

Department of Human Services

2015 Ways and Means Human Services Subcommittee DHS Policy Option Packages

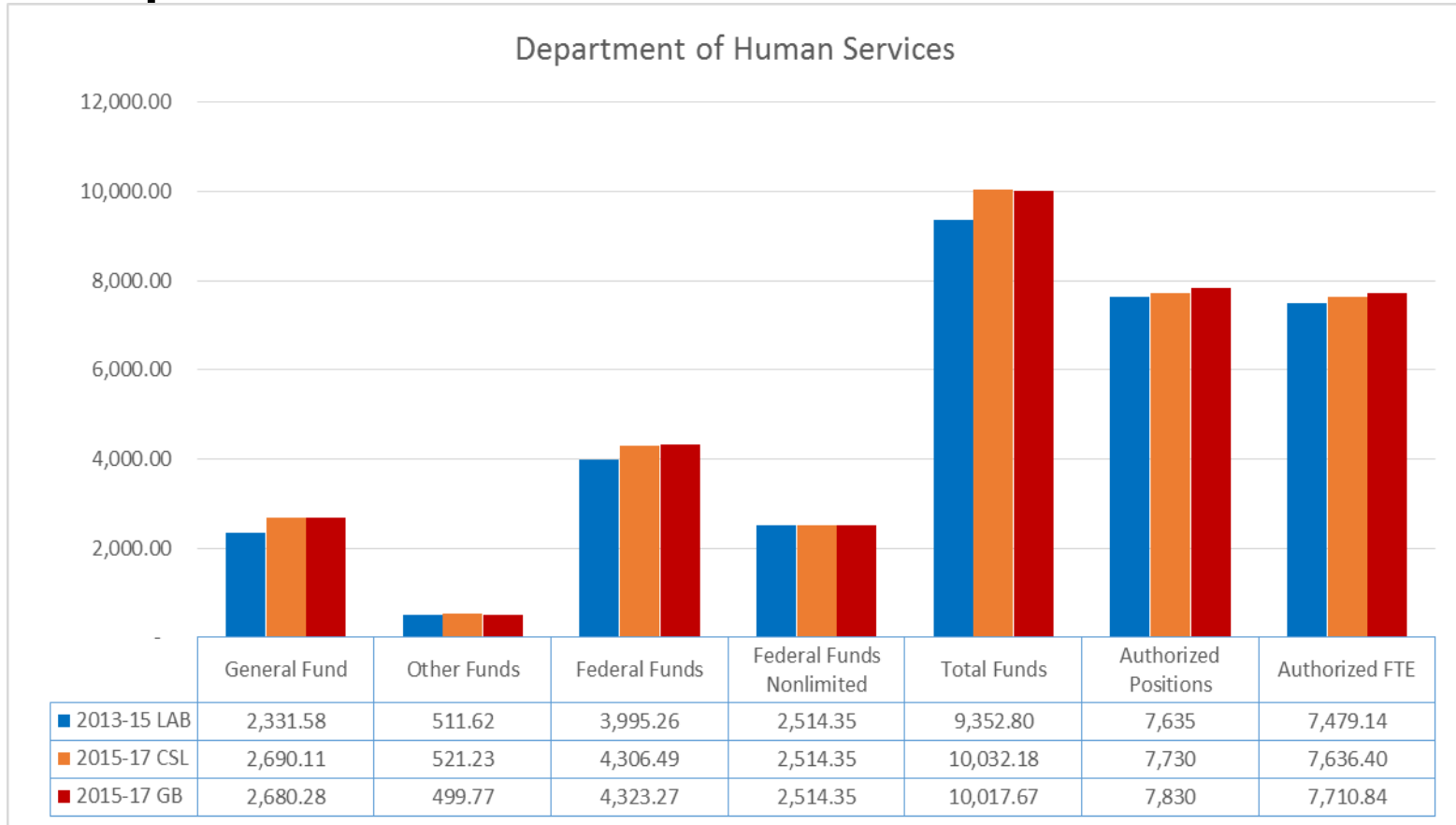
April 16, 2015
Day 1



DHS Policy Option Package Overview:

1. Today (4/16) - Review POPs relating to:
 - Pay for Prevention
 - Child Welfare
 - Vocational Rehabilitation
 - Intellectual/Developmental Disability Services
 - Aging and People with Disabilities
2. Approach
 - \$\$/Positions, What, Why, Risks if not Funded
3. On Monday 4/20 – Review POPs relating to:
 - Self Sufficiency
 - Shared/Central Services

Comparison of 2013-15 DHS LAB and 2015-17 CSL and GB



- GF in Governor's Budget (GB) just under CSL level of funding
- Reductions to CSL were used to self-fund GB investments
- GB = 7.10% increase in Total Funds over LAB

Pay for Prevention | *Background*

Mission

- Help Oregon's at-risk young children before harm occurs
- Reduce state costs, and improve ROI

Method

- Use untapped state data to identify which children and families require the greatest help.
- Grow prevention resources by attracting non-state investment.
- Improve provider capacity to deliver services that have a proven track record of achieving outcomes.
- The state repays the original investment only when evaluation proves that specified outcomes have been achieved.

Pay for Prevention | *Background*

2014 Legislative Appropriation

\$800,000 to lay the groundwork for implementing this model

Specified Activities

- Evaluate the published evidence
- Compile state data in new ways
- Create a model for identifying which children are most at risk of being removed from the home
- Develop an economic model for assessing return on investment
- Build provider capacity

Pay for Prevention | *Results*

Evaluate the Evidence

- ☑ What are the risk factors for entry into foster care?

Complete

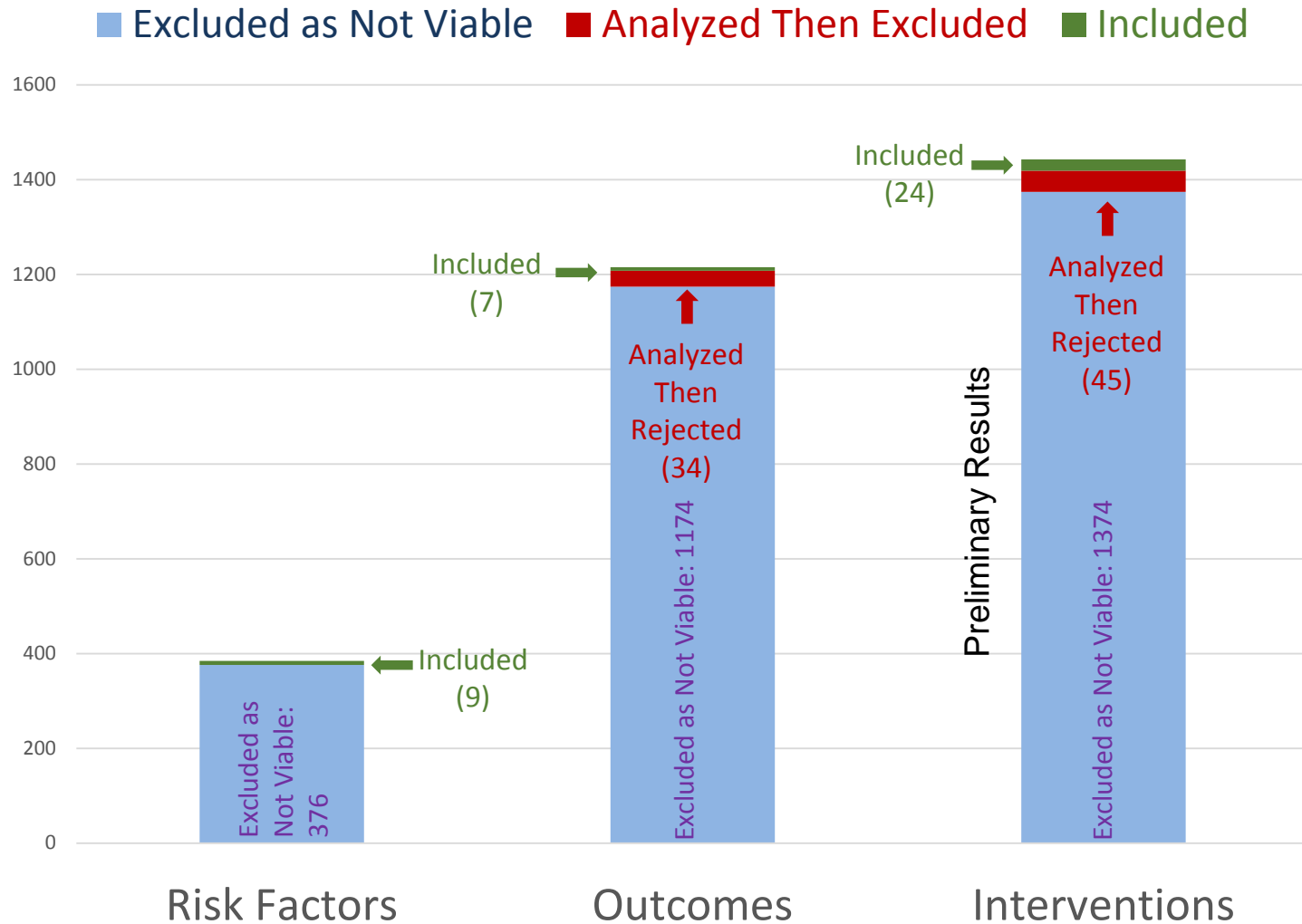
- ☑ What short-term and long-term outcomes are strongly associated with entry into foster care?

Complete

- ☐ What interventions/ programs/models are most effective at reducing risk factors, child maltreatment and/or foster care entry?

Final Stages

Evaluate the Evidence | Results



Pay for Prevention | *Preliminary Results*

43%

2001 Births on
DHS by Age 1

Pay for Prevention | *Preliminary Results*

63%

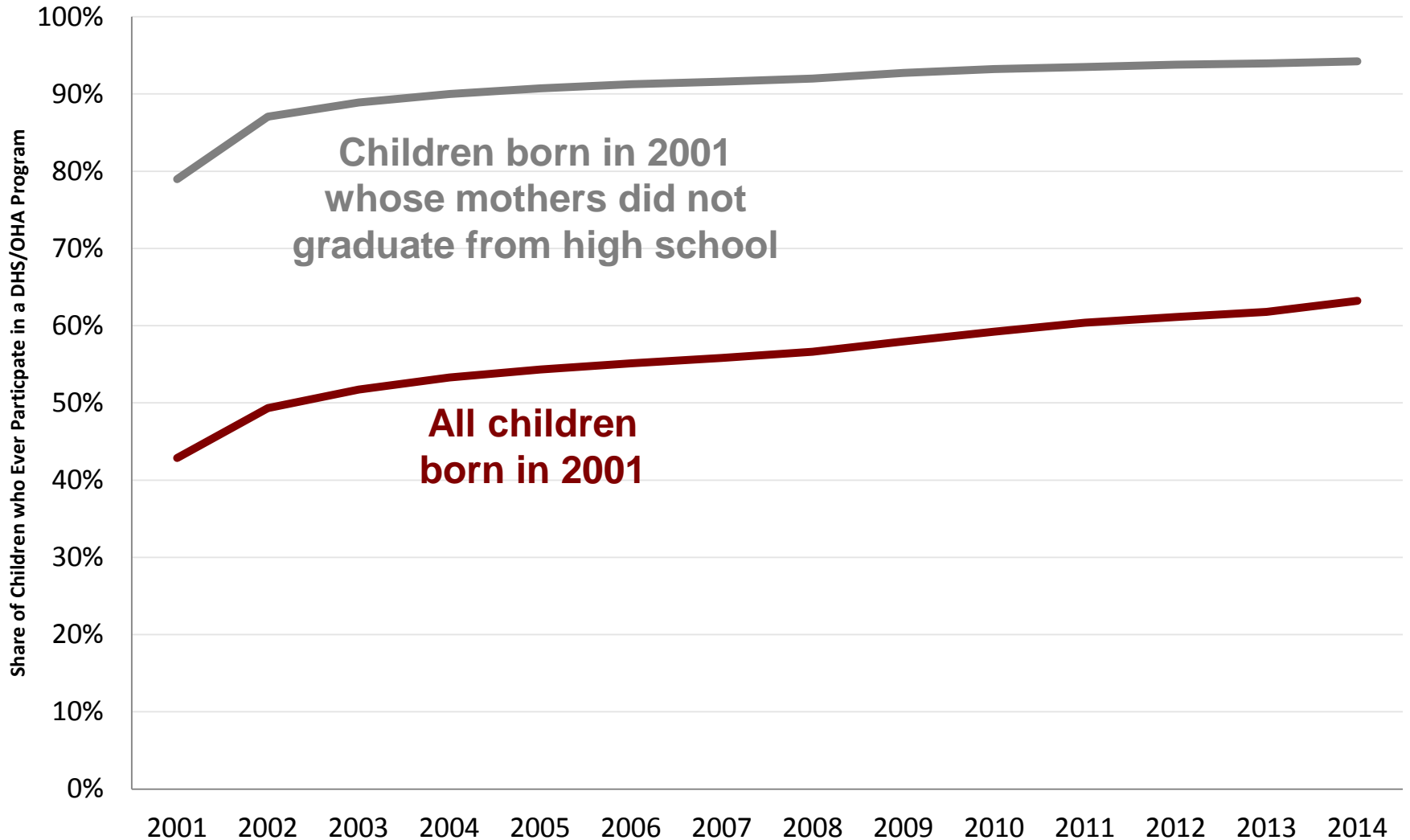
2001 Births on
DHS by Age 13

Pay for Prevention | *Preliminary Results*

94%

2001 Births on DHS by
Age 13 (mother didn't
graduate high school)

Cumulative share of Oregon children who have participated in a DHS or OHA Program, 2001 Births

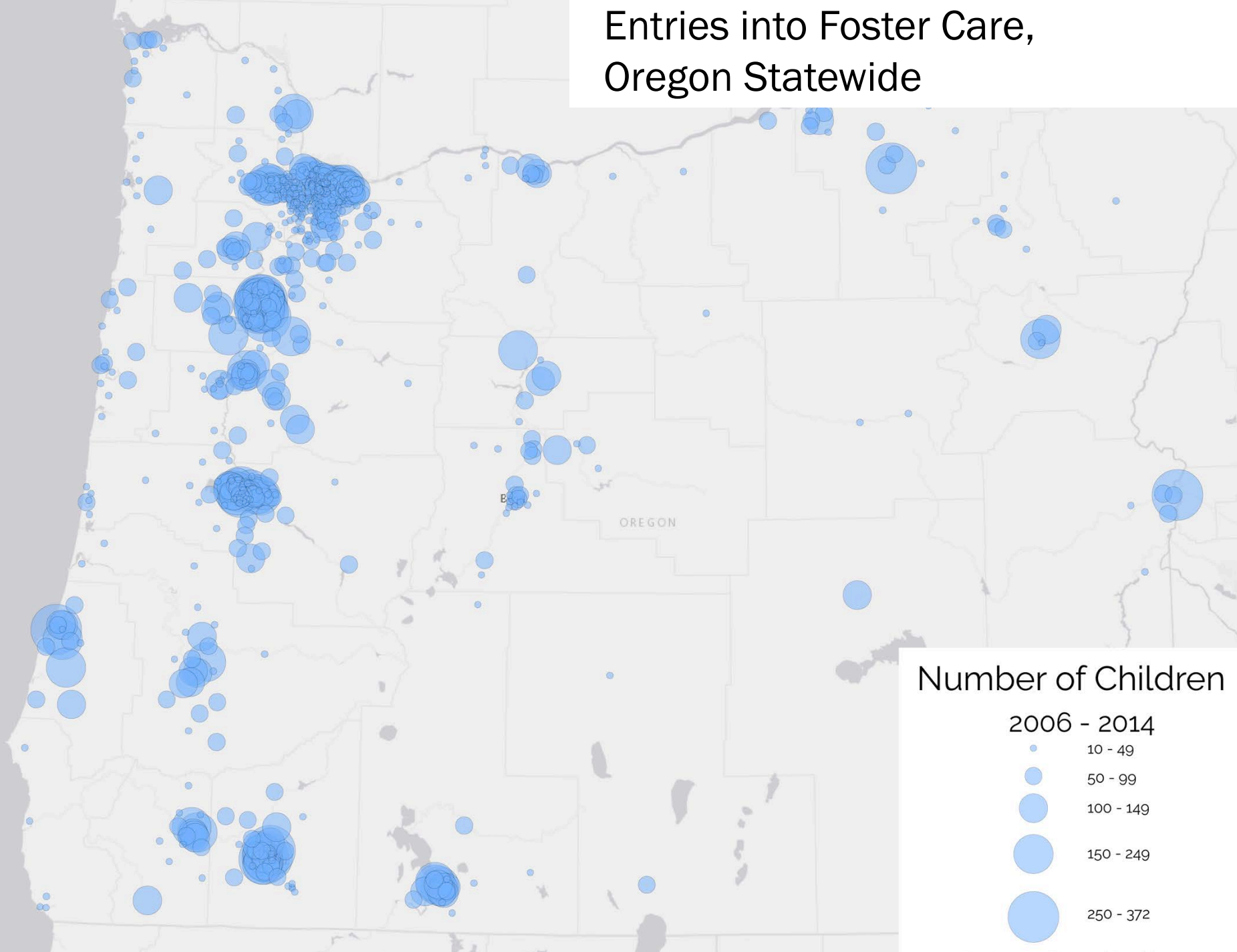


Source: OHSU/ECONorthwest analysis of Department of Human Service data.

Pay for Prevention | *Preliminary Results*

Where is the greatest need ?

Entries into Foster Care, Oregon Statewide



Number of Children

2006 - 2014

10 - 49

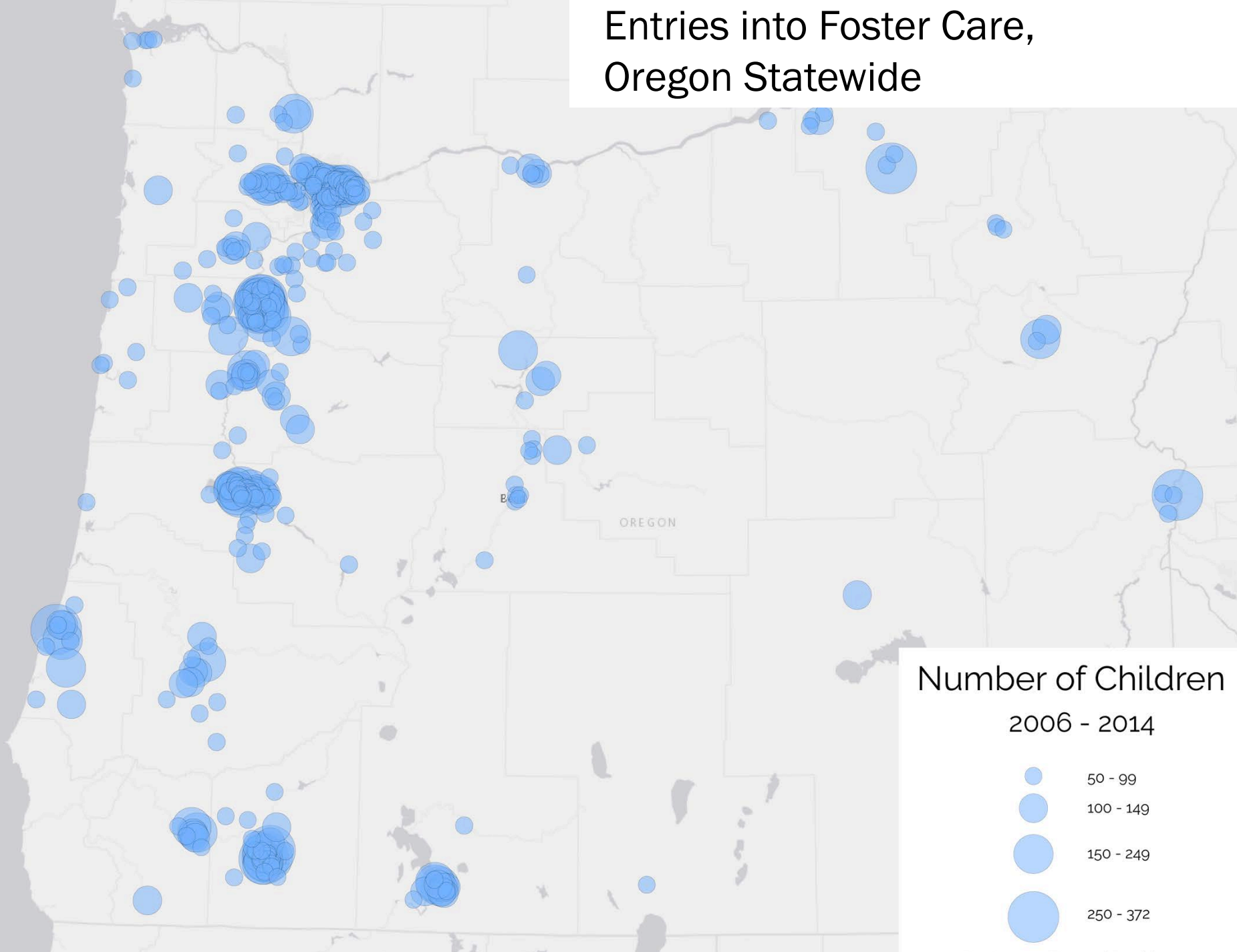
50 - 99

100 - 149

150 - 249

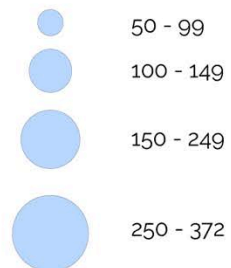
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Entries into Foster Care, Oregon Statewide

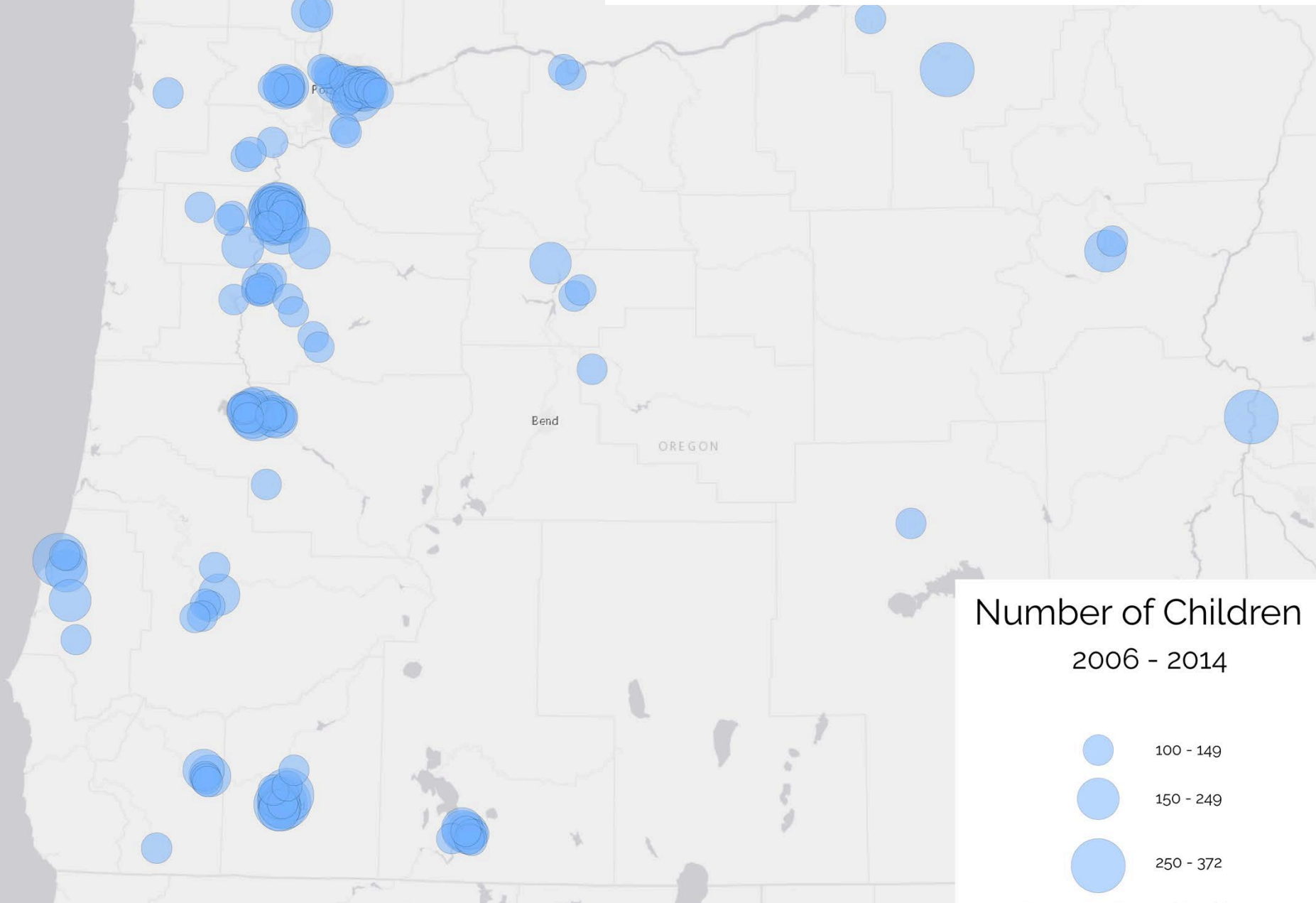


Number of Children

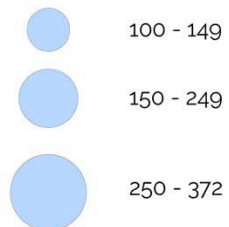
2006 - 2014



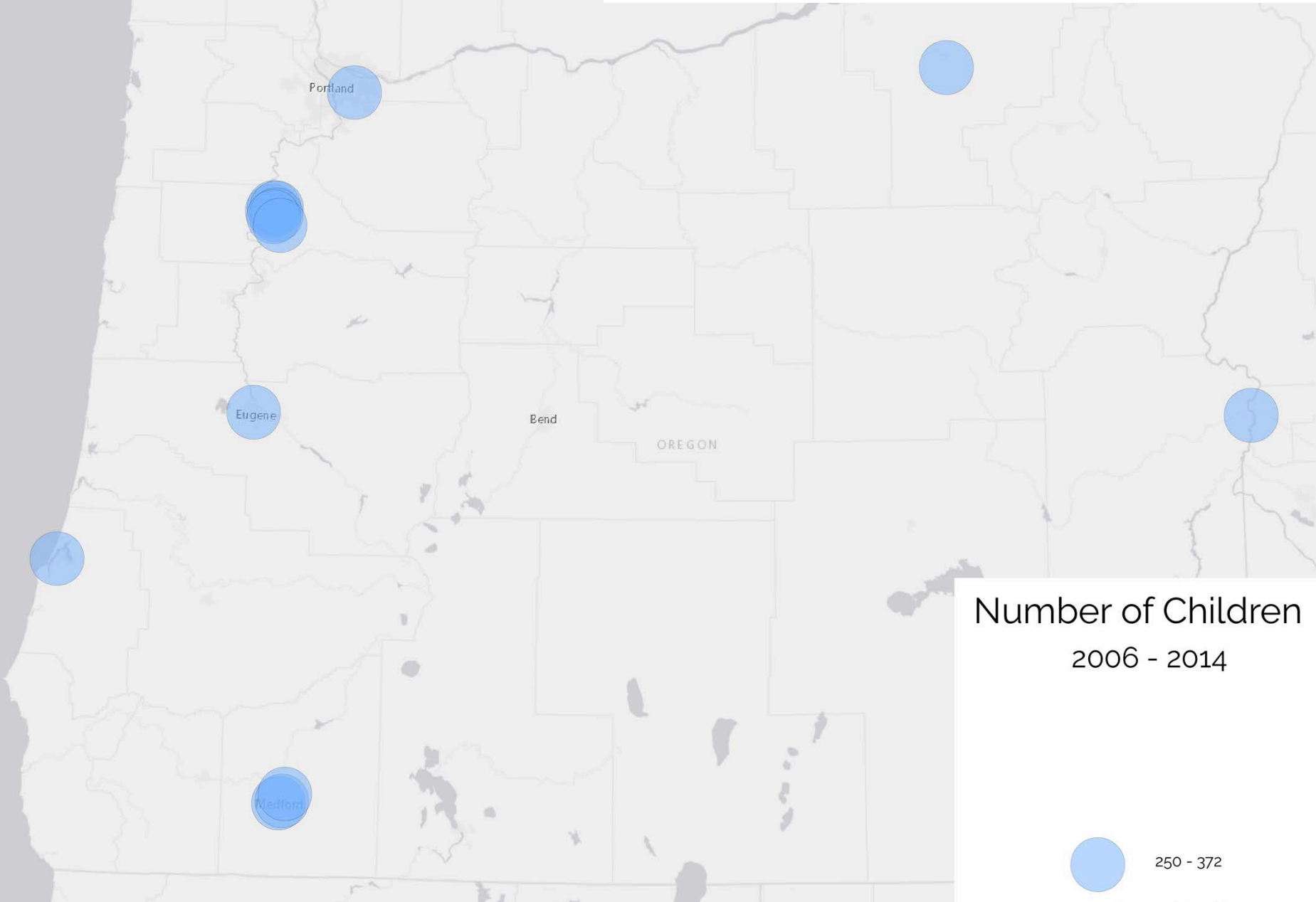
Entries into Foster Care, Oregon Statewide



Number of Children
2006 - 2014



Entries into Foster Care, Oregon Statewide

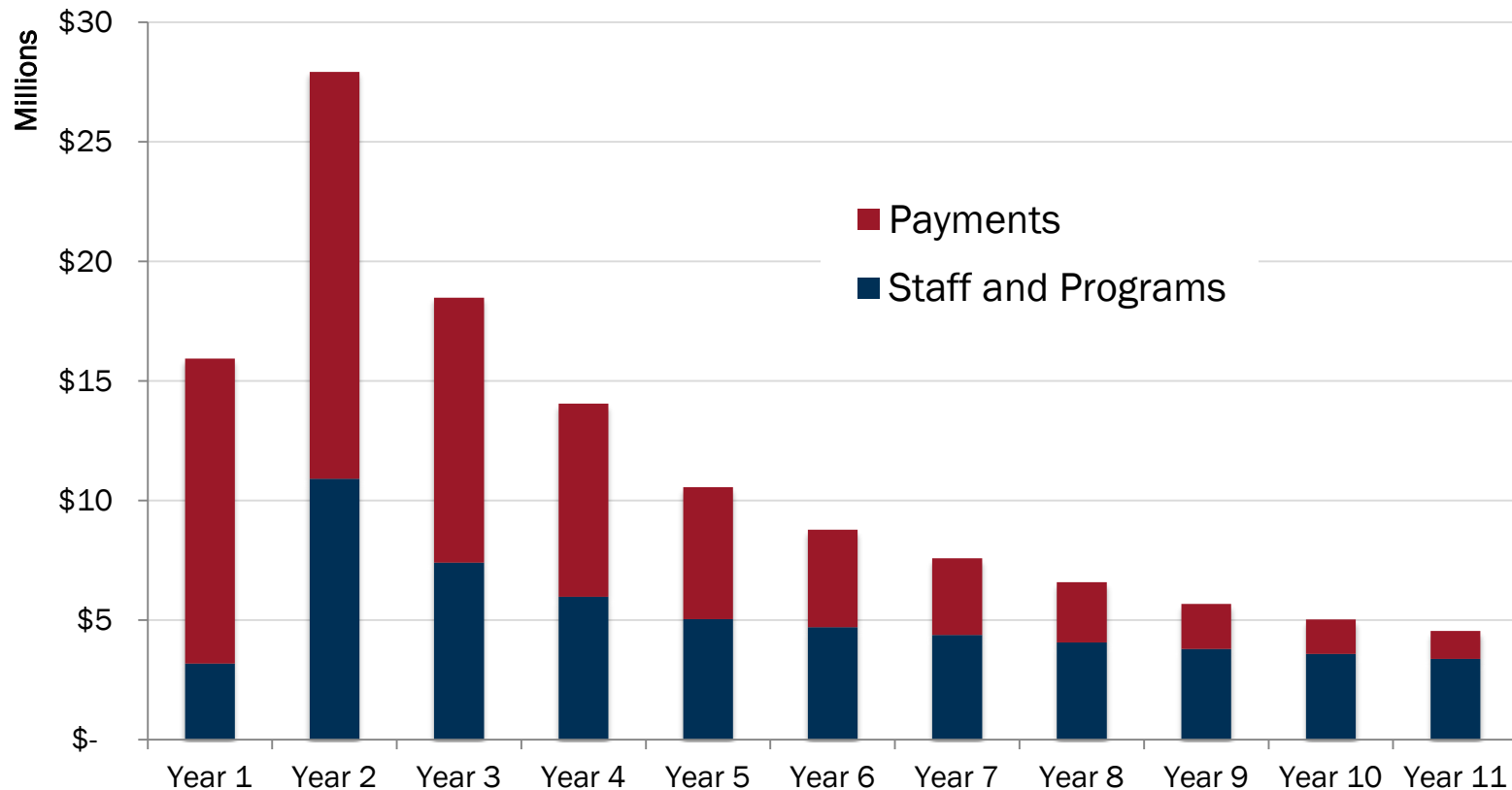


Number of Children
2006 - 2014

250 - 372

Pay for Prevention | *Preliminary Results*

Sample Marginal Costs to Oregon:
one cohort of children 11 years after first entry



Pay for Prevention | Website

oregonp4p.org

P4P

Overview

What's New

Explore Costs

Explore Geography

Providers

Contact

**PROTECT
OREGON'S
FUTURE**

by investing in early childhood



Pay for Prevention | *Capacity Building*

Provider Assessment & Technical Assistance

- Request for Qualifications: Based on a unique-to-Oregon self-assessment
- Text will be released tomorrow (April 17)
- Application period will open the first week in May
- Open to all Oregon organizations that serve (or seek to serve) young children and their families
- Results will guide the delivery of technical assistance

Pay for Prevention | *Next Steps*

Major Activities

- Complete the data analysis, incorporating education and juvenile justice information
- Complete the predictive model
- Complete the economic model
- Finalize the interventions evidence review
- Identify potential providers and deliver technical assistance
- Implement the finance & service model using \$5 million in GRB

Package 090 Pay for Prevention

Self Sufficiency

GF	OF	FF	TF	Pos	FTE
5.0	0.0	0.0	5.0	-	-

Child Welfare

<u>POP 108 Child Welfare Quality Control Reviewer Staff</u>	GF	OF	FF	TF	Pos	FTE
Program Design Services	0.1	0.0	0.1	0.2	1	1.00

What: A position to increase CW capacity to conduct required 2016 review and build foundation for ongoing child welfare quality control/improvement.

Why:

- Ongoing continuous improvement a priority for CW
- In 2016, Oregon will undergo Round 3 of the federal Child and Family Services Review (CFSR).
- A state conducted CFSR allows us to lay the foundation of a Continuous Quality Improvement system for Child Welfare.

If not funded: Without additional capacity, there is greater risk of a federally mandated Program Improvement Plan and the potential for federal penalties.

Child Welfare

<u>POP 109 Program Infrastructure</u>	GF	OF	FF	TF	Pos	FTE
Child Welfare	2.2	0.0	2.2	4.4	29	21.75

What: Increased support for child welfare workers in areas related to child safety, services to children in foster care, implementation of the Title IV-E Demonstration Waiver, continued implementation of Differential Response, timely provider payments, and other transformation efforts.

Why:

- Multiple system change efforts are underway in CW, with aggressive deadlines
- Increasing requests from child welfare staff for more support with adaptive change
- Number of child welfare staff have increased without increase in supports
- Provider-driven, payment process improvement effort
- Required new program design/development for sex trafficked youth
- System challenges have highlighted need for more quality assurance/oversight

If not funded: Statewide implementation of Differential Response will be delayed and other transformation efforts will need to be slowed down or put on hold as work is prioritized. Efforts to increase fidelity to Oregon Safety Model will be stretched, impacting all families in Child Welfare. Less efficient provider payment process.

Vocational Rehabilitation (VR)

<u>POP 119 No Cost Position Authority Request</u> VR-Basic Rehab Services	GF	OF	FF	TF	Pos	FTE
	0.0	0.0	0.0	0.0	19	19.00

WHAT: Request for position authority to clear all of the double filled positions within the Vocational Rehabilitation program.

WHY:

- VR budget can support positions (reduced contract costs allowed investment to be budget neutral)
- Staffing capacity helps avoid Order of Selection & meet Federal review and reporting requirements

IF REQUEST IS DENIED:

- Program will need to continue double-fills/current staffing levels to avoid reduced client service capacity.

VR, Intellectual/Developmental Disabilities

<u>POP 104 Employment Outcomes for People with I/DD</u>	GF	OF	FF	TF	Pos	FTE
VR-Basic Rehab Services	3.5	0.0	0.0	3.5	11	9.92
Intellectual & Developmental Disabilities	0.8	0.0	0.8	1.6	1	0.98
Total	4.3	0.0	0.8	5.1	12	10.80

What:

- Increased capacity for VR to serve the I/DD population
- Increased capacity for benefits counseling
- Enhanced investments in provider transformation, proven practices

Why:

- Oregonians with I/DD are underrepresented in Oregon's workforce
- Builds on 13/15 Employment First investments & outcomes
- Executive Order 15-01

If not funded:

- Employment outcomes for people with I/DD harder to achieve
- VR Order of Selection – All VR Consumers Impacted

Intellectual/Developmental Disabilities

<u>POP 110 Build Capacity for SACU clients in Provider Comm.</u>	GF	OF	FF	TF	Pos	FTE
Intellectual & Developmental Disabilities	0.7	0.0	0.2	0.8	2	1.76

What: Start-up funds for private provider agencies statewide to create new residential “step down” capacity specifically for people with I/DD who have significant, long-term challenges.

Why:

- Need to expand community settings to serve individuals with I/DD who have significant, long-term challenges and who are currently being served in the Stabilization and Crisis Unit (SACU) and other high cost settings
- Individuals in crisis who otherwise would benefit from SACU level of care are currently waiting in hospitals, other settings for a placement opening

If not funded:

- State will continue to struggle to serve people with I/DD who have significant, long term challenges in the most appropriate setting (right service, right time)

Intellectual/Developmental Disabilities

<u>POP 111 Provider Rate Increases</u>	GF	OF	FF	TF	Pos	FTE
Intellectual & Developmental Disabilities	8.5	0.0	18.2	26.7	-	-

What: 4% rate increase to all I/DD provider, non-bargained service rates (excluding non-medical transportation services) effective 1/1/2016

Why:

- High rates of staff turnover has serious negative consequences for consumers
- These providers have had significant rate reductions in past biennia and have not had a Cost of Living Allowance (COLA) in 3 biennia
- This will allow these agencies to increase direct staff wages and/or benefits for those that serve I/DD individuals.
- Changes in the DD service system brought about as a result of the K plan, have impacted these providers by increasing competition for qualified Direct Support Professionals.

If not funded: Difficulties providers face paying competitive wages for critical staff, primarily Direct Support Staff, will continue and grow putting children and adults with I/DD at risk and decreasing capacity to provide services to people with I/DD as the need for system capacity grows.

Intellectual/Developmental Disabilities (I/DD)

<u>Package 090 Deplete Fairview Trust Fund</u>	GF	OF	FF	TF	Pos	FTE
Intellectual & Developmental Disabilities	-6.0	0.0	0.0	-6.0	-	-

What: Proposal to use the remaining funds in Fairview Trust to support other I/DD investments

Why:

- Environmental Modifications funded by the Trust now available through Medicaid K Plan.
- Increasing caseload in the DD system as a result of implementation of the K Plan have increased funding needs for ODDS.

History of the Trust:

- Started in 1999 when the Fairview State Training Center was finally closed and sold.
- Earnings went into the trust to help individuals with I/DD stay in their own homes/community.
- 95% of the corpus would remain in the trust to gain interest for use in housing modifications and other actions to help keep people with I/DD in their own homes.
- In 2011 the Trust “loaned” all but 6.9 million of the Trust funds to assist in budget challenges during the recession. These funds have not been replenished.

CURRENT STATUS:

- Advocates who have been actively involved in working to maintain funding in the Trust want to honor the commitment made to people with I/DD when Fairview closed, that people with I/DD would live in their communities and not be institutionalized.

Aging & People with Disabilities, I/DD

<u>Package 091 Department of Labor Rules</u>	GF	OF	FF	TF	Pos	FTE
Aging and People with Disabilities	28.0		48.9	76.9	-	-
Intellectual & Developmental Disabilities	7.0		12.3	19.3	-	-
Total	35.0		61.2	96.2	-	-

What: An investment to ensure compliance with new regulations and minimize fiscal/programmatic impact by:

- Limiting # of hours a shift Home Care Worker/ Personal Support Worker can work each week.
- Limiting eligibility for live-in services to only individuals with the most complex needs.
- Paying for additional hours of on-call availability

Why: New federal regulations from US Dept. of Labor causing need for programmatic changes and additional funding (Feb16th presentation.)

If not funded:

DHS will need to make programmatic changes with more severe consequences for consumers & providers to stay within available resources.

Aging & People with Disabilities (APD)

<u>POP 107 Adult Protective Services I.T. System</u>	GF	OF	FF	TF	Pos	FTE
Aging and People with Disabilities	1.4	3.3	0.0	4.7	-	-

What: Request for permission to begin procurement for a statewide, comprehensive Adult Abuse Data and Report-Writing System, and fund the ongoing support and maintenance costs of the new system (assumes \$3.3 million in Q – bonds.)

Why:

- There is a need to reduce risk to vulnerable adults
- Currently, APS staff (DHS and AAAs) cannot view abuse data centrally in real time, which inhibits monitoring, reporting and quality assurance of screenings and investigations.
- Multiple systems across state collect different abuse data.
- Inefficient, paper processes are resulting in lagging response and documentation

If not funded: Vulnerable adults in Oregon will remain at increased risk due to inability to monitor referral and investigation activity in real time, ensure prompt interventions, and “connect the dots” on investigation outcomes.

Aging & People with Disabilities (APD)

POP 103 Non-MAGI Automation project

Program Design Services

GF	OF	FF	TF	Pos	FTE
0.75	0.0	6.75	7.5	-	-

What: Request for funding to plan for the implementation of an eligibility system for non-MAGI (Modified Adjusted Gross Income) Medicaid programs (benefitting APD, I/DD consumers).

Why:

- DHS is using obsolete technology to determine Medicaid eligibility for populations that didn't qualify under Health care Expansion (ACA Adults).
- CMS committed to three more years of 90/10 enhanced funding for Medicaid eligibility systems.
- CMS expectations regarding DHS-administered Medicaid programs.

If not funded: Continued use of inefficient legacy technology; difficulties ongoing to provide better coordinated services with the Oregon Health Authority around transitioning, shared populations; missed opportunity for enhanced federal contribution to this project.

Department of Human Services

Thank you!

www.oregon.gov/dhs

***Safety, Health and Independence
for all Oregonians***