Disabilities, Shared Services
Status:	Completed
Name of Audit:	Contract Delegation (2012)
DHS Programs:	Shared Services
Status:	Completed
Name of Audit:	IT Security Program Audit
DHS Programs:	Information Services
Status:	In Progress
Name of Audit:	OPAR Internal Fraud Detection
DHS Programs:	Agency Wide
Status:	In Progress
Name of Audit:	Cost Allocation Planning and Accuracy
DHS Programs:	Shared Services
Status:	In Progress
Name of Audit:	SPOTS Audit (2013)
DHS Programs:	Agency Wide
Status:	In Progress
Name of Audit:	Staff Safety Audit
DHS Programs:	Agency Wide
Status:	In Progress
Name of Audit:	Internal Payroll Time Code Reviews
DHS Programs:	Agency Wide
Status:	In Progress

Name of Audit: IT Access Controls Audit
DHS Programs: Information Services
Status: In Progress

Name of Audit: Contract Development and Administration
DHS Programs: Agency Wide
Status: In Progress

Name of Audit: Staff Safety II
DHS Programs: Agency Wide
Status: In Progress

Name of Audit: Performance Measurement
DHS Programs: Agency Wide
Status: In Progress

Name of Audit: Contract Delegation (2014)
DHS Programs: Shared Services
Status: In Progress

Name of Audit: Internal Fraud Communications (Consult)
DHS Programs: Shared Services
Status: Complete

Name of Audit: Cost Allocation Communications (Consult)
DHS Programs: Shared Services
Status: In Progress

Name of Audit: DOJ Attorney Billing Analysis (Consult)
DHS Programs: Child Welfare
Status: In Progress

Name of Audit: Ethics Structural Review (Consult)
DHS Programs: Agency Wide
Status: In Progress

Secretary of State Audits

Name of Audit: OR-Kids Financial System Problems
DHS Programs: Shared Services, Information Services, Child Welfare
Status: Completed

Name of Audit: Statewide Single Audit Year Ending 6-30-2013
DHS Programs: Agency Wide
Status: Completed

Name of Audit: Child Care Monitoring
DHS Programs: Self Sufficiency, Shared Services
Status: Completed

Name of Audit: TANF Work Participation
DHS Programs: Self Sufficiency
Status: Completed

Name of Audit: Statewide Single Audit Year Ending 6-30-2014
DHS Programs: Agency Wide
Status: In Progress

Name of Audit: Statewide IT Systems Development
DHS Programs: Information Services, Shared Services
Status: In Progress

Federal Audits and Reviews

Name of Audit: IRS Office of Safeguards Review 2011
DHS Programs: Shared Services, Information Services
Status: Completed

Name of Audit: CMS Home and Community Based Services (HCBS)
Support Services Waiver Audit
DHS Programs: Developmental Disabilities
Status: Completed

Name of Audit: GAO Psychotropic Medications Prescribed to Foster Care
Children Follow-up
DHS Programs: Child Welfare
Status: Completed

Name of Audit: CMS Provider Tax Financial Review
DHS Programs: Aging and People with Disabilities
Status: In Progress

Name of Audit: HHS OIG Review of On the Move Program
DHS Programs: Aging and People with Disabilities, Shared Services
Status: Completed

Name of Audit: USDA Oregon SNAP Program Integrity and State Level
Program Access Review
DHS Programs: Self-Sufficiency
Status: Completed

Name of Audit:	CMS Medicaid Program Integrity
DHS Programs:	Shared Services, Aging and People with Disabilities, Developmental Disabilities
Status:	Completed
Name of Audit:	NRC-CWDT AFCARS Review
DHS Programs:	Child Welfare, Information Services
Status:	Completed
Name of Audit:	Payment Error Measurement Report (PERM) FFY 14
DHS Programs:	Shared Services, Aging and People with Disabilities, Developmental Disabilities
Status:	In Progress
Name of Audit:	SSA Child Welfare Review
DHS Programs:	Child Welfare, Shared Services
Status:	In Progress
Name of Audit:	ACF Title IV-E Foster Care Federal Review
DHS Programs:	Child Welfare
Status:	In Progress
Name of Audit:	CMS Home and Community Based Services (HCBS) Medically Involved Children's Waiver Review
DHS Programs:	Developmental Disabilities
Status:	Completed
Name of Audit:	USDA SNAP Recipient Integrity Review FY2014
DHS Programs:	Self Sufficiency, Shared Services
Status:	Completed
Name of Audit:	SNAP Program Access Review
DHS Programs:	Self Sufficiency
Status:	In Progress
Name of Audit:	CMS Home and Community Based Services (HCBS) Medically Fragile Children's Waiver Review
DHS Programs:	Developmental Disabilities
Status:	Completed
Name of Audit:	Federal SNAP Civil Rights Compliance Audit
DHS Programs:	Self Sufficiency
Status:	In Progress

Name of Audit: ORR Refugee Cash Assistance Review
DHS Programs: Self Sufficiency
Status: Completed

Name of Audit: SSA Oregon State Triennial Compliance Review (DHS)
DHS Programs: Agency Wide
Status: Completed

Name of Audit: SSA Disability Determination Services Cost Allocation Review
DHS Programs: Aging and People with Disabilities, Shared Services
Status: In Progress

Name of Audit: IRS Office of Safeguards Review 2014
DHS Programs: Shared Services, Information Services
Status: Completed

Other Agency Audits and Reviews

Name of Audit: LEDS/NCIC Triennial System Use Audits (Various Locations)
DHS Programs: Child Welfare
Status: Completed

Name of Audit: Information Security Business Risk Assessment Report – 2013 (Department of Administrative Services Contract)
DHS Programs: Information Services
Status: Completed

Name of Audit: Information Security Business Risk Assessment Report – 2014 (Department of Administrative Services Contract)
DHS Programs: Information Services
Status: In Progress

Name of Audit: SAIF Corporation JOBS Program Work Experience Rate Review
DHS Programs: Self Sufficiency
Status: In Progress

Name of Audit: Oregon Department of State Police Criminal Justice Information Services (CJIS) Information Technology Security Audit
DHS Programs: Information Services, Shared Services
Status: Completed

Department of Human Services AUDIT RESPONSE REPORT

1. DHS and OHA: Statewide Single Audit Including Selected Financial Accounts and Federal Awards for the Year Ended June 30, 2011, audit # 2012- 08, (dated March 2012)

- We recommend department management develop controls to ensure all Supplemental Nutritional Assistance Program federal revenues are recorded and year-end financial statement adjustments to expenditures are appropriate.

DHS uses a third-party service provider to administer the Supplemental Nutrition Assistance Program (SNAP). This service provider draws revenue directly from the federal government as benefits are issued to clients. Each month the Office of Financial Services (OFS) receives a report from the service provider and records the federal revenue drawn in the state accounting system. At the end of the year the Statewide Financial Reporting unit adjusts expenditures to match the revenue drawn for financial reporting.

The January 2011 revenue recording from the service provider in the amount of \$94,357,598 was missed. At the end of the fiscal year, the expenditures were reduced by an equivalent amount. Since the discovery of this error, cross training has been provided to OFS staff and an additional review has been established by the OFS Reconciliation unit to ensure each month's revenue transaction is posted. Additionally, the Statewide Financial Reporting unit reviews the SNAP program trial balances for reasonableness during the reporting year to identify anomalies and to implement needed corrections prior to year-end close.

The implemented cross training has been followed since implemented and has provided results. The OFS Reconciliations unit identified an error with an entry made for June 2012 and immediately notified the appropriate staff allowing it to be corrected and properly recorded.

- We recommend department management develop procedures to ensure that balance transfers pertaining to prior fiscal years are properly recorded and do not misstate current year fund balances.

In January 2010 Medicaid and CHIP Federal rules changed related to client citizenship documentation requirements. This change allowed the department to reclassify expenditures from GAAP General Fund to GAAP Health & Social Services Fund for current and prior fiscal years.

These types of adjustments are often large and require complex analysis to determine the appropriate accounting in current and prior periods. OFS will continue to provide training opportunities to program and internal staff on the importance of thorough documentation and understanding correct period recognition of balance transfers that relate to prior periods. The Statewide Financial Reporting unit has updated the year-end task list to include a review of balance transfers that were entered during the accrual period that affect prior periods.

On June 27, 2013, the State Financial Reporting unit sent a year-end task list to all Shared Services staff that included a training section on prior period adjustments. Additional prior period adjustment training was sent on June 10, 2013, to all staff in the Office of Financial Services newsletter that included a training section on prior period adjustments. The State Financial Reporting unit provided prior period adjustment training on March 19, 2013, during a Receipting Unit continuous improvement meeting. The Grant Accounting manager now requires staff to submit balance transfer documents that affect prior periods to State Financial Reporting unit for prior period adjustment consideration.

- We recommend department management strengthen controls to ensure documentation is maintained in the case files sufficient to demonstrate compliance with federal requirements.

One of the missing applications was for an Adoption Assistance case that began in 2002. Due to prior audit findings for Title IV-E in late 2009, the department instituted a process where the Adoptions Assistance Unit reviews the applications to ensure all documentation which supports the eligibility determination (Title XIX

or Title IV-E) is attached. Although this process was not administered retroactively due to the volume of cases and the lack of resources, cases moving forward should have appropriate documentation. The eligibility for this case was retroactively reviewed and found Title IV-E eligible, thus categorically eligible for Medicaid.

The second missing application was used to apply for Self-Sufficiency program benefits. The application was initially processed by a case worker who determined Supplemental Nutrition Assistance Program (SNAP) eligibility. The same application was used, by a different case worker, to determine Medicaid eligibility; however, the application did not get returned to be filed in the case record. The case record was subsequently transferred to a different branch office, and the application could not be located. It has since been located. The DHS Family Services Manual provides procedures and outlines the steps for transferring case files between branch offices. In addition, DHS Imaging and Records Management Services (IRMS) provides services including imaging of documents and “open archiving” of case records to reduce the volume of applications and case file documents retained in branch offices. DHS sent staff an Informational Transmittal reminding staff of the case file transferring procedures and providing a link to IRMS services information. In addition, DHS published an article in the “On-Target” newsletter for Self-Sufficiency staff about ensuring case files are complete prior to transferring to a different case worker or branch. DHS also added information to the Family Services Manual and Business Procedures manual regarding case file transfer processes internally within a branch. DHS will also research the questioned costs for the Adoption Assistance case and reimburse the Centers for Medicare and Medicaid Services (CMS) the appropriate federal funds. The department hopes to complete this adjustment by June 30, 2012.

DHS will review the case with undocumented income verification and reimburse CMS any federal funds as appropriate based on this review. The department will also address documentation requirements at the next Area Agencies on Aging (AAA) / Seniors and People with Disabilities (SPD) Field Managers meeting and in the newsletter to field staff by June 30, 2012.

To reduce barriers to access and eligibility, the OHA Medical Programs (formerly DHS Medical Programs) have implemented policies that allow a medical program eligibility determination using a previously submitted application, whether or not the prior application was for medical benefits. During this time (the period under review), it was the case worker's responsibility to remember and obtain any additional information, such as private health insurance, needed to determine medical program eligibility.

The department continues to proactively strengthen controls over the eligibility determination process. Within the past 17 months, updates have been made to the Legacy computer systems to revise a field in the Client Maintenance (CM) system. This is now a mandatory field, requiring data entry by the case worker when setting up the medical case. The purpose of this field is to identify whether or not an individual has third-party insurance. Training for this systems' change, along with other medical policy changes, was delivered statewide to field staff beginning in the fall of 2010. In addition, the training material is posted on the Self-Sufficiency Program, Medical Program Staff Tools website.

Medical program eligibility worker training includes guidance on how to process eligibility decisions. In addition, instruction is given to participants on how to "interview" to ask questions to ascertain eligibility information not captured on the current application in the case file, including whether or not individuals have private health insurance. The new data field and purpose is also explained in detail during the trainings.

DHS also researched the questioned costs for both of the cases missing the private health care information and determined no reimbursement to CMS was necessary.

DHS reviewed the case with the private dental insurance and found that no reimbursement of CMS was required. The department also addressed reviewing applications for insurance policy disclosure and the requirement to send the information to HIG in a newsletter to field staff and addressed these issues at an AAA/APD Field Managers meeting in September 2012. All actions on this recommendation were completed in August 2013.

- We recommend department management use the standardized contract language and ensure contractors include the standardized contract language with subcontractors to ensure compliance with federal regulations.

Beginning in May 2011, the contract used in the renewal process for Child and Adult Foster Home providers was replaced by the Foster Home Medicaid Provider Enrollment Agreement (SDS0738). This agreement includes the federal and state disclosure requirements. These new agreements are now in place for all Foster Home Providers (child and adult).

The department's contract and Intergovernmental Agreements (IGA) include standardized language with regard to compliance with federal regulations (exhibit G for the 2009-2011 contract period and exhibit F for the 2011-2013 contract period). The IGA or contract requires that exhibit F is attached to any sub-contract. The department will include review for this attachment with sub-contracts during field reviews with Community Developmental Disabilities Programs and Adult Support Services Brokerages. This updated process will begin with the field reviews scheduled in September 2013.

- We recommend department management ensure the review for suspension and debarment is documented in accordance with department policy.

The Office of Contracts and Procurement (OC&P) reviewed the internal procedure, "Federal Debarment and Suspension Confirmation" and the "OC&P File Checklist" to ensure they comply with the federal debarment requirements. The procedure is in compliance with these requirements. The importance of checking debarment was discussed at the OC&P Unit meeting February 22, 2012. An individual conference was held with staff that had a file without debarment documentation to discuss and document the issue. OC&P management staff enhanced the training regarding debarment for new OC&P staff. Debarment is listed on the OC&P File Checklist, included in the Contract Processing Standards and a link is included on the OC&P intranet site.

- We recommend department management ensure adequate review of the various calculations of the cost pool statistics is performed.

The Office of Financial Services implemented a new cost allocation model in July 2011. The manual intervention of the remaining spreadsheet is to be eliminated by September 2012. The current model in use has eliminated the possibility of this human error happening again.

The implementation of the portal for the "grant-phase look-up" (the last major excel spreadsheet) was implemented February 1, 2013. The cost allocation system no longer relies on any spreadsheet maintenance and is updated by a user interface.

- We recommend the Department remove conflicting access rights where it can. In those instances where the conflict remains, the Department should develop and implement a detective control to specifically address those instances.

DHS management believes that most of this recommendation has been resolved through the following actions:

- *Continued reinforcement by management of the importance of internal controls*
- *Limiting system access to that required to perform the duties of the position*
- *Monthly review of the RACF report by sub-administrators, managers or assigned personnel*
- *Regular business reviews in each of the field offices, ensuring that appropriate internal controls are followed, and*
- *Distribution of the conflicting access report; if there is an actual conflict on the report there is an expectation of immediate action/response.*

The DHS Data Collection and Reporting Unit (DCRU) has been providing a quarterly report to APD and SSP Field Administration showing if staff have conflicting access to a case over a span of several months. If

a staff person had conflicting access at any time during the period, even if not in the same month, a record is returned that conflicting access might exist.

However, during the last audit review a data timing issue was identified in our existing potential conflicting access report. When data was reprocessed for Calendar Year (CY) 2013, additional potential conflicting issuances were identified. To resolve this issue the report has been changed to report data through the most recent month available, but notes that the final three months of any period is preliminary for three months past when the month is originally reported. Corrected data reporting the possible conflicts was shared with both APD and SSP Field Administration.

The Conflicting Access Report has been regularly produced by the Data Collection and Reporting Unit in 2014. The data timing issue was resolved and coding changes implemented in the first report produced in March 2014, for the time period January 2014. Over the course of the year this report was produced quarterly, with each report showing any conflicting access by the month the conflict occurred, thereby giving a monthly report. As of December 29, 2014, all months for CY 2014 are represented, with the exception of December, which will be run in late January. For the 11 months represented, with over 929,000 cases records reviewed, there was one person meeting the conflicting access criteria. Each report was sent to representatives from Self-Sufficiency and Aging and People with Disabilities for any required follow-up or action.

2. DHS and OHA: Strategies to Better Address Federal Level of Effort Requirements, audit # 2012- 11, (dated April 2012)
 - To maximize state resources, allocate General Funds strategically, and ensure continued compliance with Level of Effort requirements, we recommend management from Oregon agencies subject to federal Level of Effort requirements:

- encourage program staff to work with their federal agency contact to understand possible financial sources available to meet Level of Effort requirements, including funds outside of those directly budgeted for that program;
- work with the Legislative Fiscal Office to make information available to Oregon Legislative members explaining Level of Effort requirements and consequences for lack of compliance;
- conduct regular communications among program, financial, and budget staff within each agency to discuss Level of Effort compliance and cross-program expenditure possibilities; and
- strengthen certification procedures across programs to allow more cross-program expenditures while ensuring compliance with federal mandates.

While OHA and DHS generally agree that the recommendations are reasonable expectations, we are concerned that the report contains no specific analysis explaining if the additional efforts it recommends will generate benefits in excess of their anticipated additional costs. It is also unclear to OHA and DHS management how these recommendations should be prioritized amongst the other activities available to the agencies to improve efficiency and effectiveness. With that said, we do see opportunities to make improvements to our communication and coordination processes within the two agencies and with our other state and federal partners.

As can be seen in the report, Level of Effort is a very complex subject due to all the different grants and specific rules each grant requires. As such it can be difficult to apply general statements and recommendations regarding Level of Effort (LOE) requirements to all of the grants listed in the audit. For some of the grants administered by OHA and DHS some of the specific details of the above recommendation do not apply. For the Medicaid and the Children's Health Insurance Program, the LOE requirements are eligibility based and not expenditure level based. Another grant, the Senior Community Services Employment Program, only requires that placement of an enrollee not supplant normally budgeted positions or contract work at the host agency. There are also grants, such as the Block Grants for the Prevention and Treatment of Substance Abuse, that have historically only allowed expenditures from the recipient agency in determining compliance with the LOE requirement.

OHA and DHS agree that Oregon agency management (including program, fiscal and budget staff) need to understand their grant requirements. We also agree, and do, actively work with the Legislative Fiscal Office (LFO), and the Department of Administrative Services, Chief Financial Office (CFO) to communicate, maintain and ensure compliance with these grant requirements. While we also feel for many of the grants administered by OHA and DHS, we are currently engaged in these discussions at the level necessary, there may be some efforts that could be improved.

Both agencies will review our current communication and coordination efforts related to the individual grants identified in the report to determine if improvements are needed. This will include consideration of a more formalized internal and external meeting structure to discuss ongoing LOE issues and possible changes in other agency programs that may impact LOE (both opportunities and challenges when programs are reduced).

DHS and OHA are consistently looking for ways to increase MOE in some grants and ensure the legislature is aware of impacts to MOE on others. DHS and OHA strive to understand all grant Matching and MOE requirements and look for innovative ways to maximize both.

Management of LOE and Maintenance of Effort (MOE) is an ongoing focus within the agencies as part of successfully managing our federal grants. As MOE and Matching requirements do change with new grants this is never truly complete. In addition staff turnover requires “white” papers and other trainings, including self-directed training, on LOE requirements in both DHS and OHA. In addition at times other agency grants are needed to be researched. This is an ongoing part of what DHS and OHA do to manage grants.

For some grants, such as TANF, we spend significant time analyzing funding opportunities and have put in place a "certification process" as a way to both have routine communications with partner agencies and document other agency LOE related expenditures. We continue to partner with non-traditional MOE

programs such as the food banks to explore possible additional opportunities. We also agree there may be additional funding opportunities available and will work with CFO and LFO as necessary to resolve cross-agency issues as they arise.

In fiscal year 2013, OHA leveraged an additional \$230 million in federal funds as part of the five-year Medicaid waiver with Center for Medicare and Medicaid Services (CMS) known as DSHP (Designated State Health Programs.) Investments by CMS in DSHP are a strong partnership between OHA and the federal government deemed necessary to implement the health system transformation.

We will continue to review our programs to determine if there is funding that is in excess of current grant requirements that could help other programs or grants meet their LOE needs. We will continue to work with LFO and CFO to help facilitate the communication of new opportunities as they arise, keeping in mind sufficient analysis is always necessary prior to using any new LOE source to meet specific grant expenditure level requirements.

Both agencies recently made changes to internal grant application processes which enhanced the communication between program and fiscal staff prior to the grant applications being submitted. Both agencies have also continued to actively work with the LFO, and DAS-CFO to communicate, maintain and ensure compliance with these grant requirements. This includes recent detailed history and estimates for the Governor's Budget Process to allow BAM to account for MOE issues as much as possible in the 2013-15 budget process. The agencies have communicated to LFO and CFO any LOE/MOE requirements that are directly tied to all reduction options that might be considered to meet statewide revenue shortfalls. In addition, the agencies continue to work with other internal programs, agencies or private entities to maximize MOE.

3. DHS: Child Welfare Program: Strategies to Help Caseworkers Reunite More Families, audit # 2012- 12, (dated April 2012)

- We recommend that Child Welfare district offices and branches share locally-developed practices or systems that support caseworkers, create efficiencies, and develop caseworker skills.
- We recommend the Department of Human Services Child Welfare Program:
 - Evaluate and set priorities among the expected caseworker duties contained in their Child Welfare procedures manual.
 - Routinely gather and share potential best practices among districts.
 - Consider assigning a program manager dedicated to returning children home at the central office to provide better direction and support to enhance caseworker practices. The manager’s responsibilities could also include working with other Child Welfare Managers to evaluate and set priorities among current return home practices and ensure best practices are distributed among districts.
 - Continue with efforts to implement a policy of annual employee performance evaluations to encourage professional development, improve working environments and better achieve the program’s mission.
 - Evaluate whether support staff could help alleviate caseworkers’ workload burden by providing more assistance on administrative tasks. This should include determining if support staff need additional, but adequately controlled access to the program’s OR-Kids system.
- We recommend federal reconsideration of current funding practices to determine whether alignment with the federal goal of returning children to their families would produce better outcomes.

As stated in the draft audit report, there are a number of competing demands on child welfare caseworkers as they navigate their day-to-day work with families. Other groups and agencies are involved in the decision making process that must be coordinated, and there has been an increase in the expected activities of a caseworker without adequate increases in resources. At the time of the audit, Child Welfare was staffed at

approximately 67% of the need given the current workload. In 2013, the legislature allocated additional positions to Child Welfare, resulting in a staffing ration of approximately 85% of the workload. This increase in staff has resulted in a significant increase in face to face contracts with children, both in foster care and in home.

As also stated in the draft audit report, child welfare work is complex. Each family is unique and requires the expertise of the caseworker and supervisory support to craft the plan that will afford the best chance of success and reunification of the family. Despite this, Oregon returns children to their parents at a rate higher than the national average.

While Oregon has a state administered system, there is a differentiation of roles and duties between the Central Office child welfare staff and the field child welfare staff. The promulgation of rules and procedures, and the consultation that helps maintain fidelity in application of those rules and procedures, is work done by staff in Central Office. The actual work with families occurs through state employees in 16 Districts around the state.

The department is in agreement with the recommendation that priorities need to be set among the expected duties contained in the Child Welfare procedures manual. Given the demands and expectations of the work and the current staffing levels, prioritization is critical. The decisions regarding which tasks will be left undone must occur close to where the work with families is being done in order to take into consideration the uniqueness of the situations in each case. Caseworkers are required to have specific training to do their work, and their expertise combined with the clinical supervision of their direct supervisor are needed to provide the case management that is required for families to be successful. It is in this relationship between a caseworker and their supervisor that the prioritization of work is done. A static list of priorities issued from Central Office will not serve families well and could leave children in unsafe settings. Each month at the District and Program Managers meetings, workload is an agenda item and there are a number of suggested areas where some changes in rule and procedure could result in workload reduction. Some have already been implemented and some will take longer to evaluate and implement. These meetings also

provide a forum for the discussion between field managers and Central Office managers on practice innovations, efficiencies and caseworker skills assessments.

The following is a list of some of the workload reduction efforts which have been implemented in the last couple of years, or are in the process of being implemented statewide:

- *Changes to face-to-face requirements to come into alignment with Federal expectations.*
- *Elimination of certain redundant letters.*
- *Development of templates for certain legal notices and actions.*
- *Elimination of a six-page report previously required for guardianship reviews.*
- *Changes to CRB operations, leading to a reduction in duplicate reviews on cases.*
- *Elimination of CRB reviews for children who are on Trial Reunification placement.*
- *Increased access to SpeakWrite for caseworkers to allow for dictation of notes.*
- *Increased investment in technology solutions (tablets, laptops, netbooks, GPS devices, Digital Voice Recorders etc.) to assist workers in being more efficient while in the field.*

Potential best practices are also discussed at both the District and Program Manager meetings; however, there has not been a schedule for these conversations. In order to ensure a regular and timely discussion of innovations to practice, this topic was added to the monthly meetings where District Managers and Child Welfare Program Managers meet jointly.

The Child Welfare Program managers have designated time in their monthly agenda to discuss best practices and hot topics. Child Welfare supervisors have also been discussing local best practices during their round table conversations at quarterlies. For caseworkers, we have re-initiated Child Protective Services quarterlies across the state, to allow for practice forums and case-specific dialogue in an effort to improve consistency and expertise. These quarterlies are also attended by Central Office staff responsible for working with branches and they are able to reinforce the sharing subsequent to the quarterly when they visit the branches.

The department implemented a change in the organizational structure of Central Office and focused all child welfare programs in one program area, the Office of Child Welfare Programs. This office realigned its resources to better match the flow of a case in the field, strengthening resources to support reunification practice.

These re-organization efforts also allowed for better focus on child safety with their family. The Permanency team moved from an adoption focus to a focus of permanency for children which includes the responsibility of reunification, adoption and guardianship. The reunification focus is reinforced through consultation to the field by safety consultants if the case is early on in the Child Protective Services (CPS) process, or the permanency consultants if the case has been open for services for an extended period of time.

In addition, the department has been engaged in a number of efforts to safely and equitably reduce the number of children in the foster care system. The legislature provided an initial investment in the state's plan to move toward a child welfare system of Differential Response. This initiative focuses on engaging families differently with a focus on maintaining children at home, decreasing the number of children that will experience foster care. In addition, legislation was passed in the 2011-13 session which created Strengthening, Preserving and Reunifying Families Programs. These programs are a collaboration of a broad array of services, which are the primary method of service delivery to families involved in the child welfare system. The combination of Differential Response and the expanded service array will significantly increase the number of families that are able to safely parent their children while addressing the issues that brought them to the attention of the child welfare program. Implementation of the service array was completed in 2014. Staged implementation of Differential Response began in three counties (Lane, Klamath, and Lake Counties) in May, 2014. The next counties (Washington, Linn, Benton and Lincoln Counties) are preparing for implementation in April 2015, and a statewide schedule has been developed that will complete implementation in 2017. Finally, in preparation for Differential Response, the department conducted refresher training for all line supervisors in the elements of the Oregon Safety Model. Intensive coaching has been provided the supervisors to assist them when they return to their units and begin assisting line workers in the application of the model. This refresher has in part focused on how to safely maintain a child

at home while working with the parents, as well as, what conditions must be met for a child who was placed could be returned to their home.

The department is engaged in other initiatives as well, which are focused on returning and maintaining children at home. Specifically, we have invested in In-Home Safety and Reunification Services, and continue to work with a select number of counties in collaboration with Casey Family Programs and the courts, to look innovatively at strategies to safely and equitably reduce the number of children in foster care. The number of counties involved in this collaboration has increased over time. We are in the process of expanding the collaboration statewide.

As stated in the draft audit report, the department has begun the implementation of the Performance Feedback Model. The implementation and evaluation of that model is an outcome measure on the department's Fundamentals Map as well as the Child Welfare Fundamentals Map, and a topic of the department's and program's Quarterly Business Reviews. Since implementing this practice, Child Welfare has demonstrated steady improvement in the number of workers who have an Employee Development Plan. Work continues with the districts to increase this measure with a goal of 100% within the next year.

In the development of OR-Kids, the technology system that supports child welfare, the documentation of activities done by the various staff that work with families was required to be entered by the individual that did the work. This resulted in an increase in the documentation activities of the caseworker that in the prior system may have been entered by support staff. Because the OR-Kids system is a role based access system, support staff cannot enter material on behalf of the case worker. Since the implementation of OR-Kids, the department has been evaluating the design and actively looking for opportunities to improve on the design. One of these areas is the further evaluation of the role based assignments for entry of data. The department believes there are data entry activities that can be shifted back to support staff and is working to implement those changes.

As a pilot, District 3 Child Welfare (Marion County) worked with Central Office and Lean Leaders to create a series of lean processes and branch protocols which have been expanded statewide. Forty-two business processes which were impacted by the implementation of the OR-Kids system were mapped, and redesigned to the leanest business process flow in an effort to more closely align the work processes to the newly designed system, and create as much efficiency as possible in the processes. When combined, these individual processes comprise systems which identify positions responsible for specific parts of each process, and allow branches to make decisions about how to best maximize support staff, freeing caseworker time to work with families.

Many of those processes (like Legal and Financial), once designed for the first 30 days, are also replicable for the entirety of the case. The exercise of deliberately going through this process will also produce branch protocol manuals, which can be used for local training. The six process areas which will be implemented for each office are:

- *Legal,*
- *Person Management,*
- *Financial,*
- *Service Entry,*
- *Meetings, and*
- *Provider Management.*

Finally, the department is in agreement with the recommendation that the federal government align the funding for child welfare with the national priorities of safely reducing the number of children in the foster care system. Oregon has been involved in providing feedback on several proposals for federal finance reform for the child welfare system. As opportunity arises, the department will continue to participate in this national conversation.

While progress has been made, efforts to fully implement the recommendations in this audit will continue with a goal of increasing the number of children who can safely return to their home and families.

4. DHS/OHA: Health and Human Service Caseload Forecasting: Ways to Increase Confidence, audit # 2013-03, (dated February 2013)

DHS and OHA agree that accurate caseload forecasts are critical for agency budgeting and legislative allocation of limited state funds. Since both agencies are required to report to the Emergency Board and would prefer to avoid unnecessary rebalances, both agencies have a strong incentive to support forecasts which are neither too high, nor too low.

As documented in the report, the DHS and OHA Office of Forecasting, Research and Analysis (OFRA) has knowledgeable staff, uses reasonable methodologies, and produces forecasts that are generally accurate, have improved over time, and have no indication of overall bias. It was also determined that OFRA's forecasts are only marginally less accurate than those produced by Washington State's independent Caseload Forecasting Council. OFRA performs an array of supplemental research, analysis, and consulting services for DHS and OHA that would still be needed if the unit was moved out of the agencies.

The report also notes that forecasts are inherently uncertain for a variety of reasons. However, DHS and OHA believe that federal and state policy and procedures have the largest impact, with economic and demographic impacts secondary. While the forecasting unit strives for accuracy, subsequent adjustments and corrections are to be expected. The realistic expectation of inaccuracy is one of the primary reasons the forecast is updated twice each year and incorporated into the budget adjustment requests submitted to the Emergency Board.

The report describes how the forecasted 2011-13 caseload for Aid to the Blind and Disabled program (ABAD) varied over the course of seven forecast cycles. DHS and OHA generally agree with the basic facts as presented, but not with the view expressed in the report that the error was due to a lack of independence or that more than half of the error was not justified by the information available at that time. The majority of the caseload increase which ultimately proved to be wrong was discussed and approved in the fall 2010

forecast by the Medical Assistance Program Caseload Advisory Committee, which included staff from both the Department of Administrative Services (DAS), Budget and Management Division (BAM) and the Legislative Fiscal Office (LFO). While not noted in the Fall 2010 DHS and OHA Caseload Forecast report, one of the factors that contributed to the inaccuracy was the fact that Social Security had experienced a steep increase in disability applications since the Great Recession began. This had been widely reported in the national press, so forecasting unit staff considered it reasonable to anticipate some increase to the rate of growth for the ABAD caseload.

DAS Budget Policy Analysts and LFO staff have participated in the caseload forecasting process for many years. In addition, since DHS and OHA split into separate agencies in July 2011, formalized governance processes have been created to oversee all shared services units, including forecasting. As mentioned in the report, the forecast unit administrator reports to the DHS Chief Financial Officer and the OHA Budget Director, and the unit itself operates under authority of the DHS and OHA Joint Operations Steering Committee (JOSC). JOSC has authorized two governance documents that pertain to the forecasting unit: a Service Level Agreement which lays out the unit's key responsibilities and deliverables, and a Caseload Forecast Advisory Committee Charter which specifies the authority, roles, and responsibilities of the committees, their members, and the forecast unit.

The forecasting unit has also documented key processes and established performance metrics. Documentation includes monthly forecast accuracy reports, methodology(s) used to create the forecast for each caseload area, key process flow charts, an annual calendar for scheduled work, and a unit performance scorecard.

DHS and OHA strive to be transparent. To that end, an internet website has been created that is expected to go live within the next two weeks. It will be easily accessible from both the DHS and OHA home sites. The new website will include work products (e.g. caseload forecasts and monthly variance reports), administrative documents (e.g. materials on governance and methodology, names of advisory committee

members, etc.), and links to other forecasting units. DHS and OHA have been routinely posting forecasts online and the bi-annual forecasts going back to 2006 are currently available.

- To improve the independence, oversight, and transparency of the forecast unit, we recommend the Department of Human Services and the Oregon Health Authority:
 - Consider creating a policy oversight committee responsible for review and adoption of caseload forecast policies and procedures, and to help ensure forecaster independence.

A technical oversight committee was created to:

- 1) Review and make recommendations to the DHS/OHA Joint Operations Steering Committee (JOSC) concerning the forecast unit's policies, procedures, governance, methodologies, etc.*
- 2) Serve as an independent channel for forecasters (or anyone else) to raise issues they perceive as jeopardizing or affecting forecast quality or forecaster independence.*

A charter for the committee was drafted and reviewed by DHS COO, OHA COO, DAS CFO and LFO. The charter was submitted to JOSC and received final approval on November 21, 2013. Committee members were recruited, with recommendations solicited from Senator Devlin, John Mullin (HSCO), DHS/OHA executive and program leadership, DAS and LFO.

- Continue using the eight caseload forecast advisory committees as the arena to debate forecast risks, assumptions and methodology, and to advise the forecasters on the caseload forecast numbers.

The forecasting unit continues to use Caseload Forecast Advisory Committees to provide information on factors that impact program utilization, and to provide input on the proposed forecasts. Occasionally committees are added or discontinued when the forecasting need changes.

- Consider adding additional external representation to the eight advisory committees from the public, academic, non-profit, and/or private sectors.

Solicitations for volunteer committee members were sent to Senator Devlin, John Mullin (HSCO), DHS/OHA executive and program leadership, DAS and LFO. We identified one or two additional participants for most of the committees – in time to participate in our summer 2013 mid-cycle meetings. We will continue to seek external participants to bring into the process.

In addition, the forecasting unit will continue to periodically survey external stakeholders who are not on the committees to get their input on the factors driving caseload changes.

- Record meeting minutes of the eight advisory committees that at a minimum include the key information or issues discussed and the advisory committee's advice on the forecast numbers.

In early 2013 templates were created to capture meeting notes during both forecast development and mid-cycle meetings. The forecast meeting template was used and refined in spring 2013 and will be used on a regular basis going forward. The mid-cycle meeting template will be used and refined during the summer of 2013.

- Regularly evaluate the forecasts and publish an annual accuracy tracking report. Include in the tracking report an analysis of both the accuracy and statistical bias of the forecasts. Use the results to identify improvements in assumptions and methodologies.

DHS and OHA understand the importance of tracking and reporting forecast accuracy and using that information to identify possible improvements. The forecasting unit has tracked and reported forecast accuracy (by program area) for many years through Monthly Caseload Variance Reports which were shared routinely with all caseload forecast committee members. Starting in March 2013, these monthly reports have been posted to the new Forecasting website.

Starting in fall 2013, the forecasting unit will produce a new annual report which will provide a more summarized, but comprehensive view on the accuracy of the caseload forecasts across program areas and over time.

- Continue efforts to create a public web page dedicated to the forecast unit, and post its methodologies, advisory committee membership, advisory committee meeting minutes, forecast accuracy tracking reports, and the semiannual caseload forecast reports.

In February 2013, the forecasting unit launched a public web page:

<http://www.oregon.gov/dhs/ofra/Pages/index.aspx>

The forecasting page can be accessed directly (single click) from both the DHS and OHA home pages, and contains work products (e.g. caseload forecasts, client overlap charts, ad hoc research reports), accuracy reports, administrative documents (e.g. governance materials, committee membership, process flowcharts, forecasting methodology), etc.

- Include in the published semiannual caseload forecast reports additional detail on risks, assumptions, uncertainties, and how these factors could affect caseload estimates.

When the Spring 2013 forecast was published, the sections describing risks, assumptions and uncertainties were expanded. Going forward, the forecasting unit will strive to further expand this content.

5. DHS and OHA: Statewide Single Audit Including Selected Financial Accounts and Federal Awards for the Year Ended June 30, 2012, audit # 2013- 07, (dated March 2013)
 - We recommend DHS and OHA management implement procedures for reviewing and evaluating program changes to identify any necessary revisions in financial reporting to ensure compliance with

GAAP. We also recommend management consider the need to revise the billing process or prepare year-end adjustments to ensure transactions involving shared services are reported in conformity with generally accepted accounting principles.

The Department of Human Services and Oregon Health Authority became separate accounting entities in fiscal year 2012. In order to maximize operational efficiency, these agencies retained shared administrative service functions. In the short timeline that was provided, the agency developed a shared service model and a new cost allocation and billing process that ensured the appropriate costs were billed to each agency. The agency did not consider the impact this model would have on the consolidated financial statements and that the materiality threshold would necessitate setting up an Internal Service Fund. The agency had Department of Administrative Services, Statewide Accounting and Reporting Services, set up a new GAAP fund (5006- Health Service Fund) that will be used to report the 2013 fiscal year-end adjustments for shared services in both agencies. DHS and OHA are preparing for the 2013 - 2015 biennium by setting up a new D23 fund pointing to this new Internal Service fund to properly record the accounting transaction during the normal course of business, rather than as a continual year-end adjustment.

GAAP Fund (5006- Health Services Fund) was created by SARS on February 15, 2013, with a July 1, 2012, effective start date. For Fiscal Year 2013, SARS will make an adjusting entry at year-end supplied by the DHS/OHA State Financial Reporting unit to properly record the activity of the Internal Service Fund. The new D23 fund (fund 3470) has been set up in DHS/OHA that points to GAAP Fund 5006 to properly record the daily operations of the shared services units for the AY2015 activities. All necessary structure has been updated using this new D23 fund beginning with July 1, 2013, activities.

- We recommend DHS management establish a process to better ensure all year-end adjustments are properly posted to the accounting records in order to facilitate accurate financial reporting.

During fiscal year 2012, the Department of Human Services implemented a new Child Welfare Case Management System (OR-KIDS). At the end of the fiscal year a balance of \$5.3 million remained in unreconciled manual payment advances to providers that overstated accounts receivable and understated

expenditures on the financial statements. We will add a review of the OR-Kids advance balance to our year-end task list to verify if there are outstanding balances and if a balance exists, make an adjusting entry on the financial statements.

During reporting year 2013, Shared Services added a review of the OR-Kids advance balance to its year-end reporting task list. As a result the advance was reclassified to the expenditure account by Fiscal Year 2013 end.

- We recommend department management fully capture all PEBB funds as part of the statewide cost allocation plan.

DHS and OHA Office of Financial Services Shared Services became responsible for the PEBB A-87 reporting in FY2012. During that reporting period, staff was trained on the correct method for reporting the PEBB operations fund, stabilization fund, and the insurance fund. DHS and OHA Office of Financial Services Shared Services has implemented this procedure and has continued it with the Fiscal Year 2013 reporting period.

The 2012 A-87 report was prepared by the Oregon Health Authority and included the PEBB Operations, PEBB Stabilization and PEBB Self Insurance Funds. Corrections for years 2010 and 2011 were calculated by the Department of Administrative Services and resulted in remaining excess fund balances. This resulted in additional Federal payback calculation of \$124,824.00 that was paid to the Department of Health and Human Services via Department of Administrative Services. Detail on the 2010 and 2011 remaining excess fund balance calculations can be obtained from the Department of Administrative Services.

DHS and OHA Office of Financial Services Shared Services will work with DAS Shared Financial Services to determine if any additional corrections for calendar year 2010 and fiscal year 2011 are necessary.

- We recommend the department maintain sufficient accounting records and other documentation as appropriate to support the federal and nonfederal expenditures reported for each quarterly report. Further, we recommend department management consider whether increased staff training is necessary. Finally, department management should submit corrected quarterly reports and reimburse the federal agency for any amounts owed due to insufficient matching funds.

After department review, the match required by the federal agency, Administration for Children and Family (ACF), was met with State funds along with non-State funds. The non-State funds came from the Division of Child Support, Citizens Review Board, Tribes and/or Portland State University. Documentation to support matching funds from the Tribes is kept with the program. The other entities receiving Federal funds supplied match documentation with the invoices they sent in to be paid. We have met the federal standard of submitting quarterly reports that have sufficient supporting documentation. There is no requirement for this information to be kept with the quarterly report. There is no need to reimburse ACF for any amounts owed due to insufficient unmatched funds since adequate match was achieved.

Child support is reported to ACF by both the Department of Justice (DOJ) and DHS. DOJ sends an email to DHS to confirm the amount of child support reported that is in lieu of spending Title IV-E funds as both reports must match. DHS confirmed from DOJ in March 2013 the amount filed for both federal and state funds to ensure both reports matched. The process to which DHS files the Title IV-E report for child support was then authorized by ACF. The report includes both Federal funds and State funds and then backs out the Federal funds leaving a balance for State funds. This balance is supported match by child support.

Prior period adjustments totaling \$570,000 were inadvertently included with the report submitted on June 30, 2012. This overinflated the match requirement for the report. The report was re-created to determine the appropriate amounts to be reported for each line. The adjustments will be made to the report for quarter ending March 31, 2013.

Additional research is still being conducted to ensure the accuracy of the quarterly federal report. Some of the prior period increasing adjustments included in the total referenced in the finding may be offset with prior period decreasing adjustments, therefore reducing the amount needing to be returned to Administration for Children and Family (ACF). Any adjustment needed is expected to be completed for the period ended December 31, 2014.

- We recommend department management continue to work toward developing a stable system that meets business needs, has accurate and complete reporting, and helps ensure compliance with the Foster Care Title IV-E state and federal regulations.

The State of Oregon did not accept OR-Kids; however, Oregon and the SACWIS vendor reached a Mutual Termination Agreement that ended vendor responsibility for the system on January 3, 2013. Oregon assumed responsibility for all operations and maintenance of OR- Kids. The department recognized the need to make substantial changes to OR-Kids, to address existing defects and identified design/functionality gaps. We initially organized and set goals to complete this work over the course of a 24 month period from the initial audit date. These changes will include increased system stability, remediation of inaccurately converted data, improved financial auditing, streamlined payment processing and ensured system compliance with State and Federal regulations.

As outlined above, since January 3, 2013, the State of Oregon has been responsible for the maintenance of our Statewide Automated Child Welfare Information System (SACWIS). Due to the size, complexity and instability of the system, the learning curve has proven to be a slow process. The department recognizes the original timelines given to remediate the Foster Care IV-E 2012 findings was ambitious and the fixes are progressing slower than originally anticipated.

The department has incorporated monthly system downtime to work on system stability. This has helped with unexpected system downtime. The department continues to perform manual clean-up of placement, financial

data and ongoing user error data fixes. The OR-Kids technical staff implemented and continues to work on stage 2 fixes and change requests, required to be implemented into production by our Federal partners.

The department continues to improve the system in ways that are gradually moving us toward achieving the recommendations from the audit. However, the complexity of the system and challenges in fully staffing the OR-Kids Technical Team has proven to be barriers to timely completion of the identified recommendations.

Focused efforts and great strides have been made to increase the stability of OR-Kids. These efforts have included:

- Smaller and more thoughtful build schedules.*
- More focused and thorough testing prior to the release of builds into production.*
- Increased resources and efforts around the operation and maintenance of servers.*
- Upgrades to the existing infrastructure of the system to support the system.*

Significant progress has also been made in regards to the data remediation efforts. This includes:

- The completion of a manual fix applied to the financial records that will prevent further inaccurate federal refinancing.*
- Completion of the analysis of eligibility remediation and the approval to use manual correction instead of any automatic remediation.*
- Completion of the analysis and approval of the strategic approach to remediate the adoption data.*
- Initial analysis and collaborative planning around strategic approaches to the remediation of the CPS and eligibility data is in progress.*

As much as this effort has progressed, competing efforts and limited technical understanding of the system and limited trained resources have delayed the progress. The original projected date of March 15, 2015 is now changed to December 31, 2015.

The issue around streamlined payment and process has been the focus of a current workgroup that has made significant progress. The following efforts have been completed or continue:

- A new remittance advice has been deployed in OR-Kids, giving providers a detailed account of their payments.*
 - A new contract payment invoice is in a pilot over three counties and four providers.*
 - A Computer-Based Training is in development to assist contracted providers in accurately submitting their billings.*
 - Standards have been developed for validating and authorizing payment for contracted services*
 - Systems have been created for submission and processing payments.*
 - Training is in development for agency staff that is expected to be deployed during the fall of 2014.*
- We recommend the department ensure all required documentation is completed, reviewed and maintained prior to certifying providers or determining children eligible for Foster Care IV-E reimbursement.

The Federal Compliance Unit trained IV-E specialists on the requirement of ensuring proper documentation for verifying child's age and the need to have the documentation maintained in the electronic case file. The IV-E specialists were also reminded of the importance of not claiming Title IV-E on an Expedited Certificate. Training occurred March 20 - 21, 2013. This was a mandatory training approved by management. The Federal Compliance Unit has bi-weekly conference calls with the IV-E specialists where specific eligibility requirements are discussed. After each conference call meeting minutes are shared (in the form of Questions & Answers) with all IV-E specialists and their supervisors as a reference tool. This will be an on-going technical assistance.

In Child Welfare, completion of a home study is one of the elements of the provider certification process. In one of the cases identified as having a home study issue, the eligibility worker made an error by identifying a provisional certification as a final certification. While the provider was subsequently certified, the department will adjust our Title IV-E claiming to reflect the two months of costs claimed in error. The

second case identified as having a home study issue involved a case that was certified through a Licensed Child Placing Agency. Licensed Child Placing Agencies are responsible for the certification of their own substitute care providers. We agree that the certification of one of these providers was not completed prior to child placement. We will further research this case and adjust our Title IV-E claiming accordingly. We will also review our licensing process for the Licensed Child Placing Agencies and make any necessary adjustments identified through this review.

An \$824 adjustment for one of the identified providers was made on March 20, 2013. Based on further research, a home study was located that had been completed by June 14, 2011. The child was not placed into this home until September 7, 2011, therefore the child met all Title IV-E eligibility criteria and no adjustment is necessary.

The audit findings were discussed at the Child Welfare Program Manager's meeting. The Licensed Child Placing Agencies certification requirements were review in conjunction with a review of all Title IV-E foster care eligibility (which includes certification and licensing) in preparation for a Federal Title IV-E Foster Care review held in July 2014.

All steps were taken for this corrective action plan however, based on the findings in the Federal Review; Oregon was found not to be in substantial compliance. Six out of 80 cases did not pass the federal requirements due to the same type of issues found in the Annual Statewide audit. Oregon will be required to submit a Program Improvement Plan to the Administration for Children and Families (ACF). Once submitted, the department will have one year to implement the Program Improvement Plan.

- We recommend department management prioritize the completion of the development of a report to alert eligibility staff when a client is nearing or exceeding the \$25,350 threshold, or when re-determinations are due. In addition, department management should determine the total amount of TANF funds paid on behalf of ineligible clients and ensure it is properly credited back to the federal program.

Federal Compliance Unit, Office of Business Intelligence, Office of Information Support and the Office of Financial Services continue to work on developing reports that Federal Revenue Specialists and the Federal Compliance Unit can use to monitor workload and compliance with TANF-EA eligibility rules.

The Federal Revenue Specialists (FRS) uses two methods to monitor when initial TANF determinations are required.

- 1. For children placed in foster care, the Office Manager's in every branch have developed an email communication process to notify when there is a new placement and a change in placement for every child in foster care. The FRS rely on these emails to complete the initial TANF determination and then use a combination of the OR-Kids Tickler system and review of the case when changes in placement occur. Unfortunately, the OR-Kids Tickler system is not reliable and the Eligibility Report which would allow the FRS to monitor their workload is not yet available.*
- 2. A new "EL-3010-D FRS Determination Notification" report was created to provide consistency in identifying the in-home cases that need a TANF determination completed. OR-Kids currently creates a Tickler for the FRS to complete a TANF determination when a case is opened. A majority of the cases that are opened on OR-Kids are closed at referral, which means DHS did not find any safety threats and no services are provided to the family. It is not appropriate to complete a TANF determination on these cases; therefore we had to develop a different mechanism to notify the FRS. A TANF determination should be completed when the DHS caseworker makes the decision that DHS will provide services to the family to mitigate safety threats to the child. This is covered in the "Business Process Guide" that was provided to the FRS at training provided March 20 & 21, 2013.*

The not-to-exceed \$25,350 monitoring report is still being developed. The Federal Compliance Unit continues to work with the Office of Financial Services and OR-Kids Business Analysts and the Data Collection and Reporting Unit. Estimated completion date of the new monitoring report is August 31, 2014. Based on the work to date, DHS continues to find inconsistency in how the financial data is processed in OR-Kids and then reported to the Statewide Financial Management System.

Annual redetermination notification continues to be an issue. The “Ticklers” created in OR-Kids are difficult to manage. Without a monthly report for the FRS’s to be able to use, we may continue to miss annual redeterminations.

The Department is still trying to finalize the data remediation plan, which should correct most of the conversion issues identified. Based on the latest estimates, eligibility and financial data remediation is not going to be completed until late 2014. Office of Information System resources who are assigned to the data remediation efforts are the same employees who are assigned to developing reports and other system fixes.

The five cases identified in the audit have been corrected and adjustments made within the accounting system to adjust the federal funds. These adjustments were reflected in the TANF Federal Financial Reports for the quarter ending September 30, 2013.

The report to notify staff of instances where the \$23,500 TANF reimbursement limit has been met, has been completed. This report was available in a User Acceptance Testing environment for several months and was moved to production in November 2014. This report is the EL-3008-S TANF \$20K Summary Report. This report lists any client whose reimbursement of services paid for by TANF funds is greater than or equal to \$20,000 over the past 365 days. In addition, a detail report was added so that a user can get all the transaction records that make up the noted amount for the client.

A second set of reports were developed that will help staff determine when a redetermination is due. This set of reports is grouped by the population served and for that population (foster care and in home) each eligibility type and status will be represented. The reports are:

EL-3015-S Foster Care TANF & XIX Eligibility Status Summary

EL-3015-D Foster Care TANF & XIX Eligibility Status Detail

EL-3016-S Foster Care IV-E Eligibility Status Summary

EL-3016-S Foster Care IV-E Eligibility Status Detail

EL-3018-S In Home Eligibility Status Summary

EL-3018-D In Home Eligibility Status Detail

It was determined that similar reports were not needed for the Adoption Assistance and Guardianship Assistance populations, as redeterminations are not required for these groups. Further, the complexity of the IV-E eligibility determination criteria led to a decision to have a separate set of reports for this area for the foster care population.

Four of the six reports (EL-3015-S, EL-3015-D, EL-3018-S and EL-3018-D) are in production. EL-3016-S and EL-3016-D are in User Acceptance Testing. This report was ready for Production as of early November, but it requires User Documentation before it can be moved. User Documentation is being drafted by the Federal Compliance Unit.

- We recommend department management complete their corrective action plan to ensure that verification of IEVS required screens is documented when determining client eligibility.

The TANF program, in partnership with the Office of Program Integrity Quality Control, and the Training unit has taken steps to improve the usage and appropriate narration of IEVS screens. The following actions have taken place with efforts continuing beyond June 2013.

In October 2012, the Quality Control (QC) unit began randomly reviewing a small sample of TANF cases each month statewide. The purpose of these reviews is to ensure TANF eligibility was correctly determined. The QC reviewer verifies financial information using the same IEVS screens that workers use to determine eligibility. The cases determined in error by the QC reviewer are reviewed with Policy staff at bi-monthly Error Staffing meetings and discussed with field staff at Statewide Monthly QC Panel meetings by video conference. In addition, the TANF analyst sends electronic mail reminders to field staff and their lead workers on the importance of narrating how income and other information was verified. The analyst includes a link to the Family Service Manual Worker Program Guide on narration.

In April of 2013, the Office of Program Integrity and the TANF program issued a special edition in the “On-Target” newsletter. The newsletter included an article on the QC reviews most common findings as well as

articles on appropriate narration of verified income and other information. The TANF program also contributed to the June 2013 “On-Target” article on narration and use of Social Security Numbers.

The TANF program and QC reviewer meet monthly to discuss means in which to improve accuracy and narration of financial information.

Beginning in September 2013 the Office of Program Integrity Quality Assurance, in partnership with the TANF program, began to pilot a Quality Assurance (QA) review tool for TANF eligibility. QA reviews are continuing in 2014 on a limited basis. While the QA reviews are broader than the QC reviews, QA continues to review financial eligibility and use of IEVS screens.

In the summer of 2014, the Training unit reviewed and revised the TANF training curriculum relative to checking IEVS screens. The Training unit continues to train on use and narration of IEVS screens to verify income and eligibility. In October and December 2014 communication transmittals were sent to all staff determining eligibility reinforcing the need to narrate that the appropriate IEVS screens were reviewed.

- We recommend department management ensure that hours of work are verified before being reported, as outlined in the state’s HHS-approved Work Verification Plan.

The department continues to perform annual quality control audits for the JOBS Work Verification Plan to ensure data being reported in calculating work participation rates is accurate. The threshold set forth in the State's approved Work Verification Plan is 90% or above. As a state we have consistently scored above the 90% threshold.

Although the audit results shows an accuracy rate of 95%, which exceeds the approved target, the department is committed to correcting and avoiding any identified errors. The TANF program identified and created a list of JOBS Work Verification branch and district point staff in the spring of 2013. The TANF unit has been relaying information through the point staff list whenever important updates need to

be communicated. The TANF program continues to partner with the Office of Information Services and Self-Sufficiency business analysts to make improvements to the databases in order to ensure accuracy of information being transmitted to Administration for Children and Families (ACF).

The TANF program completed the 2013 Work Verification JOBS Audits and the performance was 90.3% accurate. Some areas of the State with lower accuracy received an additional review and coaching. Local leadership and staff were convened to walk through the review process using another random case selection. This allowed them to see first-hand the information required to remain in compliance with the Oregon Work Verification Plan. In addition, training was provided to these areas on how to use the JOBS Activity Guidelines as an ongoing resource document for best practices.

The TANF program completed the 2014 annual JOBS Audits and the performance was 93.2% accurate. There were 1,987 participation cases reviewed. The site reviews continued to include staff, leadership, and partner meetings to debrief the review findings, as well as to address other common questions and policy clarifications.

- We recommend that department management strengthen controls to ensure that all documentation to support a provider's eligibility determination is retained and verify that providers with missing documentation are eligible to provide services.

Through the avenue of agenda items at Aging and People with Disabilities (APD) Supervisors Quarterly Meetings, APD Program Managers meeting, articles in the newsletter, "In the Loop", and a training module at the 2013 Regional meetings APD has worked to remind managers and staff of the policies and documentation required to support a provider's eligibility and forms that must be retained within the provider files. The APD offices have obtained the missing documentation for all of the providers listed except for one. The department is in the process of making adjustment to the federal claiming for those questioned costs. APD is also working to implement scanned files for field offices. The first step of this

project will be on-line client files. After this is completed, APD is exploring the possibility of having provider files scanned and on-line as well.

- We recommend that department management document the procedures for completing the annual reviews of nursing facilities and establish controls to ensure reviews are completed in accordance with these procedures.

The department had initially planned on contracting with a CPA firm to complete future Nursing Facility Cost Reviews, however the department reconsidered this approach. Department management has made significant changes to the Nursing Facility Cost Review process. The department hired a Program Analyst 4 (PA4) to assist on these reviews. The PA4 and an Operations and Policy Analyst 3 are working on the process. In addition, the department has implemented and documented management review of this process. Draft procedures were completed in early 2014 to document the process and finalized in June 2014. These procedures are reviewed periodically to make necessary revisions.

- We recommend department management implement procedures to ensure the department uses the federal financial participation rate in effect at the time a transaction is recorded and reimburses the federal agency for the overdrawn ARRA funds.

In March 2013, the agency completed an in-depth review of all expenditures receiving ARRA funds that occurred July 1, 2011 and later to ensure the proper federal financial participation rate was used. An entry was completed in the Statewide Financial Management System (SFMA) to adjust the excess ARRA funds and the Centers for Medicare and Medicaid Services (CMS) will be refunded for the overdrawn funds. The adjustment was completed March 19, 2013. The PCA's associated with current period activity have been disabled. All prior period activity is reviewed each quarter to ensure compliance.

- We recommend department management strengthen controls to ensure documentation is maintained in the case files sufficient to demonstrate compliance with federal requirements.

Upon subsequent review, the department found all of the four self-sufficiency cases referenced above as missing information on private health insurance were not in error. We believed that the applications used to determine medical eligibility were completed and included answers to the private health insurance information questions. In the four instances the applications we reviewed indicated that the individual did not have private health insurance. Unfortunately, this information was not communicated prior to the issuance of the management letter. In an effort to provide continuing guidance on policies and procedures to eligibility staff, an article appeared in the self-sufficiency newsletter addressing the requirement to obtain private health insurance information at each eligibility determination.

Aging and People with Disabilities (APD) will send reminders and provide an informational/training module on the importance of documenting private health insurance, as well as what needs to be retained in a client's case file and for how long.

Through the avenue of agenda items at APD Supervisors Quarterly Meetings, APD Program Managers meeting, articles in the newsletter, "In the Loop", and a training module at the 2013 Regional meetings APD has worked to remind managers and staff of the policies and documentation required to support a client's eligibility and forms that must be retained within the client files. The APD offices have obtained the missing documentation and are working to have the improper payments billed back to clients. If necessary, the department will make adjustment to the federal claiming for those questioned costs. APD is also working to implement scanned client files for field offices so that all documentation will be readily available.

- We recommend management implement and follow internal controls to ensure the review for suspension and debarment is performed and documented for all contracts, including price agreements.

The Office of Contracts and Procurement (OC&P) contacted the Oregon Department of Administrative Services (DAS) Procurement Services and requested contractor self-certification language relating to

suspension and debarment be added to DAS statewide price agreements. DAS reports this amendment is being made to their statewide agreements as they come up for review.

The Office of Contracts and Procurement also added debarment and suspension vendor self-certification language to all DHS and OHA purchase orders processed effective March 18, 2013.

- We recommend the department update the cost allocation plans to reflect current practices and ensure future changes are communicated timely.

Historically the agency submitted biennial updates to the cost allocation plan, and submitted changes to the plan annually when significant changes were made. There were not significant modifications to the plan during the last audit year, so an update was not submitted to the Division of Cost Allocation.

The agency agrees that updates to the plan should be submitted annually, even if no changes are made. Further, the agency communicated with the Division of Cost Allocation seeking guidance on their process for the submission of amendments to the public assistance cost allocation plans regarding mid-year modifications.

Amendments to the DHS and OHA Cost Allocation Plans were submitted to the Division of Cost Allocation on June 6, 2013, for review. These amendments were to take effect with the start of Fiscal Year 2014.

6. DHS/OHA: Public Assistance: Improve Eligibility Procedures and Consider Approaches of Other States audit # 2013- 10, (dated May 2013)

This audit compared five data sets to records of people receiving benefits under three federal programs: Medicaid, the Supplemental Nutrition Assistance Program (SNAP), and Temporary Assistance for Needy Families (TANF).

These programs weave together to form Oregon's safety net. During the recent recession and over the past several years, the Legislature and two governors have made strategic policy choices designed to strengthen that net and keep families stable until they can get back on their feet.

The periods covered in the audit varied but most were for the fiscal years 2011 and 2012. Over those two years, the combined benefits administered were \$11.7 billion. The three programs served 1.4 million Oregonians for those two years. The audit initially questioned benefits totaling about \$2.8 million, approximately 0.02 percent of the combined costs of the program over the two years.

For the purposes of this audit, the Secretary of State used five data sets to compare records of people receiving benefits under Medicaid, SNAP and TANF.

- *Social Security death records;*
- *Oregon Lottery winners;*
- *State prisoners;*
- *PERS retirees; and*
- *DHS/OHA employees.*

The audit found 5,018 record matches across the five categories. A matched record does not mean an incorrect benefit. DHS/OHA review determined that the information presented in the audit would not have changed the benefits for about 3,200 matches based on current law and policy. Another 600 of the death record matches found the person on the record and the actual benefit recipient were not the same person, and subsequent analysis would not have changed the benefits. Miscoding of the Social Security number (SSN) in the computer system was the most common reason for this occurrence.

In about 1,200 of the 5,018 matches, the people initially appeared ineligible and may have received a benefit they should not have received. This is about 0.09 percent of the combined enrollment of the three programs.

The agencies continue to strive for the greatest accuracy. This audit pointed out a few areas where changes in policy or practice could enhance accuracy even further.

The audit also looked at policies developed by the Legislature and Governor's office to provide public services to Oregonians living in poverty and protect our most vulnerable citizens. Under statute and through policy, DHS and OHA have streamlined the eligibility processes and reduced unnecessary bureaucratic barriers that slow critical services to people in need and create waste and inefficiency in the system.

This has been a successful strategy as evidenced by how low-income Oregonians fared during the recent recession compared to other states. Since 2008, the number of people receiving SNAP has increased substantially. Despite the record-level caseloads, Oregon made process improvements that reduces the wait time for food benefits from more than one week to same day or next day service for most participants. Since 2008, the number of people receiving Medicaid has also increased substantially and overall accuracy rates have held steady or improved.

During the recession, the children's uninsurance rate dropped from 12.3 percent to 7.2 percent, providing financial stability to the families of more than 100,000 children. From 2009-2011, Oregon was one of the top two states for reducing the number of children without coverage. Also during the recession, SNAP was a key factor in holding the state's food insecurity rate steady. Now that these policies are in place and have proven to be effective, it is time to close the large lumpsum loopholes in a way that allows Oregon to continue providing services to our state's most vulnerable people effectively and efficiently without letting people who can support themselves slip through.

The audit raised questions of both accuracy and policy. DHS and OHA continue to believe that there is an appropriate trade-off between these goals.

More complex eligibility criteria impose higher administrative costs, often result in more inaccurate eligibility determinations, and restrict access to the program -- even among those who are eligible under the

more complex requirements. Since 2002, Oregon has made strategic choices to streamline policies and reduce unnecessary red tape – while keeping adequate oversight – to help our state’s people with very low incomes receive the services they need so they can get back on their feet. As a result, the hunger rate has stayed stable in our state as it has increased in others. And our rate of uninsured children has plummeted.

The key is to balance the need for benefits with policies that make sure only qualified people receive them. That is the course both agencies have pursued for more than a decade.

DHS and OHA have taken numerous actions related to the original audit recommendations. These actions, and those that are still in process, are outlined below. In summary, the two agencies have reviewed the 5,018 cases originally identified as having a match to one of the databases used by the Secretary of State auditors. DHS and OHA have, or are in the process of writing overpayments, further researching or recovering about \$1.8 million in benefits identified during this review. In addition, hundreds of staff from both agencies have been trained on improved verification processes and tools. DHS has asked for approval of waivers that allow changes in SNAP client change reporting requirements. The new centralized EBT card replacement unit has been expanded and now provides card replacement services statewide. Analysis of the effectiveness of identified federal databases have been tested and others continue to be reviewed. Various other internal processes have been reviewed and improved.

Below is a listing of the original recommendation and the specific actions that have been taken to address the findings in the report.

- Work with the Governor and the Legislature to consider changes to Oregon’s public assistance eligibility and reporting options, balancing the neediest with the most prudent use of public resources.

DHS and OHA continue to improve public assistance eligibility systems to ensure accuracy and reduce administrative costs. DHS and OHA continue to be committed to working with the Legislature, the federal government, and our partners to adjust policies to help the neediest Oregonians in ways that are productive,

minimize administrative costs and avoid using resources where they are not needed. DHS and OHA have also continued to support Congressional efforts to end SNAP benefits for substantial lottery and gambling winners.

A waiver allowing DHS to act on returned mail was approved for implementation September 2013. An informational memorandum transmittal was provided to our field staff on August 15, 2013, to provide guidance on the new policy.

The SNAP program also reviewed policy options with partners regarding resource limits on the TANF funded resource information pamphlet, which qualifies many SNAP clients to be categorically eligible. The program adopted a state option to put an asset test on this program. DHS developed policy and training for this change and began implementation in January 2014. The resource limit is \$25,000 in liquid assets. SNAP also submitted a waiver request that would allow clients in the Simplified Reporting System (SRS) to report resource changes mid-certification period when this liquid asset resource limit is met. DHS submitted this request to the Food and Nutrition Service (FNS) on October 18, 2013. However, with the passage of the Farm Bill, states are allowed to end SNAP benefits for substantial lottery or gambling winners. In Oregon we have defined substantial as \$25,000. The bill also encouraged data exchanges with state lottery and gaming departments. We are currently working on setting up such an agreement with the Oregon Lottery.

At the time of the audit, adults covered by the Oregon Health Plan (OHP) Standard benefit package and children on OHP Plus had 12-month continuous eligibility. In general, continuous eligibility means that once an individual is determined eligible for Medicaid, the state may provide up to 12 months of eligibility, without a redetermination, regardless of changes in income or most other circumstances which otherwise would render the individual ineligible for Medicaid. OHA had intended to submit a request for an amendment to the state's 1115 Medicaid Demonstration, to become effective with implementation of the Affordable Care Act provisions in January 2014 that would have authorized expanding 12-month continuous eligibility for all adults on OHP. In response to the audit, DMAP was discussing including in its amendment

request exceptions to the continuous eligibility policy that would require OHP recipients to report large lump sums, such as lottery winnings, and have them count for eligibility.

However, in May 2013, prior to the state's submission of such a request, the federal Centers for Medicare and Medicaid Services (CMS) issued clarification about what a 12-month continuous eligibility waiver for all adults might involve in 2014, including a potential reduction to a state's Medicaid match rate.

In February 2014, the federal Department of Health and Human Services Centers for Medicare and Medicaid Services (CMS) offered states the opportunity to apply for an opportunity to implement 12-month eligibility for adults, with an adjusted FMAP rate. The State has elected not to pursue this option at this time due to the reduction of available federal matching funds and the impact on the state budget of such an implementation. Oregon continues to implement 12-month continuous eligibility for children.

- Work with the Governor and the Legislature to reconsider the state's Medicaid waiver provision that exempts new income and assets from review during a 12-month medical certification.

Under the regulations for the Affordable Care Act (ACA) at 42 CFR § 435.916, periodic redeterminations of Medicaid eligibility, the federal government requires that the agency must re-determine the eligibility of Medicaid recipients, with respect to circumstances that may change, at least every 12 months, must have procedures designed to ensure that recipients make timely and accurate reports of any change in circumstances that may affect their eligibility during the 12-month certification period and must promptly re-determine eligibility when it receives information about changes in a recipient's circumstances that may affect eligibility. Also, if the agency has information about anticipated changes in a recipient's circumstances, it must re-determine eligibility at the appropriate time based on those changes.

Under OAR 410-200-0235, Oregon Administrative Rules drafted to comply with the ACA, OHP enrollees are required to report changes in circumstances affecting eligibility for beneficiaries within 30 calendar days of their occurrence. This includes:

- (A) A change in source of income.*
- (B) A change in employment status.*
 - 1) For a new job, the change occurs the first day of the new job.*
 - 2) For a job separation, the change occurs on the last day of employment.*
- (C) A change in earned income more than \$100. The change occurs upon the receipt by the beneficiary of the first paycheck from a new job or the first paycheck reflecting a new rate of pay.*
- (D) A change in unearned income more than \$50. The change occurs the day the beneficiary receives the new or changed payment.*
 - 1) A change is considered reported on the date the beneficiary or authorized representative reports the information to the Agency.*
 - 2) A change reported by the beneficiary or authorized representative for one program is considered reported for all programs administered by the Agency in which the beneficiary participates.*

This administrative rule became effective October 1, 2013.

- Take the necessary steps to gain access to the SSA's real time, online verification system and implement its use statewide.

Culminating an effort that had been underway prior to the beginning of the audit, DHS and OHA have been certified by the Social Security Administration (SSA) to receive the real-time online verification system data. DHS and OHA made the new application available to field staff in August 2013 and sent a transmittal

explaining the new screens to the field on September 4, 2013. DHS Central Office also reviews SSA-related error reports.

- Require initial verification and continual monitoring procedures for categorically eligible recipients. Promptly notify SSA of any information that may disqualify an individual from receiving SSI benefits.

The department contacted the SSA's Regional Office in Seattle to confirm whether or not the local offices should be accepting information about potential additional income being received by SSI recipients. The SSA Regional Office confirmed that their local offices should be accepting this information and looking into it. Aging and People with Disabilities (APD) re-established procedures for all staff to follow, wherein they will report to SSA when they learn of additional income that was not previously known.

A note was added to the Aging and People with Disabilities (APD) Oregon Supplemental Income Program (OSIP) Manual in July 2013 instructing workers to complete and send SSA a SDS 538A form when assets are identified that would result in the ineligibility for Oregon Supplemental Income Program Medical (OSIPM) if an individual were not assumed eligible. This process is now reinforced in training provided to staff.

- Provide caseworkers with clear policies, procedures and guidance on eligibility verification processes that comply with federal regulations.

Please see below.

- Provide caseworkers with regular training on verification processes and provide them with appropriate guidance.

Please see below.

- Ensure program managers are provided adequate training on federal requirements for their programs.

DHS and OHA continue efforts to improve training and guidance on eligibility policies and procedures. We are developing better analysis of error trends that allow us to target education around specific areas of eligibility and to monitor improvement. We will continue to incorporate information from this audit into the targeting process. In addition, we have developed new tools, including quick reference guides, regional training events and special newsletters to improve results.

Some of the specific efforts include a policy transmittal sent to all Oregon Department of Human Services Self Sufficiency and Aging and People with Disabilities field staff on April 15, 2013, regarding the use of Social Security Numbers and T-numbers for the SNAP program and a special edition “On Target/In the Loop” newsletter that was sent to staff in June 2013 in response to the findings from the audit. This was in addition to the article that had already been included in the May 2013 “In the Loop” newsletter. A documentation matrix was also developed and distributed to staff as a quick reference guide.

In addition, the department has developed information for branches to place in their lobbies discussing the need for clients to secure their cards, and Communications has incorporated card safety and security into the Oregon Trail Card web page and client notices. This is one of our highest traffic sites.

DHS has completed 27 meetings throughout the state where we shared information regarding the audit, with tips, tricks and tools (including the documentation matrix mentioned above) to avoid the types of errors that were found in the audit. In total, more than 400 field staff representing APD, Self Sufficiency and Child Welfare staff attended the trainings. Staff members attending the trainings take materials back to their offices to share with co-workers who were unable to attend. All training materials were also posted to the Regional Meetings website.

Affordable Care Act (ACA) trainings given to the OHA Statewide Processing Center in September and October 2013 incorporated some of the issues noted in the recommendations from the audit report. Items

addressed in these trainings include identifying and addressing SSN mismatches and using information obtained from the federal hub to verify information provided by applicants. Additional training materials have been developed which focus entirely on issues identified through the audit.

Information regarding verifying SSN's via the legacy system has been included in training material that began to be presented to staff in late May 2014. Also included in the training material is information about how the SSN is verified via the federal hub when the request for health coverage has been approved by the Siebel system. OHA Statewide Processing Center also has material available to staff outlining the procedure for verifying the SSN of individuals newly added to the legacy system.

- We recommend that DHS/OHA Office of Payment Accuracy and Recovery obtain access to and use the SSA Death Master File as the primary data source for matching to death records.

This recommendation is partially implemented. The Office of Payment Accuracy and Recovery (OPAR) agreed to explore the use of the SSA Death Master File. OPAR currently uses Oregon's Vital Records data as its primary data source. We do this because it is the most accurate source of date of death data for our client population. The SSA file would give us access to out-of-state deaths, and this could have value as a primary source for this specific information.

OPAR ordered the most recent quarterly SSA Death Master File. Upon receipt we evaluated the usefulness of the out-of-state information provided by SSA as a pilot project. The OPAR Data Match Unit (DMU) completed a cost benefit analysis of using the SSA Death Master File and found a potential savings in year one of \$3,000. Subsequent years could potentially show a savings of approximately \$7,000 a year. To realize this savings, DMU staff would have to be taken off other assignments such as the Incarceration project. This would result in a loss of cost avoidance of \$27,000 in the first year and \$23,000 in successive years.

As a result, OPAR will put this match concept on indefinite hold until full staffing of the Data Match Unit can be achieved at which point installation of this match would be reconsidered.

- We recommend that DHS/OHA Office of Payment Accuracy and Recovery use the SSA Prisoner Verification System the agency has access to as part of its information exchange agreement with SSA.

This recommendation is partially implemented. OPAR is in the process of addressing the technical issues that accompany accessing the SSA Prisoner Verification System data, however this process is on hold until additional staff resources can be provided. Once these issues are addressed and overcome, OPAR will look to include use of this data as a part of its Corrections Match process.

- We recommend that DHS/OHA Office of Payment Accuracy and Recovery work with Oregon State Lottery and other state agencies to obtain access to client information that can affect eligibility, such as earned income through winnings and retirement payments.

This recommendation is partially implemented. DHS is currently working with the Oregon State Lottery (OSL) on processes to help with the identification and intervention of prize payments to assist with resource identification of eligibility and recovery of monies owed. Currently, DHS has Legislative support for a concept requiring information sharing between OSL and DHS. If all goes well, a concept will be introduced in the 2015 legislative session.

We continue to work with the Oregon State Lottery as we attempt to determine the best way to accomplish effective information sharing as recommended by the audit. Work on regular access to PERS information is on hold until the work on Lottery data is completed, though the process established for ad hoc PERS access will continue as needed.

- Continue work to identify recipients with large numbers of reportedly lost or stolen cards and implement a process for follow-up and possible investigation.

DHS initially created a central unit to replace lost or stolen cards in 2012 and to take actions to reduce the number of replacement cards and prevent misuse. As noted in our original response, the new process has reduced the issuance of replacement cards.

Statewide rollout of the centralized electronic benefit transfer (EBT) card replacement unit process was implemented January 15, 2014. This unit is now the primary replacer of all lost or stolen cards, except for specific exceptions outlined in the Field Business Procedures Manual. DHS sends a letter to households with four or more cards replaced in the last twelve months to reinforce that clients need to secure their card. The process is statewide and has reduced the number of replacement cards by 19% since the Replacement Line started.

- We recommend that DHS/OHA Office of Payment Accuracy and Recovery review remaining matches and take necessary action to recover overpayment through collection efforts up to and including prosecution.

This recommendation has been implemented. As discussed in detail below, all of the potential overpayments identified and forwarded to OPAR are in various stages of investigation, overpayment writing, and recovery. Those warranting additional investigation for fraud have been forwarded by DHS and OHA to OPAR's Fraud Investigation Unit as appropriate. In addition, DHS and OHA have followed up with health plans and providers to recover inappropriate Medicaid payments.

The audit report identified 5,018 case matches involving about \$34.5 million in benefits. As we mentioned in our original response, most of these matches did not indicate inappropriate payments. In 3,183 cases (involving \$24.2 million in benefits) the match information provided during the audit would not have changed the benefits these clients received under state policy and federal law. In addition, 609 matches (involving \$7.5 million in benefits) were death match cases in which the deceased person in the SSA file was not the same as the person receiving benefits. The most common cause of these mismatches was incorrect entry of an individual's Social Security Number in the program's system.

This left 1,226 cases involving about \$2.8 million in benefits as possibly issued in error. Since our original response we have further analyzed the 1,226 possible error cases.

- We have recovered about \$500,000 in Medicaid capitation payments from managed care plans for 289 deceased persons and 159 persons who had some period of incarceration. These figures include some costs incurred outside of the original audit period. We are also pursuing an additional approximately \$483,000 in capitation payments for deceased or incarcerated Medicaid clients from terminated health plans. We may not recover some of these payments if the provider is no longer operating.*
- We have recovered about \$33,000 in fee-for-service Medicaid costs from providers who billed for services after the clients date of death. We are continuing our review of another approximately \$7,000 in fee-for-service Medicaid payments.*
- We recaptured approximately \$54,000 in unspent SNAP benefits remaining in 184 deceased client accounts.*
- We forwarded 21 PERS Medicaid matches for deceased client cases involving about \$406,000 in benefits to our Estates Administration Unit. In total, 15 of these cases (those without a living spouse) involving about \$297,000 have been worked. This resulted in about \$8,000 in collections from estates. While there were additional questionable SNAP cases involving deceased persons, we do not collect SNAP benefits from estates.*
- We did not attempt to collect overpayments on 54 SNAP cases involving about \$18,000 in benefits used after the client died, largely because identification of the user and collection is difficult for the amounts involved.*
- Based on federal guidance and state policy, we did not pursue overpayments on 219 incarcerated SNAP cases involving about \$101,000 in issued benefits.*
- In 55 cases involving about \$181,000, we did not pursue overpayments from providers for services provided clients due to our error.*
- We have written 102 client overpayments involving about \$558,000 in total benefits. Included in this total are 88 PERS recipient related overpayments involving over \$514,000 in SNAP, Medicaid and*

TANF benefits. In many cases, the overpayment amounts were different than the amount of benefits originally questioned in the audit.

- *After our review, we were able to determine that about \$613,000 in SNAP, Medicaid and TANF benefits provided to PERS recipients were appropriate. We also found appropriate approximately \$72,000 in Medicaid benefits provided to lottery winners.*
- *We are still reviewing three cases for possible SNAP and Medicaid overpayments involving about \$1,000 in payments.*
- *We determined that some of the remaining questioned payments were appropriate or partially appropriate, we lacked critical information, or the amount was too small to justify the cost of collection.*

7. DHS and OHA: Statewide Single Audit Including Selected Financial Accounts and Federal Awards for the Year Ended June 30, 2013, audit # 2014- 09, (dated April 2014)

- We recommend department management improve controls in the Receipting Unit to ensure all checks are safeguarded, properly tracked and accounted for in the financial records.

The agency appropriately segregates the duties of handling checks in its Salem facility. Under the current system, checks received by mail are sorted by category, recorded by count and delivered to the staff member that is responsible for that category. The item count can be reconciled from the online deposit system reports to an excel spreadsheet created by the unit.

The count and amount of checks received through this process is a small portion of the total revenue recorded by the Receipting unit.

We have strengthened internal controls on the handoff of checks by including, in addition to a count of checks, the dollar amount, reconciliation, and a check redistribution log. We continue to look for opportunities to reduce the risk by reducing the number of checks received in the agency.

- We recommend department management align policies and procedures with governmental accounting standards to record expenditures in the proper period and we recommend management provide training to staff to ensure that prior period adjustments are utilized when appropriate.

Each year the agency records regular, routine transactions to refinance revenue and expenditures related to lagged receipt of various revenue sources. As mentioned in the audit finding, these are normal transactions that occur as part of our regular business process.

In 2009, due to the large dollar amount of these transactions, the agency asked for advice from the Department of Administrative Services, Statewide Accounting and Reporting Services (SARS) on the proper use of prior period adjustments for these transactions. In response, SARS stated, “it’s not appropriate to incorporate a prior period adjustment into a routine practice. Prior period adjustments should be reserved for (those infrequent) corrections of errors.” This advice was consistent with both the Oregon Accounting Manual (OAM) 15.85.00.PO and related governmental accounting standards outlined in Governmental Accounting Standards Board (GASB) circulars.

During the 2013 statewide financial audit, auditors again recommended prior period adjustments for routine transactions. On December 3, 2013, the agency, Secretary of State Auditors and SARS met again to discuss the issue. At the meeting, SARS leadership agreed with the auditors that these transactions could, most likely, require prior period adjustments. The agency stated their belief that use of prior period adjustments for routine transactions was contrary to the OAM and GASB.

To ensure that the agency was not in violation of OAM, the agency stated that it would change the practice of recording prior period adjustments (to include material routine transactions) if the OAM were updated to reflect the change.

On December 5, 2013, SARS updated OAM 15.85.00 to include new language on when to record a prior period adjustment for these types of transactions.

Since the change in language in the OAM, the unit has started reviewing all adjustments that occurred during fiscal year 2014 to see if prior period adjustments needed to be done. Clarification to staff of the change in the OAM occurred through the use of Office of Financial Services newsletter, training information shared with Grant Accounting unit, and a process update to improve ability to capture data that would need prior period adjustments.

- We recommend department management review and revise accrual methodologies for revenues and expenditures, as necessary, and perform periodic retrospective comparisons of accruals to actual amounts to ensure the accrual methodologies are reasonable.

Due to an error during year-end reporting the healthcare provider tax (HPT) revenue, drug rebate revenue and Medicaid Management Information Systems, expenditure accrual estimates were based on a 60-day rather than a 90-day availability period. This accounted for three of the four audit comments in this finding.

As a corrective action, beginning in fiscal year 2014, the Statewide Financial Reporting unit will modify its processes to ensure all governmental fund accrual calculations are based on the 90-day availability period. If actual HPT revenues are not known during month 13 financial adjustment periods, the agency will use estimates such as trends and projections that are based on Generally Accepted Accounting Principles (GAAP). The estimates will be compared to actuals for reasonableness.

Statewide financial reporting timelines require agencies to record accrual estimates within approximately 30 days after the end of the fiscal year even though the accrual period doesn't end until 90 days after the end of the fiscal year. This timeframe produces variances between the estimates and actuals. The fiscal year 2013 variances were partially due to the inherent nature of using estimates. The \$17.4 million and the \$7.5 million variances seem high, but only make up 6.4% and 2.8% of the total accrual of \$270 million.

Although variances of actuals and estimates are expected, the agency agrees that accrual amounts should be compared to actuals, and future accrual modifications should be implemented as needed. Therefore, as a corrective action, beginning in 2014 the Statewide Financial Reporting unit will implement a yearly review of its operating statements to document variances and adjust accruals if needed.

The Statewide Financial Reporting unit has reviewed and updated accrual methodologies as appropriate.

- We recommend department management timely estimate and properly record liabilities in the department's financial records. We also recommend department management implement adequate internal controls to ensure all liabilities are appropriately reported in the financial statements.

We agree that the existing year-end review process for liabilities can be improved.

The estimate cited in the finding from August 2013 was from a rough range estimate by an IT project staff person and was not based on a clear, appropriate methodology and was not detailed enough to estimate the impact by fund. The complexity of the analysis resulted in an actual estimate that was provided to leadership and validated by financial staff in January 2014, after the close of the financial reporting period. It is not the normal practice of the agency to place estimates of liability on the financial statements that do not meet GAAP standards.

When the agency had an adequate remediation estimate, it followed the appropriate process and provided the Department of Administrative Services, Statewide Accounting and Reporting Services the following subsequent event disclosure:

The Department of Human Services has initiated a data remediation project to correct data conversion issues in ORKIDS related to eligibility and payment records. Subsequent to completion of the financial statements the agency developed a methodology to estimate the potential financial impact of the remediation. A rough estimate of the magnitude is \$20 million refinancing from state general fund to various federal grants. The remediation methodology was approved on January 15, 2014. The estimate of specific state and federal grant level impact is expected in February 2014. It is expected that actual data remediation efforts will begin later in calendar year 2014.

As part of the year-end process, the Statewide Financial Reporting unit has strengthened its review of potential liabilities for financial reporting purposes.

- We recommend department management review user access to OR-Kids, ensure services are coded correctly in OR-Kids, review Adoption Assistance and Foster Care cases to verify eligibility is correct in OR-Kids, and ensure overpayment adjustments process correctly. We also recommend department management reimburse the federal agency for unallowable costs.

The Child Welfare Systems Innovations Manager is managing an effort to review and improve the partner access agreements, determine appropriate level of access, specific user roles and procedures to ensure compliance. The Federal Compliance Unit will continue to work with Office of Business Intelligence (OBI), Office of Financial Services (OFS), Office of Information Services (OIS) and OR-Kids System Analysts to mitigate eligibility conversion issues whether through Data Remediation or manual clean-up. The Post Adoption Services Manager will work with OFS, OIS and OR-Kids System Analysts to correct the technical issues causing incorrect closure of Title IV-E eligibility on the Adoption Assistance cases, to identify all

cases affected, and to correct the eligibility on the affected cases. The non-recurring services will be corrected and any inappropriate claims will be resubmitted to correct the claim on the CB-496 report.

The service coding corrections and reimbursement adjustments will be completed by June 1, 2014. A change request has been submitted to address the incorrect processing of overpayments that involved an Enhanced Supervision rate. The completion date of this request will be based on availability of programmers and the prioritization of work to be completed by OIS.

The department has made several efforts to improve the access controls around OR-Kids. The primary efforts include:

- Completion of the shift to a Role-Based access strategy for all staff.*
- Development of a partner Access Assessment Tool.*
- Piloting of Access Assessment Tool.*
- Development of an Access Oversight Committee which includes representation of Program, Field, Business, and Internal Audits to consider federal and state regulations around access and approval or denial of requests.*

The Federal Compliance Unit (FCU) made the decision to not move forward with any automatic eligibility data remediation in April of 2014. This decision was made after two months of intensive data remediation meetings and the discovery that the work FCU had been doing with Office of Business Intelligence to design a data mart was meeting our needs. Since the decision was made FCU and OBI have been able to concentrate on the data and the reports needed to complete any final manual clean-up. FCU believes the completion of the manual clean-up will be December 31, 2014.

The non-recurring services were corrected and the inappropriate claims were adjusted on the CB-496 report, report period ending June 30, 2014.

- We recommend department management identify and correct data conversion issues and repay the federal government for the duplicate claims.

On January 30, 2014, the Office of Financial Services posted a remediation estimate in the accounting system in the amount of \$23.3 million, thereby refunding payment amounts due to the federal government. The Office of Financial Services, Office of Information Systems, OR-Kids System Unit and the Federal Compliance Unit analyzed the conversion issues and determined the most appropriate action to take to remediate the financial conversion issues.

The department has applied the data fix necessary to address the data conversion issues that caused the duplicate claims. In addition, the Department has made accounting adjustments related to the refinancing issues. Steps are currently underway to produce detailed reports that support the accounting adjustments. The department believes that this issue will be complete by the anticipated completed date of December 31, 2014.

- We recommend department management make appropriate corrections and adjustments to the accounting records to prevent the department from requesting federal reimbursement for expenditures incurred outside the period of availability.

The federal draws are being reconciled at the end of each quarter to the total federal expenditures reported to ACF. Not all required adjustments have been completed as we are waiting for the OR-Kids remediation to be completed which is projected to be by December 2014. All adjustments for prior quarters based on actual claims will be completed at that time.

- We recommend department management ensure CB-496 reports are complete, accurate, and adequately supported.

The Office of Financial Services (OFS) has modified its query process to ensure that all costs for the entire grant are reported on the correct line in the 496 report. OFS will also ensure all documentation used to support the federal report will be kept with the report.

Corrective action was taken so that all documentation is retained with the report. OR-Kids remediation is projected to be by December 2014, all adjustments for prior quarters based on actual claims will be completed at that time.

- We recommend department management ensure all required documentation is completed, reviewed and maintained, and that certification dates in OR-Kids are supported by corroborating documentation. We also recommend department management reimburse the federal agency for costs paid to providers who were not certified at the time of payment.

The department is issuing an Informational Memorandum providing clarification on the documentation of the certification dates to record for a Certificate of Approval issued. The Informational Memorandum covers the initial and any subsequent Certificate of Approval. The department has also updated the OR-Kids Business Process Guides to clarify the documentation of certification dates in OR-Kids and filing of the Certificate of Approval in the OR-Kids online file cabinet. The department researched the two cases referenced in the finding and make the adjustments necessary to our accounting record and CB-496 federal reporting for the quarter ending March 31, 2014. The Informational Memorandum was completed on April 1, 2014.

- We recommend department management ensure CB-496 reports are complete, accurate, and adequately supported. We also recommend management implement processes to ensure the numbers reported for the average number of children assisted are accurate.

For line items on the report which have no expenditures, OFS will confirm with program this information is correct. Adjustments will be completed as necessary to ensure all expenditures are reported on the correct line.

The counts of children with non-recurring Adoption Assistance administrative expenses are calculated using OR-Kids expenditure data for those Adoption Assistance services with “non-recurring” in their title. An error was made when the service types were set up in OR-Kids, such that one service that should have been designated as “non-recurring” was not. On March 12, 2014, that service type title was corrected in OR-Kids. Counts for children receiving this service will be included in the Title IV-E Non-Recurring Administrative Cost Expenses line in future CB-496 reports.

- We recommend department management ensure verification of income with IEVS screens is clearly documented in client case files when determining client eligibility.

TANF program policy requires Self-Sufficiency workers to verify and document eligibility. Staff are also required to use the information from the IEVS screens, as well as other documentary evidence (oral or written), in determining and verifying financial and non-financial eligibility. This is consistent with federal guidance.

While the department agrees that verification of financial and non-financial requirements must be adequately documented when determining client eligibility, the department disagrees that the use of IEVS-related screens must be independently and specifically documented for every client. In fact, some partners such as the Social Security Administration that provide information used in screening applications, require in our state agreement with them that we do not document that we obtained specific information from their screens.

However, the department agrees with the need to reinforce the importance of narrating that relevant information on income was verified using the IEVS screens. The department will continue to reinforce the

importance of narrating when issues with narrating this factor are identified through the current Quality Assurance and Quality Control reviews.

Training materials were reviewed and updated in the summer of 2014. In October and December 2014 communication transmittals were sent to all staff determining eligibility reinforcing the need to narrate that the appropriate IEVS screens were reviewed and to note the outcome if information is located. This review of screens and narration was also reviewed at the Accuracy Summits held across the state in August, September and October of 2014.

- We recommend department management strengthen controls to ensure projected hours of participation appropriately reflect the client's employment status, reported activity participation reflects actual hours, and data entered into the automated data processing system is accurate and complete.

The department identified that one of the reasons for the work hour inaccuracies is due to how the weeks are programmed in the TRACS system. The department has already begun to make programming changes to correct the automated week calendar so that it aligns with the federal report.

With respect to the errors in projected hours and client employment status, the department plans to strengthen controls and build upon current efforts to maximize accuracy in the reporting of data. Work Verification Plan reviews are currently conducted annually. This internal control process reviews for compliance with the federal participation requirements for the TANF and SSP-MOE data reports, validating accuracy of data and documentation. In addition to statewide communication on best practices as well as error trends, the department has identified point persons in each district who will help communicate to staff the correct coding of participation related information.

Quality Assurance reviews have recently begun on TANF cases across the state as a means to strengthen controls for TANF case management accuracy in the Self Sufficiency programs. These reviews will continue as resources allow, providing a review of participation practices. The elements of acting on reported

changes to update projected hours accurately, as well as ensuring documented hours are input into TRACS accurately, will be specifically called out and added to the review tool. In addition, case management training materials will be reviewed to provide clear expectations for coding the employment status, projecting hours and accurately reporting the participation hours related to employment on Self Sufficiency TANF cases.

In April 2014, the department made programming changes to correct the automated week calendar so that it aligns with the federal report. This change affected federal data transmissions from May 2014 forward.

In the spring 2013 the TANF program identified point persons in each district who help communicate to staff the correct coding of participation related information.

Work verification JOBS audits are conducted every year. In January 2014 a summary of audit results was shared statewide. The results included acting on reported changes to update projected hours accurately, and ensuring documented hours are input into TRACS accurately. In the spring of 2014 some areas of the State with lower accuracy received an additional review, training and coaching. Lead staff from many field branches were included so that they could help disseminate the information associated with best practices and error trends.

In February 2014, case management training materials and staff tools were reviewed and revised. Other on-line guides were revised in June 2014 and posted in the “staff tools” website. These tools provide expectations for coding the employment status, projecting hours, and accurately reporting the participation hours related to unsubsidized work on Self Sufficiency TANF cases.

In the summer of 2014, the TANF program created a TANF Federal Participation Toolkit and made it available to all staff. The toolkit was shared at statewide program manager and line manager meetings. It includes several guides to help improve upon the accuracy of work participation data and to maximize federal participation hours for the State. Several districts began conducting case reviews for the purpose of

engaging families in JOBS or other activities and to check to ensure that those families are still eligible for TANF. These reviews include ensuring the case plan activities are accurately coded in the TRACS system. In addition, TANF program staff visited a few areas of the state in the fall of 2014 to provide training and consultation on the JOBS Activity Guidelines.

- We recommend department management prioritize the correction of OR-Kids coding errors and completion of monitoring reports to ensure the benefit threshold of \$25,350 is not exceeded and re-determinations are completed timely.

The corrections to the seven clients who exceeded the \$25,350 limit were corrected and adjustments completed to TANF in February 2014. A total of \$470,530.40 was refinanced to another funding source from TANF.

Analysis determined the five clients where re-determinations were not completed timely had the re-determinations completed prior to when the sample was pulled. For these clients, their TANF eligibility ended because their re-determinations were not completed. However, the last of these client re-determinations was completed July 9, 2013. This resulted in the need to make funding adjustments in the quarters in which re-determinations were made. The current report workarounds are helping identify TANF clients that need a re-determination and they are being completed. The Federal Compliance Unit has been completing internal audits and providing findings to the Federal Revenue Specialist and Supervisor for corrective action. Information from audit findings and daily technical assistance is used to develop topics for bi-weekly conference calls between the Federal Compliance Unit and Federal Revenue Specialists. The Federal Compliance Unit also provides quarterly one-day trainings to the Federal Revenue Specialists and Supervisors to review policy and procedure.

The Federal Compliance Unit continues to work with the Office of Business Intelligence, Office of Information Services and OR-Kids to prioritize critical reports to ensure Federal Revenue Specialists have the tools they need to manage their workload and complete TANF re-determinations timely and accurately.

The report to notify staff of instances where the \$25,350 TANF reimbursement limit has been met, has been completed. This report was available in a User Acceptance Testing environment for several months and was moved to production in November 2014. This report is the EL-3008-S TANF \$20K Summary Report. This report lists any client whose reimbursement of services paid for by TANF funds is greater than or equal to \$20,000 over the past 365 days. In addition, a detail report was added so that a user can get all the transaction records that make up the noted amount for the client.

- We recommend department management ensure complete and accurate client information is used to compile the quarterly data reports.

The department agrees that the data populating the ACF-199 and ACF-209 reports need to be as accurate and complete as possible. Currently, a team of Office of Information Services (OIS), Office of Business Intelligence (OBI), Self-Sufficiency Business Analysts, and Self-Sufficiency Program (SSP) staff meets weekly to address known or presenting data quality issues for these federal reports. Significant progress has been achieved over the past year to increase the data accuracy and completeness of these reports. This includes resolving several of the items listed in this audit findings report. DHS recognizes that a continued effort is still necessary in order to resolve known data quality and data completeness issues.

The inaccurate reporting of Maintenance of Effort (MOE) clients in the FTANF report was corrected in May 2013 with a change to the selection criteria for each federal report. In addition, an alert report process was implanted to notify financial staff of clients needing to have their funding source changed. Unfortunately, the updated data was not incorporated in time for the Federal Fiscal Year (FFY) 2012 file resubmissions. This data will be correctly reported for the FFY 2013 quarters.

The department started correctly reporting cases exempted from the federal time limit due to living in “Indian country” to the Administration for Children and Families (ACF) federal reports in FFY 2013. The department implemented these changes in April 2013. Unfortunately, the updated data was not incorporated in time for the FFY 2012 file resubmissions. For FFY 2013 and forward this data will be correctly reported.

The specifics for the reported hour inaccuracies issue was investigated in early 2014. The error that was identified was that the TRACS application had a week that started counting hours from Saturday through Friday, while the data extraction coding had an alternate start day, resulting in a mismatch of hours reported for a week. This system issue was corrected in February 2014. This fix will be reported in the rerun for the first quarter 2014 and in all subsequent files.

TANF-funded child welfare cases continue to be excluded from the ACF-199 report due to the child welfare system coding issues. A corrective action to this known issue is being actively worked. There is a team consisting of a Child Welfare Business Analyst, OBI, and Self-Sufficiency Business Analyst staff who are working to refine the requirements and data extraction coding for the data needed from the Child Welfare case management system. Progress has been made to correctly identify the population needed in the federal reports from the child welfare system, though complete data accuracy has not yet been achieved.

The TANF Policy Unit and other team members continue to work with the OBI, OIS, the Self-Sufficiency Business Analyst Team to prioritize critical data and coding changes needed to ensure accurate and complete reporting in the ACF-199 and ACF-209 federal reports.

Oregon is still working to include the Child Welfare data into the federal report. Additional code modifications have been identified since the last update. The reprogramming means that there has been an additional delay in the inclusion of the Child Welfare TANF expenditure data for the TANF federal report. As of mid-December, new requirements are almost fully reprogrammed. A test file will be sent to the Self-Sufficiency staff working on the federal report in early February 2015. It is anticipated that monthly data from Child Welfare Data will be sent to Self-Sufficiency OIS staff for inclusion in the TANF federal reports shortly thereafter. Estimated date of code moving to production for ongoing monthly data to be sent to Self-Sufficiency OIS staff is March 2015.

- We recommend department management coordinate resources to better maintain and more readily provide sufficient application documentation.

The department has developed a business case for an electronic case document storage system. We believe that a coordinated and consistent process for electronic case document storage will provide more readily accessible application documentation. This effort will involve training, archiving and transfer agreements, business process development, communication plans, and technology installs. The anticipated completion date for all Self Sufficiency offices was originally expected to be December 31, 2014, however due to resource constraints associated with other statewide priorities, the new anticipated completion date for all Self Sufficiency offices to be fully functioning with electronic case document storage is predicted to be June 30, 2015.

- We recommend the department seek additional guidance from the federal government to ensure five-year time limit monthly exemptions are being appropriately applied in accordance with federal regulations.

The department is currently interpreting the “Indian Country” provisions of time limits according to the Bureau of Indian Affairs (BIA) designation of “service area”. The TANF program, in coordination with the department’s Tribal Affairs Director, sent an inquiry on June 2, 2014 to the U.S. Department of the Interior requesting which areas in Oregon constitute “Indian Country”. The Department of the Interior sent a response to DHS on August 1, 2014 which included that the Department of Interior is unable to honor the request of DHS for three main reasons: (1) an undertaking analyzing all lands in Oregon that meet the definition of Indian Country provided in 18 U.S.C. § 1151 would be quite large; (2) the Bureau of Indian Affairs has previously responded indicating they do not use the section 1151 in their administration of social programs, rather, the term Service Area is used; and (3) the Department of Interior’s provision of legal advice is limited to the interests that affect one of their client agencies followed by a request from the agency. The Department of the Interior recommended DHS consult with the Tribes affected by the program.

DHS has consulted with Oregon Tribes. DHS is currently unable to modify the definition of “Indian Country”. To date there is formal opposition from the Confederated Tribes of Siletz Indians, the Confederated Tribes of Coos, Lower Umpqua, and Siuslaw Indians, as well as the Klamath Tribes. The department continues to work on resolving the issue.

- We recommend department management strengthen controls to ensure all documentation supporting a provider’s eligibility determination is retained. For current providers with missing documentation, we recommend the department verify they are eligible to provide services.

Through the avenue of agenda items at Aging and People with Disabilities (APD) Supervisors Quarterly Meetings, APD Program Managers meeting, articles in the newsletter, “In the Loop”, and a training module at the 2013 Regional meetings APD has worked to remind managers and staff of the policies and documentation required to support a provider’s eligibility and forms that must be retained within the provider files. Provider Relations Unit will also provide resources and education for the Developmental Disability program providers. The APD offices have obtained the missing documentation for most of the providers listed.

Of the 17 providers who needed data base checks we were able to satisfactorily complete all of the checks.

For three providers the department could not locate the enrollment agreements. Two providers were terminated and we are investigating whether or not there are costs where the federal sharing must be repaid. We were able to locate the enrollment for the third application.

For the provider that did not have a criminal background check, we were able to locate the check was completed.

For the six providers where we were unable to locate provider files, we have since documented the criminal background check and provider enrollment documents.

- We recommend department management document procedures for completing annual reviews and strengthen the process for conducting desk reviews to include reviewing and making adjustments that could affect the annual payment rate. We also recommend department management ensure full reviews are completed and adequately documented and evidence of supervisory review and approval is retained.

Documentation was provided on which facilities were audited and how those facilities were selected for this audit cycle. APD shared the number of facilities reviewed and draft procedures that APD will use for performing future reviews. APD will finalize procedures by the beginning of the next annual review. In addition, APD will make all adjustments that could affect the annual payment rates. APD will also document supervisory review of the process.

Department management has made significant changes to the Nursing Facility Cost Review process. The department hired a Program Analyst 4 (PA4) to assist on these reviews. The PA4 and an Operations and Policy Analyst 3 are working on the process. In addition, the department has implemented and documented management review of this process. Draft procedures were completed in early 2014 to document the process and finalized in June 2014. These procedures are reviewed periodically to make necessary revisions.

- We recommend department management strengthen controls to ensure sufficient documentation is maintained to demonstrate compliance with federal requirements, and ensure the client liability is calculated accurately.

Through the avenue of agenda items at Aging and People with Disabilities (APD) Supervisors Quarterly Meetings, APD Program Managers meeting, articles in the newsletter, "In the Loop", APD has worked to remind managers and staff of the policies and documentation required to support a client's eligibility and forms that must be retained within the client files. APD is also working to implement scanned client files for field offices so that all documentation will be readily available. For the two clients where errors occurred in determining the client's liability, one of the clients is in a nursing facility and another is deceased.

Information was sent to the Estate Recovery Unit to determine if these questioned costs were eligible for estate recovery.

- We recommend department management correct the transactions processed with this incorrect coding. We also recommend department management ensure system coding is appropriately updated to allow only current FMAP rates to be used.

The department has implemented a process change related to Program Cost Account (PCA) structure. The Office of Financial Services (OFS) now enters an 'effective end date' on PCA's to prevent a PCA from being used on a transaction after the grant period has closed.

The four identified transactions have been corrected in the accounting system with balance transfers. Additional research is being done to ensure there are no additional documents that need adjustment. The change in process was implemented March, 2014.

- We recommend management develop a plan based on current resources to ensure the timely completion of provider health and safety standard surveys for nursing facilities.

Oregon has a long history of meeting the Centers for Medicare and Medicaid Services (CMS) performance standards related to surveying facilities in fewer than 15.9 months. The Nursing Facility Licensing Unit is dedicated to bringing our CMS performance standard back into compliance and we are anticipating reaching compliance in early 2016. Over the past four years various staffing resource issues, such as the position freeze and mandatory furloughs, have significantly affected our ability to complete our work timely. In fact, our vacancy rate for surveyors reached 34% by the end of the freeze. Implementation of the Quality Indicator Survey (QIS) also contributed to our failure to meet the CMS performance standards. In addition to the general difficulties inherent of a new process and system, this new federally mandated survey process has increased our required survey team size (particularly for small facilities), increased training requirements, and lengthened total survey time.

Over the past four years we have implemented several continuous improvement activities that have resulted in efficiency gains to the survey process, in turn reducing the amount of time it takes to survey a provider. Those efficiencies have resulted in a 33% reduction in new surveyor training time. We have made efforts to minimize survey related travel and made a 10% reduction in report writing time. We have implemented an Electronic document workflow process, streamlined our report review process to facilitate a faster turnaround time between surveys, and provided provider training on how they can prepare for the new QIS process. Additionally, since July 2013 we have hired a significant number of new surveyors. This has been offset by a number of retirements and staff resignations.

Over the coming two years, we will take a number of steps to bring the department into compliance. By February 2015, we plan to make job offers on all current surveyor vacancies. By September 30, 2015, all new surveyors will be trained, Surveyor Minimum Qualifications Test (SMQT) certified and QIS registered. During this time we will also assess the survey and training teams to optimize production, optimize survey and surveyor turnaround time, evaluate utilization of CMS approved survey contractor to help us complete surveys and evaluate our surveyor recruitment process to enable us to reach better and more qualified applicants. We have also begun bringing retired and resigned surveyors back on a temporary basis to perform surveys.

Our goal is to achieve compliance, and to have no facility with a survey interval over 12.9 months (which is well below the required 15.9 months). We estimate this will be achieved in early 2016.

- We recommend authority management develop a security plan that addresses all federally required components, develop and implement a formalized risk analysis program, and ensure system security reviews are conducted timely for all applicable systems involved in the administration of the Medicaid program.

We agree the Department of Human Services and Oregon Health Authority have not completed all the elements of a formal ADP risk analysis and security review of the Medicaid systems. However, as we have

previously communicated, the agencies have traditionally relied on third-party assessments (such as the SOCI report from TKW), audits from Office of Inspector General, Secretary of State, and the Enterprise Security Office's Annual Information Systems Business Risk Assessment report to provide this information. Security control assessment is included in these assessments. Vulnerability assessment scans of the MMIS system software are periodically performed at least every three years or whenever major changes are made to the system. The last assessment took place in August 2012. The next assessment is scheduled for later in 2014. We use these audits and reports, as well as leveraging reports from the Privacy and Incident Response section, to assist in that determination. While not strictly a formal risk assessment per se, it does provide an analysis of controls from both a system as well as program perspective. In addition, Information Security and Privacy Office (ISPO) staff have conducted security walk-throughs of the State Data Center on a number of occasions as required by the Internal Revenue Service (IRS). The agencies also have the Change Activity Board (CAB) and the Architectural Review Board which gives/requires the Information Security and Privacy Office (ISPO) the opportunity to review proposals for security issues and impact on the IT security environment.

We also agree that we need to develop a formal risk assessment and security review program based in industry standards and best practices that assesses risks for programs as a whole and not on a system-by-system basis. ISPO has hired a position for this activity and expects to have it in operation by June 30, 2014. It is envisioned that this program will be policy based. The program will use tools and techniques based on National Institute of Technology and Standards (NIST) principles and standards. The overarching goal is to ensure that security risk analysis is conducted when appropriate on a regularly scheduled basis. It is expected that the program will work closely with the Internal Audits and Consulting Unit to ensure that peer review of findings is included as an integral part of the ongoing risk assessment program.

The Information Security and Privacy Office (ISPO) is currently in the process of performing a Risk Assessment (RA) on the MMIS System and anticipates the RA will be completed by March 2015. ISPO is also on track to perform vulnerability assessments on MMIS in the Summer of 2015. We anticipate that a number of subsystems that "feed" into or use output from MMIS may also be candidates for evaluation. This is

dependent on ensuring that the evaluations will not disrupt the transition from the Cover Oregon (CO) Health Insurance Exchange or the contingency support efforts for CO during the Magi/Medicaid and Qualified Health Plan Transition project. We anticipate that evaluation of those systems will occur during the 3rd and 4th quarter of 2015. ISPO's RA program is in the operational pilot stage. Staff have undergone formal training by ISACA and have successfully conducted two pilot assessments to fine tune the tool selection and processes. The overarching policy is in development as part of a revised security policy set due to go forward for approval February 2015.

- We recommend department management ensure branch offices are aware of and follow the established procedures for securing EBT cards.

DHS is developing a Financial Desk Training for Aging and People with Disabilities (APD) and Self Sufficiency Program (SSP) staff, whose duties involve financial business process, and field managers. The Financial Desk Training will include a section on the established procedures for Electronic Benefit Transfer (EBT) card security. The Field Business Procedures Manual and the Business Review Tools are used as a basis for the training curriculum. SSP Office and Business Managers received the financial desk Electronic Benefit Transfer (EBT) Card Security section of the training prior to June 2014, along with expectations for complying with EBT card security and inventory procedures. In addition, a communication was sent to office leadership in June 2014, regarding the importance of securing EBT cards and following the policy outlined in the Field Business Procedures Manual for monthly inventory.

A Financial Manager Training webinar, including a section on established procedures for EBT card security, was held on December 23, 2014. We are continuing to fine tune this training based on participant suggestions. We also plan to record a session and post it to the Learning Center by the first week of February 2015. Training covering this content for Financial Clerks will be developed and piloted in February 2015. A recorded version of the Financial Clerk training will be posted to the Learning Center by the end of March, 2015.

As with other findings, APD has also addressed this topic through agenda items at APD Supervisors Quarterly Meetings, APD Program Managers meeting, and articles in the newsletter, “In the Loop”. Through these efforts APD has worked to remind managers and staff of the policies and documentation needed in effective management of the EBT card security.

8. Temporary Assistance for Needy Families: High Expectations, Stronger Partnerships, and Better Data Could Help More Parents Find Work, audit #2014-08 (dated April 2014)
 - We recommend the Department of Human Services:
 - Improve case management
 - Use additional case managers to increase the amount of client contact and set an expectation that each client will progress toward self-sufficiency;
 - Prioritize additional work supports as funds become available, particularly subsidized child care that allows more parents to participate in work activities;
 - Develop procedures for self-sufficiency offices to better assess new and returning clients and connect clients to needed medical care;
 - Create detailed case plans that include strengths and interests, progress milestones, and meaningful activities;
 - Track progress, build time limits into case planning, and conduct intensive reviews at key intervals, such as 24 and 48 months;
 - Work with case managers and supervisors to address their concerns about the sanctions process and ensure they consistently hold clients accountable;
 - Increase discussion of client progress during recertifications and routine client contacts;
 - Improve services to clients with barriers by including work-related activities in case plans when appropriate, monitoring progress made in treatment, and following through on disability analyst recommendations;

- Require some level of participation before fully sanctioned clients are allowed to reinstate their TANF benefits;
- Develop a process to identify top performing TANF workers and share best practices among case managers and regional offices.

Expand partnerships

- Build connections with Coordinated Care Organizations so clients can receive thorough assessments, referrals, and appropriate medical treatment;
- Increase collaboration with other organizations that provide crucial services to TANF clients, including GED instruction, rehabilitation, apprenticeships, community support and employment services;
- Work with university researchers to help assess program effectiveness, as other states have done.

Use data to drive improvements

- Assess which client interventions work best and direct limited resources to proven programs;
- Continue developing data capabilities to track client progress, assist case management and improve agency wide operations.

Ensure compliance with federal requirements

- Work with the federal government to determine if time-limit extensions for economic hardship were appropriate and if the Indian Country exemption is too broad.

We recommend that DHS management work with the Legislature and Governor to:

- Consider revisiting budget and program decisions made during the recession that decreased client services and increased the number of TANF clients, using improved data on program performance and client needs;
- Study the costs and benefits of raising the income limit for TANF clients who find work;

- Consider allowing case managers more flexibility when re-engaging clients and administering sanctions;
- Consider authorizing extended benefit holds as an initial step when clients fail to participate, reducing the use of the cumbersome and punitive disqualification process;
- Explore alternatives to Oregon’s state clock policy that could be less administratively burdensome.
- Consider adding small-scale participation incentives.

We recommend that Congress and the Department of Health and Human Services consider modifying federal regulations to:

- Allow clients more time and credit for pursuing GED certificates and higher education while working or looking for work;
- Allow clients with barriers to employment to receive more participation credit for documented progress in activities, such as health care, addiction treatment and vocational rehabilitation, that help them address their barriers;
- Give credit for partial participation in work-related activities, such as unpaid work experience and community service, particularly for clients with documented barriers.

We recommend that federal auditors further review federal TANF regulations that limit participation credit for clients who pursue education, health care, addiction treatment and other activities that help them address their barriers to work.

The Secretary of State’s Temporary Assistance for Needy Families (TANF) audit largely confirms weakness in program structure that the Department has been actively discussing with policy makers and stakeholders since the recession began in 2008. Third party validation by qualified auditors is always welcome and valuable.

We appreciate the accurate portrayal of the challenging economic circumstances in Oregon and the many consequences for the state TANF program as described in the audit report. Additionally, the agency agrees

with the findings that improvements can and should be made in terms of employment outcomes and client engagement in the TANF program.

While the audit points out that Oregon's TANF program does not lack for vision or ambition, it is regrettable that it largely ignores the dual purpose of the program: Safe and stable families, as well as employed parents.

In 2007, through House Bill 2469, the Oregon Legislature codified and funded a comprehensive TANF program designed to achieve the dual purposes of the TANF program. Data shows that in the first year of implementing the HB 2469 model, the program was starting to achieve the expected results. Unfortunately, the recession forced even more families out of work and into the TANF program. It also forced difficult decisions about resources for the TANF program. Because jobs were in short supply for even the most qualified job-seekers, the Legislature chose to prioritize TANF's family stability side. It left the cash assistance side of the program in place as part of a safety net for children and drastically reduced employment supports and services for adults in the program.

The report recognizes that the TANF program during the audit period was not structured to prepare people for jobs that did not exist during the recession. Still, the audit spends considerable time on the issue of accountability, both with respect to DHS staff holding individuals accountable, and individuals on TANF taking responsibility to get back to work. That discussion perpetuates the traditional conversation about this program and the people it serves, rather than recognizing the structural challenge of the disincentives for work that are part of Oregon's safety-net.

Compounding those structural issues -- specific to poverty and the TANF program itself during the audit period -- were the overarching challenges for all job seekers during the recession. Those challenges are underscored by the fact that the Unemployment Insurance program (which, like TANF is also intended to be temporary) has been extended multiple times since the recession began (and, at the time of this audit report release, six years later, the U.S. Congress is considering another extension).

That being understood, the agency agrees that best practice involves engaging clients fully in case planning, supporting those plans with the appropriate services, and holding clients accountable for full participation in plans and services. The TANF program already has begun seeing improvements in these areas as the result of the Legislature supporting the redeployment of staff and a small expansion of the JOBS program budget for employment services in the 2013-15 Legislatively Adopted Budget (LAB).

Next Steps:

The Department takes the results of the TANF audit seriously, particularly in the spirit of improving outcomes for Oregon's children and families. Following is a summary of the audit recommendations DHS can implement under its current authority and within existing resources:

Improving Case Management

- *Continue prioritizing additional work supports as funds become available, particularly subsidized childcare that allows more parents to participate in work activities. The prioritization process must take into account the need to balance employment training opportunities with the support services that enable clients to participate in them.*
- *Work with case managers and supervisors to improve the sanctions process and ensure they consistently hold clients accountable.*
- *Develop a process to identify top performing TANF workers and share best practices among case managers and regional offices.*

Expanding Partnerships

- *Continue building connections with Coordinated Care Organizations so clients can receive thorough assessments, referrals and appropriate medical treatment. Implementation planning must recognize that CCOs across the state are in different stages of development and that coordination with each CCO happens at the local level.*

- *Continue increasing collaboration with other organizations that provide crucial services to TANF clients, including GED instruction, rehabilitation, apprenticeships, community support and employment services.*
- *Continue partnerships with the Early Learning Council. Local leadership is participating in the hubs and will identify alignment opportunities.*

Using Data to Drive Improvements

- *Continue assessing which client interventions work best and direct limited resources to promising programs.*
- *Continue developing data capabilities to track client progress, assist case management, and improve agency-wide operations as capacity and funding allows. Major information technology system improvements would require additional funding.*

Although the audit recognizes that the agency is operating the current TANF program within legislatively established policy and budget parameters, many of the recommendations will require the Legislature to make additional policy and budget decisions surrounding the program.

Currently, Oregon's workforce redesign effort is one of the most promising policy initiatives for TANF client employment. The Governor's re-chartering of workforce boards through Executive Order 13-08 and the Legislature's adoption of SB 1566 (2014), are critical elements in addressing re-employment of TANF recipients. Without a stronger economy, including a workforce system focused on meeting businesses needs and moving people out of poverty and up the economic ladder, we cannot be successful in the long-term.

With those considerations in mind, and recognizing the need for policy and budget decisions at the state and/or federal levels in order to implement recommendations, the Department agrees to continue to engage in discussions with the appropriate organizations on all remaining recommendations, with the exception of the time limit exemption for economic hardship mentioned in the report. DHS believes it was in compliance

based on the understanding of regulations at the time of implementation. In addition, the temporary exemptions for economic hardship are not current policy.

Conclusion:

DHS looks forward to partnering with the Governor and the Legislature to improve outcomes for children and families who are TANF recipients.

Ultimately, the best answer to the challenges identified in the audit is Oregon's economic recovery. Oregon's workforce redesign, along with the efforts of Governor Kitzhaber and the Legislature to comprehensively approach poverty through investments in education, health care, human services, economic development and job creation, are the best long-term opportunities to reduce the need for TANF.

Since our original response, DHS has convened two workgroups for the purpose of crafting a TANF re-design proposal for the 2015-17 legislative session. The workgroup composed of DHS staff and stakeholders focused its work to:

- Include policy and investment recommendations, as well as recommendations for ways partners can help DHS achieve better outcomes for TANF participants.*
- Include recommendations that streamline policy.*
- Provide recommendations for further leveraging opportunities in state-level systems such as: education, health and workforce that do or should touch TANF.*

In the fall 2014, DHS convened a series of work-stream groups to focus on further defining the proposal content.

In addition to the workgroups mentioned above DHS has accomplished the following:

- Improved outcome data available to field staff by finalizing a family case progression report that shows the percent of families with monthly progress towards family stability, work readiness, or employment. The report will soon include family case detail for staff to be able to do additional follow-up.*

- *Consulted with Center on Budget and Policy Priorities, other states and convened a workgroup to modify the up-front assessment form to better allow families and case managers to identify strengths and needs to assist in case planning . This form is currently being vetted with stakeholders before implementing.*
- *With regard to time limits:*
 - *Mailing notifications were implemented in May 2014 that inform individuals in the TANF program when they have reached 48 out of 60 months of TANF receipt. Case managers have been provided a tool to use at the 48 month accrual mark that helps them in conducting an assessment with the individual. The assessment includes resource referrals, long term financial planning and prioritization of JOBS services.*
 - *TANF approval notices were updated to inform individuals in the TANF program the number of months they have accrued while on TANF.*
 - *Multiple staff tools have been created to assist staff in better understanding the TANF time limit, identifying potential exemptions for families and coding.*
 - *A more robust statewide report is being created to assist field managers and staff in identifying families who are close to meeting the 60 month time limit by month.*
- *Best practices that increase engagement of participants and help meet federal participation requirements were collected and shared statewide. Statewide protocols for participation were developed and are being implemented.*
- *Case management positions were hired in alignment with the legislative approval received in 2013.*
- *Re-distributed JOBS funding to DHS districts to ensure more funds are allocated to support services so that more families are able to participate in case plan activities and receive child care and transportation support.*

9. **Child Care in Oregon: Difficult to Afford; New Regulations May Improve Safety but Further Raise Costs, audit #2014-25 (dated December 2014)**

- Determine if an administrative rule or statutory change is required to allow ODE licensing staff to monitor unlicensed providers who serve children receiving subsidy and initiate the change process.

The ELD and DHS are pursuing both statutory and administrative rule changes to allow for onsite monitoring of license-exempt providers who care for children on the subsidy program. Federal law requires that enforcement for monitoring begin no later than December 2016. Statutory authority in the form of a legislative concept will be submitted by ELD to the Oregon State Legislature in the 2016 session.

- Monitor and inform the HB 3330 committee of changes in the demand for fingerprinting services among providers to determine whether enough Fieldprint sites are available to meet the demand.

Both ELD and DHS will continue working with the Department of Administrative Services and the fingerprinting contractor to minimize the impact of the new statewide requirement for electronic fingerprints and the related federal rules taking effect in the next two to three years. DHS has representation on the HB 3330 committee and will provide updates.

- Determine costs associated with the comprehensive background checks, inspections, and posting inspection reports online and develop strategies to minimize the burden on providers and families.

ELD and DHS will continue leading a Child Care Policy Reform Implementation Planning team to comprehensively evaluate and plan for the new rules. This will include determining costs as well as leveraging current efforts underway, such as the overhaul of the child care regulatory information system. This system will include license-exempt providers and the public will be able to access monitoring and compliance history and consumer education. Changes that create a fiscal impact are subject to collective bargaining through the two child care provider unions.

- Consider tracking parents who stop receiving assistance and providers who stop providing care and the movement of providers between different types of regulated care, including those who migrate between licensed and unlicensed care, including those who migrate between licensed and unlicensed care settings.

DHS will consider implementation of a survey system to ascertain whether families stop receiving assistance due to the new regulations.

10. Department of Human Services: OR-Kids Financial System Problems, audit #2014-28 (dated December 2014)

This audit focused on one part of the OR-Kids computer system, the financial module, and we wanted to provide some additional context prior to discussing specific issues identified in the audit report.

The OR-Kids project converted data from paper files and seven disconnected systems used by the DHS Child Welfare program into a single Statewide Access Child Welfare Information System (SACWIS). Or-Kids provides important case management and data collection tools to meet Federal reporting requirements, as well as information to inform decision making and support for caseworkers' interaction with children, youth, and families through the life of a Child Welfare case.

This audit report confirmed many of the very issues the agency had been monitoring. In fact, the Oregon legislature, Governor's office and our federal partners were kept fully apprised of status and issues throughout OR-Kids development and rollout.

All complex technology systems have challenges – with data conversion, accuracy, interruptions in service, and other issues (small and large). However, the OR-Kids system itself, especially the child safety and foster care management modules, has allowed caseworkers consistent access to the system since go-live in 2011, with very little downtime – which was not true of the legacy systems it replaced.

Even before the system was launched, the agency was working to identify and prepare for technical and training issues, including those identified in this audit report. As the project rolled out, DHS leadership and project staff continued to closely monitor and adjust to address problems for providers and staff. The agency reallocated resources to address technical and process issues and ensure that corrective action and improvements were put in place.

Today, the OR-Kids system continues to work and provide the important support for child safety and business processes we expected when we launched more than three years ago.

A few of the benefits OR-Kids has delivered are listed below:

- *All Child Welfare information is contained in a single state system;*
- *Workers can better screen reports of child abuse and neglect because more information is linked and can be quickly searched across files;*
- *OR-Kids has created efficiencies, through automated processes, that allow casework to take less time than in the old systems. Our most recent Workload Survey shows that workers are now spending more time with children and families than doing paperwork and multiple data entry;*
- *System is generating accurate information for federal and state reporting purposes, as well as for our new public foster care information site;*
- *More than 43,000 cases are managed each month by 2,000 users; and*
- *A total of \$561 million has been processed and paid to 30,462 providers through the financial module of the OR-Kids system (about 1.5 million payment records).*

We accept the recommendations in the audit report, and we have taken (and continue to take) steps to address the issues identified in the recommendations (as discussed below).

- We recommend the Department of Human Services closely review OR-Kids transactions and financial reports to ensure accuracy and appropriateness, and return any amounts owed for federal overcharges.

The agency has made significant progress in addressing this recommendation and returning funds due to our federal partners. It should be noted that most of the funding errors occurred during a single data conversion event in which millions of payment records were converted to incorrect accounting codes.

Once the agency received its first comprehensive grant level remediation document (for transactions from August 2011 through December 2012), we put an estimate on the state accounting system to reimburse the federal government \$23.3 million. The following two quarters' remediation estimate resulted in an additional \$3.4 million adjustment. The final data conversation reconciliation is expected to be completed in December 2014, resulting in an approximate \$500,000 final adjustment.

In June 2014, the agency also implemented a final permanent data fix on the remaining "untouched" converted cases thereby permanently fixing this data conversion issue.

- We recommend the Department of Human Services make changes to the financial module to prevent it from claiming federal funding outside the two year period.

The OR-Kids system was not designed to disallow federal claiming outside the federal two-year limit. Therefore, the agency has been manually reducing these costs to ensure we do not charge the federal government for claims outside the allowable period.

The agency has a documented system change to resolve this issue and this change is in the queue for action. For now, we will continue to manually remove old transactions so that the federal government does not pay costs outside the two-year limit.

- We recommend the Department of Human Services take steps to ensure a more robust supervisory review of transactions takes place.

The agency expects that the supervisory review of OR-Kids transactions will be a check and balance on potential human errors in working with the system, and we have taken several steps to increase the effectiveness of those reviews.

The Child Welfare program has done communications to case workers, as well as to supervisors and managers, about the importance of accuracy in the system. Those communications were followed up by approval and oversight trainings at the agency's Supervisor Quarterly meetings. As a further safeguard, technical staff placed a monetary cap on approved expenditures by service category to ensure that no large errors could be processed. The Office of Financial Services has also implemented a review of large transactions to ensure they are correct.

Since these controls were put in place, transaction errors have been better identified and corrected prior to payments being issued. In addition, the agency will review the cap limit within the next 30 days to determine if the amount should be adjusted to further improve accuracy.

- We recommend the Department of Human Services address the security recommendations included in the confidential management letter.

The agency agrees with the recommendations in the Confidential Management Letter, and we are taking actions as addressed in our confidential response.

Department of Human Services SUPERVISORY RATIO REPORT

DHS started the 11-13 biennium with a budgeted ratio of 1:9 (6689/738) based on information provided by DAS and confirmed by DHS staff.

DHS approached the ratio work from an enterprise perspective with a goal of exceeding the ratio, if possible, and not limiting the review to only those areas under the target ratio. Through targeted actions including abolishment of positions and restructuring of supervisory duties, DHS received the required plus-one certification in June 2012 from the Department of Administrative Services, Human Resources Service Division for moving the ratio from 1:9 to 1:10.

In October 2013, DHS was approved for an exception to the 1:11 ratio for Child Welfare supervisors due to the clinical supervision nature of these positions as allowed in HB 4131 (2012) section 1 (4). During the 2007 Legislative Session the legislature made a \$3.2 million TF investment to increase the number Child Welfare caseworkers and supervisors. The intended result was to bring Oregon's child welfare supervisor to caseworker ratio to 1:7 which is considered the national best practice standard by the National Resource Center for Organizational Improvement. Before this action the Oregon ratio was 1:9.5. Best practices continue to recommend 1:7 or lower due to the clinical supervision provided by the supervisors. Child Welfare supervisors take years to gain the clinical experience necessary to assist and ensure caseworkers make appropriate safety and case planning decisions for Oregon's children. DHS requested all child welfare caseworkers and direct caseworker supervisors be excluded from the supervisor to non-supervisor ratio calculation. The result removed 199 supervisors and 1,385 non-supervisors from the calculation moving DHS to 1:11.40 in 2013-15.

DHS continues to examine all units, especially those with smaller supervisory ratios, to determine if there are natural ways to combine supervisory functions. This requires shifting how supervisory, as opposed to

“management” functions are performed. This diligent management of the supervisory ratio will ensure DHS continues to maintain the 1:11 minimum.



Oregon

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DHS PROGRAM PRIORITY REPORT



The following charts reflect an attempt by each Department of Human Services to prioritize its programs. The general criteria used to guide this prioritization process include:

- Federal program mandates;
- Levels of need;
- Numbers of clients served;
- Federal financial participation requirements and
- Minimizing risks to the agency.

In addition, each program considered its policy objectives and the department's mission and goals.

It must be noted, however, that prioritization is particularly difficult because most DHS programs form part of an interlinked continuum of care. Very few programs and services provide, in and of themselves, the single solution to the complex issues facing Oregon's most vulnerable populations. The wide array of programs DHS provides and the diverse populations served make application of any set of criteria difficult and of limited value, particularly at the departmental level.

PROGRAM PRIORITIZATION FOR 2015-17

Agency Name: Department of Human Services																								
2015-17 Biennium																			Agency Number: 10000					
Agency-Wide Priorities for 2015-17 Biennium																								
1	4a	4b	4c		4d	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22		
Priority (ranked with highest priority first)	Program or Activity Initials	SCR	DCR	Sub-DCR	Identify Key Performance Measure(s)	Primary Purpose Program-Activity Code	GF	LF	OF	NL-OF	FF	NL-FF	TOTAL FUNDS	Pos.	FTE	New or Enhanced Program (Y/N)	Included as Reduction Option (Y/N)	Legal Req. Code (C, D, FM, FO, S)	Legal Citation	Explain What is Mandatory (for C, FM, and FO Only)	Comments on Proposed Changes to CSL included in Agency Request			
Agcy																								
	APD	060-08	APD Program	Nursing Facilities	Seniors living outside of institutions	12	172,781,067	-	137,035,509	-	565,417,061	-	\$ 875,233,637	-	-	N								
	CW	060-02	Community Based Domestic Violence Services		Absence of repeat maltreatment	12	430,597	-	3,246,543	-	2,717,810	-	\$ 6,394,950	-	-	N								
	APD	060-08	APD Program	Community-Based Care Facilities	People with disabilities in community settings	12	208,238,762	-	9,961,852	-	457,127,230	-	\$ 675,327,844	-	-	N								
	I/DD	060-09	I/DD Program	I/DD Comprehensive Services for 24/7 Care	People with disabilities in community settings	12	427,140,623	-	21,358,576	-	938,640,382	-	\$ 1,387,139,581	-	-	N								
	I/DD	060-09	I/DD Program	Stabilization and Crisis Unit (group homes)	People with disabilities in community settings	12	35,939,151	-	2,019,824	-	59,447,744	-	\$ 97,406,719	-	-	N								
	CW	060-02	Community Based Sexual Assault Victims Fund			12	75,855	-	518,399	-	46,102	-	\$ 640,356	-	-	N								
	CW	060-02	Foster Care	Foster Care Prevention	Timeliness and permanency of child reunification	12	749,571	-	84,152	-	2,740,378	-	\$ 3,574,101	-	-	N								
	CW	060-03	Foster Care	Foster Family Shelter Care		12	2,785,150	-	315,345	-	814,733	-	\$ 3,915,228	-	-	N								
	CW	060-03	Other Tribal Programs			12	734,899	-	30,260	-	1,626,270	-	\$ 2,391,429	-	-	N								
	CW	060-03	Foster Care	Regular Foster Care	Timely adoption, Absence of repeat maltreatment, Timeliness and permanency of child reunification	12	58,362,721	-	7,639,139	-	32,319,356	-	\$ 98,321,216	-	-	N								
	CW	060-03	Foster Care	Enhanced Supervision	Timely adoption, Absence of repeat maltreatment, Timeliness and permanency of child reunification	12	6,366,325	-	872,775	-	4,014,394	-	\$ 11,253,494	-	-	N								
	CW	060-03	Foster Care	Personal Care	Teen suicide, Absence of repeat maltreatment	12	1,806,696	-	152,147	-	1,859,918	-	\$ 3,818,761	-	-	N								
	CW	060-03	Foster Care	Independent Living Services	Timely adoption, Absence of repeat maltreatment, Timeliness and permanency of child reunification	12	1,544,352	-	121,361	-	7,929,914	-	\$ 9,595,627	-	-	N								
	CW	060-03	Foster Care	Nursing Assessments	Timely adoption, Absence of repeat maltreatment, Timeliness and permanency of child reunification	12	28,151	-	6,342	-	46,201	-	\$ 80,694	-	-	N								

Priority (ranked with highest priority first)	Program or Activity Initials	SCR	DCR	Sub-DCR	Identify Key Performance Measure(s)	Primary Purpose Program- Activity Code	GF	LF	OF	NL-OF	FF	NL-FF	TOTAL FUNDS	Pos.	FTE	New or Enhanced Program (Y/N)	Included as Reduction Option (Y/N)	Legal Req. Code (C, D, FM, FO, S)	Legal Citation	Explain What is Mandatory (for C, FM, and FO Only)	Comments on Proposed Changes to CSL included in Agency Request
	CW	060-03	Foster Care	Other Medical	Timely adoption, Absence of repeat maltreatment, Timeliness and permanency of child reunification	12	4,846,112	-	22,776	-	962,598	-	\$ 5,831,486	-	-	N					
	CW	060-03	Foster Care	Client Transportation	Timeliness and permanency of child reunification	12	4,545,332	-	899,242	-	701,139	-	\$ 6,145,713	-	-	N					
	CW	060-03	Foster Care	Contracted Foster Care Svc	Timely adoption, Absence of repeat maltreatment, Timeliness and permanency of child reunification	12	325,993	-	22,896	-	387,884	-	\$ 736,773	-	-	N					
	CW	060-03	Foster Care	Interstate Compacts	Timely adoption, Absence of repeat maltreatment, Timeliness and permanency of child reunification	12	464,997	-	15,780	-	296,864	-	\$ 777,641	-	-	N					
	CW	060-03	Residential Care	Residential Treatment	Timely adoption, Absence of repeat maltreatment, Timeliness and permanency of child reunification	12	22,411,289	-	3,944,360	-	30,201,382	-	\$ 56,557,031	-	-	N					
	CW	060-03	Residential Care	Target Children	Timely adoption, Absence of repeat maltreatment, Timeliness and permanency of child reunification	12	4,554,135	-	391,453	-	4,958,365	-	\$ 9,903,953	-	-	N					
	CW	060-03	Residential Care	Special Contracts	Timely adoption, Absence of repeat maltreatment, Timeliness and permanency of child reunification	12	5,610,426	-	465,402	-	6,520,038	-	\$ 12,595,866	-	-	N					
	CW	060-02	In-Home Safety and Reunification Services			12	7,384,785	-	188,378	-	15,059,127	-	\$ 22,632,290	-	-	N					
	CW	060-02	Recovering Families Mutual Homes		Timely adoption, Absence of repeat maltreatment, Timeliness and permanency of child reunification	12	411,330	-	146	-	330,573	-	\$ 742,049	-	-	N					
	CW	060-02	Family Support Teams		Absence of repeat maltreatment	12	2,010,141	-	277,999	-	3,544,246	-	\$ 5,832,386	-	-	N					
	CW	060-02	System of Care		Absence of repeat maltreatment	12	3,606,206	-	318,279	-	8,347,451	-	\$ 12,271,936	-	-	N					
	CW	060-02	Strengtheng, Presrvg & Reunfg Families (SPRF)			12	11,661,494	-	-	-	17,842,414	-	\$ 29,503,908	-	-	N					

Priority (ranked with highest priority first)	Program or Activity Initials	SCR	DCR	Sub-DCR	Identify Key Performance Measure(s)	Primary Purpose Program- Activity Code	GF	LF	OF	NL-OF	FF	NL-FF	TOTAL FUNDS	Pos.	FTE	New or Enhanced Program (Y/N)	Included as Reduction Option (Y/N)	Legal Req. Code (C, D, FM, FO, S)	Legal Citation	Explain What is Mandatory (for C, FM, and FO Only)	Comments on Proposed Changes to CSL included in Agency Request
	CW	060-03	Foster Care	IV-E Waiver Foster Care	Timely adoption, Absence of repeat maltreatment, Timeliness and permanency of child reunification	12	2,138,180	-	34,378	-	3,719,009	-	\$ 5,891,567	-	-	N					
	CW	060-04	Guardianship Assistance		Timely adoption, Absence of repeat maltreatment, Timeliness and permanency of child reunification	12	8,217,793	-	721,044	-	12,945,297	-	\$ 21,884,134	-	-	N					
	CW	060-04	Adoption Assistance		Timely adoption, Timeliness and permanency of child reunification	12	64,280,413	-	185,588	-	64,963,012	-	\$ 129,429,013	-	-	N					
	CW	060-04	Post Adoption-Services		Timely adoption, Timeliness and permanency of child reunification	12	183,803	-	55	-	1,000,800	-	\$ 1,184,658	-	-	N					
	SS	060-01	Supplemental Nutrition Asst. Program	EBT SNAP	Food stamp utilization, Food stamp accuracy	12	-	-	-	-	2,422,011,827	-	\$ 2,422,011,827	-	-	N					
	SS	060-01	Supplemental Nutrition Asst. Program	SNAP Cashout	Food stamp utilization, Food stamp accuracy	12	-	-	-	-	92,333,504	-	\$ 92,333,504	-	-	N					
	APD	060-08	Disability Determination Services Program		Seniors living outside of institutions	12	-	-	-	-	17,259,559	-	\$ 17,259,559	-	-	N					
	SS	060-01	Supplemental Nutrition Asst. Program	SNAP Employment and Training	Food stamp utilization, Food stamp accuracy	12	2,924,503	-	-	-	6,773,543	-	\$ 9,698,046	-	-	N					
	APD	060-08	APD Program	In-home Program	Seniors living outside of institutions	12	216,116,700	-	18,662,418	-	469,581,874	-	\$ 704,360,992	-	-	N					
	SS	060-01	Family Support and Connections		TANF re-entry, TANF family stability	12	265,881	-	-	-	3,943,763	-	\$ 4,209,644	-	-	N					
	SS	060-01	TA Domestic Violence Survivors		TANF re-entry, TANF family stability, Absence of repeat maltreatment	12	29,467	-	-	-	8,522,605	-	\$ 8,552,072	-	-	N					
	SS	060-01	Cash Assistance	TANF Basic	TANF re-entry, TANF family stability	12	79,266,648	-	358,400	-	187,502,525	-	\$ 267,127,573	-	-	N					
	SS	060-01	Cash Assistance	TANF UN	TANF re-entry, TANF family stability	12	49,916,153	-	640	-	-	-	\$ 49,916,793	-	-	N					
	SS	060-01	Cash Assistance	State Family Pre SSI/SSDI	TANF re-entry, TANF family stability	12	3,988,507	-	1,688,072	-	-	-	\$ 5,676,579	-	-	N					
	I/DD	060-09	I/DD Program	I/DD Support Services (Community based)	Integrated Employment Settings, Developmental disabilities support services	12	125,806,311	-	-	-	250,649,254	-	\$ 376,455,565	-	-	N					
	SS	060-01	JOBS Contracts/Support Services Activities	TANF Programs	TANF re-entry, TANF family stability	12	55,233,532	-	184,320	-	28,967,265	-	\$ 84,385,117	-	-	N					
	VR	060-07	VR - Basic Rehabilitative Services		Vocational rehabilitation services	12	8,908,837	-	1,930,972	-	34,938,589	-	\$ 45,778,398	-	-	N					
	VR	060-07	State Independent Living Council (SILC)		Vocational rehabilitation services employment	12	1,773,044	-	-	-	528,625	-	\$ 2,301,669	-	-	N					

Priority (ranked with highest priority first)	Program or Activity Initials	SCR	DCR	Sub-DCR	Identify Key Performance Measure(s)	Primary Purpose Program- Activity Code	GF	LF	OF	NL-OF	FF	NL-FF	TOTAL FUNDS	Pos.	FTE	New or Enhanced Program (Y/N)	Included as Reduction Option (Y/N)	Legal Req. Code (C, D, FM, FO, S)	Legal Citation	Explain What is Mandatory (for C, FM, and FO Only)	Comments on Proposed Changes to CSL included in Agency Request
	APD	060-08	APD Program	Other Services		12	5,836,278	-	1,888,191	-	10,466,412	-	\$ 18,190,881	-	-	N					
	APD	060-08	APD Program	Older Americans Act	Access to I&R and I&A	12	4,077,127	-	-	-	31,055,014	-	\$ 35,132,141	-	-	N					
	APD	060-08	APD Program	Oregon Project Independence	Seniors living outside of institutions	12	19,811,625	-	-	-	5,659,706	-	\$ 25,471,331	-	-	N					
	SS	060-01	Employment Related Daycare		Enhanced child care	12	74,247,860	-	98,908,130	-	-	-	\$ 173,155,990	-	-	N					
	SS	060-01	Refugee Program			12	-	-	-	-	13,740,633	-	\$ 13,740,633	-	-	N					
	APD	060-08	APD Program	Oregon Supplemental Income Program (OSIP)		12	6,000,000	-	-	-	-	-	\$ 6,000,000	-	-	N					
	SS	060-01	Youth Services			12	-	-	-	-	910,829	-	\$ 910,829	-	-	N					
	CW	060-04	Private Adoption Services		Timely adoption, Timeliness and permanency of child reunification	12	517,935	-	-	-	637,579	-	\$ 1,155,514	-	-	N					
	CW	060-04	Contracted Adoption Services		Timely adoption, Timeliness and permanency of child reunification	12	2,136,098	-	-	-	1,985,835	-	\$ 4,121,933	-	-	N					
	CW	060-04	Independent Adoption Services		Timely adoption, Timeliness and permanency of child reunification	12	-	-	237,325	-	-	-	\$ 237,325	-	-	N					
	CW	060-04	Assisted Search Services		Timely adoption, Timeliness and permanency of child reunification	12	-	-	86,030	-	-	-	\$ 86,030	-	-	N					
	CW	060-02	Youth Investment Programs		Timely adoption, Absence of repeat maltreatment, Timeliness and permanency of child reunification	12	1,162,687	-	-	-	8,617,135	-	\$ 9,779,822	-	-	N					
							-	-	-	-	-	-	\$ -	-	-						
							-	-	-	-	-	-	\$ -	-	-						
							-	-	-	-	-	-	\$ -	-	-						
							-	-	-	-	-	-	\$ -	-	-						
							1,717,655,542	-	314,794,498	-	3,328,268,437	2,514,345,331	\$ 7,875,063,808	0	0.00						

7. Primary Purpose Program/Activity Exists

- 1 Civil Justice
- 2 Community Development
- 3 Consumer Protection
- 4 Administrative Function
- 5 Criminal Justice
- 6 Economic Development
- 7 Education & Skill Development
- 8 Emergency Services
- 9 Environmental Protection
- 10 Public Health
- 11 Recreation, Heritage, or Cultural
- 12 Social Support

19. Legal Requirement Code

- C Constitutional
- D Debt Service
- FM Federal - Mandatory
- FO Federal - Optional (once you choose to participate, certain requirements exist)
- S Statutory



Oregon

John A. Kitzhaber, MD, Governor

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The State CFO-Required Department of Human Services 10% Reduction Options for the Governor's Budget



The reduction options presented in this document are not intended to reflect the policy or program recommendations of the agency. The Oregon Department of Human Services (DHS) is acutely aware that the reduction options on this list have significant consequences for Oregonians and the communities in which they live. The agency is -- and has been -- engaged in ongoing search for efficiencies that allow us to reduce costs and maximize resources with minimal impact to clients. We also work to ensure that as services to clients are reduced because of reductions, that we also reduce our infrastructure and administrative overhead concurrently.

Guiding Principles

In approaching these reductions, DHS was guided by a set of priorities in making proposed reductions. However, to reach the targeted reduction levels for the Department -- which totals more than \$268 million in General Fund -- it was not possible to reflect all of the following principles and priorities in the reduction list:

- For all programs, the agency looked closely at client safety and stability, preserving the infrastructure of programs and the provider-systems that serve clients, maintenance of effort (MOE) issues, legal risk, cross-program impact, cost shifting, and what the reduction would mean in terms of the loss of federal matching funds.
- DHS looked closely at whether repeated reductions to programs no longer made sense, and whether it was time to consider the elimination of some programs in order to preserve others.
- In Child Welfare programs, DHS prioritized prevention activities and services to keep children safe at home and out of foster care over those further into the child welfare system, such as adoption and guardianship.
- In Intellectual and Developmental Disabilities programs, DHS prioritized continuing programs and services for those clients in long-term care. DHS also made every effort to consider reductions that would not move people into higher cost settings but could keep them at home and in their communities.
- In Self Sufficiency, Intellectual and Developmental Disability and Vocational Rehabilitation programs, DHS prioritized services and programs that helped support and preserve family stability and to maintain employment outcomes for Oregonians.
- In Aging and People with Disabilities programs, DHS prioritized keeping as much of Oregon's high-quality system in place as possible -- that is, prioritizing home and community-based services.

"Assisting People to Become Independent, Healthy and Safe"

Department of Human Services CSL Reduction List

DEPARTMENT OF HUMAN SERVICES

	2,680,046,541	521,233,837	4,306,485,425	7,507,765,803	Positions	FTE
Current Service Level Budget	2,680,046,541	521,233,837	4,306,485,425	7,507,765,803	7,730	7,636.40
10% GF Target	268,004,654	52,123,384	430,648,543	750,776,580		

Priority	DIVISION	Reduction Description	GF	OF	FF	TF	BUDGET-POS	BUDGET FTE	Impact of Reduction on Services and Outcomes	Effective Date
1	APD	Eliminate Inflation	\$ (4,691,527)	\$ (344,904)	\$ (6,202,438)	\$ (11,238,869)			Effective 7/1/15 eliminate COLA inflation in APD Other Services areas, and Services & Supplies for APD Delivery and Design staff.	7/1/2015
2	CW Permanency	Design / Delivery Eliminate Inflation for CSL pkg 31	\$ (2,759,177)	\$ (19,815)	\$ (3,857,647)	\$ (6,636,639)			This eliminates the standard non personal services inflation taken on the base at CSL packages 31.	7/1/2015
3	CW	Child Safety: Eliminate Inflation from CSL Package 31 and 32	\$ (952,647)	\$ (28,673)	\$ (1,560,251)	\$ (2,541,571)			This eliminates the standard, professional services, and medical inflation taken on the base at CSL packages 31 and 32.	7/1/2015
4	CW	Permanency: Eliminate Inflation from CSL Package 31 and 32	\$ (2,155,228)	\$ (30,889)	\$ (2,243,635)	\$ (4,429,752)			This eliminates the standard, professional services, and medical inflation taken on the base at CSL packages 31 and 32.	7/1/2015
5	CW	Well Being: Eliminate Inflation from CSL Package 31	\$ (2,518,513)	\$ (384,162)	\$ (1,769,370)	\$ (4,672,045)			This eliminates the standard, professional services, and medical inflation taken on the base at CSL packages 31 and 32.	7/1/2015
6	I-DD	Eliminate Standard Inflation for all I-DD Programs	\$ (13,440,380)	\$	\$ (29,154,478)	\$ (42,594,858)			Effective 7/1/15 Eliminate COLA for all program areas in the developmental disability community based service system. Since 2001 there has only been one biennium where COLA was applied to services and program costs (07-09). The majority of costs in programs are staff related. There have been significant increases in insurance costs, and other general operating costs. Minimum wage has increased by statute and programs that used to pay well above minimum wage are now paying at or little above minimum wage. All of this results in unstable work force and general instability of provider organizations with the possible results in increase abuse and health/safety concerns.	7/1/2015
7	I-DD	Eliminate Medical Inflation for SACU	\$ (16,239)	\$ (7,187)	\$ (31,961)	\$ (55,387)	-	-	Effective 7/1/15 Eliminate Medical Inflation for SACU. The extra funding allows SACU to contract at reasonable rates for nursing care and behavioral health specialists.	7/1/2015
8	SS	SS - Reduce Inflation from Budget Build	\$ (6,451,723)	\$	\$	\$ (6,451,723)			This eliminates the standard professional services and the non personal services inflation taken on the base at CSL packages 31. Pgm \$6,114,527, Del & Des \$337,196	7/1/2015
9	APD	Eliminate Oregon Project Independence - minus MOE amount - by 50%	\$ (7,702,987)	\$ -	\$ (2,914,749)	\$ (10,617,736)	-	-	This is a DHSP related program. This will have an adverse affect on the Oregon Health Authority Budget. OPI 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. OPI represents a critical element in Oregon's strategy to prevent or delay individuals from unnecessarily leaving their own homes to receive services in more expensive facility based settings, or depleting their personal assets soon than necessary and accessing more expensive Medicaid health and long-term service benefits. Effective 7/1/2015.	7/1/2015

Department of Human Services CSL Reduction List

DEPARTMENT OF HUMAN SERVICES							
		2,680,046,541	521,233,837	4,306,485,425	7,507,765,803	Positions	FTE
	Current Service Level Budget	2,680,046,541	521,233,837	4,306,485,425	7,507,765,803	7,730	7,636.40
	10% GF Target	268,004,654	52,123,384	430,648,543	750,776,580		

Priority	DIVISION	Reduction Description	GF	OF	FF	TF	BUDGET-POS	BUDGET FTE	Impact of Reduction on Services and Outcomes	Effective Date
10	SS	ERDC - Reduce caseload cap from 7,700 to an average of 7,200	\$ (8,040,000)	\$ -	\$ -	\$ (8,040,000)	-	-	Caseload cap is currently 7,700: this would reduce to an average of 7,200. Increase in TANF cases may make it very difficult to get at desired level. This reduction continues the elimination of child care supports for all parents with incomes under 185% of poverty, limiting those supports to only TANF families transitioning to employment; families reapplying for ERDC benefits after a break of less than two calendar months; families with a child in the filing group that is eligible for a current opening in a Head Start or Oregon Program of Quality contracted child care slot; or families currently working with Child Welfare (as part of an assessment, open case or transition) and there is an ongoing safety plan in place that states child care is required to keep the child in their home, place the child with a relative or other known adult or when transitioning the child back into the home or out of stranger foster care. This reduction will further impact the ability of parents to maintain employment, the ability of child care providers to provide care and be employed, and the quality of child care children receive. This reduction will impact family child care providers, child care centers, Early Head Start/Head Start and after-school programs and may increase the number of children left home without an appropriate provider. This would affect 1,590 providers. This reduction will reduce the amount of state expenditures that count toward its MOE obligations. ERDC is mainly funded by CCDF federal dollars through an Interagency Agreement with DHS and The Oregon Department of Education (ODE). ODE has a stake in this reduction and has expressed their concern to DHS.	10/1/2015
11	CW	Permanency: Eliminate Post Adoption Services program, impacting supports for over 400 adoptive and guardianship families each year. (IV-B portion of budget)	\$ (189,868)	(57)	\$ (1,033,825)	\$ (1,223,750)	-	-	DHS's post adoption services program provides services to adoptive and guardianship families who provide permanent homes for DHS children. These services enhance the stability and functioning of adoptive and guardianship families and their children through the provision of a support network that includes information and referral services, consultation services in response to imminent and current adoptive family crises, support groups, and training. In the federal fiscal year ending September, 2011, the post adoption services contractor (ORPARC) provided 1,619 initial and follow up contacts with families, 34 reported crisis or disruption related services, and training to 718 individuals. Families who adopt special needs children must receive adequate and competent support to help sustain their placements. Eliminating the post adoption services program is a potential disincentive for families to adopt special needs children and it will potentially increase the number of children returning to foster care or residential treatment because families in crisis will be unable to receive the support and advocacy they need within their homes. The 1,619 initial and follow up contacts with the post adoption services program will be deferred to branch offices who neither have the staff to respond, nor the expertise and competency to provide the needed services and advocacy for these families.	7/1/2015
12	I-DD	Eliminate Fairview Housing Trust Fund by 50%	\$ (3,000,000)	\$	\$	\$ (3,000,000)			Effective 7/1/15 Eliminates 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. Requires a statute change.	7/1/2015
13	APD	Reduce nursing facility rate percentile to 60th, which is a .475% rate reduction	\$ (1,840,000)	\$ (360,000)	\$ (3,800,000)	\$ (6,000,000)			Nursing Facility rate setting methodology is set in statute. This would require a statute change reducing the rate setting percentile from 63rd to 60th percentile; or a 7/1/2015 Basic rate from \$309.79 to \$308.31 per resident day.	7/1/2015

Department of Human Services CSL Reduction List

DEPARTMENT OF HUMAN SERVICES							
		2,680,046,541	521,233,837	4,306,485,425	7,507,765,803	Positions	FTE
	Current Service Level Budget	2,680,046,541	521,233,837	4,306,485,425	7,507,765,803	7,730	7,636.40
	10% GF Target	268,004,654	52,123,384	430,648,543	750,776,580		

Priority	DIVISION	Reduction Description	GF	OF	FF	TF	BUDGET-POS	BUDGET FTE	Impact of Reduction on Services and Outcomes	Effective Date
14	CW	Well Being: Reduce Client Transportation Program by 15%.	\$ (682,662)	\$ (134,886)	\$ (104,308)	\$ (921,856)	-	-	This reduction will impact direct services for children, negatively impact their education, and well-being of child and family reunification. The current expenditures are approximately 60% being spent on transportation for visits between child and parents, another 21% for children to attend school, 10% medically related transportation, and the rest for activities such as court hearings, case planning activities.	7/1/2015
15	I-DD	Eliminate Fairview Housing Trust Fund by remaining 50%	\$ (3,000,000)	\$	\$	\$ (3,000,000)			Effective 7/1/15 Eliminates 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. Requires a statute change.	7/1/2015
16	CW	Well Being: Reduce Court Ordered Other Medical Program by 15%.	\$ (726,917)	\$ (3,416)	\$ (144,390)	\$ (874,723)	-	-	The majority of these funds (66%) provide for psychological evaluations and testing of parents that then inform the case planning. Without these funds, testing and evaluations will not occur and this provides less information to the department and courts on how best to address the needs of parents. This funding also will assist in parent and child interactions, obtaining medical records, and other assessment oriented medical services. Reducing and or eliminating will impact outcomes for children and families, increase length of stay in foster care, increase caseloads, and will likely jeopardize the department's ability to access federal funding regarding providing services to children and families based on reasonable and/or active efforts.	7/1/2015
17	I-DD	Eliminate the Family to Family Program	\$ (1,200,000)	\$ -	\$ -	\$ (1,200,000)	-	-	Effective 7/1/15 Eliminate Family to Family Networks. This program began in 2012 after 2011 made significant reductions in the Family Support Program. The funding (\$1.2M) supports up to eight networks. The work already accomplished by these groups includes family training, identification of local resources, and general support from one family to another. The networks leverage parent time and local resources in an effort to provide support at no cost to DHS/DD.	7/1/2015
18	APD	Reduce community based care rates by 3% for ALFs, RCFs, AFHs, Home Delivered Meals, In-Home Agencies, Adult Day Services.	\$ (7,014,000)	\$ -	\$ (15,380,000)	\$ (22,394,000)	-	-	Under the 15-17 funding levels, community based care rates are scheduled to increase by 3% effective 10/1/2015. This reduction effective October 1 2015, would offset the 3% increase, leaving rates flat for the biennium. Without competitive rates, in some instances Medicaid access to facilities will be eliminated. Other facilities may withdraw gradually and some facilities would be able to manage the reduction with their existing payer mix. This reduction may result in residents seeking a more costly and more restrictive level of care.	10/1/2015
19	CW	Child Safety: Reduce System of Care (SOC) by 15% - flexible fund resource dollars to meet the individual needs of foster children and their families.	\$ (540,931)	\$ (47,742)	\$ (1,252,118)	\$ (1,840,791)	-	-	SOC provides for flexible, individualized application of services to meet the unique needs of children including special consideration for a family's cultural preferences. This level of reduction will reduce the availability of these resources to approximately 1,251 children in foster care. Many services provided through System of Care assist in resolving safety issues to prevent entry into foster care and support family reunification. Most of the services purchased through System of Care cannot be purchased with other child welfare fund sources. Therefore, reduction of this funding will mean more children coming into care, longer stays in foster care, decreased ability to return children home to their parents, and decreased ability to meet the individual needs of a child. It likely will also mean more "no reasonable efforts" or "failure to meet active efforts for ICWA children" findings by the courts, which would impact federal funding for the program.	7/1/2015

Department of Human Services CSL Reduction List

DEPARTMENT OF HUMAN SERVICES						
	2,680,046,541	521,233,837	4,306,485,425	7,507,765,803	Positions 7,730	FTE 7,636.40
Current Service Level Budget	2,680,046,541	521,233,837	4,306,485,425	7,507,765,803		
10% GF Target	268,004,654	52,123,384	430,648,543	750,776,580		

Priority	DIVISION	Reduction Description	GF	OF	FF	TF	BUDGET-POS	BUDGET FTE	Impact of Reduction on Services and Outcomes	Effective Date
20	I-DD	Eliminate the Family Support Program (SE150)	\$ (2,282,280)	\$ -	\$ -	\$ (2,282,280)	-	-	Effective 7/1/15 This program provides small amount of support that goes a long way to helping family with care of child with developmental disability. Approximately 1,000 children and their families will lose service as a result of this program elimination.	7/1/2015
21	APD	Eliminate GF portion of Older Americans Act program	\$ (2,000,000)	\$ -	\$ -	\$ (2,000,000)	-	-	This reduction is effective 7/1/2015. This backfill has offset the effects of federal sequestration activities. Without this funding, services such as home delivered meals, congregate meals and family support would be reduced.	7/1/2015
22	CW	Child Safety: Family Support Teams/Addiction Recovery Teams reduce by 15%	\$ (301,521)	\$ (41,700)	\$ (531,637)	\$ (874,858)	-	-	Sixty to seventy percent of all child welfare cases involve parents with addiction issues. The ART program improves outcomes for children of addicted parents by giving parents and caseworkers access Alcohol & Drug trained staff to assist parents in eliminating barriers to treatment, tracking parents whose attendance at treatment falters, and helping parents with return home plans by supporting parents in early recovery with these transitions. Reducing these services will mean more and longer foster care placements, higher re-abuse rates, a decline in parents entering treatment quickly, and an increase in the number of parents who struggle with sustaining their recovery. It will also increase caseworker workload, including A&D referral, transport, tracking and case management, making it more difficult for caseworkers to meet other state and federal mandates. Longer stays in foster care will increase costs to the state and result in poorer outcomes for children.	7/1/2015
23	I-DD	Reduce all non-bargained Provider Rates by 3%	\$ (6,160,720)	\$ -	\$ (13,723,654)	\$ (19,884,374)	-	-	Effective 10/1/15 Reduce all non-bargained provider rates by 3%. This would be an across the board reduction of rates for all DD service providers in the comprehensive system, for children and adults, excludes Employment First services.	10/1/2015
24	APD	Eliminate Gatekeeper Funding	\$ (2,800,000)	\$ -	\$ -	\$ (2,800,000)	-	-	This reduction eliminates Gatekeeper programs that enlist the help of utility workers, law enforcement, postal workers, and other service providers to help identify people in need of support. This is one of the strategies utilized to increase preventative protective services for vulnerable populations.	7/1/2015
25	CW	Child Safety: Foster Care Prevention reduce by 15%	\$ (112,436)	\$ (12,623)	\$ (411,057)	\$ (536,116)	-	-	Reducing Foster Care Prevention funding reduces funding that is specifically designed to prevent children from entering foster care or allowing them to return home more quickly. This reduction would impact the ability of staff to keep children at home or to get them home more quickly. Reduction of FCP could cause an overutilization of other services or flexible funding sources like System of Care. This is likely to affect Oregon Tribes and members of minority groups who are already overrepresented as there will be fewer financial resources to assist children in remaining safely in their homes.	7/1/2015
26	I-DD	Reduce Brokerage and CDDP Equity by 2%	\$ (1,467,900)	\$ -	\$ (2,057,631)	\$ (3,525,531)	-	-	Effective 10/1/15 Reduces the operating funding to CDDPs and Brokerages by another 2%-- Overall reduction of 4%.	10/1/2015
27	APD	Eliminate Caregiver Training funding in Mental Health Expansion	\$ (175,000)	\$ -	\$ (175,000)	\$ (350,000)	-	-	This reduction would eliminate the funding of training for Local APD and AAA case managers who need training in the use of simple screening tools and coaching in the integration of mental health screening into their daily work to be successful. Direct care providers, health professionals and others also need training and support to ensure that older adults and people with disabilities receive the appropriate screenings and interventions.	7/1/2015

Department of Human Services CSL Reduction List

DEPARTMENT OF HUMAN SERVICES							
		2,680,046,541	521,233,837	4,306,485,425	7,507,765,803	Positions	FTE
	Current Service Level Budget	2,680,046,541	521,233,837	4,306,485,425	7,507,765,803	7,730	7,636.40
	10% GF Target	268,004,654	52,123,384	430,648,543	750,776,580		

Priority	DIVISION	Reduction Description	GF	OF	FF	TF	BUDGET-POS	BUDGET FTE	Impact of Reduction on Services and Outcomes	Effective Date
28	CW	Well Being: Further reduce Client Transportation Program by an additional 15%.	\$ (580,263)	\$ (114,653)	\$ (88,662)	\$ (783,578)	-	-	This second reduction will further impact direct services for children, negatively impact their education, and well-being of child and family reunification. The current expenditures are approximately 60% being spent on transportation for visits between child and parents, another 21% for children to attend school, 10% medically related transportation, and the rest for activities such as court hearings, case planning activities.	7/1/2015
29	APD	Reduce Home Care Worker rates by 3%	\$ (4,623,213)	\$ -	\$ (10,300,000)	\$ (14,923,213)	-	-	Under the 15-17 funding levels, In-Home services are funded without a scheduled increase during 15-17, without bargaining pot appropriation. This would result in a rate decrease to individuals making \$13.75 per hour and may result in some Home Care Workers ceasing to provide these services.	1/1/2016
30	I-DD	Reduce PSW Wages by 3% - Align with APD HCW	\$ (2,639,150)	\$ -	\$ (5,482,989)	\$ (8,122,139)	-	-	Effective 1/1/16 This reduction proposes to reduce bargained PSW wages by 3%.	1/1/2016
31	APD	Reinstitute \$30 personal incidental fund for nursing facility residents	\$ (539,728)	\$ -	\$ (952,472)	\$ (1,492,200)	-	-	This reduction would allow residents only \$30 per month to purchase personal items not included in the all-inclusive nursing facility rate. Nursing facility residents would see a 50% decrease in their personal incidental spending power.	7/1/2015
32	CW	Well Being: Further reduce Court Ordered Other Medical Program by an additional 15%.	\$ (617,879)	\$ (2,904)	\$ (122,731)	\$ (743,514)	-	-	These dollars pay for medical expenses for parents that are not otherwise covered by insurance or the Oregon Health Plan. Most often the funds pay for psychological evaluations that then inform the case planning. Without these funds, those evaluations will not occur and children will experience longer foster care stays. It will also be more difficult to provide services that are designed to address the issues that brought the children into care.	7/1/2015
33	I-DD	Reduce all non-bargained Provider Rates by additional 3%-Employment excluded (Overall 6% Reduction)	\$ (6,160,720)	\$ -	\$ (13,723,654)	\$ (19,884,374)	-	-	Effective 10/1/15 Reduce all non-bargained provider rates by an additional 3%. This would be an across the board reduction of rates for all DD service providers in the comprehensive system, for children and adults, excludes Employment First services. Overall reduction of 6%.	10/1/2015
34	APD	Eliminate Evidence Based Health Promotion Funding	\$ (1,250,000)	\$ -	\$ -	\$ (1,250,000)	-	-	This reduction eliminates evidence based health promotion and disease prevention program effective 7/1/2015. This funding was designed as a preventative strategy that would result in better health outcomes for senior Oregonians.	7/1/2015
35	VR	Reduce Client Service by 10%	\$ (2,133,286)	\$ (239,049)	\$ (8,765,388)	\$ (11,137,723)	-	-	The proposed reduction would result in an 10% decrease in case services forcing the creation of a waitlist. Nearly 4,173 additional individuals would not get services including youth served under third-party agreements with local school districts. This would jeopardize the match dollars that these agreements provide thus further reducing the program budget. Small specialized vendors who rely on the program for revenue would experience a sharp drop in income. Additionally this will impact the ability of the program to meet the required Maintenance of Effort resulting in a reduction in federal funds available, and resulting in the program reinstating the Order of Selection. OVRs with out an investment above the Current Service level is at risk of reinstating the Order of Selection, and is at risk for failure to meet the level of services set forth in Executive Order 13-04 regarding employment for persons with Intellectual and Developmental Disabilities.	7/1/2015

Department of Human Services CSL Reduction List

DEPARTMENT OF HUMAN SERVICES							
		2,680,046,541	521,233,837	4,306,485,425	7,507,765,803	Positions	FTE
Current Service Level Budget		2,680,046,541	521,233,837	4,306,485,425	7,507,765,803	7,730	7,636.40
10% GF Target		268,004,654	52,123,384	430,648,543	750,776,580		

Priority	DIVISION	Reduction Description	GF	OF	FF	TF	BUDGET-POS	BUDGET FTE	Impact of Reduction on Services and Outcomes	Effective Date
36	SS	TANF - Time Limit 48 Months	\$ (33,840,426)	\$ -	\$ -	\$ (33,840,426)	-	-	This action establishes a 48 month time limit for TANF receipt for the entire family unless a hardship exemption exists. The current Oregon time limit is 60 months and state statute allows for only the adults needs to be removed from TANF once the 60 month limitation has been reached and the family has no hardship exemption. Oregon's policy provides for the children in the home to continue to receive TANF. This action will require each family be reviewed at 48 months of TANF receipt to determine whether a hardship exemption exists. For families where no hardship exists the entire case would close. Some families may see an increase in SNAP benefits as cash benefits end. Ending TANF cash benefits for the entire family may result in family instability and homelessness. Families would have to rely on other community based safety net programs which have already experienced increased demand. During the biennium an average of 3,597 families per month are expected to be impacted. Based on their accrued time, the majority of these families (3,230 families) will reach their time limitation in April 2016. Families will also be impacted if they come from another state and the accrued time (alone or in combination with Oregon accrued time) equals to or exceeds 48 months. This action requires an amendment to ORS 412.079.	10/1/2015
		5% Sub- Total	\$ (134,607,321)	\$ (1,772,660)	\$ (125,784,045)	\$ (262,164,026)	-	-		
		5% Reduction Target	\$ (134,002,327)	\$ (26,061,692)	\$ (215,324,271)	\$ (375,388,290)	-	-		
		Difference	\$ (604,994)	\$ 24,289,032	\$ 89,540,227	\$ 113,224,264	-	-		
37	CW	Child Safety: Reduce System of Care (SOC) by another 15% - flexible fund resource dollars to meet the individual needs of foster children and their families (second reduction to this program budget).	\$ (459,791)	\$ (40,581)	\$ (1,064,300)	\$ (1,564,672)	-	-	SOC provides for flexible, individualized application of services to meet the unique needs of children including special consideration for a family's cultural preferences. This additional 15% reduction will further reduce the availability of these resources to an additional 1,063 children in foster care. Many services provided through System of Care assist in resolving safety issues to prevent entry into foster care and promote family reunification. Most of the services purchased through System of Care cannot be purchased with other child welfare fund sources. Therefore, reduction of this funding will mean more children coming into care, longer stays in foster care, decreased ability to return children home to their parents, and decreased ability to meet the individual needs of a child. It likely will also mean more "no reasonable efforts" or "failure to meet active efforts for ICWA children" findings by the courts, which would impact federal funding for the program.	7/1/2015
38	I-DD	Reduce Brokerage and CDDP Equity by additional 2% (91% equity)	\$ (1,467,900)	\$ -	\$ (2,057,631)	\$ (3,525,531)	-	-	Effective 10/1/15 Reduces the operating funding to CDDPs and Brokerages by another 2%-- Overall reduction of 4%.	10/1/2015
39	APD	Eliminate Oregon Project Independence - minus MOE amount - by remaining 50%	\$ (7,702,987)	\$ -	\$ (2,914,749)	\$ (10,617,736)	-	-	This is a DHSP related program. This will have an adverse affect on the Oregon Health Authority Budget. OPI 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. OPI represents a critical element in Oregon's strategy to prevent or delay individuals from unnecessarily leaving their own homes to receive services in more expensive facility based settings, or depleting their personal assets soon than necessary and accessing more expensive Medicaid health and long-term service benefits. Effective 7/1/2015.	7/1/2015

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		2,680,046,541	521,233,837	4,306,485,425	7,507,765,803	Positions	FTE
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Priority	DIVISION	Reduction Description	GF	OF	FF	TF	BUDGET-POS	BUDGET FTE	Impact of Reduction on Services and Outcomes	Effective Date
40	CW	Child Safety: Family Support Teams/Addiction Recovery Teams reduce by an additional 15%	\$ (256,293)	\$ (35,445)	\$ (451,891)	\$ (743,629)	-	-	Sixty to seventy percent of all child welfare cases involve parents with addiction issues. The ART program improves outcomes for children of addicted parents by giving parents and caseworkers access Alcohol & Drug trained staff to assist parents in eliminating barriers to treatment, tracking parents whose attendance at treatment falters, and helping parents with return home plans by supporting parents in early recovery with these transitions. Reducing these services will mean more and longer foster care placements, higher re-abuse rates, a decline in parents entering treatment quickly, and an increase in the number of parents who struggle with sustaining their recovery. It will also increase caseworker workload, including A&D referral, transport, tracking and case management, making it more difficult for caseworkers to meet other state and federal mandates. Longer stays in foster care will increase costs to the state and result in poorer outcomes for children.	7/1/2015
41	APD	Reduce Home Care Worker rates by a SECOND 3%	\$ (4,623,213)	\$ -	\$ (10,300,000)	\$ (14,923,213)	-	-	Under the 15-17 funding levels, In-Home services are funded without a scheduled increase during 15-17, without bargaining pot appropriation. This would result in a rate decrease to individuals making \$13.75 per hour and may result in some Home Care Workers ceasing to provide these services.	1/1/2016
42	I-DD	Reduce PSW Wages by additional 3% - Align with APD HCW -6% overall	\$ (2,639,150)	\$ -	\$ (5,482,989)	\$ (8,122,139)	-	-	Effective 1/1/16 This reduction proposes to reduce bargained PSW wages another 3%, overall reduction of 6%.	1/1/2016
43	APD	Eliminate ADRC Mental Health Funding	\$ (7,300,000)	\$ -	\$ (3,433,056)	\$ (10,733,056)	-	-	This reduction would eliminate funding for community placement of individuals who are transitioning from the state hospitals or who have failed traditional APD placements because of violence, inappropriate behaviors or other complications from dementia and/or traumatic brain injury. Individuals would likely be served in nursing facilities or the Oregon State Hospital.	7/1/2015
44	CW	Child Safety: Further reduce Foster Care Prevention by an additional 15%	\$ (95,570)	\$ (10,729)	\$ (349,398)	\$ (455,697)	-	-	Reducing Foster Care Prevention funding reduces funding that is specifically designed to prevent children from entering foster care or allowing them to return home more quickly. This reduction would impact the ability of staff to keep children at home or to get them home more quickly. Reduction of FCP could cause an overutilization of other services or flexible funding sources like System of Care. This is likely to affect Oregon Tribes and members of minority groups who are already overrepresented as there will be fewer financial resources to assist children in remaining safely in their homes.	7/1/2015
45	I-DD	Reduce all non-bargained Provider Rates by another additional 3%-Employment excluded (Overall 9% Reduction)	\$ (6,160,720)	\$ -	\$ (13,723,654)	\$ (19,884,374)	-	-	Effective 10/1/15 Reduce all non-bargained provider rates by a another additional 3%. This would be an across the board reduction of rates for all DD service providers in the comprehensive system, for children and adults, excludes Employment First services.	10/1/2015
46	APD	Eliminate ADRC Options Counselors	\$ (1,800,000)	\$ -	\$ (5,022,752)	\$ (6,822,752)	-	-	This reduction would eliminate funding for care coordination for individuals accessing long term services and supports (LTSS), both inside and outside the Medicaid system. Oregonians' without Medicaid coverage would lose access to unbiased options counseling services.	7/1/2015

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Priority	DIVISION	Reduction Description	GF	OF	FF	TF	BUDGET-POS	BUDGET FTE	Impact of Reduction on Services and Outcomes	Effective Date
47	CW	Well Being: Eliminate remaining Client Transportation Program.	\$ (3,288,157)	\$ (649,702)	\$ (502,419)	\$ (4,440,278)	-	-	Elimination of this budget will significantly impact direct services for children, negatively impact their education, and well-being of child and family reunification. The actual elimination will likely push the department into Non-reasonable efforts findings by the judiciary and impact the ability to request federal funding for Title IV-E expenses in the substitute care area. The department will have a significant burden in meeting state and federal requirements regarding visitation of children and with families and for meeting a child's educational needs.	7/1/2015
48	SS	TANF - Time Limit 36 Months - Additional savings over 48 month limit reduction	\$ (20,569,548)	\$ -	\$ -	\$ (20,569,548)	-	-	This action establishes a 36 month time limit for TANF receipt for the entire family unless a hardship exemption exists. The current Oregon time limit is 60 months and state statute allows for only the adults needs to be removed from TANF once the 60 month limitation has been reached and the family has no hardship exemption. Oregon's policy provides for the children in the home to continue to receive TANF. This action will require each family be reviewed at 36 months of TANF receipt to determine whether a hardship exemption exists. For families where no hardship exists the entire case would close. Some families may see an increase in SNAP benefits as cash benefits end. Ending TANF cash benefits for the entire family may result in family instability and homelessness. Families would have to rely on other community based safety net programs which have already experienced increased demand. An average of 5.784 families will be impacted during the 15-17 biennium in addition to those already accounted for in the 48 month time limit reduction. This action requires an amendment to ORS 412.079.	10/1/2015
49	APD	Reduce community based care rates by a SECOND 3% for ALFs, RCFs, AFHs, Home Delivered Meals, In-Home Agencies, Adult Day Services.	\$ (6,800,000)	\$ -	\$ (14,900,000)	\$ (21,700,000)	-	-	Further reduction of CBC rates effective 10/1/2015, which would represent actual reduction from current funding levels.	10/1/2015
50	CW	Well Being: Eliminate remaining Court Ordered Other Medical Program.	\$ (3,501,316)	\$ (16,456)	\$ (695,477)	\$ (4,213,249)	-	-	These dollars pay for medical expenses for parents that are not otherwise covered by insurance or the Oregon Health Plan. Most often the funds pay for psychological evaluations that help identify which services will be effective to address the issues that are preventing the parents from making progress and having their children return from foster care. This reduction will result in children remaining in foster care for longer periods of time.	7/1/2015
51	I-DD	Reduce Brokerage and CDDP Equity by another additional 2% (89% equity)	\$ (1,467,900)	\$ -	\$ (2,057,631)	\$ (3,525,531)	-	-	Effective 10/1/15 Reduces the operating funding to CDDPs and Brokerages another 2%, overall reduction of 8%.	10/1/2015
52	CW	Child Safety: Eliminate remaining Foster Care Prevention Program.	\$ (541,565)	\$ (60,799)	\$ (1,979,924)	\$ (2,582,288)	-	-	Reducing Foster Care Prevention funding reduces funding that is specifically designed to prevent children from entering foster care or allowing them to return home more quickly. This reduction would impact the ability of staff to keep children at home or to get them home more quickly. Reduction of FCP could cause an overutilization of other services or flexible funding sources like System of Care. This is likely to affect Oregon Tribes and members of minority groups who are already overrepresented as there will be fewer financial resources to assist children in remaining safely in their homes.	7/1/2015
53	APD	Reduce Home Care Worker Rates by a THIRD 3%	\$ (4,623,213)	\$ -	\$ (10,300,000)	\$ (14,923,213)	-	-	Under the 15-17 funding levels, In-Home services are funded without a scheduled increase during 15-17, without bargaining pot appropriation. This would result in a rate decrease to individuals making \$13.75 per hour and may result in some Home Care Workers ceasing to provide these services.	1/1/2016

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Priority	DIVISION	Reduction Description	GF	OF	FF	TF	BUDGET-POS	BUDGET FTE	Impact of Reduction on Services and Outcomes	Effective Date
54	I-DD	Reduce PSW Wages by another additional 3% - Align with APD HCW - 9% overall	\$ (2,639,150)	\$ -	\$ (5,482,989)	\$ (8,122,139)	-	-	Effective 1/1/16 This reduction proposes to reduce bargained PSW wages another 3%, overall reduction of 9%.	1/1/2016
55	APD	Reduce nursing facility rate an additional amount to a total of 3%, which is the 52nd percentile	\$ (7,518,000)	\$ (1,482,000)	\$ (15,700,000)	\$ (24,700,000)	-----	-----	Nursing Facility rate setting methodology is set in statute. This would require a statute change reducing the rate setting percentile from 60th to 52nd percentile; or a 7/1/2015 Basic rate from \$308.31 to \$300.49 per resident day.	7/1/2015
56	CW	Child Safety: Eliminate Family Support Teams / Addiction Recovery Teams (ART) program, impacting services to approximately 13,400 families and 22,800 abused or neglected children.	\$ (1,452,328)	\$ (200,854)	\$ (2,560,718)	\$ (4,213,900)	-	-	Sixty to seventy percent of all child welfare cases involve parents with addiction issues. The ART program improves outcomes for children of addicted parents by giving parents and caseworkers access Alcohol & Drug trained staff to assist parents in eliminating barriers to treatment, tracking parents whose attendance at treatment falters, and helping parents with return home plans by supporting parents in early recovery with these transitions. This reduction would eliminate the entire ART program. Elimination of these services will mean more and longer foster care placements, higher re-abuse rates, a decline in parents entering treatment quickly, and an increase in the number of parents who struggle with sustaining their recovery. It will also increase caseworker workload, including A&D referral, transport, tracking and case management, making it more difficult for caseworkers to meet other state and federal mandates. Longer stays in foster care will increase costs to the state and result in poorer outcomes for children.	7/1/2015
57	I-DD	Reduce Brokerage and CDDP Equity by another additional 5% -total reduction of 11% (84% equity)	\$ (3,669,750)	\$ -	\$ (5,144,078)	\$ (8,813,828)	-	-	Effective 10/1/15 Reduces the operating funding to CDDPs and Brokerages another 5%, overall reduction of 11%. (84% equity)	10/1/2015
58	APD	Reduce community based care rates by a THIRD 3% for ALFs, RCFs, AFHs, Home Delivered Meals, In-Home Agencies, Adult Day Services.	\$ (6,600,000)	\$ -	\$ (14,470,000)	\$ (21,070,000)	-	-	Further reduction of CBC rates effective 10/1/2015, which would represent actual reduction from current funding levels.	10/1/2015
59	CW	Child Safety: Reduce Strengthening, Preserving, & Reunifying Families (SPRF) budget by 15%.	\$ (1,771,931)	\$ -	\$ (2,653,665)	\$ (4,425,596)	-	-	Strengthening, Preserving and Reunifying Families programs provide a broad array of services that are designed to allow children to remain safely with their parents while the issues that are challenging the family are addressed, to keep children and parents connected when children must enter foster care, and to facilitate a quicker return to parental custody. A reduction in these services will impact the Department's ability to implement these programs in additional counties and will result in more children coming into care and staying longer periods of time.	7/1/2015
60	I-DD	Reduce all non-bargained Provider Rates by additional 8%-Employment excluded (17% overall reduction)	\$ (16,428,584)	\$ -	\$ (36,596,409)	\$ (53,024,993)	-	-	Effective 10/1/15 Reduce all non-bargained provider rates by an additional 8%. This would be an across the board reduction of rates for all DD service providers in the comprehensive system, for children and adults, excludes Employment First services. Overall reduction of 17%.	10/1/2015
61	CW	Child Safety: Reduce ISRS budget by 15%, eliminating in-home supports for approximately 390 abused children each year.	\$ (1,107,718)	\$ (28,257)	\$ (2,258,869)	\$ (3,394,844)	-	-	This reduction to contracted ISRS will impact child welfare's ability to: 1) safely keep children at home; 2) return children home in a timely manner; and 3) provide the family supports and services to ensure children aren't re-abused and don't re-enter the foster care system. This reduction is estimated to impact approximately 390 children each year who will now need to enter foster care rather than safely stay at home, or return home, to their parents. This reduction will impact the department's ability to meet Indian Child Welfare Act and other court-ordered requirements. In addition to increased costs in foster care, there will be an increase in costs to courts, defense attorneys, Citizen Review Boards, and others involved in the dependency system. Finally, contractors who provide these services will be impacted and may lay off staff.	7/1/2015

Department of Human Services CSL Reduction List

DEPARTMENT OF HUMAN SERVICES							
		2,680,046,541	521,233,837	4,306,485,425	7,507,765,803	Positions	FTE
	Current Service Level Budget	2,680,046,541	521,233,837	4,306,485,425	7,507,765,803	7,730	7,636.40
	10% GF Target	268,004,654	52,123,384	430,648,543	750,776,580		

Priority	DIVISION	Reduction Description	GF	OF	FF	TF	BUDGET-POS	BUDGET FTE	Impact of Reduction on Services and Outcomes	Effective Date
62	APD	Reduce nursing facility rate an additional amount to a total of 6%, which is the 44th percentile	\$ (9,358,000)	\$ (1,842,000)	\$ (19,500,000)	\$ (30,700,000)			Nursing Facility rate setting methodology is set in statute. This would require a statute change reducing the rate setting percentile from 52nd to 44th percentile; or a 7/1/2015 Basic rate from \$300.49 to \$291.20 per resident day.	7/1/2015
63	CW	Child Safety: Eliminate System of Care (SOC). This eliminates the program fully and moves the SSBG federal revenues freed up due to the elimination of SOC to Personal Services in the Field to achieve GF savings.	\$ (2,605,483)	\$ (229,957)	\$ (6,031,034)	\$ (8,866,474)	-	-	Total elimination of the SOC budget would mean that Oregon's child welfare system has no resources available to individually tailor services to meet the needs of children in foster care. Failure to provide these services will result in: more children coming into foster care, more children staying longer in care, more instability for children in care, failure to meet state and federal program mandates, loss of federal IV-E resources, federal penalties, and possibly other litigation against the state. Longer stays in foster care will increase costs to the state and result in poorer outcomes for children.	7/1/2015
64	APD	Reduce community based care rates by a FOURTH 3% for ALFs, RCFs, AFHs, Home Delivered Meals, In-Home Agencies, Adult Day Services.	\$ (6,400,000)	\$ -	\$ (14,000,000)	\$ (20,400,000)	-	-	Further reduction of CBC rates effective 10/1/2015, which would represent actual reduction from current funding levels.	10/1/2015
65	VR	Reduce Client Service by 5%	\$ (1,066,643)	\$ (119,524)	\$ (4,382,692)	\$ (5,568,859)	-	-	The proposed reduction would result in an additional 5% decrease in case services forcing the creation of a waitlist. Nearly 2,086 additional individuals would not get services including youth served under third-party agreements with local school districts. This would jeopardize the match dollars that these agreements provide thus further reducing the program budget. Small specialized vendors who rely on the program for revenue would experience a sharp drop in income. Additionally this will impact the ability of the program to meet the required Maintenance of Effort resulting in a reduction in federal funds available, and resulting in the program reinstating the Order of Selection. OVRs with out an investment above the Current Service level is at risk of reinstating the Order of Selection, and is at risk for failure to meet the level of services set forth in Executive Order 13-04 regarding employment for persons with Intellectual and Developmental Disabilities.	7/1/2015
66	Agency Wide	Forego Other Funds used for local match and/or Reduce DHS programs		\$ (45,634,420)		\$ (45,634,420)	-	-	DHS is statutorily required to provide reduction options totaling 10% of CSL for each fund type. This reduction would be accomplished through a series of action including eliminating local match of federal funds and reductions to programs across DHS that are funded by Other Funds. This is not specific as it will depend on which Other Fund funding sources would be reduced as to the exact reduction. Loss of local match would reduce local provider programs who have expenditures that are legally matched with federal funds. This assumes there is no General Fund backfill available.	
67	Agency Wide	Forego Federal Funds and Reduce DHS programs			\$ (100,848,174)	\$ (100,848,174)	-	-	DHS is statutorily required to provide reduction options totaling 10% of CSL for each fund type. This reduction would be accomplished through a series of program reductions depending on which federal funding sources are being reduced. This is a real possibility based on the current federal sequestration rules. However, this action is not specific as it will depend on which Federal funding sources would be reduced as to the program needing reduction. This reduction assumes there is no general fund backfill for these reductions.	
		10 % Sub- Total	\$ (268,522,232)	\$ (52,123,384)	\$ (430,648,542)	\$ (751,294,158)	-	-		
		10% Reduction Target	\$ (268,004,654)	\$ (52,123,384)	\$ (430,648,543)	\$ (750,776,580)	-	-		
		Difference	\$ (517,578)	\$ (0)	\$ 0	\$ (517,578)	-	-		

DHS - Agency 10000 - List of 2013-15 Reclassifications

Position Number	Former PICS Repr	Former PICS Classification	Former PICS Rate	New PICS Repr	New PICS Classification	New PICS Rate	Amount of PICS Rate Change	Abolish/ Establish	Where Change Happened
0008083	MNSN	Z7539	\$ 11,518	OA	U7538	\$ 11,518	\$ -		Feb 2014 Session
0008230	MMS	X7000	\$ 3,590	MMS	X7002	\$ 3,590	\$ -		Feb 2014 Session
0008280	MMS	X7000	\$ 3,970	MMS	X7002	\$ 3,970	\$ -		Feb 2014 Session
0781202	OA	C0103	\$ 2,451	OA	C0104	\$ 2,451	\$ -		Feb 2014 Session
0781210	OA	C0103	\$ 2,775	OA	C0104	\$ 2,775	\$ -		Feb 2014 Session
0793214	OA	C0103	\$ 2,280	OA	C0104	\$ 2,280	\$ -		Feb 2014 Session
0793232	OA	C0103	\$ 2,775	OA	C0104	\$ 2,775	\$ -		Feb 2014 Session
1000090	OA	C0103	\$ 2,352	OA	C0104	\$ 2,352	\$ -		Feb 2014 Session
1000474	OA	C6660	\$ 4,413	n/a	n/a	\$ -	\$ (4,413)	Abolish	Feb 2014 Session
1000475	OA	C6660	\$ 4,413	n/a	n/a	\$ -	\$ (4,413)	Abolish	Feb 2014 Session
1000476	OA	C6660	\$ 3,652	n/a	n/a	\$ -	\$ (3,652)	Abolish	Feb 2014 Session
1000477	OA	C6660	\$ 4,019	n/a	n/a	\$ -	\$ (4,019)	Abolish	Feb 2014 Session
1000478	OA	C6660	\$ 4,413	n/a	n/a	\$ -	\$ (4,413)	Abolish	Feb 2014 Session
1000574	OA	C6660	\$ 4,210	n/a	n/a	\$ -	\$ (4,210)	Abolish	Feb 2014 Session
1002032	OA	C6660	\$ 3,652	n/a	n/a	\$ -	\$ (3,652)	Abolish	Feb 2014 Session
1002298	OA	C6660	\$ 4,413	n/a	n/a	\$ -	\$ (4,413)	Abolish	Feb 2014 Session
1002299	OA	C6660	\$ 4,210	n/a	n/a	\$ -	\$ (4,210)	Abolish	Feb 2014 Session
1003397	OA	C1486	\$ 4,990	OA	C1487	\$ 4,990	\$ -		Feb 2014 Session
1004115	MMS	X7008	\$ 6,760	MMS	X7010	\$ 6,760	\$ -		Feb 2014 Session
1011264	OA	C0872	\$ 4,628	MMN	X0872	\$ 4,881	\$ 253		Feb 2014 Session
1011265	OA	C0873	\$ 5,098	MMN	X0873	\$ 5,384	\$ 286		Feb 2014 Session
1012594	n/a	n/a	\$ -	OA	C5247	\$ 3,536	\$ 3,536	Establish	Feb 2014 Session
1012595	n/a	n/a	\$ -	OA	C5247	\$ 3,536	\$ 3,536	Establish	Feb 2014 Session
1012596	n/a	n/a	\$ -	OA	C5247	\$ 3,536	\$ 3,536	Establish	Feb 2014 Session
1012597	n/a	n/a	\$ -	OA	C5247	\$ 3,536	\$ 3,536	Establish	Feb 2014 Session
1012598	n/a	n/a	\$ -	OA	C5247	\$ 3,707	\$ 3,707	Establish	Feb 2014 Session
1012599	n/a	n/a	\$ -	OA	C5247	\$ 3,707	\$ 3,707	Establish	Feb 2014 Session
1012600	n/a	n/a	\$ -	OA	C5247	\$ 4,079	\$ 4,079	Establish	Feb 2014 Session

DHS - Agency 10000 - List of 2013-15 Reclassifications

Position Number	Former PICS Repr	Former PICS Classification	Former PICS Rate	New PICS Repr	New PICS Classification	New PICS Rate	Amount of PICS Rate Change	Abolish/ Establish	Where Change Happened
1012601	n/a	n/a	\$ -	OA	C5247	\$ 4,273	\$ 4,273	Establish	Feb 2014 Session
1012602	n/a	n/a	\$ -	OA	C5247	\$ 4,273	\$ 4,273	Establish	Feb 2014 Session
1012603	n/a	n/a	\$ -	OA	C5247	\$ 4,273	\$ 4,273	Establish	Feb 2014 Session
1012604	n/a	n/a	\$ -	OA	C5247	\$ 4,273	\$ 4,273	Establish	Feb 2014 Session
1012605	n/a	n/a	\$ -	OA	C5247	\$ 4,273	\$ 4,273	Establish	Feb 2014 Session
1012606	n/a	n/a	\$ -	OA	C5247	\$ 4,273	\$ 4,273	Establish	Feb 2014 Session
1012607	n/a	n/a	\$ -	OA	C5247	\$ 4,273	\$ 4,273	Establish	Feb 2014 Session
1012608	n/a	n/a	\$ -	OA	C5247	\$ 4,273	\$ 4,273	Establish	Feb 2014 Session
1012609	n/a	n/a	\$ -	OA	C5247	\$ 4,273	\$ 4,273	Establish	Feb 2014 Session
1012610	n/a	n/a	\$ -	OA	C5247	\$ 4,479	\$ 4,479	Establish	Feb 2014 Session
1012611	n/a	n/a	\$ -	OA	C5247	\$ 4,479	\$ 4,479	Establish	Feb 2014 Session
1012612	n/a	n/a	\$ -	OA	C0104	\$ 2,314	\$ 2,314	Establish	Feb 2014 Session
1012613	n/a	n/a	\$ -	OA	C0104	\$ 2,314	\$ 2,314	Establish	Feb 2014 Session
1012614	n/a	n/a	\$ -	OA	C6657	\$ 2,314	\$ 2,314	Establish	Feb 2014 Session
1012615	n/a	n/a	\$ -	OA	C6657	\$ 2,314	\$ 2,314	Establish	Feb 2014 Session
1012616	n/a	n/a	\$ -	OA	C6657	\$ 2,314	\$ 2,314	Establish	Feb 2014 Session
1012617	n/a	n/a	\$ -	OA	C6657	\$ 2,314	\$ 2,314	Establish	Feb 2014 Session
1012618	n/a	n/a	\$ -	OA	C6657	\$ 2,702	\$ 2,702	Establish	Feb 2014 Session
1012619	n/a	n/a	\$ -	OA	C6657	\$ 2,584	\$ 2,584	Establish	Feb 2014 Session
1012620	n/a	n/a	\$ -	OA	C6657	\$ 2,314	\$ 2,314	Establish	Feb 2014 Session
1012621	n/a	n/a	\$ -	OA	C6657	\$ 2,314	\$ 2,314	Establish	Feb 2014 Session
1012622	n/a	n/a	\$ -	OA	C6657	\$ 2,314	\$ 2,314	Establish	Feb 2014 Session
1012623	n/a	n/a	\$ -	OA	C6657	\$ 2,387	\$ 2,387	Establish	Feb 2014 Session
1012624	n/a	n/a	\$ -	OA	C6657	\$ 2,314	\$ 2,314	Establish	Feb 2014 Session
1012625	n/a	n/a	\$ -	OA	C6657	\$ 2,314	\$ 2,314	Establish	Feb 2014 Session
1195059	OA	C0103	\$ 2,191	OA	C0104	\$ 2,191	\$ -		Feb 2014 Session
2000009	OA	C0102	\$ 2,451	OA	C0104	\$ 2,451	\$ -		Feb 2014 Session
2000010	OA	C0102	\$ 2,191	OA	C0104	\$ 2,314	\$ 123		Feb 2014 Session

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Position Number	Former PICS Repr	Former PICS Classification	Former PICS Rate	New PICS Repr	New PICS Classification	New PICS Rate	Amount of PICS Rate Change	Abolish/ Establish	Where Change Happened
4200118	OA	C0102	\$ 2,451	OA	C0104	\$ 2,451	\$ -		Feb 2014 Session
4600114	OA	C0103	\$ 2,775	OA	C0104	\$ 2,775	\$ -		Feb 2014 Session
4600145	OA	C0103	\$ 2,352	OA	C0104	\$ 2,352	\$ -		Feb 2014 Session
4600150	OA	C0103	\$ 2,662	OA	C0104	\$ 2,662	\$ -		Feb 2014 Session
4800024	OA	C0103	\$ 2,191	n/a	n/a	\$ -	\$ (2,191)	Abolish	Feb 2014 Session
6280001	OA	C0103	\$ 2,191	n/a	n/a	\$ -	\$ (2,191)	Abolish	Feb 2014 Session
6300077	OA	C0103	\$ 2,451	OA	C0104	\$ 2,451	\$ -		Feb 2014 Session
6600070	OA	C0102	\$ 2,451	OA	C0104	\$ 2,451	\$ -		Feb 2014 Session
9334102	OA	C0103	\$ 2,113	OA	C0103	\$ 2,113	\$ -		Feb 2014 Session
9400198	OA	C0103	\$ 2,113	n/a	n/a	\$ -	\$ (2,113)	Abolish	Feb 2014 Session
9400324	OA	C0103	\$ 2,280	n/a	n/a	\$ -	\$ (2,280)	Abolish	Feb 2014 Session
9400412	OA	C0322	\$ 2,191	n/a	n/a	\$ -	\$ (2,191)	Abolish	Feb 2014 Session
9400512	OA	C0103	\$ 2,451	OA	C0104	\$ 2,451	\$ -		Feb 2014 Session
9400514	OA	C0103	\$ 2,775	n/a	n/a	\$ -	\$ (2,775)	Abolish	Feb 2014 Session
9400552	OA	C0103	\$ 2,191	OA	C0104	\$ 2,314	\$ 123		Feb 2014 Session
9400558	OA	C0322	\$ 2,191	n/a	n/a	\$ -	\$ (2,191)	Abolish	Feb 2014 Session
9402491	OA	C0103	\$ 2,113	OA	C0104	\$ 2,314	\$ 201		Feb 2014 Session
9403387	OA	C0103	\$ 2,662	n/a	n/a	\$ -	\$ (2,662)	Abolish	Feb 2014 Session
9404324	OA	C0103	\$ 2,191	n/a	n/a	\$ -	\$ (2,191)	Abolish	Feb 2014 Session
9405006	OA	C6660	\$ 3,332	n/a	n/a	\$ -	\$ (3,332)	Abolish	Feb 2014 Session
9405007	OA	C6660	\$ 4,413	n/a	n/a	\$ -	\$ (4,413)	Abolish	Feb 2014 Session
9405638	OA	C0322	\$ 2,191	n/a	n/a	\$ -	\$ (2,191)	Abolish	Feb 2014 Session
9405708	OA	C0103	\$ 2,280	OA	C0104	\$ 2,314	\$ 34		Feb 2014 Session
9406990	OA	C6660	\$ 4,413	n/a	n/a	\$ -	\$ (4,413)	Abolish	Feb 2014 Session
9407996	OA	C6660	\$ 4,413	n/a	n/a	\$ -	\$ (4,413)	Abolish	Feb 2014 Session
9407997	OA	C6660	\$ 3,484	n/a	n/a	\$ -	\$ (3,484)	Abolish	Feb 2014 Session
9407998	OA	C6660	\$ 4,413	n/a	n/a	\$ -	\$ (4,413)	Abolish	Feb 2014 Session
9407999	OA	C6660	\$ 3,484	n/a	n/a	\$ -	\$ (3,484)	Abolish	Feb 2014 Session

DHS - Agency 10000 - List of 2013-15 Reclassifications

Position Number	Former PICS Repr	Former PICS Classification	Former PICS Rate	New PICS Repr	New PICS Classification	New PICS Rate	Amount of PICS Rate Change	Abolish/ Establish	Where Change Happened
9408093	OA	C0103	\$ 2,191	n/a	n/a	\$ -	\$ (2,191)	Abolish	Feb 2014 Session
9408648	OA	C0103	\$ 2,775	OA	C0104	\$ 2,775	\$ -		Feb 2014 Session
9408999	OA	C0103	\$ 2,191	OA	C0104	\$ 2,314	\$ 123		Feb 2014 Session
9409696	OA	C0103	\$ 2,775	OA	C0104	\$ 2,775	\$ -		Feb 2014 Session
9409740	OA	C0322	\$ 2,775	OA	C0323	\$ 2,775	\$ -		Feb 2014 Session
9409741	OA	C0322	\$ 2,775	OA	C0323	\$ 2,775	\$ -		Feb 2014 Session
9410078	OA	C0103	\$ 2,451	OA	C0104	\$ 2,451	\$ -		Feb 2014 Session
9410083	OA	C0103	\$ 2,191	OA	C0104	\$ 2,314	\$ 123		Feb 2014 Session
9410084	OA	C0103	\$ 2,775	OA	C0104	\$ 2,775	\$ -		Feb 2014 Session
9410089	OA	C0103	\$ 2,451	n/a	n/a	\$ -	\$ (2,451)	Abolish	Feb 2014 Session
9410274	OA	C0103	\$ 2,191	n/a	n/a	\$ -	\$ (2,191)	Abolish	Feb 2014 Session
9410306	OA	C0103	\$ 2,113	n/a	n/a	\$ -	\$ (2,113)	Abolish	Feb 2014 Session
9410836	OA	C6660	\$ 3,484	n/a	n/a	\$ -	\$ (3,484)	Abolish	Feb 2014 Session
9410837	OA	C6660	\$ 4,210	n/a	n/a	\$ -	\$ (4,210)	Abolish	Feb 2014 Session
9444102	OA	C0103	\$ 2,775	OA	C0104	\$ 2,775	\$ -		Feb 2014 Session
99			\$ 214,756			\$ 217,238	\$ 2,482		

Department of Human Services report on New Hires
during the 2013-15 Biennium

Data as of 2/2/15

Legend of Salary Justification Codes:

1= Salary history demonstrated by applicant

2= Recruitment difficulties (E.g. specialized skills, competing job market)

3= Truncated salary range

4= Blanket Exception for Classification for specific Sections (see attached list)

Employee Position ID	Employee Step Code	Salary Justification	Employee Representation Code	Empl SvcClass	Employee Classification Title Text	Employee Unit/Branch Title Text	Employee Section/District Title Text	Employee Program Title Text	Employee Effective Date
1011675	07	1	OA	C0856	PROJECT MANAGER 3	01A - Employment First	DHS Office of Director & Policy	Director & Policy	1/12/2015
1004181	04	1	OA	C0104	OFFICE SPECIALIST 2	834 - Children's In-Home Supports	Developmental Disabilities Services	Central Office	4/28/2014
4400523	04	4	OA	C6612	SOCIAL SERVICE SPECIALIST 1	261 - Midtown Portland (CW)	District 02	Child Welfare	6/23/2014
9315508	05	4	OA	C6612	SOCIAL SERVICE SPECIALIST 1	398 - Jackson (Medford) (CW)	District 08	Child Welfare	2/18/2014
1002869	03	4	OA	C6612	SOCIAL SERVICE SPECIALIST 1	398 - Jackson (Medford) (CW)	District 08	Child Welfare	6/9/2014
1003042	07	2	OA	C0871	OPERATIONS & POLICY ANALYST 2	810 - Central Delivery Supports	APD Central Delivery Supports	Central Office	12/15/2014
0001259	03	duplicate	OA	C0862	PROGRAM ANALYST 3	150 - State Independent Living Council (SILC)	Vocational Rehabilitation Services	Vocational Rehabilitation	10/28/2013
0001259	03	1	OA	C0862	PROGRAM ANALYST 3	150 - OVRS Central Office	Vocational Rehabilitation Services	Vocational Rehabilitation	10/28/2013
4119019	03	4	OA	C6630	HUMAN SERVICES CASE MANAGER	942 - Coos Bay/North Bend/Coos Co	APD Field Services - District 07	State Run	5/1/2014
4111101	04	1	OA	C0872	OPERATIONS & POLICY ANALYST 3	01A - Employment First	DHS Office of Director & Policy	Director & Policy	12/18/2013
2600000	08	2	MMS	X7006	PRINCIPAL EXECUTIVE/MANAGER D	029 - OFS Disbursements	Financial Services	Financial Services	4/7/2014
1008550	06	1	OA	C0104	OFFICE SPECIALIST 2	536 - Clackamas (Oregon City) (CW)	District 15	Child Welfare	4/1/2014
0008207	00	1	OA	U7538	MEDICAL CONSULTANT	882 - DDS Medical Consultants	APD Central Delivery Supports	Developmentally Disabled Services	7/24/2014
1011329	03	4	OA	C6612	SOCIAL SERVICE SPECIALIST 1	334 - Benton (Corvallis) (CW)	District 04	Child Welfare	3/4/2014
0799002	06	4	OA	C6612	SOCIAL SERVICE SPECIALIST 1	357 - Lane (Eugene) (CW)	District 05	Child Welfare	10/13/2014
0789265	04	4	OA	C6612	SOCIAL SERVICE SPECIALIST 1	263 - Child Abuse Hotline (CW)	District 02	Child Welfare	11/13/2013
1010354	08	1	OA	U7538	MEDICAL CONSULTANT	882 - DDS Medical Consultants	APD Central Delivery Supports	Developmentally Disabled Services	10/1/2014
0001259	09	duplicate	OA	C1118	RESEARCH ANALYST 4	150 - State Independent Living Council (SILC)	Vocational Rehabilitation Services	Vocational Rehabilitation	10/7/2013
0001259	09	2	OA	C1118	RESEARCH ANALYST 4	150 - OVRS Central Office	Vocational Rehabilitation Services	Vocational Rehabilitation	10/7/2013
9409002	03	1	OA	C6657	HUMAN SERVICES SPECIALIST 1	314 - Keizer (SS)	District 03	Self Sufficiency	1/5/2015
0002018	04	1	OA	C1486	INFO SYSTEMS SPECIALIST 6	876 - DDS Data Systems	APD Central Delivery Supports	Developmentally Disabled Services	5/1/2014
0008406	04	1	OA	C5927	DISABILITY ANALYST 2	885 - DDS Branch 3	APD Central Delivery Supports	Developmentally Disabled Services	4/14/2014
7000005	05	1	MESN	Z7012	PRINCIPAL EXECUTIVE/MANAGER G	807 - APD Administration	APD Administration	Central Office	4/8/2014
1012412	06	4	OA	C6630	HUMAN SERVICES CASE MANAGER	937 - Beaverton/Washington Co	APD Field Services - District 16	Contract AAA	4/1/2014
4111928	05	4	OA	C6616	ADULT PROTECTIVE SERVICE SPEC	941 - St.Helens/Columbia Co	APD Field Services - District 01	State Run	10/21/2013
9334508	03	4	OA	C6612	SOCIAL SERVICE SPECIALIST 1	546 - Hillsboro (CW)	District 16	Child Welfare	7/7/2014
1000771	04	4	OA	C6659	HUMAN SERVICES SPECIALIST 3	312 - North Salem (SS)	District 03	Self Sufficiency	1/5/2015
1001712	05	4	OA	C6659	HUMAN SERVICES SPECIALIST 3	957 - Pendleton/Umatilla Co	APD Field Services - District 12	State Run	5/5/2014
1011492	08	4	MMS	X7004	PRINCIPAL EXECUTIVE/MANAGER C	315 - Marion (Salem) (CW)	District 03	Child Welfare	4/2/2014
4112202	04	1	OA	C0870	OPERATIONS & POLICY ANALYST 1	00E - OLCA - Hearings and Rules Coordination Unit	DHS Office of Legislative & Client Affairs	Legislative & Client Affairs	2/10/2014
0008037	03	1	OA	C5926	DISABILITY ANALYST 1	887 - DDS Branch 5	APD Central Delivery Supports	Developmentally Disabled Services	4/1/2014
0008146	06	1	OA	C5926	DISABILITY ANALYST 1	888 - DDS Branch 6	APD Central Delivery Supports	Developmentally Disabled Services	8/18/2014
1002095	06	4	OA	C6659	HUMAN SERVICES SPECIALIST 3	485 - Baker City (SS)	District 13	Self Sufficiency	8/1/2013
0793242	06	1	OA	C0104	OFFICE SPECIALIST 2	261 - Midtown Portland (CW)	District 02	Child Welfare	12/29/2014
0008234	04	1	OA	C5927	DISABILITY ANALYST 2	883 - DDS Branch 1	APD Central Delivery Supports	Developmentally Disabled Services	9/23/2013

Employee Position ID	Employee Step Code	Salary Justification	Employee Representation Code	Empl SvcClass	Employee Classification Title Text	Employee Unit/Branch Title Text	Employee Section/District Title Text	Employee Program Title Text	Employee Effective Date
6270000	07	1	MMS	X7006	PRINCIPAL EXECUTIVE/MANAGER D	834 - Children's In-Home Supports	Developmental Disabilities Services	Central Office	7/22/2013
0008332	08	1	OA	U7538	MEDICAL CONSULTANT	882 - DDS Medical Consultants	APD Central Delivery Supports	Developmentally Disabled Services	7/28/2014
1008625	06	1	OA	C5926	DISABILITY ANALYST 1	884 - DDS Branch 2	APD Central Delivery Supports	Developmentally Disabled Services	4/1/2014
0008005	04	1	OA	C5926	DISABILITY ANALYST 1	885 - DDS Branch 3	APD Central Delivery Supports	Developmentally Disabled Services	8/18/2014
0003310	06	1	OA	C6606	HUMAN SERVICES ASSISTANT 2	175 - Bend (VR)	Bend (VR)	Vocational Rehabilitation	11/1/2014
1007943	04	4	OA	C6630	HUMAN SERVICES CASE MANAGER	918 - CDDP for Umatilla	Developmental Disabilities Services	Certified Developmental Disabilities Providers	11/12/2013
0789274	04	4	OA	C6612	SOCIAL SERVICE SPECIALIST 1	266 - Gresham (CW)	District 02	Child Welfare	6/5/2014
0008403	06	1	OA	C5926	DISABILITY ANALYST 1	884 - DDS Branch 2	APD Central Delivery Supports	Developmentally Disabled Services	8/18/2014
0787046	04	4	OA	C6612	SOCIAL SERVICE SPECIALIST 1	263 - Child Abuse Hotline (CW)	District 02	Child Welfare	2/24/2014
1000081	06	3	OA	C0860	PROGRAM ANALYST 1	360 - District 6 - Administration	District 06	District Administration	4/9/2014
0701016	03	4	OA	C6612	SOCIAL SERVICE SPECIALIST 1	405 - Josephine (Grants Pass) (CW)	District 08	Child Welfare	12/5/2013
4115016	04	1	OA	C0107	ADMINISTRATIVE SPECIALIST 1	01C - API - Investigations and Training	DHS Office of Abuse Prevention and Investigations	Abuse Prevention & Investigation	8/26/2014
1000126	03	1	OA	C0107	ADMINISTRATIVE SPECIALIST 1	04J - OPAR Third Party Liability Unit	Payment Accuracy and Recovery (OPAR)	Payment Accuracy & Recovery	12/29/2014
4100460	04	4	OA	C6612	SOCIAL SERVICE SPECIALIST 1	357 - Lane (Eugene) (CW)	District 05	Child Welfare	8/18/2014
0005618	03	1	OA	C6606	HUMAN SERVICES ASSISTANT 2	181 - Ontario (VR)	Eastern Oregon (VR)	Vocational Rehabilitation	10/22/2013
6270060	09	1	MESN	Z7012	PRINCIPAL EXECUTIVE/MANAGER G	800 - APD_DD Operations Administration	APD_DD Operations		6/9/2014
1012641	05	1	OA	C5248	COMPLIANCE SPECIALIST 3	00P - PI - Quality Control	DHS Office of Program Integrity	Program Integrity	9/22/2014
6270060	05	1	MMN	X7010	PRINCIPAL EXECUTIVE/MANAGER F	800 - APD_DD Operations Administration	APD_DD Operations		1/5/2015
9407121	05	1	OA	C6657	HUMAN SERVICES SPECIALIST 1	355 - West Eugene (SS)	District 05	Self Sufficiency	7/15/2013
4116018	03	4	OA	C6616	ADULT PROTECTIVE SERVICE SPEC	938 - Hillsboro/Washington Co	APD Field Services - District 16	Contract AAA	6/30/2014
7100542	03	4	OA	C6612	SOCIAL SERVICE SPECIALIST 1	315 - Marion (Salem) (CW)	District 03	Child Welfare	8/4/2014
4119488	06	4	OA	C6630	HUMAN SERVICES CASE MANAGER	957 - Pendleton/Umatilla Co	APD Field Services - District 12	State Run	7/1/2013
4119952	03	1	OA	C0104	OFFICE SPECIALIST 2	829 - Developmental Disabilities Services Admin	Developmental Disabilities Services	Central Office	2/4/2014
1000931	03	1	OA	C6657	HUMAN SERVICES SPECIALIST 1	351 - Springfield (SS)	District 05	Self Sufficiency	10/6/2014
4000365	03	4	OA	C6630	HUMAN SERVICES CASE MANAGER	394 - Medford (SS)	District 08	Self Sufficiency	11/5/2013
1002292	06	2	MMS	X7006	PRINCIPAL EXECUTIVE/MANAGER D	838 - SACU Group Homes - Administration	Developmental Disabilities Services	Stabilization and Crisis Unit	4/28/2014
4000365	05	4	OA	C6630	HUMAN SERVICES CASE MANAGER	403 - Grants Pass (SS)	District 08	Self Sufficiency	10/21/2013
4119749	09	4	OA	C6630	HUMAN SERVICES CASE MANAGER	948 - Bend/Deschutes Co	APD Field Services - District 10	State Run	10/14/2013
9407650	05	1	OA	C6657	HUMAN SERVICES SPECIALIST 1	355 - West Eugene (SS)	District 05	Self Sufficiency	7/14/2014
4119677	09	1	OA	C6685	CLIENT CARE SURVEYOR	01N - OLRO - Nursing Facility - Surveyor Unit Tualatin	DHS Office of Licensing and Regulatory Oversight	Licensing & Regulatory Oversight	8/4/2014
9400428	05	1	OA	C6657	HUMAN SERVICES SPECIALIST 1	418 - Hood River (SS)	District 09	Self Sufficiency	9/17/2014
0007052	07	1	OA	C5927	DISABILITY ANALYST 2	886 - DDS Branch 4	APD Central Delivery Supports	Developmentally Disabled Services	9/25/2014
0008022	09	1	OA	U7538	MEDICAL CONSULTANT	882 - DDS Medical Consultants	APD Central Delivery Supports	Developmentally Disabled Services	9/22/2014
1003031	03	1	OA	C0324	PUBLIC SERVICE REP 4	809 - MMA Buy-in and Kids Eligibility Unit	APD Local Office Delivery & Admin	Central Office	12/1/2014
9410173	07	1	MMS	X7002	PRINCIPAL EXECUTIVE/MANAGER B	442 - Madras (SS)	District 10	Self Sufficiency	4/7/2014
9410638	04	1	OA	C0211	ACCOUNTING TECHNICIAN 2	02K - OFS E-Commerce	Financial Services	Financial Services	1/21/2014
6500015	09	1	OA	C4015	FACILITY OPERATIONS SPEC 2	038 - Facilities Field Team	Facilities	Facilities	12/8/2014
9233508	05	4	OA	C6612	SOCIAL SERVICE SPECIALIST 1	424 - Wasco/Sherman (The Dalles) (CW)	District 09	Child Welfare	11/4/2014
9406651	05	1	OA	C1339	TRAINING & DEVELOPMENT SPEC 2	118 - Child Welfare Training Unit	Office of Child Welfare	Child Welfare	8/5/2013
1008098	04	1	OA	C6657	HUMAN SERVICES SPECIALIST 1	313 - South Salem (SS)	District 03	Self Sufficiency	9/15/2014
1011187	05	1	OA	C0871	OPERATIONS & POLICY ANALYST 2	128 - Program Systems Support	Office of Child Welfare	Child Welfare	11/17/2014

Employee Position ID	Employee Step Code	Salary Justification	Employee Representation Code	Empl SvcClass	Employee Classification Title Text	Employee Unit/Branch Title Text	Employee Section/District Title Text	Employee Program Title Text	Employee Effective Date
1008110	03	1	OA	C6657	HUMAN SERVICES SPECIALIST 1	355 - West Eugene (SS)	District 05	Self Sufficiency	2/4/2014
4119771	04	4	OA	C6630	HUMAN SERVICES CASE MANAGER	938 - Hillsboro/Washington Co	APD Field Services - District 16	Contract AAA	11/1/2014
1297001	09	2	OA	C0872	OPERATIONS & POLICY ANALYST 3	115 - Foster Care	Office of Child Welfare	Child Welfare	9/15/2014
4116001	06	1	MMN	X0855	PROJECT MANAGER 2	800 - APD_DD Operations Administration	APD_DD Operations		7/21/2014
1004611	06	1	OA	C6606	HUMAN SERVICES ASSISTANT 2	938 - Hillsboro/Washington Co	APD Field Services - District 16	Contract AAA	11/18/2013
1012405	03	1	MMS	X7008	PRINCIPAL EXECUTIVE/MANAGER E	01T - ITBS - APD/DD Info Systems	DHS Office of IT Business Supports	IT Business Supports	8/18/2014
9404271	03	4	OA	C6630	HUMAN SERVICES CASE MANAGER	530 - Oregon City (SS)	District 15	Self Sufficiency	2/24/2014
4600071	05	1	OA	C6657	HUMAN SERVICES SPECIALIST 1	355 - West Eugene (SS)	District 05	Self Sufficiency	2/19/2014
5266020	06	1	OA	C6684	PREADMISSIONS SCREENING SPEC				9/9/2013
1008324	04	4	OA	C6616	ADULT PROTECTIVE SERVICE SPEC	938 - Hillsboro/Washington Co	APD Field Services - District 16	Contract AAA	10/7/2013
4500590	03	4	OA	C6612	SOCIAL SERVICE SPECIALIST 1	537 - North Clackamas (CW)	District 15	Child Welfare	3/31/2014
2710002	06	2	OA	C1118	RESEARCH ANALYST 4	00K - OBI - Research and Analysis	DHS Office of Business Intelligence	Business Intelligence	5/12/2014
0701008	09	4	OA	C6612	SOCIAL SERVICE SPECIALIST 1	315 - Marion (Salem) (CW)	District 03	Child Welfare	5/27/2014
4119680	07	1	OA	C6685	CLIENT CARE SURVEYOR	01N - OLRO - Nursing Facility - Surveyor Unit Tualatin	DHS Office of Licensing and Regulatory Oversight	Licensing & Regulatory Oversight	8/4/2014
9113010	06	1	MMS	X0806	OFFICE MANAGER 2	434 - Deschutes (Bend) (CW)	District 10	Child Welfare	1/22/2014
1011663	04	1	OA	C5247	COMPLIANCE SPECIALIST 2	833 - Quality Assurance #2	Developmental Disabilities Services	Central Office	1/12/2015
0789070	05	4	OA	C6612	SOCIAL SERVICE SPECIALIST 1	405 - Josephine (Grants Pass) (CW)	District 08	Child Welfare	11/17/2014
1002588	06	1	OA	C5927	DISABILITY ANALYST 2	815 - Presumptive Medical Disability Determination	APD Collaborative Disability Determination	Central Office	12/8/2014
1002734	04	1	OA	C1524	PARALEGAL	266 - Gresham (CW)	District 02	Child Welfare	2/20/2014
0390077	03	2	OA	C0104	OFFICE SPECIALIST 2	386 - Curry (Gold Beach) (CW)	District 07	Child Welfare	1/21/2014
1008232	09	4	OA	C6659	HUMAN SERVICES SPECIALIST 3	312 - North Salem (SS)	District 03	Self Sufficiency	8/25/2014
7220009	05	1	AMG	C4012	FACILITY MAINTENANCE SPEC	838 - SACU - Administration	Stabilization and Crisis Unit	Stabilization and Crisis Unit	10/20/2014
9322021	03	1	OA	C0107	ADMINISTRATIVE SPECIALIST 1	04L - OPAR Personal Injury Liens Unit	Payment Accuracy and Recovery (OPAR)	Payment Accuracy & Recovery	7/7/2014
9204500	03	4	OA	C6612	SOCIAL SERVICE SPECIALIST 1	229 - Clatsop (Astoria) (CW)	District 01	Child Welfare	2/10/2014
1008316	06	1	OA	C6660	HUMAN SERVICES SPECIALIST 4	314 - Keizer (SS)	District 03	Self Sufficiency	12/18/2013
0008083	05	1	OA	U7538	MEDICAL CONSULTANT	882 - DDS Medical Consultants	APD Central Delivery Supports	Developmentally Disabled Services	7/28/2014
7160223	03	4	NMG	C6208	MENTAL HEALTH REGISTERED NURSE	838 - SACU Group Homes - Administration	Developmental Disabilities Services	Stabilization and Crisis Unit	9/15/2014
0797534	04	4	OA	C6612	SOCIAL SERVICE SPECIALIST 1	398 - Jackson (Medford) (CW)	District 08	Child Welfare	10/13/2014
1008622	09	1	OA	C5927	DISABILITY ANALYST 2	886 - DDS Branch 4	APD Central Delivery Supports	Developmentally Disabled Services	4/14/2014
4111910	04	1	OA	C0104	OFFICE SPECIALIST 2	954 - Lakeview/Lake Co	APD Field Services - District 11	State Run	2/11/2014
0004904	03	1	OA	C6647	VOC REHABILITATION COUNSELOR	173 - Grants Pass (VR)	Medford (VR)	Vocational Rehabilitation	6/1/2014
9410137	04	1	OA	C6657	HUMAN SERVICES SPECIALIST 1	354 - Eugene (SS)	District 05	Self Sufficiency	6/23/2014
1000550	06	4	OA	C6612	SOCIAL SERVICE SPECIALIST 1	315 - Marion (Salem) (CW)	District 03	Child Welfare	5/19/2014
4111139	04	1	OA	C6685	CLIENT CARE SURVEYOR	01N - OLRO - Nursing Facility - Surveyor Unit Tualatin	DHS Office of Licensing and Regulatory Oversight	Licensing & Regulatory Oversight	1/6/2014
4111387	05	4	OA	C6630	HUMAN SERVICES CASE MANAGER	942 - Coos Bay/North Bend/Coos Co	APD Field Services - District 07	State Run	8/25/2014
4100637	04	4	OA	C6612	SOCIAL SERVICE SPECIALIST 1	261 - Midtown Portland (CW)	District 02	Child Welfare	12/15/2014
4116006	03	1	OA	C6684	PREADMISSIONS SCREENING SPEC	937 - Beaverton/Washington Co	APD Field Services - District 16	Contract AAA	1/5/2015
4119404	09	1	OA	C0871	OPERATIONS & POLICY ANALYST 2	01T - ITBS - APD/DD Info Systems	DHS Office of IT Business Supports	IT Business Supports	4/14/2014
5600103	05	1	OA	C0104	OFFICE SPECIALIST 2	536 - Clackamas (Oregon City) (CW)	District 15	Child Welfare	2/3/2014
4119589	07	1	MMN	X7006	PRINCIPAL EXECUTIVE/MANAGER D	01T - ITBS - APD/DD Info Systems	DHS Office of IT Business Supports	IT Business Supports	3/24/2014
1011379	03	4	OA	C6612	SOCIAL SERVICE SPECIALIST 1	398 - Jackson (Medford) (CW)	District 08	Child Welfare	6/1/2014

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0003310	07	1	OA	C6606	HUMAN SERVICES ASSISTANT 2	175 - Bend (VR)	Bend (VR)	Vocational Rehabilitation	10/1/2014
9410634	04	1	MMN	X0872	OPERATIONS & POLICY ANALYST 3	00D - OLCA - Governor's Advocacy Office	DHS Office of Legislative & Client Affairs	Legislative & Client Affairs	3/31/2014
0789260	04	4	OA	C6612	SOCIAL SERVICE SPECIALIST 1	357 - Lane (Eugene) (CW)	District 05	Child Welfare	5/30/2014
4119522	09	1	OA	C6685	CLIENT CARE SURVEYOR	01N - OLRO - Nursing Facility - Surveyor Unit Tualatin	DHS Office of Licensing and Regulatory Oversight	Licensing & Regulatory Oversight	8/4/2014
0390031	05	4	OA	C6612	SOCIAL SERVICE SPECIALIST 1	266 - Gresham (CW)	District 02	Child Welfare	10/28/2013
4115010	04	1	OA	C0104	OFFICE SPECIALIST 2	941 - St.Helens/Columbia Co	APD Field Services - District 01	State Run	2/3/2014
1011189	04	1	OA	C1117	RESEARCH ANALYST 3	00K - OBI - Research and Analysis	DHS Office of Business Intelligence	Business Intelligence	2/18/2014
1002736	03	1	OA	C1524	PARALEGAL	315 - Marion (Salem) (CW)	District 03	Child Welfare	1/9/2014
0701016	05	4	OA	C6612	SOCIAL SERVICE SPECIALIST 1	405 - Josephine (Grants Pass) (CW)	District 08	Child Welfare	12/16/2013
9404271	03	4	OA	C6630	HUMAN SERVICES CASE MANAGER	530 - Oregon City (SS)	District 15	Self Sufficiency	10/28/2014
9409770	03	4	OA	C6630	HUMAN SERVICES CASE MANAGER	259 - East (SS)	District 02	Self Sufficiency	4/9/2014
9409770	03	4	OA	C6630	HUMAN SERVICES CASE MANAGER	259 - Maywood (SS)	District 02	Self Sufficiency	4/9/2014
4500462	05	4	OA	C6612	SOCIAL SERVICE SPECIALIST 1	261 - Midtown Portland (CW)	District 02	Child Welfare	6/16/2014
1011499	05	4	MMS	X7004	PRINCIPAL EXECUTIVE/MANAGER C	525 - Grant (John Day) (CW)	District 14	Child Welfare	10/1/2014
4110005	07	1	OA	C0119	EXECUTIVE SUPPORT SPECIALIST 2	005 - Administrative Support Unit	DHS Office of Director & Policy	Director & Policy	12/16/2014
1012615	03	1	OA	C6657	HUMAN SERVICES SPECIALIST 1	253 - SE Portland (SS)	District 02	Self Sufficiency	1/26/2015
0008212	09	1	OA	U7538	MEDICAL CONSULTANT	882 - DDS Medical Consultants	APD Central Delivery Supports	Developmentally Disabled Services	4/14/2014
4119901	04	4	OA	C6659	HUMAN SERVICES SPECIALIST 3	939 - Tigard/Washington Co	APD Field Services - District 16	Contract AAA	10/28/2013
0789047	06	4	OA	C6612	SOCIAL SERVICE SPECIALIST 1	266 - Gresham (CW)	District 02	Child Welfare	9/22/2014
5100701	06	1	MENN	Z0119	EXECUTIVE SUPPORT SPECIALIST 2	005 - Administrative Support Unit	DHS Office of Director & Policy	Director & Policy	7/1/2014
4119617	05	4	OA	C6630	HUMAN SERVICES CASE MANAGER	946 - The Dalles/Wasco Co	APD Field Services - District 09	State Run	8/19/2013
9334030	04	1	OA	C0107	ADMINISTRATIVE SPECIALIST 1	005 - Administrative Support Unit	DHS Office of Director & Policy	Director & Policy	10/1/2014
9409869	03	1	OA	C0107	ADMINISTRATIVE SPECIALIST 1	04L - OPAR Personal Injury Liens Unit	Payment Accuracy and Recovery (OPAR)	Payment Accuracy & Recovery	1/5/2015
7700000	05	1	AMG	C0861	PROGRAM ANALYST 2	838 - SACU - Administration	Stabilization and Crisis Unit	Stabilization and Crisis Unit	10/13/2014
9409249	05	1	OA	C1218	ACCOUNTANT 4	02G - OFS Mgmt Reporting/CA	Financial Services	Financial Services	9/15/2014
6270004	05	1	OA	C0861	PROGRAM ANALYST 2	831 - Program Policy & Training	Developmental Disabilities Services	Central Office	8/1/2014
0008054	06	1	OA	C5927	DISABILITY ANALYST 2	888 - DDS Branch 6	APD Central Delivery Supports	Developmentally Disabled Services	8/18/2014
1008128	05	1	OA	C6657	HUMAN SERVICES SPECIALIST 1	396 - Rogue Family Center (SS)	District 08	Self Sufficiency	8/1/2013
3100734	05	1, 2	MMN	X7008	PRINCIPAL EXECUTIVE/MANAGER E	016 - OCI - Administration and Support	DHS Office of Continuous Improvement	Continuous Improvement	10/7/2013
9410684	03	1	MENN	Z0119	EXECUTIVE SUPPORT SPECIALIST 2	005 - Administrative Support Unit	DHS Office of Director & Policy	Director & Policy	9/1/2014
9404326	04	1	OA	C6657	HUMAN SERVICES SPECIALIST 1	259 - East (SS)	District 02	Self Sufficiency	8/11/2014
2100219	09	1	OA	C1218	ACCOUNTANT 4	02E - OFS Fed Grant/COP	Financial Services	Financial Services	7/28/2014
0005700	03	1	OA	C6647	VOC REHABILITATION COUNSELOR	157 - North Portland (VR)	District 02	Vocational Rehabilitation	8/12/2013
0492005	05	1	OA	C6658	HUMAN SERVICES SPECIALIST 2	262 - East Portland (CW)	District 02	Child Welfare	4/7/2014
4119611	05	1	OA	C0872	OPERATIONS & POLICY ANALYST 3	817 - Medicaid Long Term Care Policy Unit	Long Term Care Policy Section	Central Office	10/27/2014
1008630	06	1	OA	C5926	DISABILITY ANALYST 1	885 - DDS Branch 3	APD Central Delivery Supports	Developmentally Disabled Services	9/16/2013
9400513	08	2	OA	C0108	ADMINISTRATIVE SPECIALIST 2	038 - Facilities Field Team	Facilities	Facilities	10/21/2013
0785125	03	4	OA	C6612	SOCIAL SERVICE SPECIALIST 1	342 - Lincoln (Newport) (CW)	District 04	Child Welfare	10/7/2013
1008089	03	1	OA	C6657	HUMAN SERVICES SPECIALIST 1	293 - McMinnville (SS)	District 03	Self Sufficiency	7/8/2013
4115072	06	1	OA	C5247	COMPLIANCE SPECIALIST 2	953 - Klamath Falls/Klamath Co	APD Field Services - District 11	State Run	12/1/2014
0779346	05	4	OA	C6612	SOCIAL SERVICE SPECIALIST 1	434 - Deschutes (Bend) (CW)	District 10	Child Welfare	7/29/2014

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0795880	04	4	OA	C6612	SOCIAL SERVICE SPECIALIST 1	262 - East Portland (CW)	District 02	Child Welfare	10/9/2013
9410144	03	1	OA	C0104	OFFICE SPECIALIST 2	005 - Administrative Support Unit	DHS Office of Director & Policy	Director & Policy	4/1/2014
7500540	03	4	OA	C6612	SOCIAL SERVICE SPECIALIST 1	315 - Marion (Salem) (CW)	District 03	Child Welfare	1/21/2014
9408850	05	1	OA	C0119	EXECUTIVE SUPPORT SPECIALIST 2	105 - SS Business Analysts	Office of Self Sufficiency Programs	Self Sufficiency	10/7/2013
4119777	03	4	OA	C6630	HUMAN SERVICES CASE MANAGER	942 - Coos Bay/North Bend/Coos Co	APD Field Services - District 07	State Run	11/1/2013
1011377	08	4	OA	C6612	SOCIAL SERVICE SPECIALIST 1	398 - Jackson (Medford) (CW)	District 08	Child Welfare	3/17/2014
1195033	07	1	OA	C0104	OFFICE SPECIALIST 2	260 - North/Northeast Portland (CW)	District 02	Child Welfare	8/12/2013
0008121	04	1	OA	C5927	DISABILITY ANALYST 2	885 - DDS Branch 3	APD Central Delivery Supports	Developmentally Disabled Services	9/23/2013
1007959	04	4	OA	C6630	HUMAN SERVICES CASE MANAGER	966 - Oregon City/Clackamas Co	APD Field Services - District 15	State Run	8/19/2013
2101003	09	duplicate	OA	C0438	PROCUREMENT & CONTRACT SPEC 3	063 - OC&P Infrastructure & Program Support Team	Contracts & Procurement	Contracts & Procurement	1/15/2015
2101003	09	1	OA	C0438	PROCUREMENT & CONTRACT SPEC 3	063 - OC&P Infrastructure & Program Support Team	Contracts & Procurement	Contracts & Procurement	1/13/2015
1008147	03	1	MMS	X7002	PRINCIPAL EXECUTIVE/MANAGER B	355 - West Eugene (SS)	District 05	Self Sufficiency	11/1/2013
9310305	06	4	OA	C6612	SOCIAL SERVICE SPECIALIST 1	405 - Josephine (Grants Pass) (CW)	District 08	Child Welfare	11/18/2013
9409131	04	1	OA	C0323	PUBLIC SERVICE REP 3	519 - Ontario (SS)	District 14	Self Sufficiency	1/12/2015
1008096	05	1	OA	C6657	HUMAN SERVICES SPECIALIST 1	293 - McMinnville (SS)	District 03	Self Sufficiency	10/1/2014
9204700	04	4	MMS	X7004	PRINCIPAL EXECUTIVE/MANAGER C	229 - Clatsop (Astoria) (CW)	District 01	Child Welfare	6/30/2014
6270005	06	duplicate	OA	C0861	PROGRAM ANALYST 2	830 - Contracts, Hearings & Eligibility	Policy & Innovation	Central Office	1/2/2014
6270005	06	1	OA	C0861	PROGRAM ANALYST 2	830 - Contracts, Hearings & Eligibility	Developmental Disabilities Services	Central Office	1/2/2014
0005202	08	1	OA	C6647	VOC REHABILITATION COUNSELOR	182 - Clackamas (VR)	Clackamas (VR)	Vocational Rehabilitation	9/3/2014
0003509	08	1	MENN	Z7014	PRINCIPAL EXECUTIVE/MANAGER H	829 - Developmental Disabilities Services Admin	Developmental Disabilities Services	Central Office	8/18/2014
5500527	07	4	OA	C6612	SOCIAL SERVICE SPECIALIST 1	536 - Clackamas (Oregon City) (CW)	District 15	Child Welfare	10/20/2014
1003918	04	4	OA	C6612	SOCIAL SERVICE SPECIALIST 1	546 - Hillsboro (CW)	District 16	Child Welfare	8/12/2013
1011395	03	4	OA	C6612	SOCIAL SERVICE SPECIALIST 1	462 - Klamath (K. Falls) (CW)	District 11	Child Welfare	2/24/2014
1004228	06	1	OA	C5927	DISABILITY ANALYST 2	815 - Presumptive Medical Disability Determination	APD Collaborative Disability Determination	Central Office	10/1/2013
1008007	07	4	OA	C6659	HUMAN SERVICES SPECIALIST 3	964 - Canby/Clackamas Co	APD Field Services - District 15	State Run	8/5/2013
0008031	06	1	OA	C5926	DISABILITY ANALYST 1	888 - DDS Branch 6	APD Central Delivery Supports	Developmentally Disabled Services	8/18/2014
0795882	04	4	OA	C6612	SOCIAL SERVICE SPECIALIST 1	261 - Midtown Portland (CW)	District 02	Child Welfare	8/25/2014
0701027	04	4	OA	C6612	SOCIAL SERVICE SPECIALIST 1	261 - Midtown Portland (CW)	District 02	Child Welfare	10/21/2013
0797134	08	4	OA	C6612	SOCIAL SERVICE SPECIALIST 1	315 - Marion (Salem) (CW)	District 03	Child Welfare	7/16/2014
1012305	09	1	OA	C2510	ELECTRONIC PUB DESIGN SPEC 1	03R - Communications Resources	Communications Resources	Communications	7/7/2014
4100252	09	4	OA	C6612	SOCIAL SERVICE SPECIALIST 1	398 - Jackson (Medford) (CW)	District 08	Child Welfare	8/19/2013
1002754	04	1	OA	C0104	OFFICE SPECIALIST 2	315 - Marion (Salem) (CW)	District 03	Child Welfare	1/12/2015
3100737	04	1	OA	C1118	RESEARCH ANALYST 4	00J - OBI - Data Collection and Reporting	DHS Office of Business Intelligence	Business Intelligence	10/13/2014
9406369	09	1	MMS	X7002	PRINCIPAL EXECUTIVE/MANAGER B	313 - South Salem (SS)	District 03	Self Sufficiency	11/10/2014
0797953	06	4	OA	C6612	SOCIAL SERVICE SPECIALIST 1	266 - Gresham (CW)	District 02	Child Welfare	8/20/2014
0007135	03	1	OA	C6647	VOC REHABILITATION COUNSELOR	177 - Eastern Oregon (VR)	Eastern Oregon (VR)	Vocational Rehabilitation	5/15/2014

DHS Classifications with blanket exception approval:

Office of Payment Accuracy and Recovery

C5647 Governmental Auditor 2
C6210 Medical Review Coordinator
C5111 Revenue Agent 2
C6660 Human Services Specialist 2
C0108 Administrative Specialist 2
C5247 Compliance Specialist 2
C5248 Compliance Specialist 3
C5233 Investigator 3
C1116 Research Analyst 2
C1117 Research Analyst 3
C1118 Research Analyst 4

Office of Document Management

C0501 Data Entry Operator

Children, Adults and Families

X7004 PEMC Child Welfare Supervisor
C6612 Social Service Specialist 1
C6609 Social Service Assistant
C6659 Human Services Specialist 3
C6630 Human Services Case Manager

Seniors and People with Disabilities

C6616 Adult Protective Service Specialist
C6630 Human Services Case Manager
C6659 Human Services Specialist 3
C6685 Client Care Surveyor

EOTC/Blue Mountain Recovery Center

U7517 Physician Specialist
C6208 Mental Health Registered Nurse
C6135 Licensed Practical Nurse
C6720 Psychiatric Social Worker
C6711 Mental Health Therapist 1
C6712 Mental Health Therapist 2
C6710 Mental Health Therapy Technician
C6718 Mental Health Therapy Coordinator
C6725 Habilitative Training Technician 1
C6726 Habilitative Training Technician 2
C6727 Habilitative Training Technician 3
C9101 Food Service Worker 2
C9117 Cook 2
C6255 Nurse Practitioner

Oregon State Hospital

Z7518 Supervising Physician
U7517 Physician Specialist
X6209 Mental Health Supervising Nurse
C6208 Mental Health Registered Nurse
C6135 Licensed Practical Nurse
C6531 Mental Health Specialist
C6712 Mental Health Therapist 2
C6711 Mental Health Therapist 1
C6710 Mental Health Therapy Technician
C6708 Mental Health Security Technician
C6101 Transporting Mental Health Aide
C9101 Food Service Worker 2
C9102 Food Service Worker 3
C9110 Baker
C9116 Cook 1
C9117 Cook 2

Seniors and People with Disabilities (SOCP)

C6296 Behavior Voc Spec 1
C6297 Behavior Voc Spec 2
C6275 Habilitative Training Technician 1
C6276 Habilitative Training Technician 2
C6710 Mental Health Therapy Technician
C6135 Licensed Practical Nurse
C6208 Mental Health Registered Nurse
C6550 Licensed Respiratory Care Technician

UPDATED OTHER FUNDS ENDING BALANCES FOR THE 2013-15 & 2015-17 BIENNIA

Agency: DEPARTMENT OF HUMAN SERVICES

Contact Person (Name & Phone #): Sara Singer, 503-945-5629

(a) Other Fund Type	(b) Program Area (SCR)	(c) Treasury Fund #/Name	(d) Category/Description	(e) Constitutional and/or Statutory reference	(f) 2013-15 Ending Balance		(g) 2015-17 Ending Balance		(i) Comments
					In LAB	Revised	In CSL	Revised	
Limited	060-02-00-00000	0401-General Fund	Fees Related to CFAA & Marriage License Tax	409.300 & 409.273	1,021,951	1,021,951	227,304	227,304	Marriage License Tax revenue and CFAA revenue are projected and do not have funds available at the start of the Biennium so we carry forward enough money to fund contracts for Community Based Domestic Violence the first quarter of the new biennium allowing the contracts to continue until revenue is received.
Limited	060-02-00-00000	0401-General Fund	Fees Related to CFAA & Marriage License Tax	409.300 & 409.273	106,882	106,882	29,866	29,866	CFAA revenue are projected and do not have funds available at the start of the Biennium so we carry forward enough money to fund Community Based Sexual Assault Victims contracts for the first quarter of the new biennium allowing the contracts to continue until revenue is received.
Limited	060-07-00-00000	0401-General Fund	Matching funds for YTP provided by school districts	CFR 34 Part 74.24 Program Income	1,229,767	1,229,767	1,229,767	1,229,767	School districts do not bill for the final payment against the contract until after the close of the biennium. These funds allow us to make those payments with out impacting the new biennium's budget. These are dedicated funds as the Interagency Agreement requires the school district to provide matching funds to OVRS making the dollars Program Income and can only be used for rehabilitation services expenditures.
Limited	060-02-00-00000	0401-General Fund	Children's Trust Accounts		-	-	-	-	Dedicated Funds. Children's Trust Care of State Wards Trust Accounts are balanced to expenditures prior to the final close of the biennium.
Limited	060-01-00-00000	0401-General Fund	Childcare Development Fund Grant (209001)	CFR 45 Pt 98, 93.596, 93.575 Interagency Agreement with Employment	-	-	-	-	Federal Funds come in as Other Funds form Employment. Any recoveries will be used to offset expenditures. All funds are expended with in the biennium.
Limited	060-01-00-00000	0401-General Fund	TANF Recoveries	93.558, 45 CFR Pt 263	-	-	-	-	All funds are used to offset expenditures as these are recovery dollars.
Limited	060-02-00-00000	0401-General Fund	Children's Trust Accounts		-	-	-	-	Dedicated Funds. Children's Trust Care of State Wards Trust Accounts are balanced to expenditures prior to the final close of the biennium.
Limited	060-02-00-00000	0401-General Fund	Children's Trust Accounts		-	-	-	-	Dedicated Funds. Children's Trust Care of State Wards Trust Accounts are balanced to expenditures prior to the final close of the biennium.
Limited	060-02-00-00000	0401-General Fund	Care of State Wards		-	-	-	-	Dedicated Funds. Children's Trust Care of State Wards Trust Accounts are balanced to expenditures prior to the final close of the biennium.
Limited	060-02-00-00000	0401-General Fund	Family Drug Court Program		-	-	-	-	Revenue comes in from the Deschutes County Mental Health program.

