Letter from the Director

Through a time of great change for the Oregon Health Authority and the people we serve, Oregon continues on the path toward a health system that is more sustainable and a population that enjoys better quality health care at an affordable cost. We are seeing the first indications of success of the state Medicaid program's coordinated care system created by the Legislature in 2012. That system is based on the "triple aim," three goals that have guided the work of the Oregon Healthy Authority since its creation in 2009:

- Improve the lifelong health of all Oregonians;
- Increase the quality, reliability and availability of care for all Oregonians; and
- Lower or contain the cost of care so it is affordable to everyone.

At the same time, Oregon is beginning the job of folding behavioral health care for people with addictions and mental health needs into the coordinated care model, and expanding this care in local communities through the statewide network of coordinated care organizations (CCOs). And our public health system's plan for the future is in the beginning stages of modernization as a vital component of health transformation.

Coordinated care – the way forward

As we prepare for the coming biennium, we are seeing the initial results of health system transformation. In 2013 under the first year of coordinated care, emergency department visits by people served by CCOs decreased, hospital admissions for indicator chronic conditions decreased, and CCO members made more visits to health care providers for primary care, indicating that Oregon Health Plan members are increasingly getting the right care in the right place at the right time.

Oregon will continue to face challenges as we go forward with Medicaid expansion. Such rapid growth is bound to put strain on any system, and that strain is being felt, particularly by the CCOs' primary care system. Our progress

may not be linear, but we do anticipate that the trend will continue in a positive direction. Here are some of the reasons for this optimism:

Incentives for better care – Both patients and coordinated care organizations are starting to see the benefits of Oregon's coordinated care model. In June 2014, a portion of the payments going to Oregon Health Plan coordinated care organizations were based on how well they did to improve care last year. This is the first time Oregon has paid CCOs for better care, rather than only the number or type of services delivered.

Budget/ rate of growth – Oregon is staying within the budget that meets its commitment to the Centers for Medicare and Medicaid Services to reduce the growth in spending by 2 percentage points per member.

Health system transformation key findings – In 2013, Oregon's coordinated care organizations reported the following metrics:

- **Decreased emergency department visits.** Emergency department visits by people served by CCOs has decreased 17 percent since 2011 baseline data. The corresponding cost of providing services in emergency departments decreased by 19 percent during the same time period.
- **Increased primary care.** Outpatient primary care visits for CCO members increased by 11 percent and spending for primary care and preventive services are up more than 20 percent. Enrollment in patient-centered primary care homes has also increased by 52 percent since 2012, the baseline year for that program.
- **Decreased hospitalization for chronic conditions.** Hospital admissions for congestive heart failure have been reduced by 27 percent, chronic obstructive pulmonary disease by 32 percent and adult asthma by 18 percent.
- **All-cause readmission decreased.** The percentage adults who had a hospital stay and were readmitted for any reason within 30 days of discharge dropped from a 2011 baseline of 12.3 percent to 11.7 percent in 2013, a reduction of 5 percent.
- **Overall hospital utilization decreased.** Total hospital patient days dropped by nearly 10 percent from the 2011 baseline period to 2013. The corresponding cost of inpatient hospital services decreased by 7 percent during the same time period.

As we move forward, the challenge will be to transform all of Oregon's health system including further integration of behavioral health and physical health, promoting community health and wellness, supporting children's health, and helping adults with mental illness live successfully in the community. We will also collaborate on the future modernization of Oregon's public health system and continue to focus on health equity in the interest of lifelong health for all Oregonians.

The numbers, and the stories we hear from grateful Oregonians, confirm that we are on a path toward a healthier Oregon. We have made significant gains toward a health care system that is better coordinated and patient-focused, and that puts the energies of the system toward making people and communities healthier.

Sincerely,

Suzanne Hoffman
Interim Director, Oregon Health Authority

2015-17 OHA Organization Structure

4,414 Positions / 4,347.21 FTE

Oregon Health Authority

Oregon Health Authority

OHA MISSION STATEMENT

The mission of the Oregon Health Authority is helping people and communities achieve optimum physical, mental and social well-being through partnerships, prevention and access to high-quality, affordable health care.

The Oregon Health Authority will transform the health care system of Oregon by:

- Improving the lifelong health of Oregonians;
- Increasing the quality, reliability, and availability of care for all Oregonians;
- Lowering or containing the cost of care so it's affordable to everyone.

Each program area of the Oregon Health Authority also has a specific area of focus to support the agency mission.

OHA CENTRAL SERVICES

OHA Central Services supports the OHA mission by providing leadership in several dedicated key policy and business areas. This service area contains the following key areas:

OHA Office of the Director and Policy

The Office of the Director and Policy is responsible for overall leadership, policy development and administrative oversight for the Oregon Health Authority. This office coordinates with the Governor's Office, the Legislature, other state and federal agencies, partners and stakeholders, local governments, advocacy and client groups, and the private sector.

The OHA Director's Office provides leadership in achieving the agency's mission. The clear direction of OHA is to innovate, improve and rework the state health care system to meet three goals:

- Improve the lifelong health of all Oregonians;
- Increase the quality, reliability and availability of care for all Oregonians; and
- Lower or contain the cost of care so it is affordable to everyone.

OHA Office of Human Resources

The human resources department for OHA is charged with delivering services to internal customers with quality and timeliness. In serving these internal customers, it focuses on developing people, meeting the agency's business needs with workforce strategic planning, and developing and maintaining human resource policies.

OHA Office of Budget, Planning and Analysis

The Office of Budget, Planning and Analysis (BPA) supports OHA's mission by providing leadership and collaboration for program decisions through its in-depth knowledge of OHA financial processes, federal program and fiscal policy, business line funding streams, and state budget processes.

OHA Office of Communications

The OHA Office of Communications (OC) supports the OHA mission by providing information to employees, clients, legislators, stakeholders and interest groups, providers and partners, local governments, other state and federal agencies, policymakers, the news media, targeted audiences, and the general public. The office also provides support to the department's priority projects as defined by the agency's director and cabinet. The staff ensures that OHA complies with all statutory and legal requirements pertaining to public records requests and other communication issues.

The Office of the Chief of Health Policy

The Office of the Chief of Health Policy coordinates with the Governor's Office, the Legislature, other state and federal agencies, partners and stakeholders, local governments, advocacy and client groups, and the private sector to achieve the triple aim of better health, better care, and lower costs. This office provides staff to the Oregon Health Policy Board, which is charged with determining health policy priorities for Oregon's health system transformation. Staff persons in this office also conduct analysis and comparison of performance and cost data, stakeholder engagement, and performance monitoring for all OHA strategic planning efforts. The Chief of Policy is also responsible for leadership and administrative oversight of multiple sub-offices:

The Office for Oregon Health Policy and Research (OHPR) provides policy analysis, development, and evaluation services to support the work of the Oregon Health Policy Board, the Medicaid Advisory Council, OHA programs, and other stakeholders engaged in the design of Oregon's health system transformation. OHPR provides technical assistance on topics such as primary care workforce development, resource leveraging, and grant development for health system transformation projects.

The Office of the Chief Medical Officer-Clinical Services Improvement (CMO-CSI) is designed to align and integrate clinical resources and policies to support the implementation of the coordinated care model throughout all provider and payer organizations, including OHA. The Chief Medical Officer's focus is to direct and guide implementation of clinical services so they support quality improvement outcomes and integrate delivery of physical, behavioral, and oral health care. This role includes oversight of the Patient Centered Primary Care Home program, the Health Evidence Review Commission, and the Quality Council.

The Office of Health Analytics conducts data collection and statistical analysis of utilization, quality, and financial data to evaluate OHA program performance, to provide data to support health system and program planning and implementation, and to analyze trends across all payers and claims data. In addition, this office performs actuarial analysis to support rate development and benefit design. This research is used by policy makers, practitioners, consumers, and researchers to make data-driven decisions.

The Office of Health Information Technology is responsible for providing coordination across programs, departments, and agencies in developing policies and procedures that:

- Accelerate state and federal health reform goals through organized support for adoption, implementation and integration of health information technologies;
- Leverage health IT funding opportunities from federal agencies, philanthropic organizations, and the private sector to improve Oregon's health IT capacity; and
- Increase collaboration and communication between state agencies and across programs for enhanced planning and shared decision making, leveraged IT purchases, and coordination of service delivery.

The Office of Equity and Inclusion (formerly the Office of Multicultural Health and Services) promotes good health and wellness for all Oregonians through policy development, trainings and consultation, and community and organizational capacity building. OEI works with diverse stakeholders both outside and within the Oregon Health Authority to ensure the elimination of avoidable health disparities and to promote optimal health outcomes for everyone in Oregon, as well as to integrate and use diversity development best practices in recruitment, hiring, retention, performance management, contracting and procurement, and employee development within OHA and Oregon's health promoting systems.

The OHA Transformation Center's purpose is to promote effective and innovative practices among Oregon's existing coordinated care organizations (CCOs) and to encourage the adoption of the coordinated care model of patient care among all health plans and payers. The Transformation Center serves as a catalyst to identify and share evidence-based and emerging best practice information. It does this by establishing learning collaboratives, assigning innovator agents to assist each CCO to implement quality improvement efforts, supporting the Council of Clinical Innovators, providing technical assistance and infrastructure support, and disseminating outcome and best practice information to providers and plans across Oregon.

MEDICAL ASSISTANCE PROGRAMS (MAP)

Vision

Improved access to effective, high-quality services for low-income and vulnerable citizens through innovation, collaboration, integration and shared responsibility.

Goals

- Support effective and efficient systems that directly promote access to health care for low-income Oregonians.
- Support the entire health care provider system in Oregon by paying for needed services using federal matching funds to the extent appropriate.
- Maintain managed care or coordinated care enrollment at no less than 80 percent to promote access and to control health care costs.
- Improve the quality of health care for all Oregonians, especially for low-income Oregonians.

- Collaborate with legislators, advocacy groups, business partners, health care providers and the general public to improve health outcomes.
- Promote the use of prevention and chronic disease management services by all Oregonians, especially those with low incomes and special medical needs.
- Work with other insurers to improve health outcomes for all Oregonians.

Oregon Health Plan (OHP)

The Oregon Health Plan (OHP) is not a federally mandated program, but supported by Medicaid and the Children's Health Insurance Program (CHIP). Title XIX and Title XXI of Social Security Act, respectively, provide the federal authorization. Oregon administers the program under the authority of the federally approved Medicaid State Plan, CHIP State Plan, and Oregon Health Plan Medicaid demonstration waiver.

The Oregon Health Plan is established and authorized in Oregon Revised Statute (ORS) 414.018 through 414.760.

Non-OHP Programs

Citizen Alien Waived Emergent Medical (CAWEM): The federal government authorizes the CAWEM program under section 1903(v) of the Social Security Act. The Legislature provides the authority for covering the program under Oregon Revised Statutes (ORS) 414.025.

Breast and Cervical Cancer Medical: The federal government authorizes the Breast and Cervical Cancer Program under section 1902(z)(1)(aa) of the Social Security Act. The Legislature established the program at ORS 414.532 through 414.540.

Qualified Medicare Beneficiaries: The federal government authorizes the Qualified Medicare Beneficiaries program under section 1902(a)(10)(E) of the Social Security Act. Under state law, the Legislature authorizes the program at ORS 414.033 and 414.075.

Limited drug coverage program for transplant clients: There are no federal matching funds in this program. The Legislature created this program with a budget note to Senate Bill 5548 in during the 2003 legislative session.

Payments to the federal government for Medicare Part D: The federal government requires states to pay the federal government for Medicare Part D drug coverage provided to dual-eligible Medicaid clients under section 1935(c) of the Social Security Act.

Other programs and support

Pharmacy Programs: The Oregon Prescription Drug Program (OPDP) was authorized by Senate Bill (SB) 875 (2003). Ballot Measure 44 of 2006 opened the uninsured discount program to all residents. SB 362 of 2007 extended the discount program to underinsured and group business to the private sector. Also in 2007, SB 735 authorized Group Purchasing Organizations for all groups in OPDP.

CAREAssist is authorized by the federal Ryan White Act. This act provides funds to states to purchase drugs or health care insurance that provides a drug benefit for HIV positive individuals.

Law Enforcement Medical Liability Account (LEMLA): The Legislature authorizes the program under Oregon Revised Statutes (ORS) 414.805 through 414.815.

PUBLIC EMPLOYEES' BENEFIT BOARD (PEBB)

Vision

PEBB seeks optimal health for its members through a system of care that is patient-centered, focused on wellness, coordinated, efficient, effective, accessible, and affordable. The system emphasizes the relationship among patients, providers, and their community; is focused on primary care; and takes an integrated approach to health by treating the whole person.

Key components of the PEBB program are:

- Benefits that are affordable to the state and employees;
- Accessible and understandable information about costs, outcomes, and other health data that is available for informed decision-making;
- An innovative delivery system in communities statewide that uses evidence-based medicine to maximize health and spend money wisely;

- A focus on improving quality and outcomes, not just providing health care;
- Promotion of health and wellness through consumer education, healthy behaviors, and informed choices; and
- Appropriate provider, health plan, and consumer incentives that encourage the right care at the right time and place.

Statutory Authority
The Public Employees' Benefit Board authority lies in ORS 243.061 through ORS 243.302.

OREGON EDUCATORS BENEFIT BOARD (OEBB)

Vision

OEBB will work collaboratively with districts, members, carriers and providers to offer value-added benefit plans that support improvement in members' health status, hold carriers and providers accountable for outcomes, and provide affordable benefits and services.

Key components of the OEBB program are:

- Value-added plans that provide high-quality care and services at an affordable cost to members;
- Collaboration with districts, members, carriers and providers that ensures a synergistic approach to the design and delivery of benefit plans and services;
- Support for improvement in members' health status through a variety of measurable programs and services;
- Measurable goals and programs that hold carriers and providers accountable for health outcomes; and
- Encouragement for members to take responsibility for their own health outcomes.

Statutory Authority
OEBB was established under Senate Bill 426 in 2007. The OEBB Board, functions and responsibilities are authorized under ORS 243.860 to .886.

OFFICE OF PRIVATE HEALTH PARTNERSHIPS (OPHP)

Vision

The Office of Private Health Partnerships (OPHP) provided access to health insurance for low-income, high-risk, and uninsured Oregonians. OPHP encouraged and assisted Oregon small businesses and consumers in making informed health insurance choices by providing outreach, education, and referral services.

Starting January 1, 2014, thousands of additional Oregonians gained access to health insurance in the individual insurance market due to the passage of the federal Affordable Care Act. This market will serve anyone not covered through an employer-sponsored health plan. Among the ramifications of this:

- Plans will have increased benefits and cover more services.
- Insurers can no longer deny coverage to anyone based on their health ("pre-existing conditions").
- Thousands of Oregonians who previously bought insurance through state programs for people with pre-existing conditions, and those who are enrolled in portability policies in the commercial market, have moved to the individual market.

HB 3458 (2013 regular session) established the Oregon Transitional Reinsurance Pool (OTRP) program for about 2,100 high-risk Oregonians. This is a temporary program that will cover only claims incurred through December 31, 2016. The program will close once these claims reimbursements are complete. The program is funded by an annual assessment on all insurers for calendar years 2014, 2015, and 2016. This is the only remaining active program in the Office of Private Health Partnerships (OPHP) structure in 2015-2017.

Statutory Authority

HB 3458 tasks the Oregon Medical Insurance Pool (OMIP) Board, part of the Oregon Health Authority, with the administration of the program in collaboration with the Department of Consumer and Business Services Insurance Division.

ADDICTIONS AND MENTAL HEALTH (AMH)

Vision

Addictions and Mental Health (AMH), as part of the Oregon Health Authority, envisions a healthy Oregon where mental health disorders and addictions are prevented and treated through education, early intervention and access to appropriate health care.

Goals

- Improve the lifelong health of all Oregonians.
- Improve the quality of life for the people served.
- Increase the availability, utilization, and quality of community-based, integrated health care services.
- Reduce overall health care and societal costs through appropriate investments.
- Increase the effectiveness of the integrated health care delivery system.
- Increase the involvement of individuals and family members in all aspects of health care delivery and planning.
- Increase accountability of the integrated health care system.
- Increase the efficiency and effectiveness of the state administrative infrastructure for health care.

Statutory Authority

Community Mental Health and Addiction Services

- ORS 430 provides OHA the statutory framework for the development, implementation and continuous operation of the community treatment programs to serve people with addiction disorders and mental health disorders, subject to the availability of funds.
- Alcohol and drug programs operate under the authority of Oregon Revised Statutes (ORS) 430.254 through 430.426 and ORS 430.450- 430.590 and federal PL 102-321 (1992) Sections 202 and 1926.
- Problem gambling treatment and prevention services are mandated by ORS 413.520, which directs the Oregon Health Authority to develop and administer statewide gambling addiction programs and ensure delivery of program services.

Block Grant
Federal legislation 1992 PL 102-321 authorized community mental health services funded in small part by the Substance Abuse and Mental Health Services Block Grant.

Facilities
Statutory or legislative provision for Oregon State Hospital and state-delivered secure residential treatment falls under ORS 179, which covers general powers, duties and responsibilities to supervise state institutions. ORS 443.465 provides oversight for secure residential treatment homes and facilities.

Commitment types
- Civil commitments: Oregon Revised Statute (ORS) 426 provides OHA the statutory framework to deliver mandated treatment to persons who, because of a mental illness, are a danger to themselves or others.
- Guilty except for insanity:
    - Under ORS 161.390, AMH provides treatment services in OSH and in the community for individuals who have been found guilty of a crime except for insanity.
    - Under ORS 419C.532, AMH provides treatment services for youth who have been found responsible except for insanity. Treatment is provided in the Secure Adolescent Inpatient Program, OSH and in the community.

Mental Health evaluations
Under ORS 161.370, AMH is delegated to provide the evaluation services to determine if an allegedly mentally ill individual who is accused of a crime is fit to proceed through the judicial processes.

Oregon State Hospital Replacement Project
The Oregon State Hospital Replacement Project was initially authorized by the Legislative Emergency Board in September 2006. The project was fully authorized during the 2007 session by House Bill 5005 and House Bill 5006. It was reauthorized in 2009 by Senate Bill 5505 and Senate Bill 5506. The 2011 session reauthorized the project in House Bill 5005 and House Bill 5006. Additionally, all capital improvements beyond the replacement project follow federal requirements under the Americans with Disabilities Act, which requires that

people be served in a safe, accessible environment. The Oregon State Hospital Replacement Project is expected to open the Junction City facility in the spring of 2015. There are no capital construction expenditures planned for the 2015-2017 biennium.

PUBLIC HEALTH (PH)

Vision

Lifelong health for all people in Oregon

Goals

- **Making Oregon one of the healthiest states in the nation**
  Public Health aims to make Oregon one of the top 10 healthiest states in the U.S. by 2017. To achieve this goal, Oregon must address the state's three leading causes of death: tobacco use, obesity and overweight, and heart disease and stroke. Oregon also must reduce family violence. Increasing Oregon communities' resilience to emergencies of all kinds also will help to make Oregon one of the healthiest states.
- **Making Oregon's public health system into a national model of excellence**
  To fully achieve its vision of lifelong health for all people, Oregon's public health system must transform itself into a national model of excellence. A system that is a model of excellence will work with emerging health care partners such as coordinated care organizations (CCOs) in new ways; ensure appropriate consideration of health issues in all policy making; partner with the private sector and other agencies to perform health impact assessments; and maintain disease investigation and data collection capabilities. Public health accreditation, which recognizes health departments that perform all of the core functions, is one mechanism Oregon will use to ensure the system conforms to national standards.

Public Health Statutory Authority

The Oregon Health Authority plays a central role in ensuring the health of all people in Oregon.

Chapters 431 and 433 of Oregon Revised Statutes set forth hundreds of code sections enabling and mandating a wide range of public health activities carried out by Public Health and its county partners.

The power and duty to promote and protect the public's health is reserved to the states under amendment X of the U.S. Constitution. Title 42, among other titles, of the U.S. Code authorizes federal funding for numerous public health programs carried out at the state level.

HEALTH LICENSING OFFICE (HLO)

The Oregon Health Licensing Agency (OHLA) merged with the Oregon Health Authority (OHA) in July 2014, and is now an office within OHA titled the Health Licensing Office **(HLO).** Following the transition, HLO retains the same function, purpose, and funding structure, where it still operates solely as a 100% other funded structure.

HLO Goals

HLO works to achieve the following goals:

- Actively promote consumer protection through education, enforcement and partnerships
- Promote a positive business environment by reducing barriers to professional practice
- Provide excellent customer service to all agency clients and stakeholders

HLO Mission

The Health Licensing Office (HLO) protects the health, safety and rights of Oregon consumers by ensuring only qualified applicants are authorized to practice. OHLA establishes, communicates and ensures compliance of regulatory standards for multiple health and related professions.

HLO regulates over 70,000 authorizations among 12 boards and councils, including over 4,800 facilities. HLO provides services to program clients on a daily basis and sets, communicates, licenses and enforces regulatory standards for the multiple health and related professions it oversees.

HLO achieves its mission by collecting revenues from applications, examinations, authorizations, authorization renewals, charges for services, fines and forfeitures, sales income and interagency agreements. Revenues collected from each board and council fund the Administrative Services, Fiscal Services, Licensing, and the Regulatory Operations units in HLO. Each board and council is required to pay

part of the overall HLO budget determined by the allocation service costs attributed to each board and council.

HLO Statutory Authority

The primary purpose of HLO is to ensure effective coordination of administrative and regulatory functions related to protecting the public as mandated by ORS 676.605. Public protection relates to the regulatory oversight HLO provides over health and related professions it regulates as mandated by ORS 676.606. HLO measures it success by ensuring all complaints are investigated within 120 days as described in ORS 676.165(4) and that Oregonians providing services are licensed by the HLO as described in 676.607. The HLO is 100% other funded and funds are solely invested into protecting Oregonians and fulfilling all of HLO's and the boards/council's statutory requirements.

OHA SHARED SERVICES

Office of Information Services (OIS) is a shared service provider for DHS and OHA. It provides information technology (IT) systems and services for nearly 16,000 agency and partner staff at 350 local offices, Oregon State Hospital locations, public health laboratories and testing services for county health departments, medical and military facilities, and other locations statewide.

OIS provides support for more than 12,000 desktop computers and 2,000 printers. The Service Desk responds to more than 12,000 service requests each month.

OIS provides information systems and services to DHS and OHA staff and partners statewide in support of programs that:

- Determine client eligibility;
- Provide medical, housing, food and job assistance;
- Provide addiction, mental health, and vocational and rehabilitative services;
- Protect children, seniors and people with physical and developmental disabilities;
- Process claims and benefits;
- Manage provider licensing and state hospital facilities;
- Promote and protect public health;
- Respond to and coordinate statewide disasters and health emergencies, and support the Health Alert Network and emergency preparedness activities.

OIS also supports partners around the state that use DHS and OHA systems. These include:

- State agencies including the Oregon Department of Justice Division of Child Support, the Oregon Employment Department and others;
- Cities and counties;
- District attorney's offices;
- Private hospitals;
- Other computer centers.

Many of the IT systems used by DHS, OHA and agency partners are needed 24 hours a day, seven days a week.

Information Security and Privacy Office (ISPO) is a shared service office providing information security services for DHS and OHA. ISPO uses business risk management practices to protect confidential information assets and educate staff, volunteers and partners on how to protect this information and report incidents when they occur.

The ISPO drivers include federal and state security regulations and audit findings, contractual and grant obligations, DHS security policies and procedures, legislative mandates and the Oregon Consumer Identity Theft Protection Act.

OHA STRATEGIC AND BUSINESS PLANS

The Office of the Chief of Policy is integrally involved in most of the department's strategic planning efforts and initiatives. The Office of Health Policy and Research provides staff support to the Oregon Health Policy Board, which is charged with determining policy priorities for Oregon's health system transformation. The Office of Health Information Technology recently worked with coordinated care organizations to complete a draft of *Oregon's Business Plan Framework for Health Information Technology and Health Information Exchange.*

Medical Assistance Programs will continue its focus on health system transformation through coordinated care organizations to bring better health, better care and lower costs to Oregonians. The state is tracking 17 incentive metrics and 16 additional state performance metrics along with financial and utilization data to determine whether CCOs are effectively and adequately improving care, making quality care accessible, eliminating health disparities, and controlling costs for the populations they serve.

Addictions and Mental Health adopted its strategic plan adopted in the Fall 2014, providing a map for their work into the next 3 years. AMH is also working on a Federal Block Grant Plan – which would combine mental health and substance abuse prevention and treatment.
AMH has planned a transition to a business solution unit focused on delivering diverse integrated technology solutions to AMH through:

- Measurement and Outcomes Tracking System (MOTS); and
- Oregon Web Infrastructure for Treatment Services (OWITS) contract management system.

Lastly, AMH plans to expand the functional scope of its licensing and quality improvement unit to include:

- Outpatient mental health facility-based certifications and regulatory oversight;
- Administration and management of the statewide behavioral health provider credentialing data bank; and
- Implementation of a data-driven performance management program to enhance the overall effectiveness and performance of Oregon's behavioral health care system in meeting OHA's triple aim.

Public Health's 2015-2019 Strategic Plan sets out the vision, mission, values and goals, objectives and key strategies for building on current accomplishments to further progress toward achieving the vision of a healthy Oregon.

- Vision: Lifelong health for all people in Oregon
- Mission: Promoting health and preventing the leading causes of death, disease and injury in Oregon
- Values: Service Excellence, Leadership, Integrity, Partnership, Innovation, Health Equity
- Goals: Improve quality of life and increase years of healthy life, promote and protect safe, healthy and resilient environments, strengthen public health capacity to improve health outcomes

Work began in March 2014, and the plan was completed in July 2014. Implementation has begun, and will guide the work of Public Health over the next five years.

The Public Employees Benefit Board (PEBB) is implementing contracts as part of Oregon's health care transformation to create high-quality, financially sustainable

health plans that emphasize coordinated care. Through this implementation, PEBB is leading the way on health plan accountability in commercial insurance in Oregon. The board will request proposals in 2016 for other elements of the benefits program.

The Oregon Educators Benefit Board (OEBB) strategic plan for the next two years will focus on continuing to expand availability of, access to and participation in patient-centered primary care homes (PCPCHs) and coordinated care model plan options throughout Oregon. It also calls for:

- Continuing to work with cities, counties and special districts that want to participate in OEBB benefits; and
- Continuing development of the "MyOEBB" benefit management system, which allows OEBB members to manage their benefits online and OEBB staff and participating entities to access enrollment information.

OHA PROCESS IMPROVEMENT EFFORTS

Medical Assistance Programs will continue to evaluate Oregon Health Plan eligibility and enrollment activities for process improvement and system automation. During the 2013-2015 biennium, the agency transitioned eligibility determination functions back to the state from Cover Oregon. In doing so, the state leveraged automated solutions that were developed by Cover Oregon, but those solutions were highly supported by manual business processes and not fully integrated with other systems. Process improvement work will continue during the 2015-2017 biennium as OHA identifies opportunities for system automation and business process efficiencies.

Public Health is actively engaged in developing its performance management system, which involves the strategic use of performance measures and standards to establish performance targets and goals that align with the OHA mission. It also allows Public Health to create data-driven strategies to improve the public's health.

National Public Health Accreditation

The division applied for recognition by the National Public Health Accreditation Board in March 2014. A site visit review was conducted in October 2014. The Division did not receive an accreditation by the Board, but was given a list of additional items that needed corrective action before accreditation can occur.

National public health accreditation includes:

- Measurement of health department performance against a set of nationally recognized, practice-focused and evidenced-based standards;
- Issuance of recognition of achievement of accreditation with a specified time frame by a nationally recognized entity; and
- Continual development, revision, and distribution of public health standards.

Addictions and Mental Health will continue executing its business plans to transition the COMPASS unit to a business solution unit and expanding the functional scope of the quality unit.

OHA SHORT TERM PLANS, ENVIRONMENTAL FACTORS AND INITIATIVES

The **Medical Assistance Programs** are directly affected by the following environmental factors that are constant risks to the agency's budget:

- Economic changes affecting Oregon Health Plan caseload growth;
- Federal policy and funding changes affecting state funding needs (e.g., Medicaid match rates); and
- Medical inflation and utilization affecting the cost for covering Oregon Health Plan members.

Medical Assistance Programs will continue to evaluate Oregon Health Plan eligibility, enrollment and redetermination activities going into the 15-17 biennium. The Affordable Care Act (ACA) brought in larger numbers and an accelerated rate for enrollment into the OHP. Additionally, the annual redetermination processes for renewing all OHP enrollment, had to be handled through a hybrid process developed once it was known that the Exchange functionality would not be available to handle this process. A technology transition project approved by the Centers for Medicare and Medicaid Services (CMS) through the Spring and Summer of 2014 will move the eligibility and enrollment technology from Cover Oregon to the federally facilitated marketplace (FFM) and move the MAGI Medicaid eligibility determination back to OHA with a new system. With the beginning of open enrollment in November 2014, Cover Oregon's technology transition to the FFM was completed and Oregonians began enrolling in private coverage through the federal marketplace. In addition, the

FFM began accepting and processing Medicaid applications and will continue to be the primary place for people to apply for Medicaid until Oregon has its own fully automated system. Transferring an existing ACA-compliant MAGI Medicaid eligibility and enrollment system from another state will be treated as a separate project effort, which has been termed as the **"MAGI Medicaid System Transfer Project."**

The project will report within OHA. It will be led by a project sponsor, and a new steering committee that is authorized by, and reports to the OHA Director. A project director and the state Medicaid Director will be the project's Medicaid business lead.

The project team has evaluated other state's systems and has selected the Kentucky system for MAGI Medicaid eligibility and enrollment, which is called KYNECT. (KYNECT also supports Kentucky's state health insurance exchange, but Oregon will use only the MAGI Medicaid system.) The project will be planned to have a self-service, online Medicaid eligibility portal completed in the late fall of 2015. Additionally, a system integrator vendor for the project is working on an analysis that will define the scope necessary to implement the KYNECT system to meet Oregon's needs. This analysis will be completed in early February. In addition, a Request for Proposal (RFP) was issued for a quality assurance vendor to be selected in January 2015.

With additional aspects of the Affordable Care Act set to go into effect by 2018, **PEBB** will consider changes to its premium tiering strategy and its strategy for continuing coverage for such self-pay participants as early retirees and COBRA participants. Additional focus may include changes to plan design to meet ongoing and new coverage mandates and caps on rate increases established through caps on the PEBB biennial budget limitation.

AMH will continue working on proposed rate increases for residential alcohol and drug addiction treatment providers based on the Mercer rate study. That study addresses support to these facilities to downsize to 16 or fewer beds (cost offset). CMS rules define any facility with more than 16 beds as an "institute for mental disease," which makes them ineligible for Medicaid reimbursement.

AMH will continue to monitor and review the USDOJ Olmstead investigation.

AMH also will monitor the November 2014 ballot measure that would legalize use of marijuana regarding its potential impact on Oregon's treatment and prevention efforts.

AMH will continue working toward the transition of adult mental health Medicaid-covered services to CCOs, and on continued implementation of mental health investments.

With the proposed policy option package, AMH expects to address the growth in the "aid and assist" population at Oregon State Hospital.

Approximately 70 percent of the **Public Health's** funds come through categorical federal grants. During 2013-2015, funding has decreased for several federal grants. This decline in federal funding is expected to continue during 2015-2017, and may result in adjustments or elimination of program services.

Public Health has statutory authority over the Oregon Medical Marijuana Program (OMMP), which has more than 60,000 persons registered to use marijuana for medical reasons. With the voter approval of **Ballot Measure 91,** impact to the OMMP may be unknown for the first year. However any significant reduction in OMMP card holders would jeopardize the program itself, as well as other core public health programs that currently receive approximately $9+ million in revenue per biennium from it.

The Legislature in 2015 will consider and respond to recommendations from the task force created by **HB 2348 (The Future of Public Health Services)**. This task force was charged with studying the regionalization and consolidation of local public services. The report that the Task Force issued can be found at: http://public.health.oregon.gov/About/TaskForce/Documents/hb2348-task-force-report.pdf

The Office of the State Public Health Director will lead the work to implement any changes approved by the Legislature.

PERFORMANCE MEASURES

The 2015-17 OHA Key Performance Measures (KPMs) are intended to represent key quality and access metrics for healthcare-related services for individuals across the state. They are framed around the triple aim of better care, better health and lower cost and OHA's Quality Improvement Focus Areas as defined in Oregon's Medicaid 1115 waiver agreement with the Centers for Medicare and

Medicaid Services (CMS). The goal is to align KPMs closely with Health System Transformation metrics, both statewide and for Coordinated Care Organizations (CCOs). The full KPM progress report containing the measures and metrics are included in this Governor's Budget.

MAJOR IT PROJECTS INITIATIVES

OHA Shared Services (Office of Information Services)

The Office of Information Services expects to have several IT projects underway during the 2015 – 2017 biennium. The details of these projects are outlined in the Information Technology Report of projects expecting to exceed $150,000.

OIS has implemented the gate review process for all projects in alignment with the state Chief Information Officer's requirements. Projects that are either partially or fully aligned with Policy Option Packages in the OHA or DHS Governor's Budget include:

The Race Ethnicity and Language + Disabilities (REAL+D) Policy Option Package supports the establishment of uniform standards and practices in the Oregon Health Authority (OHA) and Department of Human Services (DHS) for the collection of data on race, ethnicity, preferred spoken or signed language, preferred written language, and disability status.

It supports designing, building and implementing a tool to collect, report and analyze this data, which the agencies need to comply with new health and service equity standards for all Oregonians.

Based on various requirements of federal law and rules, DHS and OHA have developed administrative rules and policies for collecting, analyzing, and reporting meaningful data about client race, ethnicity, language and disabilities.

For the remainder of the 2013-2015 biennium DHS and OHA will inventory and analyze all of their business processes, systems and reports that capture, update and use REAL+D data. It will tell the agencies what we need to do to fully implement HB 2134.

Funding for this POP will create a system that would ultimately allow workers and clients to view, update and maintain their own profile including REAL+D information. Appropriate analytics units in DHS and OHA would use REAL+D to collect, analyze and report on services related to various demographic groups to

help reduce health and human services disparities. Better data would increase the state's understanding of the causes of disparities, support the design of effective responses, and enable evaluation of improvements over time.

The Department of Human Services (DHS) will seek funding 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.

Integrated Statewide Adult Abuse and Reporting System - As Oregon faces an aging population, the Aging and People with Disabilities Program (APD) and the Office of Adult Abuse Prevention and Investigations (OAAPI) have seen 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 these vulnerable populations, the current assortment of disconnected legacy data systems do not provide the information needed to protect victims of abuse and develop prevention efforts proactively.

OIS will have on-going work and effort for existing projects including:

MMIS- ICD 10 Enhancements to the MMIS system to ensure HIPPA compliance/requirements are met for updated medical code set standards.

The Women, Infant and Children Program (WIC) continues its work with OIS on an Electronic Benefit Transaction system (EBT) that is similar to the EBT system used for Supplemental Nutrition Assistance Program (SNAP) benefits.

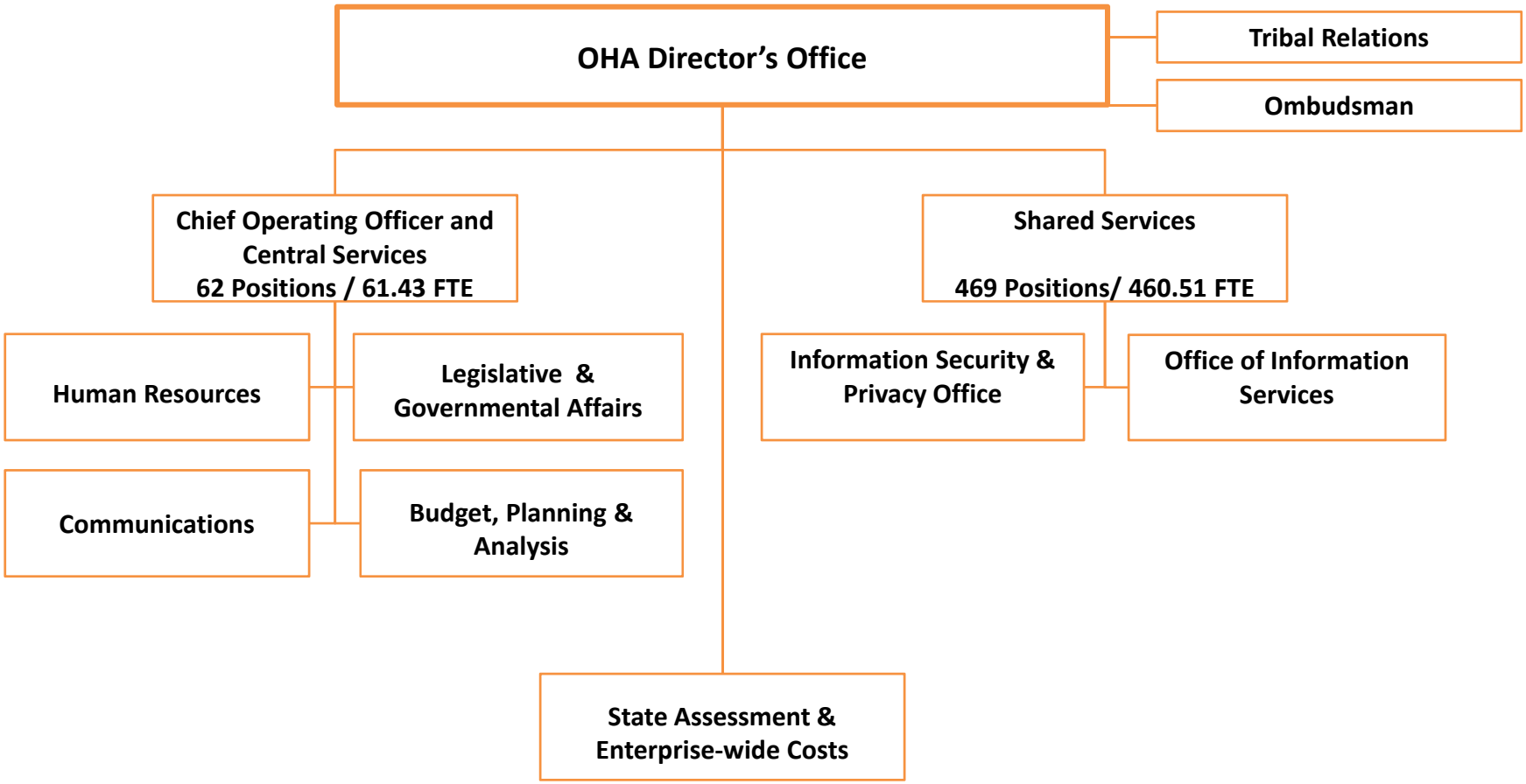
A project scope for a new web application system is being initiated for the PH CAREAssist. The HIV Care and Treatment Program provides high quality, cost effective services for people with HIV/AIDS in Oregon. A new web application is

needed to replace the current legacy system in an effort to improve workflow and increase productivity.

Environmental Health Tracking and Licensing information in Public Health are in the pre-initiation stages.

Lastly, OHA-OIS served as a primarily resource in a technology transition project approved by the Centers for Medicare and Medicaid Services (CMS) through the Spring and Summer of 2014 moved the eligibility and enrollment technology from Cover Oregon to the federally facilitated marketplace (FFM) and move the MAGI Medicaid eligibility determination back to OHA with a new system. With the beginning of open enrollment in November 2014, Cover Oregon's technology transition to the FFM was completed and Oregonians began enrolling in private coverage through the federal marketplace. In addition, the FFM began accepting and processing Medicaid applications and will continue to be the primary place for people to apply for Medicaid until Oregon has its own fully automated system. Transferring an existing ACA-compliant MAGI Medicaid eligibility and enrollment system from another state will be treated as a separate project effort, which has been termed as the **"MAGI Medicaid System Transfer Project."** OHA-OIS will continue working closely with the state's CIO Office on the business plan of this project.

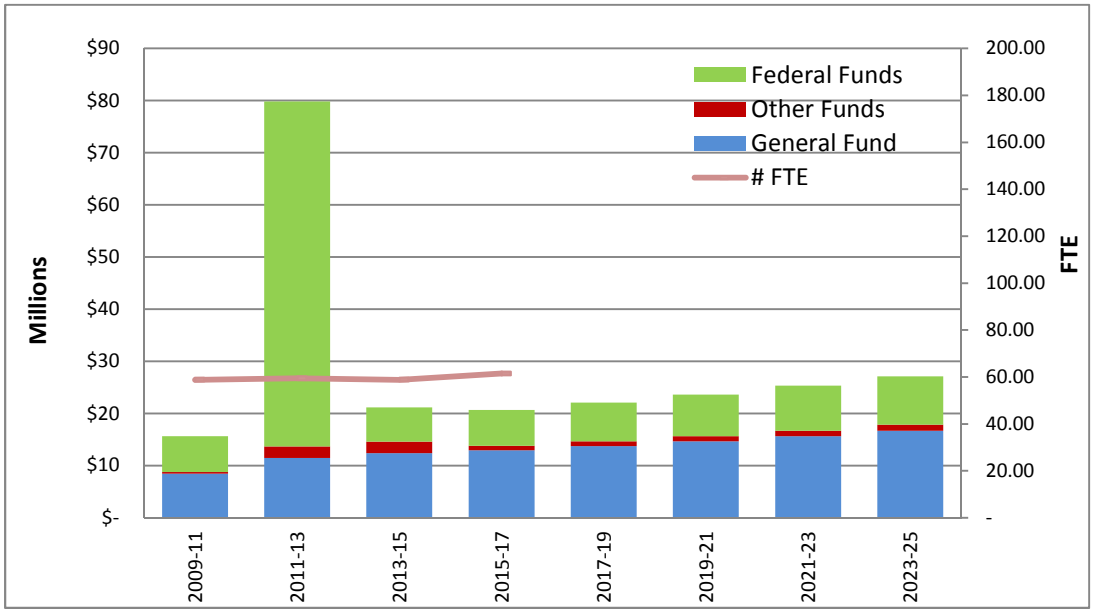
2015-17 Central and Shared Services Organization Structure



Oregon Health Authority

Oregon Health Authority: Central Services

Primary Outcome Area: Improving Government
Program contact: Bill Coulombe, Budget Director
503-947-5196



PROGRAM OVERVIEW

OHA Central Services supports the OHA mission by providing leadership in key policy and business areas, including:

- Office of the Director and Policy
- OHA Dedicated Services
  - Office of Human Resources
  - Office of Budget Planning and Analysis
  - Office of Communications

PROGRAM FUNDING REQUEST

For the 2015-2017 biennium, the Oregon Health Authority requests the following budget (in millions) for Central Services:

- 2015-2017 Request: $20.7 TF ($12.9 GF, $0.9 OF and $6.9 FF)

From this investment, OHA Central Services will provide critical business support necessary to achieve the agency's mission: helping people and communities achieve optimum physical, mental and social well-being through partnerships, prevention and access to high-quality, affordable health care.

The Oregon Health Authority estimates the following costs (in millions) for OHA Central Services through the 2021-2023 biennium:

- 2017-2019 Projected Costs: $22.1 TF ($13.8 GF, $0.9 OF and $7.4 FF)
- 2019-2021 Projected Costs: $23.6 TF ($14.6 GF, $1.0 OF and $8.0 FF)
- 2021-2023 Projected Costs: $25.3 TF ($15.6 GF, $1.1 OF and $8.6 FF)

PROGRAM DESCRIPTION

Office of the Director and Policy is responsible for overall leadership, policy development and administrative oversight for the Oregon Health Authority. This office coordinates with the Governor's Office, the Legislature, other state and federal agencies, partners and stakeholders, local governments, advocacy and client groups, and the private sector.

The OHA Director's Office provides leadership in achieving the agency's mission. OHA's clear direction is to innovate, improve and transform the state health care system to meet three goals:

- Improve the lifelong health of all Oregonians;
- Increase the quality, reliability and availability of care for all Oregonians; and
- Lower or contain the cost of care so it is affordable to everyone.

The Office of Human Resources supports OHA's mission by developing and delivering innovative human resource programs and services. These services and competencies include recruitment and staffing, employee relations, organizational and employee development, risk management, HR information management and regulatory compliance.

The Office of Budget, Planning and Analysis supports OHA's mission with leadership and collaboration for the strategic decisions of the programs by

providing an in-depth knowledge of OHA financial processes, federal program and fiscal policy, business line funding streams, and state budget processes.

The Office of Communications supports the mission of the Oregon Health Authority by providing information to employees, clients, legislators, stakeholders and interest groups, providers and partners, local governments, other state and federal agencies, policymakers, the news media, targeted audiences, and the general public. The office also supports the department's priority projects as defined by the agency's director and cabinet. The staff ensures that OHA complies with all statutory and legal requirements pertaining to public records requests, and other communication issues.

PROGRAM JUSTIFICATION AND LINK TO 10-YEAR OUTCOME

OHA Central Services provides critical business support necessary to achieve the agency's mission: helping people and communities achieve optimum physical, mental and social well-being through partnerships, prevention and access to quality affordable health care.

PROGRAM PERFORMANCE

The Office of Human Resources activities include but aren't limited to the following average yearly metrics.

- 200 position descriptions
- 400 requisitions
- 25,000 applications
- 700 new hires and promotions
- 400 differentials for new determinations and extensions

The Office of Budget, Planning and Analysis implements and monitors the budget for 61 program units. This office also develops and updates the budget during the statewide budget processes of Agency Request, Governor's Balanced Budget, the Legislatively Adopted Budget, Rebalance reports to the legislative assembly twice a year, and various Emergency Board requests.

Office of Communications –The Office of Communications (OC) works to ensure the Oregon Health Authority agency is responsive and transparent to the media

and the public. OC also strives to ensure information produced by the agency for employees, clients, partners, the media and the public is useful, accurate and timely.

OC works on a wide variety of communications, including special direct client communications, media requests, and employee and stakeholder communications.

OC key activities include but aren't limited to the following average yearly metrics.

- 600 requests media queries
- 100 public record requests
- 120 news releases
- 55 Weekly messages from the OHA director to 12,000 subscribers and employees.
- Seven monthly newsletters to staff and employees.
- Letters to more than 270,000 Oregonians eligible for fast-track enrollment into the Oregon Health Plan and supporting communications.
- Creation of the *OHP.Oregon.gov* to provide information to newly eligible OHP members on how to apply for and use benefits, and their rights and responsibilities under OHP.

ENABLING LEGISLATION/PROGRAM AUTHORIZATION

The Oregon Health Authority was created and authorized under House Bill 2009, during the 2009 Legislative session. All OHA program areas have accompanying federal and state legislative authority for the operations of the respective programs. See program narrative details for specific enabling legislation by program area.

FUNDING STREAMS

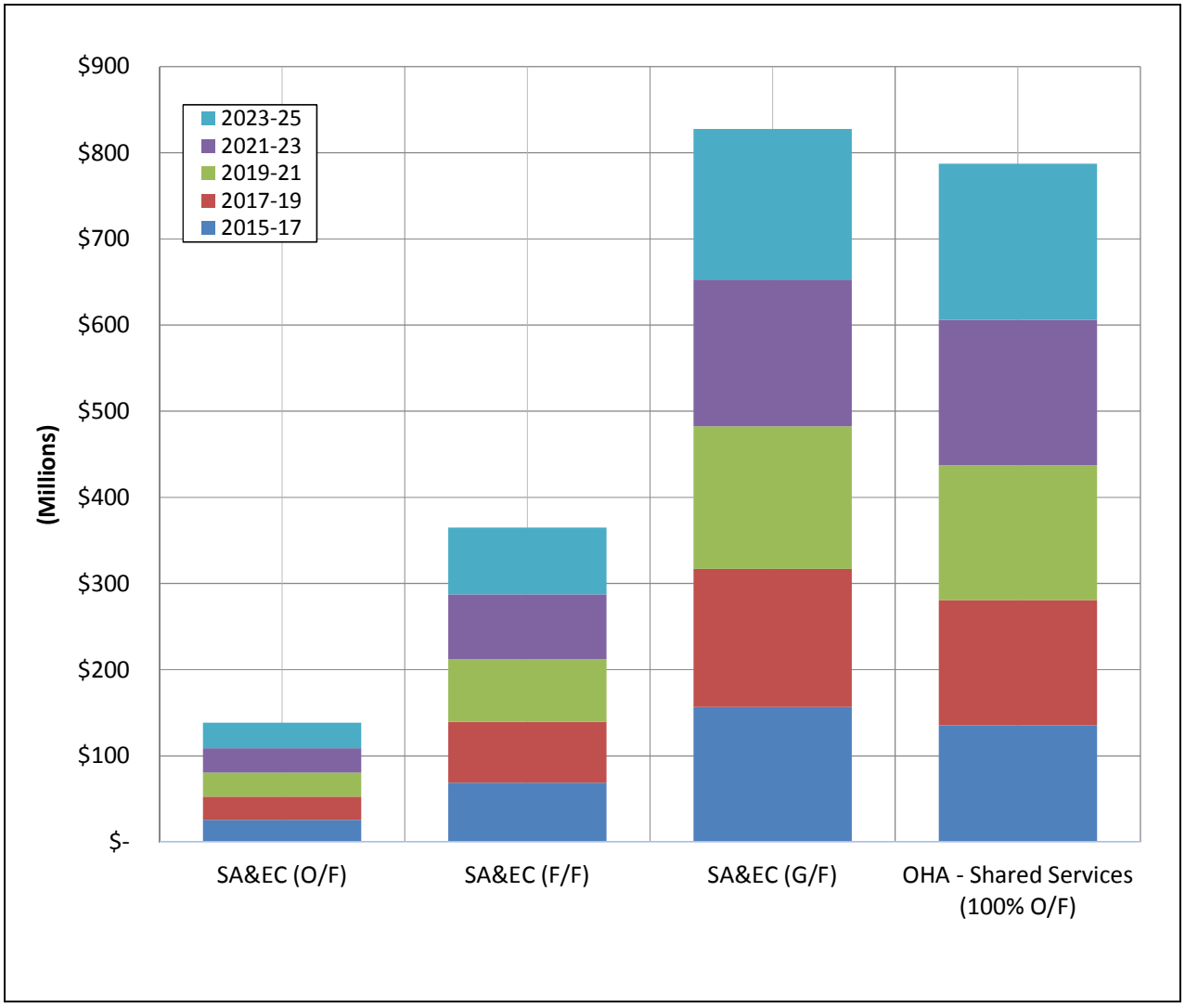
Funding streams in support of Central Services are allocated through a federally approved cost allocation plan. A grant allocation module aggregates costs on a monthly basis, as outlined in the federally approved plan, to its respective state and federal funding sources.

SIGNIFICANT PROPOSED PROGRAM CHANGES FROM 2013-2015

During the 2013-2015 biennium, OHA created the Health Policy Programs structure to achieve the needed accountability and alignment for the health transformation efforts. In this re-alignment, several programs moved from Central Services to Health Policy Programs. This included the Office of the Health Policy Director, Office of Health Policy and Research, Office of Health Analytics, OHA Transformation Center, Office of Equity and Inclusion, and Office of Health Information Technology. As a result, the Central Services 2015-2017 base budget is significantly less than the 2013-2015 Legislatively Approved Budget.

Oregon Health Authority: Shared Services and State Assessments & Enterprise-wide Costs

Primary Outcome Area: Improving Government
Program contact: Bill Coulombe, Budget Director
503-947-5196



EXECUTIVE SUMMARY

OHA Shared Services supports both DHS and OHA by providing leadership in the delivery of efficient, consistent and coordinated administrative services to all programs within both departments. OHA Shared Services contains the following programs:

- Office of Information Services
- Information Security and Privacy Office

OHA state assessments and enterprise-wide costs (SA&EC) includes the budget for costs that affect the entire agency.

State government service charges, price list:

DAS charges a mandatory assessment to all state agencies (SGSC) and an estimated fee for service charge provided by the following programs and others not listed here:

- DAS - Chief Financial Office (CFO)
- DAS - E-Government Program
- DAS - Enterprise Security Office
- DAS - Chief Human Resources Office
- Secretary of State Audits Division
- State Controllers Division
- Enterprise Goods and Services (EGS) - procurement
- Oregon State Library
- Chief Operating Office
- All others

Risk Management Program, price list:

Under ORS 278.405, the Department of Administrative Services (DAS) manages risk management and insurance programs of state government. It has responsibility to:

- Provide insurance coverage for tort liability, state property, and workers' compensation;

- Purchase insurance policies, develop and administer self-insurance programs;
- Purchase risk management, actuarial and other required professional services;
- Provide technical services in risk management and insurance;
- Adopt rules and policies governing the administration of the state's insurance and risk management activities.

State Data Center (SDC), price list:

The State Data Center provides and manages a common computing and network infrastructure for state agencies and local governments. The SDC provides services in the following service areas:

- Mainframe
- Distributed services
- Midrange
- Disaster recovery
- Storage
- Network
- Voice

Telecom, price list:

Telecommunications provides access to data and technology necessary to do business.

Facilities:

Provides coordination for DHS and OHA offices. The facilities expenditures include:

- Rent or lease work space for staff (includes escalations and reconciliation costs);
- Lease building maintenance management (janitorial, repair and maintenance);
- Fuels and utilities (includes rate increases);

- DAS leasing fees and building rent;
- Copier maintenance;
- Professional services for furniture movers, installers and emergency repairs;
- Attorney General cost for legal sufficiency reviews for leases, negotiations related to legal issues for facility related matters, and legal opinions;
- Inventory replenishment;
- Costs of systems furniture reconfigurations, building remodels, facilities relocations and staff moves.

IT direct – internal computer replacement:

This funding represents the lifecycle replacement, repairs, and new computers for new positions. If the agency requests an upgrade or purchase that is not considered replacement, repair or a new computer for an existing employee, the purchase is charged to the program.

Shared Services funding:

Funding is based on cost allocation statistics as applied to Shared Services office expenditures. The allocation method determines distribution of expenditures to OHA vs. DHS, and the revenue distribution by General Fund, Other Fund or Federal Fund.

Debt service:

Debt service is the obligation to repay principal and interest on funds borrowed through the sale of certificates of participation (COPs) and bonds. The state uses proceeds of COPs and bonds to build and improve correctional facilities. They also are used to provide staff support for related activities including project management, community development coordination and fiscal services support. Repayment periods range from six to 26 years depending on the nature and value of the project. The Department of Administrative Services Capital Investment Section provides schedules of debt service obligations for each sale; these are the

values used to develop the budget. Occasionally, the Capital Investment Section is able to refinance existing debt, which can reduce or delay debt obligations.

Mass transit:

Transit taxes are employer taxes used to fund a mass transit district. These are not deducted from employee pay. The transit tax is imposed directly on the employer. The tax is figured only on the amount of gross payroll for services performed within the TriMet or Lane Transit Districts. This includes traveling sales representatives and employees working from home. The Oregon Department of Revenue administers tax programs. Nearly every employer who pays wages for services performed in these districts must pay transit payroll tax. Based on state-only (General Funds) funding.

Unemployment insurance:

Benefits provide temporary financial assistance to workers unemployed through no fault of their own who meet Oregon's eligibility requirements. Invoiced and paid quarterly.

Treasury:

This budget component was established to capture the Other Fund loan limitation and the GF appropriation for the loan interest payment for each agency sometime during the second year of the biennium. Loan and interest estimates are provided by Financial Services Cash Management Accountant.

OHA SHARED SERVICES PROGRAM FUNDING REQUEST

Shared Services	GF	OF	FF	TF
Personal Services	-	102,435,257	-	102,435,257
Services & Supplies	-	34,293,627	-	34,293,627
Capital Outlay	-	-	-	-
Special Payments	-	-	-	-
Governer's Budget (2015-17)	-	136,728,884	-	136,728,884

SA&EC	GF	OF	FF	TF
Personal Services	2,077,588	788,187	80,416	2,946,191
Services & Supplies	46,796,842	13,849,572	34,018,055	94,664,469
Capital Outlay	-	-	-	-
Special Payments	38,071,935	9,898,365	31,010,200	78,980,500
Governer's Budget (2015-17)	86,946,365	24,536,124	65,108,671	176,591,160

Note: Personal Services budget in SAEC represents Mass Transit and Unemployment Insurance payments

PROGRAM DESCRIPTION

Office of Information Services (OIS) is a shared service provider for DHS and OHA. It provides information technology (IT) systems and services for nearly 16,000 agency and partner staff at 350 local offices, Oregon State Hospital locations, public health laboratories and testing services for county health departments, medical and military facilities, and other locations statewide.

OIS provides support for more than 12,000 desktop computers and 2,000 printers. The Service Desk responds to more than 12,000 service requests each month.

OIS provides information systems and services to DHS and OHA staff and partners statewide in support of programs that:

- Determine client eligibility;
- Provide medical, housing, food and job assistance;
- Provide addiction, mental health, and vocational and rehabilitative services;
- Protect children, seniors and people with physical and developmental disabilities;
- Process claims and benefits;
- Manage provider licensing and state hospital facilities;
- Promote and protect public health;
- Respond to and coordinate statewide disasters and health emergencies, and support the Health Alert Network and emergency preparedness activities.

OIS also supports partners around the state that use DHS and OHA systems. These include:

- State agencies including the Oregon Department of Justice Division of Child Support, the Oregon Employment Department and others;
- Cities and counties;
- District attorney's offices;
- Private hospitals;
- Other computer centers.

Many of the IT systems used by DHS, OHA and agency partners are needed 24 hours a day, seven days a week.

Information Security and Privacy Office (ISPO) is a shared service office providing information security services for DHS and OHA. ISPO uses business risk management practices to protect confidential information assets and educate staff, volunteers and partners on how to protect this information and report incidents when they occur.

The ISPO drivers include federal and state security regulations and audit findings, contractual and grant obligations, DHS security policies and procedures, legislative mandates and the Oregon Consumer Identity Theft Protection Act.

OHA State Assessments and Enterprise-wide Costs budget includes central government assessments and charges. This includes state government service charges, risk assessments, State Data Center charges, Secretary of State audit charges, mass transit charges, and information technology direct charges. This budget also includes all facilities costs including rent, maintenance, and utilities. Debt service is now included in this section as well.

In addition, the funding to pay for shared services received from both OHA and DHS is included in this budget. Funding streams in support of Shared Services are billed through a federally approved cost allocation plan. The model contains a billing allocation module and a grant allocation module.

PROGRAM JUSTIFICATION AND LINK TO 10-YEAR OUTCOME

OHA Shared Services provide critical business supports necessary for OHA programs to achieve the agency's mission

Its budget is structured and administered according to the following principles:

Control over major costs. OHA centrally manages many major costs. Some, such as many DAS charges, are essentially fixed to the agency. Others, such as facility rents, are managed centrally to control the costs. OHA Shared Services supports both the Department of Human Services (DHS) and OHA by providing leadership in the delivery of efficient, consistent and coordinated administrative services to all programs within both departments.

Customer-driven shared services. With the creation of separate agencies, DHS and OHA agreed to maintain many administrative functions as shared services to minimize costs, avoid duplication of effort, maintain centers of excellence, and preserve standards that help the agencies work together.

DHS and OHA govern their shared services through a governing board of the two agencies' operational leaders. This approach ensures that shared services are prioritized and managed to support program needs. The board and its chartered subgroups have:

- Established service level agreements and performance measures for each service;

- Selectively implemented mandated budget cuts;
- Managed staff within the shared services deliver services in a rational way; and
- Begun implementing more integrated systems to support the performance of all our employees.

PROGRAM PERFORMANCE

OIS and ISPO performance measures focus on customer service, system performance, responsiveness and information security. Other support areas have their own performance measures based on their systems and the services they provide. The following table provides an overview of OIS and ISPO customer measures.

Measure Name	RANGE Red	Yellow	Green	STATUS
Customer Service and Support				
Customer ticket resolution: Customer tickets resolved in first contact with the Service Desk.	<50%	50 - 69%	≥70%	70%
Call response: Calls to the Service Desk are answered less than 4 minutes.	<70%	70 - 79%	≥80%	100%
IT acquisition/purchase request response: Respond to IT acquisition/purchase requests within one (1) business week (five (5) working days), pending parts and availability.	<80%	80 - 89%	≥90%	90%
DHS/OHA network availability: The DHS/OHA network is available.	<80%	80 - 89%	≥90%	81%
Systems Applications Maintenance and Support				
Meeting project objectives: Established cost, scope and schedule objectives on operations and maintenance portfolio projects are met for major change or new information systems development.	<85%	85 - 90%	>90%	95 - 100%
System interruption restoration: System interruptions are restored as soon as possible within 24 hours.	<80 - 85%	80 - 90%	>90%	90 - 100%
Prioritization of new requests: New development and enhancement requests are prioritized through regularly scheduled meetings and processes with customer groups.	<80%	85 - 90%	>90%	100%
Information Security and Privacy				
Agreement/Grant Reviews: Total number of agreements/grants reviewed within the one day response time.	<85%	85 - 94%	≥95%	100%
Assessments Completed: Total number of application, network & physical assessments completed.	<10	10 - 14	>14	17
SPAM Filters: Total number of SPAM filters added within 24 hour response time.	<80%	80 - 89%	≥90%	100%
Employee Required Training	<70%	70 - 89%	≥90%	85% - Info Security 83% - General Privacy

ENABLING LEGISLATION/PROGRAM AUTHORIZATION

HB 2009 created the Oregon Health Authority in 2009.

FUNDING STREAMS

Funding streams in support of Shared Services are billed to through a federally approved cost allocation plan. The model contains a billing allocation module and a grant allocation module.

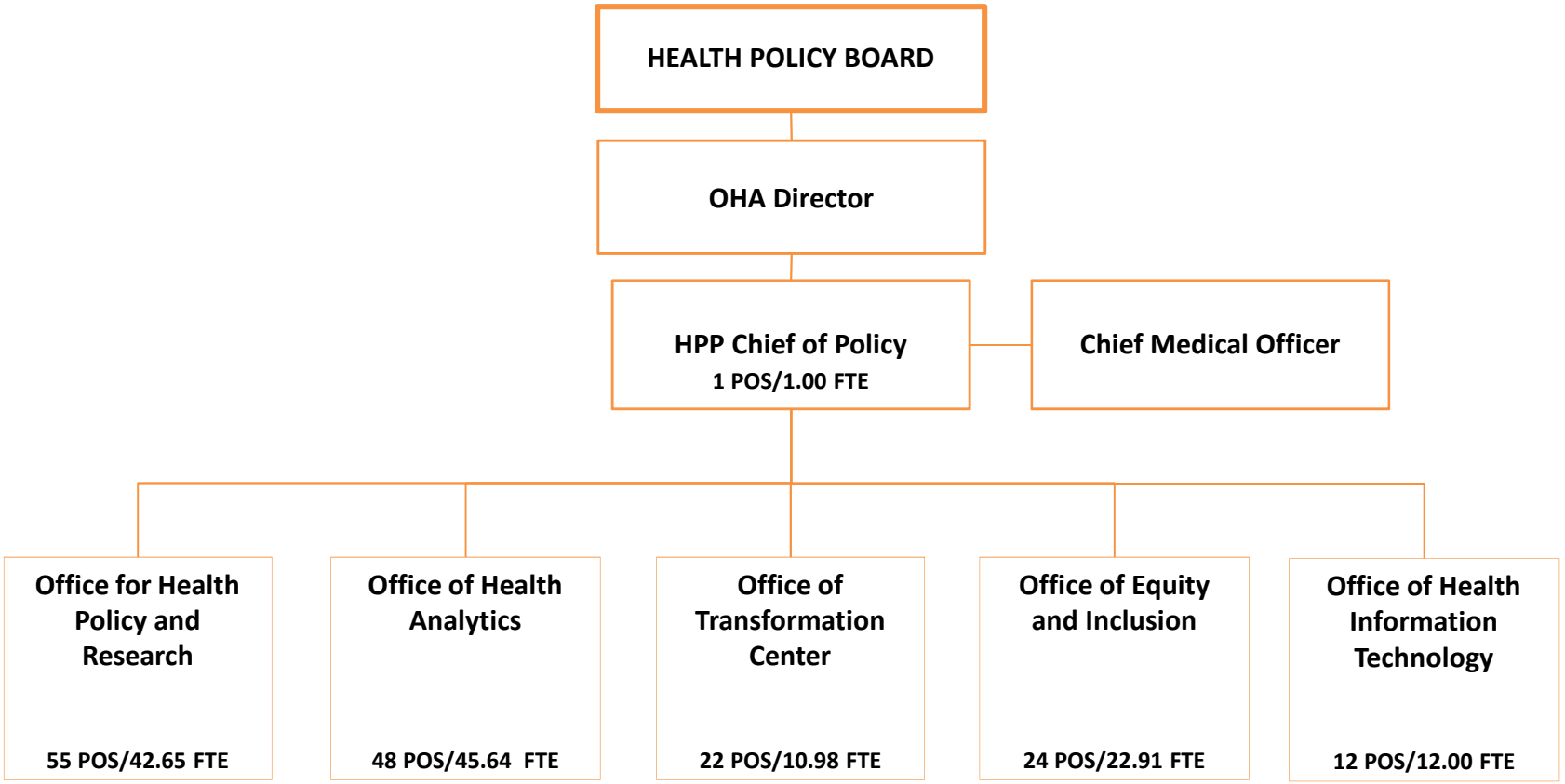
The billing allocation module first allocates Shared Services costs to the two agencies. The billing module then allocates the costs to customers within each agency. The grant allocation module allocates those costs to their respective state and federal funding sources.

Both modules allocate aggregated costs on a monthly basis as outlined in the federally approved plan.

SIGNIFICANT PROPOSED PROGRAM CHANGES FROM 2013-2015

None

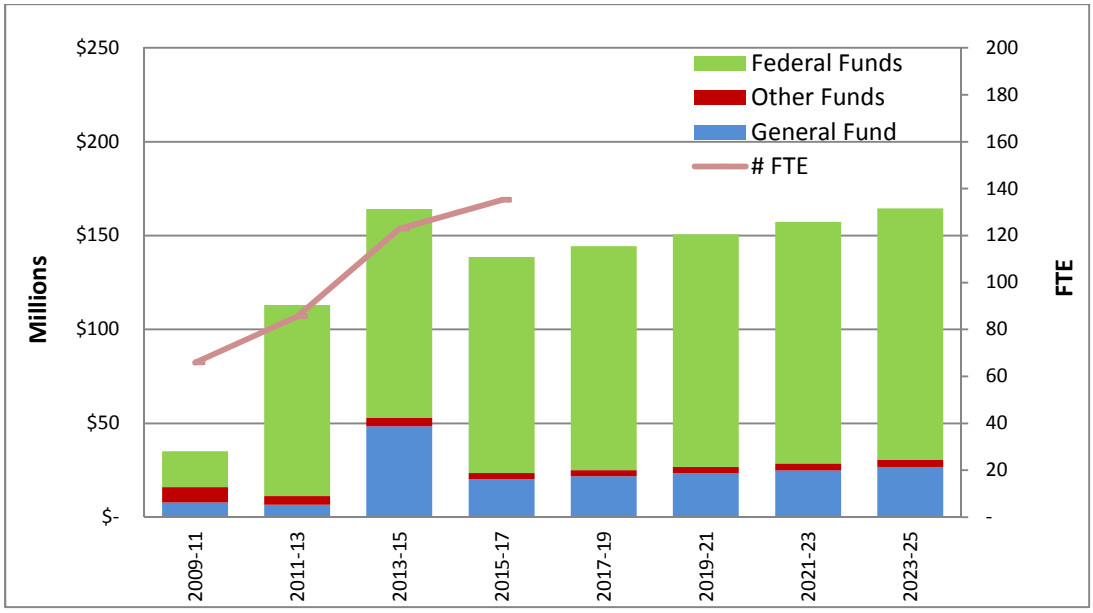
2015-17 Health Policy Programs Organization Structure



Oregon Health Authority

Oregon Health Authority: Health Policy Programs

Primary Outcome Area: Healthy People
Program contact: Leslie Clement, Chief of Policy
503-945-9718



EXECUTIVE SUMMARY

The budget for Health Policy Programs (HPP) includes the:

- Office of the Chief of Health Policy
- Office of the Chief Medical Officer – Clinical Services Improvement;
- Office for Oregon Health Policy and Research;
- Office of Health Analytics;
- Office of Health Information Technology;
- Office of Equity and Inclusion; and
- Transformation Center.

These offices provide policy support, technical assistance, and access to health information statistics and tools to all organizations and providers participating in Oregon's Health System Transformation, including programs within the Oregon

Health Authority. Together, these offices provide services and support focused on achieving the triple aim of better health, better care, and lower costs.

PROGRAM FUNDING REQUEST

For the 2015-2017 biennium, the Oregon Health Authority requests the following budget (in millions) for Health Policy Programs:

- 2015-2017 Request: $138.5 TF ($20.3 GF, $3.1 OF and $115.1 FF)

From this investment, Health Policy Programs will provide the Oregon Health Authority, the Oregon Health Policy Board (OHPB), and organizations and providers participating in Oregon's Health System Transformation with:

1. Health policy analysis and development, stakeholder engagement, and strategic and implementation planning services;
2. Clinical leadership across OHA to translate medical evidence into practice and coverage guidelines that improve the quality of health outcomes for patients;
3. Financial and performance data, consistent rate-setting methods, and analysis to support key management and budget decisions;
4. Development of an electronic health information network and related tools to securely share patient information and to optimize delivery of patient health care;
5. Strategies to deliver culturally competent services that address health disparities, promote prevention, and enhance patient-centered care; and,
6. Promotion of the coordinated care model across all populations and payers through technical assistance and the sharing and dissemination of evidence-based best practices.

The Oregon Health Authority estimates the following costs for Health Policy Programs through the 2021-2023 biennium:

- 2017-2019 projected costs: $144.4 TF ($21.7 GF, $3.3 OF and $119.4 FF)
- 2019-2021 projected costs: $150.6 TF ($23.2 GF, $3.5 OF and $123.9 FF)
- 2021-2023 projected costs: $157.4 TF ($24.9 GF, $3.7 OF and $128.8 FF)

Health Policy Programs provide services to all Oregon Health Authority programs and units including PEBB/OEBB and its provider networks, 16 coordinated care organizations, and an estimated 55,000 health care practitioners statewide.

PROGRAM DESCRIPTION

The **Office of the Chief of Health Policy** coordinates with the Governor's Office, the Legislature, other state and federal agencies, partners and stakeholders, local governments, advocacy and client groups, and the private sector to achieve the triple aim of better health, better care, and lower costs.

The **Office of the Chief Medical Officer – Clinical Services Improvement** (CMO-CSI) is designed to align and integrate clinical resources and policies to support the implementation of the coordinated care model throughout all provider and payer organizations, including the health authority. The chief medical officer's focus is to direct and guide implementation of clinical services so they support quality improvement outcomes and integrate delivery of behavioral, physical, and oral health care. This role includes oversight of the Patient Centered Primary Care Home program, the Health Evidence Review Commission, and the Quality Council.

The **Office for Oregon Health Policy and Research** (OHPR) provides policy analysis, development, and evaluation services to support the work of the Oregon Health Policy Board, the Medicaid Advisory Council, OHA programs, and other stakeholders engaged in the design of Oregon's health system transformation. OHPR provides technical assistance on topics such as primary care workforce development, resource leveraging, and grant development for health system transformation projects.

The **Office of Health Analytics** collects and statistically analyzes utilization, quality, and financial data. It does this in order to:

- Evaluate OHA program performance;
- Provide data to support health system and program planning and implementation; and
- Analyze trends across all payers and claims data.

In addition, this office performs actuarial analysis to support rate development and benefit design. This research is used by policy makers, practitioners, consumers, and researchers to make data-driven decisions.

The **Office of Health Information Technology** (OHIT) is responsible for providing coordination across programs, departments, and agencies in developing policies and procedures that:

- Accelerate state and federal health reform goals through organized support for adoption, implementation and integration of health information technologies;
- Leverage health IT funding opportunities from federal agencies, philanthropic organizations and the private sector to improve Oregon's health IT capacity; and,
- Increase collaboration and communication among state agencies and across programs for enhanced planning and shared decision making, leveraged IT purchases, and coordination of service delivery.

The **Office of Equity and Inclusion** (OEI- formerly the Office of Multicultural Health and Services) promotes good health and wellness for all Oregonians through policy development, training and consultation, and community and organizational capacity building. OEI works with diverse stakeholders both outside and within the Oregon Health Authority to ensure the elimination of avoidable health disparities and to promote optimal health outcomes for everyone in Oregon. It also encourages best practices for diversity development in recruitment, hiring, retention, performance management, contracting and procurement, and employee development within OHA and Oregon's health promoting systems.

The OHA **Transformation Center**'s purpose is to promote effective and innovative practices among Oregon's existing coordinated care organizations (CCOs) and to encourage the adoption of the coordinated care model of patient care among all health plans and payers. The Transformation Center serves as a catalyst to identify and share evidence-based and emerging best practice information. It does this by:

- Establishing learning collaboratives;
- Assigning innovator agents to help CCOs by supporting transformation efforts and by acting as liaisons to OHA;

- Supporting the Council of Clinical Innovators;
- Providing technical assistance and infrastructure support; and
- Disseminating outcome and best practice information to providers and plans across Oregon.

PROGRAM JUSTIFICATION AND LINK TO 10-YEAR OUTCOME

All of the programs within Health Policy Programs directly support the 10-Year Outcome of Healthy People. Together, the offices help to establish the common vision, define the outcomes, measure fiscal accountability, measure the effects of investment in various health care strategies, and inform all aspects of Oregon's health care decision- and policy-making efforts. In essence, these offices recommend the policy direction, measure the results, and suggest strategies for improving all of Healthy People outcomes. Recent focus has been on tracking:

- Reducing per capita costs;
- Reducing the number of uninsured Oregonians; and
- Improving specific health measures tracked by the CCOs.

PROGRAM PERFORMANCE

Health Policy and Program offices provide technical and subject matter expertise, analytic capacity, technical assistance, and the ability to secure funding and support of federal and national agency partners. They do not deliver program-specific services.

ENABLING LEGISLATION/PROGRAM AUTHORIZATION

Program authorization legislation and applicable federal and state mandates are listed by office in the Program Unit narratives.

DESCRIBE THE VARIOUS FUNDING STREAMS THAT SUPPORT THE PROGRAM

Health Policy and Programs is supported primarily by General Funds that are matched with Medicaid Administrative Federal Funds. The match rates vary depending upon the type of work being performed. The office also receives 100 percent Federal Funds from the CMS Children's Health Insurance Program Reauthorization Act (CHIPRA) grant, the Center for Medicare and Medicaid

Innovation (CMMI) State Innovation Model grant, the CMS Adult Medicaid Quality grant, the Health Resources and Services Administration (HRSA) Primary Care grant, and Health Information Technology Electronic Health Record funds. It receives Other Funds from various grants (American Cancer Society, Robert Wood Johnson), fees (workforce, inpatient data, ambulatory surgical data, All Payer All Claim [APAC], and J1 Visa), and loan repayment programs (Primary Care Provider Loan).

DESCRIBE HOW THE 2015-2017 FUNDING PROPOSAL ADVANCED BY THE AGENCY COMPARES TO THE PROGRAM AUTHORIZATION FOR THE AGENCY IN 2013-2015

The following is a comparison of Health Policy Programs 2015-2017 budget request to its 2013-2015 budget:

	General	Other	Federal	Total Fund	Pos.	FTE
Leg. Approved 13-15	48,376,685	4,472,435	111,251,869	164,100,989	130	122.87
Governor's Budget	20,315,058	3,120,236	115,124,308	138,559,602	162	135.18
Difference	-28,061,627	-1,352,199	3,872,439	-25,541,387	32	12.31
Percent Change	-58%	-30%	3%	-16%	25%	10%

The 2015-2017 Current Service Level total funds budget is $130,744,594. The Governor's Budget is increased by $1,771,152 for policy option package 201 Race, Ethnicity, Language and Disability Collection, $4,801,423 for policy option package 402 Promote Innovative Health System Solutions, and $1,242,433 for package 091 December 2014 Rebalance. The significant drop in General Fund between biennium accounts for the "one-time" $30M General Fund Transformation Investment authorized by the 2013 legislative session.

Oregon Health Authority: Health Policy Programs

Office of the Chief of Health Policy and Chief Medical Officer

Program contact: Leslie Clement, Chief of Policy
503-945-9718
Jeanene Smith, M.D., Chief Medical Officer
503-373-1625

EXPENDITURES BY FUND TYPE, POSITIONS AND FULL-TIME EQUIVALENTS

The following is the 2015-2017 budget request for the Office of the Chief of Health Policy and Chief Medical Officer (CMO) by fund type, positions, and full-time equivalents:

	General	Other	Federal	Total Fund	Pos.	FTE
Leg. Approved 13-15	4,166,542	0	106,475	4,273,017	1	1.00
Governor's Budget	180,981	0	115,947	296,928	1	1.00
Difference	-3,985,561	0	9,472	-3,976,089	0	0.00
Percent Change	-96%	0%	9%	-93%	0%	0%

The 2015-2017 Current Service Level total funds budget is $296,928 and no additional increases are requested. The significant drop in General Fund is attributed to the one time $4M General Fund investment in 13-15 associated with the Primary Care Loan Repayment from Senate Bill 440.

ACTIVITIES, PROGRAMS, AND ISSUES IN THE PROGRAM UNIT BASE BUDGET THAT MAY REQUIRE FURTHER EXPLANATION THAN ALLOWED IN THE PROGRAM UNIT EXECUTIVE SUMMARY.

The vision set forth by the Governor, the Oregon Health Policy Board and the Legislature is of one integrated, statewide health system that achieves better

health, better care, and lower health care costs for all Oregonians. Achieving this vision requires the current system to focus on:

- Improving care coordination;
- Integrating behavioral, physical, and oral health care;
- Incorporating community-based and public health resources toward improved population health;
- Implementing payment methods that focus on value and pay for improved outcomes
- Establishing standards and accountability for safe, accessible and effective care; and
- Spreading best practices and innovations.

The Office of the Chief of Health Policy coordinates with the Governor's Office, the Legislature, other state and federal agencies, partners and stakeholders, local governments, advocacy and client groups, and the private sector to achieve the triple aim of better health, better care, and lower costs.

OHA has shifted existing clinical staff, programs, and resources into a new unit under the direction of the chief medical officer (CMO). The purpose of this shift is to better align medical management practices and coordinate clinical policies across the Coordinated Care Organizations, other plans and payers, and all OHA departments.

The goals of the Chief Medical Officer-Clinical Services Improvements Office are to:

- Integrate clinical policies and resources to support the coordinated care model;
- Align and coordinate health care delivery strategies and systems throughout the Oregon Health Authority;
- Pursue further integration of behavioral, physical, and oral health care;
- Establish and maintain effective working relationships with Oregon's providers and health care delivery system representatives; and
- Coordinate quality improvement efforts across OHA, PEBB- and OEBB-contracted plans, the CCOs, and other entities involved in quality improvement.

One role of the CMO is to focus the agency's medical knowledge and expertise on achieving performance, quality, and cost containment goals. It will accomplish this in part by assuming direct supervision of several existing positions within the Oregon Health Authority that have historically reported through a variety of chains of command. These include:

- OHA Dental Director;
- Child Health Director;
- The Transformation Center's director of clinical innovation;
- The Health Evidence Review Commission (HERC) clinical director; and
- OHA quality improvement director.

This unit will coordinate with Addictions and Mental Health, Public Health, and the Medical Assistance Programs medical directors and clinical experts to align OHA's policies and strategies.

The CMO also oversees the Health Evidence Review Commission (HERC). Among other responsibilities, HERC:

- Conducts comparative effectiveness and benefit design research to inform public and private sector transformation efforts;
- Performs medical technology reviews;
- Develops clinical and coverage guidelines based on clinical evidence;
- Maintains the OHP Prioritized List of Health Services; and
- Disseminates information on the effectiveness and costs of medical treatments and technologies.

A key strategy for the CMO staff will be applying HERC research to advance policy development, implementation, and evaluation for OHA, the CCOs, and PEBB/OEBB contracted plans.

The Office of the Chief Medical Officer houses the Patient Centered Primary Care Home (PCPCH) program. The standards for care in a PCPCH include accessibility, accountability, and comprehensive, continuous, coordinated and patient- and family-centered care. To recognize additional PCPCH clinics, it will be important to focus the work on developing provider relationships and supporting family- and patient-centered practice changes.

The CMO has a key role in developing and staffing OHA's internal, cross-agency Quality Council. The Quality Council brings together OHA leadership to coordinate

and lead quality improvement efforts for the agency. It provides the structure for: (1) the clinical, behavioral, and population health leadership of OHA to analyze clinical trends in quality, compliance, and system performance; and, (2) the development of integrated strategies to improve quality. The CMO's office is responsible for making sure the Quality Council's work is integrated and shared with the CCO medical directors, PEBB/OEBB boards and their contracted plans, and other OHA programs.

The Office of the Chief Medical Officer may also sponsor performance improvement projects and work closely with the Transformation Center to coordinate and support quality efforts based on the Quality Council's recommendations. Identifying key health care trends will generate valuable information to share with our partner agencies, DHS, the DCBS Insurance Division, the Governor's Office, and the Legislature.

ENABLING LEGISLATION/PROGRAM AUTHORIZATION

The Office of the Chief Medical Officer – Clinical Services Improvement supports the following state mandates:

- Health Evidence Review Commission (HERC) (ORS 414.688-704);
- Pain Management Commission (PMC) (ORS 413.570-599); and,
- Patient-Centered Primary Care Home Program (ORS 442.210, 414.655) and 414.655 adds CCOs under PCPCH program.

FUNDING STREAMS

Existing OHA resources were redistributed to create the Office of the Chief Medical Officer – Clinical Services Improvement. Although staff reporting relationships have changed, no permanent positions or funding were added to the budget for this purpose. The primary source of funding is Medicaid Administrative match; however, the State Innovation Model grant from the Center for Medicare and Medicaid Innovation (CMMI) supports Limited Duration positions within the HERC, PCPCH, and CMO programs through September 2016.

The significant drop in General Fund for 15-17 is attributed to the one-time $4M General Fund investment in 13-15 associated with the Primary Care Loan Repayment from Senate Bill 440.

PROPOSED NEW LAWS THAT APPLY TO THE PROGRAM UNIT.

None.

Oregon Health Authority: Health Policy Programs

Office for Health Policy and Research

Program contacts: Jeanene Smith, M.D., Administrator and
Chief Medical Officer
503-373-1625
Lisa Angus, Policy Director
503-373-1632

EXPENDITURES BY FUND TYPE, POSITIONS AND FULL-TIME EQUIVALENTS

The following is the 2015-2017 budget request for the Office for Health Policy and Research by fund type, positions, and full-time equivalents:

	General	Other	Federal	Total Fund	Pos.	FTE
Leg. Approved 13-15	6,361,639	1,459,332	27,189,225	35,010,196	34	31.65
Governor's Budget	8,007,913	1,497,320	31,921,145	41,426,378	55	42.65
Difference	1,646,274	37,988	4,731,920	6,416,182	21	11.00
Percent Change	26%	3%	17%	18%	62%	35%

The 2015-2017 Current Service Level total funds budget is $38,993,904 and is increased by $2,432,474 for policy option package 402 Promote Innovative Health System Solutions.

ACTIVITIES, PROGRAMS, AND ISSUES IN THE PROGRAM UNIT BASE BUDGET THAT MAY REQUIRE FURTHER EXPLANATION THAN ALLOWED IN THE PROGRAM UNIT EXECUTIVE SUMMARY

The Office for Oregon Health Policy and Research (OHPR) analyzes and develops policy options, facilitates stakeholder discussions, coordinates strategic and implementation planning efforts, and conducts health services research and policy evaluation for the Governor's Office, the Legislature, the Oregon Health Policy Board (OHPB), the Oregon Health Authority, and other participants in

Oregon's health system transformation work. These services help Oregon identify opportunities, articulate program options, implement policy, and assess its progress toward achieving the triple aim of better health, better care, and lower costs.

Focused areas of work include:

- Developing and analyzing policy on priority topics such as Medicaid transformation and spread of the Coordinated Care Model, "churn" between different insurance programs and alternative coverage options, and improvements in health care value;
- Negotiating agreements with and securing funding from federal partners that advance state health policy goals;
- Providing technical assistance and coordination for implementation of health system transformation, primary care workforce development, Oregon's Common Credentialing System, and other programs;
- Analyzing emerging health policy issues and regulations, working with national and other state experts to bring best practices and new ideas to Oregon for its strategic planning and decision-making;
- Supporting the Oregon Health Policy Board, the Medicaid Advisory Committee, the Coordinated Care Model Alignment Workgroup, the Healthcare Workforce Committee, the Common Credentialing Advisory Committee, and other standing and ad hoc work groups with project management, staff support and policy coordination; and,
- Monitoring and evaluating the progress of health system transformation in Oregon.

PROGRAM PERFORMANCE

The office has played a pivotal role in health care coverage, access, quality, and cost containment initiatives. These have become cornerstones of the state's strategy to achieve its goals of Healthy People and achieving the triple aim. For example, OHPR conducted much of the research and development work for the Healthy Kids program, health system transformation, and coordinated care organizations. This included staff support and materials for a broad range of public meetings for stakeholder engagement. The office also has provided technical assistance to various OHA programs to implement these key policy initiatives.

PARTNERS

The offices' state partners include other OHA programs, the Department of Human Services, the Department of Consumer and Business Services Insurance Division and Cover Oregon. Other key partners include federal agencies within the Department of Health and Human Services such as the Centers for Medicare and Medicaid Services, coordinated care organizations, health plans and health care providers in the state, and local and national health care organizations, foundations and researchers. Because the office supports stakeholder consultation on health issues, partners also include the full range of health care associations and advocates.

ENABLING LEGISLATION/PROGRAM AUTHORIZATION

Federal mandates: Federal law requires each state to establish a committee to advise the Medicaid agency about health and medical care services (42 CFR 431.12). In Oregon, the Medicaid Advisory Committee (MAC) is convened and staffed by OHPR.

State mandates: The Office for Health Policy and Research was created by the Oregon Legislature in 1993. Much of the policy development and stakeholder engagement work performed by OHPR is mandated by Oregon law, including:

- Advisory Committee on Physician Credentialing Information (ORS 441.221-223)
- Community-based Health Care Initiatives (ORS 735.721-727)
- Credentialing, Electronic Information (Sections 1 – 11, Ch. 603, OL 2013)
- Credentialing, Telemedicine Providers (ORS 441.056)
- Medicaid Advisory Committee (MAC) (ORS 414.211-227)
- Physician Visa Waiver Program (ORS 413.248)
- Primary Care Provider Loan Repayment (ORS 413.233, 413.127)
- Student Clinical Training Requirements (ORS 413.435)

FUNDING STREAMS

OHPR leverages Medicaid administrative match for eligible programs and activities, including Medicaid-related health system transformation, the Medicaid Advisory Committee, research and evaluation, and staffing.

The office has received grant awards from a variety of federal and private grants such as:

- The Centers for Medicare and Medicaid Services Children's Health Insurance Program Reauthorization Act;
- The Center for Medicare and Medicaid Innovation (CMMI) State Innovation Model program;
- The American Cancer Society, Northwest Health Foundation, Robert Wood Johnson Foundation, and others.

These grants are used to fund efforts that fit within the strategic vision of health care reform in Oregon.

The office also has fee-supported programs:

- Health care Workforce Data Collection and Reporting (ORS 442.468); and Conrad J-1 Visa Program (HB 2151; ORS 409.745).

PROPOSED NEW LAWS THAT APPLY TO THE PROGRAM UNIT

None.

Oregon Health Authority: Health Policy Programs

Office of Health Analytics

Program contacts: Lori Coyner, Director
503-947-2340
Matt Betts, Deputy Director
503-884-7013

EXPENDITURES BY FUND TYPE, POSITIONS AND FULL-TIME EQUIVALENTS

The following is the 2015-2017 budget request for the Office of Health Analytics by fund type, positions, and full-time equivalents:

	General	Other	Federal	Total Fund	Pos.	FTE
Leg. Approved 13-15	5,160,563	705,445	4,149,176	10,015,184	48	48.00
Governor's Budget	5,569,635	923,643	3,811,207	10,304,485	48	45.64
Difference	409,072	218,198	-337,969	289,301	0	-2.36
Percent Change	8%	31%	-8%	3%	0%	-5%

The 2015-2017 Current Service Level total funds budget is $10,018,486 and is increased by $285,999 for policy option package 402 Promote Innovative Health System Solutions.

ACTIVITIES, PROGRAMS, AND ISSUES IN THE PROGRAM UNIT BASE BUDGET THAT MAY REQUIRE FURTHER EXPLANATION THAN ALLOWED IN THE PROGRAM UNIT EXECUTIVE SUMMARY.

The Office of Health Analytics coordinates and produces financial, quality, and performance data, develops and implements rate-setting methods, and analyzes these data for the Oregon Health Authority (OHA) and the Oregon Health Policy Board (OHPB). The office supports OHA and OHPB's management and budget decisions and evaluates the impact of those decisions.

Briefly, the office's work includes:

- Providing professional actuarial services, analysis and advice to leadership regarding of the biennial budget, Medicaid rates, and global CCO budgets;
- Collecting and analyzing data on the performance of Oregon's health care system (e.g., hospital utilization, quality and costs, health care workforce capacity, and rate of insurance coverage) and of OHA programs (e.g., evaluation of the Healthy Kids program and CCO Incentive Metrics). Data collected and analyzed includes unique datasets such as the All Payer All Claims Database, which is used to make policies and decisions that are based on solid research and data.
- Partnering with the Department of Consumer and Business Services Insurance Division and Cover Oregon on health reform and with the Office of Equity and Inclusion to advance health equity.

PROGRAM PERFORMANCE

This office is responsible for the ongoing evaluation of statistical health trends and monitoring the impact of policy and program changes. It plays a vital quality control function, and its work leads to the refinement of policies that improve Oregonians' health, improve the health care system, and contain costs.

PARTNERS

The offices' state agency partners include other OHA programs, the Department of Human Services, and the Department of Consumer and Business Services. External partners include federal agencies, health plans and health care providers in the state, CCOs, Cover Oregon, and local and national health care expert organizations, foundations, and researchers.

ENABLING LEGISLATION/PROGRAM AUTHORIZATION:

State mandates include:

- Ambulatory Surgery Reporting (ORS 442.120)
- Capitol Project Reporting (ORS 442.361-362, 442.991)
- Community Benefit Reporting (ORs 442.200-205)
- Health Care Cost Review (ORS 442.400-463)
- Health Care Data Reporting (ORS 442.464, 442.466, 442.993)
- Health Care Workforce Database (ORS 442.468, 676.410)

FUNDING STREAMS

The Office of Health Analytics leverages Medicaid administrative match for eligible programs and activities, including Medicaid-related health system transformation, research and evaluation, and staffing.

The office has received grant awards from a two main federal grants: the Centers for Medicare and Medicaid Innovations' State Innovation Model grant and the Centers for Medicare and Medicaid Services' Adult Medicaid Quality grant.

PROPOSED NEW LAWS THAT APPLY TO THE PROGRAM UNIT

None.

Oregon Health Authority: Health Policy Programs

Transformation Center

Program contacts: Chris DeMars, Director of Systems Innovations
971- 673-1279

EXPENDITURES BY FUND TYPE, POSITIONS AND FULL-TIME EQUIVALENTS

The following is the 2015-2017 budget request for the OHA Transformation Center by fund type, positions, and full-time equivalents:

	General	Other	Federal	Total Fund	Pos.	FTE
Leg. Approved 13-15	27,024,487	3,212	3,438,960	30,466,659	24	22.91
Governor's Budget	1,090,247	4,414	2,281,736	3,376,397	22	10.98
Difference	-25,955,652	131	-2,228,908	-28,184,429	-2	11.93
Percent Change	-96%	3%	-49%	-89%	-8%	-52%

The 2015-2017 Current Service Level total funds budget is $1,293,447 and is increased by $2,082,950 for policy option package 402 Promote Innovative Health System Solutions.

ACTIVITIES, PROGRAMS, AND ISSUES IN THE PROGRAM UNIT BASE BUDGET THAT MAY REQUIRE FURTHER EXPLANATION THAN ALLOWED IN THE PROGRAM UNIT EXECUTIVE SUMMARY.

The Oregon Health Authority's Transformation Center is the state's hub for health system innovation and improvement. It is key to encouraging the widespread adoption of the coordinated care model across populations and payers. The center's goal is to increase the rate and spread of innovation necessary to deliver better health care at lower costs and to improve the health of Oregonians.

The center supports Coordinated Care Organizations and other plans and payers to adopt and spread the coordinated care model by:

- Establishing and fostering learning collaboratives;
- Providing immediate system and performance feedback;
- Offering technical assistance; and,
- Disseminating best practices among Coordinated Care Organizations (CCOs), as well as other health plans and payers.

The center's strategies include:

Learning collaboratives. The center supports CCOs – and other plans and payers – learning from each other and from recognized experts. For the most part, the learning collaboratives are open to all payers. They create opportunities for peer-to-peer learning and networking, the identification and sharing of evidence-based care and emerging best practices, and the advancement of innovative strategies for promoting health.

Initial topic areas include:

- Complex care;
- CCO Community Advisory Council support;
- Quality improvement ;
- New payment methods;
- Physical and behavioral health care integration;
- Dental integration;
- Coordination of public health, community mental health, and long-term care supports and services;
- Provider and patient engagement;
- Health literacy; and,
- Reducing health disparities.

Clinical standards and supports. The center will disseminate clinical standards and supports by working with: (1) the Health Evidence Review Commission to share evidence-based decision tools to assist providers and CCO clinical advisory panels to deliver effective and efficient care; and, (2) provider associations to share tools from the *Choosing Wisely* campaign that encourages providers to have conversations with patients about evidence-based care, the costs of duplicative tests, and defining necessary services.

Innovator agents. In accordance with Oregon's Medicaid waiver agreement with the Centers for Medicare and Medicaid Services, each CCO is assigned an innovator agent, who acts as a liaison between the CCO and OHA. Innovator agents facilitate communications, disseminate best practices, provide monthly data-driven feedback, and promote quality improvement techniques. The innovator agents are also key leaders in identifying areas for internal agency transformation and helping to lead agency improvement efforts.

Council of Clinical Innovators. The Transformation Center supports innovation leaders, consultants and mentors actively working with project teams to implement health system transformation projects in their communities. Through innovation projects and a year-long learning experience, a select group of Clinical Innovation Fellows will develop and refine skills to create a network of experts that can support the coordinated care model.

Community and stakeholder engagement. The Transformation Center is developing strategies for effective community and stakeholder engagement focused on health system transformation and implementing and spreading the coordinated care model. Strategies include conferences and workshops, providing research and policy materials and practice guidelines, and providing outreach to promote the coordinated care model.

Technical assistance and infrastructure support. The Transformation Center connects CCOs, other payers adopting elements of the coordinated care model, and providers to expertise and technology resources that can assist in effective delivery system reforms. Examples of supports include the use of health information technology, delivering quality data, and aligning financial incentives.

PROGRAM PERFORMANCE AND PARTNERS:

The Transformation Center serves Oregon's 16 Coordinated Care Organizations, as well as other health plans, providers, and participants in Oregon's health system transformation. Research on the quality and timeliness of services is scheduled to be provided by an independent evaluator.

ENABLING LEGISLATION/PROGRAM AUTHORIZATION:

Last session's SB 1580 provided legislative approval for OHA's proposals for Coordinated Care Organizations. It also required the Health Authority to report

quarterly to legislative committees on implementation of Coordinated Care Organization model of health care delivery and other specified matters.

FUNDING STREAMS:

A portion of the Transformation Center's program is supported by Medicaid Transformation Funds. Additional support is provided by a State Innovation Model grant from the Center for Medicare and Medicaid Innovation. The significant drop in General Fund between biennium is accounted for by the "one-time" $30M Transformation Investment authorized by the 2013 legislative session.

PROPOSED NEW LAWS THAT APPLY TO THE PROGRAM UNIT.

None.

Oregon Health Authority: Health Policy Programs

Office of Equity and Inclusion

Program contact: Leann Johnson, Interim Director
971-673-1284

EXPENDITURES BY FUND TYPE, POSITIONS AND FULL-TIME EQUIVALENTS

The following is the 2015-2017 budget request for the Office of Equity and Inclusion (OEI) by fund type, positions, and full-time equivalents:

	General	Other	Federal	Total Fund	Pos.	FTE
Leg. Approved 13-15	1,070,597	543,330	2,238,021	3,851,948	11	8.89
Governor's Budget	3,608,025	694,859	2,856,702	7,159,586	24	22.91
Difference	2,537,428	151,529	618,681	3,307,638	13	14.02
Percent Change	237%	28%	28%	86%	118%	158%

The 2015-2017 Current Service Level total funds budget is $4,146,001. The Agency Request Budget is increased by $1,771,152 for policy option package 201 Race, Ethnicity, Language and Disability Collection (a joint Policy Option Package request with DHS Office of Multicultural Health and Services).

ACTIVITIES, PROGRAMS, AND ISSUES IN THE PROGRAM UNIT BASE BUDGET THAT MAY REQUIRE FURTHER EXPLANATION THAN ALLOWED IN THE PROGRAM UNIT EXECUTIVE SUMMARY

The programs of the Office of Equity and Inclusion work on behalf of the Oregon Health Authority to address and eliminate avoidable health gaps and promote optimal health in Oregon for everyone. The work is carried out in two major work streams: (1) Equity, Policy and Community Engagement; and (2) Diversity, Inclusion and Civil Rights.

Equity, Policy and Community Engagement Unit
This unit's primary initiative is to identify inequities in health and service outcomes and target resources to reduce these inequities. It does this by working across OHA systems to collect and analyze population and client data that are broken down by race, ethnicity, language and disability. The unit reaches out to and engages members of communities historically affected by health inequities, providing them with resources and helping build their ability to advocate for themselves. It also advances legislation and rule-making focused on health equity.

Lack of economic self-determination, oppression and lack of equitable access all contribute to ill health and health disparities. This is part of what is known as the social determinants of health. The unit has implemented three signature programs that support health system transformation that increases access to high-quality, appropriate care, and to identify opportunities to prevent poor health by addressing the social determinants. These signature programs are:

Health Care Interpreter and Traditional Health Worker program – Establishes and monitors a process and system to certify and qualify health care interpreters and certify traditional health workers (community health workers, peer support and peer wellness specialists, personal health navigators and doulas) and integrate them into health care teams to improve access to culturally and linguistically appropriate care.

Developing Equity Leadership through Training and Action (DELTA) program – Provides a training program for health policy leaders and OHA staff, coordinated care organizations, clinicians, and community-based organizations across the state. It provides education, tools and technical assistance to increase the capacity to promote health equity and inclusion within these organizations, systems and programs.

Regional Health Equity Coalitions-- A program that increases the capacity of local or regional cross-sector organizations to work in partnership to identify policy, system, and environmental changes that improve social conditions and improve health equity in regions experiencing health inequities.

Diversity, Inclusion and Civil Rights Unit
Primary initiatives of this unit include:

- Recruitment and retention of a diverse and qualified workforce;
- Increasing OHA interaction and business with women, minority and emerging small businesses;
- Facilitating reasonable accommodations, modifications and access for OHA employees and the public as required by the Americans with Disabilities Act;
- Investigating allegations of discrimination and harassment in the workplace;
- Tracking and responding to systemic issues and trends; and
- Developing a system to address the needs of our diverse clients, service recipients and intended service recipients as they relate to civil rights protections under federal law.

The Office of Equity and Inclusion's work aims to provide better health and better care at lower costs for *everyone.* Health inequities strain the health delivery system. Findings from a study by the Joint Center for Political and Economic Studies found that between 2003 and 2006, 30.6 percent of medical care expenditures for African-Americans, Asians, and Hispanics were excess costs that were the result of inequities in the health of these groups. *(Joint Center for Political and Economic Studies, September 2009, David Satcher, et al. Health Affairs, 24, no. 2 (2005): 459-464.)* Lack of culturally and linguistically appropriate care is a key driver of health inequities.

Additionally, historical and ongoing inequities in the social determinants of health, (educational achievement, employment and financial opportunities, access to healthy food, and public safety and mobility) create worse outcomes for these populations.

As it relates to other trends, it is important to note that both the discrimination and harassment investigations internal to OHA and civil rights protections for the public have and will continue to increase workload for OEI staff, particularly as it relates to investigation caseload.

ENABLING LEGISLATION/PROGRAM AUTHORIZATION:

Various aspects of the work of the Office of Equity and Inclusion are mandated by federal laws regarding language access, reasonable accommodations and access for people with disabilities, equal employment opportunity and protected class civil rights. The Governor's Executive Order 12-03 mandates that state agencies develop strategies to remove barriers for women, minority and emerging small business in contracting and procurement. The federal Affordable Care Act requires programs receiving federal funds to provide competent language services to clients and patients. The act also establishes the role of community health workers in health care teams.

Oregon legislative actions and the rules making process have mandated the creation of systems or processes that directly affect OEI and its programs:

- ORS 413.550: Requires the state to establish a process and standards to qualify and certify health care interpreters
- ORS 414.665: Requires the creation of training and standards of practice for community health workers, peer wellness specialists, personal health navigators and doulas.
- OAR 943-005-0000 – OAR 943-005-0070: Prohibits discrimination against members of the public based on protected class.
- HB 2134: Creates standards for the collection of data by OHA and DHS broken down by race, ethnicity, language and disability.
- HB 2611: Requires OHA to develop standards for cultural competency continuing education for licensed providers.

FUNDING STREAMS

OEI's primary funding stream comes from cost allocation and federal Medicaid matching dollars. In addition to cost allocation, the office seeks and has received funds from federal grant programs such as the Office of Minority Health and the Center for Medicare and Medicaid Innovation State Innovation Model grant, as well as private foundation and hospital community benefit grants. The office has been able to leverage funds from the OHA Public Health Program for its regional work addressing social determinants of health. Minimal fees are collected by the program through the Health Care Interpreter registry.

PROPOSED NEW LAWS THAT APPLY TO THE PROGRAM UNIT

None.

Oregon Health Authority: Health Policy Programs

Office of Health Information Technology

Program contact: Susan Otter, Director
503-428-4751

EXPENDITURES BY FUND TYPE, POSITIONS AND FULL-TIME EQUIVALENTS

The following is the 2015-2017 budget request for the Office of Health Information Technology (OHIT) by fund type, positions, and full-time equivalents:

	General	Other	Federal	Total Fund	Pos.	FTE
Leg. Approved 13-15	4,571,445	1,760,045	73,058,328	79,389,818	12	10.42
Governor's Budget	1,858,257	0	74,137,571	75,995,828	12	12.00
Difference	-2,713,188	-1,760,045	1,079,243	-3,393,990	0	1.58
Percent Change	-59%	-100%	1%	-4%	0%	15%

The 2015-2017 Current Service Level total funds budget is $75,995,828. Any adjustments to other fund limitation will be dependent upon the timing of when OHIT may be able to proceed with the Common Credentialing authorized by Senate Bill 604 in the 2013 legislative session.

ACTIVITIES, PROGRAMS, AND ISSUES IN THE PROGRAM UNIT BASE BUDGET THAT MAY REQUIRE FURTHER EXPLANATION THAN ALLOWED IN THE PROGRAM UNIT EXECUTIVE SUMMARY

The Office of Health Information Technology (OHIT) develops and supports effective Health Information Technology (HIT) policies, programs, and partnerships that enable improved health for all Oregonians. Health information technology includes technology that stores, retrieves, or shares health information and data, such as electronic health records used by hospitals and providers. Health information exchange is the electronic sharing of health

information between two or more HIT systems, and can sometimes refer to the organization that provides health information exchange technology services.

OHIT is working with Oregon's health care community to improve health by making it possible to securely share patient information within the state and nationally. An electronic health information network connecting providers, health plans and individuals will make care more efficient and effective.

In addition to OHIT's policy and strategy development efforts, significant HIT and Health Information Exchange (HIE) programs are in place and new projects are in development now:

- More than half of OHIT's budget ($49.5M in 13-15) comes from 100% FF to pay incentives to Oregon providers and hospitals for adopting and using certified electronic health records in a meaningful way. Oregon's Medicaid Electronic Health Record Incentive Program began in 2011 and ends 2022.
- CareAccord, Oregon's statewide health information exchange program, provides a service that supports care coordination and sharing health information via Direct secure messaging for healthcare organizations and state agency programs across the state.
- Implementing Phase 1.5 HIT services for Oregon healthcare stakeholders, such as state agency programs, providers, health plans, CCOs, and hospitals. This is the next step in using health information technology to transform Oregon's health care system. This effort includes bringing real-time hospital event information to CCOs, health plans, and providers so they can follow up and coordinate care for their patients or members. It also includes a provider directory, the Common Credentialing program, technical assistance to Medicaid practices, a registry of clinical quality metrics, and more.

Oregon is in the top tier of states for providers receiving federal incentive payments (either from Medicare or Medicaid) for electronic health records, with more than $300M coming to nearly all Oregon hospitals and more than 6,000 Oregon providers. Oregon's Medicaid Electronic Health Record Incentive Program has dispersed more than $110M in 100% federal incentive payments to hospitals and health care providers since its inception in 2011. More than half of OHIT's budget is comprised by these incentive payments at 100% FF. The federal

incentive program is funded by the HITECH Act of 2009 (within the ARRA stimulus Act), which also includes significant federal matching funds for staff and health information technology infrastructure for states.

PROGRAM PERFORMANCE

In the past biennium, OHIT made significant progress in supporting Oregon's Triple Aim of improved healthcare, lower costs, and better patient outcomes through HIT and health information exchange efforts.

- In 2013, OHIT worked closely with state leadership, CCOs, health plans, providers, and other health care stakeholders to develop and set a vision and strategic plan for Oregon HIT and health information exchange for 2014-2017.
- Also in 2013, OHIT's CareAccord program was the first state health information exchange to become nationally accredited for Direct secure messaging, ensuring that Oregon providers can securely share patient information and coordinate care across organizations and geographies.
- OHIT received support from all 16 CCOs on the next phase of statewide HIT services needed to support new expectations for care coordination, accountability, and quality. OHIT began development and implementation of this next phase of HIT services in 2014.
- OHIT partnered with the Oregon Health Leadership Council to launch one such service – the Emergency Department Information Exchange, connecting all Oregon hospitals and providing emergency room providers with critical, concise information about patients who are high-utilizers of emergency department services. Before the end of the 13-15 biennium, participating CCOs, health plans, and providers will subscribe to receive real-time information when their patient or member has a hospital event in any hospital in Oregon or Washington states.

PARTNERS

OHIT is working closely with CCOs, providers, health plans, state partners, and patients to improve coordination of patient care and improve the accessibility of health care information in a secure environment.

ENABLING LEGISLATION

In the 2009 regular session, House Bill 2009 established the Health Information Technology Oversight Council (HITOC), which coordinates Oregon's public and private statewide efforts in electronic health record adoption, HIT and health information exchange. Since its creation, HITOC has created strategic and operational plans for the development of a statewide system for electronic health information exchange. HITOC also assists Oregon to meet the federal requirements for providers to become eligible to receive EHR Incentive payments available under the ARRA/HITECH Act.

In the same session, House Bill 3650, which defined health care transformation in Oregon, included significant health information technology requirements, including requirements that coordinated care organizations use health information technology for care coordination, and the OHA shall ensure the appropriate use of electronic health information by CCOs to improve health and health care.

Senate Bill 604 (2013) required OHA to establish a Common Credentialing program and database and provides the enabling legislation to establish fees. OHIT is currently in the process of finalizing their technology plan and anticipates securing a quality assurance vendor in the early Spring 2015. If a vendor is secured, OHIT will have completed the necessary steps of the DAS "stage-gate review" and anticipates setting the fee schedule necessary for implementation.

FUNDING STREAMS

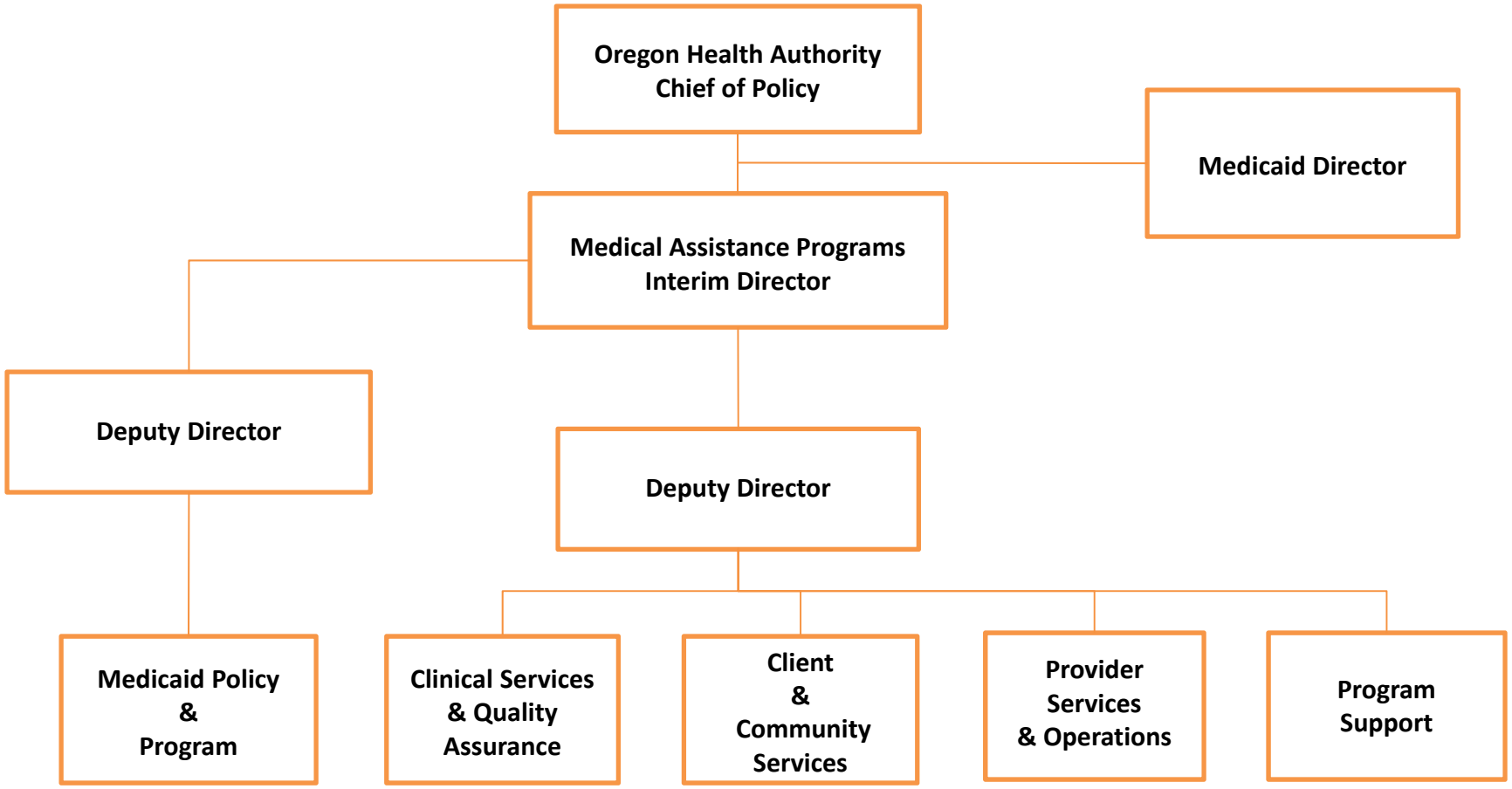
The Office of Health Information Technology (OHIT) is funded through state General Funds along with federal HITECH and Medicaid Management Information System (MMIS) matching dollars. More than half of OHIT's budget is derived from 100% federal HITECH Act funding to provide federal incentive payments to Oregon hospitals and providers under Oregon's Medicaid Electronic Health Record Incentive Program. OHIT's General Fund dollars are used as a match to acquire HITECH and MMIS funds at mostly 90:10 (FF to GF) matching rate; OHIT has a small amount of additional funding at 75:25 (FF to GF) and 50:50 (FF to GF). The funding percentage depends on several factors including whether the money is spent on planning, implementation or operations. This means that for every state dollar invested, five to nine matching dollars are drawn into the Oregon economy.

Senate Bill 604 (2013) required OHA to establish a Common Credentialing program and database and provides the enabling legislation to establish fees. The Office of HIT (OHIT) is currently in the process of finalizing their technology requirements and securing a quality assurance (QA) vendor to review requirements as part of the DAS "Stage-Gate review" process. With DAS approval of the project, OHIT anticipates procuring a credentialing vendor in late April and setting the fee schedule necessary for implementation. If O/F limitation adjustments are necessary, OHIT will request this from the legislature at the next opportunity.

PROPOSED NEW LAWS THAT APPLY TO THE PROGRAM UNIT

LC 482 for statewide Health Information Technology services and oversight.

2015-17 MAP Organization Structure



527 Positions / 518.85 FTE

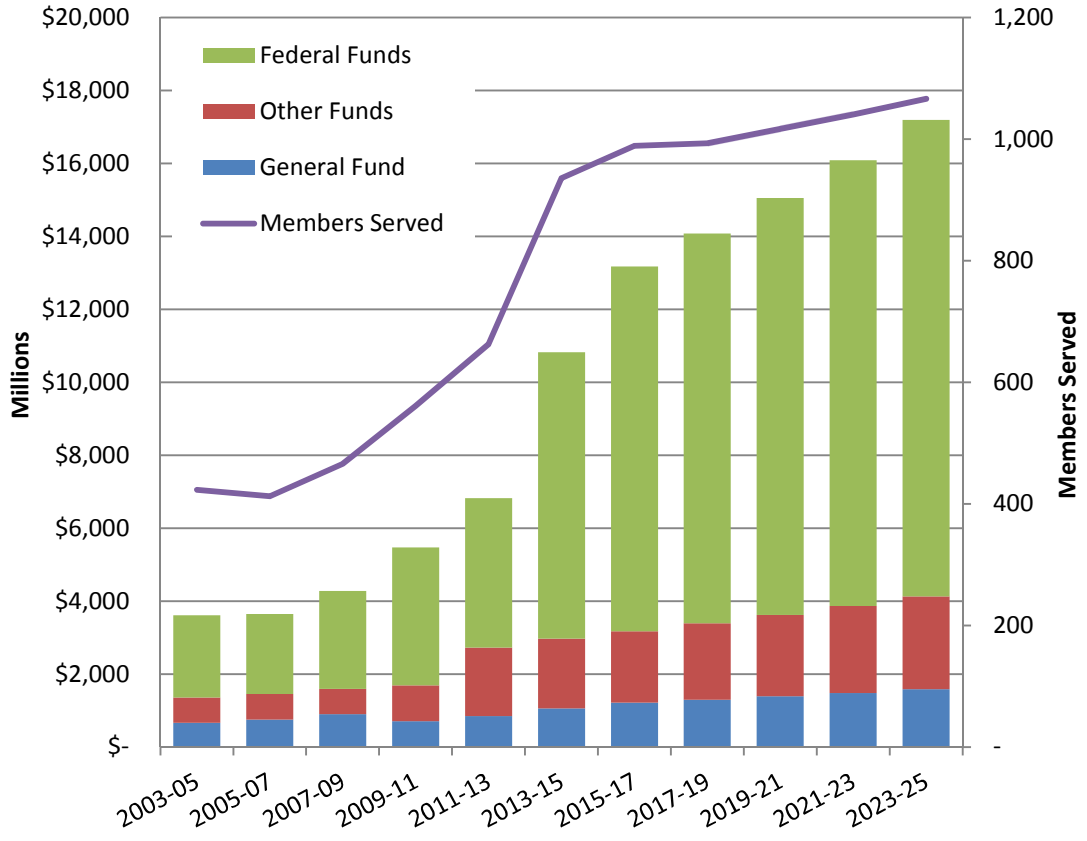
Oregon Health Authority

Oregon Health Authority: Medical Assistance Programs

PROGRAM UNIT EXECUTIVE SUMMARY

Primary outcome area: Healthy People

Program Contact: Judy Mohr Peterson, Medicaid Director
503-945-5768
Rhonda Busek, Interim Director of Medical Assistance Programs, is the secondary program contact.
503-945-6552



PROGRAM OVERVIEW

The budget for Medical Assistance Programs (MAP) includes:

- The Oregon Health Plan;
- Non-Oregon Health Plan programs, and;
- Other health-related programs and MAP Program Support.

These programs provide health care coverage to approximately one million Oregonians each month.

PROGRAM FUNDING REQUEST

For the 2015-2017 biennium, the Oregon Health Authority requests the following budget (in millions) for Medical Assistance Programs:

- 2015-2017 request: $13,178 TF ($1,217 GF, $1,957 OF and $10,004 FF)

The Oregon Health Authority estimates the following costs for Medical Assistance Programs through the 2021-2023 biennium (in millions):

- 2017-2019 projected costs: $14,084 TF ($1,300 GF, $2,090 OF and $10,694 FF)
- 2019-2021 projected costs: $15,052 TF ($1,389 GF, $2,232 OF and $11,431 FF)
- 2021-2023 projected costs: $16,088 TF ($1,484 GF, $2,384 OF and $12,220 FF)

Medical Assistance Programs is projected to provide health care coverage to approximately:

- 993,323 Oregonians on average per month for the 2017-2019 biennium
- 1,016,952 Oregonians on average per month for the 2019-2021 biennium
- 1,040,735 Oregonians on average per month for the 2021-2023 biennium

PROGRAM DESCRIPTION

The Medical Assistance Programs budget includes:

- ***The Oregon Health Plan***, which includes medical assistance coverage for Medicaid under Title XIX of the Social Security Act, and the Children's Health Insurance Program (CHIP) under Title XXI of the Social Security Act. OHP traditionally provided health care coverage to low-income seniors, people with disabilities, children, and pregnant women. Since January 2014, it has covered all Oregon adults with income at or below 138 percent of the federal poverty level.
    - As provided under the Affordable Care Act (ACA), the Oregon Legislature approved the budget for Medical Assistance Programs to expand Medicaid coverage to all adults under 138 percent of the federal poverty level. This expansion is entirely federally funded through 2016.
    - From December 2013 to May 2014, the OHP caseload increased by almost 350,000, primarily driven by the Medicaid expansion.
    - For more than 90 percent of those on OHP, care is provided by one of 16 coordinated care organizations designed to bring better health, better care, and lower costs.

- ***Non-Oregon Health Plan programs***, which includes:
    - Citizen/Alien-Waived Emergency Medical (CAWEM) program. This is a mandatory Medicaid program. People who are ineligible for Medicaid solely because they do not meet the Medicaid citizenship or immigration status requirements are eligible for limited medical assistance under CAWEM. The program provides emergency medical services including labor and delivery services for pregnant women. Most expenditures are for labor and delivery. Clients receive services from medical providers who accept Medicaid fee-for-service payments. For the 2013-2015 biennium, the program has a budget of $84 million and serves more than 25,000 clients.
    - Qualified Medicare Beneficiaries program. This program pays the Medicare premiums, deductibles, co-insurance and co-payments for clients. To be eligible, a person must be receiving Medicare Part A (hospital insurance benefits). Income and resources must fall within certain limits. Eligibility extends up to 135 percent of the federal

poverty level. For the 2013-2015 biennium, the program has a budget of $27 million and serves almost 19,000 people.

- o A limited drug coverage program for transplant clients formerly covered by the Medically Needy program. Medical Assistance Programs provides limited drug coverage to transplant clients formerly covered by the Medically Needy program, which the Oregon Legislature ended in early 2003. Since spring 2003, the Legislature has appropriated General Funds to provide coverage for the drugs necessary for the direct support of their transplants, which were originally paid for by Medicaid. Clients remain eligible unless they qualify for OHP coverage or move out of state. There are no federal matching funds in this program. Clients receive their prescription drugs from pharmacies that accept Medicaid fee-for-service payments. For the 2013-2015 biennium, the program has a budget of $110,000 and serves about 20 people.
- o Payments to the federal government for Medicare Part D coverage for dual-eligible clients: The Medicare Modernization Act of 2003 created Medicare Part D under which Medicare beneficiaries became eligible for Medicare prescription drug benefits beginning Jan. 1, 2006. This was a change for dual-eligible clients (i.e., clients who are eligible for both Medicare and full Medicaid coverage). These clients previously received their prescription drug coverage under Medicaid. The law requires states to pay the federal government for a large portion of the cost of what the state would have paid as the state share for drug costs for dual-eligible clients. When states started paying in 2006, they paid 90 percent of the cost. For the 2013-2015 biennium, the program has a budget of $152 million based on an average monthly caseload of 66,000 dual-eligible clients.

- ***Other health-related programs and MAP program support***, which include:
  - o Law Enforcement Medical Account (LEMLA): The program pays medical claims for individuals who are injured during interactions with law enforcement. Law enforcement agencies submit claims to OHA when efforts fail to recover costs directly from the individuals or their insurance companies. For the 2013-2015 biennium, the LEMLA budget is $1.393 million.

- Pharmacy programs:
  - The Oregon Prescription Drug Program (OPDP) is a drug pool that allows Oregon to bargain for prescription drugs for approximately 850,000 members. The program provides drugs for OEBB, SAIF, and OHSU, as well as Salem Hospital and other private groups. OPDP also joined with Washington's WPDP to form the Northwest Prescription Drug Consortium.
  - CAREAssist program purchases health insurance for 2,700 persons with HIV who earn less than 300 percent of the federal poverty level. Its intent is to keep clients healthy and reduce the risk of spreading the disease. It also uses revenues earned from drug rebates to purchase drugs through a network of pharmacies providing the lowest price.
- MAP program support: This budget includes the Medicaid director, program and policy staff, and the OHP Central Processing Center. Staff manage all aspects of health care operations for medical assistance programs, such as processing client applications, enrolling providers, operating client and provider call centers, monitoring coordinated care organizations, and overseeing the budget and federal financing processes. This budget also includes costs for professional services such as contracts, including the contract with Hewlett-Packard for operation of the state's Medicaid Management Information System (MMIS).

PROGRAM JUSTIFICATION AND LINK TO 10-YEAR OUTCOME

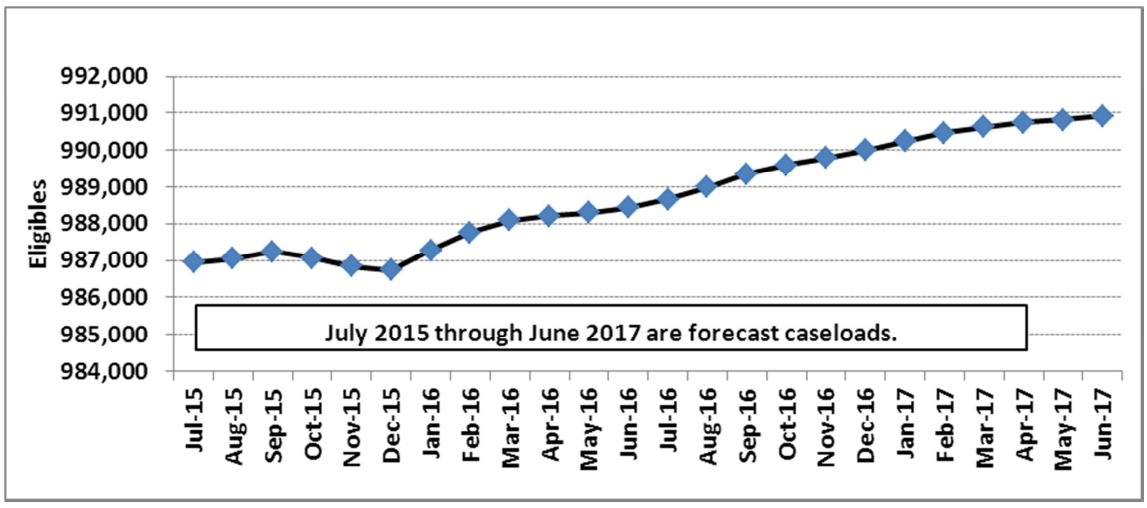
The innovations happening in the Oregon Health Plan delivery system are at the center of the Healthy Oregon 10-year Outcomes. The implementation of coordinated care organizations provides a direct connection to Oregon's 10-year goals for achieving:

- Improved the health of those on the Oregon Health Plan;
- Reduced per capita cost;
- Improved patient outcomes, safety and satisfaction.

Research shows that some 30-50 percent of health care spending is due to waste and inefficiency and some 80 percent of health care costs are driven by 20 percent of the population. Under an agreement with the federal government, Oregon will reduce the projected growth in health care spending by two percentage points in two years through improved health outcomes and reduced waste and inefficiency. During the 2015-2017 biennium, the Oregon Health Plan will need to hold its per-member-per-month expenditures to no more that 3.4 percent annual growth. The projected total state and federal savings are $11 billion over 10 years. Oregon will achieve this by providing comprehensive physical, mental and dental health services through coordinated care organizations. To ensure costs are reduced by improving quality and not withholding care, the federal agreement requires coordinated care organizations and the state to meet quality and access standards.

PROGRAM PERFORMANCE

The vision of Medical Assistance Programs is to improve access to effective, high-quality health services for eligible Oregonians through innovation, collaboration, integration, and shared responsibility. The following table forecasts the average monthly caseload for Oregonians covered by Medical Assistance Programs (Oregon Health Plan and Non-Oregon Health Plan programs) for the 2015-2017 biennium. It is based on the Fall 2014 Caseload Forecast.



For the 2015-2017 biennium, the average cost of covering a person on the Oregon Health Plan is about $543 per month.

ENABLING LEGISLATION/PROGRAM AUTHORIZATION

Oregon Health Plan:
The Oregon Health Plan is not a federally mandated program, but supported by Medicaid and the Children's Health Insurance Program (CHIP). Title XIX and Title XXI of the Social Security Act, respectively, provide the federal authorization. Oregon administers the program under the authority of the federally approved Medicaid State Plan, CHIP State Plan, and Oregon Health Plan Medicaid demonstration waiver. The Legislature authorizes the Oregon Health Plan, including coordinated care organizations, under Oregon Revised Statutes 414.018 through 414.760.

Non-Oregon Health Plan programs:
Non-Oregon Health Plan programs are not federally mandated with the exception of the requirement to pay the federal government for Medicare Part D coverage. Non-Oregon Health Plan programs are authorized under the Social Security Act with the exception of the program that provides limited drug coverage for transplant clients formerly covered by the Medically Needy program. There are no federal matching funds in this program. The Legislature created this program with a budget note to Senate Bill 5548 in the 2003 legislative session.

Other health-related programs and MAP Program Support:
The Legislature authorizes the Law Enforcement Medical Account (LEMLA) under Oregon Revised Statutes 414.805 through 414.815. For pharmacy programs, the Legislature authorizes the Oregon Prescription Drug Program under Oregon Revised Statutes 414.312 through 414.318. The federal government authorizes CAREAssist under the Ryan White Act.

FUNDING STREAMS

Federal matching funds (Medicaid and CHIP) are the primary funding streams supporting the program. Oregon qualifies for these federal dollars under its federally approved Medicaid and CHIP State Plans and the OHP Medicaid demonstration waiver. The federal match rate for Medicaid program expenditures and for CHIP program expenditures changes each fiscal year. Oregon funds the state's share of the program with General Fund dollars and a variety of Other Fund sources, (e.g., hospital assessment, insurers' tax, tobacco tax, tobacco

settlement payments, drug rebates,) and leveraged funds from a variety of sources such as counties and the Oregon Health & Science University. The insurers' tax expired September 30, 2013.

The Legislature established the hospital assessment in 2003 (Chapter 736, Oregon Laws 2003) to fund the OHP Standard program and enhanced hospital reimbursement. In 2011, the Legislature expanded the use of the assessment to support reimbursement rates for other providers, not just those for hospitals. In 2013, the Legislature extended the assessment two more years (with the passage of HB 2216) to provide continued support for the Oregon Health Plan and to fund a hospital transformation performance program. OHA, in consultation with hospital representatives, sets the assessment rate by administrative rule (OAR 410-050-0861) to generate the projected revenue needed to meet budget and program objectives. As of October 1, 2014, the assessment rate is 5.8 percent.

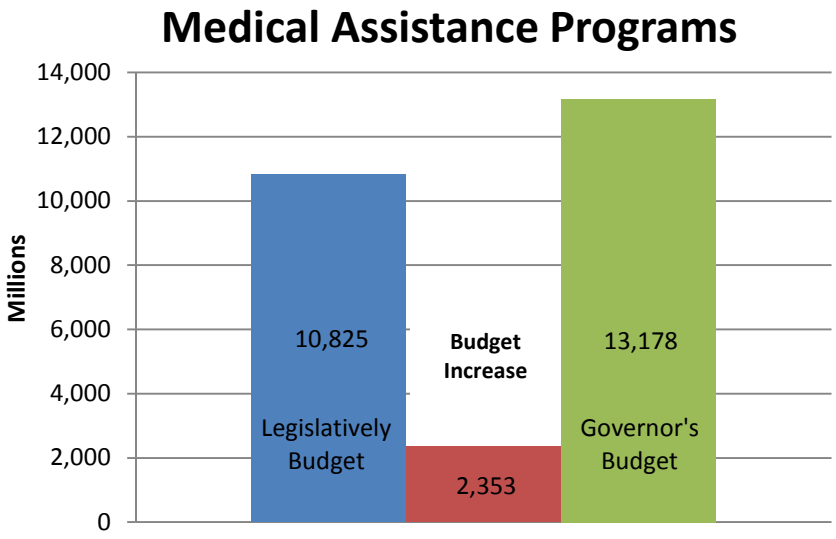
The Legislature budgets General Fund dollars for the following MAP programs:

- Payments to the federal government for Medicare Part D coverage for dual-eligible clients. Because of General Fund reductions, Medical Assistance Programs in the past used Children's Health Insurance Program Reauthorization Act (CHIPRA) performance bonuses, which are no longer available, to make these payments.

Limited drug coverage for transplant clients formerly covered by the Medically Needy program.

SIGNIFICANT PROPOSED PROGRAM CHANGES FROM 2013-2015

The following is a comparison (in millions) of the Medical Assistance Programs 2015-2017 budget request to its 2013-2015 budget:


Medical Assistance Programs
14,000
12,000
10,000
8,000
6,000
4,000
2,000
0
Millions
10,825
Legislatively Budget
Budget Increase
2,353
13,178
Governor's Budget

Oregon Health Authority: Medical Assistance Programs

PROGRAM UNIT NARRATIVE

I. OREGON HEALTH PLAN

EXPENDITURES BY FUND TYPE, POSITIONS AND FULL-TIME EQUIVALENTS

	General	Other/Lottery	Federal	Total Fund	Pos.	FTE
Leg. Approved 13-15	738,813,957	1,838,904,332	7,423,589,539	10,001,307,828		
Governor's Budget	790,620,363	1,885,394,144	9,552,040,142	12,228,054,649		
Difference	51,806,406	46,489,812	2,128,450,603	2,226,746,821		
Percent Change	7%	2%	22%	18%		

The Oregon Health Plan programs section has no dedicated positions or full-time equivalents. All positions that are dedicated to doing the work that serves the Oregon Health Plan are housed in Program Support. This information will be reflected below in detail in other health-related programs and MAP Program Support.

ACTIVITIES, PROGRAMS, AND ISSUES IN THE PROGRAM UNIT BASE BUDGET THAT MAY REQUIRE FURTHER EXPLANATION THAN ALLOWED IN THE PROGRAM UNIT EXECUTIVE SUMMARY.

The Oregon Health Plan budget is partially driven by the Oregon Health Plan demonstration waiver. The waiver requires that per-member-per-month health care expenditures hold to no more than 3.4 percent annual growth for the 2015-2017 biennium. Failure to stay within the growth test will result in federal funding penalties. Meeting this requirement is highly dependent on the capitation rates paid to coordinated care organizations for Oregon Health Plan enrollees. The federal government, in approving the hospital transformation performance program (authorized by Senate Bill 2216) also requires that the hospital incentive payments be included in the 3.4-percent growth rate. Projections indicate that

2015-2017 expenditures, including the hospital incentive payments, will remain within the required growth rate.

The Oregon Health Plan budget is based on caseload forecasts and cost estimates that are projected for the coming two years. Because of the size of the budget, even the slightest variance from the original forecast can result in a significant budget shortfall or windfall. The caseload forecast used for the 2015-2017 Oregon Health Plan budget is especially risky because of the expansion of Medicaid eligibility. New eligibility systems and new methods of eligibility determination (including "fast track") and redetermination add to this risk.

REVENUE SOURCES AND PROPOSED REVENUE CHANGES.

The Oregon Health Plan has two primary federal fund revenue sources: Medicaid and the Children's Health Insurance Program (CHIP). The Medicaid match rate used for the 2015-2017 biennial budget is approximately 63 percent for most services. (The rate generally is 50 percent for Medicaid staffing and administrative expenditures.) The CHIP match rate will change significantly during the 2015-2017 biennium. The CHIP match rate for the first quarter of the biennium will be approximately 74 percent. Effective October 1, 2015, the Affordable Care Act increases the CHIP match rate by 23 percentage points to about 97 percent federal funding.

As part of the Medicaid waiver, the federal government is investing $1.9 billion in Oregon's health system transformation over five years under a Designated State Health Programs (DSHP) provision. The waiver allows Oregon to claim federal matching funds for health services and programs not traditionally allowed by the Medicaid program. The 2015-2017 Oregon Health Plan budget includes about $272 million ($136 million Other Funds and $136 Federal Funds) in resources as the result of DSHP. Any reduction to the projected expenditures for those health services and programs that now receive federal matching funds under DSHP will cause a funding problem for the Oregon Health Plan.

PROPOSED NEW LAWS THAT APPLY TO THE PROGRAM UNIT.

The Affordable Care Act, passed in March 2010, is the basis for federal health care reform and continues to support Oregon's health system transformation through the Oregon Health Plan.

II. NON-OREGON HEALTH PLAN PROGRAMS EXPENDITURES BY FUND TYPE, POSITIONS AND FULL-TIME EQUIVALENTS

	General	Other/Lottery	Federal	Total Fund	Pos.	FTE
Leg. Approved 13-15	245,723,991	3,754,076	306,874,873	556,352,940		
Governor's Budget	341,181,408	4,646,577	318,770,826	664,598,811		
Difference	95,457,417	892,501	11,895,953	108,245,871		
Percent Change	28%	0%	4%	16%		

The Non-Oregon Health Plan programs section of the budget has no dedicated positions or full-time equivalents. All positions that are dedicated to doing the work that serves the Non-Oregon Health Plan are housed in Program Support. This information will be reflected below in detail for other health-related programs and MAP Program Support.

ACTIVITIES, PROGRAMS, AND ISSUES IN THE PROGRAM UNIT BASE BUDGET THAT MAY REQUIRE FURTHER EXPLANATION THAN ALLOWED IN THE PROGRAM UNIT EXECUTIVE SUMMARY.

None identified.

The budget for Citizen/Alien-Waived Emergency Medical (CAWEM) program is driven by the caseload forecast. The caseload forecast for 2015-2017 is especially risky because of the expansion of Medicaid eligibility. New eligibility systems and new methods of eligibility determination (including “fast track”) and redetermination add to this risk.

REVENUE SOURCES AND PROPOSED REVENUE CHANGES.

Revenue sources for Non-Oregon Health Plan programs continue unchanged from 2013-2015 biennium with a mix of Medicaid and state funding.

PROPOSED NEW LAWS THAT APPLY TO THE PROGRAM UNIT.

No new laws directly affect Non-Oregon Health Plan programs.

III. OTHER HEALTH-RELATED PROGRAMS AND MAP PROGRAM SUPPORT
EXPENDITURES BY FUND TYPE, POSITIONS AND FULL-TIME EQUIVALENTS

The following is the 2015-2017 budget request for the **Law Enforcement Medical Account** (LEMLA) by fund type, positions, and full-time equivalents:

	General	Other/Lottery	Federal	Total Fund	Pos.	FTE
Leg. Approved 13-15	39,014	1,354,360	-	1,393,374		
Governor's Budget	39,014	1,354,360	-	1,393,374		
Difference	-	-	-	-		
Percent Change	0%	0%		0%		

The **Law Enforcement Medical Account** (LEMLA) program section of the budget has no dedicated positions or full-time equivalents. All positions that are dedicated to doing the work that serves the Law Enforcement Medical Account (LEMLA) are housed in Program Support. This information will be reflected below in detail for other health-plan related programs and MAP Program Support.

The following is the 2015-2017 budget request for **Pharmacy Programs** by fund type, positions, and full-time equivalents:

	General	Other/Lottery	Federal	Total Fund	Pos.	FTE
Leg. Approved 13-15	3,798,513	58,747,377	10,591,075	73,136,965	12	12.00
Governor's Budget	7,959,314	58,748,945	11,207,421	77,915,680	12	12.00
Difference	4,160,801	1,568	616,346	4,778,715		
Percent Change	52%	0%	5%	6%	0%	0%

The following is the 2015-2017 budget request for **other health-plan related programs and MAP Program Support** by fund type, positions, and full-time equivalents:

	General	Other/Lottery	Federal	Total Fund	Pos.	FTE
Leg. Approved 13-15	67,807,106	15,059,463	110,061,787	192,928,356	487	478.85
Governor's Budget	77,343,015	6,738,344	121,631,641	205,713,000	515	506.85
Difference	9,535,909	(8,321,119)	11,569,854	12,784,644	28	28
Percent Change	12%	-123%	10%	6%	5%	6%

ACTIVITIES, PROGRAMS, AND ISSUES IN THE PROGRAM UNIT BASE BUDGET THAT MAY REQUIRE FURTHER EXPLANATION THAN ALLOWED IN THE PROGRAM UNIT EXECUTIVE SUMMARY.

None identified.

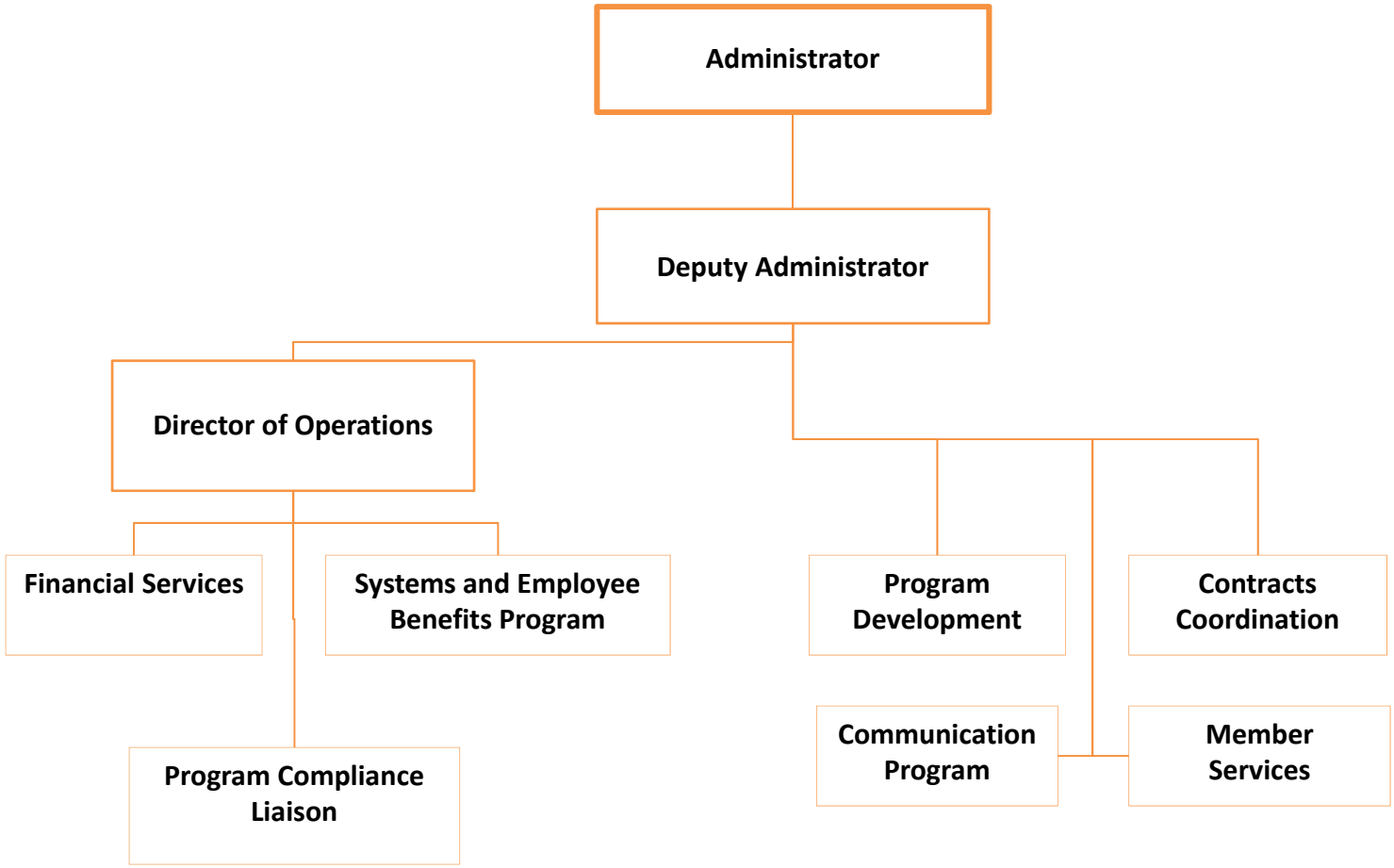
REVENUE SOURCES AND PROPOSED REVENUE CHANGES.

Revenue sources for Non-Oregon Health Plan programs continue unchanged from 2013-2015 biennium with a mix of Medicaid, CHIP, and state funding.

PROPOSED NEW LAWS THAT APPLY TO THE PROGRAM UNIT.

No new laws directly affect the budgets for other health-related programs and MAP Program Support.

2015-17 PEBB Organization Structure

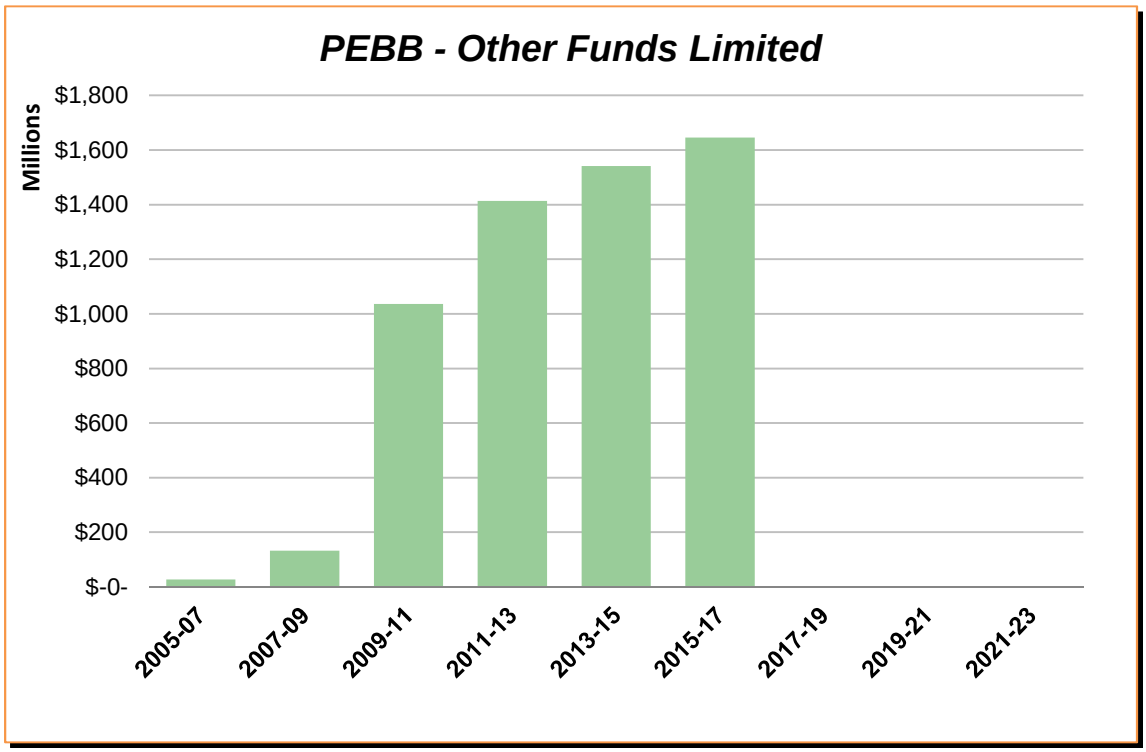


22 Positions / 21.50 FTE

Oregon Health Authority

Oregon Health Authority: Public Employees' Benefit Board

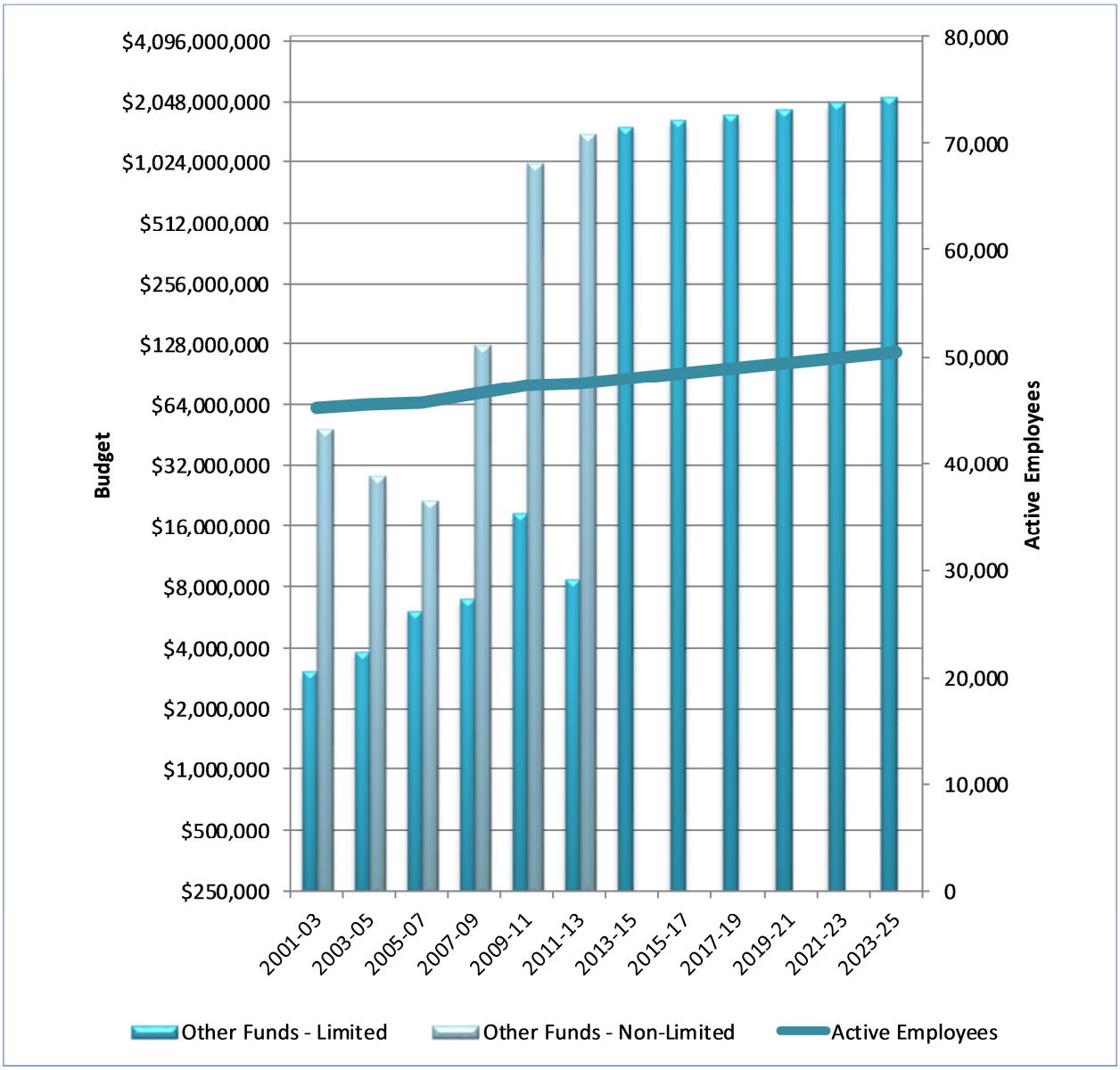
Primary Outcome Area:	Healthy People
Secondary Outcome Area:	Livable Communities
Program Contact:	Kathy Loretz, Deputy Administrator 503-373-0800



EXECUTIVE SUMMARY

The Public Employees' Benefit Board (PEBB) provides high-quality medical, dental, vision, life, disability, accidental death and dismemberment, and long-term-care insurance benefit options at a cost affordable to employees and the state. Insurance benefits are a part of employees' total compensation package and an important tool in hiring and retaining quality personnel.

PROGRAM FUNDING REQUEST



The 2015-17 PEBB Agency Request Budget includes all program expenditures, both from self-insured and fully insured plans. All expenditures are budgeted as Other Funds Limited. In the past the PEBB budget has reflected only the self-insured benefit costs as Other Funds Nonlimited, and Operations expenditures as Other Funds Limited. PEBB expenditure growth was capped at 3.4% annually on a Per Employee-Per-Month basis in the 2013 Legislative Session. The 2015-17 Agency Request Budget for PEBB was built using these same assumptions.

PROGRAM DESCRIPTION

The Public Employees' Benefit Board (PEBB) designs, contracts for and administers health plans, group insurance policies and flexible spending accounts for state employees and their dependents, representing over 130,000 Oregonians. PEBB is funded with Other Funds through premiums collected for all insured individuals. Premiums are collected from agencies, universities, and self-pay members to directly cover the costs of the plans. Agencies, as the employer, pay the majority of the premiums from the available revenue source for employees, which is comprised of General Fund, Other Funds, and Federal Funds.

Instead of responding to increasing cost trends with one of the conventional approaches to controlling health care spending—reducing provider payments, changing covered benefits or shifting costs to members— PEBB is moving down a new pathway with its new health care partners: transform the delivery system for better efficiency, value and health outcomes. The health care system needs to deliver care with state employees and their families at the center.

For its members, PEBB seeks optimal health through a coordinated and effective system of care that is:

- Patient-centered;
- Focused on wellness;
- Efficient, accessible and affordable.

PEBB takes an integrated approach to health by treating the whole person. The system emphasizes the relationship among patients and providers, their community and primary care.

PEBB serves its members and customers through six central functions:

- Financial oversight of PEBB accounts, including the Revolving Fund and its subaccounts;
- Program development by collaborating with agencies, local governments, universities, health plans and other benefit purchasers to design programs that align with the PEBB vision;
- Regulatory compliance to ensure benefit programs meet all state and federal regulations;

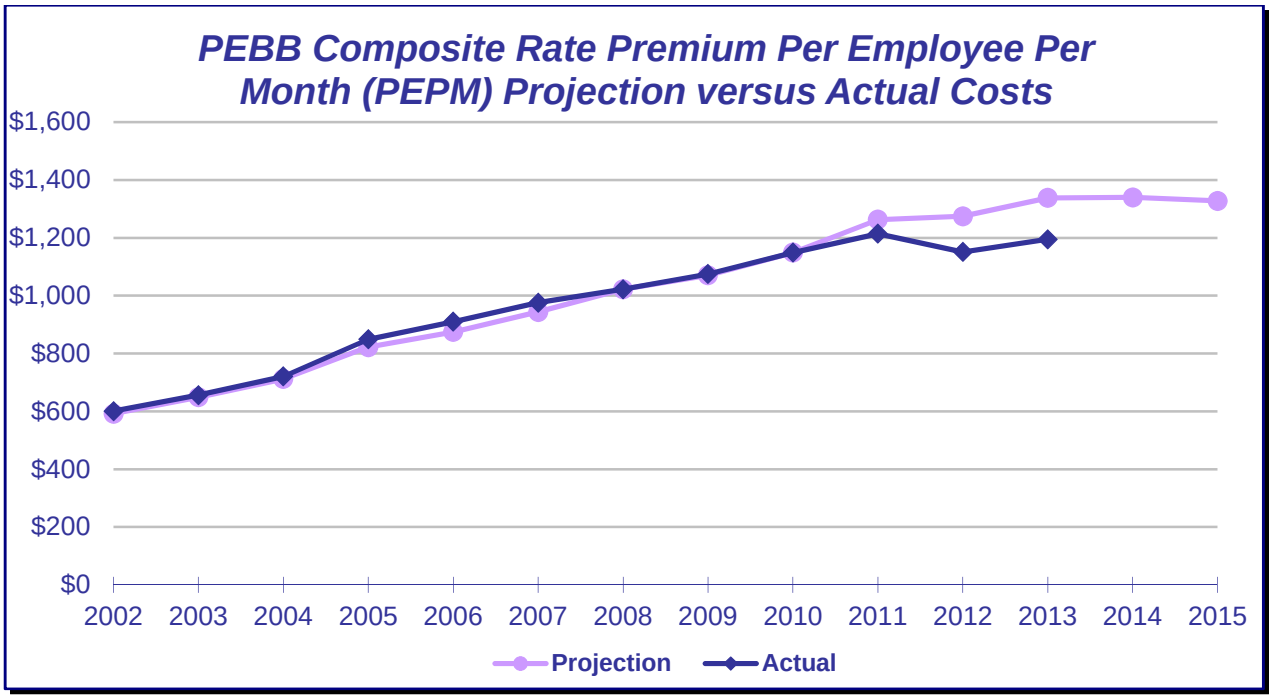
- Enrollment accuracy by using a benefit management system to ensure that correct benefit-related data is shared among state and local governments and university payroll systems, health plans and other vendors;
- Contracting for services that are timely and accurate;
- Communication strategies that engage employees in their benefit programs and the PEBB vision.

The most valuable benefit in the program is health care coverage. The cost of health care continues to increase without evidence of a commensurate increase in measurable quality. The PEBB Board reviews and adjusts benefit designs to best meet the needs of the employees and the employer.

Medical and dental premium costs are affected by use of services and the cost of services. PEBB has:

- Implemented evidence-based plan designs to help drive members to lower cost, equally effective services;
- Reduced or removed barriers for medications and office visits that help the chronically ill stay healthier and those at risk avoid developing chronic illness; and
- Worked with carriers on alternative ways to pay for services, such as the medical home model and the use of global rates.

As a result, medical premiums have been flat or reduced for two straight plan years (as seen below).



PROGRAM JUSTIFICATION AND LINK TO 10-YEAR OUTCOME

By eliminating waste and controlling costs, the Public Employees' Benefit Board looks to ensure members have the care they need today and in the future. In addition, PEBB wants to ensure that members' care is coordinated across the continuum and that quality and financial incentives are more aligned throughout the delivery system. Since moving to self-insurance, PEBB has experienced lower costs each year compared to industry trend and the premium equivalent set for each plan year. This has created a steady increase in the ending balance in the PEBB Stabilization Fund, well above the target level outlined by the Board's actuary in the premium equivalent.

PEBB links to the 10-Year Plan by designing plans that focus on coordinated care and preventing chronic disease while containing costs.

PEBB actively promotes enrollment into medical homes, implements value-based designs and participates in other OHA-wide initiatives. These include:

- In 2014, 70 percent of PEBB members are enrolled in an Oregon Health Authority-certified patient centered primary care home.

- PEBB members with chronic diseases are participating in the High Value Medical Home pilot.
- PEBB offers no-cost maintenance medications.
- All PEBB plans have no cost sharing associated with office visits for diabetes, asthma, heart disease and coronary artery disease.
- Members and their dependents have access to no-cost tobacco cessation, substance abuse treatment and weight management benefits.
- Members pay higher copayments for low-value, high-use procedures than for alternatives that are more effective and cost less.

PEBB also offers a choice of more than one plan for over 95 percent of members and their dependents statewide.

PROGRAM PERFORMANCE

The Public Employees' Benefit Board (PEBB) designs, contracts for and administers health plans, group insurance policies and flexible spending accounts for state employees and their dependents, representing over 130,000 Oregonians. PEBB is funded with Other Funds through premiums collected for all insured individuals. Premiums are collected from agencies, universities, and self-pay members to directly cover the costs of the plans. Agencies, as the employer, pay the majority of the premiums from the available revenue source for employees, which is comprised of General Fund, Other Funds, and Federal Funds.

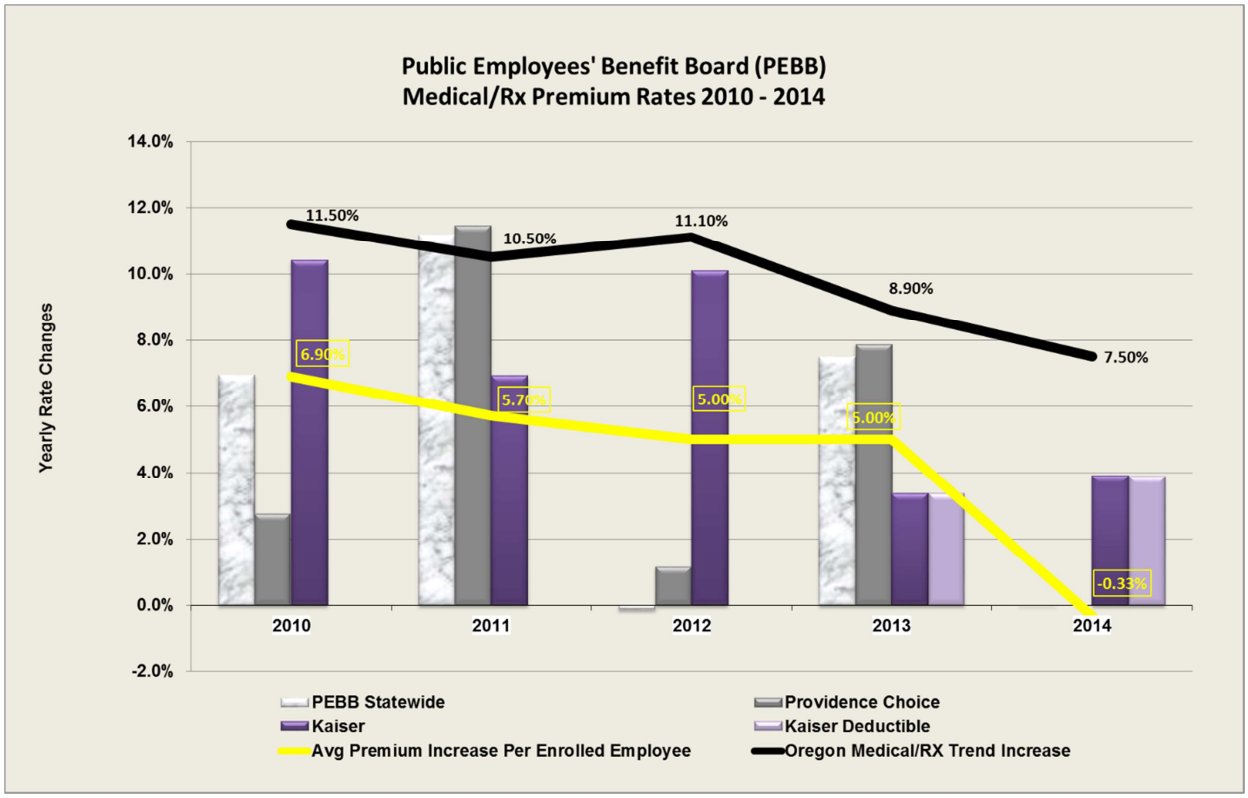
PEBB monitors age trends among its membership to ensure that its plans provide services that are appropriate for the population and to anticipate future needs.

PEBB's focus over the past few years has been on creating plan designs that foster better care, creating wellness programs that improve the overall health of members, and controlling costs. Specifically, PEBB has:

- Increased the number of members in patient-centered primary care homes;
- Redesigned benefits in order to reduce barriers to care for members with chronic diseases;
- Begun offering no-cost addiction treatment;
- Partnered with the Office of Public Health to support worksite wellness;

- Created Health Engagement Plan incentives to engage members in improving their health;
- Conducted a dependent verification to maintain enrollment integrity; and
- Achieved better cost control through direct contracting with medical, vision and dental plans.

PEBB has stayed at or below the Oregon premium trend level for the past five years:



ENABLING LEGISLATION/PROGRAM AUTHORIZATION

The Public Employees Benefit Board authority lies in ORS 243.061 through ORS 243.302. House Bill 2279 (2013) expanded participation eligibility to include local governments and special districts.

FUNDING STREAMS

As of 2013, all premiums paid for PEBB benefit plans flow through PEBB before passing through to vendors. PEBB receives Other Fund dollars from agencies,

universities and self-pay members to directly cover the costs of self-insured plan members. PEBB now self-insures 85 percent of members for health coverage. These monies are used dollar for dollar to pay member medical, vision and dental claims, for insurance carriers' administrative fees, and other federal and state fees. In 2014, the average administrative fee paid to PEBB's self-funded plan administrators was about 5 percent of premium. That percentage has not changed for nearly five years.

By statute, PEBB can collect an amount that equals up to 2 percent of total premiums to meet administrative and operational costs. For the past four years, PEBB has collected 0.4 percent of premium for these costs.

REVOLVING FUND

PEBB currently maintains two accounts within its Revolving Fund.

Stabilization account

PEBB has authority to use this account to control costs, subsidize premiums and self-insure. The primary source of Other Funds revenue is unused employer contributions for employee benefits. This account also holds proceeds generated when PEBB's life insurance carrier changed from a mutual organization to a public corporation.

The 2015-17 Governor's Budget transfers $120 million in excess cash reserve from the PEBB Stabilization Fund to the General Fund to support the overall cost of compensation for state employees. This revenue adjustment offsets the projected cost of compensation changes in the Special Purpose Appropriation made to the Emergency Fund. With this transfer the PEBB Stabilization Fund still maintains a sustainable fund balance that meets the target funding balance. The Governor's Budget continues to limit cost growth for PEBB's expenditure budget, ultimately saving agencies and universities in employee compensation costs. PEBB's budget is limited to the same health care transformation per employee cost growth as in the 2013-15 biennial budget, savings estimated to be over $275 million in health care costs for agencies and PEBB members in the 2015-17 biennium.

The 2015-17 Governor's Budget for PEBB is $1,645.7 million Other Funds Limited. This is an increase of 6.8 percent from the 2013-15 Legislatively Approved Budget,

primarily from the capped annual per employee inflation. PEBB links to the 10-Year Plan by designing plans that focus on coordinated care and preventing chronic disease while containing costs.

Flexible spending account
PEBB operates four flexible-spending-account programs for employees and maintains an account for their administrative costs. The primary Other Funds revenue source for these programs is forfeitures from participants.

SIGNIFICANT PROPOSED PROGRAM CHANGES FROM 2013-2015

None proposed.

Oregon Health Authority: Public Employees' Benefit Board

EXPENDITURES BY FUND

Public Employees' Benefit Board (PEBB) Oregon Health Authority				
Description	**Other Fund**	**Total Funds**	**Pos.**	**FTE**
2015-2017 GB	$1,645,718,505	$1,645,718,505	22	21.50

VISION

PEBB seeks optimal health for its members through a coordinated system of care that is:

- Patient-centered;
- Focused on wellness;
- Efficient and accessible; and
- Affordable for the state and its employees.

PEBB supports OHA's vision, mission and goals to help people and communities achieve optimum health and transform the health care system in Oregon. Some of the ways it does this include:

- Encouraging wellness visits that promote health and screen members for exercise, depression, and health indicators;
- Aligning PEBB plans with coordinated care model attributes to achieve the triple aim and advance health care transformation into the commercial market;
- Implementing coordinated care organization quality metrics in 2015 medical contracts;
- Continuing to provide benefit plan choice to at least 95 percent of PEBB members and dependents;
- Promoting doulas and non-traditional provider options in maternity care;
- Tracking palliative care programs to assist members and families;
- Reevaluating gym subsidies to reinforce the importance of exercise; and
- Assisting local governments and special districts interested in participating in PEBB benefit programs (HB 2279, 2013).

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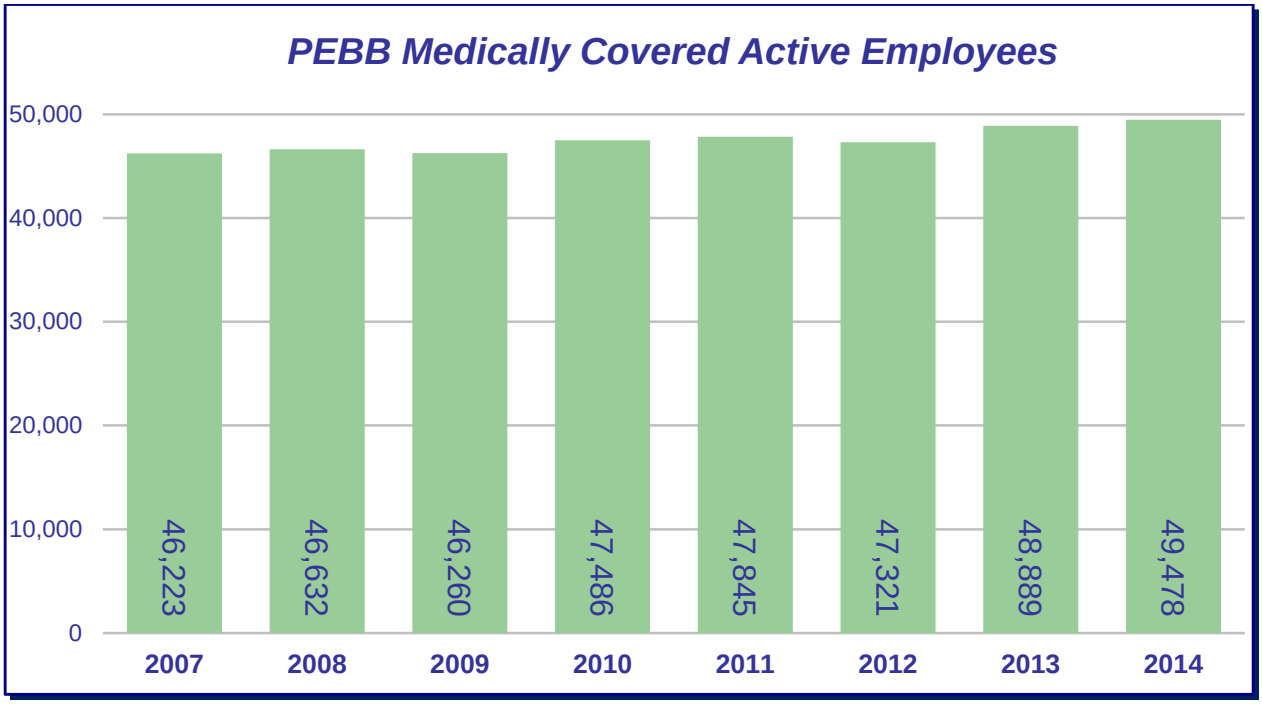
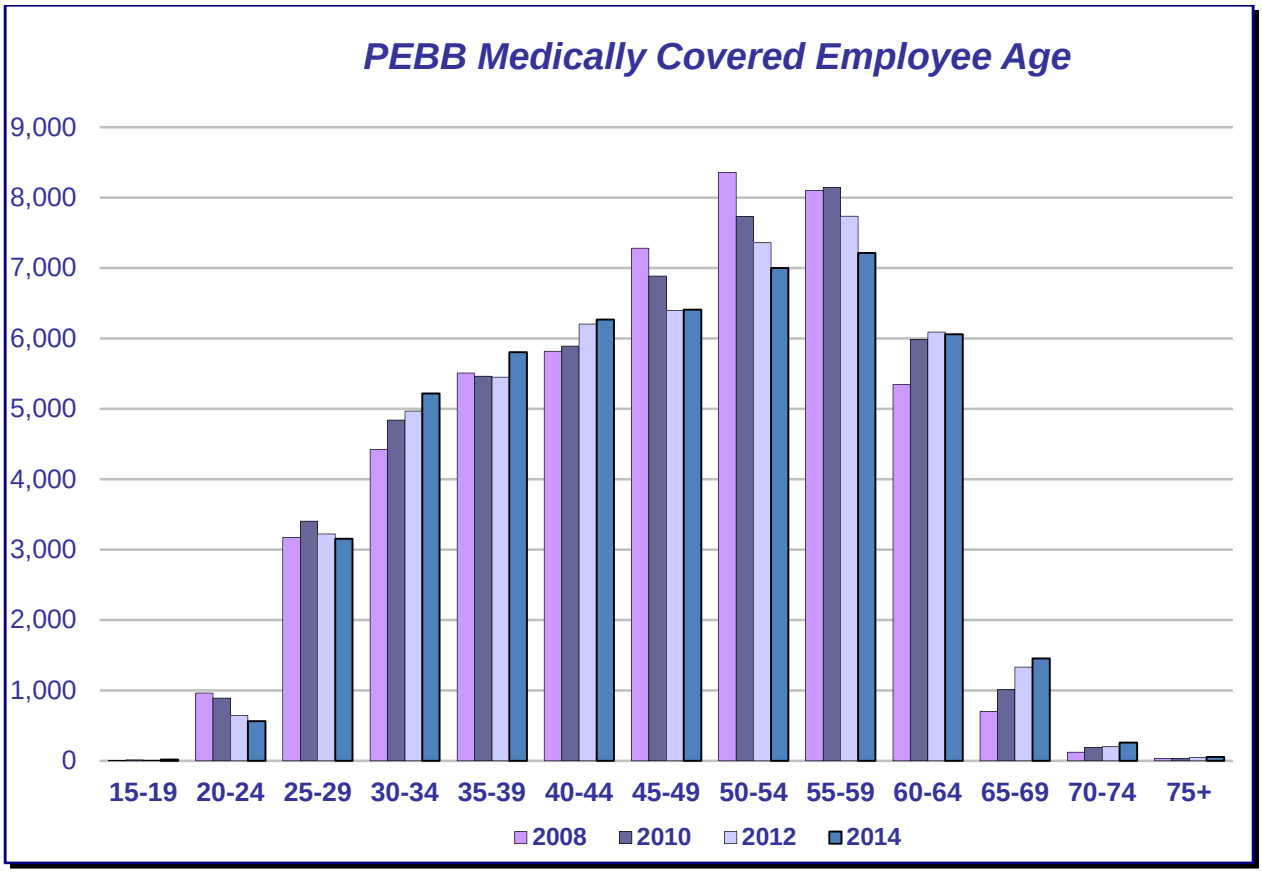


Age trend

PEBB monitors age trends among its membership to ensure that its plans provide services that are appropriate for the population and to anticipate future needs. The following graph shows member age bands for 2008, 2010, 2012 and 2014. In 2014, 46 percent of PEBB's active employee population is age 50 or older.



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- ***Contracting services*** that are timely and accurate;
- ***Communication strategies*** that engage employees in their benefit programs and the PEBB vision.

Operational activities include:

- Offering plans that provide health care supported by the best available evidence;
- Promoting a competitive marketplace by contracting with health systems that are accountable for their performance;
- Collaborating with partners to improve the market and delivery system;
- Meeting or exceeding standards for response time;
- Surveying customers regularly, then analyzing and acting on results;
- Maintaining and improving the online benefits system;
- Developing and maintaining comprehensive, user-friendly websites;
- Employing cost-effective, sustainable technologies to improve communication and reduce resource consumption;
- Continuing to support agencies, local governments and special districts, and universities' efforts to improve employee health and wellness;
- Continuing to seek member and stakeholder input on benefits, benefit management and administration;
- Conducting audits to ensure that policies are applied equitably;
- Continuing to support use of the benefit management system;
- Improving contracting and analytical capabilities; and
- Refining benefit information reporting.

TRENDS, CASELOAD AND EXTERNAL FACTORS

By eliminating waste and controlling costs, PEBB wants to ensure members have the care they need today and in the future. In addition, PEBB wants to ensure that members' care is coordinated across the continuum and that quality and financial incentives are more aligned throughout the delivery system. Since moving to self-insurance, PEBB has experienced lower costs each year compared to premiums collected. As costs were effectively managed with health care transformation efforts, there has been a steady increase in the ending balance in the PEBB Stabilization Fund, well above the target level outlined by the Board's actuary.

REVENUE SOURCES AND BASIS FOR 2015–2017 BUDGET

Other Funds revenue pays for PEBB administration through an administrative assessment added to medical and dental insurance premiums and premium equivalents. The assessment cannot exceed 2 percent of monthly contributions

from employees and employers (ORS 243.185). In 2011 PEBB reduced the assessment from 0.6 percent to 0.4 percent and has maintained that same assessment since.

The 2015-17 Governor's Budget includes three positions, 3.00 FTE for Health Data Systems' management, customer service and administration of statewide wellness programs, self-pays and cities and counties who may now participate in PEBB plans.

REVOLVING FUND

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Stabilization account

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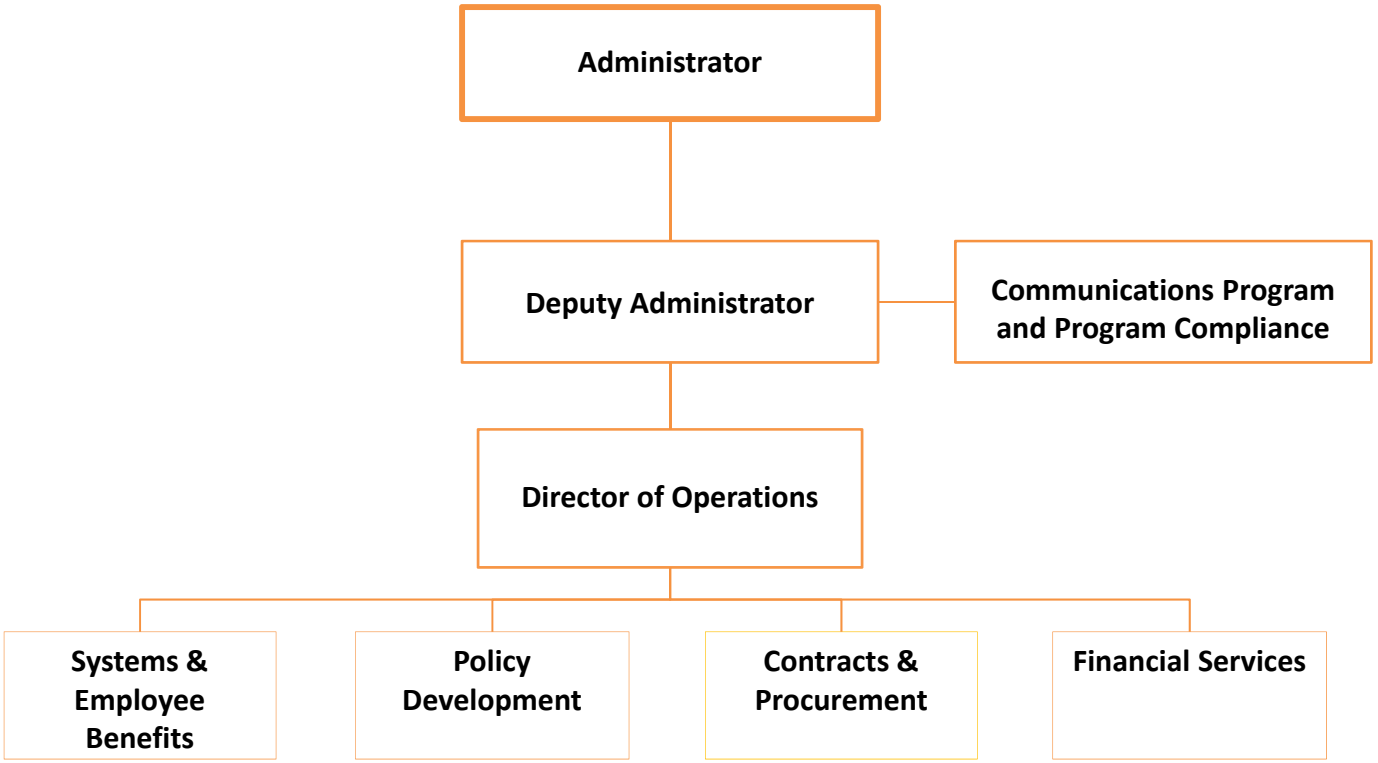
The 2015-17 Governor's Budget for PEBB is $1,645.7 million Other Funds Limited. This is an increase of 6.8 percent from the 2013-15 Legislatively Approved Budget, primarily from the capped annual per employee inflation. PEBB links to the 10-Year Plan by designing plans that focus on coordinated care and preventing chronic disease while containing costs.

Flexible spending account

PEBB operates four flexible-spending-account programs for employees and maintains an account for their administrative costs. The primary Other Funds revenue source for these programs is forfeitures from participants.

2015-17 OEBB Organization Structure

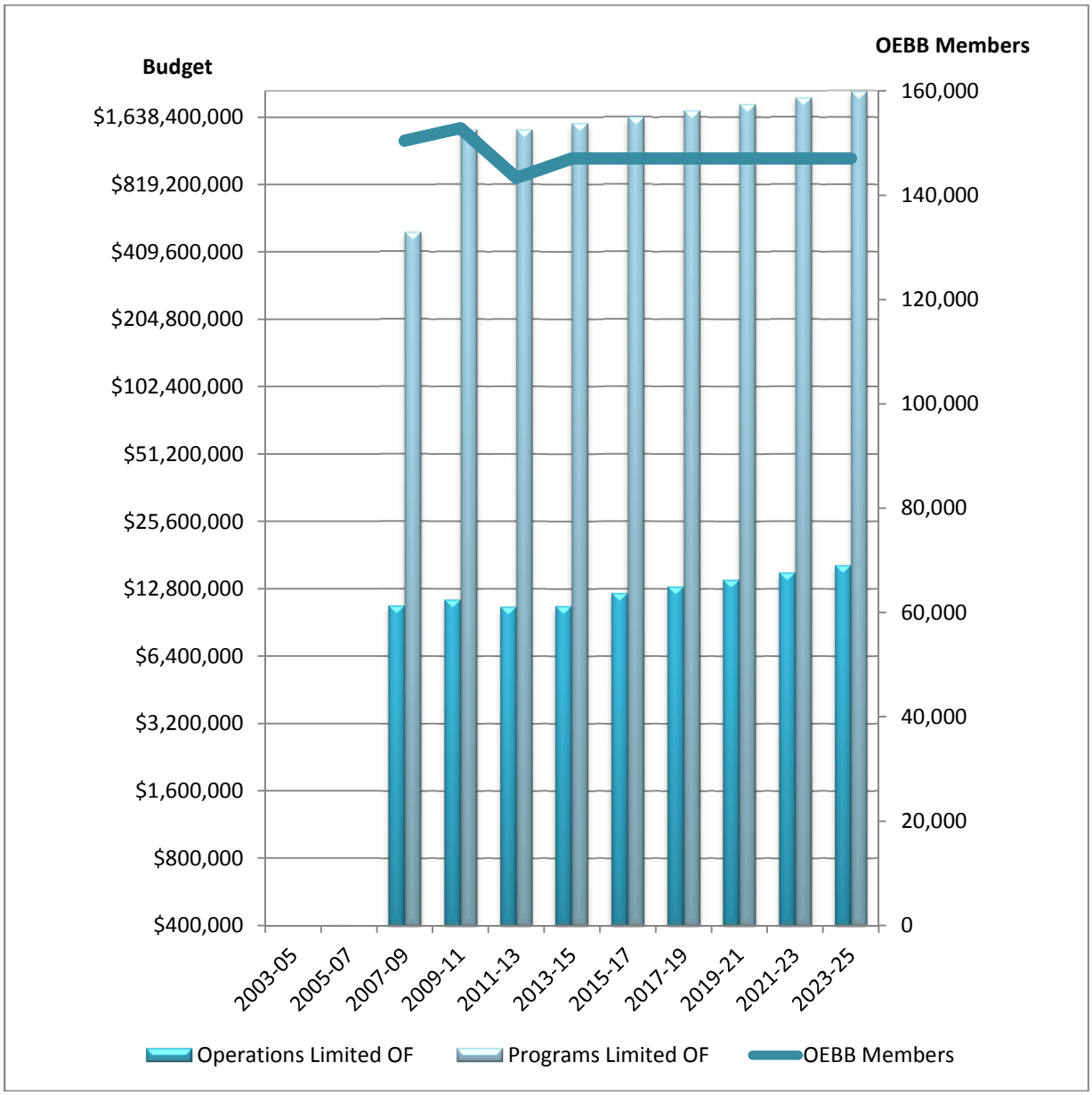


23 Positions / 23.00 FTE

Oregon Health Authority

Oregon Health Authority: Oregon Educators Benefit Board

Primary Outcome Area:	Healthy People
Secondary Outcome Area:	Livable Communities
Tertiary Outcome Area:	Good Government
Program Contact:	Denise Hall, Deputy Administrator, 503-378-5133

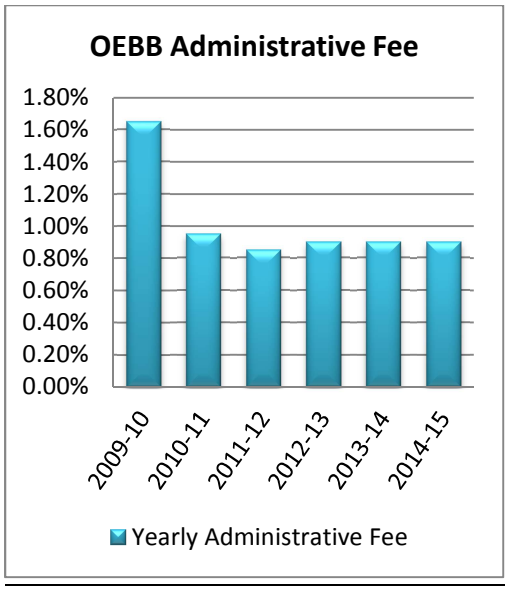


PROGRAM OVERVIEW

The Oregon Educators Benefit Board (OEBB) administers medical, dental, vision and other benefit plans for Oregon's school and education service districts. With the passage of House Bill 2279 (2013), cities, counties and special districts became able to join the OEBB benefits program effective January 1, 2014. OEBB's goal is to provide high-quality benefits for all eligible employees, early retirees, and their dependents at the lowest possible cost, and to work collaboratively with members, entities and insurance carriers to further advance the triple aim for all Oregonians.

PROGRAM FUNDING REQUEST

OEBB's proposal requests funding at the 2013-2015 biennium level plus allowed inflation factors and cost growth for OEBB medical premiums at 4.4 percent for the 2015-16 plan year and 3.4 percent for the 2016-17 plan year. This will allow the program to continue to achieve the goals set forth in the guiding principles adopted by the OEBB Board, continue to promote and advance health care transformation in Oregon and save the education system approximately $82.3 million, primarily in compensation costs for schools. The program goals are described in the program description section. Estimated costs through the 2021-2023 biennium are trended forward using the inflation factors prescribed by Oregon Health Authority Office of Budget, Planning and Analysis and the cost growth prescribed by Governor Kitzhaber. OEBB anticipates this funding level will allow it to continue to provide its current members a high level of customer service and continued access to reliable, high-quality and lower-cost health care through use of providers certified by OHA as Patient Centered Primary Care Homes (PCPCHs) and recognized providers under coordinated care-model health plans. The requested funding level also will allow OEBB to continue to promote ongoing improvement in the health of its more than 147,000 members enrolled in at least one OEBB benefit plan, making a major contribution to the overall health of Oregonians.



PROGRAM DESCRIPTION

OEBB serves more than 147,000 members (employees and early retirees and their family members enrolled in at least one OEBB benefit plan) in more than 250 publicly funded entities throughout Oregon. They include nearly all school districts, education service districts and community colleges, numerous charter schools and some counties and special districts. OEBB serves its members and entities year-round. Activity significantly increases during the annual renewal and open enrollment periods.

OEBB designs and maintains a full range of benefit plans for eligible and participating publicly funded entities to offer to their employees and early retirees. Plans include medical, dental, vision, life, disability, accidental death and dismemberment, long term care, an employee assistance program, a health savings account and flexible spending accounts. OEBB also maintains an online benefit enrollment system (MyOEBB), and carries out the wide range of duties required of an agency that coordinates insurance coverage and other benefits for a large, statewide pool of public employees.

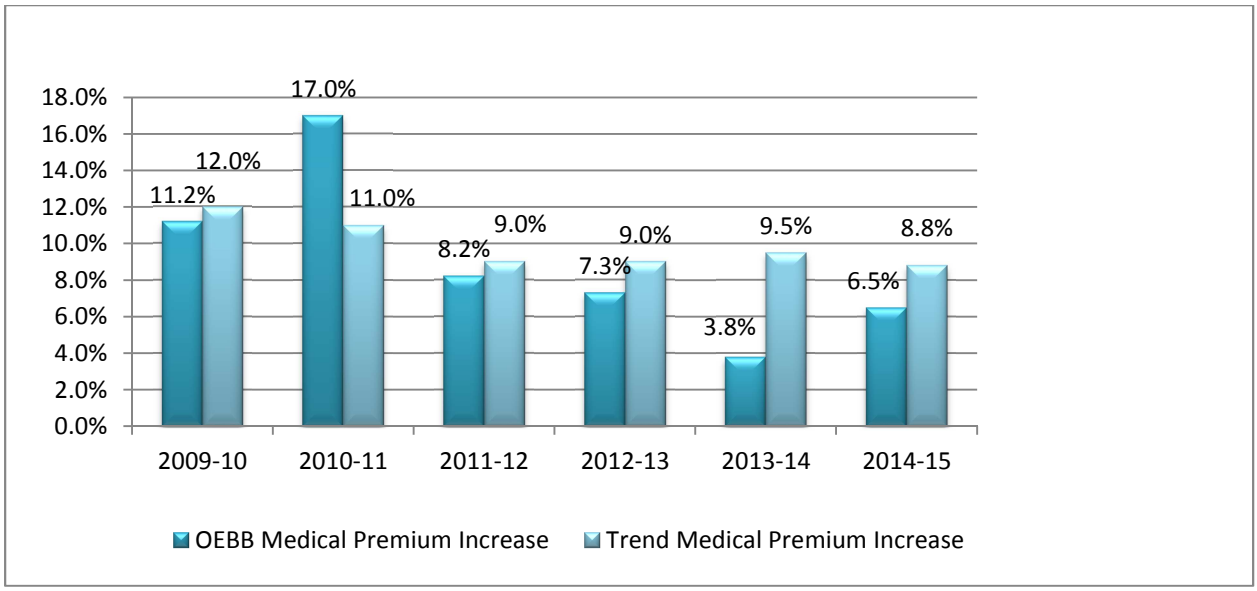
OEBB works closely with its contracted carrier and vendor partners, the Public Employees' Benefit Board (PEBB), the Oregon Health Authority, Oregon Health Policy Board, the Governor's Office, participating publicly funded entities and its 147,000 plus members enrolled in at least one OEBB benefit plan.

OEBB has one major cost driver – rising health care costs. OEBB continues to work closely with its carrier partners to develop and pilot alternative delivery and payment methods that align with OEBB goals and the Triple Aim.

For the 2013-2014 plan year, OEBB expanded access to Patient Centered Primary Care Homes (PCPCHs). It also provided an incentive (in the form of reduced out-of-pocket costs for office visits) to encourage members in OEBB's traditional preferred provider organization (PPO) medical plans to use a PCPCH as their primary care provider. Beginning with the 2014-2015 plan year, OEBB added medical plan options that support Oregon's movement toward providing access to reliable, high-quality, lower-cost health care: making coordinated care model options available under the PPO carrier, and adding a high-deductible health plan (HDHP) to the health maintenance organization (HMO) carrier.

OEBB also implemented alternative payment models to help reduce costs. These included reference-based pricing programs for several major surgeries and certain oral appliances; steps to reduce the cost of dialysis treatments for members; and better coordination of health care for some members with costly multiple chronic conditions.

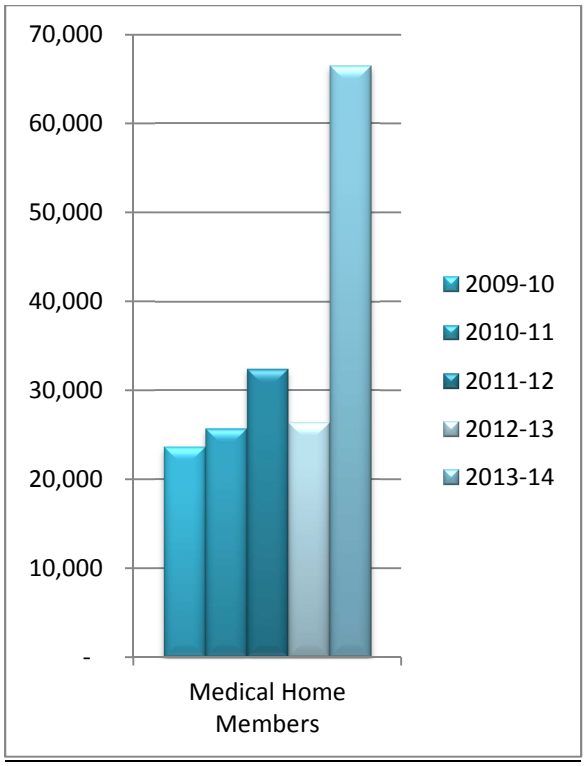
Beginning with the 2013-2014 plan year, OEBB implemented the Healthy Futures program. This program encourages members to learn more about their own health and health risks and to take action to reduce or eliminate those risks. Participants receive a $100 deductible credit on their PPO model medical plans, or the equivalent in copayment credits if they are in a traditional HMO model medical plan with no deductible. OEBB premium increases have been below the Oregon trend for all but one of its plan years.



PROGRAM JUSTIFICATION AND LINK TO 10-YEAR OUTCOME

The Oregon Educators Benefit Board was established in 2007 to administer medical, dental, vision and other benefit plans for Oregon's schools and education service districts. House Bill 2279 (2013) allowed cities, counties and special districts to join the OEBB benefits program effective January 1, 2014. OEBB is governed by statute (ORS 243.860 to 243.886).

OEBB supports the triple aim of better health, better care and lower costs. One way it does this is by increasing member participation in medical homes, coordinated care model health plans and other organized systems of care. OEBB also provides a tool for members to compare health plan options and estimate total costs for care and premiums.



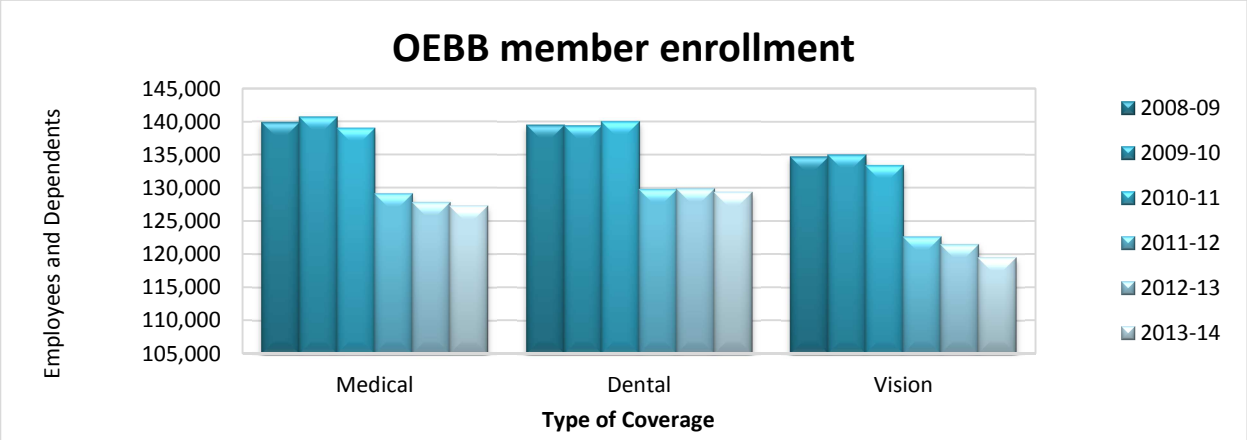
*Plan Year 2013-14 all Moda Medical Plans include the Medical Home option

OEBB also designs its benefits to encourage members to use high-value preventive services and prescription drugs, and to consider alternative treatments for some conditions as appropriate. This includes low-cost or free access to all recommended preventive services, specific prescription drugs for chronic disease management, and weight management and tobacco cessation programs.

OEBB charges additional copays on 11 procedures for which there is evidence that alternatives are as effective or more effective, cost less, and are safer.

As OEBB membership expands to include more publicly funded entities throughout Oregon, so does the impact it can have on health care access, quality and affordability in communities. This is especially true in smaller, rural communities where public employees can make up a significant percentage of the overall population.

PROGRAM PERFORMANCE



*Plan Year 2011-12 - Medical opt-outs increased during the 2011-2012 plan year and layoffs reduced the number of employees in many of the entities. Members also chose to discontinue vision and dental plans due to pay freezes and mandatory furloughs.

ENABLING LEGISLATION/PROGRAM AUTHORIZATION

OEBB was established by Senate Bill 426 in 2007. House Bill 2279 (2013) expanded eligibility to local government entities. The OEBB Board, functions and responsibilities are authorized by ORS 243.860 to 243.886.

FUNDING STREAMS

ORS 243.880 authorizes the Oregon Educators Benefit Account to cover administration expenses. The account's revenue is generated by an administrative assessment paid by members along with their premiums. The administrative assessment cannot exceed 2 percent of total monthly premiums. It is the sole source of revenue for the OEBB benefits program. OEBB is funded entirely with Other Funds.

ORS 243.884 authorizes the Oregon Educators Revolving Fund to pay premiums, control expenditures, provide self-insurance and subsidize premiums. Self-insuring would provide the board with more flexibility in benefit design to meet specific cost-cutting goals if necessary to keep premiums increases at a reasonable level. OEBB does not currently have the resources needed to self-insure, nor is there any way for OEBB to accrue the required funds (or reserves) at this time.

SIGNIFICANT PROPOSED PROGRAM CHANGES FROM 2013-2015

OEBB has been working with carriers to promote patient centered primary care homes (PCPCHs). Moda Health Plan will continue to encourage medical providers and clinics to become OHA-accredited PCPCHs.

The 2014-2015 plan designs include new Synergy and Summit coordinated care model (CCM) plans. These two new networks include health systems and providers in the Portland and Salem areas and in regions where few or no organized systems of care have been available in the past. OEBB also added a high-deductible health plan (HDHP) option through Kaiser Permanente for OEBB members who want a consumer-driven health plan option within a traditional managed care organization.

OEBB will expand options for some entities in 2015 to include participation in the state's insurance exchange. The OEBB Board will work closely with the exchange to implement House Bill 4164 (2012) and the amendments passed in House Bill 2128 (2013). These bills allow some school and education service districts currently participating in OEBB to choose to offer medical plans comparable to and pooled with OEBB plans, but available through the state's insurance exchange beginning October 1, 2015.

Oregon Health Authority: Oregon Educators Benefit Board

EXPENDITURES BY FUND

Oregon Educators Benefit Board (OEBB) Oregon Health Authority					
Description	**Operations Limited OF**	**Programs Limited OF**	**Total Funds**	**Pos.**	**FTE**
2015-2017	12,252,282	1,633,487,088	1,645,739,370	23	23.00

VISION

The Oregon Educators Benefit Board (OEBB) is aligned with the vision of the Oregon Health Authority in creating a healthy Oregon. OEBB's vision is to provide high-quality benefits at the lowest cost possible and work collaboratively with members, participating entities and insurance carriers to offer value-added benefit plans that support improvement in members' health while holding carriers accountable for outcomes.

Key components of the vision include:

- An innovative system that provides evidence-based medicine to maximize health and use dollars wisely;
- A focus on improving quality and outcomes, not just providing health care;
- System-wide transparency through explicit, available and understandable reports about costs, outcomes and other useful data; and
- Information and resources for members to take responsibility for their own health outcomes.

GOALS AND ACTIVITIES

OEBB's goal is to provide high-quality medical, dental and other benefit plans for eligible employees at a cost that participating entities, their employees and Oregon taxpayers can afford.

The statutes governing OEBB (ORS 243.860 to 243.886) outline criteria that OEBB must follow when considering whether to enter into a contract for a benefit plan. OEBB in turn adopted guiding principles.

ACTIVITIES PLANNED FOR 2015-2017

- Expand availability of, access to and participation in patient-centered primary care homes and coordinated care-model plan options throughout Oregon.
- Further develop the "MyOEBB" benefit management system, which allows members to fully manage their benefits online and staff and participating entities to easily and quickly access enrollment information.
- Closely monitor standards for customer response time and improve the board's administrative and customer service models.
- Ensure confidentiality and privacy standards are met, both internally and externally.
- Regularly review security standards and practices in state government to ensure that OEBB meets enterprise-wide security standards.
- Monitor member and participating entity compliance with OEBB eligibility requirements.

CUSTOMER SERVICE DELIVERY

OEBB now offers participating entities the option to have OEBB staff administer benefits for early retirees at no additional cost to the entity or member. This saves participating entities time and money.

PERFORMANCE MEASURES

All carrier contracts include performance measures to evaluate administrative activities and the utilization and cost of services provided. OEBB administrative rules and policies set its performance standards. The board uses reports and surveys to evaluate and measure performance and service levels related to core business processes and administrative activities. OEBB is in the process of developing a core set of measures that align with the OHA Performance Management System.

REVENUE SOURCES

ORS 243.880 established the Oregon Educators Benefit Account to cover administration expenses. The account's revenue is generated through an administrative fee included in premiums for OEBB medical, dental and vision benefits which is considered Other Fund revenue. By statute, the administrative

fee cannot exceed two percent of total monthly premiums. OEBB has maintained an administrative fee of 0.90 percent for the 2012-13, 2013-14, and 2014-15 plan years. ORS 243.882 prohibits the balance in the account from exceeding five percent of the monthly total of employer and employee contributions for more than 120 days.

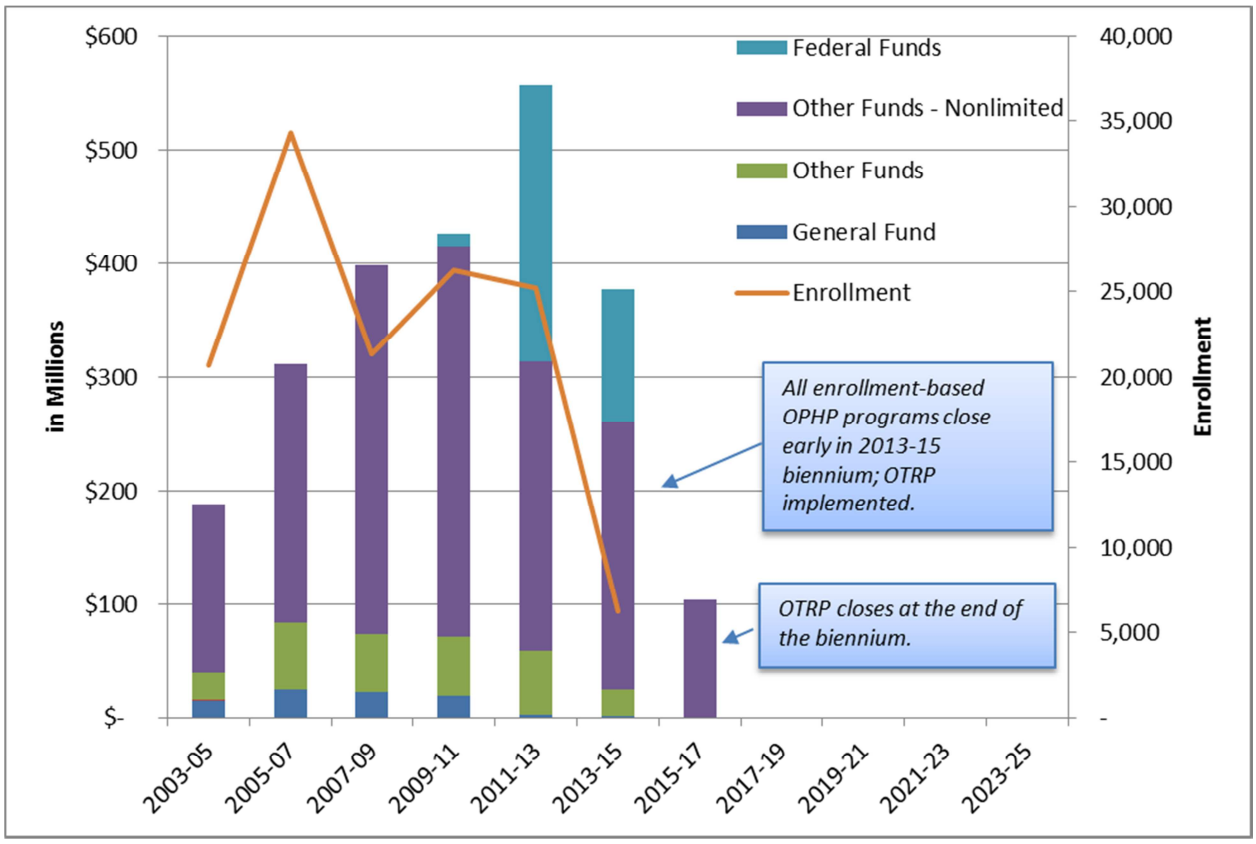
ORS 243.884 established the Oregon Educators Revolving Fund to pay premiums, control expenditures, provide self-insurance and subsidize premiums. There is no dedicated revenue source for the OEBB Revolving Fund other than interest earned on the premium collection pass-through account.

PROPOSED NEW LAWS THAT APPLY TO THE PROGRAM UNIT

None known at this time.

Oregon Health Authority: Office of Private Health Partnerships

Primary Outcome Area: Healthy People
Secondary Outcome Area: N/A
Program Contact: Craig Urbani, OTRP Administrator
503-947-2320



EXECUTIVE SUMMARY

The Office of Private Health Partnerships (OPHP) administered six programs that closed early in the 2013-2015 biennium due to implementation of the federal Affordable Care Act (ACA) in January 2014. The programs that closed were the Family Health Insurance Assistance Program (FHIAP); two programs for high risk uninsurable individuals, the Oregon Medical Insurance Pool (OMIP), and the Federal Medical Insurance Pool (FMIP); a Children's Reinsurance Pool (CRP)

administered within the OMIP program; the Healthy Kids Connect (HKC) program, and the Information, Education and Outreach (IEO) program.

The only program remaining in the OPHP structure through the remainder of 2013-2015 and extending into 2015-2017 is the Oregon Transitional Reinsurance Pool (OTRP) program. It was adopted by the Legislature in the 2013 regular session (HB 3458). It is a temporary measure to help stabilize individual market premiums during the transition to "guaranteed issue" health insurance coverage required by the ACA by covering a portion of exceptional claims costs for roughly 2,100 high-risk Oregonians. This program is scheduled in statute to close by the end of the 2015-2017 biennium, and at that point the OPHP budget structure also is expected to close.

PROGRAM FUNDING REQUEST

For the 2015-2017 biennium, OPHP is requesting $701,884 in Other Funds-Limited and $103,500 million in Other Funds-Non-Limited to continue operations of the OTRP program, which is scheduled to close at the end of the biennium.

PROGRAM DESCRIPTION

Starting January 1, 2014, due to the passage of the federal Affordable Care Act (ACA), thousands of additional Oregonians gained access to health insurance in the individual insurance market. This market serves anyone not covered through an employer-sponsored health plan. Health plans may cost more for many people due to the following factors:

- Plans will have increased benefits and cover more services.
- Insurers can no longer deny coverage to anyone based on their health (pre-existing conditions).
- Thousands of Oregonians who currently buy insurance through state programs for people with pre-existing conditions, and those who are enrolled in portability policies in the commercial market, will move to the individual market. (Portability policies cover people who leave their jobs and are denied individual coverage because of pre-existing conditions.)

To stabilize premiums, HB 3458 (2013 regular session) established the Oregon Transitional Reinsurance Pool (OTRP) program. This is a reinsurance program that pays a portion of high claims costs and helps to stabilize individual market

premiums. The program spreads (to large and small employer groups as well as individuals) a portion of exceptional claims costs for about 2,100 high-risk Oregonians.

This is a temporary program that will cover only claims incurred through December 31, 2016. The program will close once these claims reimbursements are complete. The program will be funded by an annual assessment on all insurers for calendar years 2014, 2015 and 2016. The assessment will be at a rate that is expected to produce funds equal to the needed reinsurance payments. This is the only remaining active program in the Office of Private Health Partnerships structure in 2015-2017.

HB 3458 tasks the Oregon Medical Insurance Pool (OMIP) Board, part of the Oregon Health Authority, with the administration of the program in collaboration with the Department of Consumer and Business Services Insurance Division.

PROGRAM JUSTIFICATION AND LINK TO 10-YEAR OUTCOME

There is a direct link between the OTRP program and the intent of the Healthy People program to improve access to health insurance coverage and produce outcomes that promote lifelong health. Projections suggest the program will mitigate premiums increases, help stabilize the health insurance market, and make insurance more affordable for Oregonians.

PROGRAM PERFORMANCE

The OTRP program's performance can be measured primarily by the impact it has on offsetting premium increases in the commercial market during its three years of operation (calendar years 2014, 2015 and 2016). The impact in 2014 is estimated to be a -4 percent offset to rising premiums.

ENABLING LEGISLATION/PROGRAM AUTHORIZATION

The only remaining program operating in the OPHP structure in 2015-2017, OTRP, is governed by Oregon Laws 2014 Chapter 80.

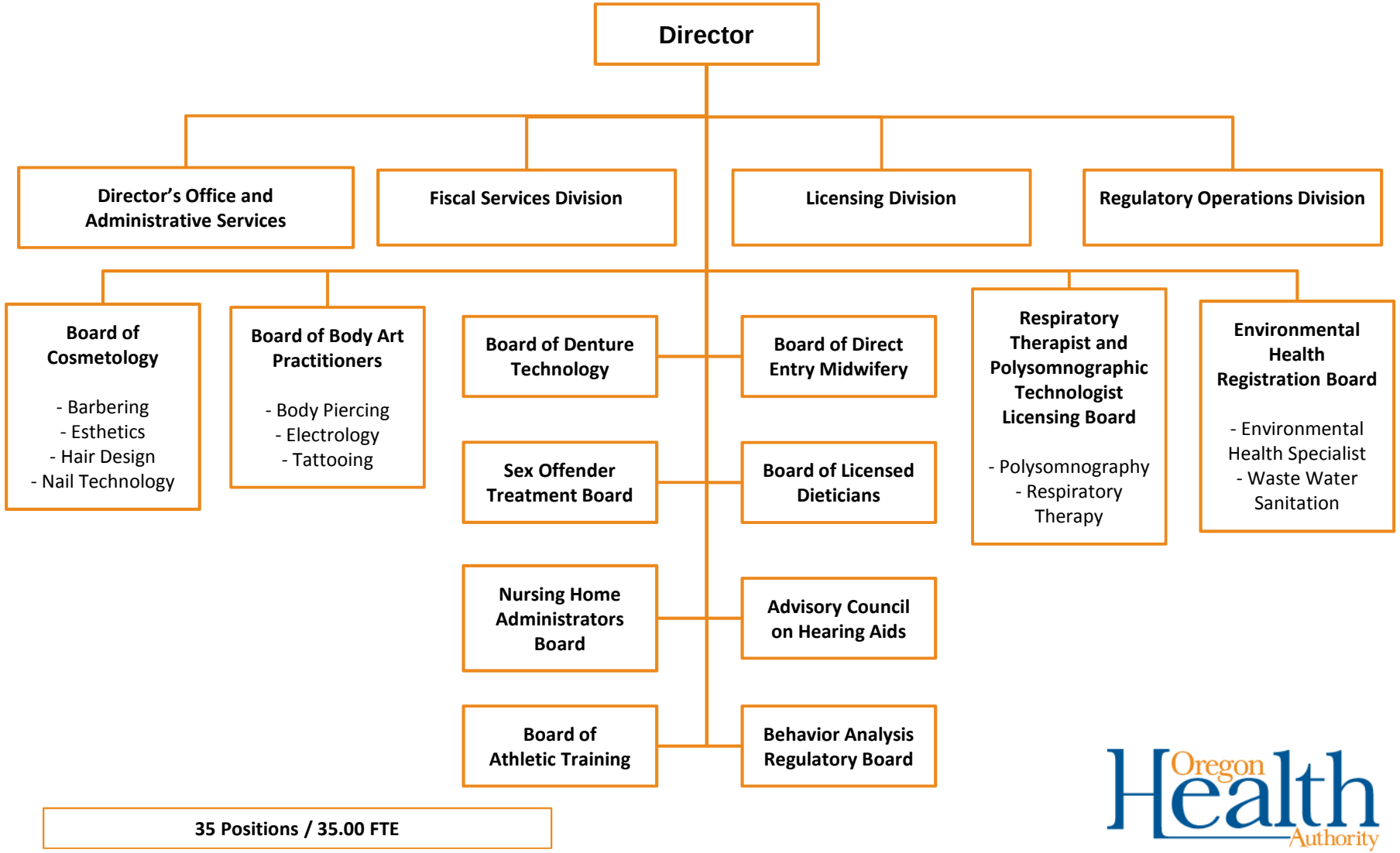
FUNDING STREAMS

The OTRP program is entirely supported by statutorily dedicated (see statutory reference above) non-limited and limited Other Funds generated by assessments on licensed Oregon commercial health insurers.

SIGNIFICANT PROPOSED PROGRAM CHANGES FROM 2013-2015

As noted previously, all OPHP programs closed during 2013-2015, and the only program continuing into 2015-2017 is the OTRP program. OTRP program rules and operations were in development at the time this narrative was prepared and could potentially result in proposals for changes to the program structure and budget. However, no significant changes are currently proposed in the program from what was established in 2013-2015, and the program is slated in statue to close by the end of the 2015-2017 biennium.

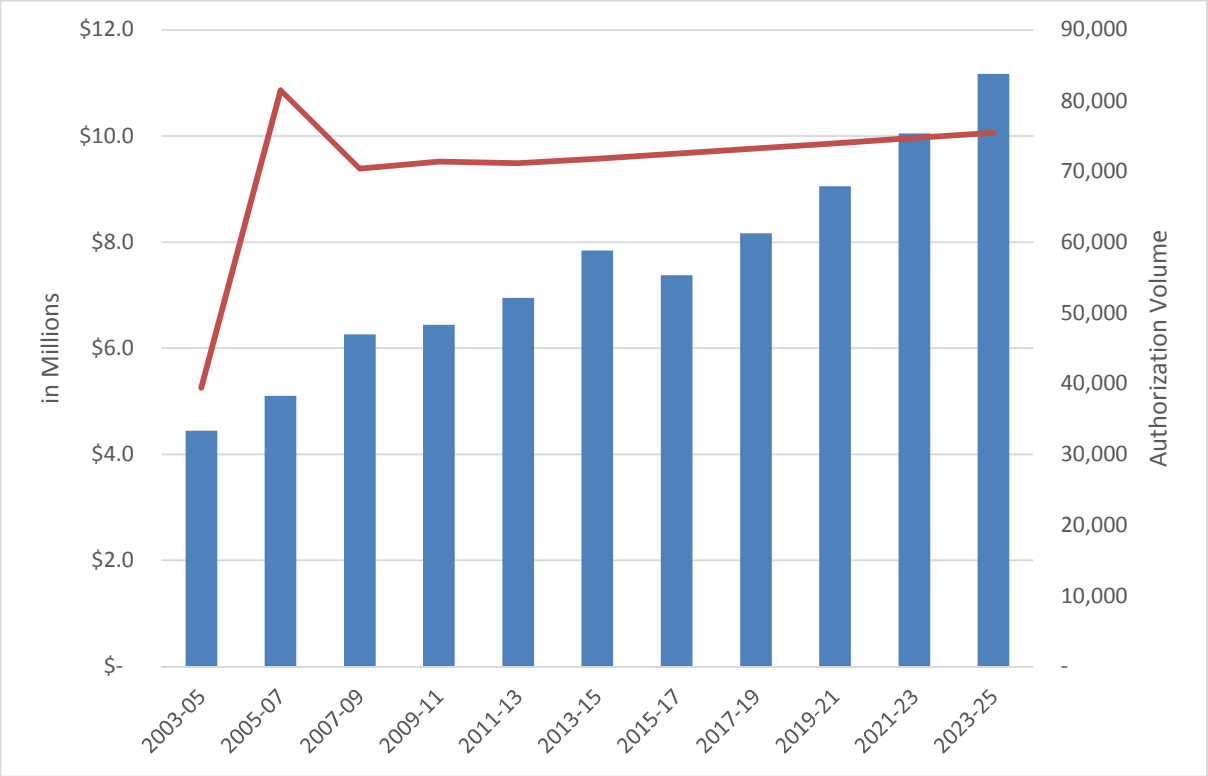
2015-17 Health Licensing Office Organization Chart



Oregon Health Authority

Oregon Health Authority: Health Licensing Office

Primary Outcome Area:	Healthy People
Secondary Outcome Area:	Safety
Contact:	Sylvie Donaldson, Fiscal Services and Licensing Manager 503-373-1974



EXECUTIVE SUMMARY

The Health Licensing Office (HLO) puts qualified Oregonians to work while protecting Oregon consumers. HLO sets, communicates, licenses and enforces regulatory standards for multiple health and related professions.

FUNDING REQUEST

For the 2015-17 biennium, HLO requests $7,374,784 in Other Funds-Limited to maintain ongoing operations. The request also includes adjustments necessary complete the merge of HLO with the Oregon Health Authority (OHA) started mid-biennium in 2013-15.

DESCRIPTION

The Oregon Health Licensing Agency (OHLA) merged with the Oregon Health Authority (OHA) in July 2014, and is now an office within OHA titled the Health Licensing Office (HLO). Following the transition, HLO retains the same function, purpose, and funding structure, where it still operates solely as a 100% other funded structure. HLO regulates over 70,000 authorizations among 12 boards and councils, including over 4,800 facilities. HLO provides services to program clients on a daily basis and sets, communicates, licenses and enforces regulatory standards for the multiple health and related professions it oversees.

HLO achieves its mission by collecting revenues from applications, examinations, authorizations, authorization renewals, charges for services, fines and forfeitures, sales income and interagency agreements. Revenues collected from each board and council fund the Administrative Services, Fiscal Services, Licensing, and the Regulatory Operations units in HLO. Each board and council is required to pay part of the overall HLO budget determined by the allocation service costs attributed to each board and council.

Major cost drivers for HLO operations are derived from writing rules and legislation, conducting examinations, licensing clients, inspecting facilities, investigating complaints, fiscal operations, information technologies, and human resources. Another major cost driver for HLO are continued charges from DAS Risk Management for litigation expenses that increased most significantly during the 2011-13 biennium. These expenses continue at a heightened level on into the 2015-17 biennium, but are expected to slowly decrease in future biennia.

JUSTIFICATION AND LINK TO 10-YEAR OUTCOME

The primary purpose of HLO is to ensure effective coordination of administrative and regulatory functions related to protecting the public as mandated by ORS 676.605. Public protection relates to the regulatory oversight HLO provides over health and related professions it regulates as mandated by ORS 676.606. HLO measures it success by ensuring all complaints are investigated within 120 days as described in ORS 676.165(4) and that Oregonians providing services are licensed by the HLO as described in 676.607. The HLO is 100% other funded and funds are solely invested into protecting Oregonians and fulfilling all of HLO's and the boards/council's statutory requirements. These requirements are directly linked to the safety outcomes outlined in the 10-year plan.

PROGRAM PERFORMANCE

HLO performance is measured using active authorization volume and the cost of each service unit. Each performance metric is indicated over time. During the 2005-07 biennium the Cosmetology authorization was split into four separate fields of practice. The change drastically increased authorization volume and decreased the cost per service unit.

Biennium	*Other Funds*	*Authorization Volume*	*Cost per service unit*
2003-05 Actuals	$ 4,444,249	39,408	$ 113
2005-07 Actuals	$ 5,102,020	81,500	$ 63
2007-09 Actuals	$ 6,262,795	70,376	$ 89
2009-11 Actuals	$ 6,443,623	71,391	$ 90
2011-13 Actuals	$ 6,948,084	71,161	$ 98
*2013-15 LAB**	$ 7,839,417	71,808	$ 109
2015-17 GB	$ 7,374,784	72,526	$ 102
2017-19	$ 8,166,704	73,251	$ 111
2019-21	$ 9,055,407	73,984	$ 122
2021-23	$ 10,051,732	74,724	$ 135
2023-25	$ 11,173,237	75,471	$ 148

** Merge implemented mid-2013-15, and budget split between Agency 831 and 445; combined here for clarity.*

Active Authorization Volume = The active authorizations for the specified time period.
Cost per Service Unit = Cost per authorization for the specified time period.

ENABLING LEGISLATION/AUTHORIZATION

The list below gives the legislation for the Health Licensing Office and each of its boards and one council.

Health Licensing Office
ORS 676.600-676.625 and 676.992

Athletic Trainers, Board of
ORS 688.701-688.734

Cosmetology, Board of
ORS 690.005-690.235 and 690.992

Denture Technology, Board of
ORS 680.500-680.570 and 680.990

Respiratory Therapists and Polysomnographic Technologists Licensing Board
ORS 688.800-688.840 and 688.995

Environmental Health Registration Board
ORS 700.005-700.240 and 700.992-700.995

Hearing Aid Specialists, Advisory Council
ORS 694.015-694.185 and 694.991

Direct Entry Midwifery, **Board of**
ORS 687.405-495 and 687.895 and 687.991

Sex Offender Treatment Board
ORS 675.360 -675.410

Nursing Home Administrators Board
ORS 678.710-678.990

Licensed Dietitians, Board of
ORS 691.405-691.485

Body Art Practitioners, Board of
ORS 690.350-690.415

Behavior Analysis Regulatory Board
ORS 676.800

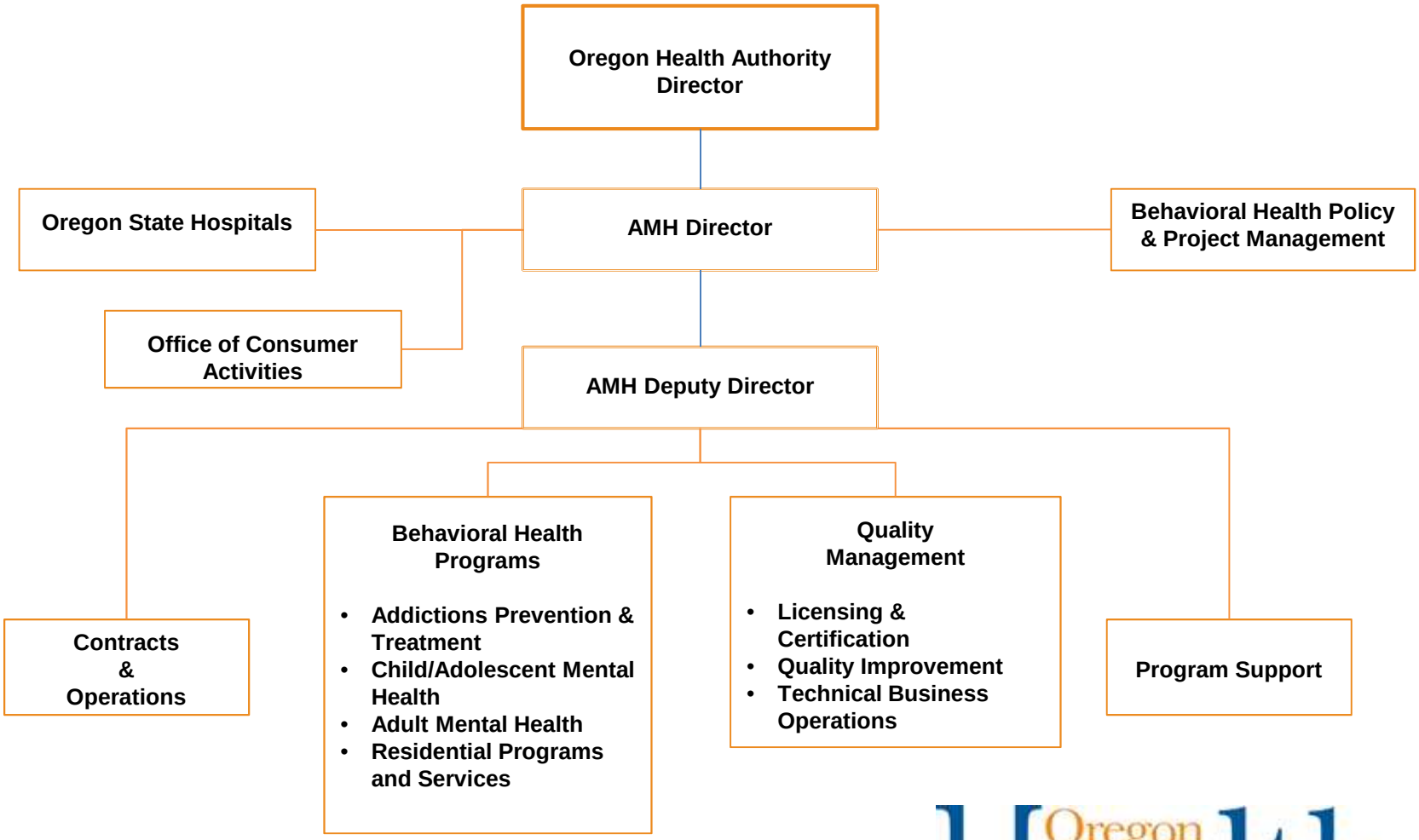
FUNDING STREAMS

The Health Licensing Office (HLO) is supported by each of the boards and one council's funding streams. HLO is 100% other funded and collects revenues from applications, examinations, authorizations, authorization renewals, charges for services, fines and forfeitures, sales income and interagency agreements. Each board and council is self-sufficient and supports their own expenses within HLO's budget.

SIGNIFICANT PROPOSED CHANGES FROM 2013-15

Other than completing the merge with OHA started in 2013-15 in the 2017-15 budget, the HLO's budget does not have any significant changes.

2015-17 AMH Organization Structure

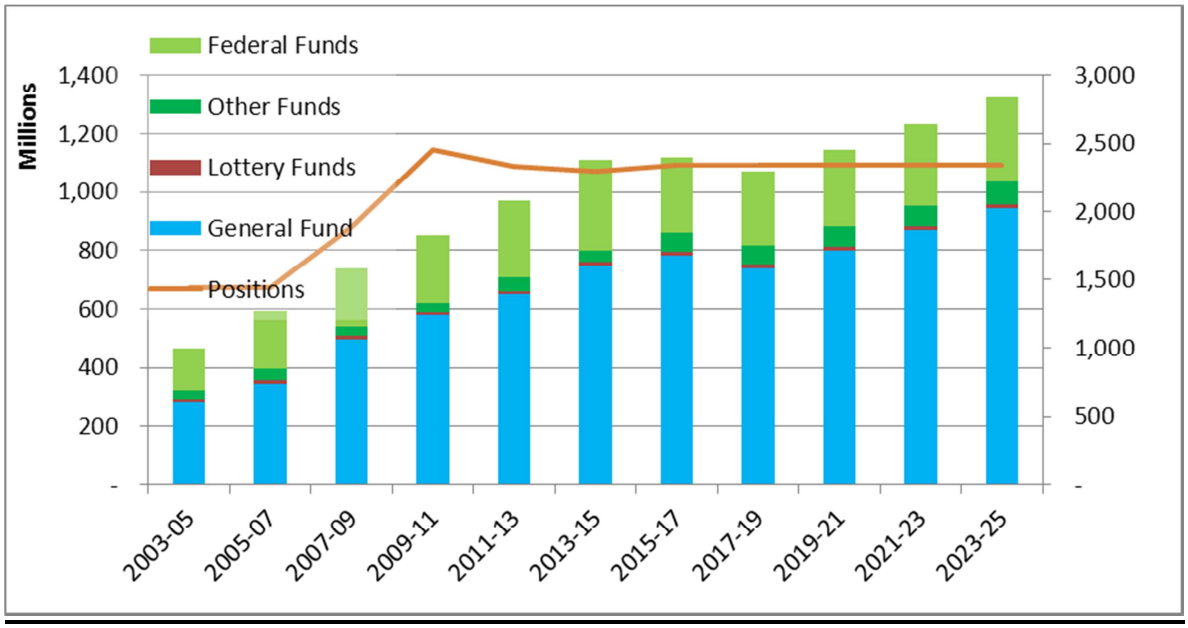


2,398 Positions / 2,396.39 FTE

Oregon Health Authority

Oregon Health Authority: Addictions and Mental Health Programs

Primary outcome area: Healthy People
Secondary outcome area: Safety
Program contact: Pamela Martin, AMH Director
503-945-5879



EXECUTIVE SUMMARY

Addictions and Mental Health (AMH) ensures access to behavioral health care for all Oregonians who are at risk of developing or who have been diagnosed with any behavioral health disorder, including problem gambling disorder and severe and persistent mental illness. This care is delivered in the least restrictive and most integrated setting possible by a diverse, locally administered and designed provider. Programs deliver evidence-based services that help restore individuals and their families to a level of function that is optimal for them.

PROGRAM FUNDING REQUEST

For the 2015-2017 biennium, OHA requests the following budget for AMH:

	General	Other/Lottery	Federal	Total Fund	Pos.	FTE
Leg.Appr.13-15	688,546,712	74,424,316	274,741,434	1,037,712,462	2,506	2,236.55
Governor's Budget	760,008,713	97,501,386	276,840,698	1,134,350,797	2,398	2,396.39
Difference	71,462,001	23,077,060	2,099,264	97,337,940	350	359
Percent Change	10%	31%	1%	9%	17%	18%

Approximately 20,198 Oregonians per month will receive behavioral health care services funded by AMH through these investments (242,267 Oregonians per year).

OHA estimates the following cost for AMH programs through the 2023-2025 Biennium:

BIENNIUM	2015-17	2017-19	2019-21	2021-23	2023-25
General Fund	760,008,713	850,709,960	920,609,307	997,734,648	1,083,864,989
Lottery Funds	10,353,121	12,117,946	12,564,170	13,016,769	13,499,867
Other Funds	87,148,265	79,276,834	83,174,812	87,286,483	91,680,846
Federal Funds	276,840,698	269,085,908	281,323,080	294,110,983	307,990,496
Total Funds	1,134,350,797	1,211,190,648	1,297,671,369	1,392,148,883	1,497,036,198

PROGRAM DESCRIPTION

AMH has four main program units:

- Community Mental Health (child and family, adult, older adult and residential treatment and services;
- Alcohol, Drug and Problem Gambling Prevention and Treatment;
- Oregon State Hospital;
- Program Support and Director's Office.

PROGRAM JUSTIFICATION AND LINK TO 10-YEAR OUTCOME

AMH's services link to OHA's Healthy People, Safety and Education 10 year goals by helping to reduce per capita cost, improve patient experience, and reduce

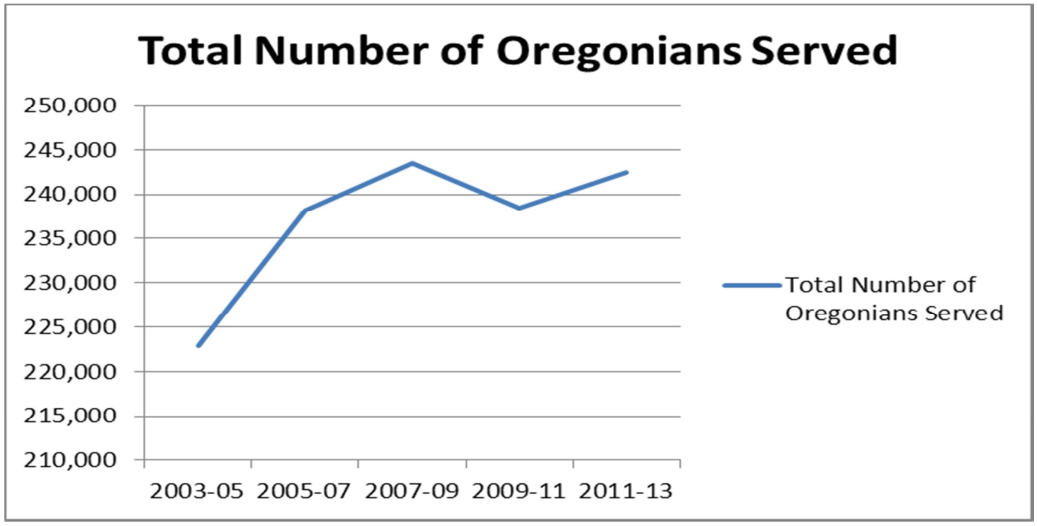
chronic disease costs, while increasing the life expectancy and success of people who receive substance abuse and mental health treatment.

The U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) plans to reduce the impact of substance abuse and mental illness on America's communities. In a 2012 study SAMSHA found that the annual total estimated societal cost of substance abuse in the United States is $510.8 billion, and that by the year 2020, behavioral health disorders will surpass all physical diseases as a major cause of disability worldwide.

PROGRAM PERFORMANCE

The mission of AMH is to assist Oregonians to achieve optimum physical, mental and social well-being by providing access to health, mental health and addiction services and supports to meet the needs of adults and children to live, be educated, work and participate in their communities.

The following table shows the number of Oregonians who receive behavioral health services per biennium.



ENABLING LEGISLATION/PROGRAM AUTHORIZATION

ORS 161.295-400 – Determination of fitness to proceed/commitment
ORS 179.321 – Authority to operate, control, manage and supervise OSH campuses and state-delivered secure residential treatment facilities
ORS 413 – Problem gambling treatment and prevention
ORS 426 – Powers, duties, responsibilities of OHA
ORS 430 – Alcohol and drug treatment programs
ORS 443 – Residential treatment homes and facilities
ORS 461.549 – Use of video lottery proceeds for treatment of gambling-related behavioral problems

FUNDING STREAMS

All AMH programs receive a combination of funds.

State General Fund moneys are appropriated for behavioral health treatment services, administration and supports.

Other funds:

- Beer and Wine Tax – dedicated by ORS 430.345 to 430.380.
- Intoxicated Driver Program Fund – dedicated by ORS 813.270.
- Community Housing Trust funds – ORS 413.010.
- Limited amount of licensing revenue and small contracts for data reporting to federal government and educating the system about the Olmstead Supreme court decision. Court fines, fees and assessments support administrative activities related to the Driving Under the Influence of Intoxication (DUII) program.
- Tobacco tax
- Lottery Funds

Federal Funds:

- Medicaid Matching Funds
- Substance Abuse Prevention (SAPT) Grant
- Access to Recovery (ATR) Grant
- Strategic Prevention Framework-State Incentive Grant (SPF-SIG)

- Enforcing Underage Drinking Grant (EUDL)
- Temporary Assistance to Needy Families (TANF) Grant.
- Center for Mental Health Services Block Grant (CMHS)
- Projects for Assistance in Transition from Homelessness (PATH) Grant

Oregon Health Authority: Addictions and Mental Health

Community Mental Health Services

EXPENDITURES BY FUND TYPE, POSITION AND FTE

	General	Other/Lottery	Federal	Total Fund	Pos.	FTE
Leg.Appr.13-15	256,604,722	20,883,788	150,264,112	427,752,622	0	0
Governor's Budget	275,850,912	39,140,505	161,635,950	476,627,367	0	0
Difference	19,246,190	18,256,717	11,371,838	48,874,745	0	0
Percent Change	7.50%	87.42%	7.57%	11.43%	0.00%	0.00%

The Governor's Budget continues funding for the Community Mental Health (CMH) Services programs at the current service level for 2015-2017. This request includes Policy Option Package 401 that will support critical programmatic and operational functions aimed at improved service access and quality.

- POP 401-1 for $4,056,901 Total Funds is related to Legislative Concept 15-106 regarding the Aid and Assist population. This proposal targets two counties with the greatest number of referrals to the Oregon State Hospital for Aid and Assist to provide the evaluations and restoration services in the communities as opposed to the Oregon State Hospital.

ACTIVITIES, PROGRAMS AND ISSUES IN THE PROGRAM UNIT BASE BUDGET

Community mental health programs (CMHPs) provide prevention and treatment services to Oregonians who are at risk of developing or have been diagnosed with a severe mental or emotional disorder. This includes a category known as severe and persistent mental illness. The CMHPs seek to provide their services in the least restrictive and most integrated setting possible.

In partnership with county governments, AMH contracts with local mental health authorities (LMHAs), CMHPs and one tribe to develop and administer a

community-based continuum of behavioral health care to deliver AMH-funded services and supports. They are delivered in outpatient, residential, schools, early learning programs, primary care, acute psychiatric hospitals, and criminal justice and community settings. These programs are designed to deliver evidence-based services that restore individuals and their families to a level of function that is the highest possible for them. These programs employ peer support specialists, qualified mental health associates (QMHAs), qualified mental health professionals (QMHPs), psychiatrists, psychiatric nurse practitioners, qualified health services (QHS) providers, psychologists and other independently licensed providers, and personal care providers. Individual consumers and their families are also key partners. These partnerships are critical to successfully treating mental health disorders.

The 2013-15 biennium is the first biennium that Medicaid benefits for most mental health services have been managed by coordinated care organizations (CCOs). AMH works closely with OHA's Medical Assistance Programs (MAP) and Transformation Center to coordinate the system of care as well as achieve better health and better care at lower costs for all Oregonians by integrating physical and behavioral health services.

Issues driving costs in the current base budget include:

- Late identification of a behavioral illness, after an individual or child has experienced untreated episodes of psychoses, mania, depression or other disorders that can lead to school or placement failure, homelessness or incarceration;
- Substance abuse disorders and physical health conditions that complicate mental illness;
- Severe and untreated trauma in childhood;
- Court-mandated treatment – either civil or criminal commitment;
- Growth in demand for services as the population has grown;
- Limited availability of safe, affordable and drug-free housing;
- Limited Medicare coverage for community mental health services; and
- Lack of Medicaid eligibility under the Affordable Care Act for individuals on Medicare.

AMH has identified opportunities to address these cost drivers. One key is the increased integration of behavioral health and physical health services. Integrated services provided in a locally driven, coordinated and evidence-based environment can lead to earlier and more effective intervention through earlier diagnosis of psychoses, depression and other mental health conditions. Another key is to promote local innovation through flexible funding with greater accountability for improved outcomes. These flexible and more accountable arrangements with the providers also result in more adults living in an environment that is as independent and community integrated as possible, and which provides the support they need to be successful.

Medicaid has expanded greatly under the Affordable Care Act (ACA). As of May 2014, almost 350,000 Oregonians have enrolled in Medicaid health care coverage since January 1, 2014. This expands access to behavioral health services and reduces the reliance on General Fund (GF) for behavioral health services. This permits the reinvestment of GF for non-Medicaid services and services to individuals, which are included in the investments above.

AMH: Mental Health Program Performance Overview												
Performance Area	Population	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Number of people served	All	105,263	109,287	109,724	105,821	107,784	108,553	120,890	129,245			
Quality of Service: % with improved Outcomes	Childeren	56%	59%	57%	59%	57%	59%	61%	60%			
	Adults	57%	56%	56%	56%	57%	54%	51%	48%			
Timeliness of Service: % of people seen within 7 days of crisis services	Childeren	19%	21%	22%	19%	19%	19%	16%	17%			
	Adults	22%	23%	22%	22%	21%	21%	21%	23%			
Average cost per person served		$2,130	$2,512	$2,785	$3,127	$3,175	$3,082	$3,034	$3,901			

Many individuals enter mental health treatment through crisis services. It is important that crisis services facilitate individuals' transition into community-level services for appropriate care. Many factors, including hospitalization, can affect the timeliness of this transition. Over the past eight years, roughly 20 percent of individuals (adults and children) have moved from crisis services to community services within seven days. AMH will continue to work with its community providers, and will begin working with the CCOs, to improve this statistic.

One way for AMH to improve this and other metrics in partnership with its provider community is to implement new data systems. These systems will make data available in a more-timely manner and allow a better understanding of how to improve the quality of services.

The 2013 Legislature's major investments in the community mental health system provided AMH with an unprecedented opportunity. It enabled AMH to expand access to a range of mental health services that engage individuals in the community with the services and supports they need, when they need them, where they need them and at the right intensity. These investments have focused on:

- Promoting community health and wellness;
- Promoting resilience and stable attachments for children and families;
- Assisting adults with mental illness to live successfully in the community;
- Emphasizing prevention, early identification and intervention; and
- Delivering training and technical assistance to health care providers.

REVENUE SOURCES AND PROPOSED REVENUE CHANGES

State General Funds: Legislative appropriation for treatment services.

Other Funds: Community Housing Trust Funds – This trust fund was established with the sale of the Dammasch hospital property (ORS 413.101). Interest from the fund is dedicated for new housing and facility maintenance to benefit people with mental illness.

Federal Funds: Medicaid (Title XIX) has a matching requirement. Center for Mental Health Services block grant (CMHS) – At least 35 percent of each grant's service funding must be expended for mental health services for children. The grant has a maintenance of effort (MOE) requirement. PATH – Projects for Assistance in Transition from Homelessness.

Tobacco Tax: During the 2013 Special Session the Legislature approved a 13 percent tobacco tax, a portion of which is dedicated to community mental health services.

PROPOSED NEW LAWS THAT APPLY TO THE PROGRAM UNIT

Legislative Concept 15-106 regarding the Aid and Assist population- This proposal targets two counties with the greatest number of referrals to the Oregon State Hospital for Aid and Assist to provide the evaluations and restoration services in the communities as opposed to the Oregon State Hospital.

Oregon Health Authority: Addictions and Mental Health

Alcohol, Drug and Problem Gambling Prevention and Treatment

EXPENDITURES BY FUND TYPE, POSITION AND FTE

	General	Other/Lottery	Federal	Total Fund	Pos.	FTE
Leg.Appr.13-15	27,778,464	24,854,441	66,916,100	119,549,005	0	0
Governor's Budget	32,703,636	23,607,947	57,582,314	113,893,897	0	0
Difference	4,925,172	-1,246,494	-9,333,786	-5,655,108	0	0
Percent Change	17.73%	-5.02%	-13.95%	-4.73%	0.00%	0.00%

Alcohol and Drug Prevention and Treatment

The Governor's Budget includes $105,747,699, which continues funding for the Alcohol and other Drug Prevention and Treatment programs at the current service level for 2015-2017. In addition, the request includes proposals to use reinvested $3,471,600 General Funds from the Community Mental Health program area to develop 5-7 smaller, non-Institution for Mental Disease (IMD) substance use disorder residential treatment facilities and 10 programs providing supported housing for persons transitioning out of residential care over the course of the biennium. The Governor's Budget also includes funding to support two new FTE, one lead analyst each in the treatment/recovery and prevention programs. This staffing increase is paid for with marijuana tax revenues AMH received with the implementation of Measure 91. These positions will increase capacity of the Addictions and Mental Health agency to address prevention, treatment and recovery issues related to Oregon's upcoming legalization of cannabis for personal use and sale.

Problem Gambling

The Governor's Budget includes $8,146,198, which continues funding for the Problem Gambling Prevention and Treatment programs at the current service level for 2015-2017.

ACTIVITIES, PROGRAMS AND ISSUES IN THE PROGRAM UNIT BASE BUDGET

Alcohol and other drug and problem gambling prevention, treatment and recovery services help people develop the life-long skills and abilities they need to manage their chronic health conditions. This work has three categories:

- Alcohol and other drug treatment programs, which provide evidence-based services to assist people recovering from addiction by improving their ability to function in society and at work, to do a better job parenting and stop committing crimes;
- Alcohol and other drug prevention programs, which help Oregonians, especially young people, learn to make healthy choices when presented with the opportunity to inappropriately use drugs including alcohol; and
- Problem gambling prevention and treatment services, which help prevent individuals from becoming addicted to gambling and assist those who are addicted to recover from addictive and disordered gambling.

Alcohol and other drug prevention programs are available in every Oregon county through community mental health programs, tribes and statewide contractors. They provide evidenced-based services to prevent the problematic use of addictive substances and activities. They also help people make smarter life choices and reduce risk factors associated with alcohol and other drug abuse.

Effective alcohol and other drug treatment results in decreased criminal activity and recidivism rates for individuals completing treatment. Expanded availability of alcohol and other drug treatment will result in improved access for adults at risk of criminal justice involvement due to untreated substance abuse.

Addictions and Mental Health (AMH) administers prevention programs aimed at people who have not yet been diagnosed with alcohol or other drug problems.

They reduce the rate of underage drinking, substance use disorders and associated health and social problems.

Problem gambling prevention and treatment programs are delivered in all 36 counties through community mental health programs and by for-profit and non-profit providers. The state also has one residential treatment program. They employ evidence-based prevention strategies to decrease the probability that young people will begin gambling at young ages and to ensure that adults of all ages will be aware of the addictive nature of gambling. Treatment programs include outpatient individual and group therapies, intensive therapies and statewide access to residential treatment for those who are at risk because of disordered gambling.

Issues driving cost in the current base budget for both programs include:

- Community norms that minimize the effects of alcohol and other drug use by young people, leading to underage drinking and risky behaviors and school failure;
- Access to heroin and other opioid drugs, which drives social problems including death and the demand for addiction treatment;
- Anticipated increased access to cannabis products following the implementation of Measure 91;
- Individuals entering treatment who have multiple and complex physical and mental health needs;
- The need to serve people being released from prisons and local jails;
- Growth in demand for services as the population has grown and the funding has remained flat;
- Lack of safe, affordable and drug free housing; and
- Ease of access to highly addictive gambling games.

AMH: Substance Abuse Program Performance Overview (w/ residential)										
Performance Area's	2006	2007	2008	2009	2010	2011	2012	2013	2014	2014
Number of People Served	64,259	65,250	66,328	65,295	64,399	64,489	63,818	58,909		
Quality of Services: % with reduced use of substance at discharge	74%	73%	74%	75%	75%	74%	75%	75%		
Timeliness of services: % of People seen within seven days of Discharge from Residential Care	21%	21%	22%	23%	23%	22%	20%	23%		
Average Cost per person Served	$1,235	$1,285	$1,412	$1,473	$1,518	$1,640	$3,422	$4,060		

AMH: Problem Gambling Program Overview										
Performance Area's	2006	2007	2008	2009	2010	2011	2012	2013	2014	2014
Number of People Served	1,652	1,941	1,958	1,831	1,455	1,171	1,321	1,214		
Quality of Services: % with reduced use of substance at discharge	81%	89%	87%	74%	87%	86%	90%	87%		
Timeliness of services: % of People seen within seven days of Discharge from Residential Care	73%	73%	69%	71%	66%	66%	64%	67%		
Average Cost per person Served	$560	$971	$1,197	$1,371	$1,816	$1,842	$1,762	$1,194		

Untreated addiction disorders are a major driver of health care costs and of years of life lost. Effective treatment results in improved health, a better experience of health care and reduced costs to the medical system. National studies indicate that substance use disorders affect 22 percent of individuals in medical settings. These individuals have higher medical costs and use eight times more health care services. Their families use health care at rates five times higher than other families. (Center for Policy Research & Analysis at the Treatment Research Institute, 2009.)

A recent analysis of a sample of OHP members who accessed addiction treatment found significant cost offsets in physical health expenditures, most notably in emergency room visits and hospitalization. The cost offsets were more than $3,000 per person.

Untreated gambling disorders may result in people seeking medical care, which will not be effective until the underlying gambling addiction is treated. People with gambling disorders tend to have higher rates of heart problems, high blood pressure, and cirrhosis and other liver diseases, and are more likely to seek treatment in hospital emergency rooms than the general population.

REVENUE SOURCES AND PROPOSED REVENUE CHANGES

State General Fund: legislative appropriation for treatment services.

Other Funds: Beer and wine – Statutorily dedicated by ORS 430.345 to 430.380, does require local maintenance of effort and local expenditure of dedicated taxes for state-approved services. Intoxicated Driver Program Fund – Statutorily dedicated by ORS 813.270, does not require any matching or maintenance of effort. Miscellaneous – Contract settlements, state match from Multnomah

County/DePaul and the Oregon Youth Authority, and Sponsored Travel Reimbursements. Anticipated second FY of 2015-2017 biennium - Marijuana - statutorily dedicated with passage of Measure 91.

Federal Funds: Medicaid requires state matching funds. Substance Abuse Prevention Treatment grant (SAPT) requirements are: 20 percent of the grant must be spent on prevention, and service levels must be maintained for specified populations such as women and women with children. The one qualifying factor for this grant is that the state must expend a minimum of state and local revenues on SAPT-related services to meet the maintenance-of-effort requirement. Strategic Prevention Framework-State Incentive grant (SPF-SIG) and Strategic Prevention Framework – Partnership for Success (SPF – PFS) do not require any matching or maintenance of effort. Temporary Assistance for Needy Families grant (TANF) requires maintenance of effort.

Lottery Funds: Oregon Revised Statute (ORS) 461.549 dedicates 1 percent of Lottery revenue for prevention and treatment of problem gambling and does not require any matching or maintenance of effort. In spite of this, these funds are frequently reduced in times of economic decline.

Oregon Health Authority: Addictions and Mental Health

Oregon State Hospital (OSH), Junction City and State Delivered Secure Residential Treatment Facility program

EXPENDITURES BY FUND TYPE, POSITION AND FTE

	General	Other/Lottery	Federal	Total Fund	Pos.	FTE
Leg.Appr.13-15	384,606,465	17,921,721	46,725,566	449,253,752	2,386	2,119.39
Governor's Budget	430,005,673	22,848,902	48,666,448	501,521,023	2,271	2,270.82
Difference	45,399,208	4,927,181	1,940,882	52,267,271	339	346.22
Percent Change	11.80%	27.49%	4.15%	11.63%	17.55%	17.99%

The Governor's Budget continues funding for Oregon State Hospital (OSH), its Salem campus, its Junction City campus, and the State Delivered Secure Residential Treatment Facility programs at the current service level for 2015-2017.

ACTIVITIES, PROGRAMS AND ISSUES IN THE PROGRAM UNIT BASE BUDGET

Oregon State Hospital is part of a continuum of care for Oregonians living with mental illness. The hospitals provide services that are essential to restoring patients to a level of functioning that allows successful community living. Services in a secure setting promote public safety by treating people who are dangerous to themselves or others. The hospital works in partnership with community mental health programs to deliver the right care at the right time in the right place.

OSH operates two campuses with the capacity to serve a total of 794 Oregonians. Services are provided 24 hours per day, seven days a week. OSH operates 620

beds on the Salem campus and will operate 174 at the Junction City campus. People who receive treatment in these facilities are individuals who:

- Are civilly committed;
- Need to be evaluated to determine fitness to participate in legal proceedings;
- Have been arrested but cannot participate in their defense without mental health treatment; and
- Have been adjudicated guilty of a crime except for insanity and cannot yet be managed safely in the community.

The role of OSH is to provide services and treatment to individuals that will prepare them to return to the community as soon as possible. Services include medication, primary care, and recreational, educational and vocational opportunities. Services are provided by psychiatrists, nurses, and mental health professionals. Upon release, people are transitioned into the community with better skills to understand and manage their symptoms, fully participate and live in their local community in a variety of community-based settings, and when able, hold down a job.

OSH works closely with the local mental health authorities (LMHAs), community mental health programs (CMHPs) and the Psychiatric Security Review Board (PSRB). A successful hospital depends on the availability of community services and supports delivered in integrated and independent settings. These services and supports are most effective when they are managed as part of a system of care focused on the needs of an individual.

AMH also operates a state-delivered, 16-bed, secure residential treatment facility in Pendleton on the grounds of the former Eastern Oregon Training Center. The secure mental health treatment program treats people who need a secure level of care as their first step out of the state hospital.

The number of individuals sent to OSH for restoration of their ability to assist in their own defense has grown this past year. If the trend continues, OSH will not have sufficient capacity to accept those individuals without cutting back on services to other populations. Efforts are underway to provide restoration services at the community level.

Other major issues driving costs in the current base budget include:

- The nature of the symptoms of mental illness displayed by people requiring this level of care.
- Responsibility to ensure public safety;
- Complex co-occurring disorders including substance abuse and chronic physical ailments;
- The need for continued investment in community mental health system, to prevent hospitalization and to provide sufficient capacity for transitioning patients; and
- Continued need for safe, affordable and drug-free housing.

AMH: State Hospital's Program Performance Overview											
Performance Area		2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Number of People Serviced	Blue Mtn	288	252	189	191	207	212	215	171		
	OSH	1354	1371	1296	1247	1215	1298	1364	1215		
Quality of Services: % Readmitted within 30 Days		7	4	4	2	1	0	1.3	1.5		
Timeliness of Services: Average Length of Stay (days) on Wait List for State Hospital Services		24	15	24	15	28	25	20	22		
Average Cost per Day of Service	Blue Mtn	426.06	400.41	578.71	599.71	689.71	689.71	628.71	628.71		
	OSH	388.97	405.3	451.83	568.19	568.19	569.19	719.19	719.19		

AMH, CMHPs and the state hospital must continue to work on the timeliness of admission to services. The average time spent on a waitlist for state hospital services has ranged from 15 to 28 days. Although individuals are receiving active service while on the waitlist, it is not at the appropriate level of care.

The hospital has done an excellent job of keeping readmissions within 30 days to a minimum. The readmission rate at 30 days for people who were civilly committed decreased from 7 percent in 2006 to zero in 2011. This is a strong indication that the hospitals are successfully providing treatment services and appropriate transitions to community care. However, growth in the number of individuals sent to OSH for restorative services is a major concern.

Length of Stay – The purpose of AMH's Adult Mental Health Initiative (AMHI) is to strengthen the ability of the community system to discharge hospital patients who have been civilly committed in a more timely manner to the least restrictive, most independent and integrated environments possible.

AMHI has decreased the time that discharge-ready individuals wait to be discharged from OSH campuses. Between September 1, 2010, when the initiative

began, and June 30, 2013, the initiative has facilitated 2,110 transitions from state hospital settings and an additional 2,627 transitions from licensed community-based facilities to more independent settings.

REVENUE SOURCES AND PROPOSED REVENUE CHANGES

State General Fund - Legislatively appropriated for treatment.

Other Funds – Medicare for covered services, collection from third-party payers (insurance, estates or private pay).

Federal Funds: Medicaid, including reimbursement for some patients over age 65 and Disproportionate Share revenue (recognition for treating more people who are poor and unable to pay).

Oregon Health Authority: Addictions and Mental Health

Program Support and Director's Office

EXPENDITURES BY FUND TYPE, POSITION AND FTE

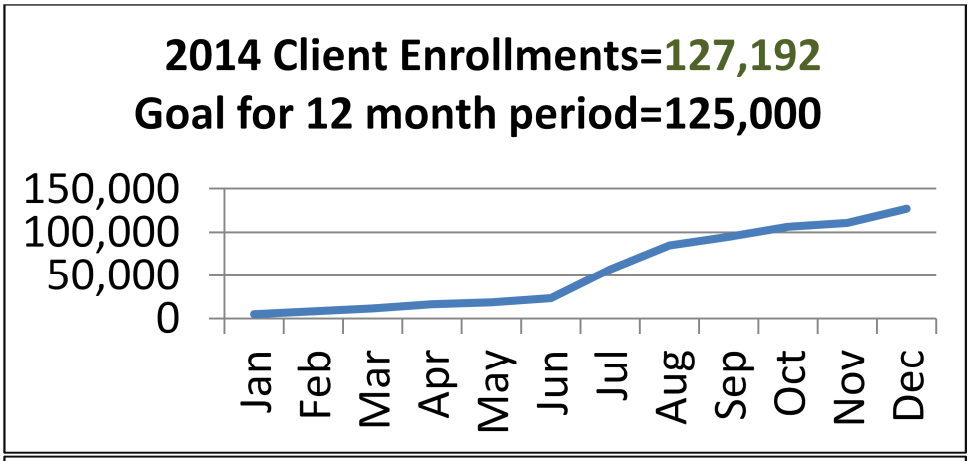
	General	Other/Lottery	Federal	Total Fund	Pos.	FTE
Leg.Appr.13-15	19,557,061	10,764,366	10,835,656	41,157,083	120	117.16
Governor's Budget	21,448,492	11,904,032	8,955,986	42,308,510	127	125.57
Difference	1,891,431	1,139,656	-1,879,670	1,151,417	11	12.41
Percent Change	9.67%	10.59%	-17.35%	2.80%	9.48%	10.97%

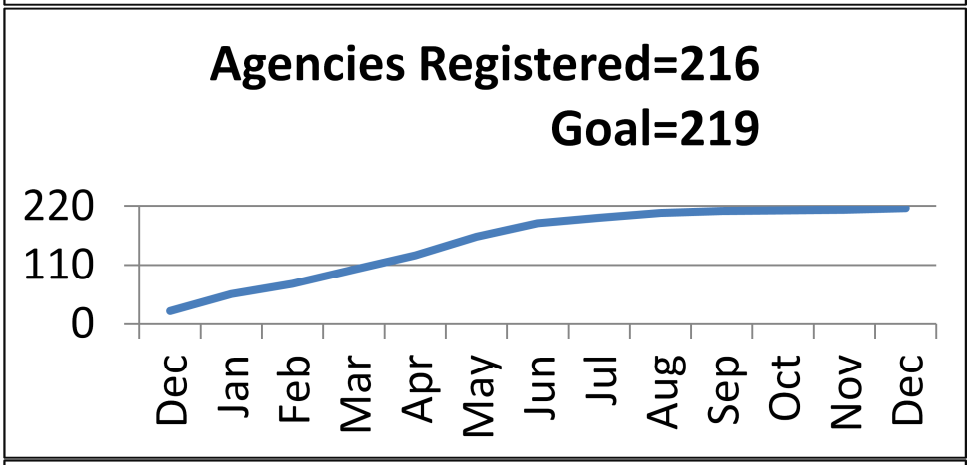
The Governor's Budget continues funding for the Program Support and Director's Office programs at the current service level for 2015-2017.

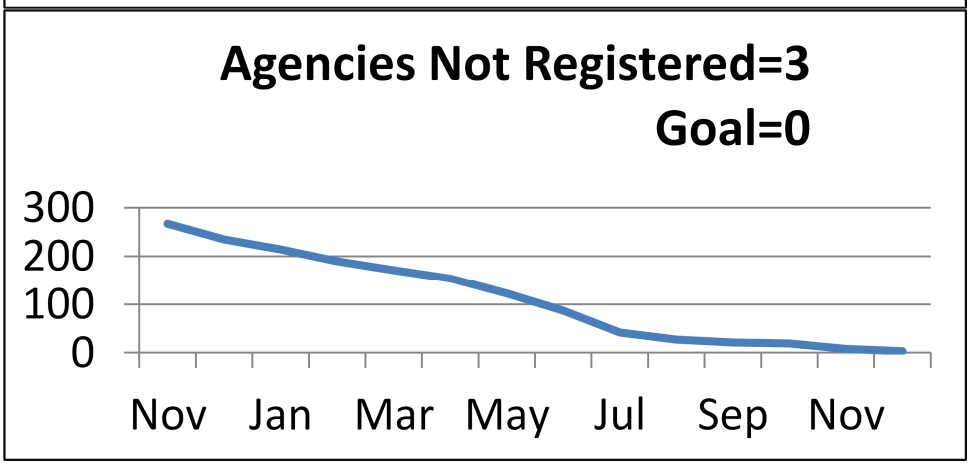
ACTIVITIES, PROGRAMS AND ISSUES IN THE PROGRAM UNIT BASE BUDGET

Addictions and Mental Health (AMH) program support ensures AMH has the administrative infrastructure, operational and technological resources, including the human resources necessary to fulfill the mission and perform AMH's legislative charge and mandates. The director's office provides collaborative leadership to create a shared vision for the behavioral health system of care, develops and implements policy, commission's resources to AMH programs and is the governing body of Oregon State Hospital. AMH programs analyze policies and implement them in order to regulate the state's behavioral health system of care. That system provides prevention and treatment services for mental health and addictions, including problem gambling.

- AMH program support is essential to implement, contract for services, create a delivery system accountable to achieve outcomes and provide the highest quality services which prevent and treat addictions and mental health disorders effectively. The work is organized in eight functional units:
- Licensing and quality improvement. Functions include:
    - Licensing residential treatment facilities: residential treatment homes, adult foster homes, and alcohol and drug residential programs;
    - Approving various programs, individuals, and processes related to civil commitment: examiners and investigators, seclusion rooms, transport custody, secure transport and hospital and non-hospital hold services;
    - Certifying and approving community-based addictions and mental health treatment services;
    - Conducting site reviews of community mental health programs (CMHPs) to ensure they are delivering high-quality services that meet the needs of the individuals in their communities;
    - Issuing licenses and letters of approval to addiction treatment providers that render outpatient synthetic opiate treatment, alcohol detoxification centers, DUII treatment, restricted driving licenses, and prison-based treatment centers.
- Operations and contracting.
- Support.
- Measurement and outcomes tracking systems (MOTS). The chart below shows progress on moving our contractors and services recipients into MOTS.







- Children, adolescent and family mental health.
- Adult mental health.
- Residential and housing.
- Addictions and problem gambling.

The work of these units includes:

- Developing state plans for substance abuse prevention and treatment services and mental health services;
- Implementing state addictions, gambling and mental health policy, programs and regulations;
- Directing services for persons with substance abuse disorders, problem and pathological gambling, and mental health disorders;
- Directing services for persons with co-occurring mental health and substance use disorders; and
- Providing treatment and custody of persons committed by courts to the state for care and treatment of mental illness.

The work of Program Support and Administration is essential to establish, develop, fund and monitor programs that deliver services to people with addiction and mental health disorders. These services contribute to the reduction of health care costs and ultimately reduce the years of life lost due to these disorders. These services also develop effective prevention and early intervention programs, helping individuals gain the skills needed to avoid the development of chronic illnesses and increase life expectancy. Support provided to certification and licensing programs is also essential to ensure that providers are meeting quality standards for safe and effective services.

The administrative work of the contracting unit will increase as AMH receives legislative direction to fund the behavioral health system outside of our current community mental health program contracts. The contracting unit does not have a robust technology solution that would relieve staff from manually performing tasks associated with procuring, executing and managing the contracting process. Currently AMH administers and manages approximately 250 contracts and anticipates growth in the volume of contracts and more administrative complexity in all areas associated with operations and contracting. The unit will require additional staff and a more robust technology solution to manage this growth.

Other areas of growth within AMH include licensing and quality improvement as well as the measurement outcomes tracking system (MOTS). The certification of outpatient mental health providers, formerly handled by the CMHPs, will return to AMH licensing in the central office when outpatient mental health services are

moved to the coordinated care organizations. This reduces the regulatory burden on CMHPs, supports the state's health care transformation, and aligns with AMH's core function of regulation.

In addition, AMH intends to improve its ability to use data for quality improvement and to provide technical assistance to contractors. AMH must hold contractors accountable for positive outcomes, but must also collaborate with those contractors to help them reach those goals by sharing data that they can act on to improve the system of care. Contractors also need technical assistance from AMH if they are to make improvements that keep our system of care moving the triple aim metrics in the right direction. Both of these efforts will require additional staff and resources.

REVENUE SOURCES AND PROPOSED REVENUE CHANGES

State General Funds – appropriated for behavioral health treatment services, administration and supports.

Other Funds

- Limited amount of licensing revenue and small contracts for data reporting to the federal government and educating the system relative to the Olmstead Supreme Court decision.
- A portion of court fines fees and assessments support administrative activities related to Driving Under the influence of Intoxicants (DUII) program.

Lottery Funds

- A portion of the 1 percent to support problem gambling treatment programs.

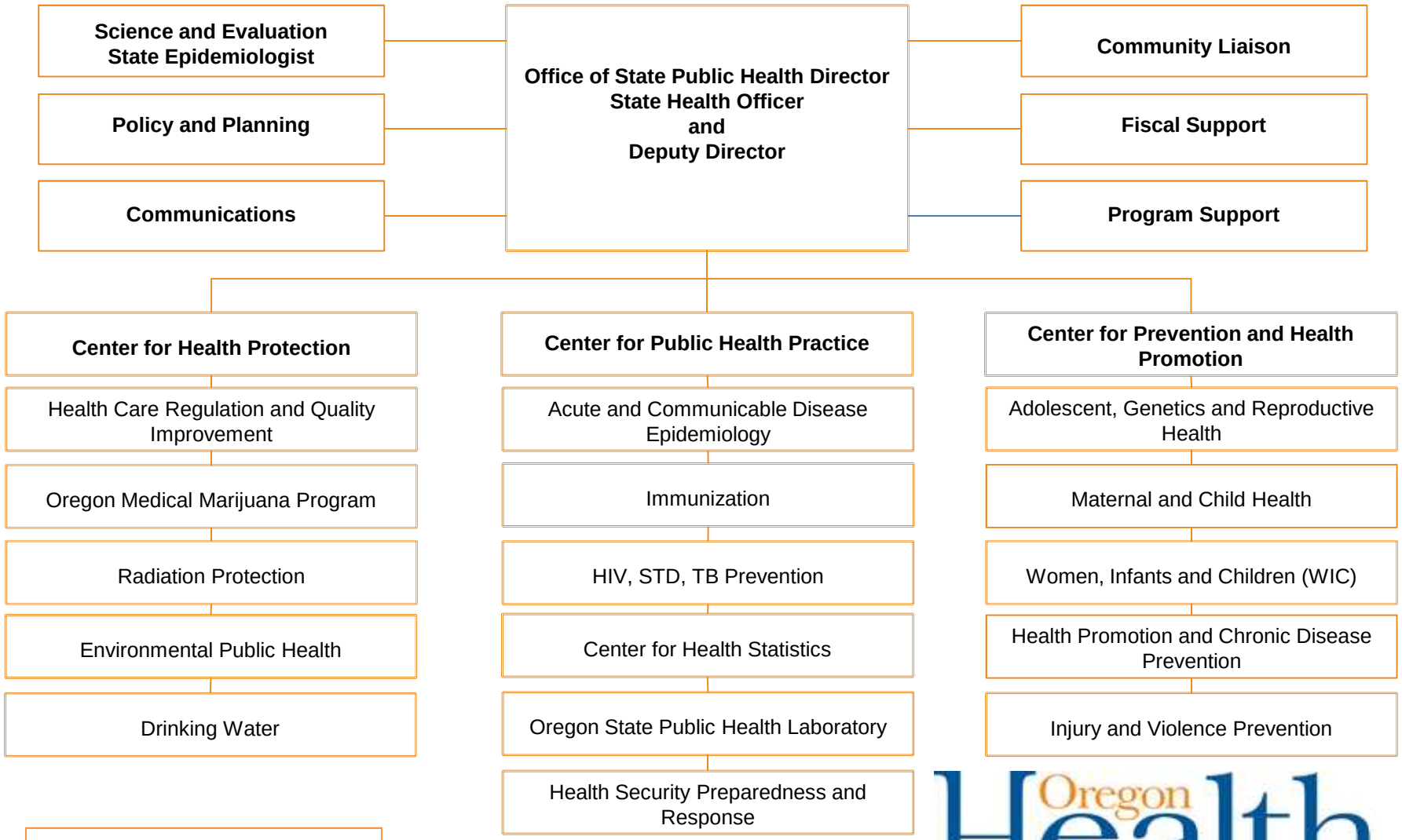
Federal Funds

- Medicaid administrative match, small amounts of the federal block grants to meet administrative requirements, and other federal grants to fulfill the grant obligations.

PROPOSED NEW LAWS THAT APPLY TO THE PROGRAM UNIT

None

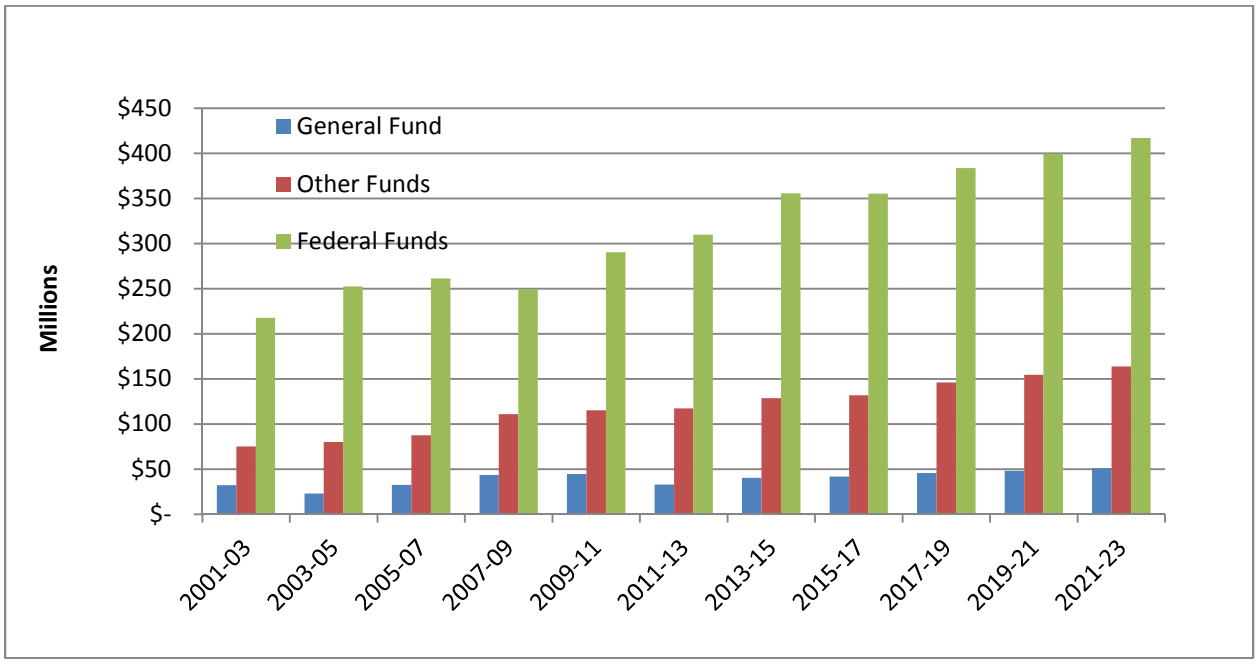
2015-17 PH Organization Structure



Oregon Health Authority

Oregon Health Authority: Public Health

Primary Outcome Area:	Healthy People
Secondary Outcome Area:	None
Program Contact:	Lillian Shirley, Public Health Director 971-673-1300 lillian.shirley@state.or.us



EXECUTIVE SUMMARY

Public Health is a cost-effective means to promote health, improve care and lower or contain health care costs by preventing the leading causes of death, disease and injury in Oregon. Today, medical care accounts for only about 10 percent of our health status, while lifestyle, behavior, environmental, and social and genetic factors account for the rest.

Public health programs address behavioral and social drivers of health by working to ensure physical and social environments that promote health and make it easier for people to make healthy choices. Public health programs complement and amplify investments in health care programs. By focusing on prevention, they have the potential to reduce the need for health care and ultimately may help in

containing health care costs. Public health also directly helps clinical health care providers, including coordinated care organizations, adopt evidence-based best practices for the delivery of clinical preventive health services.

PROGRAM FUNDING REQUEST

	General	Other/Lottery	Federal	Total Fund	Pos.	FTE
Leg.Appr.13-15	40,196,834	128,608,993	355,751,469	524,557,296	726.00	700.17
Governor's Budget	41,882,993	131,672,688	355,136,513	528,692,194	715.00	695.35
Difference	1,686,159	3,063,695	-614,956	4,134,898	-11	-4.82
Percent Change	4.19%	2.38%	0.12%	0.79%	-1.52%	-0.69%

The Governor's Budget of $528,692,194 Total Funds largely continues funding for Public Health programs at the current service level for 2015-2017. The request includes Policy Option Package 407 and 408 for fee authority to maintain current service level in two program areas; investments in Package 090 for the Patient Safety Commission, support for the Future of Public Health Task Force recommendations, and for operational readiness to prepare, respond, and mitigate public health disasters; authorization in Package 501 for licensure of clinical laboratories to test recreational marijuana related to the passage of Measure 91; and removal of TMSA dollars for tobacco cessation, and reduction in General Fund support to the Contraceptive Care program to reflect an anticipated decrease in caseload through ACA implementation in Package 090.

PROGRAM DESCRIPTION

The Public Health's mission is to promote health and prevent the leading causes of death, disease and injury in Oregon. In addition to addressing the drivers of chronic illness such as tobacco and obesity, and among other services, the state public health programs ensure the safety of drinking water in public water systems, investigates disease outbreaks, responds to public health emergencies, licenses hospitals, and provides services to prevent unintended pregnancies. These programs and services serve all people in Oregon.

The vision is lifelong health for all people in Oregon. To achieve this vision, public health has identified two main goals: 1) to make Oregon one of the healthiest states; and, 2) to transform the public health system in the state into a national model of excellence.

To make Oregon one of the healthiest states, state public health is focusing on areas where there is the potential to make significant progress to improve the health of the population. Tobacco and obesity prevention are priorities. The programs are directly working to achieve outcomes identified in the 10 year plan, including supporting the achievement of 100 percent tobacco-free state properties and the establishment of a statewide nutrition policy for all state agencies, and statewide nutrition standards in procurement contracts.

Other areas of focus include reducing the incidence of heart disease and stroke and increasing survivability of stroke patients; decreasing suicide (which kills more people than motor vehicle crashes in Oregon); preventing family violence, which causes a wide range of physical and mental health problems, and also is a major factor in the development of chronic disease later in life for children exposed to violence; and increasing community resilience to public health emergencies.

To create a public health system that is a national model of excellence, Public Health is preparing for a time when nearly all people are covered by health insurance by developing its capacities to:

- Support coordinated care organizations with technical assistance in the areas of prevention and community health assessment;
- Carry out health impact assessments;
- Achieve excellence in the assessment and monitoring of the health of the public through epidemiology and surveillance; and
- Collaborate with other state agencies to ensure that health is considered in policymaking across state government as appropriate.

The state public health system works as a partner in a national system of local public health agencies, other state agencies, and federal partners. Partnerships with local public health departments, coordinated care organizations, transportation, education, federal partners, and health care providers are

essential to the work, and contribute toward providing Oregon with the backbone for a strong economy and education system.

PROGRAM JUSTIFICATION AND LINK TO 10-YEAR OUTCOME

These programs provide cost-effective ways to meet the 10-year Outcome Plan's goals. Public health programs can fundamentally change how health care is delivered by shifting resources toward the prevention of chronic disease, and ensuring access to sufficient, affordable, and nutritious food. Public Health is designing strategies to decrease obesity among adults and children, and is actively engaged in measuring and increasing the percent of Oregonians consuming five or more servings of fruits and vegetables per day. Additionally, Public Health programs work to achieve Healthy People 2020 objectives, which tie directly to the goals of the 10-year Outcome plan.

PROGRAM PERFORMANCE

Public Health has a system of performance measurement and quality improvement to address its programs, including data related to the return on investment for many of these programs. Performance and return on investment data are available for the full range of public health programs. Performance outcomes for key areas – tobacco, family planning and epidemiology – are listed below.

The Tobacco Prevention and Education program delivers community-based interventions to control tobacco. The program has averted $3.8 billion in future health care costs since 1997, a return of $45 for every dollar invested in the program. As a result of the program, cigarette consumption has declined in Oregon from 92 packs per capita in 1996 to 43 packs per capita in 2013.

Family Planning program has served more than 100,000 clients per year for each of the past five years, providing free or low-cost birth control options to women and men who lack other sources of coverage. The total savings from unintended births averted in 2011 was more than $28 million dollars for the state and more than $81 million federal Medicaid dollars. The rate of pregnancy among 15- to 17-

year-old women in Oregon dropped from 25.8 percent in 2008 to 13.9 percent in 2013.

Epidemiology and data collection are critical to Oregon's ability to measure the health status of its citizens and to identify trends in infectious diseases, chronic diseases, and injuries. This capacity is essential for policymakers and critical for tracking how the population's health is affected by well-community prevention, coordinated care organizations and other changes yet to come in the health system.

ENABLING LEGISLATION/PROGRAM AUTHORIZATION

The Oregon Health Authority plays a central role in ensuring the health of all people in Oregon. Chapters 431 and 433 of Oregon Revised Statutes set forth hundreds of code sections enabling and mandating a wide range of public health activities carried out by state public health and its county partners.

FUNDING STREAMS

For the 2015-2017 biennium, Public Health's budget comprises 8% General Fund, 67% Federal Funds and 25% Other Funds. Every dollar of General Fund invested in Public Health's budget yields approximately $487 mil of Federal and Other Fund revenue for the state. The federal revenue includes not only entitlement grants such as Medicaid (with 90-10 match for contraceptive care) but more than 120 grants that are categorically dedicated to Public Health programs such as emergency preparedness and hospital preparedness, cancer prevention and control, and safe drinking water.

In addition, Public Health's Other Fund revenue sources include fees for activities in such areas as newborn screening tests (including test services for four other states); licensing of facilities including hospital and special inpatient care facilities; registration inspection and testing of X-ray equipment; testing and certification of emergency medical technicians; registration of medical marijuana card holders and growers; fees for issuing certified copies of vital records; and statutorily dedicated funds from the Tobacco Use Reduction Account. Other Fund fees are generally dedicated to entirely support the program that assesses the fee, except

Medical Marijuana program funds which were legislatively approved to support additional programs.

SIGNIFICANT PROPOSED PROGRAM CHANGES FROM 2013-2015

Public Health has carried out a statewide health assessment, developed a strategic plan, and is engaging in planning with partners to continue its work to integrate Oregon's public health system with health system transformation, and continue its work to reduce the leading causes of disease, injury, and death during 2015-2017. Public health continues to be primarily funded through federal grants. During 2013-2015, several federal grants have decreased. This decline in federal funding is expected to continue during 2015-2017, and the programs will need to adjust services accordingly.

The Governor's Budget includes $528,692,194, which largely continues funding for Public Health Programs at the current service level for 2015-17.

Oregon Health Authority: Public Health

Office of the State Public Health Director

EXPENDITURES BY FUND TYPE, POSITIONS AND FTE

	General	Other/Lottery	Federal	Total Fund	Pos.	FTE
Leg.Appr. 13-15	8,653,946	4,023,305	15,275,298	27,952,549	39	34.73
Governor's Budget	12,699,605	3,481,978	11,996,975	28,178,558	37	36.50
Difference	4,045,659	-541,327	-3,278,323	226,009	-2	1.77
Percent Change	47%	-13%	-21%	1%	-5%	5%

The Governor's Budget of $28,178,558 continues funding for the Office of the State Public Health Director programs at the current service level for 2015-2017. The request includes Package 090 for $1,000,000 to support planning and operational readiness to prepare, respond, and mitigate public health disasters, and $500,000 to support the Future of Public Health Task Force Recommendations.

ACTIVITIES, PROGRAMS AND ISSUES IN THE PROGRAM UNIT BASE BUDGET

The Office of the State Public Health Director (OSPHD) provides scientific, fiscal, communications and policy leadership to the public health programs. The office sets public health priorities that meet the needs of Oregonians in collaboration with state and local agencies and organizations.

Under the leadership of the OSPHD, state public health is organized by three centers: Center for Public Health Practice, Center for Prevention and Health Promotion and Center for Protection. The various categorical programs are located in these centers.

The office guides the strategy, operations, scientific activities, communications and policies of all public health programs and ensures that Oregon's public health system is effective and coherent.
The office has sections dealing with policy, performance management, community liaison, communications, legislative liaison, fiscal management, operations, science and epidemiology. These sections provide enterprise-wide support across public health and guidance in areas that include:

- Supporting accreditation, quality improvement and performance management;
- Health assessments and statewide health improvement planning;
- Contracting with local health departments and conducting reviews of each local health department every three years;
- Policy development and administrative rulemaking;
- Providing technical support to local health departments in nurse practice and administrative requirements;
- Legislative support;
- Coordination of public health issues related to health system reform;
- Risk management and safety;
- Workforce development and volunteer coordination;
- Budget and finance;
- Communications;
- Business continuity planning;
- Scientific processes including the Institutional Review Board and manuscript and project review.

The Office of the State Public Health Director's work affects all Oregonians and responds to public health issues by providing leadership and oversight to public health programs which 1) protect the public through public health regulations; 2) identify and respond to disease outbreaks; and 3) develop population-wide public health policies, practices, systems and environmental changes that will improve public health. The office works to ensure that decisions made and priorities set in Oregon are data-driven. As more Oregonians have access to health care, public health's activities will continue to transition away from providing safety-net health care services toward population-wide policy, systems and environmental changes.

This work includes extensive interaction with Oregon's 34 local public health departments. The state public health programs also partner with a range of state and local agencies and organizations, health care providers, insurers, coordinated care organizations, nonprofit organizations, federal agencies and the private sector. Within state government, the office's staff work closely with and serve as liaisons between public health programs and the Department of Human Services, Department of Transportation, Department of Education, Department of Environmental Quality, Department of Agriculture and Department of Forestry, and other programs within the Oregon Health Authority.

Beginning in 2012, the office developed and published a State Health Profile; updated the Statewide Health Improvement Plan (SHIP); and developed the first strategic plan for state public health. The evidence-based interventions outlined in the strategic plan and SHIP, if fully implemented, would contribute to substantial improvements in the health of Oregonians.

In 2013, the public health received $4.8 million of Oregon's State Innovation Model award from the Center for Medicare and Medicaid Innovation, which is being administered by this office. The funds are being used to:

- Expand state health surveys;
- Develop public health assessment and planning tools; and
- Fund partnerships with communities and CCOs to implement population-level health interventions.

Since November 2013, the office has facilitated the process to link the state public health with Oregon Health Authority's performance management system. Public health leadership have identified priority metrics by which strengths and opportunities for improvement can be identified and measured.

Regular reviews of Oregon's local public health departments by the Office of the State Director and the programs ensure their compliance with federal and state regulations.

REVENUE SOURCES AND PROPOSED REVENUE CHANGES

The 2015-2017 budget for the Office of the State Public Health Director is composed of 12% Other Funds and 43% Federal Funds (primarily through the

agency's federally approved cost allocation plan), and 45% General Funds. Of the General Funds, 82% is pass-through funding to local health departments to support communicable disease outbreak surveillance at the local level, and is used as match under the Designation State Health Program (DSHP) to bring in additional Medicaid dollars to fund the coordinated care organizations. The remaining General Fund is used to meet the state participation required by the agency's federally approved cost allocation plan. The office also receives federal funding from the State Innovation Model award from the Center for Medicare and Medicaid Innovation. This money goes to expand state health surveys, develop public health assessment and planning tools, and to fund community and CCO partnerships to implement population-level health interventions. The office also receives federal funding from the Centers for Disease Control Preventive Health and Health Services Block Grant to address state-determined public health priorities.

PROPOSED NEW LAWS THAT APPLY TO THE PROGRAM UNIT

During the 2015 legislative session, the office will respond to recommendations from the Future of Public Health Services Task Force created by 2013 Session HB 2348. This task force is charged with studying the regionalization and consolidation of public health services and making recommendations for legislation. The office will lead the work to implement any changes approved by the Legislature.

The Governor's Budget includes $28,178,558, which continues funding for the Office of the State Public Health Director programs at the current service level.

Oregon Health Authority: Public Health

Center for Health Protection

EXPENDITURES BY FUND TYPE, POSITIONS AND FTE

	General	Other/Lottery	Federal	Total Fund	Pos.	FTE
Leg.Appr. 13-15	803,415	21,269,893	13,637,393	35,710,701	150	148.79
Governor's Budget	2,925,959	24,876,683	18,863,569	46,666,211	177	173.25
Difference	2,122,544	3,606,790	5,226,176	10,955,510	27	24.46
Percent Change	264%	17%	38%	31%	18%	16%

The Governor's Budget of $46,666,211 provides funding for the Center for Health Protection programs at the current service level for 2015-2017. This request also includes Policy Option Package 407 for $593,755, Policy Option Package 408 for $344,336 to improve the lifelong health of all Oregonians, and an investment to the Patient Safety Commission of $500,000 in Package 090.

ACTIVITIES, PROGRAMS AND ISSUES IN THE PROGRAM UNIT BASE BUDGET

The Center for Health Protection (CHP) protects the health of individuals and communities through establishing, applying and ensuring compliance with regulatory and health-based standards. It protects Oregonians from environmental health hazards in areas including drinking water, radiation, recreational waters, and foodborne illness. The center also develops and helps set health care policy and requires patient safety efforts and quality improvement activities across all health care providers. The center's programs partner with local health departments, private practitioners and medical experts.

The center has six sections. The Food, Pool and Lodging Health and Safety (FPLHS) program includes Oregon's food-borne illness protection program and provides leadership for local health departments to ensure safety in Oregon's full-service and temporary restaurants, public pools and tourist accommodations.

Radiation Protection Services (RPS) conducts statewide radiological health and safety programs to protect workers and the public from unnecessary and unhealthy radiation exposure. This is accomplished through on-site facility inspections, licensing of radioactive materials, registration of X-Ray and tanning devices, environmental monitoring, and radio analytical laboratory services. This section provides Oregon's sole public resource for radiation-related incidents, whether accidental or intentional. In addition, the section collaborates with licensing boards to ensure operators and workers are properly trained and credentialed.

Drinking Water Services (DWS) ensures the safety of drinking water provided by all public water systems in Oregon. The program administers and enforces state and federal safe drinking water quality standards; prevents contamination of public drinking water systems by protecting drinking water sources; ensures that public water systems meet standards for design, construction and operation; inspects public water systems and ensures that identified deficiencies are corrected; provides technical assistance to public water suppliers to solve operational problems; provides financial assistance to communities to construct safe drinking water infrastructure; and certifies and trains water system operators.

Environmental Public Health (EPH) identifies, assesses and reports on threats to human health from exposure to environmental and occupational hazards. It also advises the people and communities of Oregon about potential risks where they live, work and play. EPH works closely with local, state and federal natural resource management, occupational safety, environmental and other agencies to understand risks to human health posed by changing conditions, policies and practices. EPH has five program areas:

- Healthy Communities assesses areas of environmental concern, hazardous waste clean-up plans, brownfield redevelopment plans, hazards related to climate change and agency policy development activities to ensure impacts to public health are taken into consideration.
- Healthy Homes and Schools regulates clandestine drug lab clean-up and lead-based paint-related activities. It also provides public health support for concerns related to exposure to radon and pesticides.

- Healthy Waters evaluates data and advises the public on issues related to safe fish consumption, maintaining safe domestic drinking water wells and recreating in Oregon's lakes, streams and beaches.
- Healthy Workplaces works with agency partners to evaluate and report on trends in occupational safety from a public health perspective.
- Environmental Public Health Tracking brings together information about environmental hazards, exposure to those hazards and health outcomes, and makes them available to the public through a Web portal.

The Oregon Medical Marijuana Program (OMMP) administers the registration program of the Oregon Medical Marijuana Act (OMMA). The act provides legal protection from state civil and criminal prosecution for qualified patients who comply with program requirements to grow and use marijuana as an alternative medicine.

The Health Care Regulatory and Quality Improvement (HCRQI) section regulates an array of health facilities and providers.

- The Health Facility Licensing and Certification program is responsible for licensing and certifying all health care facilities, providers and suppliers in acute care and community-based programs. These include hospitals, home health agencies, in-home care agencies, hospice programs, ambulatory surgical centers, rural health clinics, special inpatient care facilities, kidney dialysis facilities, birthing centers, rehabilitation agencies and clinics, comprehensive outpatient rehabilitation facilities, community mental health centers, hemodialysis technicians, and portable x-ray suppliers.
- The Emergency Medical System and Trauma Survey Systems (EMS/TS) program ensures the effectiveness and coordination of the state's emergency response system for illness and injury. The program encourages improvements in the emergency care of pediatric patients and regulates systems that provide emergency care to victims of sudden illness or traumatic injury.

The majority of the Center for Health Protection programs are grounded in the principles of population-based public health, providing services and oversight for all Oregonians.

The Food, Pool and Lodging Health and Safety section services are delivered by intergovernmental agreements with 36 local public health authorities. County environmental health staffs are the direct service providers. This section licenses, inspects and investigates issues related to nearly 22,000 food service establishments and temporary restaurants, 3,400 public pools and 2,300 tourist accommodations. Our goal is to work in partnership with local health departments, the food service industry and the public to reduce or eliminate the known causes of foodborne illness.

The Radiation Protection Services section licenses or registers 13,800 sources of radiation statewide. It inspects those radiation sources in more than 4,400 facilities including hospitals, dental and medical clinics, radiation oncology clinics, tanning salons, high tech manufacturing firms, academic and research facilities, paper and pulp processing plants, foundries, and mineral extraction facilities. These locations and facilities in all 36 counties are inspected annually or biennially.

The Drinking Water Services section regulates more than 3,400 public water systems statewide, which serve drinking water to more than 3.5 million Oregonians and our visitors. Contracts with county health departments and the Oregon Department of Agriculture help facilitate the inspections of these public water systems.

The Oregon Medical Marijuana Program serves patients statewide. It has grown continually since its inception in 1998. To date, there are more than 57,386 patients in the program and more than 133,154 registered cardholders including caregivers and growers. This program allows Oregonians suffering from debilitating medical conditions to use medical marijuana without fear of civil or criminal penalties.

The Health Care Regulatory and Quality Improvement (HCRQI) section oversees an array of health facilities and providers. The Health Facility Licensing and Certification program licenses approximately 91 ambulatory surgical centers, 12 birthing centers, 55 dialysis facilities, 646 hemodialysis technicians, 73 home health agencies, 53 hospice agencies, 65 hospitals, 125 in-home care agencies, 59

rural health clinics, six special inpatient care facilities, 44 designated trauma hospitals and more.

The Emergency Medical Services and Trauma Systems (EMS/TS) program licenses approximately 12,000 emergency medical services providers (EMSPs): 2,400 EMRs, 4,897 EMTs, 924 EMT-intermediate, 31 advanced EMTs and 3,450 paramedics. The program also licenses about 140 ambulance service agencies and nearly 600 ambulances. It also certifies all EMT training courses and provides training services to nearly 200 rural and frontier communities through our mobile training unit.

REVENUE SOURCES AND PROPOSED REVENUE CHANGES

The 2015-2017 Center for Health Protection budget comprises 53% Other Funds, primarily in the form of fees for services, 41% Federal Funds, and 6% state General Funds. Funding for each program is described below.

The Food, Pool and Lodging Health and Safety section contracts with county health authorities, which assess a fee to restaurants and establishments in their counties for the Foodborne Illness Prevention Program. Oregon county health authorities collect about $5.4 million from their fees. A portion, approximately $1.6 million is transferred to this section. This fee constitutes the majority of the funding for this section. Programs also include Public Pool and Tourist Facility Program, Plan Review Program and Environmental Health Network (FDA).

The Radiation Protection Services receives funding from three fee-based regulatory programs. They are: The X-Ray Machine Testing Program, Radioactive Material Licensing Program and the Tanning Device Inspection Program. All three collect fees by licensing or certifying devices containing radioactive material. Gross fees total approximately $4 million per biennium. Individuals or business entities that own these devices pay the fees.

The Drinking Water Services Program receives funding from multiple sources. This section has two federal grants from the Environmental Protection Agency. They are the Water Primacy grant and the State Revolving Fund grant. Combined gross revenues per biennium total over $28 million. Approximately 72 percent of those funds are transferred to other state agencies or counties. Most of that transferred

funding supports the Oregon Safe Drinking Water Revolving Fund, which helps communities pay for safe drinking water infrastructure construction projects. This section also has four fee-based programs. They are: Cross Connection/Back Flow Prevention, Water System Operator Certification, Water System Surveys and Water System Plan Review. These programs combined generate approximately $625,000 per biennium. The Drinking Water Services section also receives about $3.3 million per biennium from the Oregon Medical Marijuana Program in lieu of General Funds. These fees and other funds also provide the required state match for the EPA grants.

The Oregon Medical Marijuana Program collects fees for issuing medical marijuana cards to qualifying patients and maintains a registry of those patients. Biennial revenues vary but are around $17 million. Approximately 52 percent of those revenues is transferred to other Public Health programs.

The Health Care Regulatory and Quality Improvement section receives federal funding from the Centers for Medicare and Medicaid Services to perform hospital surveys and oversight. The section also has a number of regulatory responsibilities supported by fees. The Health Facility Licensing and Certification program funding sources include: certificate of need, hospital and health facility plan review, ambulatory surgery, home health agencies, caregiver and referral agencies, hospital in-patient, hospice agency, hemodialysis technician, and in home care agency.

The Emergency Medical Services and Trauma Systems (EMS/TS) program has four primary funding sources. Fees support the licensing and inspection of emergency medical technicians and ambulance services. EMS/TS also receives about $2.2 million per biennium from the Oregon Medical Marijuana Program in lieu of General Funds and ORS 137 directs roughly $331,000 per biennium from the Criminal Fines and Assessment Account.

PROPOSED NEW LAWS THAT APPLY TO THE PROGRAM UNIT

The center is funded almost entirely through fees and continuing federal grants. During 2013-2015, several fees have been established or adjusted in Oregon Administrative Rule to support the current service level requirements for certification, licensing and inspection. These include: Fee establishment for non-

transplant anatomical research recovery organizations (2013 Session HB 3345), fee establishment for Medical Marijuana Dispensary Program (2013 Session HB 3460), annual fee increase for radioactive materials licensees.

The center is proposing a legislative concept for 2015 that would increase licensing fees for tanning beds and X-ray machines. The proposal also includes increasing the statutory cap for radioactive materials licenses. The recent legalization of recreational marijuana could have significant impact on funds that come from the Oregon Medical Marijuana Program and are used to support core public health programs. The passage of Measure 91 as written could significantly reduce or eliminate roughly $9 million of Oregon Medical Marijuana registration fees that are legislatively directed to fund core public health services.

The Governor's Budget includes $46,666,211, which continues funding for Center for Protection program at the current service level for 2015-17.

Oregon Health Authority: Public Health

Center for Prevention and Health Promotion

EXPENDITURES BY FUND TYPE, POSITIONS AND FTE

	General	Other/Lottery	Federal	Total Fund	Pos.	FTE
Leg.Appr.13-15	18,776,251	69,258,737	253,040,288	341,075,276	241	235.28
Governor's Budget	16,313,933	68,096,765	246,876,178	331,286,876	211	202.27
Difference	-2,462,318	-1,161,972	-6,164,110	-9,788,400	-30	-33.01
Percent Change	-13%	-2%	-2%	-3%	-12%	-14%

The Governor's Budget of $331,286,876 includes removal of the remaining General Fund support to the Contraceptive Care Program to reflect an anticipated decrease in caseload through ACA implementation in Package 090, as well as removal of 2013-15 TMSA investment for tobacco cessation. For remaining programs in the Center for Prevention and Health Promotion the request includes 2015-17 current service level funding.

ACTIVITIES, PROGRAMS AND ISSUES IN THE PROGRAM UNIT BASE BUDGET

The Center for Prevention and Health Promotion's mission is to help Oregon's communities and residents to achieve and sustain lifelong health, wellness and safety through partnership, science and policy. The center houses five sections that primarily address these four health issues:

- Prevention of risks leading to lifelong and costly chronic diseases;
- Child and adolescent growth and development;
- Injuries and unsafe relationships; and
- Physical and behavioral problems.

The center promotes policy and system changes that lead to reduction of risks, such as:

- Reducing tobacco use;
- Increasing access to healthy eating and physical activity for all Oregonians;
- Increasing stability and safety in families; and
- Increasing access to healthy options.

In collaboration with stakeholders and partners across Oregon, the center invests resources to address health problems and inequities statewide. It does this via data- and analysis-driven changes in policy and systems. Those partners and stakeholders include:

- Local public health departments and mental health providers;
- Primary health care providers and health systems;
- Early child care, early learning, primary and secondary education systems;
- Health care systems;
- Community-based organizations
- Aging services;
- Land use and transportation agencies;
- Emergency medical providers;
- Employers;
- Parents and youth.

Here are some highlights among the Center for Prevention and Health Promotion's programs.

Adolescent, Genetics and Reproductive Health:

- Monitors the health status of adolescents;
- Promotes the adoption of evidence-based programs and practices that support positive youth development and;
- Develops public health systems and public-private partnerships that provide high-quality guidelines-based preventive health services for adolescents, women of reproductive age and individuals at high risk from genetic conditions.

School-based health centers, family planning clinics, and the Breast and Cervical Cancer program provide access to underserved populations, targets disparities and collectively serve over 125,000 adolescents and adults each year.

Health Promotion and Chronic Disease Prevention (HPCDP) works to help people eat better, move more, live tobacco-free, and take care of themselves. HPCDP does this by:

- Analyzing and monitoring the occurrence of chronic diseases and their risk factors; and
- Developing and administering programs and promoting policies to prevent chronic diseases and associated risk factors.

Chronic diseases include asthma, arthritis, cancer, diabetes, heart disease and stroke; risk factors for chronic conditions include tobacco use, physical inactivity, and poor nutrition.

Injury Prevention and Violence Prevention (IVPP) monitors injuries and deaths due to violence, suicide, prescription drugs, senior falls, motor vehicle crashes, child maltreatment, and unintentional child injuries. In 2010, unintentional injuries and suicides were the second and third leading causes of years of potentional life lost for Oregonians, behind cancer. Injuries are the fifth overall leading cause of death to Oregonians. Some of IVPP's strategies include:

- The Web-based Prescription Drug Monitoring Program, which serves 8,000 prescribers and pharmacists;
- The Senior Falls Prevention program, which, since 2006, has helped train 350 Tai Chi instructors to lead community exercise classes to prevent falls.
- The Youth Suicide Program, which has trained 13,000 adults to identify and refer suicidal youth to services, and since 2006 has reached more than 1.1 million Oregonians with suicide prevention awareness. Additionally, IVPP manages several data systems that track key information on the health status of Oregonians.

Maternal and Child Health (MCH) promotes health across the lifespan of individuals and families by investing in preconception, pregnancy and early childhood health. Its programs address perinatal health (before, during and after pregnancy), infant and child health, newborn hearing screening, home visiting and oral health. Through partnerships with local public health, other state agencies, and health care and early learning providers, MCH serves Oregon's population in

general, as well as those most vulnerable (safety net) for poor health. It also studies the health of these populations to better understand and identify changing problems and needs. The program manages data systems for infant hearing screenings, nurse home visiting programs, and statewide oral health.

Nutrition and Health Screening (WIC) develops and assesses local public health and non-profit programs focused on:

- Child growth and health;
- Breastfeeding education and support;
- Nutrition and physical activity; and
- Promotion of a healthy lifestyle and prevention of chronic diseases including obesity.

The program also influences the larger community food environment by requiring WIC-authorized grocery stores to carry a minimum stock of low-fat milk, whole grains, low-sugar cereals, and produce. The program also collaborates with farmers and farmers markets statewide to provide vouchers for fresh produce for WIC families and low-income seniors. WIC provides critical surveillance data on the maternal and child population, evaluates programs and carries out competitively funded research studies. By the end of calendar year 2015, Oregon WIC will convert all benefits from paper to electronic benefit transfer (EBT) system.

REVENUE SOURCES AND PROPOSED REVENUE CHANGES

The 2015-2017 biennial budget request for the Center for Prevention and Health Promotion is 5% General Funds, 74% Federal Funds and 21% Other Funds.

- General Funds for Center for Prevention and Health Promotion include funding for the School Based Health Centers Program.
- Federal Funds for the center include funding under the Woman's, Infant and Children (WIC) Nutritional and Health Screening Program, Maternal and Child Health Title V and Home Visiting Programs and the Medicaid Title XIX entitlement supporting the Oregon Contraceptive Care Program (Family Planning Waiver Program) which provides a 9:1 Medicaid match.
- Other Funds revenue for the center include the statutorily dedicated funds under the Tobacco Use Reduction Account (TURA) and the Oregon Medical Marijuana Program funding that supports the Oregon Contraceptive Care Program (family planning) and the School Based Health Center Programs.

The center is primarily funded through federal grants, mostly continuing grants. During 2013-2015, several continuing federal grants have decreased. This decline in federal funding is expected to continue during 2015-2017, and the center will need to adjust program services accordingly. During 2015-2017 the center will also see some changes to program services as result of health system transformation.

PROPOSED NEW LAWS THAT APPLY TO THE PROGRAM UNIT

The programs in the Center for Prevention and Health Promotion are accountable for federal laws and regulations that govern the federal funding resources implemented through the Center.

The program unit is proposing a legislative concept for 2015 to create a Traumatic Brain Injury (TBI) registry as a subset of the Trauma Registry for the following purposes:

a. To administer a planning process to examine the needs of TBI patients after they have received medical care in the state; conduct follow-up and outreach in communities to individuals to ensure that they are aware of resources and community level supports; and produce annual reports on TBI for OHA, DHS, the Oregon Brain Injury Association, and Task Force on Traumatic Brain Injury.
b. To integrate data from the Oregon Trauma Registry and the state Injury and Violence Prevention program to provide more information about causes, risk factors, and prevention.
c. To create and disseminate public information from the Oregon Trauma Registry.

The Governor's Budget includes $331,286,876, which authorizes 2015-17 current service level funding for most programs in the Center for Prevention and Health Promotion.

Oregon Health Authority: Public Health

Center for Public Health Practice

EXPENDITURES BY FUND TYPE, POSITIONS AND FTE

	General	Other/Lottery	Federal	Total Fund	Pos.	FTE
Leg.Appr.13-15	11,963,222	34,057,058	73,798,490	119,818,770	296	281.37
Governor's Budget	9,943,496	35,217,262	77,399,791	122,560,549	290	283.33
Difference	-2,019,726	1,160,204	3,601,301	2,741,779	-6	1.96
Percent Change	-17%	3%	5%	2%	-2%	1%

The Governor's Budget of $122,560,549 continues funding for the Center for Public Health Practice programs at the current service level for 2015-2017. This request includes Policy Option Package 408 for $1,092,000 for fee authority to include an additional laboratory test within the newborn screening profile, and Policy Option Package 501 for licensure of clinical laboratories to test recreational marijuana related to the passage of Measure 91.

ACTIVITIES, PROGRAMS AND ISSUES IN THE PROGRAM UNIT BASE BUDGET

The Center for Public Health Practice (CPHP) prevents and controls diseases, monitors population health information, and ensures emergency public health services in natural and human-caused disasters. The center's programs are the essential services in the state public health's Continuity of Operations Plan. Special emphasis is placed on epidemiology, laboratory testing, immunization, and other community infectious disease control measures.

The center has six sections:

1. Immunizations
2. Acute and Communicable Diseases (ACDP)
3. Center for Health Statistics (CHS), also known as vital records – birth, death and marriage certificates
4. HIV, Sexually Transmitted Diseases and Tuberculosis (HST)
5. Oregon State Public Health Laboratory (OSPHL) and
6. The federally-funded programs for Heath Security, Preparedness and Response (HSPR).

The center's programs work with local and tribal governments, community partners, and the public to prevent, investigate and control infectious diseases. It coordinates local interventions to control disease outbreaks. It also screens all newborn infants for biochemical disorders to prevent disability or death, and collects and analyzes vital record data needed to understand and plan for health trends. As part of public health emergency preparedness, the center also conducts testing for biological agents of mass destruction (e.g., anthrax, plague) and emerging diseases (e.g., Middle East Respiratory Syndrome or MERS).

The Center for Public Health Practice delivers the core public health services necessary to maintain a healthy population and to recover from disasters. Preventable disease vaccine programs ensure that children are healthy enough to attend school regularly and learn successfully. Its interventions for influenza and foodborne disease outbreaks (e.g., salmonella, hepatitis, and norovirus) allow parents to attend work and sustain a healthy economy. Its HSPR programs coordinate the surge capacity of hospitals and public health agencies to respond in health emergencies (e.g., floods, wildfires, pandemics and earthquakes). The center's HIV Program works with clients and their local providers to ensure that persons with HIV take the medicines they need to render them non-infectious.

The Center for Public Health Practice deals with population health, serving every person in Oregon. Millions of people receive direct services annually through public and private partners or from center staff. We can only estimate the number of healthy people served because of interventions that stop E. coli, pertussis, norovirus, meningococcal, tuberculosis or syphilis outbreaks.

All babies born in Oregon and their parents, schools and social service agencies are served by the center's Public Health Laboratory and its Health Statistics section. In calendar year 2013, the lab performed approximately 12 million tests on more than 300,000 samples collected from 161,506 infants in six states, the Navajo Nation and Guam. The lab also performed approximately 200,000 bacteriology and virology tests on 120,000 human samples. In calendar year 2013, Health Statistics issued 170,511 certified documents, registered 127,637 events, and processed more than 14,000 paternity tests.

The center's services are delivered every day of every week throughout the year. Duty officers are on call 24/7 at the public health lab, Acute and Communicable Disease program and Health Security, Preparedness and Response program.

The center's frontline services to individuals are delivered primarily through local and tribal health departments and private medical providers in conjunction with center staff. Its staff members help local partners deliver complex federal programs and serve as expert consultants on difficult and complex cases (e.g., rabies in humans, multidrug resistant, and hospital-acquired diseases). The center's programs work with Oregon schools and numerous state departments including Human Services, Justice, Forestry, Wildlife, Agriculture, Transportation and the State Fire Marshal in outbreak management and emergency response. And it works closely with the federal Centers for Disease Control and Prevention, especially on multi-state and international disease outbreaks such as tuberculosis, salmonella, Legionnaire's Disease and MERS.

The center's cost drivers are primarily personnel and associated costs plus agency assessments. A significant portion of federal funds is directed to local health authorities for use in collaboration with state staff.

REVENUE SOURCES AND PROPOSED REVENUE CHANGES

The 2015-2017 Center for Public Health Practice budget is comprised of 8% state General Funds, 63% Federal Funds, and 29% Other Funds, primarily in the form of fees for services (vital records and lab testing).

While the center has been successful in writing grants, the funding is categorical, finite and directed toward federal priorities, which do not always align with state-

defined priorities. Given that the center's work to protect Oregonians is funded mostly by CDC and HRSA and not by Oregon, staff focus must be on federally prescribed deliverables. The center's programs have responded creatively to state-directed work while continuing to meet grant objectives. This is particularly true in the areas of communicable disease prevention and immunizations, which require a base level of infrastructure to operate effectively.

The center has two large fee-based programs: the Public Health Laboratory (OSPHL) and the Center for Health Statistics (CHS). They receive most of their operating funds from fees paid by the public, insurance carriers including CCOs, and local health departments. The lab receives some state funding. CHS does not receive state funding, but it does receive revenue from other state agency data users to help cover the cost of maintaining databases and electronic accessing systems.

Oregon's General Fund revenue accounts for 8% of the overall budget. It is used to pay for staff, supplies, and equipment necessary to coordinate and deliver services to Oregonians. The center pays counties to deliver the Vaccines for Children program, using Medicaid matching funds generated by the use of state General Funds. The center brings in additional Medicaid dollars to help fund the coordinated care organizations by spending General Fund monies in the public health lab and the HIV, STD, and TB programs.

The center is primarily funded through federal grants, mostly continuing grants. During 2013-2015, several continuing federal grants have decreased. This decline in federal funding is expected to continue during 2015-2017, and the center will need to adjust program services accordingly. During 2015-2017 the center may also see some changes to some program services as result of health system transformation.

PROPOSED NEW LAWS THAT APPLY TO THE PROGRAM UNIT

During 2013-2015, fees for a variety of laboratory tests have been established or adjusted via the SB333 process in Oregon Administrative Rule. These include communicable disease testing fees which were adjusted to align the public health lab's fees with the Medicaid fee-for-service fee schedule that took effect in August 2013. These changes will bring OSPHL into alignment with the rest of the

Oregon Health Authority. Newborn screening test fees also were raised to include an additional test for SCID screening.

Other than ratification of the fee increases during the 2015 session, no new laws have been proposed that directly affect this program unit.

The Governor's Budget includes $122,560,549, which continues funding for the Center for Practice programs at the 2015-17 current service level.

2015 - 2017 OHA POLICY OPTION PACKAGES

Lead Program Area	Summary Cross Reference (SCR)	Program Funding Team Policy Area	Official Title (45 Character Limit)	Subtitle	General Fund	Other Funds	Federal Funds	Total Funds	POS	FTE	POP #	ORBITS POP #	LC #
AMH		Healthy People	**Promote and Support Community Based Services**										
AMH-CMH	44300-020-05	Healthy People	Promote and Support Community Based Services	Aid & Assist Evaluations in the Community	4,056,901	-	-	4,056,901	1	0.83	401-1	401	15-106
AMH-CMH	44300-020-05	Healthy People	Promote and Support Community Based Services	Mental Health Certification	859,620	-	-	859,620	4	4.00	401-2	401	
				SUBTOTAL POP 401	**4,916,521**	**-**	**-**	**4,916,521**	**5**	**4.83**			
HPP		Healthy People	**Promote Innovative Health System Solutions**										
HPP-Transformation Center	44300-020-08	Healthy People	Promote Innovative Health Sys Solutions - HP	Continuation of Health Systems Transformation/ Transformation Center	1,042,899	-	1,040,051	2,082,950	13	4.94	402-2	402	
HPP-OHPR	44300-020-08	Healthy People	Promote Innovative Health Sys Solutions - HP	Continuation of Health Systems Transformation/ Office of Health Policy & Research	1,360,029	-	1,358,444	2,718,473	8	3.04	402-3	402	
				SUBTOTAL POP 402	**2,402,928**	**-**	**2,398,495**	**4,801,423**	**21**	**7.98**			
HPP-OEI	44300-020-08	Healthy People	REaL-D	OEI Race Ethnicity, Language and Disabilities Collection (Joined with DHS)	1,771,152	-	-	1,771,152	9	8.52	201	201	
				SUBTOTAL POP 402+201	**4,174,080**	**-**	**2,398,495**	**6,572,575**	**30**	**16.50**			
PH	44300-020-06	Healthy People	**Revenue Shortfall**	New Born Screening	-	(1,092,000)	-	(1,092,000)	-	-	070	070	
PH	44300-020-06	Healthy People	**Revenue Shortfall**	SB 333 Fees pending -RML	-	(344,336)	-	(344,336)	(3)	(3.00)	070	070	
PH	44300-020-06	Healthy People	**Revenue Shortfall**	Reduction if RPS Fees & Cap not approved	-	(593,755)	-	(593,755)	(3)	(3.00)	070	070	
PH	44300-020-06	Healthy People	**Revenue Shortfall**	Dept of Agriculture Adjustment	-	(43,325)	(151,299)	(194,624)	-	-	070	070	
				SUBTOTAL Pkg 070	**-**	**(2,073,416)**	**(151,299)**	**(2,224,715)**	**(6)**	**(6.00)**			
PH	44300-020-06	Healthy People	**PH Radiation Protection Fee & Cap Increase**	PH Radiation Protection Cap Increase	-	593,755		593,755	3	3.00	407	407	LC 425
PH	44300-020-06	Healthy People	**PH Senate Bill 333 Fee Increases**	PH PHL Newborn Metabolic Screening and PH Protection Radiation Materials Licensing Fee Increases (SB 333)	-	1,436,336		1,436,336	3	3.00	408	408	SB 333
				SUBTOTAL POP 404-408	**-**	**2,030,091**	**-**	**2,030,091**	**6**	**6.00**			
OEBB	44300-020-03	Healthy People	**Transparency and Engagement**	Informed Enrollment Tool Enhancements		450,000	-	450,000	-	-	409	409	
				SUBTOTAL POP	**-**	**450,000**	**-**	**450,000**	**-**	**-**			

2015 - 2017 OHA POLICY OPTION PACKAGES

Lead Program Area	Summary Cross Reference (SCR)	Program Funding Team Policy Area	Official Title (45 Character Limit)	Subtitle	General Fund	Other Funds	Federal Funds	Total Funds	POS	FTE	POP #	ORBITS POP #	LC #
AMH & PH		Healthy People	**Measure 91 Implementation**										
AMH	443-020-05	Healthy People	Measure 91 Implementation	Measure 91 Implementation - AMH Program Support	-	918,618	-	918,618	2	2.00	501-01	501	
AMH	443-020-05	Healthy People	Measure 91 Implementation	Measure 91 Implementation - AMH A&D Prevention	-	352,944	-	352,944	-	-	501-02	501	
AMH	443-020-05	Healthy People	Measure 91 Implementation	Measure 91 Implementation - AMH A&D Treatment	-	1,005,674	-	1,005,674	-	-	501-03	501	
PH	443-020-05	Healthy People	Measure 91 Implementation	Measure 91 Implementation - PH 2 Positions for Measure 91	-	419,285	-	419,285	2	2.00	501-04	501	
				SUBTOTAL POP 501	**-**	**2,696,521**	**-**	**2,696,521**	**4**	**4.00**			
				Grand TOTAL OHA POPs, including Pkg 070	**9,090,601**	**3,103,196**	**2,247,196**	**14,440,993**	**39**	**25.33**			

2015-2017 Policy Option Package

Agency Name:	**Oregon Health Authority**
Program Area Name:	**Addictions and Mental Health**
Program Name:	**Community Mental Health**
Policy Option Package Initiative:	**N/A**
Policy Option Package Title:	**Promote and Support Community Based Services**
Policy Option Package Number:	**401**
Related Legislation:	**POP 401-1 is related to LC 15-106 regarding Aid and Assist**
Program Funding Team:	**Healthy People**

Summary Statement:

This Policy Option Package had four parts at Agency Request. Two of those parts are included in the Governor's Budget.

401-1, Aid and Assist Evaluations in the Community, would enable two counties to provide evaluations and restoration services in the community. It targets the two counties that refer the most people to Oregon State Hospital for these services.
401-2, Mental Health Certification, would allow the Addictions and Mental Health to centralize regulatory responsibilities for the oversight of community-based mental health programs.
401-3, New Tobacco Tax Investments, continues mental health investments begun in the 2013-2015 biennium with some changes based on lessons learned. **Not approved in Governor's Budget.**
401-4, Alcohol and Drug Policy Commission, funds four positions, which enable the commission to fulfill legislative expectations. **Not approved in Governor's Budget.**

401 Total AMH:

	General Fund	Other Funds	Federal Funds	Total Funds
Policy Option Package Pricing:	$4,916,521	$0	$0	$4,916,521

401-1 Aid and Assist Evaluations in the Community:

	General Fund	Other Funds	Federal Funds	Total Funds
Policy Option Package Pricing:	$4,056,901	$0	$0	$4,056,901

401-2 Mental Health Certifications:

	General Fund	Other Funds	Federal Funds	Total Funds
Policy Option Package Pricing:	$859,620	$0	$0	$859,620

1. WHAT WOULD THIS POLICY OPTION PACKAGE (POP) DO AND HOW WOULD IT BE IMPLEMENTED?

401-1 Aid and Assist Evaluations in the Community:

One of the major services provided at Oregon State Hospital is the treatment of individuals who have been charged with a crime, to restore their ability to understand the charges against them and to assist in their own defense. This is sometimes referred to as "aid and assist." HB 3100, passed by the Legislature in 2011, permits

restoration services to be provided in the community. This POP provides funds to develop restoration services in the two counties that send the most people to Oregon State Hospital for restoration services.

The OHA Addictions and Mental Health (AMH) would provide the funding through existing community mental health programs (CHMPs). AMH and the CMHP would collaborate to request proposals from local providers for restoration services and possibly temporary or transitional housing. AMH would provide the staff person (Operations and Policy Analyst 3) for coordination and collaboration. Specific performance targets will be identified. Mental health services will be provided through existing systems and funding. The success of these programs will rely on the collaboration and coordination of the judicial system, because the placement of individuals is at the courts' discretion.

401-2 Mental Health Certifications:

This POP would provide the Oregon Health Authority Addictions and Mental Health with resources to oversee community-based mental health programs. Historically, community mental health programs (CMHPs) have received all of the funding for mental health services in communities, and the Addictions and Mental Health delegated regulatory oversight the local programs that provided these services to the CMHPs. The CMHPs had the option of providing services directly or subcontracting the services to community providers. When a CMHP subcontracted services to a community provider, it assumed the regulatory oversight for that provider. Oregon now has 187 community providers that have traditionally been overseen by CMHPs.

In 2012, the Oregon Health Authority began contracting with coordinated care organizations (CCOs) for these community services. As a result, the CMHPs are no longer responsible for providing regulatory oversight for the community providers. The CCOs are using many of the same providers that the CMHPs used. The Oregon Health Authority is responsible for ensuring that these community-based mental health providers are delivering services in accordance with Oregon Revised Statutes and Oregon Administrative Rules.

In order to provide adequate oversight of the community-based mental health system, the Oregon Health Authority requests four Compliance Specialist 3 positions to carry out the workload that was previously performed by the CMHPs.

2. WHY DOES THE OREGON HEALTH AUTHORITY PROPOSE THIS POP?

401-1 Aid and Assist Evaluations – House Bill 3100 (2011) permitted aid and assist restoration services to be provided in the community rather than at Oregon State Hospital (OSH). The bill did not include any funding for those services. This POP provides that funding, addressing OSH capacity issues and allowing more individuals with mental health needs to be served in their own communities.

401-2 Mental Health Certification – Without effective oversight of community-based mental health providers, Oregon's most vulnerable population could be at risk. Oregon's State Medicaid Plan also requires that community-based mental health programs be certified.

- In the 2011 session, legislative leadership requested that OHA provide a funding plan to address gaps in the community mental health system. That funding plan covered three biennia of implementation of new funding. The funding that was appropriated by the Legislature addressed most of the first year's funding described in the plan.

3. HOW DOES THIS FURTHER THE AGENCY'S MISSION OR GOALS? HOW DOES THIS FURTHER THE PROGRAM FUNDING TEAM OUTCOMES OR STRATEGIES?

POP 401-1 Aid and Assist Evaluations addresses state hospital capacity issues and advances the goals of the agency to provide services in the most integrated community setting.

POP 401-2 Mental Health Certification ensures that vulnerable Oregonians receive services that meet minimum health and safety standards, as well as minimum clinical quality standards.

4. IS THIS POP TIED TO AN OREGON HEALTH AUTHORITY PERFORMANCE MEASURE? IF YES, IDENTIFY THE PERFORMANCE MEASURE. IF NO, HOW WILL Addictions and Mental Health MEASURE THE SUCCESS OF THIS POP?

This POP is tied to the Oregon Health Authority's triple aim of better health, better care and lower cost. Several performance measures will be addressed by different sections of this POP as follows:

POP 401-1 Aid and Assist Evaluations – This section is tied to the AMH performance measure under Operational Process 3 – System of Care Implementation and Management: Access to Care. This measure is calculated on the percentage of adults with serious and persistent mental illness who receive community-based vs. facility-based services. Performance will be monitored by collecting and analyzing data on individuals in this category who access community-based services instead of accessing services at the Oregon State Hospital. OHA proposes one FTE to oversee the initiative, ensure accurate data collection in the Measurement and Outcomes Tracking System (MOTS), monitor the measure through data analysis and produce management reports.

POP 401-2 Mental Health Certification – This section is tied to an AMH performance measure under Operational Process 6 – Regulating: Timeliness of Reviews. This measure is about conducting mental health licensing and certification activities. It is calculated upon the percentage of reviews that are completed as scheduled. Progress is documented on the AMH scorecard and monitored during quarterly target reviews. The significance of this activity is linked to client safety and provider quality.

5. DOES THIS POP REQUIRE A CHANGE(S) TO AN EXISTING STATUTE OR REQUIRE A NEW STATUTE? IF YES, IDENTIFY THE STATUTE AND THE LEGISLATIVE CONCEPT.

This POP will not require any statutory changes, but applicable Oregon Administrative Rules may need to be revised to reflect the new practice.

6. WHAT ALTERNATIVES WERE CONSIDERED AND WHAT WERE THE REASONS FOR REJECTING THEM?
POP 401-1 Aid and Assist Evaluations – Oregon State Hospital and community judicial system partners work to coordinate the services and divert those not appropriate. The current efforts have not been successful to reduce referrals.

POP 401-2 Mental Health Certification – The Oregon Health Authority could elect to revise Oregon Administrative Rules so that the community mental health programs retain their current regulatory responsibilities. While this alternative may appear to be simple, it contradicts the significant efforts previously supported by the Legislature for health system transformation. The other alternative was to not certify community-based mental health providers. The lack of adequate regulatory oversight of community-based mental health providers would seriously jeopardize the health, safety, and clinical outcomes of Oregon's most vulnerable individuals.

7. WHAT WOULD BE THE ADVERSE EFFECTS OF NOT FUNDING THIS POP?
POP 401-1 Aid and Assist Evaluations – Oregon State Hospital could become overcrowded. Individuals will have to wait longer than seven days in the jail for a bed at Oregon State Hospital. Oregon Health Authority may be in contempt of a federal judge's order.

POP 401-2 Mental Health Certification – The adverse effect of not funding this POP would include increased administrative burden to coordinated care organizations and community-based mental health providers, and potential harm to those Oregonians receiving mental health services.

8. WHAT OTHER AGENCIES (STATE, TRIBAL AND/OR LOCAL GOVERNMENT) WOULD BE AFFECTED BY THIS POP? HOW WOULD THEY BE AFFECTED?
N/A

9. WHAT OTHER AGENCIES, PROGRAMS or STAKEHOLDERS ARE COLLABORATING ON THIS POP?

The Oregon Health Authority (OHA) held a series of regional stakeholder meetings composed of coordinated care organizations, community mental health programs, community-based mental health providers, and consumers and family members to discuss the future of Oregon's behavioral health regulatory framework. The stakeholder meetings reflected broad support and understanding for the need to centralize OHA's certification activities. OHA is engaged in conversations with other agency leadership to explore funding options for the Alcohol and Drug Policy Commission. These options are not expected to be finalized before October.

10. WHAT IS YOUR EQUITY ANALYSIS?

This POP will allow for better analysis of service equity through the collection of demographic data for analysis around access, risks and outcomes.

11. WHAT ASSUMPTIONS AFFECT THE PRICING OF THIS POP?

Implementation Date(s):

401-1 Aid and Assist Evaluations in the Community: Position for 20 months, Costs of Services for 14 months

401-2 Mental Health Certification: Positions for 24 months

a) Will there be new responsibilities for the Oregon Health Authority? Specify which Program Area(s) and describe their new responsibilities.

☒ CMH

401-1 Aid and Assist Evaluations in the Community:

The CMHP will provide the staff person (Operations and Policy Analyst 3) for the coordination and collaboration. Specific performance targets will be identified.

401-2 Mental Health Certification:

In order to provide adequate oversight of the community-based mental health system, the Oregon Health Authority requests four (4) Compliance Specialist 3 positions to carry out the workload that was previously performed by the 34 Community Mental Health Programs.

b) Will there be new Shared Services impacts sufficient to require additional funding? Specify which office(s) (i.e., facilities, computer services, etc.) and describe how it will be affected.

Yes, the position pricing requests include Shared Services costs necessary for any new positions.

c) Will there be changes to client caseloads or services provided to population groups? Specify how many in each relevant program.

N/A

d) Will it take new staff or will existing positions be modified? For each classification, list the number of positions and the number of months the positions will work in each biennium. Specify if the positions are permanent, limited duration or temporary.

401-1 Aid and Assist Evaluations in the Community:
1 Operations and Policy Analyst 3, 20 months, PF
401-2 Mental Health Certifications:
4 Compliance Specialists 3, 24 months, PF

e) What are the start-up costs, such as new or significant modifications to computer systems, new materials, outreach and training?
Usual costs for regular new employees.

f) What are the ongoing costs?
Usual ongoing salary, benefits and S&S costs for regular employees.

g) What are the potential savings?
N/A

h) Based on these answers, is there a fiscal impact?
Yes.

TOTAL FOR THIS PACKAGE

Category	GF	OF	FF	TF	Position	FTE
Personal Services	$856,417	0	0	$856,417	5	4.83
Services and Supplies	$179,304	0	0	$179,304		
Special Payments	$3,880,800	0	0	$3,880,800		
Total	**$4,916,521**	**$0**	**$0**	**$4,916,521**	**5**	**4.83**

Oregon Health Authority – Fiscal Impact Summary by Program Area:

	CMH	PS	Total
General Fund	$3,880,800	$1,035,721	$4,916,521
Other Fund	$0	$0	$0
Federal Funds- Ltd	$0	$0	$0
Total Funds	$3,880,800	$1,035,721	$4,916,521
Positions	0	5	5
FTE	0.00	4.83	4.83

What are the sources of funding and the funding split for each one?
This POP is funded by General Funds.

2015-2017 Policy Option Package

Agency Name:	**Oregon Health Authority**
Program Area Name:	**Health Policy Programs**
Program Name:	**Office of Health Information Technology, Transformation Center, Office of Health Policy and Research, and Office of Equity and Inclusion**
Policy Option Package Initiative:	**N/A**
Policy Option Package Title:	**Promote Innovative Health Systems Solutions - HP**
Policy Option Package Number:	**402**
Related Legislation:	**POP 402-1 Oregon Law 2013, Ch. 603 (Senate Bill 604), LC482;** **POP 402-3 ORS 414.655 and 442.210, 2011 OL, Chapter 602 (HB 3650);** **POP 402-4 HB3650, SB1580;** **POP 402-5 HB3650, SB1580, HB3407**
Program Funding Team:	**Healthy People**

Summary Statement:

This Policy Option Package would provide Health Policy Programs of the Oregon Health Authority with the necessary resources to promote innovative health system solutions and services. It consists of five sub-categories, two of which were funded in the Governor's Budget: 402-1 Common Credentialing and Provider Directory/Health Information Exchange **(while limitation as part of this Policy Option Package was not included in the Governor's Budget, see program unit narrative regarding the Stage Gate Review status for Common Credentialing)**, 402-2 Continuation of Health System Transformation/Transformation Center, 402-3 Continuation of Health System Transformation/Office of Health Policy and Research, 402-4 Equity and Inclusion Transformation Coaches **(not funded in the Governor's Budget)**, and 402-5 OEI Traditional Health Workers **(not funded in the Governor's Budget)**.

402 Total HPP:

	General Fund	Other Funds	Federal Funds	Total Funds
Policy Option Package Pricing:	$2,402,928	$0	$2,398,495	$4,801,423

402-2 Continuation of Health System Transformation/Transformation Center:

	General Fund	Other Funds	Federal Funds	Total Funds
Policy Option Package Pricing:	$1,042,899	$0	$1,040,051	$2,082,950

402-3 Continuation of Health System Transformation/Office of Health Policy and Research:

	General Fund	Other Funds	Federal Funds	Total Funds
Policy Option Package Pricing:	$1,360,029	$0	$1,358,444	$2,718,473

1. WHAT WOULD THIS POLICY OPTION PACKAGE (POP) DO AND HOW WOULD IT BE IMPLEMENTED?

402-2 Continuation of Health System Transformation – Transformation Center:

This policy option package supports the continuation of the Transformation Center's staffing and activities at current level of service after the State Innovation Model federal grant ends on September 30, 2016. The Transformation Center provides technical assistance to coordinated care organizations and other health system transformation stakeholders to foster the rapid dissemination of innovative practices to achieve the triple aim: better care, better health, and lower costs.

This POP would support 4.94 FTE (or 13 positions for nine months) to continue learning collaboratives on a variety of stakeholder identified content areas; extend another cycle of the Council of Clinical Innovators program; coordinate strategy and activities focused on the social determinants of health and health equity; and spread a culture of innovation through training and shared learning experiences.

Funding provided by the POP also supports contracts for consulting services through a technical assistance bank available to coordinated care organizations and other partners and stakeholders.

The POP resources would also support:

- Partner meetings to share lessons learned, provide training, and make presentations;
- Video and telephone conference costs to reduce travel expenses and to facilitate cost-effective, real-time communications for learning collaboratives; and
- Other program-related expenses.

402-3 Continuation of Health System Transformation – Office of Health Policy and Research:

This POP continues efforts toward transforming health care delivery and supports the state's efforts to improve quality, provide better care, and lower costs for the remainder of the biennium after the CMS State Innovation Model grant ends on September 30, 2016. The specific program activities continuing would include:

All-Payer All-Claims (APAC) data collection program

The All-Payer All-Claims data collection program is a central data source for the production of metrics to evaluate the performance of coordinated care organizations, other OHA programs and private carriers. APAC holds the promise of providing better data to benchmark performance, identify quality improvement opportunities, and inform consumer decision-making through increased access to better cost and quality information. OHA has collected four years of APAC data – from January 2010 to June 2014. Data is submitted quarterly and is maintained by a contractor (currently the Milliman Corporation). This POP would provide sustained funding for

contracted services and ensure that the APAC data collection and analysis continues for the remainder of the 2015-2017 biennium. Specific APAC activities that would continue include:

- Administration of the biennial Oregon Health Insurance Survey; and
- Continuation of three limited duration APAC research and policy analyst positions (1.14 FTE) for nine months.

Patient-Centered Primary Care Home (PCPCH) Program

This POP would support the continuation of the patient-centered primary care home program across all OHA program areas including Medicaid, PEBB and OEBB, after State Innovation Model grant funding ends on September 30, 2016. Coordinated care organizations require a strong primary care system delivered through a network of recognized patient centered primary care home (PCPCH) providers. Activities underway that would continue include:

- PCPCH provider application verification site visits (audits);
- Provider technical assistance and learning opportunities;
- Developing opportunities for multi-payer participation in the program;
- PCPCH provider application operation;
- PCPCH consultation with clinics; and
- Continuation of three limited duration program analyst positions (1.14 FTE) for nine months.

Sustaining the program and what it does will ensure Oregon complies with federal requirements in the development of State Plan amendments. It also maximizes federal and other funding opportunities. Additionally, it sustains: the linking of PCPCH and CCO implementation across OHA; development and implementation of educational tools and processes for client identification that can be used by PCPCH sites statewide; and improved processes for PCPCH provider payments.

Health Evidence Review Commission (HERC)
With this POP, the Health Evidence Review Commission (HERC) will be able to carry on its work of identifying and interpreting research that is vital to Oregon's health system transformation. This includes acting on the results of the evidence-based guidelines, health technology assessments, and coverage guidance that HERC produces.

Transformation Center Business Operations
Finally, this POP provides continued funding for two limited duration positions (.76 FTE) in the Office for Health Policy and Research (OHPR) budget. The positions support the Transformation Center's operations and business functions. OHA's request to continue program operations and staffing for the final nine months of the biennium is more fully described in Policy Option Package 402-2.

2. WHY DOES OHA PROPOSE THIS POP?

402-2 Continuation of Health System Transformation/Transformation Center:
The purpose is to support continued health transformation activities at the current service level after the federal State Innovation Model grant ends on September 30, 2016.

The Transformation Center is the hub for health transformation activities for the Oregon Health Authority, coordinated care organizations, and other internal and external partners. Investments from the CMS State Innovation Model (SIM) grant, as well as resources from the Medicaid 1115 waiver, have funded both start-up and operational costs for the Transformation Center.

The Transformation Center has shown great progress establishing positive, productive relationships with coordinated care organizations and other stakeholders on health transformation activities across the health care

delivery system. The Oregon Health Authority would like to continue this work after the SIM grant ends on September 30, 2016.

402-3 Continuation of Health System Transformation/Office of Health Policy and Research:

HB 2009, Oregon's health care reform legislation, created the Oregon Health Authority to advance the "triple aim" goals of better health, improved patient care, and lower costs. This POP would support efforts to advance these goals in the areas of providing quality data analytics, improving primary care and care coordination, and developing evidence-based clinical research.

It includes resources for the Office of Health Analytics to continue the implementation of an all-payer all-claims (APAC) data collection program that is a cornerstone data source for measuring the performance of OHA, coordinated care organizations, and larger multi-payer health reform efforts. An all-payer data collection program makes available to all Oregonians cost and quality information based on the experience of the 90 percent of residents who are insured. This allows us to understand how well the health care delivery system in Oregon is dealing with key cost drivers such as chronic illnesses, and how regional outcomes compare across the state. The Patient Centered Primary Care Home (PCPCH) Program is a model of primary care that has been recognized for its ability to advance the triple aim goals through a focus on wellness and prevention, coordination of care, active management and support of individuals with special health care needs, and a patient and family-centered approach to all aspects of care. In its Action Plan for Health, the Oregon Health Policy Board charged the Oregon Health Authority (OHA) with providing access to patient-centered primary care for everyone it covers, including Medicaid recipients, state employees, and Oregon educators. A strong primary care system delivered through a network of recognized PCPCH providers is a requirement of CCOs. Without sustainable program funding and a system for recognizing PCPCHs, CCOs will not have this strong primary care foundation for Oregon's health system transformation.

The Health Evidence Review Commission (HERC) was created in January 2012 to do the work of the previous Health Services Commission. This includes management of the Oregon Health Plan's Prioritized List of Health

Services (which serves as the basis of benefits in the Oregon Health Plan). It was also charged with continuing the health technology assessment work of the previous Health Resources Commission.

If funded through this POP, HERC can provide better access to clinical outcomes and effectiveness reviews that will help providers and patients better incorporate evidence-based medicine into their daily decisions to improve the health care system as a whole.

3. HOW DOES THIS FURTHER THE AGENCY'S MISSION OR GOALS? HOW DOES THIS FURTHER THE PROGRAM FUNDING TEAM OUTCOMES OR STRATEGIES?

402-2 Continuation of Health System Transformation/Transformation Center:

The Transformation Center is the coordination hub for Oregon's health system transformation. It focuses resources on fundamentally changing:

- How health care is delivered in Oregon;
- How people experience their care; and
- How health care is paid for.

The Transformation Center also:

- Works closely with the DHS Aging and People with Disabilities to address the long-term supports and services needed for vulnerable adults and children.
- Collaborates with Public Health on its Healthy People goal to shift toward a focus on the prevention of chronic disease.
- Cooperates with Public Health and the Office of Equity and Inclusion to create population health plans that include all members of the community, based on the coordinated care organizations' community health assessments and improvement plans.

402-3 Continuation of Health System Transformation/Office of Health Policy and Research:

This POP directly support OHA's mission to further the triple aim of improved health, higher quality of care, and reduced costs through each of the program areas:

- Analysis of all-payer all-claims data will allow Oregon to analyze, report on, and evaluate OHA and Oregon progress toward the triple aim.
- Continued support of the PCPCH program will allow Oregon to meet the Oregon Health Policy Board's goals for providing PCPCH access to 75 percent of Oregonians and to everybody covered by OHA.
- The Health Evidence Review Commission's work on evidence-based guidelines and technology effectiveness will improve the lifelong health of Oregonians by encouraging the most effective health care services and discouraging the use of ineffective or harmful services. This will lower health care costs and lead to care that is high in quality and reliability, improving health in the communities through evidence-based interventions.
- Supporting the operations of the Transformation Center will enable the agency to continue work with coordinated care organizations and other stakeholders to increase the span and pace of innovation across the health care delivery system. Methods include learning collaboratives, clinical innovation, integrating services, improving the social determinants of health, and developing alternative payment models.

4. IS THIS POP TIED TO AN OHA PERFORMANCE MEASURE? IF YES, IDENTIFY THE PERFORMANCE MEASURE. IF NO, HOW WILL OHA MEASURE THE SUCCESS OF THIS POP?

402-2 Continuation of Health System Transformation/Transformation Center:

The work of the Transformation Center relates most closely to the Oregon Health Authority key performance measures below:

- Follow-up after hospitalization for mental illness;
- Mental health assessments for children in DHS custody;
- Physical health assessments for children in DHS custody;

- Follow-up care for children prescribed ADHS medications (initiation);
- Follow-up care for children prescribed ADHD medications (continuation);
- Prenatal care (Medicaid);
- Patient centered primary care home enrollment;
- Access to care;
- Member experience of care;
- Member health status;
- Rate of tobacco use;
- Rate of obesity;
- Plan all cause readmissions;
- Effective contraceptive use;
- Flu shots (Medicaid); and
- Child immunization rates.

402-3 Continuation of Health System Transformation/Office of Health Policy and Research:

Funding this POP would provide the data central to monitoring and reporting on the quality, health outcome, and cost trends for coordinated care organizations. This data is also needed to assess the impact of health reform across public and private health programs. Transparency in health care cost and quality is central to improvement. It also is connected to many agency-wide key performance measures and allows the agency to apply metrics to private payers as well. There are measures currently included in proposed evaluations of OHA health system transformation directly related to implementation of the PCPCH program and its success. Further, CCOs are required to report on implementation status of primary care homes in their organizations. The evidence-based decision tools of the HERC program cover all areas of health care services, and can affect all performance measures tied to the effectiveness of treatment.

5. DOES THIS POP REQUIRE A CHANGE(S) TO AN EXISTING STATUTE OR REQUIRE A NEW STATUTE? IF YES, IDENTIFY THE STATUTE AND THE LEGISLATIVE CONCEPT.

402-2 Continuation of Health System Transformation/Transformation Center:
No.

402-3 Continuation of Health System Transformation/Office of Health Policy and Research:
No.

6. WHAT ALTERNATIVES WERE CONSIDERED AND WHAT WERE THE REASONS FOR REJECTING THEM?

402-2 Continuation of Health System Transformation/Transformation Center:
OHA is requesting this POP to ensure continued support to coordinated care organizations and other stakeholders. Without this POP, the Transformation Center would continue on a much reduced scale with only 9.00 FTE innovator agents. As a part of the federal State Innovation Model grant, the Transformation Center will develop a sustainability plan. It's possible that foundation or other federal grants may become available to support the technical assistance provided currently through the Transformation Center; however, we have not identified any likely sources for this support at this time.

402-3 Continuation of Health System Transformation/Office of Health Policy and Research:
An alternative to this POP is to continue relying on grant funding. However, current grant funding is scheduled to end September 30, 2016. While there is an active process to search for additional grant funding opportunities, none have been identified to date.

7. WHAT WOULD BE THE ADVERSE EFFECTS OF NOT FUNDING THIS POP?

402-2 Continuation of Health System Transformation/Transformation Center:

The support for transformation and innovation would be severely limited by failure to fund this POP. The rate and spread of innovation could potentially slow, resulting in a negative impact on Oregon's considerable investment in health transformation and the coordinated care model.

402-3 Continuation of Health System Transformation/Office of Health Policy and Research:

Information from the All Payer All Claims data collection program is beginning to benefit all OHA programs including PEBB, OEBB and Medicaid, as well as private purchasers who choose to use this data as they make purchasing decisions. The data will support the Public Health disease surveillance activities. Not funding this program would result in the elimination of potential significant future savings the program can provide.

The patient-centered primary care home (PCPCH) program has been identified as a priority of the agency and has caused primary care providers to make significant time and resource investments in the types of transformation required for program participation. If the program funding lapsed:

1. OHA may not meet its patient-centered primary care access goals.
2. Overall health care expenditures by OHA may not decrease as forecast; and
3. The quality of care patients receive may not improve as they would under this patient-centered primary care model.

If the Health Evidence Review Commission elements of this POP were not funded, Oregon could lose the use of a tool that is critical to stemming rising health care costs. It would also hamper momentum the state has gained in the use of comparative effectiveness research to inform purchasing decisions. OHA clients and state employees could receive care that is ineffective or harmful.

Many stakeholders, in and outside of state government, are involved in these programs. Not funding this POP could result in a significant decrease in confidence among the provider and stakeholder community.

8. WHAT OTHER AGENCIES (STATE, TRIBAL AND/OR LOCAL GOVERNMENT) WOULD BE AFFECTED BY THIS POP? HOW WOULD THEY BE AFFECTED?

402-2 Continuation of Health System Transformation/Transformation Center:

The Transformation Center works closely with several other state agencies to develop and execute strategy and coordinate activities. Partner agencies include: the Early Learning Council and the Early Learning Hubs, Regional Solutions, Department of Human Services, Public Employees Benefit Board, and the Oregon Educators Benefit Board. Additionally, the Transformation Center works closely with the local community advisory councils for each of the coordinated care organizations, and local county health departments. Without the Transformation Center to serve as a backbone organization, there would be less collaboration and shared transformation activities between CCOs and these organizations.

402-3 Continuation of Health System Transformation/Office of Health Policy and Research:

The Oregon Department of Consumer and Business Services (DCBS) has received a grant to use the all payer all claims data to help evaluate insurance rate review and to increase the transparency of the rate review process. Not funding this program area would end any public process they have created to meet these goals.

County health and behavioral health clinics also rely on the information, technical assistance, and training they receive from the PCPCH and HERC programs to deliver effective care and improve health outcomes for their patients.

9. WHAT OTHER AGENCIES, PROGRAMS or STAKEHOLDERS ARE COLLABORATING ON THIS POP?

402-2 Continuation of Health System Transformation/Transformation Center:
None at this time.

402-3 Continuation of Health System Transformation/Office of Health Policy and Research:
None at this time.

10. WHAT IS YOUR EQUITY ANALYSIS?

402-2 Continuation of Health System Transformation/Transformation Center:
The Transformation Center staff works closely with the Office for Equity and Inclusion (OEI). Several of the Transformation Center staff has expertise in the social determinants of health and or health equity. They collaborate with partners in OEI and with other partners to address the burden of health disparities and to increase health equity. For example, one of the transformation analysts serves as a liaison to OEI, and presents health equity training to the Transformation Center staff to ensure an equity lens is brought to decision making, resource allocation and service delivery. Other transformation analysts have expertise in the social determinants of health and equity and work specifically with coordinated care organizations and their partners to reduce health disparities in local communities. This work may focus on effective communication with specific populations, targeted outreach or intervention efforts, or relationship and coalition building to create population-based strategies that improve health equity and reduce health disparities.

402-3 Continuation of Health System Transformation/Office of Health Policy and Research:
The three programs included in this package all analyze data to identify areas where health disparities are affecting the quality of care and health outcomes of the people we serve. They then identify clinical practices to address the disparities and ensure that all Oregonians have equal access to high quality health care services.

11. WHAT ASSUMPTIONS AFFECT THE PRICING OF THIS POP?

402-2 Continuation of Health System Transformation/Transformation Center:
Implementation Date(s): October 1, 2016

End Date (if applicable): Not applicable; program will be ongoing.

402-3 Continuation of Health System Transformation/Office of Health Policy and Research:
Implementation Date(s): October 2016

End Date (if applicable): Not applicable; programs will be on-going.

a) Will there be new responsibilities for OHA? Specify which Program Area(s) and describe their new responsibilities.

402-2 Continuation of Health System Transformation/Transformation Center:
No. This is a service continuation package.

402-3 Continuation of Health System Transformation/Office of Health Policy and Research:
No. This POP will sustain work that is already underway and that has historically been funded by the CMS State Innovation Model grant, which is ending on September 30, 2016.

b) Will there be new Shared Services impacts sufficient to require additional funding? Specify which office(s) (i.e., facilities, computer services, etc.) and describe how it will be affected.

402-2 Continuation of Health System Transformation/Transformation Center:
The Transformation Center does not anticipate additional impacts on most areas of Shared Services as a result of this POP. The only ongoing work that will need to be absorbed will be in the Contracts and Procurement unit, as a result of the loss of 1.00 FTE Contracts and Procurement Specialist 3 at the end of the grant period.

402-3 Continuation of Health System Transformation/Office of Health Policy and Research:
No

c) Will there be changes to client caseloads or services provided to population groups? Specify how many in each relevant program.

402-2 Continuation of Health System Transformation/Transformation Center:
No.

402-3 Continuation of Health System Transformation/Office of Health Policy and Research:
No. However, the HERC program's goal is to provide more services proven to be effective and fewer services shown to be ineffective, harmful, or not as cost-effective as other alternatives. This could potentially affect the number of clients who receive health care services through state programs such as the Oregon Health Plan and state employees receiving health care through PEBB and OEBB plans.

d) Will it take new staff or will existing positions be modified? For each classification, list the number of positions and the number of months the positions will work in each biennium. Specify if the positions are permanent, limited duration or temporary.

402-2 Continuation of Health System Transformation/Transformation Center:

This POP will extend 11 limited duration staff to the end of the biennium after the end of the grant in September, 2016. These positions include:

1 PEM H, .38 FTE, for nine months
1 PEM G, .38 FTE, for nine months
2 PEM E, .76 FTE, for nine months
3 OPA 4, 1.52 FTE, for nine months
1 OPA 3, .38 FTE, for nine months
2 OPA 2, .76 FTE, for nine months
1 Executive Assistant 2, 2.5 FTE, for nine months
11 LF positions = 4.18 FTE

It will modify 2 Limited Duration (LF) staff to Permanent (PF) positions after the end of the grant in September, 2016:

1 OPA 4, .38 FTE, for nine months
1 OPA 3, .38 FTE, for nine months
2 PF positions = .76 FTE

402-3 Continuation of Health System Transformation/Office of Health Policy and Research:

This POP will extend eight limited duration staff to the end of the biennium after the end of the State Innovation Model grant in September, 2016. These positions include:

A. APAC:
2 Research Analyst 4, .76 FTE, for nine months
1 Operations and Policy Analyst 4, .38 FTE, for nine months

B. PCPCH
1 Program Analyst 2, .38 FTE, for nine months
2 Program Analyst 3, .76 FTE, for nine months

C. HERC
N/A

D. Transformation Center Operations:
1 Principal Executive/Manager E, .38 FTE, for nine months
1 Operations and Policy Analyst 3, .38 FTE, for nine months

Total of eight LF positions = 3.04 FTE

e) What are the start-up costs, such as new or significant modifications to computer systems, new materials, outreach and training?

402-2 Continuation of Health System Transformation/Transformation Center:
No new start-up costs. Start-up costs were absorbed by the federal State Innovation Model grant.

402-3 Continuation of Health System Transformation/Office of Health Policy and Research:
None

f) What are the ongoing costs?

402-2 Continuation of Health System Transformation/Transformation Center:
Ongoing costs include professional services supporting technical assistance, learning collaboratives, alternative payment models, and other health system transformation activities.

402-3 Continuation of Health System Transformation/Office of Health Policy and Research:
Ongoing costs include professional services for APAC data analytics, administration of the OHIS survey, PCPCH clinical support and technical assistance services, PCPCH application operation, and development of HERC evidence-based decision tools for providers and patients.

g) What are the potential savings?

402-2 Continuation of Health System Transformation/Transformation Center:
This POP will continue to support the dissemination of research- and evidence-based medical information to coordinated care organizations, PEBB and OEBB, and other health plans in Oregon, which they can use to promote cost-effective health care practices. The exact amount of the cost savings is undetermined, but is believed to have a multi-million dollar impact.

402-3 Continuation of Health System Transformation/Office of Health Policy and Research:
In general, the investment in a fundamental tool for health care analytics and improved use of evidence-based decision-making for OHA programs will decrease total health care system costs. These cost reductions will extend to health care services in other publicly funded programs such as PEBB and OEBB, and also to private payers and their members and employees.

In addition, the PCPCH program has identified an estimated $99.8 million in savings as a result of improved care coordination through the use of its services.

By disseminating HERC's evidence-based decision tools to patients and providers, OHA has the ability to reduce the current and future health and economic costs associated with chronic conditions, potentially saving hundreds of millions of additional dollars.

h) Based on these answers, is there a fiscal impact?

402-2 Continuation of Health System Transformation/Transformation Center:
Yes.

402-3 Continuation of Health System Transformation/Office of Health Policy and Research:
Yes.

TOTAL FOR THIS PACKAGE

Category	GF	OF	FF	TF	Position	FTE
Personal Services	$893,376	0	$893,376	$1,786,752	21	7.98
Services and Supplies	$1,509,552	0	$1,505,119	$3,014,671		
Total	**$2,402,928**	**$0**	**$2,398,495**	**$4,801,423**	**21**	**7.98**

Oregon Health Authority - Fiscal Impact Summary by Program Area:

	OHIT	Transformation Center	OHPR/HA	OE&I	Total
General Fund	**$0**	**$1,042,899**	**$1,360,029**	**$0**	**$2,402,928**
Other Fund	**$0**	**$0**	**$0**	**$0**	**$0**
Federal Funds- Ltd	**$0**	**$1,040,051**	**$1,358,444**	**$0**	**$2,398,495**
Total Funds	**$0**	**$2,082,950**	**$2,718,473**	**$0**	**$4,801,423**
Positions	**0**	**13**	**8**	**0**	**21**
FTE	**0.00**	**4.94**	**3.04**	**0.00**	**7.98**

What are the sources of funding and the funding split for each one?

Transformation Center Revenue Impact:

Description of Revenue	OF	FF	TF
Medicaid (Comp Srce 0995)	0	1,040,051	1,040,051
Total	**$0**	**$1,040,051**	**$1,040,051**

Office of Policy and Research Revenue Impact:

Description of Revenue	OF	FF	TF
Medicaid (Comp Srce 0995)	0	1,358,444	1,358,444
Total	**$0**	**$1,358,444**	**$1,358,444**

2015-2017 Policy Option Package

Agency Name:	**Department of Human Services/Oregon Health Authority**
Program Name:	**Office of Equity and Multicultural Services (OEMS) and Office of Equity and Inclusion (OEI)**
Policy Option Package Initiative:	**N/A**
Policy Option Package Title:	**Race, Ethnicity, and Language and Disability (REAL-D)**
Policy Option Package Number:	**201**
Related Legislation:	**HB 2134**
Program Funding Team:	

Summary Statement:

This Policy Option Package supports the establishment of uniform standards and practices in the Oregon Health Authority (OHA) and Department of Human Services (DHS) for the collection of data on race, ethnicity, preferred spoken or signed language, preferred written language, and disability status.

It supports designing, building and implementing a tool to collect, report and analyze this data, which the agencies need to comply with new health and service equity standards for all Oregonians.

Policy Option Package Pricing:	General Fund	Other Funds	Federal Funds	Total Funds
DHS	$743,644	$1,000,000	$0	$3,514,796
OHA	$1,771,152	$0	$0	

1. WHAT WOULD THIS POLICY OPTION PACKAGE (POP) DO AND HOW WOULD IT BE IMPLEMENTED?

This policy option package would create and begin using a central system for data about the race, ethnicity, preferred spoken or signed language, preferred written language, and disability status of all persons served by the Department of Human Services and the Oregon Health Authority.

Based on various requirements of federal law and rules, DHS and OHA have developed administrative rules and policies for collecting, analyzing, and reporting meaningful data about client race, ethnicity, language and disabilities, which we are calling "REAL+D".

For the remainder of the 2013-2015 biennium DHS and OHA will inventory and analyze all of their business processes, systems and reports that capture, update and use REAL+D data. It will tell the agencies what we need to do to fully implement HB 2134.

Funding of this POP would create a system that would allow workers and clients to view, update and maintain their own profile including REAL+D information. Appropriate analytics units in DHS and OHA would use REAL+D to collect, analyze and report on services related to various demographic groups to help reduce health and human services disparities. Better data would increase the state's understanding of the causes of disparities, support the design of effective responses, and enable evaluation of improvements over time.

2. WHY DO DHS and OHA PROPOSE THIS POP?

The Department of Human Services and the Oregon Health Authority both established equity (service equity and health equity) as part of their core values. Improving data systems is a key component of continuous quality improvement efforts that lead to health and service equity.

Problems with data prevent both agencies from knowing the full extent of inequity and from measuring the impact of efforts to assure equity. Tremendous inconsistencies exist in the data collected by different government health and human service agencies and programs. Even definition of the terms “race,” “ethnicity,” and “disability” vary across institutions.

The data collection standards used by state agencies are inconsistent and insufficient to adequately assess the status and needs of Oregon’s diverse communities. This makes it difficult to analyze how race, ethnicity and language affect individual and community health, making services more expensive and less effective in addressing community needs.

DHS and OHA need to implement data standards, data architecture and data governance to address the current requirements and implement business practices that ensure data quality.

3. HOW DOES THIS FURTHER THE AGENCY’S MISSION OR GOALS? HOW DOES THIS FURTHER THE PROGRAM FUNDING TEAM OUTCOMES OR STRATEGIES?

Both DHS and OHA are focused on equity and inclusion in the service of the citizens of Oregon. Without a unified method of collecting this information the agencies cannot effectively review the results of their services and identify ways to improve services to certain populations. The standardized methodology will allow DHS and OHA to demonstrate progress toward reductions in racial and ethnic disparities by increasing transparency in reporting indicators by race and ethnicity. In addition, it will allow DHS and OHA to consistently meet federal reporting expectations and will make it easier to compare Oregon’s progress in addressing racial and ethnic disparities with national trends.

4. IS THIS POP TIED TO A DHS and OHA PERFORMANCE MEASURE? IF YES, IDENTIFY THE PERFORMANCE MEASURE. IF NO, HOW WILL DHS and OHA MEASURE THE SUCCESS OF THIS POP?

Having client data routinely and accurately collected by race, ethnicity, language and disability will assist DHS and OHA in better understanding disparities in need, access, quality, and outcomes of services.

This POP is directly tied to several outcome measures for the Department of Human Services: 05: Service Equity; 06: Employee Engagement; 04: Customer Satisfaction and 07: Workforce Diversity. It is also directly tied to one of DHS's Breakthroughs: Improving Service Equity; as well as process measure OP2.3: Ensuring equitable access and inclusivity.

Efforts to improve data collection across OHA directly address the key goals, core processes and sub-processes defined by the OHA Strategic Plan and operational fundamentals, including the following:

- Ensuring data integrity;
- Ensuring equity in policy and program design;
- Ensuring equity in program delivery;
- Providing or ensuring culturally responsive interventions;
- Establishing and implementing quality control mechanisms;
- Ensuring health, safety and client rights in publicly-funded programs;
- Ensuring civil rights for customers, members, clients and participants;
- Assessing quality and return on investment; and
- Ensuring accountability for results.

5. DOES THIS POP REQUIRE A CHANGE(S) TO AN EXISTING STATUTE OR REQUIRE A NEW STATUTE? IF YES, IDENTIFY THE STATUTE AND THE LEGISLATIVE CONCEPT.

No.

6. WHAT ALTERNATIVES WERE CONSIDERED AND WHAT WERE THE REASONS FOR REJECTING THEM?

After the REAL+D Policy came into effect, the Office of Information Services (OIS) looked into what it would take to comply with this policy using existing systems. OIS would need to modify 17 of the 40 legacy systems that contain person information to address the data collection requirements alone. It would also require organizational change management, training, survey modification, forms modification, and or analysis of the many operational and contractual constraints of these sensitive data systems. This approach was rejected because of the financial costs involved as well as the ongoing disruption to workers in both agencies during the extensive modification of separate systems.

7. WHAT WOULD BE THE ADVERSE EFFECTS OF NOT FUNDING THIS POP?

Without funding for this project, DHS and OHA would not be able to effectively collect timely and reliable data to assist in identifying racial, ethnic, language and disability disparities.

8. WHAT OTHER AGENCIES (STATE, TRIBAL AND/OR LOCAL GOVERNMENT) WOULD BE AFFECTED BY THIS POP? HOW WOULD THEY BE AFFECTED?

Improvements in data collection will support the dissemination of accurate data to other state, tribal and local governments, as well as coordinated care organizations and community-based organizations. The implementation of this POP would make data reporting and analysis more consistent between DHS and OHA and their governmental partners. It also would provide better data to governmental partners who are also charged with providing equitable access to and outcomes of services.

9. WHAT OTHER AGENCIES, PROGRAMS or STAKEHOLDERS ARE COLLABORATING ON THIS POP?

This POP has been a collaboration between DHS and OHA. The steering committee that will implement this POP will include representatives of affected stakeholders and programs.

10. WHAT IS YOUR EQUITY ANALYSIS?

DHA and OHA both consider equity (service equity and health equity) as core values. In short, problems with collecting and analyzing data by race, ethnicity, language and disability prevent both agencies from knowing the full extent of inequity and from measuring the impact of efforts to ensure equity. Inadequate data collection standards make it difficult to analyze how race, ethnicity, language and disability affect individual and community health, making services more expensive and less effective in addressing community needs. Agency and contractor staff often lack training in best practice methods for collecting race, ethnicity, language and disability demographic information in a respectful and non-intrusive manner.

Improving data systems is a key component of continuous quality improvement efforts that lead to health and service equity. The ability to present data broken down by these demographic categories adds value to quality assurance and quality improvement efforts, promotes stewardship of public funds, and promotes governmental responsiveness and transparency.

11. WHAT ASSUMPTIONS AFFECT THE PRICING OF THIS POP?

Preliminary estimates predict that more than 40 systems that use client demographic data could be affected by REAL+D. In-depth analysis is required to confirm which systems, business processes, programs and stakeholders would actually be affected.

Additional assumptions include the need for redesigned forms on which demographic data are collected, staff training, and communications to educate staff and clients.

Both agencies assume that existing technology investments in data management capabilities could be leveraged to support the creation of REAL+D.

Current agency work focused on definitions of "client" would support REAL+D development.

Implementation Date(s): July 1, 2015

End Date (if applicable): Ongoing – until current systems are modified as much as possible and until new systems build in the standard upon development

a. **Will there be new responsibilities for DHS and OHA? Specify which Program Area(s) and describe their new responsibilities.**

☒ All DHS program staff that collect person-level information.

☒ DHS data analytics staff

☒ all OHA program staff who collect person-level information

☒ OHA data analytics staff

b. **Will there be new Shared Services impacts sufficient to require additional funding? Specify which office(s) (i.e., facilities, computer services, etc.) and describe how it will be affected. See Addendum A - Shared Services LC/POP Impact Questionnaire (at the end of this document).**
Yes, standard office equipment and supplies for new staff listed in the POP.

c. Will there be changes to client caseloads or services provided to population groups? Specify how many in each relevant program.

No.

d. Will it take new staff or will existing positions be modified? For each classification, list the number of positions and the number of months the positions will work in each biennium. Specify if the positions are permanent, limited duration or temporary.

Positions	# of months	Type
1- ISS8 Data Architect (OIS)	24 months	Permanent
1- ISS8 Application Integration Architect (OIS)	24 months	Permanent
2- OPA4 Business Architect (1 for DHS and 1 for OHA)	24 months	Permanent
1- PM3 Project Manager (OIS)	22 months	Permanent
4- OPA2 Business Transition Training Specialists (2 OHA, 2 DHS)	22 months	Permanent
2- ISS7 Configuration Specialists (1 for DHS and 1 for OHA)	22 months	Permanent
1 - ISS6 Testing Specialist (OIS)	22 months	Permanent

$2,870,700 – Personal Services

e. What are the start-up costs, such as new or significant modifications to computer systems, new materials, outreach and training?

Expand DAS Enterprise Architecture Tool Capability to support effort	$15,000
Technical Training	$15,000
Technical Consultant for Siebel MDM tool	$150,000
Technical Consultants/System Integrator MDM implementation and Oracle SOA implementation and Oracle SOA implementation (contracts)	$650,000
QA (contract, as required)	$200,000
Subtotal	$1,075,000

f. What are the ongoing costs?

Enterprise Architecture Tool	$25,000
Infrastructure for EA Tool	$20,000
Subtotal	$45,000

g. What are the potential savings?

Improvements in the data collection systems will streamline data analysis because all systems will collect data in a consistent manner. We anticipate savings in time and staff resources in data analysis and reporting. Additionally, as health disparities and inequities are revealed through the standardized data collection, we anticipate improvements in the way the state and its external partners provide services, resulting in reduced costs for OHA, DHS and external partners.

h. Based on these answers, is there a fiscal impact?
Yes.

TOTAL FOR THIS PACKAGE DHS/OHA

Category	GF	OF	FF	TF	Position	FTE
DHS						
Personal Services	$471,025	0	0	$471,025	3	2.84
Services & Supplies	$270,801	$1,000,000	0	$1,270,801		
Special Payments	$1,818	0	0	$1,818		
OHA						
Personal Services	$1,546,325	0	0	$1,546,325	9	8.52
Services & Supplies	$224,827	0	0	$224,827		
Total	**$2,514,796**	**$1,000,000**	**$0**	**$3,514,796**	**12**	**11.36**

DHS/OHA - Fiscal Impact Summary by Program Area:

	(OHA/OEI)	(DHS/OEMS)	Total
General Fund	$1,771,152	$743,644	$2,514,796
Other Fund	$0	$1,000,000	$1,000,000
Federal Funds- Ltd	$0	$0	$0
Total Funds	$1,771,152	$1,743,644	$3,514,796
Positions	9	3	12
FTE	8.52	2.84	11.36

What are the sources of funding and the funding split for each one?

DHS/OEMS Revenue Impact:

Description of Revenue	OF	FF	TF
Other (Comp Srce 0975)	$1,000,000	0	$1,000,000
Total	**$1,000,000**	**$0**	**$1,000,0000**

2015-17 Policy Option Package

Agency Name: Oregon Health Authority
Program Area Name: Public Health - Center for Health Practice and Health Protection
Program Name: Public Health Laboratory and Radiation Projection Services
Policy Option Package Initiative: N/A
Policy Option Package Title: PH Fee Increases
Policy Option Package Number: Package 070 (see accompanying Policy Option Packages #407 and #408)
Related Legislation: Legislative Concept 425, and Senate Bill 333 Administrative Process
Program Funding Team: Healthy People

Summary Statement:

This package removes the 2015-17 expenditure limitation associated with fee increases that had been approved in 2013-2015 interim, by the Department of Administrative Services, in the event the Legislature does not sanction the increases into 2015-2017. The package also removes expenditure limitation associated with a legislative concept (#425) that would raise the statutory cap on certain other radiation fees. The following programs would be affected:
The Public Health Laboratory's Newborn Metabolic Screening Program, Radioactive Materials Licensing, and Radiation Protection Services (RPS).

	General Fund	Other Funds	Federal Funds	Total Funds
Policy Option Package Pricing:	$0	$(2,030,091)	$0	$(2,030,091)

1. WHAT WOULD THIS POLICY OPTION PACKAGE (POP) DO AND HOW WOULD IT BE IMPLEMENTED?
If the Legislature does not sanction the fee increases administratively approved in 2013-2015, the following implementations would not be achieved during 2015-2017:

The Public Health Laboratory would not be able to continue testing for severe combined immunodeficiency (SCID), a primary immune disorder characterized by a defect in T-cell production and function. SCID is also described as the "bubble boy disease". Babies born with SCID may not be identified in time to receive treatment required to save their lives.

If the fee increases for Radiation Protection Services and the radioactive materials licensing is not continued, the PH RPS will not be able to meet the inspection schedules or fulfill the licensing responsibilities set by the Nuclear Regulatory Commission (NRC) and may jeopardize its status as an Agreement State.

2. WHY DOES OREGON HEALTH AUTHORITY PROPOSE THIS POP?
Early identification of infants with severe combined immunodeficiencies (SCID) allows them to receive bone marrow transplants and lead a normal life. The treatment is effective only until the baby is approximately three and one half months old. Without treatment, the baby will die. SCID screening is part of the US DHHS Secretary's Recommended Uniform Screening Panel for newborn screening. Screening started May 1, 2014, and the accompanying Policy Option Package #408 will continue the fee that funds the screening. During the first month of screening one baby was identified with SCID and referred to OHSU for treatment.

Radiation Protection Services and Radioactive Materials Licensing (RML) fees are assessed to recover the direct cost of operations and administrative functions relating to the regulation of the medical, academia, industrial, and research industries that use radioactive materials as part of their operations. The RML program is a 100% user fee supported program. It is projected that the proposed fee increases will generate the necessary income.

3. HOW DOES THIS FURTHER THE AGENCY'S MISSION OR GOALS? HOW DOES THIS FURTHER THE PROGRAM FUNDING TEAM OUTCOMES OR STRATEGIES?

Screening for severe combined immunodeficiencies (SCID) supports the Triple Aim of health care reform: Better health, better care, lower costs. Early identification of newborn disorders leads to early treatment, preventing morbidity and mortality. Early identification and treatment also reduce health care costs of treating sick infants and children.

Public Health has established and maintained a fee based business model providing Oregonians with regulations to reduce the exposure from radiation. The Nuclear Regulatory Commission (NRC) is the Federal oversight agency requiring the Public Health program to maintain minimum staffing levels, ensure that its regulatory program are compatible with the NRC's federal regulations, and that the program remains fiscally solvent to protect the health and safety of Oregonians. The proposed fee increases are essential to ensure compliance with NRC requirements.

4. IS THIS POP TIED TO AN OREGON HEALTH AUTHORITY PERFORMANCE MEASURE? IF YES, IDENTIFY THE PERFORMANCE MEASURE. IF NO, HOW WILL OREGON HEALTH AUTHORITY MEASURE THE SUCCESS OF THIS POP?

This POP is not tied to OHA Key Performance Measures. However, there are several metrics that can be used to measure success including:

- Evaluation of testing turn-around times for Newborn Screening
- Timely identification of babies born with metabolic disorders such as SCID and referral to treatment
- Compliance and enforcement percentage of radiation inspections completed within program and federal regulations
- The percentage of radioactive materials validation certificates issued within 10 business days of receipt of annual licensing payment

5. DOES THIS POP REQUIRE A CHANGE(S) TO AN EXISTING STATUTE OR REQUIRE A NEW STATUTE? IF YES, IDENTIFY THE STATUTE AND THE LEGISLATIVE CONCEPT.

This POP requires passage of the fee bill related to Senate Bill 333, and the legislative concept #425.

6. WHAT ALTERNATIVES WERE CONSIDERED AND WHAT WERE THE REASONS FOR REJECTING THEM?

a) Not screening for severe combined immunodeficiencies (SCID) was considered but rejected because universal SCID screening of newborns is now the national standard of practice and it prevents a universally fatal disease of infants.

b) Sending the samples to another laboratory for screening was rejected because it is more expensive, less timely, and makes it harder to ensure any affected infants are referred to treatment.

c) Radiation Protection Services considered establishing new radioactive materials licensing fees such as application fee, inspection fee, waste disposal fee, etc.; and evaluated if other radiation protection programs (i.e. regulation of lasers) should be implemented. However it was determined that statutory authority and stakeholder support needed further review and could not be completed by 2015-17, risking program solvency.

7. WHAT WOULD BE THE ADVERSE EFFECTS OF NOT FUNDING THIS POP?

Newborn Screening SCID: Babies born with severe combined immunodeficiencies (SCID) would not be identified in time to receive treatment and will die.

Radiation Fees: Current staffing for Radiation Protection may deteriorate to levels of nominal services (device registration-only programs, versus no regulation) and/or to the elimination of the only radiation control agency in Oregon and significant increase to the risk to all Oregonians to unnecessary exposure to radiation. Public health would not be able to provide the Oregon Office of Energy with qualified personnel to respond and mitigate a nuclear accident as directed by ORS 469.533 and 469.611.

8. WHAT OTHER AGENCIES (STATE, TRIBAL AND/OR LOCAL GOVERNMENT) WOULD BE AFFECTED BY THIS POP? HOW WOULD THEY BE AFFECTED?

SCID: The fee associated with newborn metabolic screening is considered part of the set reimbursement rate provided by the Oregon Health Plan.

Radiation Fees: Governmental agencies affected by this POP will be academia, research, medical and transportation institutions that use radioactive materials in their operations.

9. WHAT OTHER AGENCIES, PROGRAMS or STAKEHOLDERS ARE COLLABORATING ON THIS POP?

SCID: The Public Health Laboratory included representatives from the Newborn Screening Rules Advisory Committee which has representation from local health departments, hospitals, and physicians.

Radiation Fees: The State of Oregon Radiation Advisory Committee, which has members representing various radioactive material industries supported the Statement of Need and Fiscal Impact of raising fees. During the rule review session of fee increases, committee members supported the proposed rule amendments.

10. WHAT IS YOUR EQUITY ANALYSIS?

SCID: Newborn screening is provided to all newborns regardless of the parents' ability to pay.

Radiation Fees: This POP will impact the health and safety of all Oregonians without respect of race, ethnicity or gender. A reduction in program funding would affect all Oregonians equally by lowering our ability to prevent harmful radiation exposure.

11. WHAT ASSUMPTIONS AFFECT THE PRICING OF THIS POP?

Radiation Fees: The pricing of this POP was established by projecting revenues vs. expenditures to support current levels of services throughout the 2013-2015 biennium and the 2015-2017 biennium.

Implementation Date(s): July 1, 2015 (continuation of fee and work implemented 5/1/2014)

End Date (if applicable): N/A

a. **Will there be new responsibilities for Oregon Health Authority? Specify which Program Area(s) and describe their new responsibilities.** No.

b. **Will there be new Shared Services impacts sufficient to require additional funding? Specify which office(s) (i.e., facilities, computer services, etc.) and describe how it will be affected.**
No.

c. **Will there be changes to client caseloads or services provided to population groups? Specify how many in each relevant program.**
SCID: No changes in client caseloads. All newborns are currently screened for 40+ disorders; this adds one test to the test panel but does not change the population served.

d. **Will it take new staff or will existing positions be modified? For each classification, list the number of positions and the number of months the positions will work in each biennium. Specify if the positions are permanent, limited duration or temporary.**

SCID: One new staff person was requested as part of the OHA Fall 2014 Rebalance. The need for one new permanent full time microbiologist 3 was identified as part of the original SB 333 submission.

Radiation Fees: This proposal related to Radiation Protection Fees is to sustain operations at current service levels by restoring six full-time positions which were reduced in package 070 Revenue Reduction. Position numbers, types and classification are identified in the Fiscal Impact Summary.

e. What are the start-up costs, such as new or significant modifications to computer systems, new materials, outreach and training?

There are no additional start-up costs.

f. What are the ongoing costs?

SCID: All of the SCID related costs are going. They include costs for reagents for testing, equipment maintenance, and medical consultation. These costs are fully recovered through the fees paid for newborn screening.

Radiation Fees: All Personal Services and Services and Supply costs in this POP are ongoing.

g. What are the potential savings?

SCID: There are significant savings to the healthcare system by early identification and treatment of babies born with SCID.

h. Based on these answers, is there a fiscal impact?

Yes. SCID: Ongoing medical costs for 15-17 total $1,092,000. Radiation Fees: Position and related Service and Supply costs associated with Radiation Protection Materials total $344, 336 for 15-17. Positions and related service and supplies associated with RPS Protection total $593,755.

TOTAL FOR THIS PACKAGE

Category	GF	OF	FF	TF	Position	FTE
Personal Services	0	$(938,091)	0	$(938,091)	(6)	(6.00)
Services & Supplies	0	$(1,092,000)	0	$(1,092,000)		
Total	**$0**	**$(2,030,091)**	**$(0)**	**$(2,030,091)**	**(6)**	**(6.00)**

OHA - Fiscal Impact Summary by Program Area:

	PH Practice Lab	PH Protection RML	PH Protection RPS	Total
General Fund	$0	$0	$0	$0
Other Fund	$(1,092,000)	$(344,336)	$(593,755)	$(2,030,091)
Federal Funds- Ltd	$0	$0	$0	$0
Total Funds	$(1,092,000)	$(344,336)	$(593,755)	$(2,030,091)
Positions	0	(3)	(3)	(6)
FTE	0.00	(3.00)	(3.00)	(6.00)

What are the sources of funding and the funding split for each one?

SCID screening is funded by the newborns screening fee paid by submitters (100% Other Funds).

PH Practice-Lab Revenue Impact:

Description of Revenue	OF	FF	TF
Other Charges (Comp Srce 0410)	$(1,092,000)	0	$(1,092,000)
Total	**$(1,092,000)**	**$0**	**$(1,092,000)**

PH- Protection-RML & RPS Revenue Impact:

Description of Revenue	OF	FF	TF
Business Licenses (Comp Srce 0205)	$(938,091)	0	$(938,091)
Total	**$(938,091)**	**$0**	**$(938,091)**

2015-2017 Policy Option Package

Agency Name: Oregon Health Authority
Program Area Name: Public Health, Center for Health Protection
Program Name: Radiation Protection, Radioactive Material Licensing, X-ray, Tanning Programs
Policy Option Package Initiative: N/A
Policy Option Package Title: PH Radiation Protection Fee and Cap Increases
Policy Option Package Number: 407
Related Legislation: Legislative Concept 425
Program Funding Team: Healthy People

Summary Statement:

This POP restores the Radiation and Protection Services (RPS) Section to the 2015-2017 current service level and restores the reductions taken in Package 070. The POP is dependent on the passage of Legislative Concept (LC) 425 that proposes increased fees and on raising the cap of certain fees in Radiation and Protection Services. Without the proposed change, the program would be required to abolish three full-time environmental health specialists which would lower our ability to prevent harmful radiation exposure. This POP restores these positions and authorizes the program to spend the revenue resulting from the proposed fee increases outlined in the LC.

	General Fund	Other Funds	Federal Funds	Total Funds
Policy Option Package Pricing:	$0	$593,755	$0	$593,755

1. WHAT WOULD THIS POLICY OPTION PACKAGE (POP) DO AND HOW WOULD IT BE IMPLEMENTED?

Radiation and Protection Services administers three regulatory programs: Radioactive Material Licensing (RML), X-ray Registration, and Tanning Registration. The mission is to protect the public and workers from unnecessary exposure to radiation by licensing, registration, inspection and investigation.

This POP proposes revision of fees within ORS 453.757 and ORS 431.940. This proposal outlines the following:

- Radioactive Materials Program to increase the radioactive materials licensing fee cap from $3,000 to $5,000 (ORS 453.757(2)).
- X-ray Registration Program to increase current registration fees (ORS 453.757(1)) by 25 percent.
- Tanning Registration Program to raise the tanning bed registration fee cap from $100 to $150 (ORS 431.940(2)).

The purpose of this POP is to adjust revenues for the 2015-2017 fiscal biennium to maintain current service levels for these programs.

The programs will implement the new fee structure in the following ways:

- In the future, Radioactive Materials Program will revise rules to adjust fees, following OAR procedures. Licensees currently at the $3,000 cap will see their fees increased along with the other licensees. The rules will not be revised to allow fee increases at the present time.
- X-ray Registration Program will invoice registrants with the revised registration fees beginning with the next billing cycle after the POP is approved. The next billing cycle would begin in August 2015, or August 2017 if the corresponding legislation does not contain an emergency clause.
- The Tanning Registration Program will invoice registrants with the revised registration fees after proposing fee revisions in OAR. The next billing cycle with new revised registration fees is projected to be before October 2015, or October 2016 if the corresponding legislation does not contain an emergency clause.

- Radiation and Protection Services has informed the Radiation Advisory Committee of the proposed changes. The committee supports the changes. Radiation and Protection Services will issue informational bulletins for each program describing the revised fee structure and the rationale of the fee increase and allow for stakeholder input during September and October 2014. In addition, three months before the affected billing cycle, RPS will send additional informational bulletins.

2. WHY DOES OREGON HEALTH AUTHORITY PROPOSE THIS POP?

The Radioactive Materials Licensing Program (RML) revised administrative rules to raise fees during the 2013-2015 biennium. This was done to meet the program's projected expenditures. This POP would revise ORS 453.757(2) to raise the statutory cap for radioactive material licenses from $3,000 to $5,000. This will allow the program to be sustained solely by user fees. It also will maintain an equitable fee structure; without the cap increase, over time, the program would have to be supported by fees from other license categories.

The X-ray Registration Program proposes to amend statutes (ORS 453.757 (a) through (d)) to allow for a 25 percent increase for the registration of X-ray devices. The X-ray Program biennially inspects 3,370 facilities which possess over 10,700 devices with the potential for exposing the public and the worker to radiation. Due to a current shortage of funding, Radiation and Protection Services has been holding two inspector positions vacant. That has created a backlog of more than 800 inspections. Fees were last raised in 2007. The program needs to increase fees to remain solvent in the 2015-2017 and 2017-2019 biennia. If fees are not increased, the program would have to reduce X-ray staff by an additional 1 FTE for 2015-2017 and another 1 FTE in 2017-2019. This would increase the inspection backlog by 500, for a total backlog of 1,300. It also would jeopardize OHA's mammography contract with the U.S. Food and Drug Administration (FDA), which requires timely facility inspections. It also would be difficult to maintain an investigative services contract for the Oregon Board of Medical Imaging.

The Tanning Registration Program is recognized for having a progressive regulation program. The program's small staff (3 FTE) is responsible for inspecting more than 445 facilities and more than 1,900 tanning devices. Fees, last

raised in 2007, need to be raised for the 2015-2017 biennium to maintain fiscal solvency and avoid a substantial 1.7 FTE reduction in staff. Without the fee increase in statute, the program would be able to maintain only the device registration program. It would not be able to inspect facilities to enforce tanning statutes and rules, including the 2013 law prohibiting use of tanning devices by minors. Without the fee increase in statute, the program would have to reduce staff by an additional 2 FTE in the 2017-2019 biennium. This would effectively eliminate the tanning regulation program.

The elimination of the Tanning Registration Program could increase the cancer risk to Oregonians. People who start using a tanning bed before age 35 face a 59 percent greater risk of melanoma, according to the Melanoma Foundation of New England.

3. HOW DOES THIS FURTHER THE AGENCY'S MISSION OR GOALS? HOW DOES THIS FURTHER THE PROGRAM FUNDING TEAM OUTCOMES OR STRATEGIES?

Radiation Protection Services serves the agency's mission by protecting Oregonians from unnecessary radiation exposure. Keeping the program's fee-based business model viable would allow it to continue this mission.

This proposal would sustain operations at current delivery levels by restoring three positions that were abolished in Package 070. Overall, if Radiation and Protection Services user fees are not increased, current staffing will deteriorate to a nominal service level. It also could eliminate the state's only radiation control agency. This would significantly increase the risk to all Oregonians of unnecessary exposure to radiation and increased risk of melanoma.

4. IS THIS POP TIED TO AN OREGON HEALTH AUTHORITY PERFORMANCE MEASURE? IF YES, IDENTIFY THE PERFORMANCE MEASURE. IF NO, HOW WILL OREGON HEALTH AUTHORITY MEASURE THE SUCCESS OF THIS POP?

This POP is not tied to OHA Key Performance Measures. However, two metrics can be used to measure success:

- Percentage of radiation inspections completed within program rules and federal regulations;

- Percentage of radioactive materials validation certificates that are issued within 10 business days of receipt of annual licensing payment.

5. DOES THIS POP REQUIRE A CHANGE(S) TO AN EXISTING STATUTE OR REQUIRE A NEW STATUTE? IF YES, IDENTIFY THE STATUTE AND THE LEGISLATIVE CONCEPT.

Yes, it will require revisions throughout ORS 453.757 and ORS 431.940. The legislative concept number is 425.

6. WHAT ALTERNATIVES WERE CONSIDERED AND WHAT WERE THE REASONS FOR REJECTING THEM?

Radiation and Protection Services considered establishing new fees for radioactive materials license applications, inspections, waste disposal, etc. However, this could not be accomplished during the 2015-2017 legislative session. Such a delay would threaten Radiation and Protection Services' solvency.

7. WHAT WOULD BE THE ADVERSE EFFECTS OF NOT FUNDING THIS POP?

Oregonians potentially could experience adverse health effects from radiation exposure if these regulatory services are reduced or eliminated. Failure to fund this POP also could put Oregon at risk of defaulting on Governor Kulongoski's letter certifying that the State of Oregon will comply with the provisions of Section 651(3) of the Energy Policy Act of 2005.

For the Tanning and X-ray Programs, failure to maintain fiscal solvency would severely diminish the effectiveness of the existing program and potentially increase risks to the citizens of Oregon. No federal or local government regulatory programs exist for these programs.

8. WHAT OTHER AGENCIES (STATE, TRIBAL AND/OR LOCAL GOVERNMENT) WOULD BE AFFECTED BY THIS POP? HOW WOULD THEY BE AFFECTED?

Governmental agencies affected by this POP will be academic, research, medical and transportation institutions that use electronic devices that produce radiation or use radioactive materials in their operations.

9. WHAT OTHER AGENCIES, PROGRAMS or STAKEHOLDERS ARE COLLABORATING ON THIS POP?
The Oregon Radiation Advisory Committee, representing various radioactive material and device registrants, licensees, and stakeholders, supported the Statement of Need and Fiscal Impact of raising RML fees by 25 percent. The committee by consensus supported the legislative concept of increasing the fees in statute.

10. WHAT IS YOUR EQUITY ANALYSIS?
This POP will affect the health and safety of all Oregonians without respect of race, ethnicity or gender. A reduction in program funding would affect all Oregonians equally by lowering our ability to prevent harmful radiation exposure.

11. WHAT ASSUMPTIONS AFFECT THE PRICING OF THIS POP?
The pricing of this POP was established by projecting revenues vs. expenditures to support current levels of services throughout the 2013-2015 biennium and the 2015-2017 biennium. This POP restores three positions that were abolished in Package 70.

Implementation Date(s): July 1, 2015

End Date (if applicable): N/A

a) **Will there be new responsibilities for OHA. Specify which Program Area(s) and describe their new responsibilities.**
No

b) **Will there be new Shared Services impacts sufficient to require additional funding? Specify which office(s) (i.e., facilities, computer services, etc.) and describe how it will be affected.**
No

c) Will there be changes to client caseloads or services provided to population groups? Specify how many in each relevant program.
No

d) Will it take new staff or will existing positions be modified? For each classification, list the number of positions and the number of months the positions will work in each biennium. Specify if the positions are permanent, limited duration or temporary.
This POP restores full funding of positions that were abolished in package 070, reflecting the potential loss of revenue and capacity to do the work if this POP is not approved.

e) What are the start-up costs, such as new or significant modifications to computer systems, new materials, outreach and training?
There are no start-up costs relating to this POP.

f) What are the ongoing costs?
The ongoing costs are Personal Services related to the positions.

g) What are the potential savings?
N/A

h) Based on these answers, is there a fiscal impact?
Yes

TOTAL FOR THIS PACKAGE

Category	GF	OF	FF	TF	Position	FTE
Personal Services	0	$494,780	0	$494,780	3	3.00
Services & Supplies	0	$98,975	0	$98,875		
Total	**$0**	**$593,755**	**$0**	**$593,755**	**3**	**3.00**

Oregon Health Authority - Fiscal Impact Summary by Program Area:

	PH-Protection-Radiation Protection	Total
General Fund	$0	$0
Other Fund	$593,755	$593,755
Federal Funds- Ltd	$0	$0
Total Funds	$0	$0
Positions	3	3
FTE	3.00	3.00

What are the sources of funding and the funding split for each one?

Radiation Protection Revenue Impact:

Description of Revenue	OF	FF	TF
Licensing fees (Comp Srce 0205)	$593,755	0	$593,755
Total	**$593,755**	**$0**	**$593,755**

2015-2017 Policy Option Package

Agency Name:	**Oregon Health Authority**
Program Area Name:	**Public Health – Center for Health Practice and Health Protection**
Program Name:	**Public Health Laboratory and Radiation Projection Services**
Policy Option Package Initiative:	**N/A**
Policy Option Package Title:	**PH Fee Increases, Legislative Approval Required under SB 333**
Policy Option Package Number:	**408**
Related Legislation:	**Omnibus bill submitted on behalf of the Senate Bill 333 process**
Program Funding Team:	**Healthy People**

Summary Statement:

Seeks sanctioning for two fee increases, as required by SB 333.

Continues the newborn screening fee increase that funds severe combined immunodeficiency (SCID) screening for all Oregon newborns. Without the fee increase, babies born with SCID may not be identified in time to receive treatment required to save their lives.

Continues radioactive material license fee increases that fund personal services costs for inspection and licensure. If the fee increase is not continued, Oregon will not be able to meet inspection schedules and licensing responsibilities set by the Nuclear Regulatory Commission (NRC) and would lose its status as an Agreement State.

	General Fund	Other Funds	Federal Funds	Total Funds
Policy Option Package Pricing:	$0	$1,436,336	$0	$1,436,336

1. WHAT WOULD THIS POLICY OPTION PACKAGE (POP) DO AND HOW WOULD IT BE IMPLEMENTED?

SB 333 fee increases will support continued screening for severe combined immunodeficiencies (SCID) as part of the Newborn Screening Program. As of May 1, 2014, all newborns are screened for SCID as part of the newborn screening test panel. Newborns identified by screening are referred for medical consultation and treatment.

SB 333 fee increases also will support the Radioactive Material Licensing (RML) Program which:

- Increases the annual fees in OAR 333-103-0010(2)(a) through subsection (hh) by 25 percent for specific licenses (note: various subsections within the rule are at or near the $3,000 fee cap);
- Increases the annual fees in OAR 333-103-0015 by 25 percent in subsections (a), (b), (d), and (e) for general licenses and devices;
- Increase radiological analysis services fees in OAR 333-103-0035 (2) by 25 percent.

2. WHY DOES OREGON HEALTH AUTHORITY PROPOSE THIS POP?

Early identification of infants with severe combined immunodeficiencies (SCID) allows them to receive bone marrow transplants and lead a normal life. The treatment is effective only if a baby receives it before it is approximately 3-1/2 months old. Without treatment, a baby with this condition will die. This test is part of a panel of screenings recommended for all newborns by the U.S. Department of Health and Human Services. Oregon began doing this screening May 1, 2014. (During the first month of screening, one baby with SCID was identified and referred for treatment.) This POP will continue the fee increase that funds the screening.

Oregon assesses radioactive materials licensing (RML) fees to recover the costs of regulating the use of these materials for medical, academic, industrial and research purposes. The RML program is funded entirely by user fees. The projected 2013-2015 ending balance for these fees is estimated to be a negative $3,841. Projections show that the fee increase requested by the POP will generate the necessary income to meet 2015-2017 biennium expenditures.

3. HOW DOES THIS FURTHER THE AGENCY'S MISSION OR GOALS? HOW DOES THIS FURTHER THE PROGRAM FUNDING TEAM OUTCOMES OR STRATEGIES?

SCID – Screening for severe combined immunodeficiencies (SCID) supports the triple aim of health care reform: better health, better care, lower costs. Early identification of newborn disorders leads to early treatment and prevents illness and death. Early identification and treatment also reduce health care costs of treating sick infants and children.

Radiation fees – The proposed fee increases are essential to ensure compliance with federal requirements. The federal Nuclear Regulatory Commission (NRC) requires the Public Health radiation regulation program to maintain minimum staffing levels, ensure that its regulatory program is compatible with federal regulations, and that the program remains fiscally solvent to protect the health and safety of Oregonians.

4. IS THIS POP TIED TO AN OREGON HEALTH AUTHORITY PERFORMANCE MEASURE? IF YES, IDENTIFY THE PERFORMANCE MEASURE. IF NO, HOW WILL OREGON HEALTH AUTHORITY MEASURE THE SUCCESS OF THIS POP?

This POP is not tied to OHA Key Performance Measures. However, several metrics can be used to measure success, including:

- Evaluation of testing turn-around times for newborn screening;
- Timely identification of babies born with SCID and referral to treatment;
- Compliance and enforcement percentage of radiation inspections completed within program and federal regulations;
- The percentage of radioactive material validation certificates issued within 10 business days of receipt of annual licensing payment.

5. DOES THIS POP REQUIRE A CHANGE(S) TO AN EXISTING STATUTE OR REQUIRE A NEW STATUTE? IF YES, IDENTIFY THE STATUTE AND THE LEGISLATIVE CONCEPT.

This POP requires passage of the fee increase under the legislative concept related to SB 333.

6. WHAT ALTERNATIVES WERE CONSIDERED AND WHAT WERE THE REASONS FOR REJECTING THEM?

a) Not screening for severe combined immunodeficiencies (SCID) was considered but rejected. Universal SCID screening of newborns prevents a universally fatal disease of infants and is the national standard of practice.

b) Sending the samples to another laboratory for screening was rejected because it is more expensive, less timely, and makes it harder to ensure referral to treatment of affected infants.

c) Radiation Protection Services considered establishing new radioactive materials licensing fees (application, inspection, waste disposal, etc.). It also considered implementation of other radiation protection programs (for example, regulation of lasers). However, it was determined that these ideas required further review for statutory authority and stakeholder support and could not be completed by 2015-2017. Such a delay would risk program solvency.

7. WHAT WOULD BE THE ADVERSE EFFECTS OF NOT FUNDING THIS POP?

SCID: Babies born with severe combined immunodeficiencies (SCID) would not be identified in time to receive treatment and would die.

Radiation fees: Current staffing for Radiation Protection will deteriorate to levels of nominal services (device registration-only programs, vs. no regulation) or to the elimination of the only radiation control agency in Oregon. It would significantly increase all Oregonians' risk of unnecessary exposure to radiation. Public Health would not be able to provide the Oregon Office of Energy with qualified personnel to respond to and mitigate a nuclear accident as directed by ORS 469.533 and 469.611.

8. WHAT OTHER AGENCIES (STATE, TRIBAL AND/OR LOCAL GOVERNMENT) WOULD BE AFFECTED BY THIS POP? HOW WOULD THEY BE AFFECTED?
SCID: None.

Radiation fees: This POP affects academic, research, medical and transportation institutions that use radioactive materials in their operations.

9. WHAT OTHER AGENCIES, PROGRAMS or STAKEHOLDERS ARE COLLABORATING ON THIS POP?
SCID: None.

Radiation fees: The state Radiation Advisory Committee, which has members representing various radioactive material industries, supported the proposal's statement of need and fiscal impact. During the rule review session of fee increases, committee members voted unanimously to support the proposed rule amendments.

10. WHAT IS YOUR EQUITY ANALYSIS?
SCID: Newborn screening is provided to all newborns regardless of the parents' ability to pay.

Radiation fees: This POP will affect the health and safety of all Oregonians without respect for race, ethnicity or gender. A reduction in program funding would affect all Oregonians equally by lowering our ability to prevent harmful radiation exposure.

11. WHAT ASSUMPTIONS AFFECT THE PRICING OF THIS POP?
Radiation Fees: The pricing of this POP was established by projecting revenues vs. expenditures to support current levels of services throughout the 2013-2015 biennium and the 2015-2017 biennium.

Implementation Date(s): July 1, 2015 (continuation of fee and work implemented 5/1/2014)

End Date (if applicable): N/A

a) **Will there be new responsibilities for Oregon Health Authority? Specify which Program Area(s) and describe their new responsibilities.**
No.

b) **Will there be new Shared Services impacts sufficient to require additional funding? Specify which office(s) (i.e., facilities, computer services, etc.) and describe how it will be affected.**
No.

c) **Will there be changes to client caseloads or services provided to population groups? Specify how many in each relevant program.**
SCID: No changes in client caseloads. All newborns are currently screened for more than 40 disorders. This adds one test to the test panel but does not change the population served.

d) **Will it take new staff or will existing positions be modified? For each classification, list the number of positions and the number of months the positions will work in each biennium. Specify if the positions are permanent, limited duration or temporary.**
SCID: No new staff are required for severe combined immunodeficiencies (SCID).

Radiation Fees: The part of this proposal related to radiation protection fees will sustain operations at current service levels by restoring three positions which were reduced in package 070 Revenue Reduction.

e) What are the start-up costs, such as new or significant modifications to computer systems, new materials, outreach and training?

There are no additional start-up costs.

f) What are the ongoing costs?

SCID: All of the SCID related costs are ongoing. They include costs for reagents for testing, equipment maintenance, and medical consultation. These costs are fully recovered through the fees paid for newborn screening.

Radiation fees: All Personal Services and Services and Supply costs in this POP are ongoing.

g) What are the potential savings?

SCID: The health care system will realize significant savings by early identification and treatment of babies born with SCID.

h) Based on these answers, is there a fiscal impact?

Yes.

SCID: Ongoing medical costs for 2015-2017 total $1,092,000.

Radiation fees: Position costs total $344,336 for 2015-2017.

TOTAL FOR THIS PACKAGE

Category	GF	OF	FF	TF	Position	FTE
Personal Services	0	$344,336	0	$344,336	3	3.00
Services & Supplies	0	$1,092,000	0	$1,092,000		
Total	**$0**	**$1,436,336**	**$0**	**1,436,336**	**3**	**3.00**

OHA - Fiscal Impact Summary by Program Area:

	PH Practice Lab	PH Protection RML	Total
General Fund	$0	$0	$0
Other Fund	$1,092,000	$344,336	$1,436,336
Federal Funds- Ltd	$0	$0	$0
Total Funds	$1,092,000	$344,336	$1,436,336
Positions	0	3	3
FTE	0.00	3.00	3.00

What are the sources of funding and the funding split for each one?
SCID screening is funded by the newborns screening fee paid by submitters (100 percent Other Funds).

PH Practice-Lab Revenue Impact:

Description of Revenue	OF	FF	TF
Other Charges (Comp Srce 0410)	$1,092,000	0	$1,092,000
Total	**$1,092,000**	**$0**	**$1,092,000**

PH- Protection-RML Revenue Impact:

Description of Revenue	OF	FF	TF
Business Licenses (Comp Srce 0205)	$344,336	0	$344,336
Total	**$344,336**	**$0**	**$334,336**

2015-17 Policy Option Package

Agency Name:	**Oregon Health Authority**
Program Area Name:	**Health Programs**
Program Name:	**Oregon Educators Benefit Board**
Policy Option Package Initiative:	**Transparency and Engagement**
Policy Option Package Title:	**Informed Enrollment Tool Enhancements**
Policy Option Package Number:	**409**
Related Legislation:	**Not Applicable**
Program Funding Team:	**Healthy People**

Summary Statement:

This funding will allow the Oregon Educators Benefit Board (OEBB) to continue to make its online plan selection tool, (the Informed Enrollment Tool) available to eligible employees. The tool enables employees to easily compare the multiple medical plan options available to them during the annual open enrollment period and determine which plan makes the most of their health care dollars.

It also will allow OEBB to make the tool available to members year-round so that they can make better-informed health care choices. Finally, the funding will allow OEBB to continue to enhance the tool to better meet the unique needs of the governmental entities that participate in OEBB.

	General Fund	Other Funds	Federal Funds	Total Funds
Policy Option Package Pricing:	$0	$450,000	$0	$450,000

1. WHAT WOULD THIS POLICY OPTION PACKAGE (POP) DO AND HOW WOULD IT BE IMPLEMENTED?

This Policy Option Package (POP) will provide OEBB with the funding to: 1) continue to make the Informed Enrollment Tool available to members, allowing them to compare the available medical plan options and determine which plan best meets their financial situation; 2) expand access to the tool for the entire plan year as opposed to a month-long enrollment window; and 3) continue to enhance the tool to recognize the unique characteristics, of the more than 250 different governmental entities that purchase benefits through OEBB.

This tool was originally made available as a part of a research project by the Massachusetts Institute of Technology (MIT) in partnership with Truven Health Analytics. It has grown to be one of the most valued tools OEBB provides during the annual open enrollment process. Members use it to model estimated out-of-pocket cots for each plan offered. Once they are enrolled in a plan, they also can use it to estimate the total cost to them of a planned medical service or procedure. The tool also helps members determine an appropriate amount to set aside in their health care flexible spending account (FSA) or health savings account (HSA). The tool has already been implemented. Its ongoing use will be monitored by a team comprised of OEBB staff and Truven representatives with assistance from individual member focus groups, participating entity business representatives, OEBB consultants and the board as needed.

2. WHY DOES OREGON HEALTH AUTHORITY PROPOSE THIS POP?

A budget note attached to HB 5030 (2013) directed the OEBB Board to appoint a workgroup to consider the following and report back to the Legislature:

- Payment and delivery reform options intended to provide incentives for the development of systems of care, in contrast to episodes of care;

- A plan to find better ways to inform OEBB members of the benefits of their health care coverage and provide information to allow more informed choices relating to their out-of-pocket costs for care options; and
- A way to receive reimbursement and other data from health care entities, in a format that would help achieve the goals of transparency and development of a baseline for health care costs.

The OEBB Budget Note Workgroup was made up of two OEBB Board members, key stakeholders representing the Oregon Hospital Association and area health systems and the OEBB administrator. The workgroup received a demonstration of the Informed Enrollment Tool and recommended OEBB continue to offer it to OEBB members, develop ways to make members aware of the tools available to them and encourage members to use available tools on an ongoing basis.

3. HOW DOES THIS FURTHER THE AGENCY'S MISSION OR GOALS? HOW DOES THIS FURTHER THE PROGRAM FUNDING TEAM OUTCOMES OR STRATEGIES?

One of the key components of OEBB's vision is to ensure members have access to information and resources that allow them to take responsibility for their own health outcomes and costs. The Informed Enrollment tool allows an OEBB member to compare the costs of each of the medical plans available before deciding which medical plan option to enroll in. It models out-of pocket health care costs for each medical plan based on actual medical claims during a prior 12-month period. The tool also allows members to include certain planned health care services (e.g., a planned birth, inpatient surgery, outpatient surgery) and chronic medical conditions in the calculations of out-of-pocket costs for each medical plan option. It also provides the member with an estimated total cost of the planned health care service.

4. IS THIS POP TIED TO AN OREGON HEALTH AUTHORITY PERFORMANCE MEASURE? IF YES, IDENTIFY THE PERFORMANCE MEASURE. IF NO, HOW WILL OREGON HEALTH AUTHORITY MEASURE THE SUCCESS OF THIS POP?

This POP will contribute to OEBB's success in meeting performance measures related to cost of care and customer satisfaction.

5. DOES THIS POP REQUIRE A CHANGE(S) TO AN EXISTING STATUTE OR REQUIRE A NEW STATUTE? IF YES, IDENTIFY THE STATUTE AND THE LEGISLATIVE CONCEPT.

No.

6. WHAT ALTERNATIVES WERE CONSIDERED AND WHAT WERE THE REASONS FOR REJECTING THEM?

OEBB has previously used spreadsheets and databases to allow members to compare features of health plans. Both required the member to have particular software and perform regular updates. Both tools were cost-effective but did not meet the user requirements and were deemed not feasible.

An in-house tool created by OHA allowed members to use a Web-based application. This resolved the compatibility and version issues. However, this tool was also limited to comparing medical plans at the benefit levels for common services and an estimate of the member's monthly premium.

The Informed Enrollment Tool resolves these issues. In addition, it is HIPAA-compliant, gives members both premium calculation and a comparison of the estimated out-of-pocket costs. The Informed Enrollment tool is a web-based application available through the MyOEBB online benefit management system. It does not require user downloads or updates.

7. WHAT WOULD BE THE ADVERSE EFFECTS OF NOT FUNDING THIS POP?

If this POP were not funded, the Informed Enrollment Tool would no longer be part of the OEBB members' benefit enrollment process. This means OEBB members would no longer be able to see how selecting the richest benefit plan can actually be more costly over a year's time than selecting a plan that is less expensive and aligns better with the member and their family's health care needs. It also means OEBB members would no longer have the ability to learn what the estimated total cost of a planned procedure or service would be and how much of those costs would be covered through the medical plan. This knowledge can be instrumental in encouraging members to consider alternatives, when applicable, and in helping members determine an appropriate amount to set aside in one of the pre-tax mechanisms (health care flexible spending account (FSA) or health savings account (HSA)) available through OEBB or their specific employer. In addition, OEBB would lose access to data that can help it modify benefits in the future and help participating government bodies when they consider future contribution levels toward employee benefits.

8. WHAT OTHER AGENCIES (STATE, TRIBAL AND/OR LOCAL GOVERNMENT) WOULD BE AFFECTED BY THIS POP? HOW WOULD THEY BE AFFECTED?

Local governments choosing to participate in the OEBB benefits program as allowed under HB 2279 (2013) would also have this Tool available for their benefit-eligible employees if funding for this POP is approved. The impact would enhance access to the Tool for entities already participating in OEBB since it will be available year around when an employee is hired, newly eligible for benefits, or experiences a qualifying event allowing a mid-year plan change.

9. WHAT OTHER AGENCIES, PROGRAMS or STAKEHOLDERS ARE COLLABORATING ON THIS POP?

Local governments choosing to participate in the OEBB benefits program as allowed under HB 2279 (2013) would also have this tool available for their benefit-eligible employees if funding for this POP is approved.

10. WHAT IS YOUR EQUITY ANALYSIS?

The tool is not intended to address any specific racial or ethnic inequities, but can make comparing complex benefit plan designs and differences in monthly premiums much more accessible to individuals with limited education, knowledge, and skills in these areas. Although it is available only for use by English-speaking and -reading members at this time, OEBB plans to explore prospects for making the tool available in other languages and for OEBB members with visual impairments.

11. WHAT ASSUMPTIONS AFFECT THE PRICING OF THIS POP?

Implementation Date(s): 7/1/2015

End Date (if applicable): N/A

a) **Will there be new responsibilities for Oregon Health Authority? Specify which Program Area(s) and describe their new responsibilities.**
   No.

b) **Will there be new Shared Services impacts sufficient to require additional funding? Specify which office(s) (i.e., facilities, computer services, etc.) and describe how it will be affected. See Addendum A - Administrative Services Division LC/POP Impact Questionnaire (pages 12-13).**
   No.

c) **Will there be changes to client caseloads or services provided to population groups? Specify how many in each relevant program.**
   No.

d) Will it take new staff or will existing positions be modified? For each classification, list the number of positions and the number of months the positions will work in each biennium. Specify if the positions are permanent, limited duration or temporary.
No.

e) What are the start-up costs, such as new or significant modifications to computer systems, new materials, outreach and training?
$0.00

f) What are the ongoing costs?
Not known at this time, OEBB may have future enhancements.

g) What are the potential savings?
Not known at this time.

h) Based on these answers, is there a fiscal impact?
Yes.

TOTAL FOR THIS PACKAGE

Category	GF	OF	FF	TF	Position	FTE
Personal Services	0	0	0	0	0	0.00
Services & Supplies	0	$450,000	0	$450,000		
Total	**$0**	**$450,000**	**$0**	**$450,000**	**0**	**0.00**

Oregon Health Authority - Fiscal Impact Summary by Program

OEBB:

	OEBB Ops	Total
General Fund	**$0**	**$0**
Other Fund	**$450,000**	**$450,000**
Federal Funds- Ltd	**$0**	**$0**
Total Funds	**$450,000**	**$450,000**
Positions	**0**	**0**
FTE	**0.00**	**0.00**

What are the sources of funding and the funding split for each one?

OEBB Revenue Impact:

Description of Revenue	OF	FF	TF
Admin and Service Charges (Comp Srce 0415)	$450,000	0	$450,000
Total	**$450,000**	**$0**	**$450,000**

2015-2017 Policy Option Package

Agency Name:	**Oregon Health Authority**
Program Area Name:	**Addictions and Mental Health and Public Health**
Program Name:	**Alcohol & Drug Treatment & Prevention, Public Health Lab**
Policy Option Package Initiative:	**N/A**
Policy Option Package Title:	**Measure 91 Implementation**
Policy Option Package Number:	**501**
Related Legislation:	**N/A**
Program Funding Team:	**N/A**

Summary Statement:

This is a Policy Option Package introduced in the Governor's Budget.

On November 4, 2014, Oregon voters passed Ballot Measure 91, the Control, Regulation, and Taxation of Marijuana and Industrial Hemp Act. Under the newly passed measure the OLCC will license and regulate the distribution of marijuana.

As a result of Ballot Measure 91, the Oregon Liquor Control Commission (OLCC) will begin receiving privilege taxes associated with the sale of marijuana as well as license and application fee revenues. After subtracting the cost of expenditures incurred in relation to the newly established program, proceeds will be allocated to various state agencies, including the Oregon Health Authority, which will receive the following allocations:

- 20 percent to the Mental Health Alcoholism and Drug Services Account,
- five percent to the Oregon Health Authority for alcohol drug abuse prevention and early intervention and treatment services

POP 501 estimates $2.3 million Other Funds in support of addiction prevention and treatment efforts in the Addictions and Mental Health program area.

In addition to funds allocated from OLCC to OHA, the Governor's Budget includes the addition of $0.4 million OF fee revenue for the Public Health Lab for certification of laboratories to test marijuana and marijuana products associated with the passage of Measure 91, the legalization of marijuana.

501 Total OHA:

	General Fund	Other Funds	Federal Funds	Total Funds
Policy Option Package Pricing:	$0	$2,696,521	$0	$2,696,521

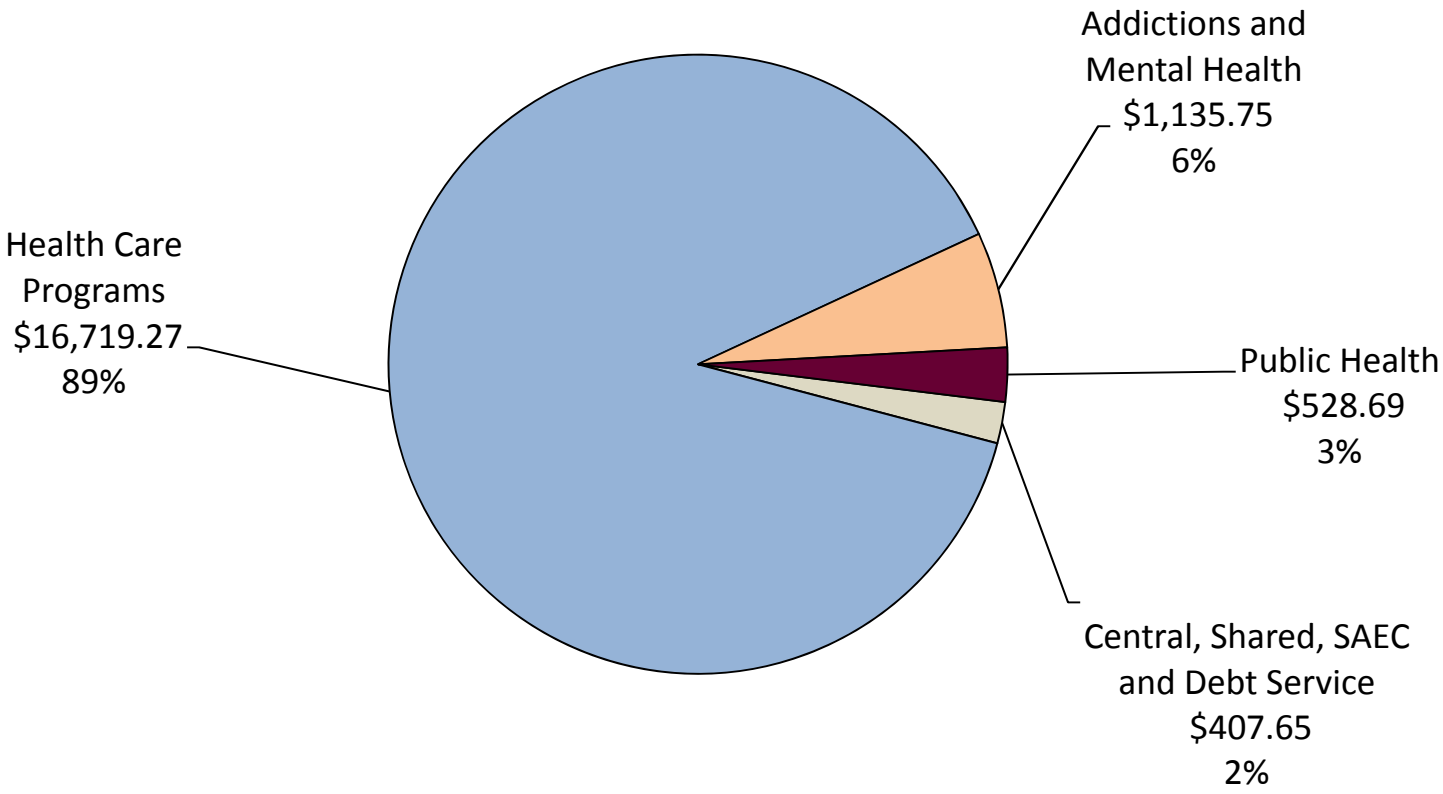
501 AMH:

	General Fund	Other Funds	Federal Funds	Total Funds
Policy Option Package Pricing:	$0	$2,277,236	$0	$2,277,236

501 PH:

	General Fund	Other Funds	Federal Funds	Total Funds
Policy Option Package Pricing:	$0	$419,285	$0	$419,285

Oregon Health Authority
2015-17 Governor's Budget
Total Fund by Program Area
$18,791.36 million



Summary of 2015-17 Biennium Budget

Oregon Health Authority **Governor's Budget**
Oregon Health Authority **Cross Reference Number: 44300-000-00-00-00000**
2015-17 Biennium

Description	Positions	Full-Time Equivalent (FTE)	ALL FUNDS	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds
2013-15 Leg Adopted Budget	4,482	4,119.23	15,320,516,298	1,972,206,670	10,545,822	3,841,163,081	7,485,009,093	1,904,711,565	106,880,067
2013-15 Emergency Boards	39	20.74	1,188,093,918	(12,296,941)	46,710	52,645,629	1,147,698,520	-	-
2013-15 Leg Approved Budget	**4,521**	**4,139.97**	**16,508,610,216**	**1,959,909,729**	**10,592,532**	**3,893,808,710**	8,632,707,613	**1,904,711,565**	**106,880,067**
2015-17 Base Budget Adjustments									
Net Cost of Position Actions									
Administrative Biennialized E-Board, Phase-Out	(313)	31.54	19,692,466	26,902,709	46,864	1,156,793	(8,413,900)	-	-
Estimated Cost of Merit Increase			-	-	-	-	-	-	-
Base Debt Service Adjustment			(7,812,998)	(1,263,522)	-	(6,322,432)	-	-	(227,044)
Base Nonlimited Adjustment			(45,424,477)	-	-	-	-	(45,424,477)	-
Capital Construction			(79,401,530)	-	-	(79,401,530)	-	-	-
Subtotal 2015-17 Base Budget	**4,208**	**4,171.51**	**16,395,663,677**	**1,985,548,916**	**10,639,396**	**3,809,241,541**	8,624,293,713	**1,859,287,088**	**106,653,023**
Essential Packages									
010 - Non-PICS Pers Svc/Vacancy Factor									
Vacancy Factor (Increase)/Decrease	-	-	7,737,057	7,308,045	(10,946)	(350,764)	790,722	-	-
Non-PICS Personal Service Increase/(Decrease)	-	-	7,291,581	3,335,117	4,776	1,778,466	2,173,222	-	-
Subtotal	**-**	**-**	**15,028,638**	**10,643,162**	**(6,170)**	**1,427,702**	2,963,944	**-**	**-**
020 - Phase In / Out Pgm & One-time Cost									
021 - Phase-in	226	211.94	119,994,160	77,986,469	-	8,275,054	33,732,637	-	-
022 - Phase-out Pgm & One-time Costs	-	-	(1,892,606,856)	(61,625,335)	-	(469,148,527)	(1,361,832,994)	-	-
Subtotal	**226**	**211.94**	**(1,772,612,696)**	**16,361,134**	**-**	**(460,873,473)**	(1,328,100,357)	**-**	**-**
030 - Inflation & Price List Adjustments									
Cost of Goods & Services Increase/(Decrease)	-	-	761,120,698	84,575,548	289,928	210,536,370	465,718,852	-	-
State Gov"t & Services Charges Increase/(Decrease)			26,286,893	13,240,525	-	3,251,617	9,794,751	-	-

Description	*Positions*	*Full-Time Equivalent (FTE)*	*ALL FUNDS*	*General Fund*	*Lottery Funds*	*Other Funds*	*Federal Funds*	*Nonlimited Other Funds*	*Nonlimited Federal Funds*
Subtotal	**-**	**-**	**787,407,591**	**97,816,073**	**289,928**	**213,787,987**	475,513,603	**-**	**-**
040 - Mandated Caseload									
040 - Mandated Caseload	43	43.00	1,883,707,792	99,563,339	-	244,428,502	1,539,715,951	-	-
050 - Fundshifts and Revenue Reductions									
050 - Fundshifts	-	-	-	652,983,976	-	(938,068,738)	285,084,762	-	-
060 - Technical Adjustments									
060 - Technical Adjustments	53	53.00	-	-	-	-	-	-	-
Subtotal: 2015-17 Current Service Level	**4,530**	**4,479.45**	**17,309,195,002**	**2,862,916,600**	**10,923,154**	**2,869,943,521**	9,599,471,616	**1,859,287,088**	**106,653,023**

Description	*Positions*	*Full-Time Equivalent (FTE)*	*ALL FUNDS*	*General Fund*	*Lottery Funds*	*Other Funds*	*Federal Funds*	*Nonlimited Other Funds*	*Nonlimited Federal Funds*
Subtotal: 2015-17 Current Service Level	**4,530**	**4,479.45**	**17,309,195,002**	**2,862,916,600**	**10,923,154**	**2,869,943,521**	9,599,471,616	**1,859,287,088**	**106,653,023**
070 - Revenue Reductions/Shortfall									
070 - Revenue Shortfalls	(6)	(6.00)	(2,224,715)	-	-	(2,073,416)	(151,299)	-	-
Modified 2015-17 Current Service Level	**4,524**	**4,473.45**	**17,306,970,287**	**2,862,916,600**	**10,923,154**	**2,867,870,105**	9,599,320,317	**1,859,287,088**	**106,653,023**
080 - E-Boards									
080 - May 2014 E-Board	-	-	-	-	-	-	-	-	-
081 - September 2014 E-Board	5	5.00	7,616,905	6,153,914	-	1,462,991	-	-	-
Subtotal Emergency Board Packages	**5**	**5.00**	**7,616,905**	**6,153,914**	**-**	**1,462,991**	-	**-**	**-**
Policy Packages									
090 - Analyst Adjustments	(200)	(200.00)	1,468,451,601	(696,341,554)	(570,033)	2,735,912,399	1,145,237,877	(1,715,787,088)	-
091 - December 2014 Rebalance	40	37.43	(8,335,173)	27,770,326	-	(9,164,567)	(26,940,932)	-	-
501 - Measure 91 Implementation	4	4.00	2,696,521	-	-	2,696,521	-	-	-
201 - REaL-D	9	8.52	1,771,152	1,771,152	-	-	-	-	-
401 - Promote and Support Community Based Services	5	4.83	4,916,521	4,916,521	-	-	-	-	-
402 - Promote Innovative Health Sys Solutions - HP	21	7.98	4,801,423	2,402,928	-	-	2,398,495	-	-
403 - Promote Innovative Health System Solutions	-	-	-	-	-	-	-	-	-
404 - Improve the Lifelong Health of all Oregonians	-	-	-	-	-	-	-	-	-
405 - Prev'g lead'g causes of death, inj & disease	-	-	-	-	-	-	-	-	-
406 - PH Emergency Preparedness	-	-	-	-	-	-	-	-	-
407 - PH Radiation Protection Fee & Cap Increase	3	3.00	593,755	-	-	593,755	-	-	-
408 - PH Senate Bill 333 Fee Increases	3	3.00	1,436,336	-	-	1,436,336	-	-	-
409 - Transparency and Engagement	-	-	450,000	-	-	450,000	-	-	-
Subtotal Policy Packages	**(115)**	**(131.24)**	**1,476,782,136**	**(659,480,627)**	**(570,033)**	**2,731,924,444**	1,120,695,440	**(1,715,787,088)**	**-**

Summary of 2015-17 Biennium Budget

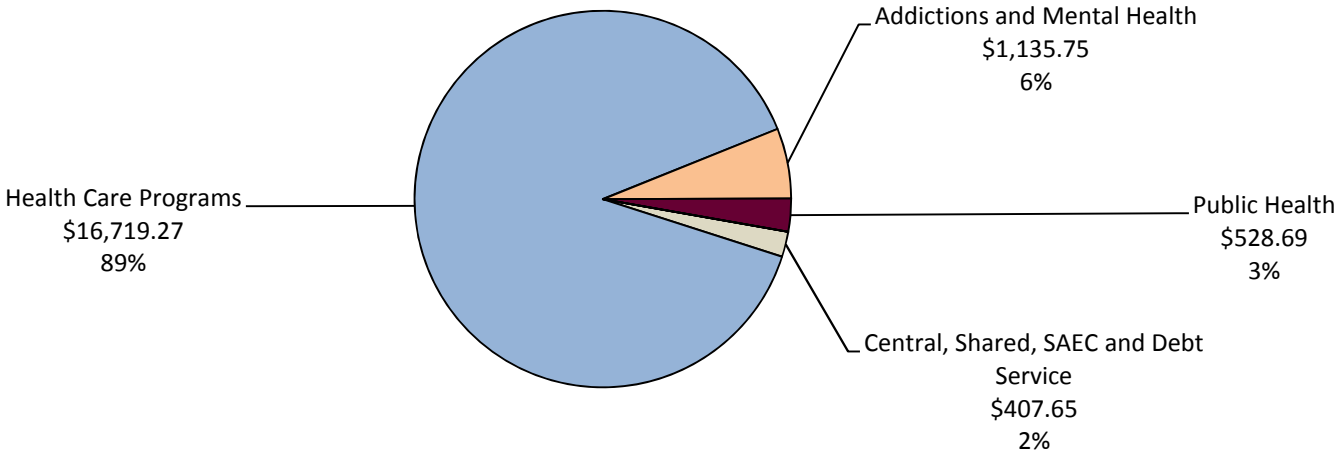
Oregon Health Authority **Governor's Budget**

Oregon Health Authority **Cross Reference Number: 44300-000-00-00-00000**

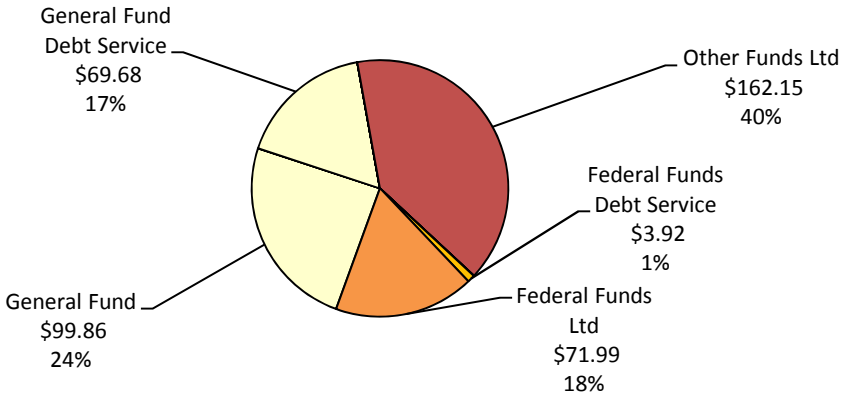
2015-17 Biennium

Description	Positions	Full-Time Equivalent (FTE)	ALL FUNDS	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds
Total 2015-17 Governor's Budget	**4,414**	**4,347.21**	**18,791,369,328**	**2,209,589,887**	**10,353,121**	**5,601,257,540**	10,720,015,757	**143,500,000**	**106,653,023**
Percentage Change From 2013-15 Leg Approved Budget	-2.37%	5.01%	13.83%	12.74%	-2.26%	43.85%	24.18%	-92.47%	-0.21%
Percentage Change From 2015-17 Current Service Level	-2.56%	-2.95%	8.56%	-22.82%	-5.22%	95.17%	11.67%	-92.28%	-

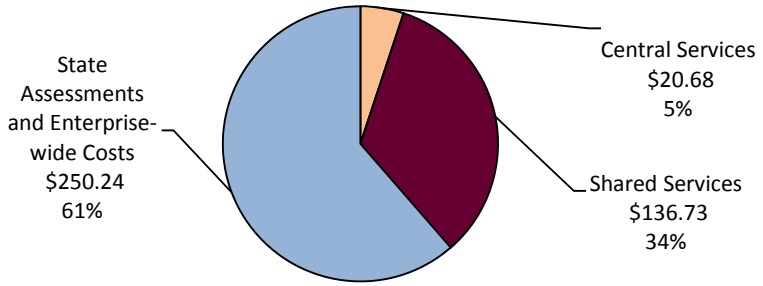
Oregon Health Authority
2015-17 Governor's Budget
Total Fund by Program Area
$18,791.36 million



Central Services, Shared Service, State Assessments and Enterprise-wide Costs
Total by Fund Type
$407.65 million



Central Services, Shared Service, State Assessments and Enterprise-Wide Costs
Total by Program
$407.65 million



Summary of 2015-17 Biennium Budget

Oregon Health Authority | **Governor's Budget**
OHA Central & Shared Services | **Cross Reference Number: 44300-010-00-00-00000**
2015-17 Biennium

Description	Positions	Full-Time Equivalent (FTE)	ALL FUNDS	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds
2013-15 Leg Adopted Budget	636	618.95	420,069,977	158,437,465	-	165,130,079	92,351,417	-	4,151,016
2013-15 Emergency Boards	(107)	(103.65)	(26,755,869)	(4,045,974)	-	1,145,420	(23,855,315)	-	-
2013-15 Leg Approved Budget	**529**	**515.30**	**393,314,108**	**154,391,491**	**-**	**166,275,499**	68,496,102	**-**	**4,151,016**
2015-17 Base Budget Adjustments									
Net Cost of Position Actions									
Administrative Biennialized E-Board, Phase-Out	-	3.64	(7,000,936)	(1,984,693)	-	(1,427,020)	(3,589,223)	-	-
Estimated Cost of Merit Increase			-	-	-	-	-	-	-
Base Debt Service Adjustment			(7,812,998)	(1,263,522)	-	(6,322,432)	-	-	(227,044)
Base Nonlimited Adjustment			-	-	-	-	-	-	-
Capital Construction			-	-	-	-	-	-	-
Subtotal 2015-17 Base Budget	**529**	**518.94**	**378,500,174**	**151,143,276**	**-**	**158,526,047**	64,906,879	**-**	**3,923,972**
Essential Packages									
010 - Non-PICS Pers Svc/Vacancy Factor									
Vacancy Factor (Increase)/Decrease	-	-	1,175,351	821,295	-	(339,961)	694,017	-	-
Non-PICS Personal Service Increase/(Decrease)	-	-	895,710	(14,456)	-	1,012,319	(102,153)	-	-
Subtotal	**-**	**-**	**2,071,061**	**806,839**	**-**	**672,358**	591,864	**-**	**-**
020 - Phase In / Out Pgm & One-time Cost									
021 - Phase-in	1	1.00	2,366,530	2,178,746	-	187,447	337	-	-
022 - Phase-out Pgm & One-time Costs	-	-	(2,743,377)	-	-	(2,743,377)	-	-	-
Subtotal	**1**	**1.00**	**(376,847)**	**2,178,746**	**-**	**(2,555,930)**	337	**-**	**-**
030 - Inflation & Price List Adjustments									
Cost of Goods & Services Increase/(Decrease)	-	-	8,566,744	3,790,999	-	1,920,788	2,854,957	-	-
State Gov"t & Services Charges Increase/(Decrease)			26,286,893	13,240,525	-	3,251,617	9,794,751	-	-

Description	*Positions*	*Full-Time Equivalent (FTE)*	*ALL FUNDS*	*General Fund*	*Lottery Funds*	*Other Funds*	*Federal Funds*	*Nonlimited Other Funds*	*Nonlimited Federal Funds*
Subtotal	**-**	**-**	**34,853,637**	**17,031,524**	**-**	**5,172,405**	12,649,708	**-**	**-**
040 - Mandated Caseload									
040 - Mandated Caseload	-	-	-	-	-	-	-	-	-
050 - Fundshifts and Revenue Reductions									
050 - Fundshifts	-	-	-	(1)	-	1	-	-	-
060 - Technical Adjustments									
060 - Technical Adjustments	-	-	(8,102,499)	(2,127,361)	-	310,480	(6,285,618)	-	-
Subtotal: 2015-17 Current Service Level	**530**	**519.94**	**406,945,526**	**169,033,023**	**-**	**162,125,361**	71,863,170	**-**	**3,923,972**

Description	Positions	Full-Time Equivalent (FTE)	ALL FUNDS	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds
Subtotal: 2015-17 Current Service Level	**530**	**519.94**	**406,945,526**	**169,033,023**	**-**	**162,125,361**	71,863,170	**-**	**3,923,972**
070 - Revenue Reductions/Shortfall									
070 - Revenue Shortfalls	-	-	-	-	-	-	-	-	-
Modified 2015-17 Current Service Level	**530**	**519.94**	**406,945,526**	**169,033,023**	**-**	**162,125,361**	71,863,170	**-**	**3,923,972**
080 - E-Boards									
080 - May 2014 E-Board	-	-	-	-	-	-	-	-	-
081 - September 2014 E-Board	-	-	-	-	-	-	-	-	-
Subtotal Emergency Board Packages	**-**	**-**	**-**	**-**	**-**	**-**	-	**-**	**-**
Policy Packages									
090 - Analyst Adjustments	-	-	(784,716)	(784,716)	-	-	-	-	-
091 - December 2014 Rebalance	2	2.00	1,496,638	1,292,087	-	74,462	130,089	-	-
501 - Measure 91 Implementation	-	-	-	-	-	-	-	-	-
201 - REaL-D	-	-	-	-	-	-	-	-	-
401 - Promote and Support Community Based Services	-	-	-	-	-	-	-	-	-
402 - Promote Innovative Health Sys Solutions - HP	-	-	-	-	-	-	-	-	-
403 - Promote Innovative Health System Solutions	-	-	-	-	-	-	-	-	-
404 - Improve the Lifelong Health of all Oregonians	-	-	-	-	-	-	-	-	-
405 - Prev'g lead'g causes of death, inj & disease	-	-	-	-	-	-	-	-	-
406 - PH Emergency Preparedness	-	-	-	-	-	-	-	-	-
407 - PH Radiation Protection Fee & Cap Increase	-	-	-	-	-	-	-	-	-
408 - PH Senate Bill 333 Fee Increases	-	-	-	-	-	-	-	-	-
409 - Transparency and Engagement	-	-	-	-	-	-	-	-	-
Subtotal Policy Packages	**2**	**2.00**	**711,922**	**507,371**	**-**	**74,462**	130,089	**-**	**-**

Summary of 2015-17 Biennium Budget

Oregon Health Authority | **Governor's Budget**
OHA Central & Shared Services | **Cross Reference Number: 44300-010-00-00-00000**
2015-17 Biennium

Description	Positions	Full-Time Equivalent (FTE)	ALL FUNDS	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds
Total 2015-17 Governor's Budget	**532**	**521.94**	**407,657,448**	**169,540,394**	**-**	**162,199,823**	71,993,259	**-**	**3,923,972**
Percentage Change From 2013-15 Leg Approved Budget	0.57%	1.29%	3.65%	9.81%	-	-2.45%	5.11%	-	-5.47%
Percentage Change From 2015-17 Current Service Level	0.38%	0.38%	0.17%	0.30%	-	0.05%	0.18%	-	-

Description	*Positions*	*Full-Time Equivalent (FTE)*	*ALL FUNDS*	*General Fund*	*Lottery Funds*	*Other Funds*	*Federal Funds*	*Nonlimited Other Funds*	*Nonlimited Federal Funds*
2013-15 Leg Adopted Budget	170	164.46	68,546,983	22,936,111	-	4,169,069	41,441,803	-	-
2013-15 Emergency Boards	(109)	(105.65)	(34,775,718)	(7,526,011)	-	(1,456,002)	(25,793,705)	-	-
2013-15 Leg Approved Budget	**61**	**58.81**	**33,771,265**	**15,410,100**	**-**	**2,713,067**	15,648,098	**-**	**-**
2015-17 Base Budget Adjustments									
Net Cost of Position Actions									
Administrative Biennialized E-Board, Phase-Out	-	0.62	(5,765,351)	(1,984,694)	-	(191,434)	(3,589,223)	-	-
Estimated Cost of Merit Increase			-	-	-	-	-	-	-
Base Debt Service Adjustment			-	-	-	-	-	-	-
Base Nonlimited Adjustment			-	-	-	-	-	-	-
Capital Construction			-	-	-	-	-	-	-
Subtotal 2015-17 Base Budget	**61**	**59.43**	**28,005,914**	**13,425,406**	**-**	**2,521,633**	12,058,875	**-**	**-**
Essential Packages									
010 - Non-PICS Pers Svc/Vacancy Factor									
Vacancy Factor (Increase)/Decrease	-	-	1,536,543	821,295	-	21,231	694,017	-	-
Non-PICS Personal Service Increase/(Decrease)	-	-	(125,331)	(19,738)	-	(1,098)	(104,495)	-	-
Subtotal	**-**	**-**	**1,411,212**	**801,557**	**-**	**20,133**	589,522	**-**	**-**
020 - Phase In / Out Pgm & One-time Cost									
021 - Phase-in	-	-	23,629	23,629	-	-	-	-	-
022 - Phase-out Pgm & One-time Costs	-	-	(1,338,100)	-	-	(1,338,100)	-	-	-
Subtotal	**-**	**-**	**(1,314,471)**	**23,629**	**-**	**(1,338,100)**	-	**-**	**-**
030 - Inflation & Price List Adjustments									
Cost of Goods & Services Increase/(Decrease)	-	-	874,802	445,441	-	24,707	404,654	-	-
Subtotal	**-**	**-**	**874,802**	**445,441**	**-**	**24,707**	404,654	**-**	**-**

Description	*Positions*	*Full-Time Equivalent (FTE)*	*ALL FUNDS*	*General Fund*	*Lottery Funds*	*Other Funds*	*Federal Funds*	*Nonlimited Other Funds*	*Nonlimited Federal Funds*
040 - Mandated Caseload									
040 - Mandated Caseload	-	-	-	-	-	-	-	-	-
050 - Fundshifts and Revenue Reductions									
050 - Fundshifts	-	-	-	-	-	-	-	-	-
060 - Technical Adjustments									
060 - Technical Adjustments	-	-	(8,812,179)	(2,170,069)	-	(343,558)	(6,298,552)	-	-
Subtotal: 2015-17 Current Service Level	**61**	**59.43**	**20,165,278**	**12,525,964**	**-**	**884,815**	6,754,499	**-**	**-**

Description	*Positions*	*Full-Time Equivalent (FTE)*	*ALL FUNDS*	*General Fund*	*Lottery Funds*	*Other Funds*	*Federal Funds*	*Nonlimited Other Funds*	*Nonlimited Federal Funds*
Subtotal: 2015-17 Current Service Level	**61**	**59.43**	**20,165,278**	**12,525,964**	**-**	**884,815**	6,754,499	**-**	**-**
070 - Revenue Reductions/Shortfall									
070 - Revenue Shortfalls	-	-	-	-	-	-	-	-	-
Modified 2015-17 Current Service Level	**61**	**59.43**	**20,165,278**	**12,525,964**	**-**	**884,815**	6,754,499	**-**	**-**
080 - E-Boards									
080 - May 2014 E-Board	-	-	-	-	-	-	-	-	-
081 - September 2014 E-Board	-	-	-	-	-	-	-	-	-
Subtotal Emergency Board Packages	**-**	**-**	**-**	**-**	**-**	**-**	-	**-**	**-**
Policy Packages									
090 - Analyst Adjustments	-	-	-	-	-	-	-	-	-
091 - December 2014 Rebalance	2	2.00	519,896	389,807	-	-	130,089	-	-
501 - Measure 91 Implementation	-	-	-	-	-	-	-	-	-
201 - REaL-D	-	-	-	-	-	-	-	-	-
401 - Promote and Support Community Based Services	-	-	-	-	-	-	-	-	-
402 - Promote Innovative Health Sys Solutions - HP	-	-	-	-	-	-	-	-	-
403 - Promote Innovative Health System Solutions	-	-	-	-	-	-	-	-	-
404 - Improve the Lifelong Health of all Oregonians	-	-	-	-	-	-	-	-	-
405 - Prev'g lead'g causes of death, inj & disease	-	-	-	-	-	-	-	-	-
406 - PH Emergency Preparedness	-	-	-	-	-	-	-	-	-
407 - PH Radiation Protection Fee & Cap Increase	-	-	-	-	-	-	-	-	-
408 - PH Senate Bill 333 Fee Increases	-	-	-	-	-	-	-	-	-
409 - Transparency and Engagement	-	-	-	-	-	-	-	-	-
Subtotal Policy Packages	**2**	**2.00**	**519,896**	**389,807**	**-**	**-**	130,089	**-**	**-**

Summary of 2015-17 Biennium Budget

Oregon Health Authority
OHA Central Services
2015-17 Biennium

Governor's Budget
Cross Reference Number: 44300-010-40-00-00000

Description	Positions	Full-Time Equivalent (FTE)	ALL FUNDS	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds
Total 2015-17 Governor's Budget	**63**	**61.43**	**20,685,174**	**12,915,771**	**-**	**884,815**	6,884,588	**-**	**-**
Percentage Change From 2013-15 Leg Approved Budget	3.28%	4.46%	-38.75%	-16.19%	-	-67.39%	-56.00%	-	-
Percentage Change From 2015-17 Current Service Level	3.28%	3.37%	2.58%	3.11%	-	-	1.93%	-	-

Description	Positions	Full-Time Equivalent (FTE)	ALL FUNDS	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds
2013-15 Leg Adopted Budget	466	454.49	134,121,253	-	-	134,121,253	-	-	-
2013-15 Emergency Boards	2	2.00	2,239,017	-	-	2,239,017	-	-	-
2013-15 Leg Approved Budget	**468**	**456.49**	**136,360,270**	**-**	**-**	**136,360,270**	-	**-**	**-**
2015-17 Base Budget Adjustments									
Net Cost of Position Actions									
Administrative Biennialized E-Board, Phase-Out	-	3.02	(1,235,585)	1	-	(1,235,586)	-	-	-
Estimated Cost of Merit Increase			-	-	-	-	-	-	-
Base Debt Service Adjustment			-	-	-	-	-	-	-
Base Nonlimited Adjustment			-	-	-	-	-	-	-
Capital Construction			-	-	-	-	-	-	-
Subtotal 2015-17 Base Budget	**468**	**459.51**	**135,124,685**	**1**	**-**	**135,124,684**	-	**-**	**-**
Essential Packages									
010 - Non-PICS Pers Svc/Vacancy Factor									
Vacancy Factor (Increase)/Decrease	-	-	(361,192)	-	-	(361,192)	-	-	-
Non-PICS Personal Service Increase/(Decrease)	-	-	1,022,452	-	-	1,022,452	-	-	-
Subtotal	**-**	**-**	**661,260**	**-**	**-**	**661,260**	-	**-**	**-**
020 - Phase In / Out Pgm & One-time Cost									
021 - Phase-in	1	1.00	185,863	-	-	185,863	-	-	-
022 - Phase-out Pgm & One-time Costs	-	-	(301,904)	-	-	(301,904)	-	-	-
Subtotal	**1**	**1.00**	**(116,041)**	**-**	**-**	**(116,041)**	-	**-**	**-**
030 - Inflation & Price List Adjustments									
Cost of Goods & Services Increase/(Decrease)	-	-	1,058,980	-	-	1,058,980	-	-	-
Subtotal	**-**	**-**	**1,058,980**	**-**	**-**	**1,058,980**	-	**-**	**-**

Description	*Positions*	*Full-Time Equivalent (FTE)*	*ALL FUNDS*	*General Fund*	*Lottery Funds*	*Other Funds*	*Federal Funds*	*Nonlimited Other Funds*	*Nonlimited Federal Funds*
040 - Mandated Caseload									
040 - Mandated Caseload	-	-	-	-	-	-	-	-	-
050 - Fundshifts and Revenue Reductions									
050 - Fundshifts	-	-	-	(1)	-	1	-	-	-
060 - Technical Adjustments									
060 - Technical Adjustments	-	-	-	-	-	-	-	-	-
Subtotal: 2015-17 Current Service Level	**469**	**460.51**	**136,728,884**	**-**	**-**	**136,728,884**	-	**-**	**-**

Description	Positions	Full-Time Equivalent (FTE)	ALL FUNDS	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds
Subtotal: 2015-17 Current Service Level	**469**	**460.51**	**136,728,884**	**-**	**-**	**136,728,884**	-	**-**	**-**
070 - Revenue Reductions/Shortfall									
070 - Revenue Shortfalls	-	-	-	-	-	-	-	-	-
Modified 2015-17 Current Service Level	**469**	**460.51**	**136,728,884**	**-**	**-**	**136,728,884**	-	**-**	**-**
080 - E-Boards									
080 - May 2014 E-Board	-	-	-	-	-	-	-	-	-
081 - September 2014 E-Board	-	-	-	-	-	-	-	-	-
Subtotal Emergency Board Packages	**-**	**-**	**-**	**-**	**-**	**-**	-	**-**	**-**
Policy Packages									
090 - Analyst Adjustments	-	-	-	-	-	-	-	-	-
091 - December 2014 Rebalance	-	-	-	-	-	-	-	-	-
501 - Measure 91 Implementation	-	-	-	-	-	-	-	-	-
201 - REaL-D	-	-	-	-	-	-	-	-	-
401 - Promote and Support Community Based Services	-	-	-	-	-	-	-	-	-
402 - Promote Innovative Health Sys Solutions - HP	-	-	-	-	-	-	-	-	-
403 - Promote Innovative Health System Solutions	-	-	-	-	-	-	-	-	-
404 - Improve the Lifelong Health of all Oregonians	-	-	-	-	-	-	-	-	-
405 - Prev'g lead'g causes of death, inj & disease	-	-	-	-	-	-	-	-	-
406 - PH Emergency Preparedness	-	-	-	-	-	-	-	-	-
407 - PH Radiation Protection Fee & Cap Increase	-	-	-	-	-	-	-	-	-
408 - PH Senate Bill 333 Fee Increases	-	-	-	-	-	-	-	-	-
409 - Transparency and Engagement	-	-	-	-	-	-	-	-	-
Subtotal Policy Packages	**-**	**-**	**-**	**-**	**-**	**-**	-	**-**	**-**

Summary of 2015-17 Biennium Budget

Oregon Health Authority | **Governor's Budget**
OHA Shared Services | **Cross Reference Number: 44300-010-45-00-00000**
2015-17 Biennium

Description	Positions	Full-Time Equivalent (FTE)	ALL FUNDS	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds
Total 2015-17 Governor's Budget	**469**	**460.51**	**136,728,884**	**-**	**-**	**136,728,884**	-	**-**	**-**
Percentage Change From 2013-15 Leg Approved Budget	0.21%	0.88%	0.27%	-	-	0.27%	-	-	-
Percentage Change From 2015-17 Current Service Level	-	-	-	-	-	-	-	-	-

Oregon Health Authority **Governor's Budget**
State Assessments and Enterprise-wide Costs **Cross Reference Number: 44300-010-50-00-00000**
2015-17 Biennium

Description	Positions	Full-Time Equivalent (FTE)	ALL FUNDS	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds
2013-15 Leg Adopted Budget	-	-	217,401,741	135,501,354	-	26,839,757	50,909,614	-	4,151,016
2013-15 Emergency Boards	-	-	5,780,832	3,480,037	-	362,405	1,938,390	-	-
2013-15 Leg Approved Budget	**-**	**-**	**223,182,573**	**138,981,391**	**-**	**27,202,162**	52,848,004	**-**	**4,151,016**
2015-17 Base Budget Adjustments									
Net Cost of Position Actions									
Administrative Biennialized E-Board, Phase-Out	-	-	-	-	-	-	-	-	-
Estimated Cost of Merit Increase			-	-	-	-	-	-	-
Base Debt Service Adjustment			(7,812,998)	(1,263,522)	-	(6,322,432)	-	-	(227,044)
Base Nonlimited Adjustment			-	-	-	-	-	-	-
Capital Construction			-	-	-	-	-	-	-
Subtotal 2015-17 Base Budget	**-**	**-**	**215,369,575**	**137,717,869**	**-**	**20,879,730**	52,848,004	**-**	**3,923,972**
Essential Packages									
010 - Non-PICS Pers Svc/Vacancy Factor									
Non-PICS Personal Service Increase/(Decrease)	-	-	(1,411)	5,282	-	(9,035)	2,342	-	-
Subtotal	**-**	**-**	**(1,411)**	**5,282**	**-**	**(9,035)**	2,342	**-**	**-**
020 - Phase In / Out Pgm & One-time Cost									
021 - Phase-in	-	-	2,157,038	2,155,117	-	1,584	337	-	-
022 - Phase-out Pgm & One-time Costs	-	-	(1,103,373)	-	-	(1,103,373)	-	-	-
Subtotal	**-**	**-**	**1,053,665**	**2,155,117**	**-**	**(1,101,789)**	337	**-**	**-**
030 - Inflation & Price List Adjustments									
Cost of Goods & Services Increase/(Decrease)	-	-	6,632,962	3,345,558	-	837,101	2,450,303	-	-
State Gov"t & Services Charges Increase/(Decrease)			26,286,893	13,240,525	-	3,251,617	9,794,751	-	-
Subtotal	**-**	**-**	**32,919,855**	**16,586,083**	**-**	**4,088,718**	12,245,054	**-**	**-**

Description	*Positions*	*Full-Time Equivalent (FTE)*	*ALL FUNDS*	*General Fund*	*Lottery Funds*	*Other Funds*	*Federal Funds*	*Nonlimited Other Funds*	*Nonlimited Federal Funds*
040 - Mandated Caseload									
040 - Mandated Caseload	-	-	-	-	-	-	-	-	-
050 - Fundshifts and Revenue Reductions									
050 - Fundshifts	-	-	-	-	-	-	-	-	-
060 - Technical Adjustments									
060 - Technical Adjustments	-	-	709,680	42,708	-	654,038	12,934	-	-
Subtotal: 2015-17 Current Service Level	**-**	**-**	**250,051,364**	**156,507,059**	**-**	**24,511,662**	65,108,671	**-**	**3,923,972**

Description	Positions	Full-Time Equivalent (FTE)	ALL FUNDS	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds
Subtotal: 2015-17 Current Service Level	**-**	**-**	**250,051,364**	**156,507,059**	**-**	**24,511,662**	65,108,671	**-**	**3,923,972**
070 - Revenue Reductions/Shortfall									
070 - Revenue Shortfalls	-	-	-	-	-	-	-	-	-
Modified 2015-17 Current Service Level	**-**	**-**	**250,051,364**	**156,507,059**	**-**	**24,511,662**	65,108,671	**-**	**3,923,972**
080 - E-Boards									
080 - May 2014 E-Board	-	-	-	-	-	-	-	-	-
081 - September 2014 E-Board	-	-	-	-	-	-	-	-	-
Subtotal Emergency Board Packages	**-**	**-**	**-**	**-**	**-**	**-**	-	**-**	**-**
Policy Packages									
090 - Analyst Adjustments	-	-	(784,716)	(784,716)	-	-	-	-	-
091 - December 2014 Rebalance	-	-	976,742	902,280	-	74,462	-	-	-
501 - Measure 91 Implementation	-	-	-	-	-	-	-	-	-
201 - REaL-D	-	-	-	-	-	-	-	-	-
401 - Promote and Support Community Based Services	-	-	-	-	-	-	-	-	-
402 - Promote Innovative Health Sys Solutions - HP	-	-	-	-	-	-	-	-	-
403 - Promote Innovative Health System Solutions	-	-	-	-	-	-	-	-	-
404 - Improve the Lifelong Health of all Oregonians	-	-	-	-	-	-	-	-	-
405 - Prev'g lead'g causes of death, inj & disease	-	-	-	-	-	-	-	-	-
406 - PH Emergency Preparedness	-	-	-	-	-	-	-	-	-
407 - PH Radiation Protection Fee & Cap Increase	-	-	-	-	-	-	-	-	-
408 - PH Senate Bill 333 Fee Increases	-	-	-	-	-	-	-	-	-
409 - Transparency and Engagement	-	-	-	-	-	-	-	-	-
Subtotal Policy Packages	**-**	**-**	**192,026**	**117,564**	**-**	**74,462**	-	**-**	**-**

Summary of 2015-17 Biennium Budget

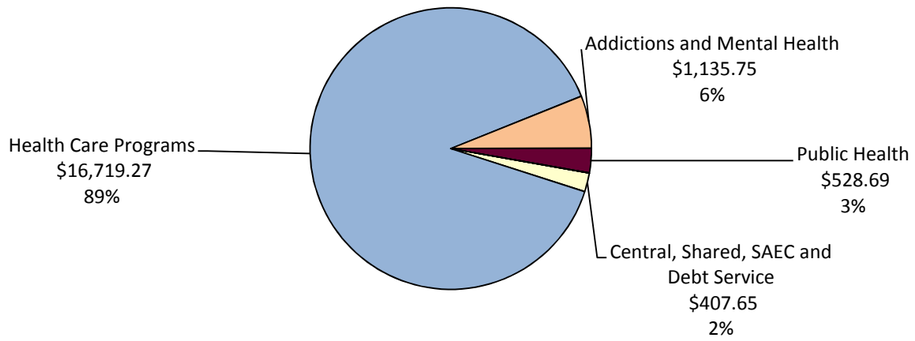
Oregon Health Authority | **Governor's Budget**

State Assessments and Enterprise-wide Costs | **Cross Reference Number: 44300-010-50-00-00000**

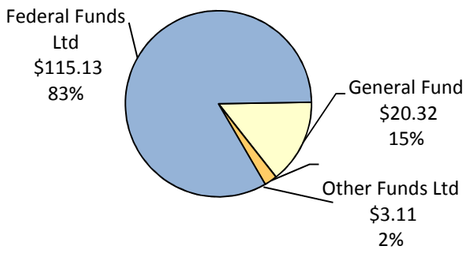
2015-17 Biennium

Description	Positions	Full-Time Equivalent (FTE)	ALL FUNDS	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds
Total 2015-17 Governor's Budget	**-**	**-**	**250,243,390**	**156,624,623**	**-**	**24,586,124**	65,108,671	**-**	**3,923,972**
Percentage Change From 2013-15 Leg Approved Budget	-	-	12.12%	12.69%	-	-9.62%	23.20%	-	-5.47%
Percentage Change From 2015-17 Current Service Level	-	-	0.08%	0.08%	-	0.30%	-	-	-

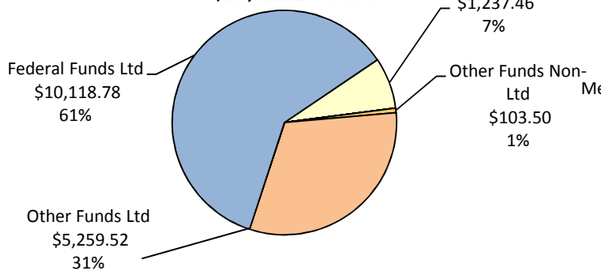
Oregon Health Authority
2015-17 Governor's Budget
Total Fund by Program Area
$18,791.36 million



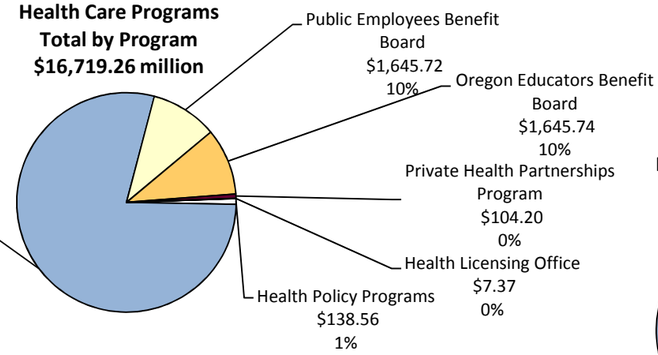
Health Policy Programs
$138.56 million



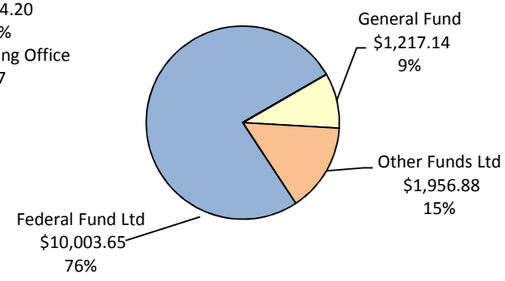
Health Care Programs
Total by Fund
$16,719.26 million



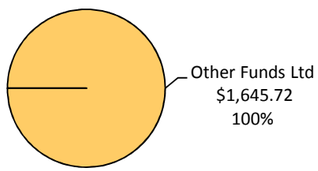
Health Care Programs
Total by Program
$16,719.26 million



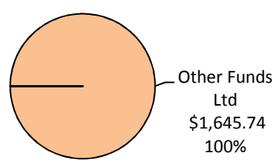
Medical Assistance Programs
$13,177.67 million



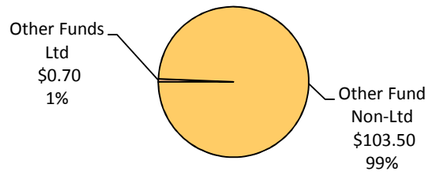
Public Employees Benefit Board
$ 1,645.72 million



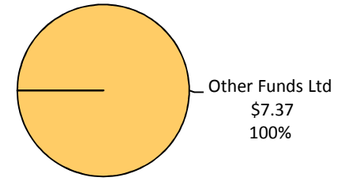
Oregon Educators Benefit Board
$1,645.74 million



Private Health Partnerships Programs
$104.20 million



Health Licensing Office
$7.37 million



Summary of 2015-17 Biennium Budget

Oregon Health Authority
Health Policy Programs
2015-17 Biennium

Governor's Budget
Cross Reference Number: 44300-020-08-00-00000

Description	Positions	Full-Time Equivalent (FTE)	ALL FUNDS	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds
2013-15 Leg Adopted Budget	21	18.81	78,213,052	2,349,754	-	777,081	75,086,217	-	-
2013-15 Emergency Boards	107	103.56	71,618,650	42,955,889	-	1,622,582	27,040,179	-	-
2013-15 Leg Approved Budget	**128**	**122.37**	**149,831,702**	**45,305,643**	**-**	**2,399,663**	102,126,396	**-**	**-**
2015-17 Base Budget Adjustments									
Net Cost of Position Actions									
Administrative Biennialized E-Board, Phase-Out	(30)	(27.33)	1,415,129	2,944,164	-	390,078	(1,919,113)	-	-
Estimated Cost of Merit Increase			-	-	-	-	-	-	-
Base Debt Service Adjustment			-	-	-	-	-	-	-
Base Nonlimited Adjustment			-	-	-	-	-	-	-
Capital Construction			-	-	-	-	-	-	-
Subtotal 2015-17 Base Budget	**98**	**95.04**	**151,246,831**	**48,249,807**	**-**	**2,789,741**	100,207,283	**-**	**-**
Essential Packages									
010 - Non-PICS Pers Svc/Vacancy Factor									
Vacancy Factor (Increase)/Decrease	-	-	699,588	276,295	-	40,278	383,015	-	-
Non-PICS Personal Service Increase/(Decrease)	-	-	563,070	275,853	-	18,097	269,120	-	-
Subtotal	**-**	**-**	**1,262,658**	**552,148**	**-**	**58,375**	652,135	**-**	**-**
020 - Phase In / Out Pgm & One-time Cost									
021 - Phase-in	28	17.64	3,845,959	58,526	-	-	3,787,433	-	-
022 - Phase-out Pgm & One-time Costs	-	-	(35,652,991)	(34,060,000)	-	(261,264)	(1,331,727)	-	-
Subtotal	**28**	**17.64**	**(31,807,032)**	**(34,001,474)**	**-**	**(261,264)**	2,455,706	**-**	**-**
030 - Inflation & Price List Adjustments									
Cost of Goods & Services Increase/(Decrease)	-	-	2,918,901	142,151	-	41,028	2,735,722	-	-
Subtotal	**-**	**-**	**2,918,901**	**142,151**	**-**	**41,028**	2,735,722	**-**	**-**

Description	*Positions*	*Full-Time Equivalent (FTE)*	*ALL FUNDS*	*General Fund*	*Lottery Funds*	*Other Funds*	*Federal Funds*	*Nonlimited Other Funds*	*Nonlimited Federal Funds*
040 - Mandated Caseload									
040 - Mandated Caseload	-	-	-	-	-	-	-	-	-
050 - Fundshifts and Revenue Reductions									
050 - Fundshifts	-	-	-	-	-	-	-	-	-
060 - Technical Adjustments									
060 - Technical Adjustments	-	-	7,123,236	494,060	-	343,558	6,285,618	-	-
Subtotal: 2015-17 Current Service Level	**126**	**112.68**	**130,744,594**	**15,436,692**	**-**	**2,971,438**	112,336,464	**-**	**-**

Description	Positions	Full-Time Equivalent (FTE)	ALL FUNDS	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds
Subtotal: 2015-17 Current Service Level	**126**	**112.68**	**130,744,594**	**15,436,692**	**-**	**2,971,438**	112,336,464	**-**	**-**
070 - Revenue Reductions/Shortfall									
070 - Revenue Shortfalls	-	-	-	-	-	-	-	-	-
Modified 2015-17 Current Service Level	**126**	**112.68**	**130,744,594**	**15,436,692**	**-**	**2,971,438**	112,336,464	**-**	**-**
080 - E-Boards									
080 - May 2014 E-Board	-	-	-	-	-	-	-	-	-
081 - September 2014 E-Board	-	-	-	-	-	-	-	-	-
Subtotal Emergency Board Packages	**-**	**-**	**-**	**-**	**-**	**-**	-	**-**	**-**
Policy Packages									
090 - Analyst Adjustments	-	-	-	-	-	-	-	-	-
091 - December 2014 Rebalance	6	6.00	1,242,433	704,286	-	148,798	389,349	-	-
501 - Measure 91 Implementation	-	-	-	-	-	-	-	-	-
201 - REaL-D	9	8.52	1,771,152	1,771,152	-	-	-	-	-
401 - Promote and Support Community Based Services	-	-	-	-	-	-	-	-	-
402 - Promote Innovative Health Sys Solutions - HP	21	7.98	4,801,423	2,402,928	-	-	2,398,495	-	-
403 - Promote Innovative Health System Solutions	-	-	-	-	-	-	-	-	-
404 - Improve the Lifelong Health of all Oregonians	-	-	-	-	-	-	-	-	-
405 - Prev'g lead'g causes of death, inj & disease	-	-	-	-	-	-	-	-	-
406 - PH Emergency Preparedness	-	-	-	-	-	-	-	-	-
407 - PH Radiation Protection Fee & Cap Increase	-	-	-	-	-	-	-	-	-
408 - PH Senate Bill 333 Fee Increases	-	-	-	-	-	-	-	-	-
409 - Transparency and Engagement	-	-	-	-	-	-	-	-	-
Subtotal Policy Packages	**36**	**22.50**	**7,815,008**	**4,878,366**	**-**	**148,798**	2,787,844	**-**	**-**

Summary of 2015-17 Biennium Budget

Oregon Health Authority
Health Policy Programs
2015-17 Biennium

Governor's Budget
Cross Reference Number: 44300-020-08-00-00000

Description	Positions	Full-Time Equivalent (FTE)	ALL FUNDS	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds
Total 2015-17 Governor's Budget	**162**	**135.18**	**138,559,602**	**20,315,058**	**-**	**3,120,236**	115,124,308	**-**	**-**
Percentage Change From 2013-15 Leg Approved Budget	26.56%	10.47%	-7.52%	-55.16%	-	30.03%	12.73%	-	-
Percentage Change From 2015-17 Current Service Level	28.57%	19.97%	5.98%	31.60%	-	5.01%	2.48%	-	-

Summary of 2015-17 Biennium Budget

Oregon Health Authority | **Governor's Budget**
Medical Assistance Programs | **Cross Reference Number: 44300-020-01-00-00000**
2015-17 Biennium

Description	Positions	Full-Time Equivalent (FTE)	ALL FUNDS	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds
2013-15 Leg Adopted Budget	498	489.85	9,684,124,186	1,117,691,566	-	1,892,868,931	6,673,563,689	-	-
2013-15 Emergency Boards	1	1.00	1,140,995,277	(61,508,985)	-	24,950,677	1,177,553,585	-	-
2013-15 Leg Approved Budget	**499**	**490.85**	**10,825,119,463**	**1,056,182,581**	**-**	**1,917,819,608**	7,851,117,274	**-**	**-**
2015-17 Base Budget Adjustments									
Net Cost of Position Actions									
Administrative Biennialized E-Board, Phase-Out	(16)	(16.00)	(559,271)	858,718	-	(1,864,130)	446,141	-	-
Estimated Cost of Merit Increase			-	-	-	-	-	-	-
Base Debt Service Adjustment			-	-	-	-	-	-	-
Base Nonlimited Adjustment			-	-	-	-	-	-	-
Capital Construction			-	-	-	-	-	-	-
Subtotal 2015-17 Base Budget	**483**	**474.85**	**10,824,560,192**	**1,057,041,299**	**-**	**1,915,955,478**	7,851,563,415	**-**	**-**
Essential Packages									
010 - Non-PICS Pers Svc/Vacancy Factor									
Vacancy Factor (Increase)/Decrease	-	-	(422,440)	(224,897)	-	7,654	(205,197)	-	-
Non-PICS Personal Service Increase/(Decrease)	-	-	565,938	325,746	-	(29,073)	269,265	-	-
Subtotal	**-**	**-**	**143,498**	**100,849**	**-**	**(21,419)**	64,068	**-**	**-**
020 - Phase In / Out Pgm & One-time Cost									
021 - Phase-in	2	2.00	28,808,327	1,501,401	-	1,151,544	26,155,382	-	-
022 - Phase-out Pgm & One-time Costs	-	-	(1,692,132,709)	(12,886,790)	-	(442,105,116)	(1,237,140,803)	-	-
Subtotal	**2**	**2.00**	**(1,663,324,382)**	**(11,385,389)**	**-**	**(440,953,572)**	(1,210,985,421)	**-**	**-**
030 - Inflation & Price List Adjustments									
Cost of Goods & Services Increase/(Decrease)	-	-	624,203,849	69,176,021	-	101,394,791	453,633,037	-	-
Subtotal	**-**	**-**	**624,203,849**	**69,176,021**	**-**	**101,394,791**	453,633,037	**-**	**-**

Description	*Positions*	*Full-Time Equivalent (FTE)*	*ALL FUNDS*	*General Fund*	*Lottery Funds*	*Other Funds*	*Federal Funds*	*Nonlimited Other Funds*	*Nonlimited Federal Funds*
040 - Mandated Caseload									
040 - Mandated Caseload	43	43.00	1,862,455,544	85,983,776	-	244,428,502	1,532,043,266	-	-
050 - Fundshifts and Revenue Reductions									
050 - Fundshifts	-	-	-	651,410,473	-	(934,785,483)	283,375,010	-	-
060 - Technical Adjustments									
060 - Technical Adjustments	-	-	(2,846)	-	-	(2,846)	-	-	-
Subtotal: 2015-17 Current Service Level	**528**	**519.85**	**11,648,035,855**	**1,852,327,029**	**-**	**886,015,451**	8,909,693,375	**-**	**-**

Description	Positions	Full-Time Equivalent (FTE)	ALL FUNDS	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds
Subtotal: 2015-17 Current Service Level	**528**	**519.85**	**11,648,035,855**	**1,852,327,029**	**-**	**886,015,451**	8,909,693,375	**-**	**-**
070 - Revenue Reductions/Shortfall									
070 - Revenue Shortfalls	-	-	-	-	-	-	-	-	-
Modified 2015-17 Current Service Level	**528**	**519.85**	**11,648,035,855**	**1,852,327,029**	**-**	**886,015,451**	8,909,693,375	**-**	**-**
080 - E-Boards									
080 - May 2014 E-Board	-	-	-	-	-	-	-	-	-
081 - September 2014 E-Board	-	-	-	-	-	-	-	-	-
Subtotal Emergency Board Packages	**-**	**-**	**-**	**-**	**-**	**-**	-	**-**	**-**
Policy Packages									
090 - Analyst Adjustments	(23)	(23.00)	1,597,983,382	(637,432,785)	-	1,088,524,950	1,146,891,217	-	-
091 - December 2014 Rebalance	22	22.00	(68,343,723)	2,248,870	-	(17,658,031)	(52,934,562)	-	-
501 - Measure 91 Implementation	-	-	-	-	-	-	-	-	-
201 - REaL-D	-	-	-	-	-	-	-	-	-
401 - Promote and Support Community Based Services	-	-	-	-	-	-	-	-	-
402 - Promote Innovative Health Sys Solutions - HP	-	-	-	-	-	-	-	-	-
403 - Promote Innovative Health System Solutions	-	-	-	-	-	-	-	-	-
404 - Improve the Lifelong Health of all Oregonians	-	-	-	-	-	-	-	-	-
405 - Prev'g lead'g causes of death, inj & disease	-	-	-	-	-	-	-	-	-
406 - PH Emergency Preparedness	-	-	-	-	-	-	-	-	-
407 - PH Radiation Protection Fee & Cap Increase	-	-	-	-	-	-	-	-	-
408 - PH Senate Bill 333 Fee Increases	-	-	-	-	-	-	-	-	-
409 - Transparency and Engagement	-	-	-	-	-	-	-	-	-
Subtotal Policy Packages	**(1)**	**(1.00)**	**1,529,639,659**	**(635,183,915)**	**-**	**1,070,866,919**	1,093,956,655	**-**	**-**

Summary of 2015-17 Biennium Budget

Oregon Health Authority | **Governor's Budget**
Medical Assistance Programs | **Cross Reference Number: 44300-020-01-00-00000**
2015-17 Biennium

Description	Positions	Full-Time Equivalent (FTE)	ALL FUNDS	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds
Total 2015-17 Governor's Budget	**527**	**518.85**	**13,177,675,514**	**1,217,143,114**	**-**	**1,956,882,370**	10,003,650,030	**-**	**-**
Percentage Change From 2013-15 Leg Approved Budget	5.61%	5.70%	21.73%	15.24%	-	2.04%	27.42%	-	-
Percentage Change From 2015-17 Current Service Level	-0.19%	-0.19%	13.13%	-34.29%	-	120.86%	12.28%	-	-

Description	Positions	Full-Time Equivalent (FTE)	ALL FUNDS	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds
2013-15 Leg Adopted Budget	20	19.50	1,541,141,592	-	-	1,541,141,592	-	-	-
2013-15 Emergency Boards	-	-	156,309	-	-	156,309	-	-	-
2013-15 Leg Approved Budget	**20**	**19.50**	**1,541,297,901**	**-**	**-**	**1,541,297,901**	-	**-**	**-**
2015-17 Base Budget Adjustments									
Net Cost of Position Actions									
Administrative Biennialized E-Board, Phase-Out	(1)	(1.00)	(248,286)	-	-	(248,286)	-	-	-
Estimated Cost of Merit Increase			-	-	-	-	-	-	-
Base Debt Service Adjustment			-	-	-	-	-	-	-
Base Nonlimited Adjustment			-	-	-	-	-	-	-
Capital Construction			-	-	-	-	-	-	-
Subtotal 2015-17 Base Budget	**19**	**18.50**	**1,541,049,615**	**-**	**-**	**1,541,049,615**	-	**-**	**-**
Essential Packages									
010 - Non-PICS Pers Svc/Vacancy Factor									
Vacancy Factor (Increase)/Decrease	-	-	32,294	-	-	32,294	-	-	-
Non-PICS Personal Service Increase/(Decrease)	-	-	567,364	-	-	567,364	-	-	-
Subtotal	**-**	**-**	**599,658**	**-**	**-**	**599,658**	-	**-**	**-**
020 - Phase In / Out Pgm & One-time Cost									
021 - Phase-in	-	-	-	-	-	-	-	-	-
022 - Phase-out Pgm & One-time Costs	-	-	(1,965,000)	-	-	(1,965,000)	-	-	-
Subtotal	**-**	**-**	**(1,965,000)**	**-**	**-**	**(1,965,000)**	-	**-**	**-**
030 - Inflation & Price List Adjustments									
Cost of Goods & Services Increase/(Decrease)	-	-	104,424,841	-	-	104,424,841	-	-	-
Subtotal	**-**	**-**	**104,424,841**	**-**	**-**	**104,424,841**	-	**-**	**-**

Description	*Positions*	*Full-Time Equivalent (FTE)*	*ALL FUNDS*	*General Fund*	*Lottery Funds*	*Other Funds*	*Federal Funds*	*Nonlimited Other Funds*	*Nonlimited Federal Funds*
040 - Mandated Caseload									
040 - Mandated Caseload	-	-	-	-	-	-	-	-	-
050 - Fundshifts and Revenue Reductions									
050 - Fundshifts	-	-	-	-	-	-	-	-	-
060 - Technical Adjustments									
060 - Technical Adjustments	-	-	(15,805)	-	-	(15,805)	-	-	-
Subtotal: 2015-17 Current Service Level	**19**	**18.50**	**1,644,093,309**	**-**	**-**	**1,644,093,309**	-	**-**	**-**

Description	Positions	Full-Time Equivalent (FTE)	ALL FUNDS	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds
Subtotal: 2015-17 Current Service Level	**19**	**18.50**	**1,644,093,309**	**-**	**-**	**1,644,093,309**	-	**-**	**-**
070 - Revenue Reductions/Shortfall									
070 - Revenue Shortfalls	-	-	-	-	-	-	-	-	-
Modified 2015-17 Current Service Level	**19**	**18.50**	**1,644,093,309**	**-**	**-**	**1,644,093,309**	-	**-**	**-**
080 - E-Boards									
080 - May 2014 E-Board	-	-	-	-	-	-	-	-	-
081 - September 2014 E-Board	-	-	-	-	-	-	-	-	-
Subtotal Emergency Board Packages	**-**	**-**	**-**	**-**	**-**	**-**	-	**-**	**-**
Policy Packages									
090 - Analyst Adjustments	-	-	1,000,000	-	-	1,000,000	-	-	-
091 - December 2014 Rebalance	3	3.00	625,196	-	-	625,196	-	-	-
501 - Measure 91 Implementation	-	-	-	-	-	-	-	-	-
201 - REaL-D	-	-	-	-	-	-	-	-	-
401 - Promote and Support Community Based Services	-	-	-	-	-	-	-	-	-
402 - Promote Innovative Health Sys Solutions - HP	-	-	-	-	-	-	-	-	-
403 - Promote Innovative Health System Solutions	-	-	-	-	-	-	-	-	-
404 - Improve the Lifelong Health of all Oregonians	-	-	-	-	-	-	-	-	-
405 - Prev'g lead'g causes of death, inj & disease	-	-	-	-	-	-	-	-	-
406 - PH Emergency Preparedness	-	-	-	-	-	-	-	-	-
407 - PH Radiation Protection Fee & Cap Increase	-	-	-	-	-	-	-	-	-
408 - PH Senate Bill 333 Fee Increases	-	-	-	-	-	-	-	-	-
409 - Transparency and Engagement	-	-	-	-	-	-	-	-	-
Subtotal Policy Packages	**3**	**3.00**	**1,625,196**	**-**	**-**	**1,625,196**	-	**-**	**-**

Summary of 2015-17 Biennium Budget

Oregon Health Authority | **Governor's Budget**

Public Employees Benefit Board (PEBB) | **Cross Reference Number: 44300-020-02-00-00000**

2015-17 Biennium

Description	Positions	Full-Time Equivalent (FTE)	ALL FUNDS	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds
Total 2015-17 Governor's Budget	**22**	**21.50**	**1,645,718,505**	**-**	**-**	**1,645,718,505**	-	**-**	**-**
Percentage Change From 2013-15 Leg Approved Budget	10.00%	10.26%	6.77%	-	-	6.77%	-	-	-
Percentage Change From 2015-17 Current Service Level	15.79%	16.22%	0.10%	-	-	0.10%	-	-	-

Description	*Positions*	*Full-Time Equivalent (FTE)*	*ALL FUNDS*	*General Fund*	*Lottery Funds*	*Other Funds*	*Federal Funds*	*Nonlimited Other Funds*	*Nonlimited Federal Funds*
2013-15 Leg Adopted Budget	24	24.00	1,639,816,448	-	-	11,522,448	-	1,628,294,000	-
2013-15 Emergency Boards	-	-	170,289	-	-	170,289	-	-	-
2013-15 Leg Approved Budget	**24**	**24.00**	**1,639,986,737**	**-**	**-**	**11,692,737**	-	**1,628,294,000**	**-**
2015-17 Base Budget Adjustments									
Net Cost of Position Actions									
Administrative Biennialized E-Board, Phase-Out	(2)	(2.00)	37,755	-	-	37,755	-	-	-
Estimated Cost of Merit Increase			-	-	-	-	-	-	-
Base Debt Service Adjustment			-	-	-	-	-	-	-
Base Nonlimited Adjustment			87,493,088	-	-	-	-	87,493,088	-
Capital Construction			-	-	-	-	-	-	-
Subtotal 2015-17 Base Budget	**22**	**22.00**	**1,727,517,580**	**-**	**-**	**11,730,492**	-	**1,715,787,088**	**-**
Essential Packages									
010 - Non-PICS Pers Svc/Vacancy Factor									
Vacancy Factor (Increase)/Decrease	-	-	(47,414)	-	-	(47,414)	-	-	-
Non-PICS Personal Service Increase/(Decrease)	-	-	35,667	-	-	35,667	-	-	-
Subtotal	**-**	**-**	**(11,747)**	**-**	**-**	**(11,747)**	-	**-**	**-**
020 - Phase In / Out Pgm & One-time Cost									
021 - Phase-in	-	-	-	-	-	-	-	-	-
022 - Phase-out Pgm & One-time Costs	-	-	(473,503)	-	-	(473,503)	-	-	-
Subtotal	**-**	**-**	**(473,503)**	**-**	**-**	**(473,503)**	-	**-**	**-**
030 - Inflation & Price List Adjustments									
Cost of Goods & Services Increase/(Decrease)	-	-	285,350	-	-	285,350	-	-	-
Subtotal	**-**	**-**	**285,350**	**-**	**-**	**285,350**	-	**-**	**-**

Description	*Positions*	*Full-Time Equivalent (FTE)*	*ALL FUNDS*	*General Fund*	*Lottery Funds*	*Other Funds*	*Federal Funds*	*Nonlimited Other Funds*	*Nonlimited Federal Funds*
040 - Mandated Caseload									
040 - Mandated Caseload	-	-	-	-	-	-	-	-	-
050 - Fundshifts and Revenue Reductions									
050 - Fundshifts	-	-	-	-	-	-	-	-	-
060 - Technical Adjustments									
060 - Technical Adjustments	-	-	(15,858)	-	-	(15,858)	-	-	-
Subtotal: 2015-17 Current Service Level	**22**	**22.00**	**1,727,301,822**	**-**	**-**	**11,514,734**	-	**1,715,787,088**	**-**

Description	Positions	Full-Time Equivalent (FTE)	ALL FUNDS	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds
Subtotal: 2015-17 Current Service Level	**22**	**22.00**	**1,727,301,822**	**-**	**-**	**11,514,734**	**-**	**1,715,787,088**	**-**
070 - Revenue Reductions/Shortfall									
070 - Revenue Shortfalls	-	-	-	-	-	-	-	-	-
Modified 2015-17 Current Service Level	**22**	**22.00**	**1,727,301,822**	**-**	**-**	**11,514,734**	**-**	**1,715,787,088**	**-**
080 - E-Boards									
080 - May 2014 E-Board	-	-	-	-	-	-	-	-	-
081 - September 2014 E-Board	-	-	-	-	-	-	-	-	-
Subtotal Emergency Board Packages	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Policy Packages									
090 - Analyst Adjustments	-	-	(82,300,000)	-	-	1,633,487,088	-	(1,715,787,088)	-
091 - December 2014 Rebalance	1	1.00	287,548	-	-	287,548	-	-	-
501 - Measure 91 Implementation	-	-	-	-	-	-	-	-	-
201 - REaL-D	-	-	-	-	-	-	-	-	-
401 - Promote and Support Community Based Services	-	-	-	-	-	-	-	-	-
402 - Promote Innovative Health Sys Solutions - HP	-	-	-	-	-	-	-	-	-
403 - Promote Innovative Health System Solutions	-	-	-	-	-	-	-	-	-
404 - Improve the Lifelong Health of all Oregonians	-	-	-	-	-	-	-	-	-
405 - Prev'g lead'g causes of death, inj & disease	-	-	-	-	-	-	-	-	-
406 - PH Emergency Preparedness	-	-	-	-	-	-	-	-	-
407 - PH Radiation Protection Fee & Cap Increase	-	-	-	-	-	-	-	-	-
408 - PH Senate Bill 333 Fee Increases	-	-	-	-	-	-	-	-	-
409 - Transparency and Engagement	-	-	450,000	-	-	450,000	-	-	-
Subtotal Policy Packages	**1**	**1.00**	**(81,562,452)**	**-**	**-**	**1,634,224,636**	**-**	**(1,715,787,088)**	**-**

Summary of 2015-17 Biennium Budget

Oregon Health Authority | **Governor's Budget**
Oregon Educators Benefit Board (OEBB) | **Cross Reference Number: 44300-020-03-00-00000**
2015-17 Biennium

Description	Positions	Full-Time Equivalent (FTE)	ALL FUNDS	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds
Total 2015-17 Governor's Budget	**23**	**23.00**	**1,645,739,370**	**-**	**-**	**1,645,739,370**	-	**-**	**-**
Percentage Change From 2013-15 Leg Approved Budget	-4.17%	-4.17%	0.35%	-	-	13,974.89%	-	-100.00%	-
Percentage Change From 2015-17 Current Service Level	4.55%	4.55%	-4.72%	-	-	14,192.47%	-	-100.00%	-

Description	Positions	Full-Time Equivalent (FTE)	ALL FUNDS	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds
2013-15 Leg Adopted Budget	62	15.67	377,238,471	1,710,302	-	22,702,031	116,408,573	236,417,565	-
2013-15 Emergency Boards	-	-	68,111	34,015	-	34,096	-	-	-
2013-15 Leg Approved Budget	**62**	**15.67**	**377,306,582**	**1,744,317**	**-**	**22,736,127**	116,408,573	**236,417,565**	**-**
2015-17 Base Budget Adjustments									
Net Cost of Position Actions									
Administrative Biennialized E-Board, Phase-Out	(62)	(15.67)	(2,557,020)	(733,724)	-	(882,121)	(941,175)	-	-
Estimated Cost of Merit Increase			-	-	-	-	-	-	-
Base Debt Service Adjustment			-	-	-	-	-	-	-
Base Nonlimited Adjustment			(132,917,565)	-	-	-	-	(132,917,565)	-
Capital Construction			-	-	-	-	-	-	-
Subtotal 2015-17 Base Budget	**-**	**-**	**241,831,997**	**1,010,593**	**-**	**21,854,006**	115,467,398	**103,500,000**	**-**
Essential Packages									
010 - Non-PICS Pers Svc/Vacancy Factor									
Vacancy Factor (Increase)/Decrease	-	-	156,888	-	-	101,004	55,884	-	-
Non-PICS Personal Service Increase/(Decrease)	-	-	(292,690)	(1,588)	-	(112,002)	(179,100)	-	-
Subtotal	**-**	**-**	**(135,802)**	**(1,588)**	**-**	**(10,998)**	(123,216)	**-**	**-**
020 - Phase In / Out Pgm & One-time Cost									
021 - Phase-in	-	-	72,975	-	-	72,975	-	-	-
022 - Phase-out Pgm & One-time Costs	-	-	(137,567,286)	(1,009,005)	-	(21,214,099)	(115,344,182)	-	-
Subtotal	**-**	**-**	**(137,494,311)**	**(1,009,005)**	**-**	**(21,141,124)**	(115,344,182)	**-**	**-**
040 - Mandated Caseload									
040 - Mandated Caseload	-	-	-	-	-	-	-	-	-
050 - Fundshifts and Revenue Reductions									

Description	*Positions*	*Full-Time Equivalent (FTE)*	*ALL FUNDS*	*General Fund*	*Lottery Funds*	*Other Funds*	*Federal Funds*	*Nonlimited Other Funds*	*Nonlimited Federal Funds*
050 - Fundshifts	-	-	-	-	-	-	-	-	-
060 - Technical Adjustments									
060 - Technical Adjustments	-	-	-	-	-	-	-	-	-
Subtotal: 2015-17 Current Service Level	**-**	**-**	**104,201,884**	**-**	**-**	**701,884**	-	**103,500,000**	**-**

Description	Positions	Full-Time Equivalent (FTE)	ALL FUNDS	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds
Subtotal: 2015-17 Current Service Level	**-**	**-**	**104,201,884**	**-**	**-**	**701,884**	-	**103,500,000**	**-**
070 - Revenue Reductions/Shortfall									
070 - Revenue Shortfalls	-	-	-	-	-	-	-	-	-
Modified 2015-17 Current Service Level	**-**	**-**	**104,201,884**	**-**	**-**	**701,884**	-	**103,500,000**	**-**
080 - E-Boards									
080 - May 2014 E-Board	-	-	-	-	-	-	-	-	-
081 - September 2014 E-Board	-	-	-	-	-	-	-	-	-
Subtotal Emergency Board Packages	**-**	**-**	**-**	**-**	**-**	**-**	-	**-**	**-**
Policy Packages									
090 - Analyst Adjustments	-	-	-	-	-	-	-	-	-
091 - December 2014 Rebalance	-	-	-	-	-	-	-	-	-
501 - Measure 91 Implementation	-	-	-	-	-	-	-	-	-
201 - REaL-D	-	-	-	-	-	-	-	-	-
401 - Promote and Support Community Based Services	-	-	-	-	-	-	-	-	-
402 - Promote Innovative Health Sys Solutions - HP	-	-	-	-	-	-	-	-	-
403 - Promote Innovative Health System Solutions	-	-	-	-	-	-	-	-	-
404 - Improve the Lifelong Health of all Oregonians	-	-	-	-	-	-	-	-	-
405 - Prev'g lead'g causes of death, inj & disease	-	-	-	-	-	-	-	-	-
406 - PH Emergency Preparedness	-	-	-	-	-	-	-	-	-
407 - PH Radiation Protection Fee & Cap Increase	-	-	-	-	-	-	-	-	-
408 - PH Senate Bill 333 Fee Increases	-	-	-	-	-	-	-	-	-
409 - Transparency and Engagement	-	-	-	-	-	-	-	-	-
Subtotal Policy Packages	**-**	**-**	**-**	**-**	**-**	**-**	-	**-**	**-**

Summary of 2015-17 Biennium Budget

Oregon Health Authority
Private Health Partnerships
2015-17 Biennium

Governor's Budget
Cross Reference Number: 44300-020-04-00-00000

Description	Positions	Full-Time Equivalent (FTE)	ALL FUNDS	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds
Total 2015-17 Governor's Budget	**-**	**-**	**104,201,884**	**-**	**-**	**701,884**	-	**103,500,000**	**-**
Percentage Change From 2013-15 Leg Approved Budget	-100.00%	-100.00%	-72.38%	-100.00%	-	-96.91%	-100.00%	-56.22%	-
Percentage Change From 2015-17 Current Service Level	-	-	-	-	-	-	-	-	-

Description	Positions	Full-Time Equivalent (FTE)	ALL FUNDS	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds
2013-15 Leg Adopted Budget	-	-	-	-	-	-	-	-	-
2013-15 Emergency Boards	35	17.50	3,957,176	-	-	3,957,176	-	-	-
2013-15 Leg Approved Budget	**35**	**17.50**	**3,957,176**	**-**	**-**	**3,957,176**	-	**-**	**-**
2015-17 Base Budget Adjustments									
Net Cost of Position Actions									
Administrative Biennialized E-Board, Phase-Out	-	17.50	2,797,238	-	-	2,797,238	-	-	-
Estimated Cost of Merit Increase			-	-	-	-	-	-	-
Base Debt Service Adjustment			-	-	-	-	-	-	-
Base Nonlimited Adjustment			-	-	-	-	-	-	-
Capital Construction			-	-	-	-	-	-	-
Subtotal 2015-17 Base Budget	**35**	**35.00**	**6,754,414**	**-**	**-**	**6,754,414**	-	**-**	**-**
Essential Packages									
010 - Non-PICS Pers Svc/Vacancy Factor									
Vacancy Factor (Increase)/Decrease	-	-	(52,134)	-	-	(52,134)	-	-	-
Non-PICS Personal Service Increase/(Decrease)	-	-	125,806	-	-	125,806	-	-	-
Subtotal	**-**	**-**	**73,672**	**-**	**-**	**73,672**	-	**-**	**-**
020 - Phase In / Out Pgm & One-time Cost									
021 - Phase-in	-	-	1,126,847	-	-	1,126,847	-	-	-
022 - Phase-out Pgm & One-time Costs	-	-	-	-	-	-	-	-	-
Subtotal	**-**	**-**	**1,126,847**	**-**	**-**	**1,126,847**	-	**-**	**-**
030 - Inflation & Price List Adjustments									
Cost of Goods & Services Increase/(Decrease)	-	-	38,739	-	-	38,739	-	-	-
Subtotal	**-**	**-**	**38,739**	**-**	**-**	**38,739**	-	**-**	**-**

Description	*Positions*	*Full-Time Equivalent (FTE)*	*ALL FUNDS*	*General Fund*	*Lottery Funds*	*Other Funds*	*Federal Funds*	*Nonlimited Other Funds*	*Nonlimited Federal Funds*
040 - Mandated Caseload									
040 - Mandated Caseload	-	-	-	-	-	-	-	-	-
050 - Fundshifts and Revenue Reductions									
050 - Fundshifts	-	-	-	-	-	-	-	-	-
060 - Technical Adjustments									
060 - Technical Adjustments	-	-	(618,888)	-	-	(618,888)	-	-	-
Subtotal: 2015-17 Current Service Level	**35**	**35.00**	**7,374,784**	**-**	**-**	**7,374,784**	-	**-**	**-**

Description	Positions	Full-Time Equivalent (FTE)	ALL FUNDS	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds
Subtotal: 2015-17 Current Service Level	**35**	**35.00**	**7,374,784**	**-**	**-**	**7,374,784**	-	**-**	**-**
070 - Revenue Reductions/Shortfall									
070 - Revenue Shortfalls	-	-	-	-	-	-	-	-	-
Modified 2015-17 Current Service Level	**35**	**35.00**	**7,374,784**	**-**	**-**	**7,374,784**	-	**-**	**-**
080 - E-Boards									
080 - May 2014 E-Board	-	-	-	-	-	-	-	-	-
081 - September 2014 E-Board	-	-	-	-	-	-	-	-	-
Subtotal Emergency Board Packages	**-**	**-**	**-**	**-**	**-**	**-**	-	**-**	**-**
Policy Packages									
090 - Analyst Adjustments	-	-	-	-	-	-	-	-	-
091 - December 2014 Rebalance	-	-	-	-	-	-	-	-	-
501 - Measure 91 Implementation	-	-	-	-	-	-	-	-	-
201 - REaL-D	-	-	-	-	-	-	-	-	-
401 - Promote and Support Community Based Services	-	-	-	-	-	-	-	-	-
402 - Promote Innovative Health Sys Solutions - HP	-	-	-	-	-	-	-	-	-
403 - Promote Innovative Health System Solutions	-	-	-	-	-	-	-	-	-
404 - Improve the Lifelong Health of all Oregonians	-	-	-	-	-	-	-	-	-
405 - Prev'g lead'g causes of death, inj & disease	-	-	-	-	-	-	-	-	-
406 - PH Emergency Preparedness	-	-	-	-	-	-	-	-	-
407 - PH Radiation Protection Fee & Cap Increase	-	-	-	-	-	-	-	-	-
408 - PH Senate Bill 333 Fee Increases	-	-	-	-	-	-	-	-	-
409 - Transparency and Engagement	-	-	-	-	-	-	-	-	-
Subtotal Policy Packages	**-**	**-**	**-**	**-**	**-**	**-**	-	**-**	**-**

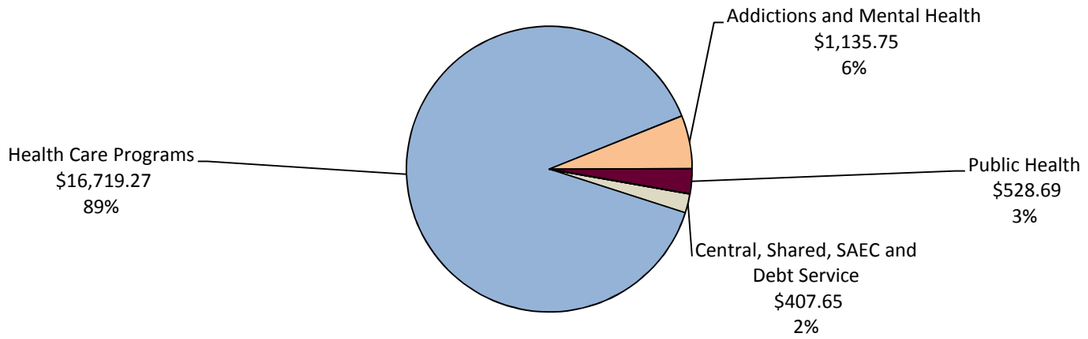
Summary of 2015-17 Biennium Budget

Oregon Health Authority
Health Licensing Office
2015-17 Biennium

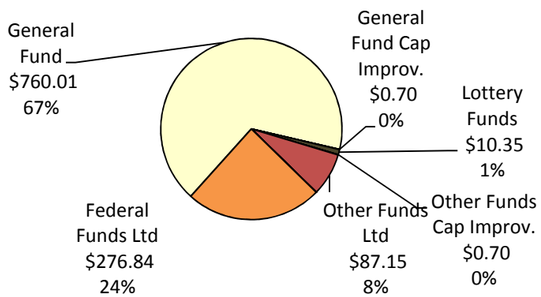
Governor's Budget
Cross Reference Number: 44300-020-07-00-00000

Description	Positions	Full-Time Equivalent (FTE)	ALL FUNDS	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds
Total 2015-17 Governor's Budget	**35**	**35.00**	**7,374,784**	**-**	**-**	**7,374,784**	-	**-**	**-**
Percentage Change From 2013-15 Leg Approved Budget	-	100.00%	86.36%	-	-	86.36%	-	-	-
Percentage Change From 2015-17 Current Service Level	-	-	-	-	-	-	-	-	-

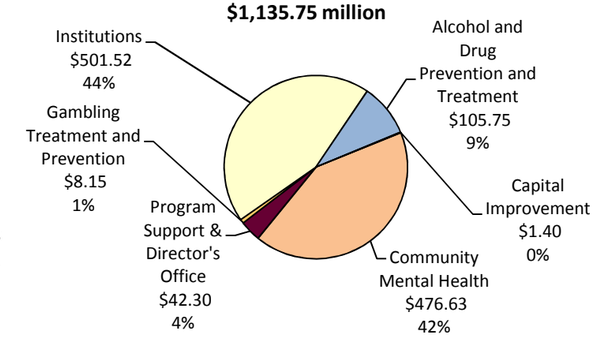
Oregon Health Authority
2015-17 Governor's Budget
Total Fund by Program Area
$18,791.36 million



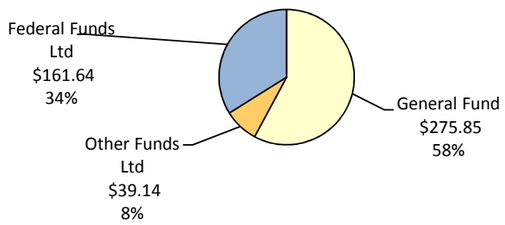
Addictions and Mental Health Programs
Total by Fund Type
$1,135.75 million



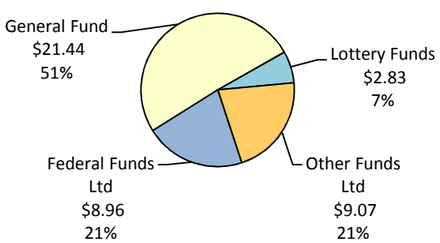
Addictions and Mental Health Programs
Total by Program
$1,135.75 million



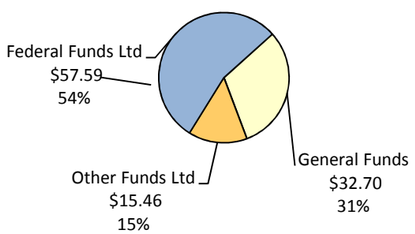
Community Mental Health
$476.63 million



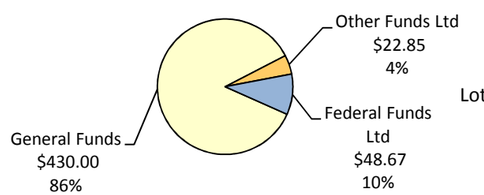
Program Support and Director's Office
$42.30 million



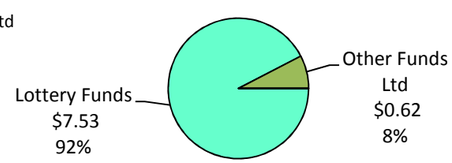
Alcohol & Drug Prevention and Treatment
$105.75 million



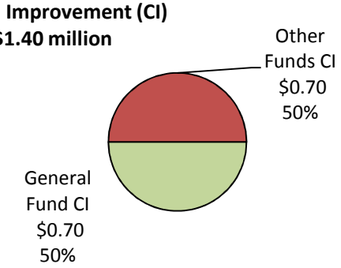
Institutions
$501.52 million



Gambling Treatment & Prevention
$8.15 million



Capital Improvement (CI)
$1.40 million



Summary of 2015-17 Biennium Budget

Oregon Health Authority | **Governor's Budget**
Addictions and Mental Health Program | **Cross Reference Number: 44300-020-05-00-00000**
2015-17 Biennium

Description	Positions	Full-Time Equivalent (FTE)	ALL FUNDS	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds
2013-15 Leg Adopted Budget	2,506	2,237.64	983,006,968	652,699,969	10,545,822	40,815,902	278,945,275	-	-
2013-15 Emergency Boards	(1)	(0.76)	(8,370,539)	8,709,656	46,710	19,248,791	(36,375,696)	-	-
2013-15 Leg Approved Budget	**2,505**	**2,236.88**	**974,636,429**	**661,409,625**	**10,592,532**	**60,064,693**	242,569,579	**-**	**-**
2015-17 Base Budget Adjustments									
Net Cost of Position Actions									
Administrative Biennialized E-Board, Phase-Out	(168)	98.68	27,948,862	25,484,262	46,864	1,301,700	1,116,036	-	-
Estimated Cost of Merit Increase			-	-	-	-	-	-	-
Base Debt Service Adjustment			-	-	-	-	-	-	-
Base Nonlimited Adjustment			-	-	-	-	-	-	-
Capital Construction			-	-	-	-	-	-	-
Subtotal 2015-17 Base Budget	**2,337**	**2,335.56**	**1,002,585,291**	**686,893,887**	**10,639,396**	**61,366,393**	243,685,615	**-**	**-**
Essential Packages									
010 - Non-PICS Pers Svc/Vacancy Factor									
Vacancy Factor (Increase)/Decrease	-	-	6,526,738	6,468,467	(10,946)	50,111	19,106	-	-
Non-PICS Personal Service Increase/(Decrease)	-	-	4,440,685	2,705,347	4,776	352	1,730,210	-	-
Subtotal	**-**	**-**	**10,967,423**	**9,173,814**	**(6,170)**	**50,463**	1,749,316	**-**	**-**
020 - Phase In / Out Pgm & One-time Cost									
021 - Phase-in	177	177.00	81,065,735	73,947,854	-	5,731,163	1,386,718	-	-
022 - Phase-out Pgm & One-time Costs	-	-	(20,494,390)	(12,491,940)	-	(386,168)	(7,616,282)	-	-
Subtotal	**177**	**177.00**	**60,571,345**	**61,455,914**	**-**	**5,344,995**	(6,229,564)	**-**	**-**
030 - Inflation & Price List Adjustments									
Cost of Goods & Services Increase/(Decrease)	-	-	18,701,493	10,440,522	289,928	1,541,292	6,429,751	-	-
Subtotal	**-**	**-**	**18,701,493**	**10,440,522**	**289,928**	**1,541,292**	6,429,751	**-**	**-**

Description	*Positions*	*Full-Time Equivalent (FTE)*	*ALL FUNDS*	*General Fund*	*Lottery Funds*	*Other Funds*	*Federal Funds*	*Nonlimited Other Funds*	*Nonlimited Federal Funds*
040 - Mandated Caseload									
040 - Mandated Caseload	-	-	21,252,248	13,579,563	-	-	7,672,685	-	-
050 - Fundshifts and Revenue Reductions									
050 - Fundshifts	-	-	-	1,193,548	-	(2,903,300)	1,709,752	-	-
060 - Technical Adjustments									
060 - Technical Adjustments	53	53.00	-	-	-	-	-	-	-
Subtotal: 2015-17 Current Service Level	**2,567**	**2,565.56**	**1,114,077,800**	**782,737,248**	**10,923,154**	**65,399,843**	255,017,555	**-**	**-**

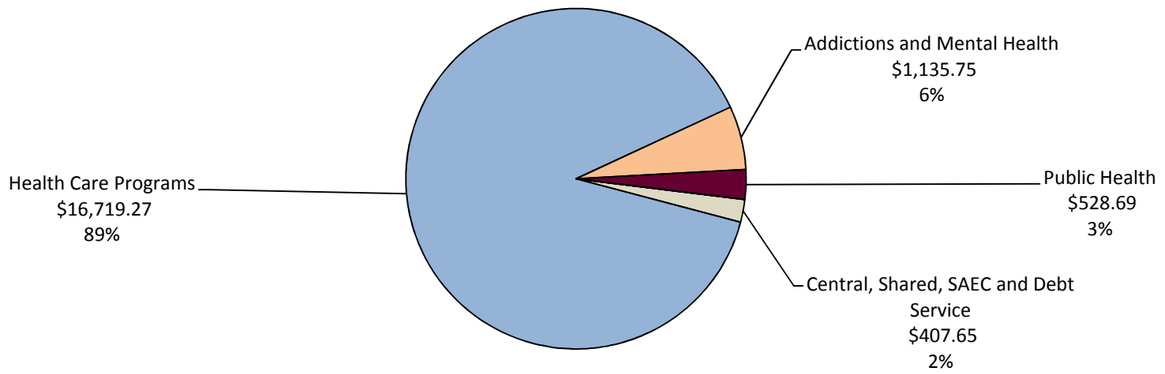
Description	*Positions*	*Full-Time Equivalent (FTE)*	*ALL FUNDS*	*General Fund*	*Lottery Funds*	*Other Funds*	*Federal Funds*	*Nonlimited Other Funds*	*Nonlimited Federal Funds*
Subtotal: 2015-17 Current Service Level	**2,567**	**2,565.56**	**1,114,077,800**	**782,737,248**	**10,923,154**	**65,399,843**	255,017,555	**-**	**-**
070 - Revenue Reductions/Shortfall									
070 - Revenue Shortfalls	-	-	-	-	-	-	-	-	-
Modified 2015-17 Current Service Level	**2,567**	**2,565.56**	**1,114,077,800**	**782,737,248**	**10,923,154**	**65,399,843**	255,017,555	**-**	**-**
080 - E-Boards									
080 - May 2014 E-Board	-	-	-	-	-	-	-	-	-
081 - September 2014 E-Board	1	1.00	6,153,914	6,153,914	-	-	-	-	-
Subtotal Emergency Board Packages	**1**	**1.00**	**6,153,914**	**6,153,914**	**-**	**-**	-	**-**	**-**
Policy Packages									
090 - Analyst Adjustments	(177)	(177.00)	(43,346,680)	(57,324,053)	(570,033)	16,200,746	(1,653,340)	-	-
091 - December 2014 Rebalance	-	-	50,272,006	23,525,083	-	3,270,440	23,476,483	-	-
501 - Measure 91 Implementation	2	2.00	2,277,236	-	-	2,277,236	-	-	-
201 - REaL-D	-	-	-	-	-	-	-	-	-
401 - Promote and Support Community Based Services	5	4.83	4,916,521	4,916,521	-	-	-	-	-
402 - Promote Innovative Health Sys Solutions - HP	-	-	-	-	-	-	-	-	-
403 - Promote Innovative Health System Solutions	-	-	-	-	-	-	-	-	-
404 - Improve the Lifelong Health of all Oregonians	-	-	-	-	-	-	-	-	-
405 - Prev'g lead'g causes of death, inj & disease	-	-	-	-	-	-	-	-	-
406 - PH Emergency Preparedness	-	-	-	-	-	-	-	-	-
407 - PH Radiation Protection Fee & Cap Increase	-	-	-	-	-	-	-	-	-
408 - PH Senate Bill 333 Fee Increases	-	-	-	-	-	-	-	-	-
409 - Transparency and Engagement	-	-	-	-	-	-	-	-	-
Subtotal Policy Packages	**(170)**	**(170.17)**	**14,119,083**	**(28,882,449)**	**(570,033)**	**21,748,422**	21,823,143	**-**	**-**

Summary of 2015-17 Biennium Budget

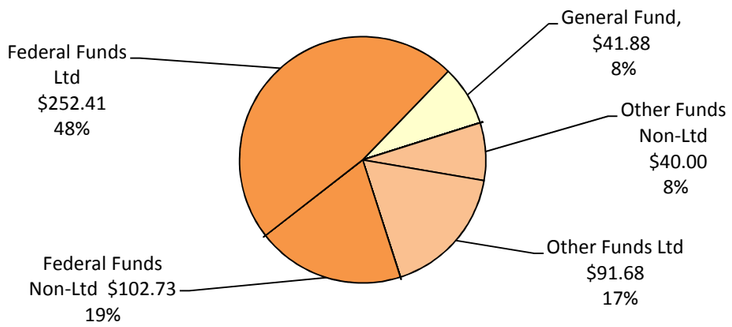
Oregon Health Authority | **Governor's Budget**
Addictions and Mental Health Program | **Cross Reference Number: 44300-020-05-00-00000**
2015-17 Biennium

Description	Positions	Full-Time Equivalent (FTE)	ALL FUNDS	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds
Total 2015-17 Governor's Budget	**2,398**	**2,396.39**	**1,134,350,797**	**760,008,713**	**10,353,121**	**87,148,265**	276,840,698	**-**	**-**
Percentage Change From 2013-15 Leg Approved Budget	-4.27%	7.13%	16.39%	14.91%	-2.26%	45.09%	14.13%	-	-
Percentage Change From 2015-17 Current Service Level	-6.58%	-6.59%	1.82%	-2.90%	-5.22%	33.25%	8.56%	-	-

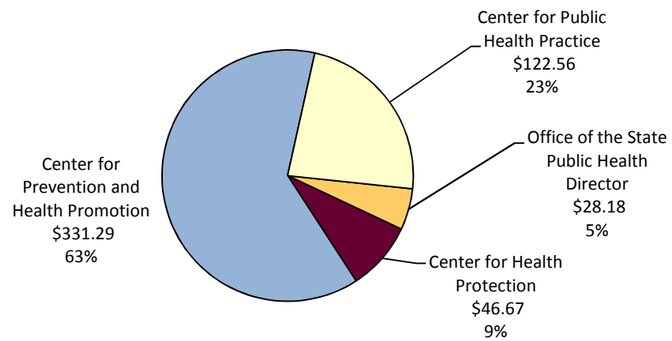
Oregon Health Authority
2015-17 Governor's Budget
Total Fund by Program Area
$18,791.36 million



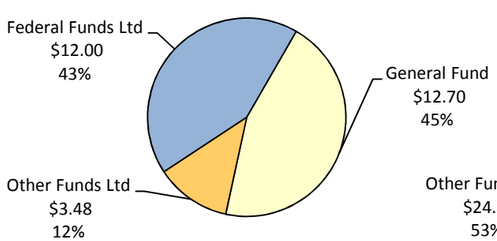
Public Health Programs
Total by Fund Type
$528.70 million



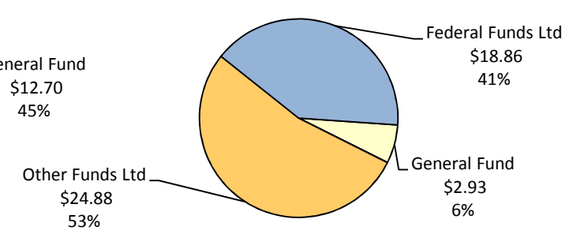
Public Health Programs
Total by Program
$528.70 million



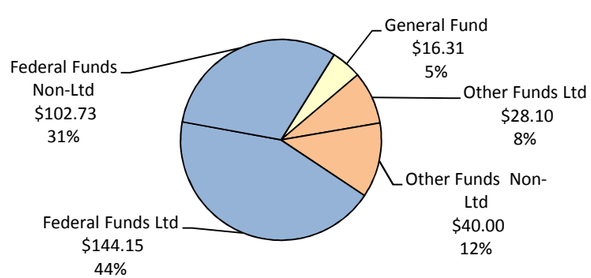
Office of State Public Health Director
$28.18 million



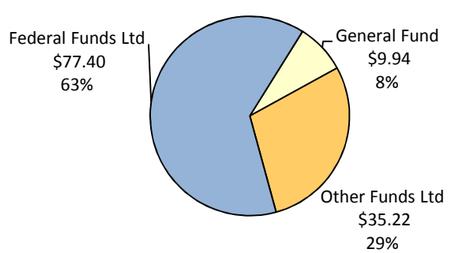
Center for Health Protection
$46.67 million



Center for Prevention and Health Promotion
$339.29 million



Center for Public Health Practice
$122.56 million



Summary of 2015-17 Biennium Budget

Oregon Health Authority | **Governor's Budget**
Public Health Program | **Cross Reference Number: 44300-020-06-00-00000**
2015-17 Biennium

Description	Positions	Full-Time Equivalent (FTE)	ALL FUNDS	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds
2013-15 Leg Adopted Budget	715	694.81	516,824,836	38,638,376	-	86,803,487	248,653,922	40,000,000	102,729,051
2013-15 Emergency Boards	4	3.09	6,254,514	1,558,458	-	1,360,289	3,335,767	-	-
2013-15 Leg Approved Budget	**719**	**697.90**	**523,079,350**	**40,196,834**	**-**	**88,163,776**	251,989,689	**40,000,000**	**102,729,051**
2015-17 Base Budget Adjustments									
Net Cost of Position Actions									
Administrative Biennialized E-Board, Phase-Out	(34)	(26.28)	(2,141,005)	333,982	-	1,051,579	(3,526,566)	-	-
Estimated Cost of Merit Increase			-	-	-	-	-	-	-
Base Debt Service Adjustment			-	-	-	-	-	-	-
Base Nonlimited Adjustment			-	-	-	-	-	-	-
Capital Construction			-	-	-	-	-	-	-
Subtotal 2015-17 Base Budget	**685**	**671.62**	**520,938,345**	**40,530,816**	**-**	**89,215,355**	248,463,123	**40,000,000**	**102,729,051**
Essential Packages									
010 - Non-PICS Pers Svc/Vacancy Factor									
Vacancy Factor (Increase)/Decrease	-	-	(331,814)	(33,115)	-	(142,596)	(156,103)	-	-
Non-PICS Personal Service Increase/(Decrease)	-	-	390,031	44,215	-	159,936	185,880	-	-
Subtotal	**-**	**-**	**58,217**	**11,100**	**-**	**17,340**	29,777	**-**	**-**
020 - Phase In / Out Pgm & One-time Cost									
021 - Phase-in	18	14.30	2,707,787	299,942	-	5,078	2,402,767	-	-
022 - Phase-out Pgm & One-time Costs	-	-	(1,577,600)	(1,177,600)	-	-	(400,000)	-	-
Subtotal	**18**	**14.30**	**1,130,187**	**(877,658)**	**-**	**5,078**	2,002,767	**-**	**-**
030 - Inflation & Price List Adjustments									
Cost of Goods & Services Increase/(Decrease)	-	-	1,960,404	1,005,478	-	889,541	65,385	-	-
Subtotal	**-**	**-**	**1,960,404**	**1,005,478**	**-**	**889,541**	65,385	**-**	**-**

Description	*Positions*	*Full-Time Equivalent (FTE)*	*ALL FUNDS*	*General Fund*	*Lottery Funds*	*Other Funds*	*Federal Funds*	*Nonlimited Other Funds*	*Nonlimited Federal Funds*
040 - Mandated Caseload									
040 - Mandated Caseload	-	-	-	-	-	-	-	-	-
050 - Fundshifts and Revenue Reductions									
050 - Fundshifts	-	-	-	379,956	-	(379,956)	-	-	-
060 - Technical Adjustments									
060 - Technical Adjustments	-	-	1,632,660	1,633,301	-	(641)	-	-	-
Subtotal: 2015-17 Current Service Level	**703**	**685.92**	**525,719,813**	**42,682,993**	**-**	**89,746,717**	250,561,052	**40,000,000**	**102,729,051**

Description	Positions	Full-Time Equivalent (FTE)	ALL FUNDS	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds
Subtotal: 2015-17 Current Service Level	**703**	**685.92**	**525,719,813**	**42,682,993**	**-**	**89,746,717**	250,561,052	**40,000,000**	**102,729,051**
070 - Revenue Reductions/Shortfall									
070 - Revenue Shortfalls	(6)	(6.00)	(2,224,715)	-	-	(2,073,416)	(151,299)	-	-
Modified 2015-17 Current Service Level	**697**	**679.92**	**523,495,098**	**42,682,993**	**-**	**87,673,301**	250,409,753	**40,000,000**	**102,729,051**
080 - E-Boards									
080 - May 2014 E-Board	-	-	-	-	-	-	-	-	-
081 - September 2014 E-Board	4	4.00	1,462,991	-	-	1,462,991	-	-	-
Subtotal Emergency Board Packages	**4**	**4.00**	**1,462,991**	**-**	**-**	**1,462,991**	-	**-**	**-**
Policy Packages									
090 - Analyst Adjustments	-	-	(4,800,000)	(800,000)	-	(4,000,000)	-	-	-
091 - December 2014 Rebalance	6	3.43	6,084,729	-	-	4,087,020	1,997,709	-	-
501 - Measure 91 Implementation	2	2.00	419,285	-	-	419,285	-	-	-
201 - REaL-D	-	-	-	-	-	-	-	-	-
401 - Promote and Support Community Based Services	-	-	-	-	-	-	-	-	-
402 - Promote Innovative Health Sys Solutions - HP	-	-	-	-	-	-	-	-	-
403 - Promote Innovative Health System Solutions	-	-	-	-	-	-	-	-	-
404 - Improve the Lifelong Health of all Oregonians	-	-	-	-	-	-	-	-	-
405 - Prev'g lead'g causes of death, inj & disease	-	-	-	-	-	-	-	-	-
406 - PH Emergency Preparedness	-	-	-	-	-	-	-	-	-
407 - PH Radiation Protection Fee & Cap Increase	3	3.00	593,755	-	-	593,755	-	-	-
408 - PH Senate Bill 333 Fee Increases	3	3.00	1,436,336	-	-	1,436,336	-	-	-
409 - Transparency and Engagement	-	-	-	-	-	-	-	-	-
Subtotal Policy Packages	**14**	**11.43**	**3,734,105**	**(800,000)**	**-**	**2,536,396**	1,997,709	**-**	**-**

Summary of 2015-17 Biennium Budget

Oregon Health Authority
Public Health Program
2015-17 Biennium

Governor's Budget
Cross Reference Number: 44300-020-06-00-00000

Description	Positions	Full-Time Equivalent (FTE)	ALL FUNDS	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds
Total 2015-17 Governor's Budget	**715**	**695.35**	**528,692,194**	**41,882,993**	**-**	**91,672,688**	252,407,462	**40,000,000**	**102,729,051**
Percentage Change From 2013-15 Leg Approved Budget	-0.56%	-0.37%	1.07%	4.19%	-	3.98%	0.17%	-	-
Percentage Change From 2015-17 Current Service Level	1.71%	1.37%	0.57%	-1.87%	-	2.15%	0.74%	-	-