

Department of Human Services
2019-21 Joint Legislative Committee on Ways and Means
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Oregon

Kate Brown, Governor

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2019-21 Governor's Budget Oregon Department of Human Services Message from Director Fariborz Pakseresht



Our vision of safety, health and independence for all Oregonians is what drives our work at the Oregon Department of Human Services (DHS). Our services touch one in four Oregonians, primarily the most vulnerable among us, and we serve them with the intention of helping each person realize their full potential.

To help all we serve reach their full potential, DHS is working toward a delivery system that provides services in a seamless and integrated manner across the entire continuum of life, and in strong partnership with other public, private, and community organizations.

Integration of services has been a goal of human services agencies across the country. The framework many human services organizations are adopting to guide service delivery evolution is the Human Services Value Curve, a maturity model to be implemented over time. This framework recognizes that:

- People and programs are interconnected.
- Service continuums must be designed with outcomes in mind instead of individual interventions.
- It is important to pay as much attention to the environment as we do to the individual.
- Each individual and family's health, wellbeing and needs must be approached holistically, addressing each factor that determines their survival and security.
- A multi-generational approach is necessary to help families move beyond the daily struggle to survive and achieve lasting economic stability.

DHS holds a unique position among state agencies in creating an Oregon where all its residents can thrive. We often interact with people from the moment they enter this world until the moment they leave it. Along that life journey, our interactions

"Assisting People to Become Independent, Healthy and Safe"

should be pleasant, efficient, and outcomes-focused. Our path forward is designed to embrace that role and steadily move toward full realization of our mission, vision, and values.

Our success will depend on how well we work with other system partners and our communities to create a continuum of care and services that provide Oregonians with best opportunities to succeed and thrive.

The Governor's Budget for DHS proposes investments that support our priorities to:

- Provide person- and family-centered, holistic services that help Oregonians achieve their own goals and live their full potential.
- Support children and keep them safe from birth to adulthood on their path to become healthy, productive, and purposeful adults.
- Help parents and family providers create safe, stable, and nurturing environments for children and adults in their care.
- Assist families with basic needs to lift them out of financial crisis and create a pathway to the education and living wage jobs that move them out of poverty.
- Support and assist Oregonians with disabilities to achieve, maintain and advance in meaningful employment and in independence.
- Provide access to high quality, long-term services and supports for Oregon's rapidly aging population and individuals with disabilities, in the setting of their choosing, delivered by a strong, stable, well-trained, paid, and unpaid direct care workforce.
- Empower and support Oregonians with intellectual and developmental disabilities to live full lives in their communities.
- Strengthen our relationship with, and improve our services to, the nine federally recognized Native American Tribes.
- Provide these services in a seamless, integrated manner that is sustainable, effective, efficient, outcome-based, and provided with a commitment to

service equity to ensure they are available to all qualified Oregonians and result in the best outcomes for everyone.

During the 2019-21 biennium, our priority will be on stabilizing our organization and strengthening our foundation, so it can support and sustain the seamless, integrated service delivery system we are working toward. We have already completed thorough internal assessments to show us where our foundation needs shoring up. Moving forward, we know we must:

- Do a better job of listening to, communicating with, and connecting with those we serve as well as our staff and partners who serve them because they hold the best ideas for improving our work.
- Learn how to tell our stories so that our work is defined by our many successes and not by our failures.
- Develop a learning environment that encourages the surfacing of flaws and mistakes, so we can address them, and allow creativity to flourish.
- Create a culture where safety and well-being, caring and supportive environments, high expectations and accountability, meaningful participation, and engaging the community become part of the fabric of DHS.
- Model and practice our core values and our emerging culture.
- Leverage the wisdom of the community to improve the outcomes for those we serve by learning from our diverse communities, including Oregon's Tribes, who feel marginalized and ignored by our current practices.
- Honor diversity and inclusion by including it in every aspect of the work we do.
- Use research, data, and analytics to inform our decisions.
- Shift the way we think about our work from operating in silos to an organization that is open, dynamic, interconnected and tuned in to the needs of those we serve.

The 8,500 DHS employees working across the state meet the needs of Oregonians with the help of many public, private, and community organizations. We value their partnership, dedication, and commitment to continuous improvement. The Governor's Budget provides investments that support the work we do together to create safety, health, and independence for the more than one million Oregonians we serve.

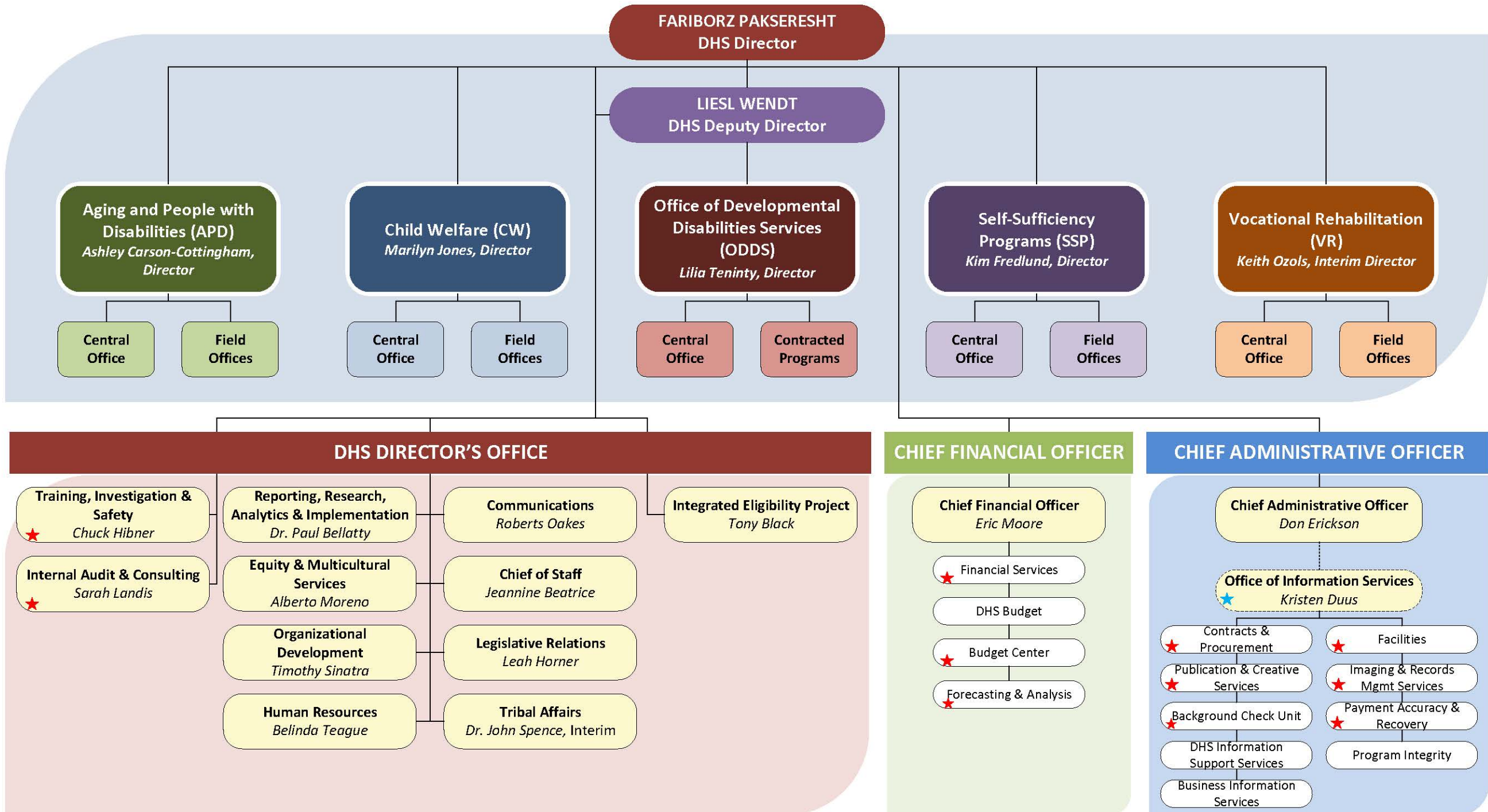
Sincerely,

A handwritten signature in black ink, reading "Fariborz Pakseresht". The signature is written in a cursive style with a prominent flourish at the end.

Fariborz Pakseresht
Director, Oregon Department of Human Services

OREGON DEPARTMENT OF HUMAN SERVICES - Organizational Structure

LAST UPDATED 12/18/2018



★ Oregon Health Authority (OHA) Shared Service: OHA program also providing services to DHS.
 ★ Department of Human Services (DHS) Shared Service: DHS program also providing services to OHA.

Overview

The mission of the Department of Human Services (DHS) is to help Oregonians in their own communities achieve safety, well-being and independence through services that protect, empower, respect choice and preserve dignity. As described in more detail in the DHS Director's Letter, the DHS budget is based on the following guiding principles:

- Safety for Children and Vulnerable Adults
- Independence, Dignity, Choice and Self-Determination for Older Adults, People with Disabilities
- Reducing Families and Individuals in Poverty
- Employment for People with Disabilities, and
- Program Performance and Operational Efficiency and Effectiveness

Funding

The DHS Governor's Budget recommends a General Fund investment of \$3.8 billion General Fund and \$12.6 Billion total funds for the 2019-21biennium.

DHS	GF	OF	FF	TF	POS	FTE
LAB 17-19	3,197,087,399	654,392,908	7,788,498,339	11,639,978,646	9,049	8,690.63
GB 19-21	3,797,162,519	623,272,839	8,130,328,111	12,550,763,469	9,339	9,122.81
Difference GB - LAB	600,075,120	(31,120,069)	341,829,772	910,784,823	290	432.18
% Difference GB - LAB	18.77%	-4.76%	4.39%	7.82%	3.20%	5.0%

Major changes from LAB to GB CSL are driven mainly by:

- Roll up of 17-19 investments
- Standard inflation
- Forecasted Cost per Case and Caseload changes including AAA, CDDP and Brokerage staffing
- Backfill of General Fund for one-time revenues and capped federal fund grants
- Changes in Federal Fund Match Rates
- Removal of 5% personal services funding aside CW at 2.5%
- Removal of inflation on Services & Supplies

Strategic Funding Investments

The following Independence, Safety, Health and Economic investments are being proposed to improve services to Oregonians:

A list of the proposed Policy Option Packages (POP) and a list of reductions to GF follow the conclusion.

Conclusion

For the 19-21 biennium, the Governor’s Budget proposes a package of services that promote safety, wellness and the economy for some of Oregon’s most vulnerable residents. These investments will help DHS meet the needs of Oregonians in this period of change and growth.

POPs at GB	GF	OF	FF	TF	POS	FTE
Package 070	-	-	(70,704,585)	(70,704,585)	(2,420)	(2,385.69)
107 - Backfill TANF in CW Staff	40,000,000	-	-	40,000,000	2,420	2,385.69
111 - Grant-Funded Limited Duration Positions	-	-	1,657,278	1,657,278	7	7.00
112 - Increase DHS Budget Staff Capacity	632,772	-	420,470	1,053,242	5	4.40
116 - VR Pre-ETS	-	576,906	-	576,906	3	3.00
119 - Centralized Screening	10,189,554	-	-	10,189,554	46	45.28
121 - Community Based Care Medicaid Access Package	25,538,323	-	11,667,109	37,205,432	25	25.00
122 - Emergency Housing Assistance*	-	-	6,500,000	-	-	-
125 - Expand ERDC	-	10,776,672	-	10,776,672	-	-
127 - ED Attainment Support for TANF & SNAP Parents	-	-	3,641,542	3,641,542	-	-
129 - Expand Support to Kids with Significant Needs	8,477,001	-	17,002,265	25,479,266	11	7.52
131 - Foster Family Recruit Team	3,008,924	-	749,993	3,758,917	17	17.00
139 - Continuing Education for Caregiver Training	1,165,056	-	334,691	1,499,747	8	7.04
142 - Independent Living Program Service Enhancement	8,500,000	-	-	8,500,000	2	1.92
201 - Integrated Eligibility Medicaid Eligibility	18,320,972	39,247,563	121,950,843	179,519,378	33	25.26
202 - Medicaid Modularity	277,922	-	276,444	554,366	2	2.00
208 - M&O OF Centralized Abuse Management	3,512,949	-	-	3,512,949	3	2.64
Total	119,623,473	50,601,141	93,496,050	257,220,664	162	148.06

Note: Housing is a transfer of funds and not an expenditure; investment of TANF FF shown here for context.

Descriptions of each Policy Option Package (POP) is included in the appropriate programs budget narrative in the following sections of the DHS ARB document.

GF Reductions Total	GF	OF	FF	TF	POS	FTE
Additional Vacancy savings	(15,142,004)	(2,566,701)	-	(17,708,705)	-	-
S&S Inflation pkg 031 elimination	(4,678,150)	(489,015)	(5,251,840)	(10,419,005)	-	-
I/DD One time use of Fairview Housing Trust Fund of \$6.0 million.	(6,000,000)	6,000,000	-	-	-	-
I/DD Eliminate Elliott homes at SACU, staff and home/client expenses	(1,820,928)	-	(3,940,035)	(5,760,963)	-	(24.00)
I/DD Lower than anticipated usage of Job Coaching Hrs	(2,000,000)	-	(4,000,000)	(6,000,000)	-	-
I/DD Enhanced Express Match	(3,000,000)	-	3,000,000	-	-	-
CW-Enhanced Foster Care - GF Reduction	(2,292,741)	-	-	(2,292,741)	-	-
Central-Additional S&S reduction	(1,143,950)	-	-	(1,143,950)	-	-
Package 090 - Assume BCU fees	(1,676,112)	1,000,000	-	(676,112)	-	-
Package 090 - SSP TANF Fund Shift	(7,480,617)	-	7,480,617	-	-	-
Package 090 - CDDP/Brokerages reduce Equity to 93%	(2,361,134)	-	(2,837,987)	(5,199,121)	-	-
Package 091 - Charges for Services/Vehicles	(5,739,851)	(147,695)	(5,044,012)	(10,931,558)	-	-
Package 092 - AG Reduction of 5.95%	(1,399,616)	(69,146)	(2,080,936)	(3,549,698)	-	-
GF Reduction Total	(54,735,103)	3,727,443	(12,674,193)	(63,681,853)	-	(24.00)

Overview

DHS Central, Shared Services and State and Enterprise-wide Costs (SAEC) provide critical leadership, business supports and program operations necessary to achieve the mission of the agency: helping Oregonians achieve well-being and independence through opportunities that protect, empower, respect choice and preserve dignity.

DHS Central, Shared Services and SAEC budgets include:

- Payments to DAS and third parties for goods and services that serve the entire agency, such as facility rents, Enterprise Technology Services charges, the DAS risk assessment charges, DAS government service charges, computer replacement, and debt service.
- Payments for DHS's cost of services shared with OHA. When the agency split, DHS and OHA agreed to share information technology, financial, investigations, and other services to avoid cost increases and focus on improving performance and efficiency.
- The cost of the DHS/OHA shared services provided by DHS. These costs are entirely other funds, paid for by the payments described in above and similar payments in the OHA budget. From a total fund perspective, these costs are double-counted in the DHS and OHA budgets.
- The cost of DHS central budgets, including the Director, Governor's Advocacy Office, Legislative and communication support, budget, equity and diversity, human resources and others.

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

Control over major costs. DHS centrally manages many major costs. Some of these costs, like many DAS charges, are fixed costs to the agency. Others, like facility rents, are managed by the agency. DHS also strongly supports and actively participates in statewide efforts to locate work across the enterprise and install

performance management systems to make administrative functions more efficient and effective.

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

DHS and OHA govern their shared services through a joint committee composed of leaders of the two agencies. This approach ensures that shared services are prioritized and managed to support program needs. The committee and its subgroups have established documented service level agreements and performance measures for each service, moved staff in and out of shared services to rationalize service delivery, and begun implementing more integrated systems to support employee performance.

Performance management system. DHS has implemented a performance management system containing the following key elements:

- A fundamental understanding of DHS’ functions; what is the work we are doing;
- A clear statement of the outcomes DHS must achieve;
- Descriptions of the processes DHS uses to achieve its outcomes;
- Owners for our processes and outcome measures;
- Written “breakthrough” strategies for each initiative that will significantly improve outcomes and processes.
- A quarterly all-leadership review of progress on each measure and strategy.

DHS is now implementing the same system within each program and support service category and revisiting the management system to better align with the agency mission and goals. The system is contained in the Director’s Office and is managed by the entire executive team.

The DHS Agency Request Budget (ARB) requests the following funding for all Central Services, SAEC and Shared services is:

Central, Shared and SAEC	GF	OF	FF	TF	POS	FTE
LAB 17-19	282,932,108	225,756,420	369,310,430	877,998,958	975	944.69
GB 19-21	333,502,393	226,233,976	375,368,963	935,105,332	930	914.81
Difference GB - LAB	50,570,285	477,556	6,058,533	57,106,374	(45)	(29.88)
% Difference GB - LAB	17.9%	0.2%	1.6%	6.5%	-4.6%	-3.2%

Central, Shared and SAEC GB	GF	OF	FF	TF	POS	FTE
Central	52,479,494	40,247,768	162,869,146	255,596,408	255	245.42
Shared	-	146,404,249	-	146,404,249	675	669.39
SAEC	281,022,899	39,581,959	212,499,817	533,104,675	-	-
TOTAL	333,502,393	226,233,976	375,368,963	935,105,332	930	914.81

DHS Central Services

DHS Central Services consist of the Office of the Director and Policy including the Chief of Staff, Tribal Affairs, the Deputy Director, the Office of the Chief Financial Officer the Office of the Chief Administrative Officer. Central office also includes the Office of Equity and Multicultural Services (OEMS), the Office of Human Resources, the Central DHS Budget, Planning and Analysis Office, the Government Relations Office, Office of Communications, the Office of Program Integrity, the Office of Reporting Research, Analytics and Implementation, the Office of Business Information Services, the Office of Information Support Services and the Integrated Eligibility and Medicaid Eligibility ONE Project Office. These offices provide essential business supports to programs in achieving the department and programs mission, vision and outcomes.

The DHS GB request for Central Services is \$52.5 million General Fund and \$255.6 million Total funds:

Central	GF	OF	FF	TF	POS	FTE
LAB 17-19	35,505,162	46,080,362	173,438,062	255,023,586	282	270.75
GB 19-21	52,479,494	40,247,768	162,869,146	255,596,408	255	245.42
Difference GB - LAB	16,974,332	(5,832,594)	(10,568,916)	572,822	(27)	(25.33)
% Difference GB - LAB	47.81%	-12.66%	-6.09%	0.22%	-9.57%	-9.36%

Note: Central includes \$14.2 GF, \$39.2 OF, \$133.0 FF or \$186.4 TF and 58 positions and 50.26 FTE. This represents 72.9% of the central TF budget.

Major changes from LAB to CSL include mainly:

- Standard inflation.
- Movement of the Office of Administrative Hearings budget to SAEC
- Transfer of Human Resource (HR) analyst from Child Welfare to Central HR
- Phase out of the IE/ME ONE project – in GB as a POP

Strategic Funding Investments

Central investments as GB	GF	OF	FF	TF	POS	FTE
090 Adopt Data informed decision-making (ORRAI)	1,250,864	-	820,600	2,071,464	10	10.00
112 - Increase DHS Budget Staff Capacity	632,772	-	420,470	1,053,242	5	4.40
201 - Integrated Eligibility Medicaid Eligibility	13,047,490	38,572,563	121,950,843	173,570,896	33	25.26
202 - Medicaid Modularity	277,922	-	276,444	554,366	2	2.00
208 - M&O OF Centralized Abuse Management	3,512,949	-	-	3,512,949	3	2.64
Total	18,721,997	38,572,563	123,468,357	180,762,917	53	44.30

090 – Adopt Data Informed Decision-making (ORRAI)

This investment is intended to assist Child Welfare’s move to a more data informed program, 10 positions were added to the Office of Reporting, Research, Analytics and Implementation to support the Child Welfare research agenda. The implementation of research based tools, creates a data-informed child welfare system. Although data-informed will not prevent maltreatment, ensure every child is in the right bed for the right amount of time, and assure every adoption is successful; a data-informed system provides objective information to decision-makers to improve outcomes for children and families.

112 - Increase DHS Budget Staff Capacity

The complexity of the department’s budget has grown over the past few years. Currently there are only eight budget analysts, one manager, and one support position for the five main program areas and central office, which include over 9,000 budgeted positions and an \$11.6 billion-dollar budget. Each program has multiple, complex funding streams and their own requirements and limitations.

The department requests the addition of one PEMF deputy budget director, two Fiscal Analysts 2, and two Fiscal Analysts 3 to further the agency’s ability to: track budgets at the levels not expected of the unit in the past, focus on revenue analysis,

provide backup to programs that are only supported by one analyst in each program and design/delivery area, and to assist in the production of ever more detailed and complex information requests for budgeting and decision-making purposes. They will also provide coordinated position management resources for the over 9,000 budgeted positions in the department.

201 - Integrated Eligibility Medicaid Eligibility

This POP will provide resources to support the continuation of the Department's ONE Integrated Eligibility & Medicaid Eligibility (ONE IE & ME) Project during FY19-21 resulting in a single eligibility determination system for Non-MAGI Medicaid, Supplemental Nutrition Assistance Program (SNAP Food Stamps), Temporary Assistance for Needy Families (TANF Cash Assistance), and Employment Related Day Care (ERDC Child Care subsidies).

This POP would further the development and implementation period for the Integrated ONE System –for the purposes of Eligibility Determination work. DHS plans to put the system into pilot in Summer 2019, followed by a six-month pilot roll-out beginning early in 2020 and statewide roll-out by Summer of 2020. This POP takes advantage of enhanced federal funds across two separate federal agencies. Without funding, DHS will not be able to continue its project in a timely manner, resulting in increased state general fund cost, subsequent federal audits, and required modifications to our Legacy systems which would cost more than the total cost of this project.

202 - Medicaid Modularity

This POP requests additional positions and funding to support continuation of planning and begin implementation activities for modularization of the systems supporting Oregon Medicaid. The outcome will be a solution set that meets CMS modularity criteria, with the ability to make updates as needed to meet federal and state demands over time. Funding is for OHA division leadership and subject matter expertise and for professional consulting services supporting planning and road-mapping efforts. This POP requests 3 permanent positions for OHA HSD to work in partnership with OIS and \$1,415,000 TF for consulting services. DHS companion POP to request 3 complimentary positions to represent DHS related

Medicaid. Due to delays in 2017-19 planning efforts less than \$1,000,000 approved TF (under \$100,000 GF) from the 2017-19 POP will be expended by the start of 2019-21. CMS will fund 90 percent of positions and consulting during planning/implementation and 75 percent for on-going maintenance.

208 - M&O of Centralized Abuse Management

Summary Statement: House Bill 4151 requires the state of Oregon and DHS as its agent, to standardize its processes and technology related to abuse of vulnerable adults.

Oregon’s current environment for tracking, reporting, analyzing, and investigating adult abuse relies on accessing information from nine distinct systems or data sources. Additionally, local offices have created their own one-off mechanisms for supporting investigations, further complicating and decentralizing information. Existing systems limitations include the inability to search across program populations, inhibiting the ability to track perpetrators and/or victims over time and between populations. This heightens the risk of not capturing all abuse allegations.

This POP requests general funds to implement ongoing maintenance and additional enhancements that will build upon the capabilities of a base system implemented in the 2017-19 biennium, for an integrated solution, which meets HB 4151 criteria and helps protect vulnerable Oregonians. Not funding this POP will limit Oregon’s ability to support the system after Go-Live.

The following table show the GF reductions to the Central Budget:

Central GF Reductions Total	GF	OF	FF	TF	POS	FTE
Additional Vacancy savings	(892,274)	-	-	(892,274)	-	-
S&S Inflation pkg 031 elimination	(320,678)	-	-	(320,678)	-	-
Central-Additional S&S reduction	(1,143,950)	-	-	(1,143,950)	-	-
Package 091 - Charges for Services/Vehicles	(21,773)	(2,607)	(44,261)	(68,641)	-	-
Package 092 - AG Reduction of 5.95%	(38,774)	(5,676)	(44,969)	(89,419)	-	-
GF Reduction Total	(2,417,449)	(8,283)	(89,230)	(2,514,962)	-	-

Below is an overview of the offices within the Central Budget.

DHS Central Services

DHS Central Services provide essential supports to programs in achieving the

department and programs mission, vision and outcomes.

Office of the Director

The DHS Director's Office is responsible for agency leadership, policy development, resource allocation, and administrative oversight for all programs, staff and offices in DHS in a manner that supports equitable outcomes for Oregon's diverse population. These functions are led by the Director and Deputy Director, and coordinated by the Director Cabinet members, with the Governor's Office, the Legislature, other state and federal agencies, Tribes, partners and stakeholders, communities of color, LGBTQIA+ communities, local governments, advocacy and client groups, and the private sector. The Director and Deputy Director oversee Internal Audits and the Office of Training, Investigations and Safety, which provide shared services for both DHS and OHA.

Chief of Staff

The Chief of Staff oversees projects and initiatives with DHS-wide or cross-agency enterprise-wide impact on behalf of the Director. The Chief of Staff also oversees the Governor's Advocacy Office (GAO), which helps affected parties work through questions, concerns, or complaints related to DHS services or departmental actions. The office includes the DHS ombudsman program, the office of the Children's Advocate, the Foster Care Ombudsman, and civil rights and discrimination investigations, which also governs the agency's formal complaint process. The GAO works cooperatively with field and central office staff, program staff, legislators, DHS leadership and other key stakeholders to successfully, equitably and respectfully reach issue resolution.

Tribal Affairs

The DHS Director's Office is also home to Tribal Affairs. DHS is committed to positive working relationships with the nine Oregon tribes. Staff regularly engages with tribal governments through tribal liaisons and continually strives to ensure these communities receive equitable, sufficient and appropriate human services.

Office of the Chief Financial Officer

Office of the Chief Financial Officer (OCFO) provides optimal business services to ensure accountability, data driven decisions, and stewardship of resources in support of the DHS mission. This is done by working closely with DHS and OHA programs and the OHA Chief Financial Officer, to ensure accurate, timely and efficient recording and management of financial resources; culturally competent and equitable services; authorizing the redistribution of available resources to meet changing needs; and establishing administrative controls. This office also oversees budget, planning and analysis functions for DHS based programs and leadership of the DHS budget with the Governor's Office, Legislature, Department of Administrative Services (DAS), Legislative Fiscal Office (LFO) and DHS partners.

Office of the Chief Administrative Officer

Office of the Chief Administrative Officer (CAO) provides leadership and direction for the DHS Shared Services and select Central Services. The CAO and Deputy CAO oversees the service level agreements (SLA) between Shared Services and OHA. Through SLAs, the office provides leadership to ensure that the services provided by each unit utilize the most current best practices from their respective fields to optimize services in the most fiscally responsible and equitable manner possible. The office ensures that all services and business practices are conducted in a culturally responsive and equitable manner. This oversight includes the office of Program Integrity, which provides operational and case reviews, often mandated by law, to determine how accurately the agency is making eligibility determination; the office provides training where needed. The office also oversees Information Support Services and the Office of Business Information, again to ensure policy integrity through data and information technology solutions.

Office of Human Resources

The Office of Human Resources serves as a strategic staff partner by providing proactive and comprehensive human resources services, in alignment with agency and program mission and goals. HR works closely with internal customers on Workforce Strategies that support agency and program needs and strategies and builds a healthy and inclusive workplace culture of ongoing development and feedback to ensure the agency has a diverse workforce with the right people with

the right skills, training, and support to do their work, now and in the future. The Office of Human Resources ensures compliance with all Federal, state, and local laws pertaining to personnel matters, including affirmative action and equal employment opportunity.

Office of Communications

This office supports the mission by providing accurate information to a diversity of employees, media outlets, clients, legislators, stakeholders and interest groups, providers and partners, local governments, other state and federal agencies, policymakers, tribes, targeted audiences and the public. The unit prides itself on culturally relevant and linguistically competent communication practices. Effective communication is the primary vehicle to demonstrate public transparency, accountability and trust. The office also provides support to the department's priority projects as defined by the DHS Director and executive team.

Office of Government Relations

This unit is essential to the agency's core functions through ensuring that any statutory, policy and budget implications positively impact the Oregonians that we serve. This team coordinates all DHS legislative matters with legislative offices, key stakeholders, federal partners and the Governor's Office. The government relations unit also supports both field and central office staff providing consultation and support in legislative and policy changes, primarily working with central office staff on policy development for program services. Staff in this unit support the director of DHS, the directors of all program and operations in DHS and the district managers in field offices. Legislative work is conducted with the intent of eliminating existing inequities and to promote equitable outcomes, using a comprehensive equity lens.

Office of Legal Relations

This unit manages all lawsuits, tort claims, and subpoenas related to DHS program and operations. Staff in this unit provide expert consultation to DHS field and central office staff, Department of Justice (DOJ) and Department of Administrative Services (DAS) Risk Management in policy related to legal

matters. This team ensures timely completion of the required judicial documents to move smoothly through complicated legal matters.

Office of Equity and Multicultural Services

Office of Equity and Multicultural Services (OEMS) provides leadership and direction in supporting the integration of equity, diversity and inclusion policies and initiatives throughout the agency. As an office that assists all DHS program areas, OEMS has two main charges. The first is to guide the agency to ensure a diverse workforce that has the cultural agility and language skills to serve the needs of all Oregonians; and second is to help the agency work toward equitable outcomes for all populations using DHS services. OEMS accomplishes this mission through policy-making, strategic planning, quality improvement consulting, technical assistance, research, Employee Resource Groups (ERGs), Diversity Committees, community engagement, advocacy, ally-ship, partnerships, and continuous learning.

Office of Reporting, Research, Analytics, and Implementation

The Office of Reporting, Research, Analytics, and Implementation (ORRAI) compiles reports, conducts research, analyzes data, implements research, and provides inter-agency program as well as enterprise wide data. ORRAI provides mission critical information to directors, legislators, partner agencies, and the public. The office utilizes predictive analytics, workload modeling, and DHS and inter-agency program data to improve outcomes for children and families. The office translates data into information and develops practitioner tools to ensure decisions are data-informed.

Integrated Eligibility Project Office

Integrated Eligibility Project Office was established to carry out the requirements of the Integrated Eligibility Project, as described in the Budget Narrative of this document, including promoting and protecting civil rights of Medicaid clients.

Office of Organizational Development

The Office of Organizational Development oversees organizational capacity for continuous advancement toward the DHS mission critical goals. This includes

building enterprise partnerships within the community; managing a portfolio of projects impacting organizational development; supporting employee development towards change; employing Lean principles through continuous improvement activities; implementing the DHS performance management system; and supporting volunteerism centrally in DHS and throughout the state in the field.

DHS Shared Services

DHS Shared Services supports both DHS and OHA by providing optimal business services to ensure accountability, data-informed decisions, and stewardship of resources. Shared Services are completely Other Funded and provide services to both DHS and OHA. Funding for Shared Services is included in the Shared Services Funding portion of the Statewide and Enterprise-wide Costs (SAEC) budget.

Shared	GF	OF	FF	TF	POS	FTE
LAB 17-19	-	140,157,962	-	140,157,962	693	673.94
GB 19-21	-	146,404,249	-	146,404,249	675	669.39
Difference GB - LAB	-	6,246,287	-	6,246,287	(18)	(4.55)
% Difference GB - LAB		4.46%		4.46%	-2.60%	-0.68%

Major changes between LAB and GB include:

- Phase in of investments made in 2017-19
- Removal of Standard Service and Supply Inflation
- 5% reduction to personal services

While there were no specific investments in Shared Services it is proposed in GB that DHS begin charging for some background checks to offset at least \$1.5 million in GF. The population to be charged and processes to implement such a fee have not been determined. Reductions to this budget include (\$2.6) million OF for additional vacancy savings and (\$440)K to remove inflation from Services and Supplies.

Overview of Shared Services

DHS Shared Services supports both DHS and OHA by providing optimal

business services to ensure accountability, data-informed decisions, and stewardship of resources. DHS Shared Services contains the following key offices and programs that serve both DHS and OHA.

Budget Center

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

Office of Forecasting and Research and Analysis

Office of Forecasting and Research and Analysis (OFRA) supports DHS and OHA by providing accurate, timely, unbiased caseload forecasts, and related research and analysis to support budgeting, policy development, identification and elimination of inequitable outcomes, and operational planning.

The Office of Enterprise Data Analytics (OEDA)

This office conducts inter-agency research and advanced statistical modeling to answer cross agency and/or cross programmatic operational questions.

Office of Financial Services

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

Human Resources Center (HR)

This office provides essential HR administrative functions and services for DHS and OHA, and supports organizational development and an improved common culture of leadership, diversity, inclusion, and engagement across both agencies, through; personnel records management; leave administration; ADA reasonable accommodations, centralized position administration; safety and risk response and management; staff and management training; facilitation services HR data

analysis and reporting; HR policy administration; and internal communication strategies and resources for managers and staff.

Background Check Unit

The Background Check Unit (BCU) provides a comprehensive background screening process to determine if an individual should be allowed to have access to vulnerable people, IT systems or client information. BCU also provides centralized support for FBI Criminal Justice Information Services (CJIS) clearance and training for DHS and OHA staff. BCU is also Oregon's point of contact for processing out- of-state child protective service check requests in support of federal legislation.

Office of Facilities Management

This office provides the management and oversight of all facility and leasing related matters for DHS and OHA administrative offices, branch offices, and other facilities statewide. Its staff and operations support the departments' mission by ensuring buildings are safe and universally accessible, and by maintaining and operating buildings, telecommunications, and their physical infrastructure in a cost-effective, sustainable, and environmentally responsible manner. This office collaborates with both DHS and OHA leadership to develop long term strategic plans for the facilities need of both organizations.

Office of Imaging and Records Management

This office provides services tailored to the business and program operational needs related to: agencies delegated authority regarding imaging, electronic and physical document and records management; data entry of documents to send data to mainframe applications to generate payment to medical and childcare providers; image and data capture of source documents into a central repository; image and data capture of documents into electronic workflow eliminating the need for the customer(s) to process physical documents; archive storage of physical records; tracking of archived records; shipping of archived records; and destruction of physical documents/records per agreement and Secretary of State's Office retention schedule.

Office of Contracts and Procurement

The Office of Contracts and Procurement (OC&P) supports all offices of the DHS, the OHA, and the Home Care Commission by procuring supplies and services in the most cost-effective manner through innovative and responsible solutions. OC&P assists agencies with their supplier diversity programs that seek to include women, minority, and emerging small businesses.

Office of Training Investigations and Safety (OTIS)

This office is responsible for conducting and coordinating abuse investigations and providing protective services statewide in response to reports of abuse and neglect to people they serve, including:

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

Office of Internal Audit and Consulting

This office provides independent and objective information and consulting services for DHS/OHA. The internal audit team reviews all DHS/OHA areas including central operations and programs, field offices, and institutions. The unit provides other services such as consultation on internal controls and process improvement efforts, facilitation of risk assessment activities, coordination of external audits, and tracking and follow-up on internal and external audit findings.

Office of Payment Accuracy and Recovery

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

Publications and Creative Design Services

Publications and Design manages the writing, design, development, printing and

distribution of DHS and OHA publications for internal and external audiences, which includes accessible formats and multiple languages. Also provides consulting to plan professional quality publications that reflect DHS and OHA style guidelines; edit and proof materials created by staff experts and partners in their individual fields; provide graphic design, layout, original and digital illustration, forms creation, graphic artwork and Web and electronic materials.

Statewide Assessments and Enterprise Costs (SAEC)

This budget includes the DAS, ETS, Risk Management and other assessments, debt service, and the DHS rent, computer replacement and shared services funding budgets. The ARB for SAEC is \$299.0 million General Fund and \$562.9 million Total Funds.

SAEC	GF	OF	FF	TF	POS	FTE
LAB 17-19	247,426,946	39,518,096	195,872,368	482,817,410	-	-
GB 19-21	281,022,899	39,581,959	212,499,817	533,104,675	-	-
Difference GB - LAB	33,595,953	63,863	16,627,449	50,287,265	-	-
% Difference GB - LAB	13.58%	0.16%	8.49%	10.42%		

Note: There are no positions or FTE in the SAEC budget.

Major changes between LAB and GB include:

- Inflation
- Roll up of 17-19 actions/Emergency Boards
- Adjustments to match Department of Administrative Services’ Price List items
- General Fund Backfill of non-TANF capped federal funds grants
- Reduction of CSL inflation on Services and Supplies
- Assume Background Check unit collects new fees to offset \$1.5 million GF

Strategic funding investments in the SAEC budget include Debt Service for the Integrated Eligibility and Medicaid Eligibility project. Debt service increased from \$15.4 million in 17-19 LAB to \$26.4 at GB which accounts for roll-up of additional 17-19 bond debt service of \$5.3 million and the estimated debt service for new bond sales in 19-21 of \$5.7 million GF.

201 - Integrated Eligibility Medicaid Eligibility

The Integrated Eligibility Project is a technology project upgrading the ONE system to include additional programs in order to move off old technology infrastructure and modernize business practices to better meet Oregonians' needs. When completed, the system will support Modified Adjusted Gross Income (MAGI) Medicaid eligibility determinations, Non-MAGI Medicaid eligibility determinations, and eligibility determinations for the Supplemental Nutrition Assistance Program (SNAP), including payments for the Summer Food Service Program (referred to as Summer Meals), the Temporary Assistance to Needy Families Program (TANF), and the Employment-Related Day Care (ERDC) program.

This effort supports Oregon's long-range goal of establishing integrated service delivery including using a shared eligibility determination service across all public benefit programs to efficiently and accurately achieve results for Oregonians. The Oregon Department of Human Services (DHS) is leading the project in cooperation with the Oregon Health Authority (OHA), the state Medicaid agency in Oregon. The project began in July 2015 and is expected to end in Fall 2020.

Reductions to SAEC include:

SAEC- Reductions	GF	OF	FF	TF	POS	FTE
Additional Vacancy savings	(1,843,907)	-	-	(1,843,907)	-	-
S&S Inflation pkg 031 elimination	(1,182,822)	-	-	(1,182,822)	-	-
Package 090 - Assume BCU fees and S&S reduc	(1,676,112)	-	-	(1,676,112)	-	-
Package 091 - Charges for Services/Vehicles	(5,191,288)	(90,594)	(4,151,695)	(9,433,577)	-	-
Package 092 - AG Reduction of 5.95%	(4,993)	(117)	(4,385)	(9,495)	-	-
Total	(9,899,122)	(90,711)	(4,156,080)	(14,145,913)	-	-

Overview

Oregonians access self-sufficiency services when they are in need and have no other alternatives. From all corners of the state, we served over one million Oregonians last year through our Supplemental Nutrition Assistance Program (SNAP). Most Oregonians seeking assistance need help meeting a variety of needs such as nutritious food – over 600,000 just this month – or basic needs such as shelter and utilities costs in addition to basic household supplies such as toothpaste, bedding, and other basic hygiene needs through cash assistance for families with children living in extreme poverty, or assistance with quality child care so parents can remain employed and maintain a path of financial stability. Programs also help low-income families impacted by domestic violence or refugees seeking a safe area to live. Some programs require participation in employment services or job training to help them move to supporting themselves and their families. Families can also receive help to apply for other federal programs (SSI) if employment is not a viable option due to a severe disability.

Challenges

When adequately resourced, staff delivering these programs help break the cycle of poverty and help Oregonians transition to jobs. This keeps families safe and stable, supporting the healthy development of young children. Unfortunately, with program reductions, an economic recession that triggered a dramatic increase in demand for services from Oregonians, and a slow economic recovery, these programs have been significantly challenged to achieve results. Additionally, caseloads remain high in SNAP.

Staff at the state and local levels continue to collaborate and build upon existing agency and community partnerships in order to help families find the resources and services they need. There is also a need, and an opportunity, to further connect with the multiple redesigns of state systems (Workforce, Early Learning and Health) that touch or should touch families served by the DHS self-sufficiency programs. In particular, the economy is recovering slowly and unevenly creating challenges for people throughout the state to have access to jobs that build a path to self-sufficiency.

Seeking Self-Sufficiency

These programs are designed to help break the cycle of poverty, help Oregonians transition to jobs, support the healthy development of young children and help

keep families stable, preventing children from being abused or neglected and from requiring out-of-home placement in more expensive foster care.

The TANF program funds are used in efforts that maximize the dollars for benefits that are targeted at building participant progression in work related activities, and identifying and building on skills and leveraging community collaborations to provide solid foundations that lead not only to employment placement but retention and advancement.

For the 19-21 biennium we plan to continue program improvements.

The proposed Self Sufficiency Agency Request Budget is \$518.4 million General Fund and \$3.39 billion total funds primarily driven by SNAP benefits.

	SCR TOTAL					
	GF	OF	FF	TF	Positions	FTE
17-19 LAB	391,161,147	100,243,733	2,747,305,831	3,238,710,711	2,524	2,368.29
ARB	518,390,763	91,183,249	2,783,522,188	3,393,096,200	2,636	2,621.58
Difference	127,229,616	(9,060,484)	36,216,357	154,385,489	112	253.29
Percent Change	32.5%	-9.0%	1.3%	4.8%	4.4%	10.7%

	SCR TOTAL					
	GF	OF	FF	TF	Positions	FTE
17-19 LAB	391,161,147	100,243,733	2,747,305,831	3,238,710,711	2,524	2,368.29
CSL	457,882,613	91,182,241	2,786,248,208	3,335,313,062	2,522	2,519.10
Difference	66,721,466	(9,061,492)	38,942,377	96,602,351	(2)	150.81
Percent Change	17.1%	-9.0%	1.4%	3.0%	-0.1%	6.4%

Major changes from LAB to CSL are driven mainly by:

- Standard inflation
- Backfilling of one-time revenues from 2017-19
- Phase in of investments from 2017-19

	SCR TOTAL					
	GF	OF	FF	TF	Positions	FTE
CSL	457,882,613	91,182,241	2,786,248,208	3,335,313,062	2,522	2,519.10
ARB	518,390,763	91,183,249	2,783,522,188	3,393,096,200	2,636	2,621.58
Difference	60,508,150	1,008	(2,726,020)	57,783,138	114	102.48
Percent Change	13.2%	0.0%	-0.1%	1.7%	4.5%	4.1%

	SCR TOTAL				Positions	FTE
	GF	OF	FF	TF		
ARB Build - POPS	60,508,150	1,008	(2,726,020)	57,783,138	114	102.48
Package 070	-	-	(5,828,689)	(5,828,689)		
104 - SSP 100% Workload Model	14,899,079	0	0	14,899,079	96	84.48
106 - Agency Positions True-Up	1,854,297	1,008	1,445,391	3,300,696	11	11.00
111 - Grant-Funded Limited Duration Positions	0	0	1,657,278	1,657,278	7	7.00
122 - Emergency Housing Assistance	20,000,000	0	0	20,000,000		
125 - Expand ERDC	20,000,000	0	0	20,000,000		
127 - ED Attainment Support for TANF & SNAP Parents	3,641,542	0	0	3,641,542		
146 - Fleet Costs	113,232	0	0	113,232		

Strategic Funding Investments

070 – Revenue Shortfall Package

In 17-19 there were some carryover TANF funds used to fund the program. Depending on what happens with other packages (specifically CW pop 107)

104 - SSP 100% Workload Model

The DHS Self Sufficiency Program (SSP) continues to operate with a staffing shortage, based on data provided by the Workload Modeling and Consulting Unit. Earned positions are those determined necessary for DHS to meet the needs of the Oregonian’s we serve. Currently, DHS SSP has been allocated positions equivalent to 95% of the determined earned positions, or 95% of those needed for the work. DHS SSP is asking for positions to be allocated to meet 100% of the work required to adequately serve our Oregon population.

106 - Agency Positions True-Up

SB5526 (2017) directed DHS to accelerate the agency’s current effort to improve position management practices, which typically relied heavily on double filling positions and using funding from holding positions vacant to cover the double fill costs. The Department has been reporting on its progress at each interim meeting. These efforts have included moving double filled staff to vacant positions, putting together permanent finance plans, and now this policy package. This POP addresses a number of situations where vacancies and permanent finance plans have not been able to rectify the double filling. This package includes all of the DHS Program Areas, with the exception of Child Welfare which is being handled through other policy packages, and Central and Shared Services offices.

111 - Grant-Funded Limited Duration Positions

SSP is requesting position authority and federal fund limitation for up to 7 grant-funded limited duration positions. These grants are attached to work that has been expanding over the past 5 years. The SNAP Employment and Training Program continues to pull in more federal dollars through partnerships created across the state, but lack the infrastructure to support and provide technical assistance along with federal oversight. The Nutrition Education Program through SNAP also provides 100% federal funding opportunity to support the program which also spans across the state and requires much technical support. The final program is the My Future My Choice Program which has been supported by federal Title V dollars for over 10 years. This will not include a General Fund ask.

122 - Emergency Housing Assistance

The housing crisis has greatly impacted the low-income families in Oregon, making them even more vulnerable. This policy option package addresses the housing need by expanding the Department of Human Services, Self-Sufficiency Programs' ability to provide emergency housing services and supports to homeless families and families at risk of homelessness in areas where assistance is not available, including maximizing coordinated efforts with housing and community action agencies and other local partner organizations across the state. If this policy option package is not funded, homelessness and housing needs will remain unmet, reducing the ability to strengthen and stabilize the living situation of low-income families, and potentially requiring reliance on assistance programs.

125 - Expand ERDC

SSP is requesting to restore \$20 million of funding back to ERDC which was cut during the last session. Child care for working parents is a fundamental need to keep children safe while a parent is working. This is a priority we've discussed with the Governor's office.

127 - ED Attainment Support for TANF & SNAP Parents

This POP expands targeted vocational training and education opportunities for families receiving Temporary Assistance for Needy Families (TANF) assistance in rural locations as and provides access to underserved TANF populations statewide. The expansion would include a comprehensive service model with eligible participants enrolling in training programs that match up with in-demand, high wage job openings, such as in the healthcare or information technology areas. Participants receive a scholarship/stipend to help augment Pell grants, with average awards estimated cost at about \$2,976 per participant (\$2,000 of which is a tuition

stipend) plus additional support services funding for the expanded participant group; approximately 850 individuals would participate in the program over the course of the biennium, doubling the current capacity. The pilot project will be a joint effort among workforce program partners, the education communities, and the Department of Human Services.

146 - Fleet Costs

The DAS Fleet capital outlay budget for vehicles is based on replacement as vehicles reach end of life due to accumulated miles, age, or mechanical failure. Each biennium, the program receives numerous requests from agencies and local government customers for additional new vehicles. DHS has increased need to further support vulnerable Oregonians in providing dependable and viable transportation for those staff providing frontline support. With the increased need for reliable transportation, coupled with the aged vehicle inventory we are presenting an overarching Agency-wide request.

This companion POP is submitted in accordance to the 2019-21 Budget Instructions; clearly identifying the Vehicle Purchases as follows:

Vehicle Purchases – When planning to make vehicle purchases, refer to the DAS Statewide Fleet Management Standards (DAS Policy 107-009-040) published by Enterprise Asset Management. DAS Fleet has statutory authority to control and regulate the acquisition, operation, use, maintenance and disposal of, and access to motor vehicles used for State business.

Again, because DAS Fleet provides vehicles for DHS, we are working with DAS Fleet Operations as we plan our 2019-21 budget and outlining aged Fleet inventory (40% of entire inventory is fully depreciated) changes in agency program activities; increased staffing resulting in increased field work, etc. triggering the need for more and reliable vehicles. DHS is presenting this Agency Policy Option Package to stand as formal companion to the DAS Fleet budget request to buy those additional vehicles. (DAS 1,500,000).

Self Sufficiency investments proposed outside of CSL will help program work to:

- Continue to build case management capacity to assist families on their path to out of poverty;

- Create a glide path of TANF to decrease the number of families who return to the program repeatedly and to incentivize employment;
- Improved access to services in local communities; and
- Increase access to quality child care.

Conclusion

These proposed investments for 2019-21 will, in the short-run, maximize results for clients and further reduce the TANF caseload by maximizing employment outcomes. Improving participation and employment outcomes will also help avoid penalties to the federal government, keeping our limited state dollars in Oregon.

In the long-run, these investments will improve service quality and equity, ensure that DHS clients benefit from coordination with other child and family serving systems (including health, education, and workforce systems), and allow the Department to maximize results for families.

Overview

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

Engaging Families

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

Our budget proposal seeks to ensure that Oregonians are safer in the future than today by focusing on proven strategies that result in the greatest reduction in overall risk. We aim to achieve the following outcomes:

- A clear focus on safety strategies for the most vulnerable Oregon citizens.
- A better array of evidence-based interventions with community-based supports for families before, during and after involvement with the Child Welfare system, including strategies to safely and equitably reduce the number of children who experience foster care. This includes available services and supports so children are not at risk for re-entry into foster care and families can be stabilized.
- Improved services for children and families disproportionately represented in the child welfare population, targeting culturally appropriate strategies to provide intervention and services, and using decision point analysis to address disparities.
- And finally, to increase staffing and lower caseloads on overworked caseworkers.

Funding Request – Strategic Initiatives

The Governor’s Budget is proposed to be \$762 million General Fund and \$1.33 billion total funds for the 19-21 biennium.

Child Welfare	GF	OF	FF	TF	POS	FTE
LAB 17-19	580,625,162	35,997,982	534,854,694	1,151,477,838	2,922	2,763.73
GB 19-21	761,934,034	39,495,732	525,802,194	1,327,231,960	3,217	3,045.70
Difference GB - LAB	181,308,872	3,497,750	(9,052,500)	175,754,122	295	281.97
% Difference GB - LAB	31.23%	9.72%	-1.69%	15.26%	10.10%	10.20%

Major changes from LAB to CSL are driven mainly by:

- Inflation
- Forecasted increases in Caseload and Cost Per Case
- General Fund backfill of capped federal fund sources

Strategic Funding Investments

Children and Families: Child Welfare services represent a continuum of supports with the ultimate goal of keeping children safe. Historically in Oregon this has equated with removal and placement into foster care. Based on research and feedback from children, youth and families who experience our system, strategic efforts are refocusing the service continuum to ensure safety while also focusing on child well-being, family stability and, when possible, avoiding removal and placement in foster care by supporting families safely parenting their children in their home. Post adoption and guardianship support helps sustain permanency for children, again preventing them from returning to foster care.

These strategies include:

1. An increased focus and culture of Safety in Child Welfare
2. Programs that are designed to strengthen, preserve and reunify families involved in the child welfare system, preventing entry into the foster care system and shortening the length of stay for children that do enter;
3. Focus on addressing disproportionality of children entering and remaining in the foster care system; and
4. Target resources for more families in extreme poverty at risk of involvement with Child Welfare Program funding. Investments are intertwined in the Child Safety, Child Welfare Design and Delivery, and Permanency Programs.

Child Welfare Investments/POPs	GF	OF	FF	TF	POS	FTE
Strengthen Therapeutic FC	3,500,000	430,000	4,600,000	8,530,000	-	-
Healthy Relationship Ed and Support for foster youth	1,700,000	-	224,894	1,924,894	3	3.00
Expand KEEP	3,100,000	-	4,650,000	7,750,000	-	-
CW Visitation Pilot Program	5,500,000	-	82,767	5,582,767	2	2.00
Legal Representation	5,728,531	-	4,828,480	10,557,011	-	-
Package 070 companion to pop 107	-	-	(40,000,000)	(40,000,000)	(2,420)	(2,386)
107 - Backfill TANF in CW Staff	40,000,000	-	-	40,000,000	2,420	2,386
119 - Centralized Screening	10,189,554	-	-	10,189,554	46	45
131 - Foster Family Recruit Team	3,008,924	-	749,993	3,758,917	17	17
139 - Continuing Education for Caregiver Training	1,165,056	-	334,691	1,499,747	8	7
142 - Independent Living Program Service Enhancement	8,500,000	-	-	8,500,000	2	2
Total	82,392,065	430,000	(24,529,175)	58,292,890	78	76

Strengthen Therapeutic Foster Care

- Develop a system of professional foster care networks that are coupled with in-home services.
- Components of this model should include:
 - Specialized recruitment of skilled, culturally appropriate foster parents.
 - Paid training for foster providers.
 - Monthly maintenance payments for parents who are attending training, providing respite or other supports to other foster homes, and maintaining capacity.
 - Limits on the number of children in a Therapeutic Foster Home, according to evidence-based models, and in consideration of the circumstances of the child, his/her family (e.g., siblings also in foster care) and the foster family.
 - Ability to maintain youth in the Therapeutic Foster Home until a child is either safely reunified with their family or a stable, permanent placement is identified
- Explore development of foster communities to provide mutual support, e.g. The Mockingbird Model.

Healthy Relationship Education and Supports for Foster Youth

Adolescence is a critical period of physical and personal growth. As they transition to adulthood, youth experience the social, emotional and physical changes of sexual and reproductive development. For youth in foster care, the changes in adolescence occur in settings where they may lack the support of a trusted adult, autonomy to make decisions about their well-being, or awareness about health care resources. All of which can be impacted by their histories of trauma. Youth in foster care are at a greater risk for unintended pregnancies, sexually transmitted infections, interpersonal violence and being victims of sex trafficking. Understanding

and supporting this group of adolescents through sexual health education can help ensure their healthy transition to adulthood. The curriculum for the sexual health education program would be a statewide (for youth age 12 and older) trauma informed program, covering such topics as, sexual health, healthy relationships, accessing health resources, recognizing sex trafficking dynamics, and empowering youth to make appropriate sexual health choices for themselves, including abstinence. The training would be delivered statewide in branch offices within each district in collaboration with community partners. Selected foster youth would be trained to act as Peer Trainers and work with adult trainers to deliver the content. Additionally, training would be developed and implemented for caseworkers and foster parents so that a consistent, positive, trauma informed message is being received by youth in foster care.

Expand KEEP program

KEEP is a Foster Parent Support Pilot Program serving Multnomah and Washington Counties DHS foster families. The Program is designed to enhance placement stabilization of foster youth in their foster home. The program provides enhanced trauma informed training for foster parents through individual and group sessions, weekly phone contact and behavioral intervention support. The program focuses on parent training and coaching. This funding is intended to take expand the program.

Visitation Pilot

This visitation pilot is intended to improve visitation for parents and children. Visit coaching is fundamentally different from the current standard practice for supervising visits. Instead of watching the family, the coach is actively involved in supporting parents to enhance their parenting skills and make each visit safe and enjoyable for the children.

Visit coaching includes:

- Helping parents articulate their children's needs to be met in visits
- Preparing parents for their children's reactions
- Helping parents plan to give their children their full attention at each visit
- Appreciating the parent's strengths in responding to each child needs
- Helping parents cope with their feelings in order to (a) visit consistently and (b) keep their anger and depression out of the visit

Legal Representation

This investment will lead to the Department of Justice representing all caseworkers in child dependency cases. By July 1, 2019 all counties will have moved to DOJ representation. This is consistent with one of the recommendations from the Interim Task Force on Legal Representation in Childhood Dependency and is expected to improve the legal process, timeliness to child permanency, caseworker workload, job satisfaction and retention.

070/107 - Backfill TANF in CW Staff

At some point in the past TANF funding was used to fund a significant number of child welfare staff. The history of this decision has been lost but was not inappropriate at that time. However, as TANF caseloads have dropped and CW (and Self Sufficiency) staffing costs have increased, a technical restriction in the TANF rules caused revenue shortages in Child Welfare Staffing. The TANF grant is a block grant that has not changed since the mid 90's. However, there is a 15% administrative cap on program expenditures. As the TANF caseload has dropped and the investment in JOBS has been reduced the 15% Cap has also been reduced. At this point the 15% admin cap is spent in total by Self Sufficiency. This means that TANF can no longer be used for CW staffing. This impacts many positions, causing hundreds of positions to be eliminated unless remedied. In a companion POP, DHS requests backfill of General Funds for this mandated program that was denied at CSL. This proposed POP would remove all TANF Federal Funds from CW staffing and cause many positions to become part time funded. This will free up TANF for future use in case of a recession or for other program uses determined appropriate by the legislature. TANF partially funds over 2,400 CW positions. Due to system limitations all positions with TANF need to be abolished (in package 070), and then if funded reinstated at full time positions through the companion POP that would establish the same number of positions and FTE, effectively causing a fund shift of GF for TANF in each position.

119 - Centralized Screening

SAFETY: Centralized Screening currently exists in half of all child welfare programs in the U.S. Research has proven its effectiveness in improving consistency in screening decisions and increased training opportunities for screeners to build a specialized expertise. Screening is the first point of contact for all mandated and non-mandated reporters of child abuse in Oregon. It is imperative that screeners apply Oregon Revised Statute 419B.005 accurately to each

allegation of abuse and determine when the department is required to investigate. Oregon Child Welfare currently operates under a district-wide child abuse reporting system in most areas of the state. About 7,000 reports of child abuse or neglect are processed each month through 15 separate child welfare offices with different phone numbers. Screening decisions can vary based on where the call is received and a multitude of other reasons such as, workload, inexperience, misinterpretation, bias, etc. This POP would support the ongoing operation of a single, stand-alone, 24 hours a day, 7 days a week child abuse hotline. Enhanced training, decision-making and data-informed tools, a single leadership structure and continuous quality assurance processes all support increased accuracy and reduced bias in screening decisions. In addition, it affords opportunities for quality assurance measures which increase the ability of the Department to provide consistent practice and customer service. Overall, this will increase safety for children exposed to abuse or neglect.

131 - Foster Family Recruit Team

Oregon does not currently have a structure in place to target statewide foster family recruitment and the services and supports necessary to retain good foster family homes. This has resulted in a lack of appropriate placement resources for many children experiencing foster care and was identified as a shortcoming in the most recent federal Child and Family Services Review and the Secretary of State Audit, titled 'Chronic Management Failures and High Caseloads Jeopardize the Safety of Some of the State's Most Vulnerable Children.' The State must address this issue of foster care recruitment and retention as a part of its federally required Program Improvement Plan and in its federal Child and Family Services Plan.

This investment funds the positions necessary to develop, implement and sustain a data informed targeted Statewide Foster Care Recruitment and Retention practice model. This model is intended to recruit and retain an abundance of foster families reflecting the cultural, linguistic and other characteristics, including LGBTQ status, of children experiencing foster care to allow for enhanced placement matching and reduce the number of placement changes.

139 - Continuing Education for Caregiver Training

Funds will allow for increased training for relative and non-relative foster care providers to assure the safety of children in their care. The Department must establish a core set of trainings that are available in multiple languages and alternate formats. Trainings must be trauma-informed, linguistically appropriate,

culturally responsive, and must support cultural agility. These trainings will be readily available within each District each year.

142 - Independent Living Program Service Enhancement

This investment seeks to expand the Independent Living Program (ILP) and youth transition services through a rate increase, new services, and an expanded age range of youth to improve outcomes. This will be achieved by:

- Increasing monthly service rates to stabilize current programs and to increase solicitation opportunities for additional programs. The rate is currently too low to attract new potential contractors.
- Expanding services to begin serving 14 – 15-year-olds and 21 – 23-year-olds (currently services are limited to 16 – 20-year-olds).
- Increasing the comprehensiveness, linguistic appropriateness, and cultural agility of services and supports.
- Adding a Young Adult Transitions Navigator to help guide youth through difficult circumstances.
- Developing transitional housing for young adults.

Finally, a net \$0 change to the agency is the movement of the Runaway and Homeless Youth program from Child Welfare to Self Sufficiency. While unaccompanied minors can be a child safety issue, this program has more opportunity to grow stronger and better able to support youth with the connection to the Self Sufficiency Programs. Within Self Sufficiency Programs there are opportunities to leverage funding for this program and pull down additional federal Employment and Training dollars from SNAP. Most Youth being served by the Runaway and Homeless Youth program are receiving services and benefits from Self Sufficiency Programs and actively working on moving towards Self Sufficiency thus the movement of the program under self-sufficiency.

There were several reductions in the child welfare program.

CW Reductions	GF	OF	FF	TF	POS	FTE
Additional Vacancy savings	(3,475,152)	-	-	(3,475,152)	-	-
S&S Inflation pkg 031 elimination	(715,665)	(18,896)	(514,455)	(1,249,016)	-	-
CW-Enhanced Foster Care - GF Reduction	(2,292,741)	-	-	(2,292,741)	-	-
Package 090 - CDDP/Brokerages reduce Equity to 93%	-	-	-	-	-	-
Package 091 - Charges for Services/Vehicles	(226,658)	(3,790)	(123,643)	(354,091)	-	-
Package 092 - AG Reduction of 5.95%	(1,283,065)	(114)	(1,980,959)	(3,264,138)	-	-
Package 070 - CW revenue shortfall in SPRF and Other Services	-	-	(21,440,518)	(21,440,518)	-	-
Total	(7,993,281)	(22,800)	(24,059,575)	(32,075,656)	-	-

Note: CW took a 2.5% additional Personal Services Vacancy reduction compared to 5% elsewhere

Note: package 070 - while the Federal Funds are not currently available there is still some General Fund in these services. Further impacts of the Family First Legislation may impact these services as well.

Conclusion

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

Overview

We help Oregonians with disabilities become employed through specialized training and new skills. This includes helping youth with disabilities transition to jobs as they become adults, helping employers overcome barriers to employing people with disabilities, and partnering with other state and local organizations that coordinate employment and workforce programs. A total of 383,381 work age Oregonians experiences a disability but only 36 percent are employed.

Employment helps people with disabilities become more self-sufficient, involved in their communities and live more engaged, satisfying lives. Investments through this program provide outcomes for individuals, improving their lives, helping them become productive members of our society, contributing to local economies and reducing a reliance on expensive state and federal programs.

The Workforce Innovation and Opportunity Act (WIOA) which passed in July of 2014 reauthorized Title I the State Vocational Rehabilitation Services program and Title VI the Supported Employment program. WIOA makes significant changes to Title I strengthen alignment with core components of the workforce development system, redefining employment outcome to be competitive integrated employment, defining students with disabilities and youth with disabilities as specific populations requiring defined services. Title VI now requires that supported employment be in a competitive integrated setting and places a focus on youth with the most significant disabilities. The act further set aside portions of the federal funds to be dedicated to specific populations as well requiring specific services be delivered to those populations. There is a significant increase in reporting requirements and an emphasis on job retention and credential attainment.

Current funding levels

The Proposed Agency Request Budget to operate the Vocational Rehabilitation (VR) program is \$55.5M General Fund and \$137.9 million total funds for the 19-21 biennium.

	VR SCR TOTAL				Positions	FTE
	GF	OF	FF	TF		
17-19 LAB	29,533,924	2,337,472	85,660,464	117,531,860	259	258.25
ARB	55,539,343	3,012,425	79,295,862	137,847,630	338	322.5
Difference	26,005,419	674,953	(6,364,602)	20,315,770	79	64.25
Percent Change	88.1%	28.9%	-7.4%	17.3%	30.5%	24.9%

	VR SCR TOTAL				Positions	FTE
	GF	OF	FF	TF		
17-19 LAB	29,533,924	2,337,472	85,660,464	117,531,860	259	258.25
CSL	35,629,792	2,436,795	83,014,868	121,081,455	258	257.04
Difference	6,095,868	99,323	(2,645,596)	3,549,595	(1)	(1.21)
Percent Change	20.6%	4.2%	-3.1%	3.0%	-0.4%	-0.5%

Major changes from LAB to CSL are driven mainly by:

- Standard inflation
- General Fund Backfill of one-time revenues from 2015-17

Strategic funding proposals

We have prepared a strategic budget to improve our programs effectiveness and enhance the program's ability to provide further employment outcomes for Oregonians. Continuous program improvements focus on return-on-investment through outcomes for our clients. The requested investment focusses on implementation of part of the WIOA through the youth transition career technical education program.

	VR SCR TOTAL				Positions	FTE
	GF	OF	FF	TF		
CSL	35,629,792	2,436,795	83,014,868	121,081,455	258	257.04
ARB	55,539,343	3,012,425	79,295,862	137,847,630	338	322.5
Difference	19,909,551	575,630	(3,719,006)	16,766,175	80	65.46
Percent Change	55.9%	23.6%	-4.5%	13.8%	31.0%	25.5%

	VR SCR TOTAL				Positions	FTE
	GF	OF	FF	TF		
ARB Build - POPS	19,909,551	575,630	(3,719,006)	16,766,175	80	65.46
Package 070	0	0	(3,435,378)	-3,435,378		
105 - VR 100% Workload Model	9,579,973	0	0	9,579,973	62	46.50
106 - Agency Positions True-Up	515,635	0	0	515,635	2	2.00
116 - VR Pre-ETS	0	576,906	0	576,906	3	3.00
117 - VR WIOA and Position True-Up	3,135,666	(1,276)	(283,628)	2,850,762	10	10.96
123 - VR-Data Integration Infrastructure	601,219	0	0	601,219	3	3.00
135 - VR Career Technical	6,066,114	0	0	6,066,114		
146 - Fleet Costs	10,944	0	0	10,944		

Strategic Funding Investments

070 – Revenue Shortfall

In 17-19 one time federal “Re-allotment” funding was used in the VR budget. This revenue was one time only and not available in 19-21. There is a possibility that additional Re-Allotment funds may be available in both 17-19 and 19-21 but DHS will not know if or how much is available to Oregon (if any) until later in the year around September.

105 - VR 100% Workload Model

Currently the VR program has only been allocated staff at an 88.9% level according to the workload model for 17/19. Forecasting predicts this percentage will decrease to 78.2% during the 19-21 Biennium and lower in future biennia due to anticipated case load increases and demand upon the program. If this fact is realized, this will cause the program to enact the Order of Selection based upon not having enough staff to meet the needs of Oregonians with disabilities.

The follow field staff would be needed to bring staffing up to the 100% of the workload model (62 staff needed):

- 45 Vocational Rehabilitation Councilors
- 7 Case Assistants/Support (HSA2/OS2)
- 10 Branch Leadership (Branch Manager) (PEMC)

106 – Agency Positions True Up

SB5526 (2017) directed DHS to accelerate the agency’s current effort to improve position management practices, which typically relied heavily on double filling positions and using funding from holding positions vacant to cover the double fill costs. The Department has been reporting on its progress at each interim meeting. These efforts have included moving double filled staff to vacant positions, putting together permanent finance plans, and now this policy package. This POP addresses a number of situations where vacancies and permanent finance plans have not been able to rectify the double filling. This package includes all of the DHS Program Areas, with the exception of Child Welfare which is being handled through other policy packages, and Central and Shared Services offices.

116 - VR Pre-ETS

The Workforce Innovation and Opportunity Act (WIOA), calls for Oregon Vocational Rehabilitation to collaborate with school districts to provide, or arrange

for the provision of, pre-employment transition services (Pre-ETS) for all students with disabilities who are eligible or potentially eligible for VR services. Further, WIOA states that there must be local coordination with districts for Pre-ETS at all 16 VR branch offices. The Oregon Department of Education and VR estimate that the target population for Pre-ETS to be roughly 27,000 students with disabilities.

Currently Oregon VR has two Pre-Employment Transition Service Coordinators that provide direct services to students with disabilities in the state. One is based in the Portland Metro area and the other is based in Bend with the responsibility of covering the eastern part of the state. Neither of these positions have enough capacity to cover the entire state and deliver the mandated services by WIOA. Therefore, we are requesting the position authority to hire two more Pre-Employment Transition Service Coordinators (PA1) to meet this need and one OPA1 to handle the data entry elements of this mandate.

This POP would utilize funds already within VRs budget, so this will be a zero cost or, cost neutral POP.

117 - VR WIOA and Position True-Up

To adequately support the service delivery system for the Vocational Rehabilitation program and the implementation of the Workforce Innovation and Opportunity Act (WIOA), VR needs to have a trained workforce, policy, procedures and services that are clear and concise, and providers and employers who are engaged, trained and available to serve and/or hire participants. The following positions are needed to achieve this purpose:

- 1 Training and Development Specialist 2 - Training Coordinator
- 1 Program Analyst 2 - Job Placement and Community Programs Coordinator
- 1 Operations and Policy Analyst 3 - Policy Analyst
- 1 Project Manager 2 - PM2

To adequately support the service delivery system for the VR program, the program must have an organizational structure that supports the work, staff and the vision and mission. We have six management positions that are either double filled or rotations:

- 2 PEME - Regional Managers - both currently double filled
- 2 PEME - A Workforce and Youth Program Manager (double filled) and a Policy

and Training Program Manager (rotation)

2 PEMC - Branch Managers - one is currently double filled and one is a rotation.

This POP also requests position clean up. VR has several positions that are less than full time. This would restore these field positions to full time. It is difficult to recruit and retain staff in part time positions.

Position #: 0007161 = FTE: .79

Position #: 0005719 = FTE: .75

Position #: 1000041 = FTE: .50

123 - VR-Data Integration Infrastructure

This Policy Option Package would provide permanent positions and financing for those positions to support the Vocational Rehabilitation Case Automation(ORCA)data base. The Workforce Innovation and Opportunity Act requires data to be submitted on a quarterly basis to the federal agency funding this program and workforce. Funding positions to support this activity as well as ongoing field support for counselors and clients will allow VR to meet the federal reporting mandate and serve Oregonians with disabilities, making them more self-sufficient and independent. Failure to fund these positions places VR at risk of not meeting the federally mandated reporting which could impact funding for the program and ultimately result in a fine of 5% of the Governor's Workforce Fund (approximately \$250,000) for every day the data is not reported. This impacts not only funding but the workforce system performance metrics as reporting is based on data across all workforce programs. Currently the data integration group that supports ORCA is supported by two permanent fulltime positions and two limited duration positions. The increase in the data being reported has created extensive overtime for these position (279 hrs. for Qtr. 1 and 368 hours for Qtr. 2). Permanent staff will help alleviate turn over and training as well as providing backup to an essential function that supports the program.

135 - VR Career Technical

Oregon has become a champion for Career and Technical Education (CTE). Governor Brown has dedicated \$300 million to Career Technical Education (CTE) classes in the 2019-2021 state budget in her Future Ready Oregon initiative. She has also proposed that every student should have the opportunity to participate in hands-on learning programs in every school district in Oregon. Students with disabilities who participate in CTE programs are 18.3% more likely to graduate.

The Workforce Innovation and Opportunity Act (WIOA), calls for Oregon Vocational Rehabilitation to collaborate with school districts to provide, or arrange for the provision of, pre-employment transition services (Pre-ETS) for all students with disabilities who are eligible or potentially eligible for VR services.

These Pre-ETS build on Oregon's investments in CTE programs and this POP will align CTE investments with new WIOA regulations for Pre-ETS and the coordination of Pre-ETS between local VR offices and school districts across the state. This POP will provide equitable access for students with disabilities into CTE programs, hands-on learning programs and other pre-employment training opportunities like career pathways at community colleges as well as non-traditional education entry points such as apprentices and trades programs.

146 - FLEET COSTS

The DAS Fleet capital outlay budget for vehicles is based on replacement as vehicles reach end of life due to accumulated miles, age, or mechanical failure. Each biennium, the program receives numerous requests from agencies and local government customers for additional new vehicles. DHS has increased need to further support vulnerable Oregonians in providing dependable and viable transportation for those staff providing frontline support. With the increased need for reliable transportation, coupled with the aged vehicle inventory we are presenting an overarching Agency-wide request.

This companion POP is submitted in accordance to the 2019-21 Budget Instructions; clearly identifying the Vehicle Purchases as follows:

Vehicle Purchases – When planning to make vehicle purchases, refer to the DAS Statewide Fleet Management Standards (DAS Policy 107-009-040) published by Enterprise Asset Management. DAS Fleet has statutory authority to control and regulate the acquisition, operation, use, maintenance and disposal of, and access to motor vehicles used for State business.

Again, because DAS Fleet provides vehicles for DHS, we are working with DAS Fleet Operations as we plan our 2019-21 budget and outlining aged Fleet inventory (40% of entire inventory is fully depreciated) changes in agency program activities; increased staffing resulting in increased field work, etc. triggering the need for more and reliable vehicles. DHS is presenting this Agency Policy Option

Package to stand as formal companion to the DAS Fleet budget request to buy those additional vehicles. (DAS 1,500,000).

Conclusion

As the economy continues to recover, the focus on workforce development, employment and opportunity for *all* Oregonians has increased. The Vocational Rehabilitation program welcomes the opportunity to help the growing number of Oregonians with disabilities meet their employment goals. Over the last two years, employment outcomes for VR clients have increased by 12.0 percent even while caseload is increasing.

This proposal represents the next phase of strategic investments required to leverage employment services to enhance the lives of Oregonians and contribute to local economies. Vocational Rehabilitation is committed to achieving the outcomes identified in the Governor's Executive Order for Employment for People with I/DD and the Lave v. Brown settlement. VR will also continue to identify new ways to enhance its work with the Oregon Workforce Investment Board, Local Workforce Investment Boards, and the Workforce Policy cabinet in the implementation of the OWIB strategic plan and local board's efforts to better align economic and workforce development activities.

Overview

The Department of Human Services Aging and People with Disabilities (APD) program mission is to assist Oregon’s diverse population of older adults and people with disabilities achieve well-being through opportunities for community living, employment, family support and services that promote independence, choice and dignity.

The state of Oregon is a leader in long term care systems and was ranked number four nationally in AARP’s latest ranking. In 1981 Oregon received the first waiver nationwide for long term care services allowing Oregonians receiving Medicaid to choose services in their own home or their communities rather than an institutional facility such as a nursing home. In 2013, Oregon transitioned most of its services into the 1915(K) State Plan Option. The K Option provides significant benefits to the State in cost savings and allows Oregonians individual choices to best serve their needs. Oregonians value receiving long term care services in a non-institutional setting with nearly 88% choosing alternatives that allow them to remain independent and safe.

Long Term Care Setting (as of Mar 2018)	# of Recipients	% of LTC Caseload
Nursing Facility	4,393	12.7%
In Home	18,462	53.2%
Community Based Setting	11,818	34.1%
Total	34,673	100%

Oregon’s population is aging

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

We have prepared a strategic budget to focus on continuing modernization and improvements to help Oregonians sustain long term care services, become more independent and safe.

Funding

The cost to operate the Aging and People with Disabilities (APD) Agency Request Budget is \$1.34 billion general fund and \$4.16 Billion total funds for the 2019-21 biennium.

	APD SCR TOTAL				Positions	FTE
	GF	OF	FF	TF		
17-19 LAB	1,024,018,555	261,993,513	2,254,655,827	3,540,667,895	1,462	1395.51
ARB	1,339,879,664	218,407,643	2,605,170,109	4,163,457,416	1,783	1744.66
Difference	315,861,109	(43,585,870)	350,514,282	622,789,521	321	349.15
Percent Change	30.8%	-16.6%	15.5%	17.6%	22.0%	25.0%

	APD SCR TOTAL				Positions	FTE
	GF	OF	FF	TF		
17-19 LAB	1,024,018,555	261,993,513	2,254,655,827	3,540,667,895	1,462	1395.5
CSL	1,237,627,284	218,383,985	2,470,710,133	3,926,721,402	1,457	1448
Difference	213,608,729	(43,609,528)	216,054,306	386,053,507	(5)	52.46
Percentage change	20.9%	-16.6%	9.6%	10.9%	-0.3%	3.8%

Major changes from LAB to CSL are driven mainly by:

- Standard inflation
- Forecasted Cost per Case and Caseload changes including AAA staff funding
- Changes in Federal Fund Match Rates

Strategic Funding Investments

The following Independence, Safety and Health investments are being proposed to improve services to Oregonians above the CSL:

	APD SCR TOTAL				Positions	FTE
	GF	OF	FF	TF		
CSL	1,237,627,284	218,383,985	2,470,710,133	3,926,721,402	1,457	1447.97
ARB	1,339,879,664	218,407,643	2,605,170,109	4,163,457,416	1,783	1744.66
Difference	102,252,380	23,658	134,459,976	236,736,014	326	296.69
Percent Change	8.3%	0.0%	5.4%	6.0%	22.4%	20.5%

	APD SCR TOTAL				Positions	FTE
	GF	OF	FF	TF		
ARB Build - POPS	102,252,380	23,658	134,459,976	236,736,014	326	296.69
101 - APD 100% Workload Model	26,105,116	-	15,432,486	41,537,602	107	107.00
106 - Agency Positions True-Up	5,649,564	23,658	4,315,042	9,988,264	37	37.00
108 - Additional Case Management Staffing	6,230,069	-	4,142,134	10,372,203	67	58.96
121 - Community Based Care Medicaid Access Package	42,059,923	-	79,224,905	121,284,828	34	31.75
128 - Family Caregiver & Community Support Initiative	3,464,491	-	3,398,565	6,863,056	19	16.34
130 - APS Substantiation, Notification and Review	1,668,372	-	1,108,802	2,777,174	15	12.82
132 - Deaf and Hard of Hearing Services	4,122,156	-	6,367,616	10,489,772	2	1.76
136 - IT Infrastructure	3,074,927	-	5,514,395	8,589,322	20	16.50
140 - APD Consumer Community Integration Package	5,335,687	-	8,821,514	14,157,201	2	1.00
141 - Gatekeeper Program Funding	2,134,440	-	-	2,134,440	2	1.76
146 - Fleet Costs	36,115	-	24,077	60,192		
207 - Provider Time Capture	2,371,520	-	6,110,440	8,481,960	21	11.80

101 - APD 100% Workload Model

This policy option package proposes staffing case managers and related workload model positions at 100% of workload model. Numerous anecdotes from state offices, Area Agencies on Aging and a recent Secretary of State audit indicated that the higher workload is unmanageable for case managers and may lead to quality or safety issue.

106 - Agency Positions True-Up

SB5526 (2017) directed DHS to accelerate the agency's current effort to improve position management practices, which typically relied heavily on double filling positions and using funding from holding positions vacant to cover the double fill costs. The Department has been reporting on its progress at each interim meeting. These efforts have included moving double filled staff to vacant positions, putting together permanent finance plans, and now this policy package. This POP addresses a number of situations where vacancies and permanent finance plans have not been able to rectify the double filling. This package includes all the DHS Program Areas, except for Child Welfare which is being handled through other policy packages, and Central and Shared Services offices.

108 - Additional Case Management Staffing

APD Case managers hold some of the highest caseloads in the Department. The workload model does not adequately capture the work the case managers are expected to do because it focuses on the tasks they are currently able to accomplish. Case management duties and expectations have significantly increased over the last 6 years with increasing complex consumers, rising expectations from federal partners and every changing policies and responsibilities. The caseloads that case managers carry mean they are often missing critical steps

that help protect vulnerable seniors and people with disabilities and help consumers in a person-centered manner. CMs in other systems carry no more than 45 cases. APD CMs are currently averaging a minimum of 65.

121 - Community Based Care Medicaid Access Package

This policy option package is intended to protect and secure additional access to community-based care for Medicaid long term care consumers. This package provides a 30% increase to adult foster home providers, designed to recalibrate existing disparities. The package also adds regional resources to recruit adult foster homes for APD services plus one-time marketing campaign investment. It provides a ten percent increase to assisted living, residential care and memory care facilities with an additional \$500 per month add-on for facilities with Medicaid census levels at 75%. Finally, it has a request for surveyor positions to eliminate a backlog of inspections and to keep up with the ongoing oversight required by law - given the growth of community-based care settings.

128 - Family Caregiver & Community Support Initiative

Family Caregivers are the greatest asset we have in regard to the Medicaid system. This policy option package invests in the protection and support of this resource. Inspired by a statewide workgroup on family caregiver support, APD is proposing a statewide program to support unpaid caregivers. The concept would create a new eligibility category and benefit package for people age 55 or older who are “at risk” of needing long-term services and supports in the future who don’t currently meet Medicaid financial eligibility criteria. The concept doesn’t envision providing health care coverage to individuals and will be targeted towards people who aren’t currently eligible for Medicaid.

130 - APS Substantiation, Notification and Review

This policy option package provides critical staffing to support substantiation, notification and review of adult protective services activities. APD does not currently provide sufficient due process for community-based adult protective services investigations. This is a priority for DOJ and poses a risk to the Department. We've agreed to begin doing this with the roll out of CAM, but lack resources to do all of the necessary steps, including hearings, etc.

132 - Deaf and Hard of Hearing Services

This policy option package proposes a modest, but meaningful investment into supporting the needs of the Deaf and Hard of Hearing Communities. The package

includes staff to assist with effective communication scheduling, web site maintenance, education, technical assistance and training of Oregon state agencies. It also allocates funding for adaptive equipment.

136 - IT Infrastructure

This POP will provide resources to support OIS as they develop, maintain, and support the business in modernization of IT systems and ongoing development of key business aspects within current IT solutions. OIS is requesting a number of new positions to support work within APD and other divisions, and without business resources will not be able to effectively support the business. APD is proactively using industry standards and lessons learned to calculate the number of individuals necessary to support OIS and our business as we continue to utilize technology as a primary catalyst for change and meet legislative and federal initiatives today and into the future.

Demand for system changes will continue and without business resources available, OIS cannot serve APD effectively.

140 - APD Consumer Community Integration Package

Seniors and people with disabilities are at a disproportionately high risk of being socially isolated. Social isolation has been linked to a range of detrimental effects including, depression, anxiety, early onset of dementia/Alzheimer's, increased chronic disease, premature death, and lower quality of life. Risk factors for social isolation include: Poor Health or Disability, gender (women), loss of spouse, living alone, reduced social networks, aging, transportation issues, and place (location) of residence. The Medicaid population served by APD typically has one or more of the risk factors for social isolation putting them at a higher risk than the general population. APD proposes to add assessment of social isolation risks and commensurate community engagement services for Medicaid individuals receiving home and community-based services. Individuals assessed at independent in accessing the community, or with natural supports, or community volunteer programs able to assist would not be eligible for these services. Two assistance levels are envisioned. Level 1, transportation only for those that can manage except for the lack of transportation. Level 2, transportation and attendant services for those that need assistance beyond the transportation.

141 - Gatekeeper Program Funding

This policy option package would restore funding for the Gatekeeper program in Oregon. Gatekeeper programs train employees of community businesses and organizations to recognize and refer at-risk older adults and people with disabilities to the ADRC. The program provides basic training to postal workers, meter readers, financial institutions, emergency responders, social service agencies, and others in how to recognize warning signs and make a referral to the ADRC. ADRC information and assistance staff arrange for a follow-up call, visit or appropriate referral to check on the referred individual and provide needed support.

146 - Fleet Costs

The DAS Fleet capital outlay budget for vehicles is based on replacement as vehicles reach end of life due to accumulated miles, age, or mechanical failure. Each biennium, the program receives numerous requests from agencies and local government customers for additional new vehicles. DHS has increased need to further support vulnerable Oregonians in providing dependable and viable transportation for those staff providing frontline support. With the increased need for reliable transportation, coupled with the aged vehicle inventory we are presenting an overarching Agency-wide request.

This companion POP is submitted in accordance to the 2019-21 Budget Instructions; clearly identifying the Vehicle Purchases as follows:

Vehicle Purchases – When planning to make vehicle purchases, refer to the DAS Statewide Fleet Management Standards (DAS Policy 107-009-040) published by Enterprise Asset Management. DAS Fleet has statutory authority to control and regulate the acquisition, operation, use, maintenance and disposal of, and access to motor vehicles used for State business.

Again, because DAS Fleet provides vehicles for DHS, we are working with DAS Fleet Operations as we plan our 2019-21 budget and outlining aged Fleet inventory (40% of entire inventory is fully depreciated) changes in agency program activities; increased staffing resulting in increased field work, etc. triggering the need for more and reliable vehicles. DHS is presenting this Agency Policy Option Package to stand as formal companion to the DAS Fleet budget request to buy those additional vehicles. (DAS 1,500,000).

207 - Provider Time Capture

The Department of Human Services (DHS) and Oregon Health Authority (OHA) in-home care programs have a need for a system that will increase program integrity and comply with the federal 21st Century CURES Act for Electronic Visit Verification System and the U.S. Department of Labor (U.S. DOL) Fair Labor Standards Act (FLSA). This will be done with the implementation of a time, attendance and payment system for the program's Home Care Workers and Personal Support Workers

Conclusion

For the 19-21 biennium, APD is proposing a package of services that promote safety and well-being for Oregon's older adults and people with disabilities. This is the Department's highest priority and an area that has been lacking investment in past biennia. These investments will help DHS meet the needs of Oregonians in this period of change and growth.

Overview

We provide services to cover a lifetime of support to Oregonians with intellectual/developmental disabilities. People with disabilities of all ages want the same opportunities every Oregonian wants: not just to survive, but to thrive. They want to live in their own homes and make decisions about daily activities, so they can go to school, work, church, enjoy recreation and participate fully in their communities. We currently help over 26,000 children; adults and their families have the best quality of life possible at all stages of their lifespan. Most individuals with developmental disabilities are eligible for a Medicaid waiver or state plan which allows them to remain in their family home or community instead of an institution. Our mission is to help them be fully engaged in life and, at the same time, address their critical health and safety needs.

History and Future State

The state of Oregon is recognized nationally as an innovative leader in developing community-based services for individuals with intellectual/developmental disabilities. Oregon is one of only three states that have no state or privately operated institutional level services specifically for people with developmental disabilities. In fact, the majority of individuals with intellectual/developmental disabilities in Oregon, approximately 75 percent, are served in their own home or their family's home.

That is the result of two decades of work to aggressively “re-balance” the intellectual/developmental disabilities system -- moving from an institutional model with expensive “one size fits all” approach -- to a self-directed, family involved, individually focused and less expensive approach to service. Today, consumers and families report a high level of satisfaction through the increased control over services, the ability to more fully integrate in home communities and the benefits of home community life.

Oregon home and community based services for people with Intellectual and Developmental Disabilities are provided under several Medicaid authorities including Community First Choice Option (CFCO), also known as K-Plan; and five 1915c waiver programs. Supports provided under K-Plan are services such as attendant services that support individuals in accomplishing Activities of Daily Living and Instrumental Activities of Daily Living (ADL/IADL), relief care, behavioral support services, transportation, environmental modifications, and

assistive technology and devices. By moving most services to the K-Plan most of the caps on services and limits on eligibility for services to those with I/DD were removed based on federal requirements to gain 6% in increased Federal participation in those programs.

In addition, the Lane v. Brown Settlement has added additional requirements to I/DD programs around placement of those with I/DD into integrated settings and moving away from sheltered workshops which the federal government will no longer support as of April 1, 2019.

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

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

- Assure the health and safety of individuals served.
- Increase provider rates to create a more stable and competent workforce for I/DD services
- Be responsive to emerging consumer demands for individualized, self-directed services and sufficient service choices.
- Promote maximum consumer independence and engagement in homes and communities.
- Leverage use of available federal funding options.
- Address improvements in business practices such as payment and information systems to achieve overall operational efficiencies.

Funding

The proposed Agency Request Budget to operate the Intellectual & Developmental Disability (I/DD) program for the 2019-21biennium is \$1.13 billion in General Fund and \$3.25 billion total funds.

	I/DD SCR TOTAL					
	GF	OF	FF	TF	Positions	FTE
17-19 LAB	888,816,503	28,063,788	1,796,711,093	2,713,591,384	914	909.7
ARB	1,113,010,397	28,258,800	2,113,384,347	3,254,653,544	973	955.82
Difference	224,193,894	195,012	316,673,254	541,062,160	59	46.12
Percent Change	25.2%	0.0%	11.7%	11.7%	6.6%	4.8%

	I/DD SCR TOTAL					
	GF	OF	FF	TF	Positions	FTE
17-19 LAB	888,816,503	28,063,788	1,796,711,093	2,713,591,384	914	909.7
CSL	992,963,683	28,258,800	1,891,292,049	2,912,514,532	913	912.42
Difference	104,147,180	195,012	94,580,956	198,923,148	(1)	2.72
Percent Change	11.7%	0.7%	5.3%	7.3%	-0.1%	0.3%

Major changes from LAB to CSL are driven mainly by:

- Standard inflation
- Forecasted Cost per Case and Caseload changes including CDDP and Brokerage funding
- Changes in Federal Fund Match Rates

Strategic Initiatives

With the goal of preventing or delaying access to the highest cost services within our system, we plan to direct funds to improve outcomes, expand on service innovations and strategically advance initiatives in the following areas:

- Increased safety
- Employment outcomes through benefits counseling
- Service Capacity
- Improve and implement new models of service including helping individuals with I/DD transition from sheltered workshops and planning for new systems.

	I/DD SCR TOTAL					
	GF	OF	FF	TF	Positions	FTE
CSL	992,963,683	28,258,800	1,891,292,049	2,912,514,532	913	912.42
ARB	1,113,010,397	28,258,800	2,113,384,347	3,254,653,544	973	955.82
Difference	120,046,714	-	222,092,298	342,139,012	60	43.40
Percent Change	12.1%	0.0%	11.7%	11.7%	6.6%	4.8%

	I/DD SCR TOTAL				Positions	FTE
	GF	OF	FF	TF		
ARB Build - POPS	120,046,714	-	222,092,298	342,139,012	60	43.40
102 - IDD 100 % Workload Model	19,290,798	-	20,174,102	39,464,900		
106 - Agency Positions True-Up	1,666,814	-	934,634	2,601,448	8	8.00
118 - IDD Data Management System	1,633,011	-	1,868,945	3,501,956	5	3.26
126 - Workforce Expansion and Development	84,871,687	-	177,996,784	262,868,471	1	0.88
129 - Expand Support to Kids with Significant Needs	8,477,001	-	17,002,265	25,479,266	11	7.52
133 - Intensive Employment Supports	2,893,923	-	2,889,180	5,783,103	18	13.56
138 - Improve Health & Safety for People with IDD	1,180,014	-	1,176,190	2,356,204	17	10.18
146 - Fleet Costs	33,466	-	50,198	83,664		

102 - IDD 100 % Workload Model

The I/DD CME Workload Funding Restoration POP is intended to restore CDDPs and Brokerages Workload funding back to 100% workload FTEs at 95% equity to ensure adequate funding to contracted I/DD Case Management Entities (CMEs) that provide essential services to individuals with I/DD. These services are critical to the health and safety of people served through ODDS, and ensure their access to supports and monitoring of quality, health and welfare. CDDPs are also responsible for adult abuse investigations, eligibility determinations, and Foster Care licensure reviews. CMEs also review, approve, and monitor Personal Support Workers' (PSWs) timesheets, supporting a workforce of over 14,000 workers. The reduction in FTEs to 88% to CDDPs and 85% to Brokerages, which hampers their ability to complete these vital tasks.

106 - Agency Positions True-Up

SB5526 (2017) directed DHS to accelerate the agency's current effort to improve position management practices, which typically relied heavily on double filling positions and using funding from holding positions vacant to cover the double fill costs. The Department has been reporting on its progress at each interim meeting. These efforts have included moving double filled staff to vacant positions, putting together permanent finance plans, and now this policy package. This POP addresses a number of situations where vacancies and permanent finance plans have not been able to rectify the double filling. This package includes all the DHS Program Areas, with the exception of Child Welfare which is being handled through other policy packages, and Central and Shared Services offices.

118 - IDD Data Management System

ODDS is requesting funding to support planning and assessment activities to identify the most viable solution for a statewide, centralized I/DD client Data

Management System and to procure and deploy the identified solution. Implementation of the Data Management system will allow ODDS to centralize and standardize processes, workflows, and information across 47 Case Management Entities (CMEs) currently responsible for intake, eligibility, enrollment, case management assessment, person centered planning and monitoring, adult protective services and other functions critical to health, safety and outcomes for over 26,000 people with I/DD served through ODDS. The Data Management System is critical for ODDS' ability to track information on individuals served in real time in order to ensure health and safety of people served and manage crisis, monitor compliance with federal and state regulations in order to maintain federal funding, perform necessary service delivery system quality assurance functions for effective and efficient management of I/DD programs, and aggregate local information to the state level for analysis, decision making and reporting. The recent Independent Reviewer report for the Lane Settlement Agreement called on ODDS to implement a statewide data system to better track outcomes and metrics required in the settlement agreement. The result will allow ODDS to improve outcomes for individuals by creating efficiencies that will improve ODDS ability to monitor health and safety, allow case managers to spend less time managing documents and more time serving individuals.

126 - Workforce Expansion and Development

People with an intellectual and developmental disabilities (I/DD) rely on Direct Support Professionals (DSPs) for daily support that enables them to live full lives in their communities. Challenges in finding, training and retaining this workforce persist and have reached crisis levels in the long-term services and supports (LTSS) industry. The I/DD Workforce Expansion and Development Policy Option Package (POP) makes intentional investments in the direct care workforce to support children and adults with I/DD.

Funds provider rates to support the direct care workforce: Expands capacity and supports the workforce by providing funding to implement new rate models for agency providers. ODDS' current rate models were developed in 2007. New rate models have been recently developed that reflect updated service requirements for providers, current Bureau of Labor Statistics and Consumer Price Index information and updated provider cost survey data. Fully funding the new rates will assist with achieving a living wage for this critical workforce and ensure provider rates are aligned with appropriate status, value, respect and benefits for

DSPs and other works that provide vital services for people with I/DD. As a result of HB2684 passed in the 2017 session, providers are required to pass legislatively approved increases on to their DSP workforce.

Promotes employment in the I/DD system through a media campaign: Funds a campaign endorsing I/DD services as a desirable career. This campaign will target expanding the pool of DSPs and employment providers through recognition of the field and occupation, and expanding awareness about the profession to encourage greater participation by people across diverse racial, ethnic and cultural groups. The media campaign will also call attention to employing people with I/DD to expand the number of people with I/DD in the general workforce.

129 - Expand Support to Kids with Significant Needs

There are inadequate resources to serve children who experience an intellectual or developmental disability with significant support needs. This has led to a crisis that is widely recognized and is being discussed and considered in a number of forums. The result is that children with significant, cross-system needs are placed in inappropriate or inadequate settings. This includes children with I/DD under DHS care who are placed in hotels, and children who have languished in hospital emergency departments, state hospital, or highly restrictive environments. Many of these children are living in the family home, with families barely managing to support these extremely high-needs children.

ODDS is proposing to address the lack of resources by a) creating a new foster care service level, "enhanced foster care", that will increase residential capacity by allowing children and youth to step down from more restrictive group home settings (similar to 'proctor care' that ended several years ago), and b) appropriately expanding residential group home capacity, and c) expanding the capacity in the waiver programs that support children with intensive medical needs in their family homes.

133 - Intensive Employment Supports

This policy option package is designed to support an equity initiative around ensuring individuals with an intellectual and developmental disability are able to work in the community. Currently, there are workforce shortages in the services needed to help people with I/DD find and retain jobs in the community. We want to focus resources for this POP on those people that work in segregated work

environments called sheltered workshops. Individuals who have been served in sheltered workshops often require intensive supports to transition to community based employment. This POP proposes to hire staff through the Office of Developmental Disabilities Services and Vocational Rehabilitation to provide these intensive supports. These positions would be limited duration with the intent that they would be able to continue working in the field long term as trained providers, which will build capacity of workforce long term. This POP has the additional benefit of helping us achieve federally required mandates in the Lane v Brown lawsuit and support Governor Brown's equity initiative.

138 - Improve Health & Safety for People with IDD

The ODDS Quality improvement unit (QI) was created in 2017 to coordinate licensing, quality assurance and data analysis efforts for services provided to children and adults with I/DD in Oregon. The QI unit covers both licensing for provider agencies and monitoring of case management entities (CMEs). QI is responsible for assuring providers and CMEs are meeting requirements and that they are in compliance with regulations to assure the health and safety of those served by ODDS. The QI unit consists of licensing staff, quality assurance staff and quality improvement staff.

Licensing: The number and type of providers has grown exponentially over the years to meet the needs of individuals in services, however there has been no increase in the number of staff to meet this increased workload. This increase of providers without additional licensing staff impacts the ability of licensing staff to proactively work with providers to assure quality improvement activities are occurring. Increasing the number of licensing staff will allow for a more pro-active assuring health and safety and quality of life are addressed in a timely manner.

Quality Assurance (QA): The QA unit is responsible for assuring the CMEs meet the performance measures as required by CMS for waiver and State plan requirements. Due to program changes presented to the Legislature, there will be an increase in the workload for the QA team in auditing CMEs.

146 - FLEET COSTS

The DAS Fleet capital outlay budget for vehicles is based on replacement as vehicles reach end of life due to accumulated miles, age, or mechanical failure. Each biennium, the program receives numerous requests from agencies and local

government customers for additional new vehicles. DHS has increased need to further support vulnerable Oregonians in providing dependable and viable transportation for those staff providing frontline support. With the increased need for reliable transportation, coupled with the aged vehicle inventory we are presenting an overarching Agency-wide request.

This companion POP is submitted in accordance to the 2019-21 Budget Instructions; clearly identifying the Vehicle Purchases as follows:

Vehicle Purchases – When planning to make vehicle purchases, refer to the DAS Statewide Fleet Management Standards (DAS Policy 107-009-040) published by Enterprise Asset Management. DAS Fleet has statutory authority to control and regulate the acquisition, operation, use, maintenance and disposal of, and access to motor vehicles used for State business.

Again, because DAS Fleet provides vehicles for DHS, we are working with DAS Fleet Operations as we plan our 2019-21 budget and outlining aged Fleet inventory (40% of entire inventory is fully depreciated) changes in agency program activities; increased staffing resulting in increased field work, etc. triggering the need for more and reliable vehicles. DHS is presenting this Agency Policy Option Package to stand as formal companion to the DAS Fleet budget request to buy those additional vehicles. (DAS 1,500,000).

Conclusion

This proposal represents a substantive level of strategic planning that will allow the I/DD system to improve the quality of service it offers to Oregonians with intellectual/developmental disabilities and their families that support them. The primary focus is on sustainable, quality service programming that accounts for the short- and long-term budget realities that shape our implementation planning. Out-of-home placements for people with disabilities can range from \$24,000 to \$156,000 a year. Focusing our efforts on helping people with disabilities remain at home or in their community provides not only financial benefits, but better quality throughout their lifespan. We are confident that this plan will maximize resources and strengthen the service system, enhancing its ability to produce results for those we serve.

Department of Human Services Central and Shared Services, and State Assessments and Enterprise-wide Costs

Mission

To help Oregonians in their own communities achieve safety, well-being and independence through opportunities that protect, empower, respect choice and preserve dignity.

Goals

- Every Oregon child and youth in our care deserves to grow up safely - with support for success in school.
- Every Oregon adult deserves to live in safety – free from abuse, neglect and financial exploitation.
- Every Oregonian has the right to live as independently as possible - with dignity, choice and self-determination.
- Every Oregonian can work to the best of their abilities and contribute to their family and their community.
- All Oregonians deserve efficient and effective services from DHS.

Overview

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

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

DHS Central Services

DHS Central Services provide essential supports to programs in achieving the department and programs mission, vision and outcomes.

Office of the Director

The DHS Director's Office is responsible for agency leadership, policy development, resource allocation, and administrative oversight for all programs, staff and offices in DHS in a manner that supports equitable outcomes for Oregon's diverse population. These functions are led by the Director and Deputy Director, and coordinated by the Director Cabinet members, with the Governor's Office, the Legislature, other state and federal agencies, Tribes, partners and stakeholders, communities of color, LGBTQIA+ communities, local governments, advocacy and client groups, and the private sector. The Director and Deputy Director oversee Internal Audits and the Office of Training, Investigations and Safety, which provide shared services for both DHS and OHA.

Chief of Staff

The Chief of Staff oversees projects and initiatives with DHS-wide or cross-agency enterprise-wide impact on behalf of the Director. The Chief of Staff also oversees the Governor's Advocacy Office (GAO), which helps affected parties work through questions, concerns, or complaints related to DHS services or departmental action. The office includes the DHS ombudsman program, the office of the Children's Advocate, the Foster Care Ombudsman, and civil rights and discrimination investigations, which also governs the agency's formal complaint process. The GAO works cooperatively with field and central office staff, program staff, legislators, DHS leadership and other key stakeholders to successfully, equitably and respectfully reach issue resolution.

Tribal Affairs

The DHS Director's Office is also home to Tribal Affairs. We are committed to positive working relationships with the nine tribes in Oregon. Staff regularly engages with tribal governments through tribal liaisons and continually strives to ensure these communities receive equitable, sufficient and appropriate services.

Office of the Chief Financial Officer

Office of the Chief Financial Officer (OCFO) provides optimal business services to ensure accountability, data driven decisions, and stewardship of resources in support of the mission of DHS. This is done by working closely with DHS and OHA programs and the OHA Chief Financial Officer, to ensure accurate, timely and

efficient recording and management of financial resources; culturally competent and equitable services; authorizing the redistribution of available resources to meet changing needs; and establishing administrative controls. This office also oversees budget, planning and analysis functions for DHS based programs and leadership of the DHS budget with the Governor's Office, Legislature, Department of Administrative Services (DAS), Legislative Fiscal Office (LFO) and DHS partners.

Office of the Chief Administrative Officer

Office of the Chief Administrative Officer (CAO) provides leadership and direction for the DHS Shared Services and selected Central Services. The CAO oversees the service level agreements (SLA) between Shared Services and OHA. Through SLAs, the CAO provides leadership to ensure that the services provided by each unit utilize the most current best practices from their respective fields to optimize services in the most fiscally responsible and equitable manner possible. The CAO insures that all services and business practices are conducted in a culturally responsive and equitable manner. This oversight includes that of the Office of Program Integrity, which provide operational and case reviews, often mandated by law, to determine how accurately the agency is making eligibility determination; the office provides training where needed. The CAO also oversees Information Support Services and the Office of Business Information, again to ensure policy integrity through data and IT solutions.

Office of Human Resources

The Office of Human Resources serves as a strategic partner to staff by providing proactive and comprehensive human resources services, in alignment with agency and program mission and goals. HR works closely with internal customers on Workforce Strategies that support agency and program needs and strategies and builds a healthy and inclusive workplace culture of ongoing development and feedback to ensure the agency has a diverse workforce with the right people with the right skills, training, and support to do their work, now and in the future. The Office of Human Resources ensures compliance with all federal, state, and local laws pertaining to personnel matters, including affirmative action and equal employment opportunity.

Office of Communications

This office supports the mission by providing accurate information to a diversity of employees, clients, legislators, stakeholders and interest groups, providers and partners, local governments, other state and federal agencies, policymakers, tribes, the news media, targeted audiences, as well as the public. The unit prides itself on

culturally relevant and linguistically competent communication practices. Effective communication is the primary vehicle to demonstrate public transparency, accountability and trust. The office also provides support to the department's priority projects as defined by the DHS Director and executive team.

Office of Government Relations

This unit is essential to the agency's core functions through ensuring that any statutory, policy and budget implications positively impact the Oregonians that we serve. This team coordinates all DHS legislative matters, key stakeholders, federal partners and the Governor's Office. The government relations unit also supports both field and central office staff providing consultation and support in legislative and policy changes, primarily working with central office staff on policy development for program services. Staff in this unit support the director of DHS, the directors of all program and operations in DHS and the district managers in field offices. Legislative work is conducted with the intent of eliminating existing inequities and to promote equitable outcomes, using a comprehensive equity lens.

Office of Legal Relations

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

Office of Equity and Multicultural Services

Office of Equity and Multicultural Services (OEMS) provides leadership and direction in supporting the integration of equity, diversity and inclusion policies and initiatives throughout the agency. As an office that assists all DHS program areas, OEMS has two main charges. The first is to guide the agency to ensure a diverse workforce that has the cultural agility and language skills to serve the needs of all Oregonians; and second is to help the agency work toward equitable outcomes for all populations using DHS services. OEMS accomplishes this mission through policy-making, strategic planning, quality improvement consulting, technical assistance, research, Employee Resource Groups (ERGs), Diversity Committees, community engagement, advocacy, ally-ship, partnerships, and continuous learning.

Office of Reporting, Research, Analytics, and Implementation

The Office of Reporting, Research, Analytics, and Implementation (ORRAI)

compiles reports, conducts research, analyzes data, implements research, and provides inter-agency program as well as enterprise wide data. ORRAI provides mission critical information to directors, legislators, partner agencies, and the public. The office utilizes predictive analytics, workload modeling, and DHS and inter-agency program data to improve outcomes for children and families. The office translates data into information and develops practitioner tools to ensure decisions are data informed.

Integrated Eligibility Project Office

Integrated Eligibility Project Office was established to carry out the project's requirements, as described in the Budget Narrative of this document, including promoting and protecting civil rights of Medicaid clients.

Office of Organizational Development

The Office of Organizational Development oversees organizational capacity for continuous advancement toward the DHS mission critical goals. This includes building enterprise partnerships within the community; managing a portfolio of projects impacting organizational development; supporting employee development towards change; employing Lean principles through continuous improvement activities; implementing the DHS performance management system; and supporting volunteerism centrally in DHS and throughout field operations.

Shared Services

DHS Shared Services supports both DHS and OHA by providing optimal business services to ensure accountability, data informed decisions, and stewardship of resources. DHS Shared Services contains the following key offices and programs that serve both DHS and OHA.

Budget Center

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

Office of Forecasting and Research and Analysis

Office of Forecasting and Research and Analysis (OFRA) supports DHS and OHA by providing accurate, timely, unbiased caseload forecasts, and related research and analysis to support budgeting, policy development, identification and elimination of inequitable outcomes, and operational planning. This unit reports to

the DHS OCFO.

The Office of Enterprise Data Analytics (OEDA)

This office conducts inter-agency research and advanced statistical modeling to answer cross agency and/or cross programmatic operational questions.

Office of Financial Services

This area provides accounting services, administers employee benefits and payroll, prepares financial reports, and collects funds for DHS and OHA. This area provides accurate, accountable and responsive financial management and business services to clients, providers, vendors, stakeholders and employees to ensure compliance with state laws and federal policies, rules and regulations. This unit reports to the DHS OCFO.

Human Resources Center (HR)

This office provides essential HR administrative functions and services for DHS and OHA, and supports organizational development and an improved common culture of leadership, diversity, inclusion, and engagement across both agencies, through; personnel records management; leave administration; ADA reasonable accommodations, centralized position administration; safety and risk response and management; staff and management training; facilitation service; HR data analysis and reporting; HR policy administration; and internal communication strategies and resources for managers and staff.

Background Check Unit

The Background Check Unit (BCU) provides a comprehensive background screening process to determine if an individual should be allowed to have access to vulnerable people, IT systems or client information. BCU also provides centralized support for FBI Criminal Justice Information Services (CJIS) clearance and training for DHS and OHA staff. BCU is also Oregon's point of contact for processing out-of-state child protective service check requests in support of federal legislation.

Office of Facilities Management

This office provides the management and oversight of all facility and leasing related matters for DHS and OHA administrative offices, branch offices, and other facilities statewide. Its staff and operations support the departments' mission by ensuring that buildings are safe and universally accessible, and by maintaining and operating buildings, telecommunications, and their physical infrastructure in a cost-effective, sustainable, and environmentally responsible manner. This office

collaborates with both DHS and OHA leadership to develop long term strategic plans for the facilities needs of both organizations.

Office of Imaging and Records Management

This office provides services tailored to the business and program operational needs related to: agencies delegated authority regarding imaging, electronic and physical document and records management; data entry of documents to send data to mainframe applications to generate payment to medical and childcare providers; image and data capture of source documents into a central repository; image and data capture of documents into electronic workflow eliminating the need for the customer(s) to process physical documents; archive storage of physical records; tracking of archived records; shipping of archived records; and destruction of physical documents/records per agreement and Secretary of State's Office retention schedule.

Office of Contracts and Procurement

The Office of Contracts and Procurement (OC&P) supports all offices of the DHS, the OHA, and the Home Care Commission by procuring supplies and services in the most cost-effective manner through innovative and responsible solutions. OC&P assists agencies with their supplier diversity programs that seek to include women, minority, and emerging small businesses.

Office of Training Investigations and Safety (OTIS)

This office is responsible for conducting and coordinating abuse investigations and providing protective services statewide in response to reports of abuse and neglect to people they serve, including:

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

Office of Internal Audit and Consulting

This unit provides independent and objective information and consulting services for DHS/OHA. The internal audit team reviews all areas of DHS/OHA including centralized operations and programs, field offices, and institutions. The unit provides other services such as consultation on internal controls and process improvement efforts, facilitation of risk assessment activities, coordination of

external audits, and tracking and follow-up on both internal and external audit findings.

Office of Payment Accuracy and Recovery

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

Publications and Creative Design Services

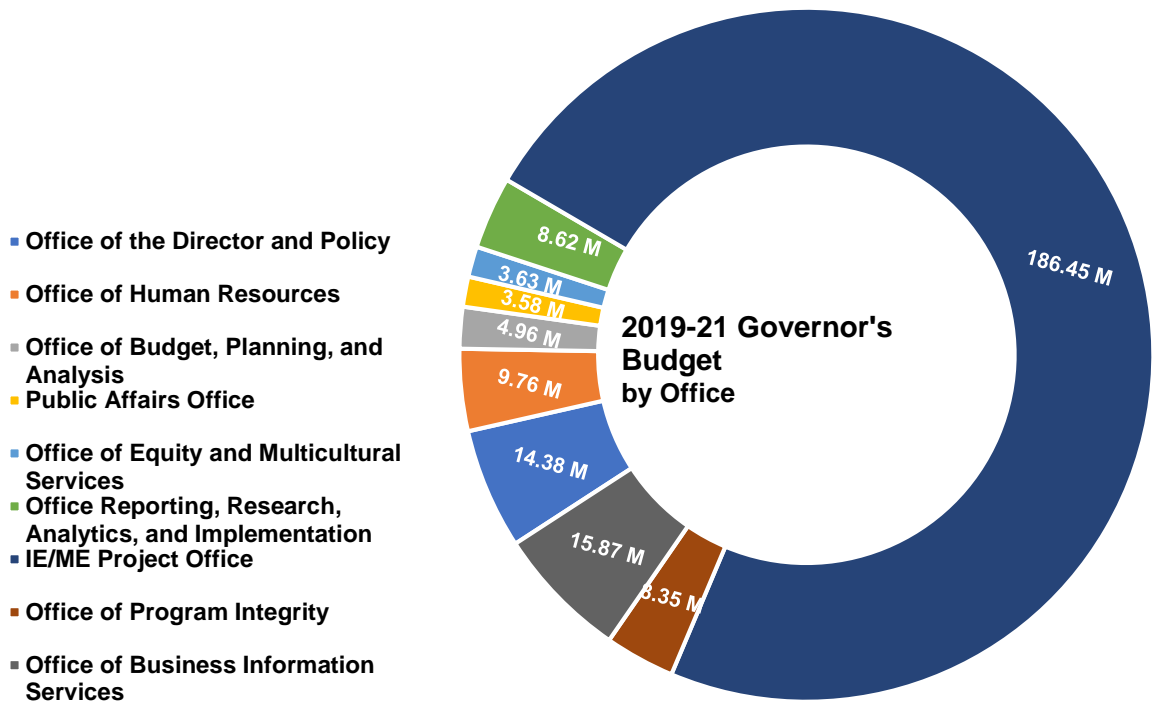
Publications and Design manages the writing, design, development, printing and distribution of DHS and OHA publications for internal and external audiences, which includes accessible formats and multiple languages. P&D provides consulting to plan professional quality publications that reflect DHS and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

State Assessments and Enterprise-wide Costs

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

Department of Human Services: Central Services

Primary Long-Term Focus Area: Excellence in State Government
Secondary Long-Term Focus Area: N/A
Program Contact: Eric Moore



Program Overview

DHS Central Services' budget consists of the Office of the Director and Policy, the Office of Human Resources, the Office of Budget, Planning, and Analysis, Public Affairs Office, the Office of Equity and Multicultural Services (OEMS), the Office of Reporting Research Analytics Implementation (ORRAI), Office of Business Information Systems, and the Integrated Eligibility/Medical Eligibility Project Office. These offices provide essential business supports to programs in achieving the department and programs mission, vision and outcomes.

Program Funding Request

	General Fund	Other Funds	Federal Funds	Total Funds	Positions	FTE
2017 - 19 LAB	35,505,162	48,080,362	173,438,062	248,710,610	193	192.12
2019 - 21 GB	52,479,494	40,247,768	162,869,146	255,596,408	255	245.42
Difference	16,974,332	(7,832,594)	(10,568,916)	6,885,798	62	53.3
Percent change	47.8	(16.3)	(0.6)	27.7	32.1	21.7

Office of the Director and Policy

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

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

Governor's Advocacy Office (GAO)

This office responds to concerns and complaints, including civil rights and discrimination, related to DHS programs and services. This office operates independently of DHS programs and reports directly to the Governor and DHS Director by providing a quarterly report on the status of patterns of complaint. This team of ombudsmen works closely with field and central office staff, the Governor's Office, legislators, community partners, and the DHS Director's Office to successfully, equitably and respectfully reach a resolution.

Chief of Staff

The Chief of Staff also oversees the Governor's Advocacy Office (GAO) - This office handles client complaints, including civil rights and discrimination, related to DHS services. This office operates independently in the investigations performed and reports directly to the Governor by providing a quarterly report on the status of the complaints. The team in this office works closely with field and central office staff; program staff; the Governor's Office; key stakeholders; and the DHS Director's Office to successfully, equitably and respectfully reach a conclusion.

Tribal Affairs

The DHS Director's Office is also home to Tribal Affairs. We are committed to positive working relationships with the nine tribes in Oregon. Staff regularly engages with tribal governments through tribal liaisons and continually strives to ensure these communities receive equitable, sufficient and appropriate human services.

Office of the Deputy Director

The DHS Deputy Director is responsible for Internal Audits, Business Intelligence, Licensing and Regulatory Oversight, Continuous Improvement, Information Technology (IT) Business Supports, Adult Abuse Prevention and Investigations, Program Integrity, Office of Payment Accuracy and Recovery, and the Chief Financial Officer.

Office of the Chief Administrative Officer

Office of the Chief Administrative Officer (CAO) provides leadership and direction for the DHS Shared Services and selected Central Services. The CAO works with the shared and central service managers to maintain updated service level agreements that define and guide the service array and delivery for each unit. In addition, the CAO partners with DHS and OHA leadership to ensure that the services provided by each unit utilize the most current best practices from their respective fields to optimize services in the most fiscally responsible and equitable manner possible. The CAO insures that all services and business practices are conducted in a culturally responsive and equitable manner.

Office of Program Integrity (OPI)

OPI conducts analysis and tests to determine whether DHS is implementing programs in the way they were designed and trains caseworkers based on their findings to improve program integrity. The office conducts operational and case reviews as well as field visits, many mandated by federal law, to determine how accurately each program is making eligibility and other determinations.

Office of the Chief Financial Officer (OCFO)

The chief financial officer provides optimal business services to ensure accountability, data driven decisions, and stewardship of resources in support of the mission of DHS. This is done by working closely with DHS programs and the OHA CFO and programs to ensure accurate, timely, and efficient recording and management of financial resources; culturally competent and equitable services; authorizing the redistribution of available resources to meet changing needs; and

establishing administrative controls. The CFO is responsible to provide leadership and direction to the DHS Budget Office and the fiscal offices located in DHS that serve both DHS and OHA, including the Budget Center, Office of Financial Services, and Office of Forecasting, Research, and Analysis. These offices ensure that accounting, budget, and forecasting practices comply with all applicable laws, rules, and professional standards and ensure transparency and accountability in the financial practices of DHS and OHA.

Budget, Planning and Analysis (BPA)

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

Office of Human Resources (Dedicated HR)

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

Public Affairs Office

The Public Affairs Office is made up of three work units: Communications, Legislative, and Legal. The office provides DHS with unified support and coordination in outreach and communication, legislative action and strategy:

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

- **Government Relations Unit** - This unit is essential to the agency's core functions through ensuring that any statutory, policy and budget implications are positively impacting the Oregonians that we serve. This team coordinates all DHS legislative matters with legislative offices, key stakeholders and the Governor's Office. The government relations unit also supports both field and central office staff providing consultation and support in legislative and policy changes, primarily working with central office staff on policy development for program services. During a legislative session, this unit tracks, assigns, reviews and focuses on policy implications of upwards of 600 bills related to DHS program and operations. Staff in this unit support the director of DHS, the directors of all program and operations in DHS and the district managers in field offices. Legislative work is conducted with the intent of eliminating existing inequities and to promote equitable outcomes, using a comprehensive equity lens.
- **Legal Unit** - This Unit manages all lawsuits, tort claims and subpoenas related to DHS program and operations. Staff in this unit provide expert consultation to DHS field and central office staff, Department of Justice (DOJ) and Department of Administrative Services (DAS) Risk Management in policy related to legal matters. This team ensures timely completion of the required judicial documents to move smoothly through a complicated legal matter.

Office of Equity and Multicultural Services (OEMS)

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

Office of Reporting, Research, Analytics, and Implementation

The Office of Reporting, Research, Analytics, and Implementation (ORRAI) compiles reports, conducts research, analyzes data, implements research, and provides caseload/workload estimates for five DHS programs. ORRAI provides mission critical information to directors, legislators, partner agencies, and the public. The office translates data into information and develops practitioner tools to insure decisions are data informed. The Office is reliant on predictive analytics to improve outcomes for children and families. ORRAI also implements an equity

analyses to identify inequities and progress towards equitable outcomes, as well as to inform agency programs and decision-making.

Office of Business Information Services

The Office of Business Information Services is responsible for ensuring DHS program and policy integrity in Enterprise IT Projects and in operations and maintenance efforts. OBIS specialize in standards and practices of Business Analysis and User Acceptance Testing Services related to Enterprise IT solutions. OBIS contribute to the DHS mission and program integrity through the following services:

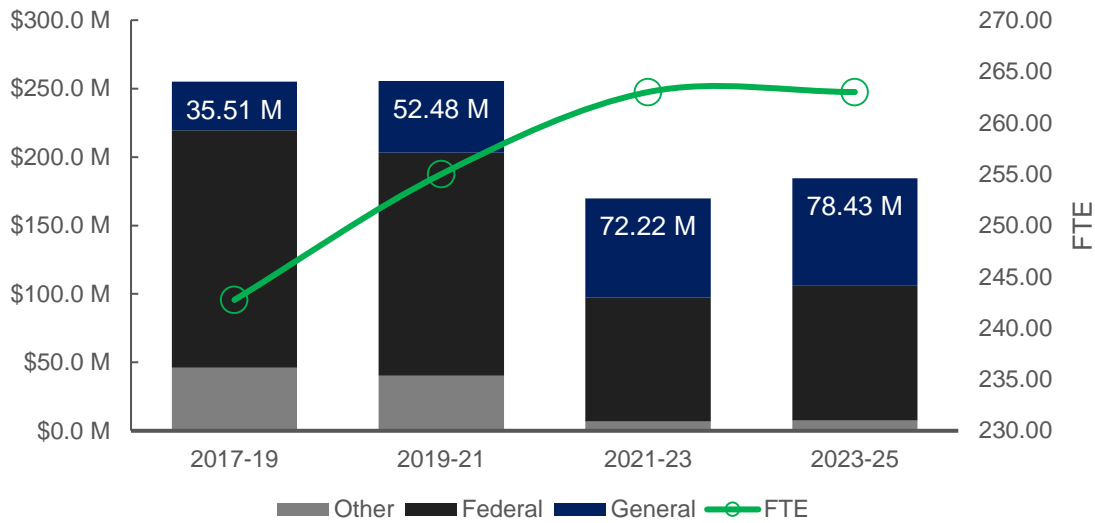
- Provides collaboration and strategic planning with State, Agency, Program and other related business and IT organizations regarding governance, priority and resource management of IT projects and enhancement, as related to State and DHS Business Information Services
- Provides vendor, contract and budgetary oversight, as directed, for some Enterprise IT projects and operations and maintenance solutions, as defined
- Design and application of Enterprise level business analytic and testing service standards and practices
- Provides centralized Business Analytic support to Enterprise level IT projects and enhancements
- Provides centralized Business Analysis and User Acceptance Testing services for the Oregon Eligibility system
- Provides a scalable central BA and UAT model for other IT solutions, as defined
- Collaborates with all other agency Business Support Units (BSUs), Business Information Service units (BISs) and other to promote best practices, process improvement and increased program integrity across all Business Analytic services bridge the gap between IT solutions and business need. They assist DHS program policy-makers maximize strategic use of technology, while defining clarity and precision in our business solutions. Rigorous Business Analytics and system testing improve our projects, systems and increase program integrity across our Enterprise.

Integrated Eligibility and Medicaid Eligibility Project Office

Integrated Eligibility and Medicaid Eligibility (IE/ME) Project Office has been established to carry out the requirements of the Integrated Eligibility and Medicaid Eligibility IT Project, as described in the Budget Narrative of this document, including promoting and protecting civil rights of Medicaid clients.

Program Justification and Link to Focus Areas

DHS Central Services Budget Outlook



Central Services provide critical leadership and business supports necessary to achieve the mission of the agency: helping Oregonians achieve well-being and independence through opportunities that protect, empower, respect choice and preserve dignity. Central Services include the cost of DHS Budget, Planning and Analysis, the Director, Governor’s Ombudsmen, Legislative and Communications & support, Diversity and Dedicated Human Resources.

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

Control over major costs

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

Performance management system

The department uses a performance management system containing the following key elements:

- A clear statement of the outcomes DHS must achieve.
- Descriptions of the processes DHS uses to achieve its outcomes.
- Measures of success for each outcome and process.

- Owners for each measure.
- Written “breakthrough” strategies for each initiative that will significantly improve outcomes and processes.
- A quarterly all-day all-leadership review of progress on each measure and strategy.
- Best practices in installing performance management require specific skills - especially in project management, Lean tools, data analysis, and professional development of managers. DHS has reallocated resources and used savings to make some of these investments, but it must increase these skills as much more needs to be done.

Enabling Legislation/Program Authorization

ORS 409.010

Funding Streams

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

Funding Justification and Significant Changes to CSL

There were eight policy option packages included in Central Services’ Agency Request Budget. Four have moved forward to Governor’s Budget.

PACKAGE NO. 112	PACKAGE TITLE Increase DHS Budget Staff Capacity				
GENERAL FUND 632,772	OTHER FUNDS 0	FEDERAL FUNDS 420,470	TOTAL FUNDS 1,053,242	POSITIONS 5	FTE 4.40
PACKAGE DESCRIPTION					
<p>Over the past few years the complexity of the DHS budget has grown. Currently there are only 8 budget analysts, one manager, and one support position for the 5 main program areas and central office which include over 9,000 budgeted positions, and an \$11.6 billion-dollar budget with multiple complex funding streams each with their own requirements and limitations. DHS requests the addition of 1 PEMF deputy budget director, 2 FA2s and 2 FA3 to further the agency's ability to: track budgets at the levels not expected of the unit in the past, focus on revenue analysis, provide backup to positions that are only 1 deep in each program and design/delivery area. To assist in the production of ever more detailed and complex information requests for budgeting and decision-making purposes. And to provide coordinated position management resources for the over 9000 budgeted positions at DHS.</p>					

PACKAGE NO. 201	PACKAGE TITLE Integrated Eligibility & Medical Eligibility				
GENERAL FUND 13,047,490	OTHER FUNDS 38,572,563	FEDERAL FUNDS 121,950,843	TOTAL FUNDS 173,570,896	POSITIONS 33	FTE 25.26
PACKAGE DESCRIPTION					
<p>This POP will provide resources to support the continuation of the Department's ONE Integrated Eligibility & Medicaid Eligibility (ONE IE & ME) Project during FY19-21 resulting in a single eligibility determination system for Non-MAGI Medicaid, Supplemental Nutrition Assistance Program (SNAP Food Stamps), Temporary Assistance for Needy Families (TANF Cash Assistance), and Employment Related Day Care (ERDC Child Care subsidies).</p> <p>This POP would further the development, and implementation period for the Integrated ONE System –for the purposes of Eligibility Determination work. DHS plans to put the system into pilot in the Summer of 2019, followed by a six-month implementation roll-out beginning early in 2020 and being rolled out statewide by Summer of 2020. This POP takes advantage of enhanced federal funds across two separate federal agencies. Without funding, DHS will not be able to continue its project in a timely manner, resulting in increased state general fund cost, subsequent federal audits, and required modifications to our Legacy systems which would cost more than the total cost of this project.</p>					

PACKAGE NO. 202	PACKAGE TITLE Medicaid Modularity				
GENERAL FUND 277,922	OTHER FUNDS 0	FEDERAL FUNDS 276,444	TOTAL FUNDS 810,378	POSITIONS 2	FTE 2.00
PACKAGE DESCRIPTION					
<p>This POP requests additional positions and funding to support continuation of planning and begin implementation activities for modularization of the systems supporting Oregon Medicaid. The outcome will be a solution set that meets CMS modularity criteria, with the ability to make updates as needed to meet federal and state demands over time. Funding is for OHA division leadership and subject matter expertise and for professional consulting services supporting planning and road-mapping efforts. This POP requests 3 permanent positions for OHA HSD to work in partnership with OIS and \$1,415,000 TF for consulting services. DHS companion POP to request 2 complimentary positions to represent DHS related Medicaid. Due to delays in 2017-19 planning efforts less than \$1,000,000 approved TF (under \$100,000 GF) from the 2017-19 POP will be expended by the start of 2019-21. CMS will fund 90% of positions and consulting during planning/implementation and 75% for on-going maintenance.</p>					

PACKAGE NO. 208	PACKAGE TITLE CAM Maintenance and Operations				
GENERAL FUND 3,512,949	OTHER FUNDS 0	FEDERAL FUNDS 0	TOTAL FUNDS 3,512,949	POSITIONS 3	FTE 2.64
PACKAGE DESCRIPTION					
<p>House Bill 4151 (2014) requires the state of Oregon and DHS as its agent, to standardize its processes and technology related to abuse of vulnerable adults.</p> <p>Oregon's current environment for tracking, reporting, analyzing, and investigating incidents of adult abuse relies on accessing information from nine distinct systems or data sources. Additionally, local offices have created their own one-off mechanisms for supporting the abuse investigation processes, further complicating, and decentralizing information. Existing systems limitations include the inability to search across program populations, inhibiting the ability to track perpetrators and/or victims over time and between populations. This heightens the risk of not capturing all abuse allegations.</p> <p>This POP requests general funds to implement Centralized Abuse Management's (CAM) ongoing maintenance and additional enhancements that will build upon the capabilities of a base system implemented in the 2017-19 biennium, for an integrated solution, which meets HB 4151 criteria and helps protect vulnerable Oregonians. Not funding this POP will limit Oregon's ability support the system after Go-Live.</p>					

Department of Human Services: State Assessments and Enterprise-wide Costs

Primary Long-Term Focus Area: Excellence in State Government
 Secondary Long-Term Focus Area:
 Program Contact: Eric Moore

SAEC Budget	GF	OF	FF	TF
State Government Service Charge	26,754,521	465,561	17,275,130	44,495,212
Risk Assessment	12,402,097	-	9,853,381	22,255,478
State Data Center	21,410,069	771,551	20,929,513	43,111,133
Facilities	74,432,162	3,452,519	63,024,936	140,909,617
Computer Replacement	5,186,590	76,801	4,132,082	9,395,473
Shared Services Funding	104,029,541	2,927,212	91,616,191	198,572,944
Debt Service	26,418,852	-	-	26,418,852
Telecommunications	4,991,007	64,409	4,329,232	9,384,648
Mass Transit	2,734,175	-	-	2,734,175
Unemployment	1,071,419	42,994	837,019	1,951,432
Treasury Credit Line	-	31,105,912	-	31,105,912
Office of Administrative Hearings	1,592,466	-	502,333	2,094,799
All Other Assessments	675,000	-	-	675,000
Total SAEC ARB	281,697,899	38,906,959	212,499,817	533,104,675

Note: There are no positions or FTE in the SAEC budget

Program Overview

The SAEC budget includes statewide and other enterprise assessments costs such as State Government Service Charges, the enterprise technology services, rent, computer replacement costs and the cost of DHS/OHA shared services.

Program Funding Request

SAEC	GF	OF	FF	TF
LAB 17-19	247,426,946	39,518,096	195,872,368	482,817,410
GB 19-21	281,697,899	38,906,959	212,499,817	533,104,675
Diff.	34,270,953	(611,137)	16,627,449	50,287,265
% Diff.	14%	-2%	8%	10%

Program Description

DHS has statewide assessments that include DAS charges such as the State Government Service Charge, Risk Assessment and enterprise technology services

Charges. Rent for all of DHS is in the Facilities budget. This budget includes the computer replacement budget. The Shared Services funding is the revenue for the DHS portion of DHS and OHA shared services. When the agency split, DHS and OHA agreed to share information technology, financial, investigations, and other services to avoid cost increases and permit a greater focus on improving performance and efficiency.

Debt services is to pay off Certificates of Participation or Q-Bond loans taken for major DHS projects. Each service, both shared and assessed, are important for DHS to attain its programmatic outcomes. It is critical to continue to look for efficiencies in our systems, processes and staffing.

This budget also includes the costs of telecommunications, unemployment insurance, mass transit, administrative hearings and limitation for a line of credit from the Treasury Department used for cash flow purposes at the end of the biennium.

Program Justification and Link to Focus Areas

There is a direct link between this program and Excellence in State Government focus area. DHS strives to control major program support costs. DHS centrally manages many major costs. Some of these costs, like many DAS charges, are fixed to the agency. Other costs, such as facility rents, are centrally controlled. DHS also strongly supports and actively participates in statewide efforts to locate work across the enterprise and install performance management systems to perform administrative functions more efficiently and effectively.

Program Performance

DHS is committed to customer-driven shared services. When the agency split, DHS and OHA agreed to maintain many administrative functions as shared services to prevent cost increases, maintain centers of excellence, and preserve standards that help the agencies work together. DHS and OHA govern their shared services through a joint committee composed of operational leaders of the two agencies. This approach ensures that shared services are prioritized and managed to support program needs. The committee and its subgroups have established service level agreements and performance measures for each service, moved staff in and out of shared services to rationalize service delivery, and begun implementing more integrated systems to support the performance of all our employees.

DHS pays for services from the Department of Administrative services including general charges and costs of the enterprise technology services. DHS also actively supports statewide projects like Workday and OregonBuys intended to make government more efficient and cost effective.

Enabling Legislation/Program Authorization

The authorization for these budgets comes from legislative budget bills each biennium. Spending authority for the agency is a part of the general authority granted to the agency through statute and federal law. General DHS statutes include ORS 409.010, ORS 409.110 and ORS 409.160.

Funding Streams

A mix of state general and federal dollars fund the majority of the services provided in SAEC many of the areas are assessed to federal funds through a cost allocation processes.

Funding Justification, Significant Changes and Comparison to 19-21 CSL

The following policy option packages (POP) is recommended in the DHS Governor’s Budget above the current service level for SAEC.

	GF	OF	FF	TF	POS	FTE
GB Build - POPS	5,273,482	675,000	-	5,948,482	-	-
POP 201 - Integrated Eligibility Medicaid Eligibility	5,273,482	675,000	-	5,948,482	-	-

201 – Integrated Eligibility / Medicaid Eligibility System Project

This POP requests resources to support the continuation of the ONE Integrated Eligibility & Medicaid Eligibility (ONE IE & ME) Project from Medicaid, Shared Services, and DAS Enterprise Technology Services. The ONE system will be a single eligibility determination system for Non-MAGI Medicaid, Supplemental Nutrition Assistance Program, Temporary Assistance for Needy Families, and Employment Related Day Care programs. These resources would support DHS’ business needs and is related to the Legacy System Project DHS is undertaking to ensure functionality not assumed into the Integrated ONE system from legacy systems remains available for DHS business usage.

The corresponding DHS POP would further the testing and implementation period for the Integrated ONE System for the purposes of Eligibility Determination work. DHS plans to pilot the system in Summer 2019 to be followed by a six-month

implementation roll-out beginning early in 2020 and statewide roll-out by Summer of 2020. This POP would take advantage of enhanced federal funds across two federal agencies. Without this funding, DHS would not be able to continue its project in a timely manner, resulting in increased General Fund cost, federal audits, and modifications to Legacy systems. It also includes funding for Eligibility Transformation work that supports changes to DHS' delivery system.

Department of Human Services

Self-Sufficiency Program

Mission

To provide a safety net, family stability and a connection to careers that guide Oregonians out of poverty

Program

The Self-Sufficiency Program (SSP) provides low-income Oregonians with services to support participants' movement towards stability and prepare individuals for employment. Recognition of existing disparities provide a background from which to plan increased service equity within the programs. The programs emphasize the safety and healthy development of children, the strength of the individual and family and often serve to prevent abuse or neglect that may lead to out-of-home placement in the more expensive foster care program.

Oregonians access SSP services when they are in need and have limited alternatives. Program participants access services through a network of local offices in every county.

SSP works to achieve its mission by focusing its efforts on five foundational operating principles:

- Family engagement;
- Economic stability;
- Collective impact;
- Integrity and stewardship; and
- Professional Development

The services offered through SSP are:

- Employment Related Day Care (ERDC)
- Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF)
- TANF-related programs such as the Job Opportunity and Basic Skills (JOBS) program and Family Support and Connections (FS&C)
- Temporary Assistance for Domestic Violence Survivors (TA-DVS)
- Refugee Program

- Youth Services Program
- Oregon Health Plan

The current housing crisis, available and affordable child care and attainable living-wage jobs all affect SSP caseloads. Many participants are working but have lower wages or fewer hours and don't earn enough to make ends meet on their own. Poverty and disparity factors such as geography (rural/urban), education, English language proficiency, race/ethnicity, and age continue to affect the ability for families to achieve economic stability.

Services

Employment Related Day Care program (ERDC)

ERDC assists low-income families in obtaining child care so they can work and attend training or education needed to advance in their employment. The ability to go to work and not worry about child care assists parents in gaining economic stability. Parents receive a sliding subsidy amount based on income toward their child care allowing them more options in connecting to reliable, quality providers. Quality providers can help improve school readiness during the critical learning years of birth to five. By working to improve the quality of providers within disparate populations, the entire community benefits. The program has a higher rate of payment available for working families who need child care and have a child with special needs.

Providers approved by DHS meet a set of health and safety standards, attend training, submit to monitoring visits and pass required background checks before they can receive payment on behalf of the family.

Supplemental Nutrition Assistance Program (SNAP)

SNAP offers food assistance to low-income individuals and families to help meet their nutritional needs. Benefits to participants are 100 percent federally funded; however, the administration of the program requires a 50 percent state match. Approximately one in five Oregonians receive food assistance through SNAP.

SNAP is an important and constantly growing anti-poverty program. Recent research has shown that SNAP benefits reduce the depth and severity of poverty, and have a particularly strong effect on reducing child poverty. SNAP benefits add about \$1.1 billion dollars per year to the Oregon economy including rural Oregon.

Self-Sufficiency offices across the state serve the majority of the SNAP population. Elderly persons (60 and older) plus persons with disabilities who require services are assisted by Aging and People with Disabilities (APD) Program offices and their contracted partners: Area Agencies on Aging, Disability Services Offices and Councils of Government.

Oregon is federally required to offer a limited companion employment and training program. SNAP participants may be enrolled in one of the following programs: Oregon Food Stamp Employment Transition (OFSET) program and the Able-Bodied Adults Without Dependents (ABAWD) program. More comprehensive services are provided through the 50/50 employment and training program, referred to in Oregon as SNAP Training and Employment Program (STEP).

Commodities Supplemental Food Program (CSFP)

This program provides a monthly prescribed nutritious commodity package to help meet the needs of low-income elderly persons (aged 60 or older). Food packages are distributed through local agencies and include canned fruits and vegetables, canned meat, poultry and other protein items, grain products such as pasta, as well as other foods. While CSFP food packages do not provide a complete diet, they are good sources of the nutrients typically lacking in the diets of the target population. Participants are also offered the opportunity to receive nutrition education instruction and information, often in their preferred language and with culturally appropriate recipes.

The Emergency Food Assistance Program (TEFAP)

This federal program helps supplement the diets of low-income Oregonians by providing emergency food and nutrition assistance at no cost. The amount of food Oregon receives is based on the number of unemployed persons and the number of people with incomes below the federal poverty level. The State of Oregon provides USDA commodities, as well as administrative funds, to the Oregon Food Bank (OFB) who is the State Distributing Agency. The OFB works with a cooperative network of regional food banks, partner agencies, and programs to distribute emergency food to hungry families.

Temporary Assistance for Needy Families (TANF)

TANF is a collection of programs directed at improving the lives of very low-income Oregon families with children. It is a critical safety net program for families with children living in extreme poverty and helps families from a variety of diverse backgrounds to address their most basic needs. TANF provides eligible

families with cash assistance, cultural and language specific connections to support and community resources, case management, and employment and training services.

Families typically use TANF funds to prevent homelessness and to help with other factors contributing to family instability. The goal of the program is to help families address barriers, recognize their own strengths, gain skills and access employment opportunities to become self-sufficient.

TANF-Related Programs

- **Job Opportunity and Basic Skills (JOBS) program:** Most adults must meet additional requirements to receive TANF services. The JOBS program provides employment, education, skill-building and family stability services to individuals of families receiving TANF assistance. Individuals participate in JOBS to gain skills necessary to join the workforce and retain employment.
- **Family Support and Connections:** Provides supports to prevent children in the TANF program from entering the child welfare system. Home visiting and community-based services are some of the interventions used to build on family strengths and address family functioning issues.

Temporary Assistance to Domestic Violence Survivors (TA-DVS)

Provides temporary financial assistance and support services to families with children affected by domestic violence when other resources are not available. TA-DVS is used to help vulnerable children and their parents address safety concerns and stabilize their living situation. This reduces the likelihood of the survivor returning to the abuser and can prevent life-threatening situations. Services help prevent child abuse and the need for child welfare intervention.

Refugee Program

The program serves individuals and families who fled persecution in their country of origin and were legally admitted for resettlement by the United States government. Refugees and people who have been granted asylum access the program for financial, employment-related and life skills resources to provide a sense of community for the newly arrived. The program guides refugees toward economic stability through employment as early as possible. The program serves only those persons in immigration categories approved by the Federal Office of Refugee Resettlement (ORR).

Youth Services Programs

My Future - My Choice program is an age-appropriate, medically accurate, sexual health education program. This service supports community prevention efforts to help families break the generational connection to public assistance. The program expands on the historical teen pregnancy prevention program to provide education and tools for youth to resist multiple risk-taking behaviors. DHS partners with the Oregon Department of Education and the My Future - My Choice Advisory Committee to develop and implement the program.

The Runaway and Homeless Youth (RHY) program provides services and supports to young people under age 18 to 21 without shelter. The program currently administers funding to local non-profit providers across the state to provide shelter services, drop-in & outreach services, and job development & mentoring services. DH partners with a cross-system advisory group to coordinate statewide policy and planning for addressing the needs of runaway and homeless youth.

Oregon Health Plan

The Oregon Health Plan (OHP) is the state's medical assistance program, serving approximately 1.1 million Oregonians. Funded by Medicaid, Children's Health Insurance Program and state resources, OHP offers free health care for people who meet income and other requirements, including age and disability status. OHP covers physical, dental, and behavioral health care. The majority of members receive their care through regional networks called coordinated care organizations (CCOs).

SSP staff assist with linguistically appropriate services for OHP eligibility, including customer service and application processing.

Program Design and Delivery

Provides program direction, planning, reporting, implementation, training, eligibility and benefit issuance for SSP. Staff at state and local levels also coordinate closely with other DHS programs, including Child Welfare, with the goal of increasing individual and family stability.

SSP collaborates with other agencies and statewide initiatives, including the alignment and improvement of the state's workforce system. This effort is to ensure that service delivery and outcomes are improved for both employer and job seeker. Other collaborations have been built around domestic violence, housing, addictions and mental health treatment, vocational rehabilitation, health care and

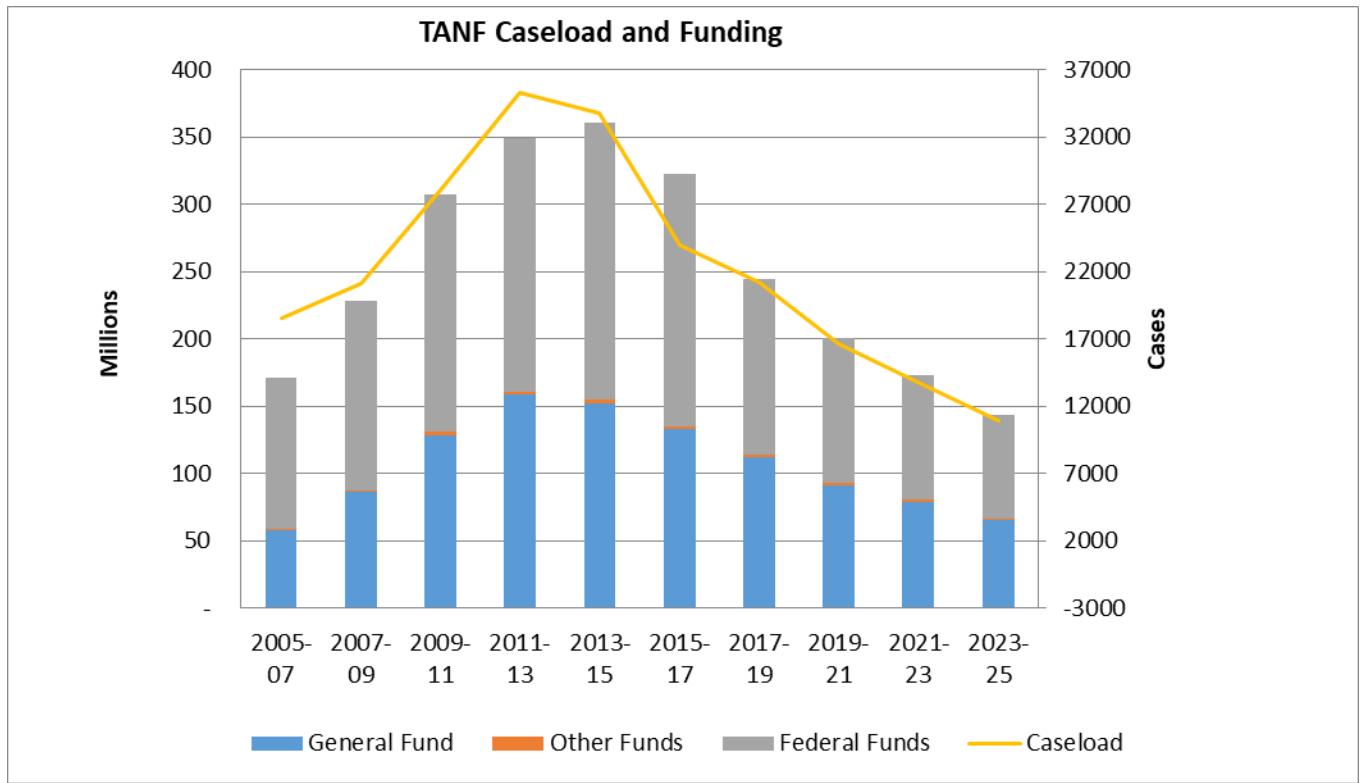
education. Throughout SSP, collaboration efforts include taking into consideration the community, culture and language needs of those served by the program. SSP has a strong commitment to have bilingual staff that can provide assistance directly to the families & individuals served. Additionally, work is being moved forward to better understand the communities served through enhanced Race, Ethnicity, Language & Disability data collection and analysis.

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

Primary Long-Term Focus Area: Safer, Healthier Communities
 Secondary Long-Term Focus Area: Excellence in State Government
 Program Contact: Belit Burke

Program Overview

Temporary Assistance for Needy Families (TANF) is a critical safety net program for families with children who live in extreme poverty. TANF helps families, including more than 38,000 children, from a variety of diverse backgrounds to address their most basic needs. TANF provides eligible families with cash assistance, connections to support and community resources, case management, and employment and training services. The goal of the program is to engage families in becoming self-sufficient by helping them address challenges, gain skills, and access employment opportunities.



Program Funding Request

SSP - TANF (Basic, UN, Pre-SSI, Transition) TOTAL				
	GF	OF	FF	TF
17-19 LAB	68,764,315	2,047,112	136,880,780	207,692,207
19-21 GB	63,896,742	2,047,112	151,005,444	216,949,298
Diff.	(4,867,573)	-	14,124,664	9,257,091
% Diff.	-7%	0%	10%	4%

Program Description

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

Most parents and caretaker relatives must meet additional requirements to continue receiving TANF services, such as participating in the Job Opportunity and Basic Skills (JOBS) program. These individuals participate in JOBS to gain the skills necessary to join the workforce and retain employment. A TANF family may participate in the JOBS program and access a variety of programs and services as part of the plan to move towards self-sufficiency.

To qualify for TANF, a family of three must be below 36 percent of the Federal Poverty Limit (FPL). This means the family's income cannot be more than \$616 per month. Currently the maximum monthly benefit for a family of three is \$506 (approximately 30 percent of FPL). There is a 60-month time limit for adults to receive TANF.

The TANF program serves a diverse population with a wide range of abilities and challenges. Over 90 percent of TANF recipients have no current earnings and about 31 percent of adults receiving TANF have at least one documented or self-disclosed disability. Approximately, 9 percent of TANF households are homeless. Culturally appropriate eligibility and case management services are provided in numerous languages on a continual basis. They include but are not limited to Spanish, Russian, Vietnamese, Somali, Bosnian, Mandarin, Arabic, Burmese, etc. In situations where the office does not have staff to provide specific language services, interpreters are available.

Approximately 38.5 percent of all children receiving TANF are 0-6 years old. In about 15 percent of TANF households, the adults receive assistance for the children but not for themselves. In these households, many have an adult who is disabled and receives Social Security benefits or a caretaker relative, such as an aunt, uncle or grandparent, who is caring for the children.

The State Family Pre-SSI/SSDI (SFPSS) Program is designed to assist TANF-eligible individuals with disabilities obtain Social Security disability benefits through the Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) programs. The program serves individuals who are not required to participate in the JOBS program. The program provides families with a cash grant, professional assistance with Social Security Administration (SSA) applications and appeals as well as case management services. Once a client is awarded SSI benefits, the department recovers a portion of the payments it made to the family during the application process from the client's initial SSI lump-sum payment. In 2017, 137 SFPSS participants were approved for SSI and from January through April 2018, 35 SFPSS participants were approved for SSI.

Program Justification and Link to Focus Areas

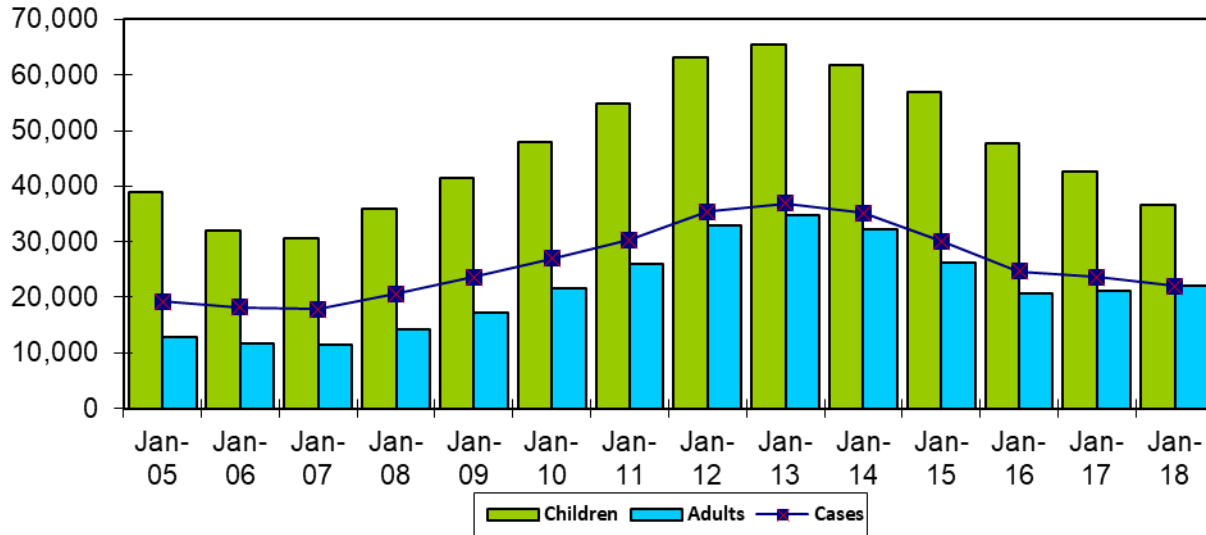
The TANF and Pre-SSI/SSDI cash assistance programs are key safety net programs that provide assistance to the most vulnerable of Oregonians. Without TANF cash assistance, more families would be homeless, which makes finding and maintaining employment extremely difficult. Being in a constant state of crisis can negatively impact children, including their ability to attend school and progress in learning. The program works with families to identify a pathway to self-reliance. The cash assistance, skill development and job placement help families to meet their basic needs while striving to move forward. Meeting the basic needs of families, increasing their job-readiness, or helping them receive disability benefits, promotes safer and healthier communities.

The TANF program has reinvested funds into efforts that maximize the dollars for benefits targeted at building participant progression in work related activities, identifying and building on skills and leveraging community collaborations to provide solid foundations that lead not only to employment placement but retention and advancement. A new Family Assessment Tool was developed and piloted in 2017 to assess the needs and goals of families receiving TANF. A data tracking tool was also created to identify family progression. The tool was released for use statewide as of January 2018 and is required to be offered to work-eligible adults within 90 days of TANF approval and yearly at recertification. Additional time is

needed to track and accumulate data, which will be used to track family progression and more readily address the needs of TANF recipients.

Program Performance

TANF & Pre-SSI/SSDI Children, Adults and Cases -
January 2005 to January 2018



In February 2018, the TANF and Pre-SSI/SSDI programs combined served 21,664 families. These households included 38,821 children and 18,571 adults from a diverse range of abilities, cultures and communities. TANF cash assistance expenditures increased since the onset of the economic recession but are slowly decreasing as the caseload drops. In the 2017-2019 Biennium we increased from 78 percent to 93 percent of staffing need, according to the workload model, by adding more Family Coaches (case managers). We will be able to maintain 93 percent of need through the 2019-2021 biennium, even with anticipated changes in workload. The case management resources are critical for improving outcomes of engaging clients in plans to achieve self-reliance, increase family stability, maintain federal participation rates, and achieve enhanced employment placements.

Enabling Legislation/Program Authorization

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

Funding Streams

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

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

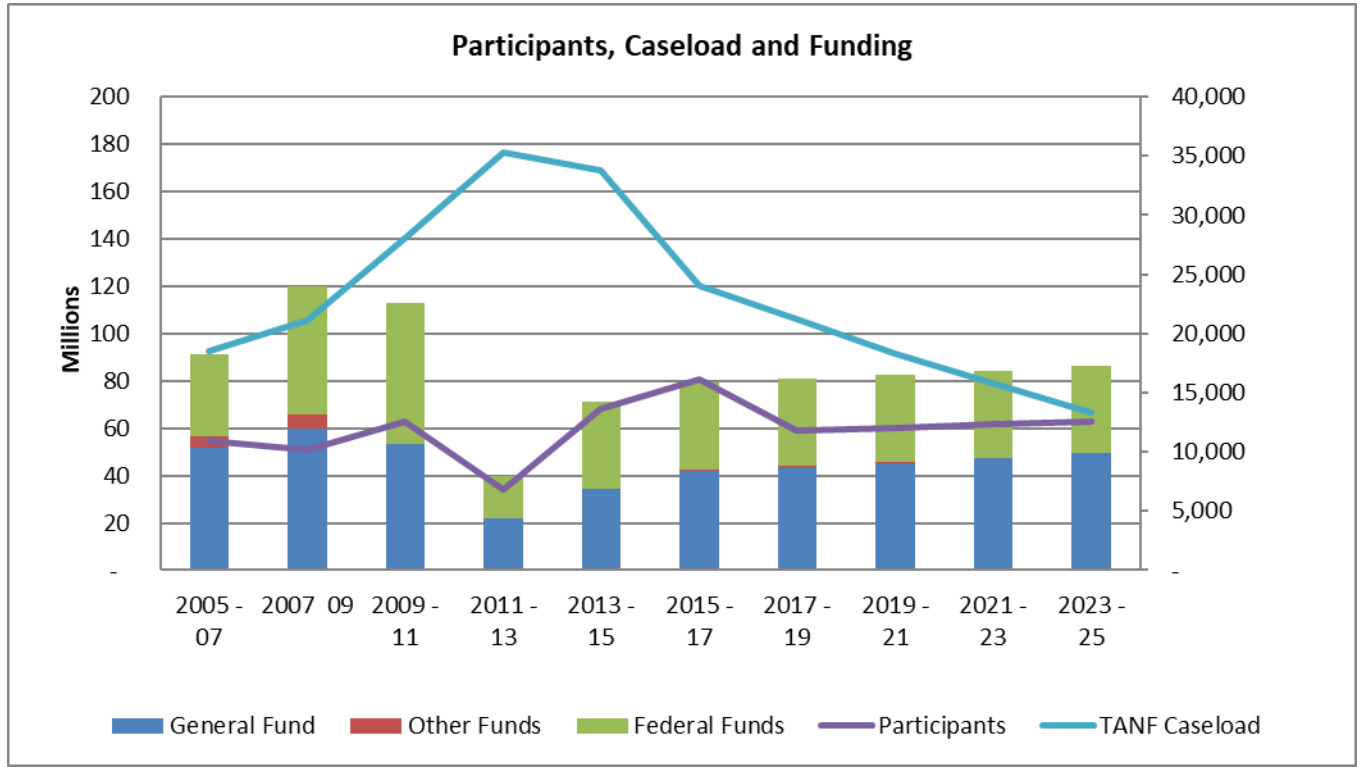
While TANF benefits for most single-parent families are funded with a split of TANF Federal block grant funds and General Fund dollars counted towards Oregon's MOE requirement, TANF benefits for two-parent families are funded solely with General Fund dollars that are not counted towards Oregon's TANF MOE requirement. In addition, the State Family Pre-SSI/SSDI (SFP) program is funded with General Fund dollars not counted towards Oregon's MOE requirement. The Department recovers a portion of SFP funds expended through client reimbursements.

Funding Justification, and Significant Changes to CSL:

The GB fully funds the TANF caseload forecasted for 19-21 and continues current eligibility and timelines.

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

Primary Long-Term Focus Area: A Thriving Oregon Economy
 Secondary Long-Term Focus Area: Healthy and Safe Communities
 Program Contact: Belit Burke, Program Director



Program Overview

The Job Opportunity and Basic Skills (JOBS) program is an employment and training program for individuals receiving Temporary Assistance for Needy Families (TANF) cash benefits. The goal of the program is to help adults, caretaker relatives, and minor parents in TANF families gain the skills needed to become self-sufficient through employment, training and education, as well as family stability-related services that address other obstacles to employment.

TANF serves families with children who are in deep poverty and represent an increasingly diverse population. Most parents or caretakers in these families are federally required to participate in JOBS program work activities to maintain their eligibility for cash assistance. They can face sanctions that include losing benefits,

if they fail to participate. JOBS services are available in every county, provided through DHS field offices and a network of contracted providers.

For the period April 1, 2017 through March 31, 2018 the average monthly number of TANF families receiving cash assistance was 21,601. The average monthly number of individuals required to participate in JOBS activities was 12,869, which relates to 60 percent of TANF families.

Program Funding Request

	SSP -JOBS			
	GF	OF	FF	TF
17-19 LAB	44,247,215	184,320	36,923,404	81,354,939
19-21 GRB	45,889,660	184,320	40,564,946	86,638,926
Diff.	1,642,445	-	3,641,542	5,283,987
% Diff.	3.7%	0.0%	9.9%	6.5%

Program Description

DHS family coaches work with TANF families to develop individualized case plans to achieve self-sufficiency, provide supports, and monitor progress in achieving family goals. The customized case plan outlines the JOBS activities selected and designed to help them achieve their goals. The plan also includes the support service payments to be provided, such as transportation and child care, so they can fully engage in their plan.

DHS administers the JOBS program through an extensive, statewide network of community partners that help deliver services. Partners include contracted JOBS service providers, Workforce Innovation and Opportunity Act (WIOA) agencies, community colleges and the education community, the Oregon Employment Department, Work Source Oregon One-Stop offices, and many local and county-based organizations. Services are delivered at partner locations and some are available on-site at local DHS offices.

The JOBS program provides an array of employment and training-related services which include: job preparation, unpaid work experience, subsidized employment, job placements, vocational training and education, Life Skills, and Adult Basic Education, High School and GED services. Additional services are offered to assist families address issues that prevent them from looking for, accepting, or maintaining employment.

JOBS participants include individuals from diverse populations. Program services are designed to ensure activities are delivered with service equity, equal access, and cultural appropriateness.

JOBS also provide a Job Participation Incentive (JPI) food benefit to Supplemental Nutrition Assistance Program (SNAP) participants with dependent children who meet the TANF federal work participation rate by working in unsubsidized employment.

Over the past decade, the program experienced several challenges in meeting the employment and training-related needs of participants. The economic struggles that started in 2008 triggered extreme program reductions implemented July 1, 2011. The JOBS program was reduced by over 50 percent, which caused severe cuts to the program's service array and eliminated approximately 75 percent of contracted staff available to serve participants. Among the limited services that remained were job search, unpaid work experience, supported work, and subsidized employment. Child care, transportation assistance and other supports continued to be available in a reduced manner.

The reduction to program services and capacity, combined with the increased caseload, low staffing levels for family coaches, and lack of jobs to transition participants into, the state was unable to meet federal regulations that require 50 percent of work-eligible adults in the TANF program participate in work preparation activities. Oregon was not compliant with the federal work participation requirement in 2007. The department submitted a Corrective Compliance Plan that outlined the steps to be taken to meet participation goals. By following the plan, working with partner agencies to employ participation strategies, and fully utilizing the family coaching resources to engage more families in the program, the state met federal participation requirements and avoided penalties starting with FFY 2008.

In the 2013-15 biennium, the budget allowed for added flexibility in contracts and support services so that families in the TANF program could have support in vocational training and education, GED completion, and life skills classes. Other services previously eliminated have since been added back including: Adult Basic Education, Life Skills classes, services that helped participants remove other obstacles to employment such as home visitor specialists, vocational nurse consultants and specialists who helped parents or caretaker relatives with criminal history or fines work with the courts on expungement. They also provided

guidance to clients for talking with prospective employers during job searches about these issues.

In July 2015, with the support of the Legislature, additional expansion was implemented with the passage of HB 3535, in which projected savings from caseload reduction was reinvested back in to the TANF program resulting in strategies and policy changes to improve outcomes for families. Funding provided opportunities for community-based collaborative impact contracts that focused on family stabilization, preventing entry into TANF, promoting job retention. The program was also able to increase flexibility in support service payments and family supportive services. Additional family coaching resources helped test strategies to engage families in ways that improved outcomes in the areas of engagement in a self-sufficiency plan, improving family stability, improving federal participation rates, and increasing employment placements. These services continue to improve outcomes for TANF families in the current 2017-19 biennium.

Program Justification and Link to Focus Areas

The primary focus area of the JOBS program is to impact and actively contribute to a Thriving Oregon Economy. The JOBS program aims to reduce unemployment for participants, including underrepresented and underserved individuals, and create job-ready communities that contribute to Oregon's overall economic well-being.

There is also a direct link to a secondary focus of Healthy and Safe Communities. JOBS is an integral part of Oregon's workforce service delivery system by providing employment and training services to low-income families receiving TANF. Many of the parents or caretakers of the children in this program have limited or no work experience. The JOBS employment and training program provides activities and services focused on preparing participants to enter the workforce, help them find employment, and support them as they transition off public assistance.

TANF is a required partner under WIOA. While WIOA programs serve all Oregonians, the JOBS program provides services geared to address specific needs of TANF participants to obtain job skills and work-experience-related training, assist with connections to employment opportunities, and family stability efforts. WIOA affords the state additional opportunities to expand and maximize coordination of employment and training workforce partners at the state and local

levels, establishing a continuum of services that improves outcomes for all job seekers.

Program Performance

DHS measures total employment placements reported by parents or caretaker relatives served by the JOBS program each month. Due to the economic downturn, average monthly placements in FY 2010 were 30 percent lower than in FY 2008. With gradual flexibility added to the program since July 2013, additional investments in the program starting July 2015, and improvements in the economy, job placements have increased back to levels ranging from 900 to 1,000 per month. Prior to July 2013, placements last reached these levels in December 2007. The average monthly placements for FY 2017 was 921. 22 percent of placements are at least 30 hours per week and at least \$11.55 per hour (benchmark placements).

In April 2018, the statewide average wage for full or part-time wages combined was \$11.44 per hour, ranging between \$11.13 and \$11.68. The state minimum wage ranges between \$10.00 / \$10.25 / \$11.25, depending on the area.

The percentage of parents or caretaker relatives who exit TANF due to employment and do not return within 18 months is currently 62 percent. Future data is expected to start showing an increased percentage based on the improving economy and expanded program design.

Enabling Legislation/Program Authorization

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

Funding Streams

The JOBS program is funded through the Federal TANF block grant and General Fund dollars that count towards the state Maintenance of Effort (MOE) requirement. Oregon's TANF block grant is \$166.8 million per year. Oregon's MOE requirement is equal to 80 percent of the state's historic expenditures or approximately \$98 million per year. Expenditures counted towards MOE must not have been from a Federal source and must not be matched to other Federal funds. Oregon generally meets MOE through a combination of eligible DHS and other agency expenditures. Both the TANF federal block grant and MOE expenditures must be spent in a manner reasonably calculated to meet one of four TANF

purposes, which are: 1) provide assistance to needy families; 2) end dependence of needy parents by promoting job preparation, work and marriage; 3) prevent and reduce out-of-wedlock pregnancies, and 4) encourage and maintain family formations.

Funding Justification, And Significant Changes to CSL

POP 122 – Emergency Housing Assistance

The housing crisis has greatly impacted the low-income families in Oregon, making them even more vulnerable. This policy option package addresses the housing need by expanding the Department of Human Services, Self-Sufficiency Programs' ability to provide emergency housing services and supports to homeless families and families at risk of homelessness in areas where assistance is not available, including maximizing coordinated efforts with housing and community action agencies and other local partner organizations across the state. If this policy option package is not funded, homelessness and housing needs will remain unmet, reducing the ability to strengthen and stabilize the living situation of low-income families, and potentially requiring reliance on assistance programs.

An investment of \$6.5M TANF FF in emergency housing will be transferred to help low-income Oregonians experiencing a housing crisis to remain safe and provide wrap-around services that support families during their period of instability. The Department of Human Services (DHS) and Oregon Housing and Community Services (OHCS) are working to align services and strategies to better serve our families and provide quality person-centered assistance. DHS and OHCS will work in collaboration on the four strategies below to begin to address the statewide housing stabilization issues facing the families we serve.

POP 127 - Vocational Training and Education Expansion

This POP expands targeted vocational training and education opportunities for families receiving Temporary Assistance for Needy Families (TANF) assistance in rural locations as and provides access to underserved TANF populations statewide. The expansion would include a comprehensive service model with eligible participants enrolling in training programs that match up with in-demand, high wage job openings, such as in the healthcare or information technology areas. Participants receive a scholarship/stipend to help augment Pell grants, with average

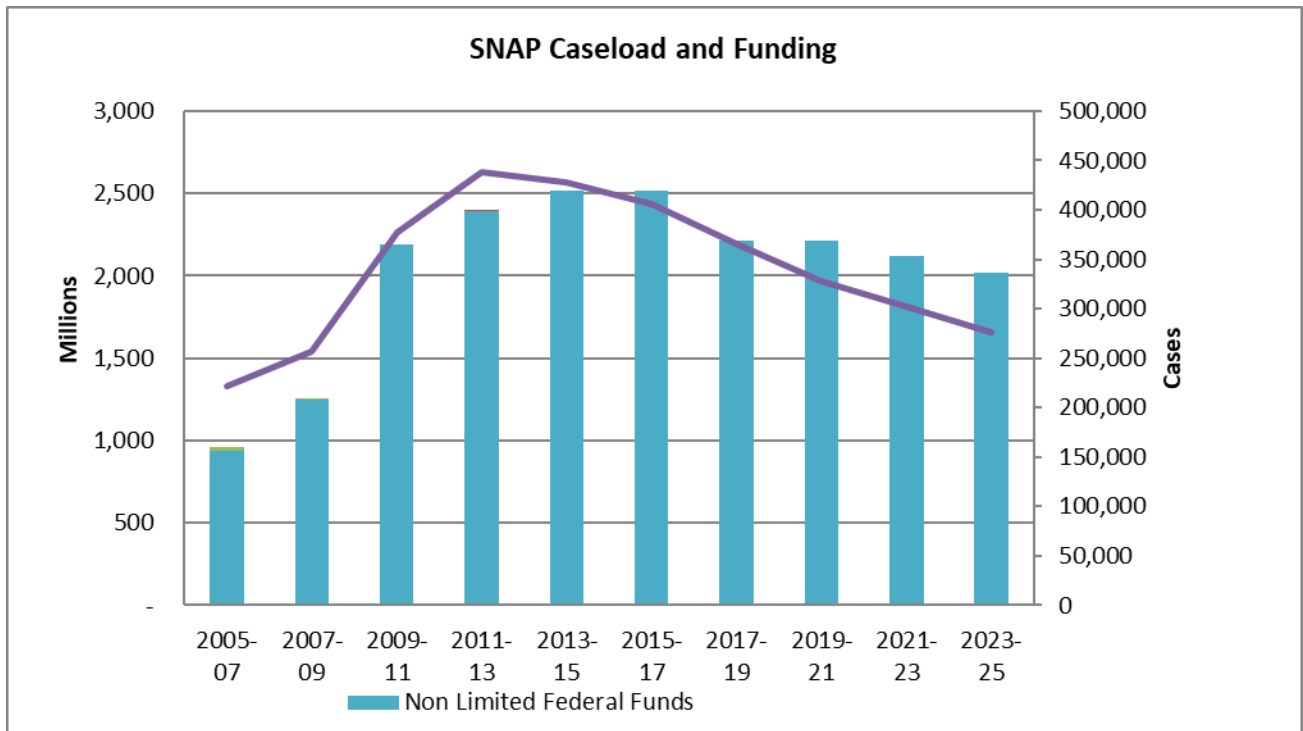
awards estimated cost at about \$2,976 per participant (\$2,000 of which is a tuition stipend) plus additional support services funding for the expanded participant group; approximately 850 individuals would participate in the program over the course of the biennium, doubling the current capacity. The pilot project will be a joint effort among workforce program partners, the education communities, and the Department of Human Services.

General Fund	Other Funds	Federal Funds	Total Funds	Positions	FTE
\$ 3,641,542			\$ 3,641,542		

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

Primary Long Term Focus Area:
Secondary Long Term Focus Area:
Program Contact:

A Thriving Oregon Economy
Safer Healthier Communities
Belit Burke



Program Overview

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

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

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

Program Funding Request

	SSP -EBT SNAP			
	GF	OF	FF	TF
17-19 LAB	-	-	2,214,345,331	2,214,345,331
19-21 GRB	-	-	2,214,345,331	2,214,345,331
Diff.	-	-	-	-
% Diff.	0%	0%	0%	0%

Program Description

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

For the last three years, even during times of high caseload growth, Oregon has been ranked as one of the top three states nationally for program participation. The participation rate is the percentage of potentially SNAP-eligible persons in the state receiving SNAP benefits. Outreach efforts along with policy and procedural changes have helped significantly increase participation in SNAP. Oregon SNAP Outreach currently partners with 15 non-profit organizations including: Partners for a Hunger Free Oregon, the Oregon Food Bank and 211info. These partners have been invaluable in helping to increase and maintain Oregon’s SNAP participation rates.

The program caseload is slowly declining as the economy continues to recover. Simplifying policies and making it easier for Oregonians to apply and meet eligibility requirements continues to support timely benefit delivery. Approximately one in six Oregonians or 16 percent of the population receive SNAP benefits. In March of 2018, a total of 645,322 Oregonians received SNAP benefits, which includes 373,734 cases (households). In March of 2018, a total of \$79,302,512 SNAP benefit dollars was paid to Oregonians which are spent in clients’ local communities. According to the USDA’s Economic Research Service, 8,900 to 17,900 full-time jobs are created per \$1 billion in SNAP benefits.

Program Justification and Link to Focus Areas

SNAP directly addresses the 10-Year Outcome for Healthy People by providing an important economic boost to struggling households and access to nutritious foods. According to the USDA Economic Research Service, receipt of SNAP benefits reduced the national poverty rate by almost eight percent during the recent recession. The SNAP program can also provide limited assistance with job search and links to employment resources through the Oregon Food Stamp Employment and Training (OFSET) program and the SNAP Training and Employment Program (STEP), nationally known as the SNAP 50/50 employment program.

Program Performance

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

Oregon has received multiple federal bonuses because of the state's high SNAP participation rate and has also been the recipient of multiple competitive national grants. For the past five years Oregon was one of six states recognized for the timeliness of processing SNAP application and received awards with performance bonuses totaling more than \$13.6 million. Oregon has consistently been among the best in the nation. The bonus award funding has been used over the years to support partner agencies, help meet the program's goals and, frequently, to shore up needs in other programs through the State General Fund.

Oregon is considered a model state by FNS in terms of program access and commitment to customer service. One example of this is Oregon's Lean process. The lean process has streamlined and standardized the eligibility process statewide to ensure that most applicants receive benefits within 48 hours of applying. The process continues to receive federal and national recognition resulting in visits from federal partners and other states to observe best practices.

The 2010 census data showed that 15.8 percent of Oregonians lived in poverty, which was slightly higher than the national average of 15.3 percent. SNAP participation in Oregon peaked in August 2012 at 445,508 cases serving 814,450 people. Benefits issued in Oregon from 2007 to 2013 have more than doubled from \$487,482,626 to \$1,236,125,996 respectively. This shows SNAP is an important anti-poverty program that has seen substantial growth.

Following the peak participation year of 2012, Oregon SNAP benefits have seen a decrease. However, the 2017 amount issued of \$999,429,991 remains more than double the 2007 issuance. Money from the program spreads quickly through the economy. The USDA calculates that for every \$5 of SNAP benefits, there is \$9 of total economic activity.

Calendar Year	SNAP Benefits Issued in Oregon
2009	\$910,919,825
2010	\$1,098,444,539
2011	\$1,211,274,990
2012	\$1,262,115,384
2013	\$1,236,125,966
2014	\$1,165,400,102
2015	\$1,144,506,648
2016	\$1,055,881,755
2017	\$999,429,991

Enabling Legislation/Program Authorization

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

Funding Streams

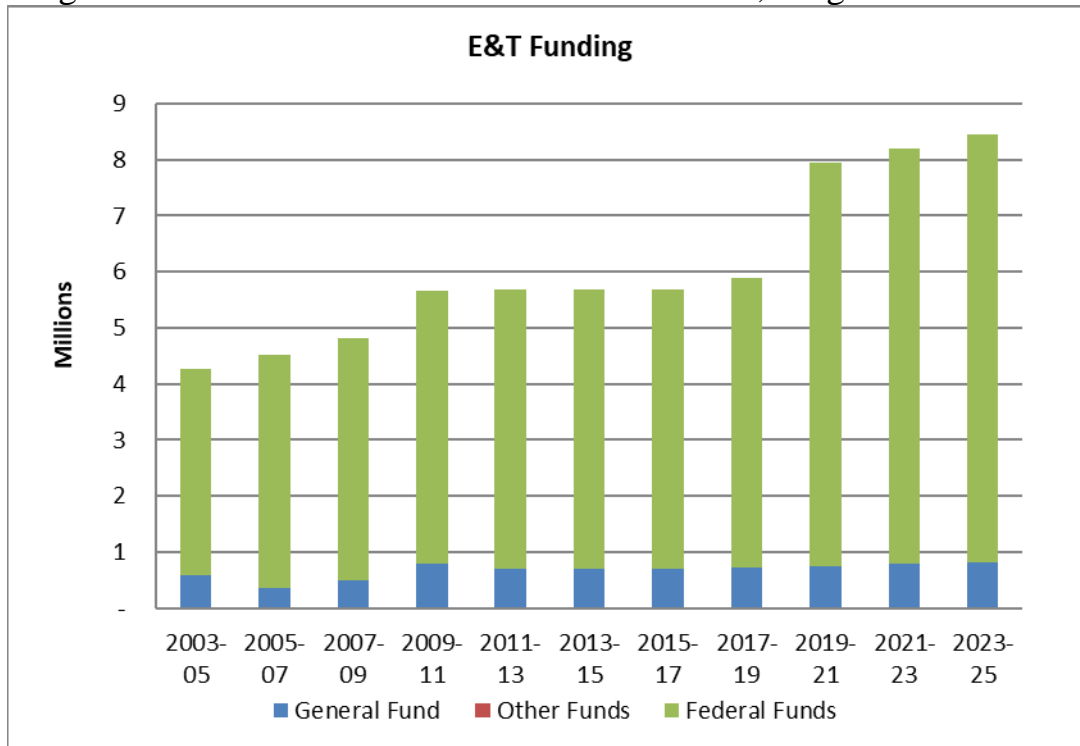
SNAP benefits are 100 percent federally funded. Oregon is responsible for 50 percent of the administrative costs. Oregon's portion of the administrative costs for SNAP comes from the State General Fund.

Funding Justification, And Significant Changes to CSL

SNAP is funded at current service level.

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

Primary Long Term Focus Area: A Thriving Oregon Economy
Secondary Long Term Focus Area: Healthy and Safe Communities
Program Contact: Belit Burke, Program Director



Program Overview

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

- The **Oregon Food Stamp Employment and Training (OFSET) Program** provides employment-related services to adult SNAP participants. The services for this program are 100 percent federally funded. There is a support services component required by the state to be provided to participants participating in OFSET services. Support services can only be funded through a 50/50 match, per the United States Department of Agriculture’s (USDA) Food and Nutrition Services (FNS). This program assists participants to gain valuable skills, training or experience that will improve employment prospects leading to self-sufficiency and a reduced reliance on SNAP benefits. OFSET services are offered in areas that are not subject to the ABAWD policy.

- The **SNAP Training and Employment Program (STEP)**, nationally known as the SNAP 50/50 reimbursement program, provides employment-related services to SNAP participants who voluntarily choose to pursue employment and training resources. There are currently 24 contractors in Oregon who draw down federal funds with their own non-federal match to provide services in their organizations in over 80 total sites to the populations they serve. With the addition of Oregon Employment Department as a statewide provider, STEP services are available in every county. During FFY 2019, additional STEP providers will be added, including five more Community Colleges.
- **Able Bodied Adults without Dependents (ABAWD)** policy is a SNAP benefit time limit of three months within a three-year period for those individuals between the ages of 18-49 who do not meet exemption criteria and who do not meet the minimum requirements of 80 hours of work-related activity per month. The ABAWD policy was implemented in FFY 2016 in Washington and Multnomah Counties, due to these counties loss of the federal waiver in part due to dropping unemployment rates. In FFY 2017 the policy was expanded to include Clackamas County. During FFY 2018, the policy was additionally implemented in Benton, Lane, Marion, and Yamhill Counties. This policy is expected to expand to 6 more counties January 1st, 2019.

Civil Rights Training is required annually of all DHS staff involved in the administration of the SNAP program (which includes contracted partners and their staff) so they understand civil rights related laws, regulations, procedures, and directives. Participants are informed of their rights and responsibilities at certification, interim change and recertification, and on all DHS forms. This includes the right to receive information in an (alternate) format or language they understand. DHS follows the Americans with Disabilities Act and Section 504 of the Rehabilitation Act.

Contracted staff must provide services to DHS participants without regard to race, religion, national origin, sex, age, marital status, sexual orientation or disability. Contractor services must reasonably accommodate the cultural, language and other special needs of participants. Contractors that do not have individuals who speak the language contact an interpretive service for the customer and provide materials in the participants' language preferences. Participants may file a report of discrimination at any time.

Oregon’s SNAP program has a proven record of partnering with a wide variety of organizations to expand and reach underserved populations, including refugees. Through the implementation of ABAWD, agreements were modified to allow communication between the Immigrant and Refugee Community Organization (IRCO) and the ABAWD contractor to streamline and minimize potential barriers.

Oregon continues to fully develop and further expand the STEP Program as part of an ongoing investment in the Oregon economy and its communities. Oregon has been moving in the direction of building a continuum of services in partnership with key stakeholders engaged in the Workforce Innovation and Opportunity Act (WIOA). Oregon will provide SNAP participants who are unemployed or underemployed, opportunities to lift themselves out of poverty, while strengthening the workforce system and employers will benefit from the number of individuals who are more fully trained and prepared for employment.

Program Funding Request

SSP -SNAP E & T				
	GF	OF	FF	TF
17-19 LAB	727,896	-	19,904,542	20,632,438
19-21 GB	755,556	-	19,904,542	20,660,098
Diff.	27,660	-	-	27,660
% Diff.	3.8%	0%	0%	0%

Program Description – OFSET, ABAWD, STEP

Oregon has 31 contracts with employment-related partners in all Oregon counties to deliver E&T components. Contractors specialize in workforce development and job placement. Components are designed to assist SNAP participants to move into employment. Typically, participants have an assessment followed by job search training and supported independent job search

Contractors may ask participants to participate in a combination of components as needed. Other allowable activities include Adult Basic Education (GED), English as a Second Language (ESL), job retention activities, and short-term vocational training. Participation is limited to a maximum of eight weeks per year for OFSET, but ABAWD and STEP are ongoing programs.

The USDA FNS determines the annual allotment of E&T administrative funding for the OFSET and ABAWD Programs. FNS has a set amount of funding for all states. Each state’s share is based on a formula using, in part, the state’s SNAP mandatory participant figure. Mandatory participants are defined as those aged 18 to 59 (or age 16 and 17 if the participant is the primary person/head of household)

and who do not meet a federal exemption. Federal exemptions include the following:

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

The FNS annual allotment is the major cost driver for the OFSET and ABAWD Programs. As this number is adjusted annually, services provided by contractors are scaled back to stay within budget.

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

The support service budget is funded by 50 percent General Fund and 50 percent Federal fund per FNS regulations. Since 2009, the annual Oregon support service budget has remained at \$1.2 million. This figure is based on 20,000 anticipated participants using \$60 in support services per participant.

The STEP Program works in partnership with community organizations that offer employment and training opportunities to participants. Each community organization provides wraparound services to compliment E&T services that increase protective factors and success rates. The E&T program is a package of services, which includes assessment, component activities, and case management. Some STEP providers also offer participant's support services. The allowable E&T components activities provided by these organizations include job search-related activities, job search training, unpaid work experience or training, short-term education such as vocational training, and job retention efforts. STEP contractors are reimbursed 50 percent for services provided to SNAP recipients under their approved agreement. STEP funding from USDA FNS currently has no cap.

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

Program Justification and Link to Focus Areas

The SNAP E&T program's goal is to assist participants in gaining skills that will improve their employment prospects and reduce reliance on SNAP benefits. Participants improve job skills, which add to the diversity and strength of Oregon's workforce. Using local contractors to deliver the E&T program results in a higher quality workforce because services can be tailored to the area and local economies benefit from these expenses. The program supports the Thriving Oregon Economy focus area with the goal of long-term economic prosperity and resiliency through people-based strategies.

Program Performance

For FFY 2018, DHS projects that a total of 84,300 participants are eligible for SNAP E&T programs. However, the program anticipates it will only serve one-third of potential participants per year because of the amount of funding received.

Enabling Legislation/Program Authorization

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

Funding Streams

This program is funded primarily through Federal funds, with a small amount of General Fund dollars. E&T administrative costs are 100 percent Federal funds based on a fixed formula. ABAWD pledge funds, which are 100 percent Federal funds, are specific to support individuals who are at-risk of losing SNAP benefits.

For 2018, administrative costs are estimated at \$1,882,746. Oregon's portion of the ABAWD pledge funds are approximately \$3,362,573. E&T participant support

service costs are funded through 50 percent General Fund dollars and 50 percent Federal funds. For 2018, support service costs are \$600,000 General Fund. The total SNAP E&T program budget is \$6,445,319.

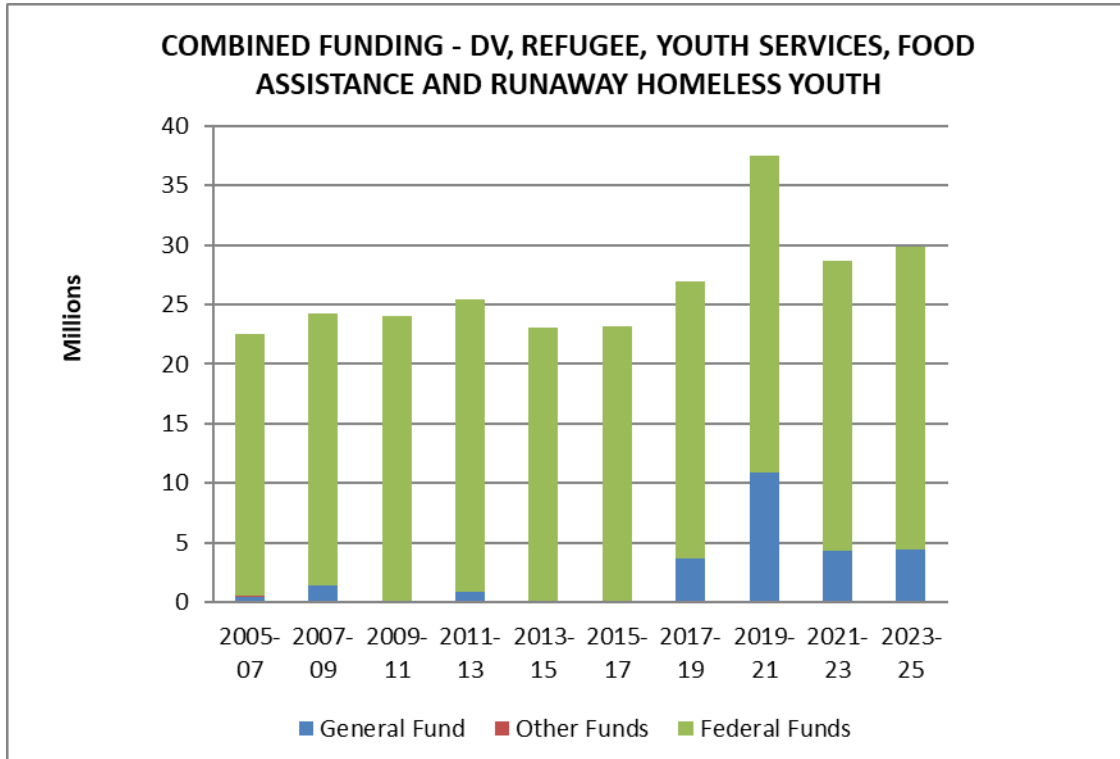
STEP Partner agencies use their own non-federal funds for the allowable costs of E&T components and receive 50% Federal reimbursement money. This allows Oregon to conserve limited resources while expanding the services available to SNAP E&T participants.

Funding Justification, And Significant Changes to CSL

This program is funded at the CSL level.

Department of Human Services: Domestic Violence, Refugee, Youth Services, Food Assistance, and Runaway Youth & Homeless

Primary Long Term Focus Area: Safer, Healthier Communities
 Secondary Long Term Focus Area: N/A
 Program Contact: Belit Burke

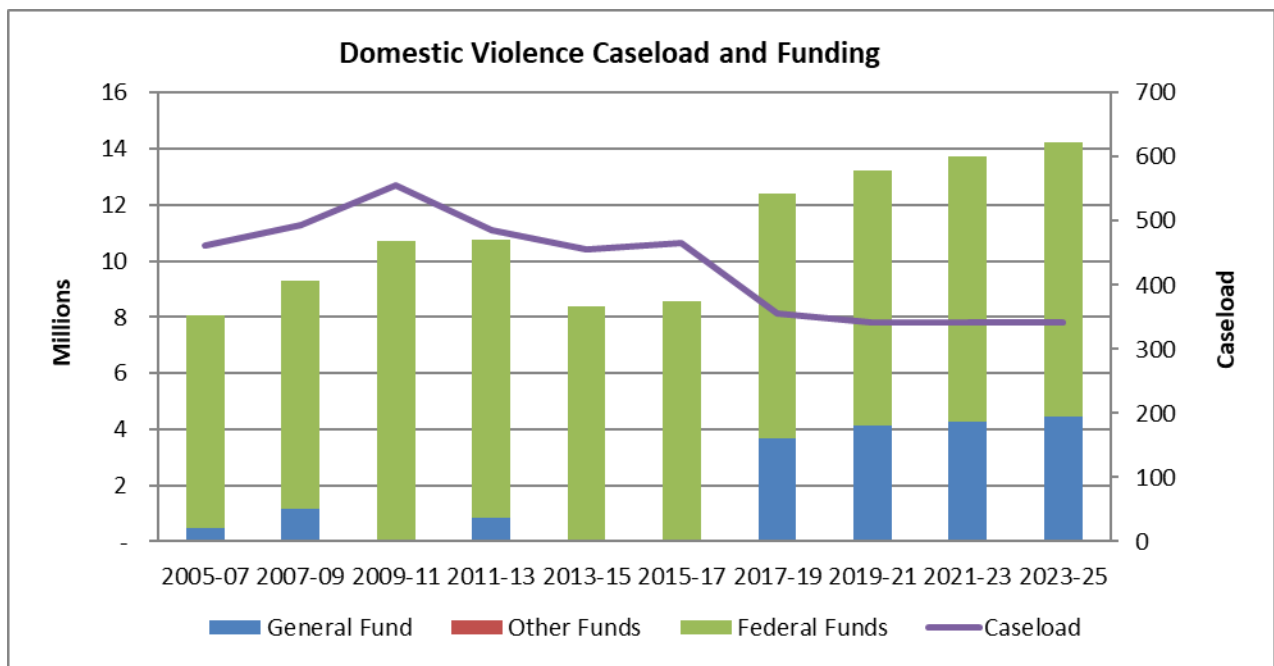


Program Funding Request

SSP -TA-DVS, Refugee, Youth Services, Food Assistance , Runaway & Homless Youth				
	GF	OF	FF	TF
17-19 LAB	9,359,081	-	25,649,162	35,008,243
19-21 GB	10,932,767	-	26,530,294	37,463,061
Diff.	1,573,686	-	881,132	2,454,818
% Diff.	17%	0%	3%	7%

Program Overview – Domestic Violence

Temporary Assistance for Domestic Violence Survivors (TA-DVS) provides temporary financial assistance and support to families affected by domestic violence during crisis or emergent situations when other resources are not available. TA-DVS is used to help the domestic violence survivor and the children address their safety concerns and stabilize their living situation, thus reducing the likelihood of the survivor returning to the abuser. The most common need for TA-DVS is when the domestic violence survivor flees the abuser. Many domestic violence survivors need additional assistance to create safety and stability in order to be successful in finding and maintaining a job, all keys to becoming self-supporting without public assistance.



Program Funding Request

	TA-DVS			
	GF	OF	FF	TF
17-19 LAB	3,651,248	-	8,729,425	12,380,673
19-21 GB	4,114,461	-	9,105,557	13,220,018
Diff.	463,213	-	376,132	839,345
% Diff.	13%	0%	4%	7%

Program Description

TA-DVS provides up to \$1,200, over a three-month period. Payments can include but are not limited to: Initial months' move-in fees, rent or utilities, moving costs, and items to help address safety. The program serves families with minor children or individuals who are pregnant, who are low-income, and meet eligibility requirements of the Temporary Assistance for Needy Families (TANF) program. Family Coaches, through DHS field offices, meet with the clients to review their situation and develop a safety plan. DHS also works in partnership with local non-profit domestic violence and sexual assault advocates who assist families with additional safety planning, confidential advocacy services, emergency shelter, and other resources.

Program Justification and Link to Focus Areas

The TA-DVS program is directly linked to the Safer, Healthier Communities focus area. Futures without Violence (formerly the Family Violence Prevention Fund) indicates that about 30 percent of women receiving public assistance have experienced domestic violence. Research has shown that individuals impacted by domestic violence have more chronic health issuesⁱ including depression and post-traumatic stress, more difficulty obtaining and maintaining employmentⁱⁱ, and that these impacts can be mitigated by addressing safety.ⁱⁱⁱ The TA-DVS program provides economic support to very low income families who are seeking services to meet basic needs while they are working towards self-sufficiency. Ensuring safety and stability helps the domestic violence survivor be more successful when they engage in job training or job search.

Program Performance

For the fiscal year ending in June 2017, the TA-DVS program served on average 1,407 cases per month. Of these 1,407 cases on average 357 received TA-DVS funds. The average payment per family was \$756.54. The low number of eligible individuals accessing the funds is primarily the result of a lack of affordable housing.

Enabling Legislation/Program Authorization

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

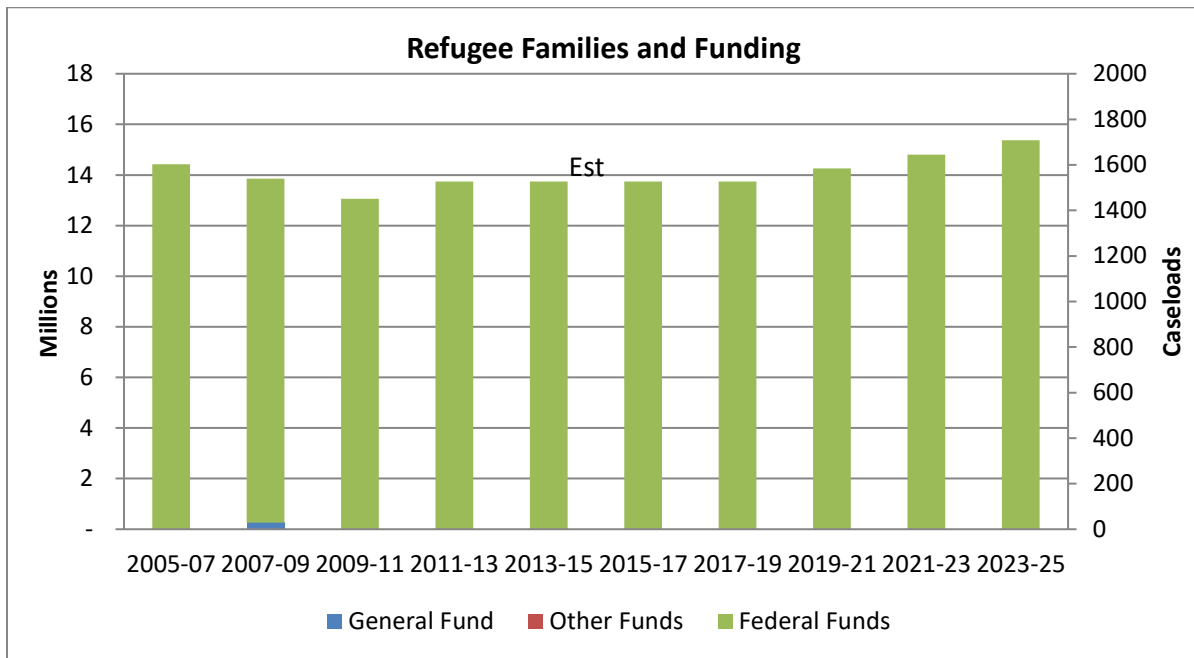
Funding Streams

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

Funding Justification, And Significant Changes to CSL

The TA DVS Program is funded at Current Service Level

Refugee Services



Program Overview – Refugee Services

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

Program Funding Request

SSP - REFUGEE				
	GF	OF	FF	TF
17-19 LAB	-	-	13,740,633	13,740,633
19-21 GB	-	-	13,645,633	13,645,633
Diff.	-	-	(95,000)	(95,000)
% Diff.	0%	0%	0%	0%

Program Description

The Refugee Services Program can serve only those persons in immigration categories approved by the Federal Office of Refugee Resettlement (ORR): Refugees, Asylees, Cuban/Haitian entrants and parolees, Amerasians, victims of human trafficking (international) and certain family members, and Iraqi/Afghan Special Immigrant Visa holders.

Resettlement services are comprehensive. Initial resettlement and most case coordination services are delivered by non-profit resettlement agencies located in the Portland area, where the majority of refugees seek services. These services may include essential tasks such as picking up refugees at the airport, finding them a place to live and helping to furnish their home with basic necessities. There has been some expansion of resettlement outside of the tri-county area in an effort to locate available affordable housing.

DHS branch offices determine TANF and REF cash eligibility, and SNAP eligibility. OHP eligibility is determined separately. Resettlement agencies will provide direct linkage services and Life Skill sessions.

During Federal Fiscal Year (FFY) 2017, the average monthly caseload for all resettlement agencies was 359 refugee cases. Employment-related services are delivered by the Immigrant and Refugee Community Organization (IRCO) in Portland. IRCO services may include: assistance with job search, employment acculturation, pre-employment training, English language classes, citizenship, and naturalization help. During FFY 2017, these services assisted an average of 832 refugees per month. Those refugees who resettle outside the tri-county area are served through a local DHS field office.

Those served through the Refugee Program come from all over the world. During FFY 2017, Oregon's Refugee Program assisted people from 27 different countries.

Most refugees who are resettled in the U.S. speak little to no English. Limited English capacity is expected and integrated into Refugee Program services.

Program Justification and Link to Focus Areas

This program is directly linked to Safer, Healthier Communities. Refugees receive help to become safe, healthy, and independent by learning how to understand and navigate the prevalent culture, become self-sufficient through employment as early as possible and become contributing members of Oregon's economy. These services enhance the ability of arriving refugees to succeed in the U.S. and also helps them become integrated members of the community. Most services are provided for up to eight months after arrival. Employment services can extend to a maximum of 60 months after arrival. Specialized services to refugee seniors are not time limited.

Program Performance

ORR requires states to establish goals related to self-sufficiency of refugees. Two of the more significant measures are the percentage of clients who become employed and the percentage who remain employed 90 days after placement. During Federal Fiscal Year (FFY) 2017, the Refugee Program was able to help gain employment for 62 percent of the on-going caseload, with the goal being 65 percent. The retention goal of 78 percent was surpassed with 85 percent for those still employed after 90 days.

Enabling Legislation/Program Authorization

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

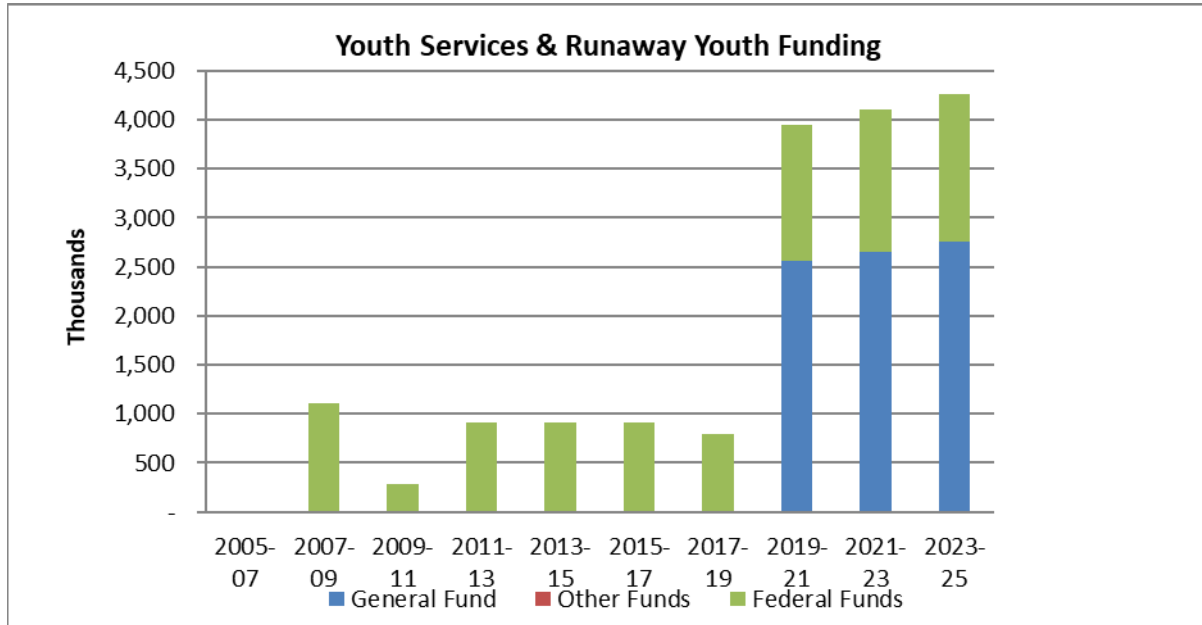
Funding Streams

During the initial resettlement period, the Refugee Program serves two different populations of refugees: those refugees who are eligible for Temporary Assistance for Needy Families (TANF) and those refugees who are eligible for ORR-funded services. The TANF eligible refugees receive cash assistance and services paid with TANF funding, and all other refugees are served with ORR funds, which are federal funds. (8 U.S.C. 1522)

Funding Justification, And Significant Changes to CSL

The Refugee Program made a base adjustment to remove the Cuban/Haitian Grant of (95,000).

Youth Services (My Future My Choice)



Program Overview - Youth Services

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

Program Funding Request

SSP -Youth Services and Runaway & Homless Youth				
	GF	OF	FF	TF
17-19 LAB	-	-	797,335	797,335
19-21 GB	2,554,375	-	1,397,335	3,951,710
Diff.	2,554,375	-	600,000	3,154,375
% Diff.	100%	0%	75%	396%

Program Description

The “My Future-My Choice” program includes age-appropriate, medically accurate sexual health education curriculum and services for sixth and seventh grade, and a high school leadership and mentor component. These services support community prevention efforts to enable TANF families in breaking the generational dependence on public assistance. The “My Future-My Choice” program expands on the historical teen pregnancy prevention program to provide education and tools for youth to resist multiple risk taking behaviors. DHS partners with the Oregon Department of Education and the My Future-My Choice Advisory Committee to develop and implement the program. During the 2016-2017 school year this curriculum was implemented in 17 counties and 25 school districts. Various school districts implement the program throughout the year; the 2017-2018 school year data will be available August 1, 2018

Program Justification and Link to Focus Areas

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

Program Performance

Oregon teen pregnancy rates have consistently stayed below the national average. According to national data from the U.S. Department of Health and Human Services, the 2016 national rate for births to teens between the ages of 15 to 19 is 20.3 per 1,000 teen girls. In Oregon, the teen pregnancy rate among females 15 to 19 years continues to decline, from 39.25 per 1,000 in 2010 to 23.3 per 1,000 in 2016. Similarly, the teen birth rate among females 15 to 19 years declined from 28.45 per 1,000 in 2010 to 16.6 per 1,000 in 2016.

Enabling Legislation/Program Authorization

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

Funding Streams

The Title V Federal Abstinence Education Program grant provides annual funding of approximately \$962,303 to the My Future–My Choice Program through September of 2018. DHS submits a request for funding each year and continued funding is contingent on federal budget approval.

Program Description – Runaway and Homeless Youth (RHY)

The Runaway and Homeless Youth (RHY) program provides services and supports to young people under age 18 who are unable to live in a safe environment with a relative and lack safe alternative living arrangements, as well as individuals ages 18 to 21 without shelter. The program currently administers funding to 14 local non-profit providers in 12 counties across the state to provide shelter services, drop-in & outreach services, and job development & mentoring services. DHS partners with a cross-system advisory group to coordinate statewide policy and planning for addressing the needs of runaway and homeless youth.

Program Justification and Link to Focus Areas

This program is directly linked to Safer, Healthier Communities. The Runaway and Homeless Youth Program is focused on shelter, job development skill building, mentoring provision, and drop-in center / street outreach services for Youth under the age of 21.

While the RHY program has been focused on some supports, with the primary financial investment being made on temporarily lodging runaway and homeless youth, there needs to be additional focus and long-term investment on services for youth through this program. There is a dire need to focus on providing youth with the opportunity to make decisions about their own lives, with appropriate supports in place

With the program transitioning into SSP, there are increased opportunities within the TANF and SNAP program to leverage funding to build additional services for youth, allowing them to take more of a leadership role in their lives. The goal of this additional funding would be to help homeless youth finish high school and potentially connect them to additional training and work, so they can feel like they are more able to fully participate in decision making for their future. This would be an effort to keep today's homeless youth from becoming tomorrow's homeless adults.

Program Performance

Youth homelessness in Oregon, as well as across the country, continues to grow. Oregon currently ranks near the top in the country for the rate of homeless children and youth.

Every two years, during the last ten days of January, there is a nationwide effort to count every homeless person across the country. This Point-in-time count attempts to capture both sheltered and unsheltered homeless people to provide a snapshot of homelessness in the United States. It is an important source of information about neighbors who cannot find a permanent place to call home on a given night, but they do not tell the full story of homelessness in our communities.

According to the 2017 Point-in-time estimates, the number of homeless people in Oregon increased by 6%, from 13,176 in 2015 to 13,953 in 2017. Of these numbers, 605 were unaccompanied children under the age of 18. These children are overwhelmingly living in unsheltered locations, with just 18% living in shelters and the remaining 82% on the streets, cars, or other uninhabitable places.

The 2017-2018 school year saw counts of K-12 homeless students drop for the first time since 2012, but still showcased homelessness for 21,756 youth, or 3.75% of the total school enrollment. Of those numbers, almost 3,500 are listed as unaccompanied (not in the physical custody of a parent or guardian). Counts of homeless students in high-rent districts are dropping, while many rural districts are seeing increases, as families move seeking more affordable housing.

As DHS' RHY program has budget limitations, it is only one of a variety of funding streams going towards serving homeless and runaway youth. Approximately 2,700 youth are served annually by the 14 agencies receiving state

funding. The Oregon Alliance of Children's Programs, a partner within the RHY program landscape, serves youth ~16,000 times by their membership programs – the majority of which are under age 18.

Enabling Legislation/Program Authorization

The Oregon Legislature passed HB 3260 in 2011 and transferred all duties, functions, and powers relating to coordination and delivery of services to runaway and homeless youth and their families to the Department of Human Services. In 2013, HB 3244 assisted in extending the service age limit from 18 to 21 years of age and HB 2232 in 2015 mandated that DHS provide a report highlighting a status of the system of services and supports for Runaway and Homeless Youth (RHY) developed by DHS, and information about the committee appointed to advise and provide expertise to DHS related to the needs of Runaway and Homeless Youth in Oregon.

Funding Streams

The biennial budget for this program is \$3.15M and the majority comes primarily from General Fund dollars. \$600,000 FF comes from Social Services Block Grant.

Funding Justification, And Significant Changes to CSL

A transfer of the Runaway and Homeless Youth Program (RHY) to Self-Sufficiency. The transfer was implemented as runaway and homeless youth rarely entered or re-entered the foster care system. The RHY provider network's focus is to reconnect youth with family or to connect youth and young adults with Self-Sufficiency Program services. As an independent youth or young adult, the RHY population is often eligible for Supplemental Nutrition Assistance Program (SNAP) or other Self-Sufficiency Program benefits. Therefore, Self-Sufficiency is better situated to collaborate, support and expand the RHY network of providers.

Program Overview – Food Assistance

The Food Assistance Program help supplement the nutritional needs of elderly and other Oregonians through the provision of emergency food. The work is primarily carried out by the Oregon Food Bank and Oregon food bank network, and includes funding from both federal partners and the Oregon Hunger Response Fund.

Program Funding Request

SSP -Food Assistance				
	GF	OF	FF	TF
17-19 LAB	5,707,833	-	2,381,769	8,089,602
19-21 GB	4,263,931	-	2,381,769	6,645,700
Diff.	(1,443,902)	-	-	(1,443,902)
	-25.3%	0%	0%	-18%

Funding Justification, And Significant Changes to CSL

A phase-out of (\$1,600,000) General Fund, to the Food Assistance Program, this additional support helped the Oregon Food Bank, through its 20 regional food banks, acquire and distribute a higher volume of food to over 950 local agencies. Additionally, Oregon Food Bank also received one-time GF for improvement in cold storage infrastructure. The funding helped the state's food bank network upgrade and expand commercial refrigerators, freezers, mobile coolers, and refrigerated trucks.

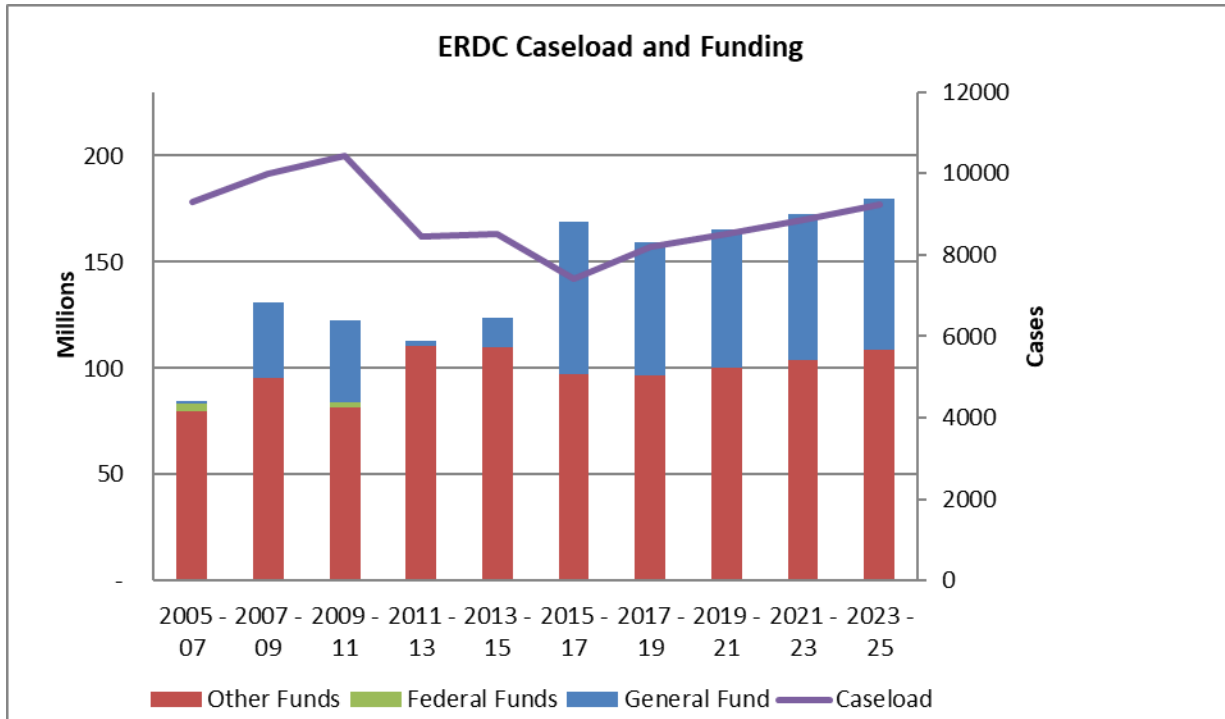
ⁱ Depression, Substance Abuse and Domestic Violence; National Center for Children in Poverty; Sarmila Lawrence; Michelle Chau; Mary Clare Lennon; June 2004

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

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

Department of Human Services: Employment Related Day Care

Primary Long-Term Focus Area: A Seamless System of Education
 Secondary Long-Term Focus Area: A Thriving Oregon Economy
 Program Contact: Belit Burke



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

Program Overview

The Employment Related Day Care program (ERDC) helps low-income working families from a variety of cultural and linguistic backgrounds in urban and rural communities pay for quality child care. Child care helps parents stay employed and gain self-sufficiency by assisting with the consistent, stable child care parents need to remain on the job.

Children in Employment Related Day Care, ages 0 to 6								01/01/2018 – 03/31/2018
	All	African American	Asian	Caucasian	Hispanic (any race)	Native American	Pacific Islander	More than one race
Number	9,587	1,067	109	6,389	2,372	189	51	307

Program Funding Request

SSP - ERDC				
	GF	OF	FF	TF
17-19 LAB	63,114,861	97,037,957	-	160,152,818
19-21 GB	74,640,480	98,897,976	-	173,538,456
Diff.	11,525,619	1,860,019	-	13,385,638
% Diff.	18%	2%	0%	8%

Program Description

ERDC provides low-income working, part-time working/student and self-employed families the same opportunity to have quality child care as other families with higher income. This helps reduce the achievement gap and end the poverty cycle. To be eligible, a family's income must be less than 185 percent of the 2018 Federal Poverty Level. For a family of three, this is \$3,204 gross income per month.

The ERDC eligibility period for families is a minimum of 12 months. Parents who lose a job while on ERDC can continued on the program as they search for work. Parents also have child care coverage when they need to be on medical or pregnancy leave. The program's higher exit income limit allows for greater continuity of care and reduces the cliff affect when a family leaves the program.

Families choose their DHS approved child care provider, ERDC pays the subsidy portion directly to the provider on behalf of the family. Families pay a portion of the cost of child care, called a copayment. Copayments are based on a sliding scale and remain stable during the 12-month certification period. Families may pay additional costs when a provider charges more than the maximum rate DHS can pay. Information about ERDC subsidy or becoming a DHS provider is available in English, Spanish, Russian, Somali, Chinese and Vietnamese. DHS offers an interpretation line when a language is not available, bilingual staff at branch offices to assist families whose first language is not English and offer alternate formats.

DHS partners with several Head Start and Early Head Start Grantee programs to offer full-day, full-year contracts for ERDC families. DHS also contracts with thirty-two school districts throughout the state offering child care services to teen parents attending high school and as they transition in to the workforce

DHS collaborates with multiple partners in support of child care system activities. Contracts with 211info provide consumer education to parents, employers, care givers, and others interested in the ERDC program. 211info helps to educate parents on the importance of choosing the right caregiver. Collaboration with ELD/OCC and Child Care Resource and Referral (CCR&R) to support recruitment of new providers and training to meet provider requirements statewide. DHS also works closely with ELD/OCC on policy implementation, quality child care and the Child Care and Development Fund(CCDF) state plan.

Many ERDC families are receiving other services like SNAP or transitioning from Temporary Assistance to Needy Families (TANF). On average in 2017, 265 families per month transitioned from TANF to ERDC. In October 2017, there were 8,658 ERDC cases and 7,615 (88 percent) were receiving food benefits through the Supplemental Nutrition Assistance Program (SNAP).

The ERDC program operates under a caseload cap. To maintain caseload levels due to budget restrictions the program utilizes a reservation list. Families who have applied and been denied due to program capacity are added to the list when it is in use. Families are then invited to apply for ERDC as the budget allows.

The major cost drivers for the program are the number of families receiving ERDC, child care provider rates and more families accessing licensed child care. Additional cost drivers are contracted services such as Head Start and Teen Parent Program. The cost per case prior to October 1, 2015 was \$558, current cost per case in May 2018 has increased to \$803.

Program Justification and Link to Focus Areas

Research indicates children who receive a high quality early childhood education have better math, language and social skills as they enter school. Children who attended preschool show positive long-term effects on important adolescent and young adult outcomes, such as high school graduation, years of education completed, earnings, reduced crime and teen pregnancy¹. Low-income families who do not have access to subsidy programs are faced with difficult choices when it comes to child care expenses. They may rely on an older sibling or a variety of family and friends, leading to inconsistent or unstable care. DHS supports

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

improving safety, quality and enrichment of child care programs that support parent engagement and family stability as well as ensuring low-income families have access to a variety of child care settings.

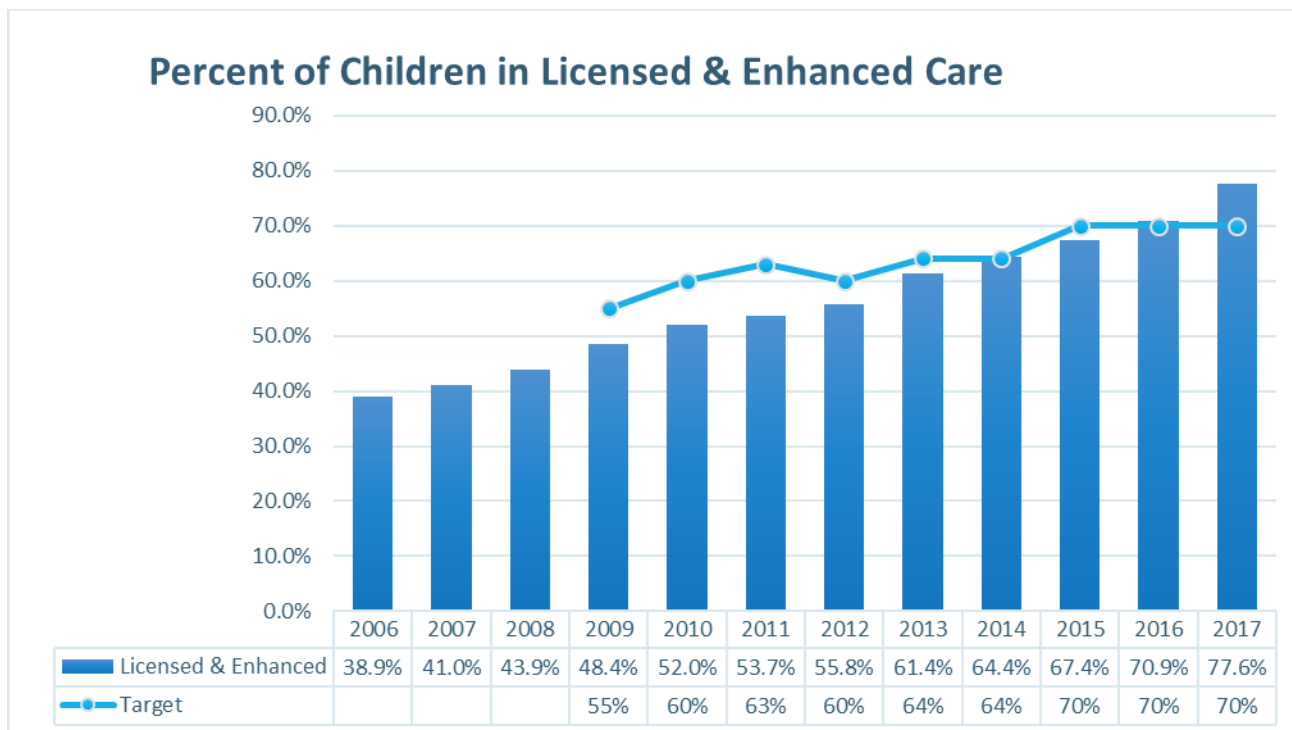
Contracted slots can provide stable care for low-income infant, toddler and preschool children in quality programs and support teen parents access to quality child care for their children, so they can continue their education. The ERDC programs continued enhancements have increased the support for a thriving economy. In the summer of 2018 for the program will pilot a pre-pay options licensed child care centers. Participating centers will receive payment at the beginning of the month. The goal is to increase the availability of quality child care slots for families receiving subsidy.

Program Performance

In October 2017 there were 8,658 ERDC cases that served 16,323 children. The average cost per case has increased \$28 from \$775 in October 2017 to \$803 in May 2018. As of October 2017, there were 1,691 licensed child care providers actively providing child care for DHS families across the state.

In October 2017, child care subsidy payments were issued for 12,486 children through the ERDC program. Of those children, 72.3 percent were enrolled in licensed care. An additional 4.2 percent of children were in care with providers who are exempt from OCC licensing. Participation in licensed care is generally highest among preschool aged children at 79.1 percent. Infant and toddler participation (ages zero to three) is slightly lower at 78.5 percent followed by school aged (six through seventeen) at 61.2 percent.

The number of children and families the department serves in this program is based on available funding. The program is currently capped at 8,300 through legislative action.



Enabling Legislation/Program Authorization:

ORS 409.010(2) (c), 411.141 and 418.485 provide statutory authority to DHS for administration of the ERDC program.

Child Care and Development Fund (CCDF) grants are administered by the Department of Health and Human Services, Administration for Children and Families Office of Child Care. They are authorized by the Child Care and Development Block Grant (CCDBG); 45 CFR Part 98 and 99. On November 19, 2014, president Obama signed into law the CCDBG Act of 2014 (P.L. 113-186), which reauthorized the program for the first time since 1996. The Department of Education (ODE), Early Learning Division, and Office of Child Care² is designated as the lead agency in Oregon to administer these funds. CCDF funding is transferred from ODE to DHS.

Funding Streams

The Other Funds are the CCDF Federal Funds that are transferred from ODE. The General Funds are state revenue that is used for our Maintenance of Effort (MOE) as part of the Federal Fund requirement. The department also spends General

² The DHS ERDC proposal needs to be reviewed with OCC’s proposal.

Funds on our administrative expenses and uses that money for MOE. DHS spends \$12 million in General Funds per biennium in order to meet our CCDF MOE requirements.

Funding Justification, And Significant Changes to CSL

POP 125

	General Fund	Other Funds	Federal Funds	Total Funds
<u>Policy Package Pricing:</u>		\$10,776,672		\$10,776,672

This Policy Option Package would enhance ERDC through increased rates that were bargained in December of 2018 to begin January 1, 2019. The \$10.7 million investment is due to increases in available federal funds. It is anticipated that FFY 2019 will continue the level of funding from FFY 2018 which added significant dollars to the grant. If the Federal investment continues into FFY 2020 additional limitation may be requested at that point.

Because the program is not funded to serve all eligible clients, the ERDC caseload must be managed by using a reservation list. The reservation list means families cannot access child care when it is critical for them to gain or keep employment, children are then being left home alone, parents are forced to use a patchwork of unstable or unsafe child care or leaving their employment

Other changes:

In addition, ERDC rate increases bargained for 2017-19 were funded 21 months of the 24 months in 2017-19 budget. A phase-in of (\$721,983) was needed to fund the additional 3 months for SEIU and AFSCME Provider Rates for the entire 2019-21 biennium.

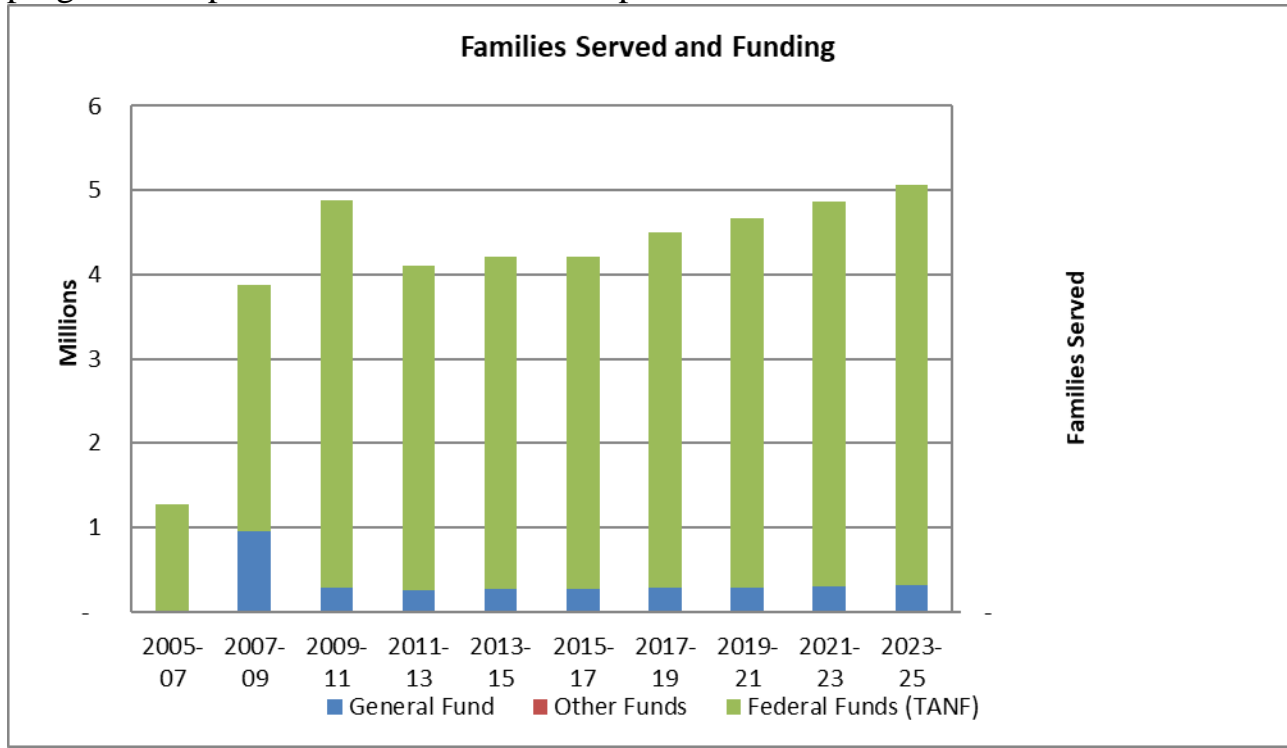
There was a phase-out of (\$750,000), from the special purpose appropriation, for one-time training costs for SEIU and AFSCME child care providers. The funding was a pass-through to the Early Learning Division (ELD) within the Oregon Department of Education; ELD used the dollars to expand existing contracts with Portland State University.

Department of Human Services: Family Support and Connections Program

Primary Long-Term Focus Area: Safer, Healthier Communities
 Secondary Long-Term Focus Area: N/A
 Program Contact: Belit Burke

Program Overview

Family Support and Connections (FS&C) is a child abuse and neglect prevention program that provides a wide array of services including home visits, resource brokering and parenting classes. These families primarily are eligible for the Temporary Assistance for Needy Families (TANF) program, which is a safety net program that provides cash assistance to parents.



Program Funding Request

SSP -FAMILY SUPPORT & CONNECTIONS				
	GF	OF	FF	TF
17-19 LAB	275,719		4,222,871	4,498,590
19-21 GB	286,196	-	4,222,871	4,509,067
Diff.	10,477	-	-	10,477
% Diff.	3.8%	0%	0%	0%

Program Description

FS&C is a component of the continuum of community supports to prevent child abuse and neglect. This program focuses on TANF families who may be at risk for involvement with the child welfare and foster care systems. DHS collaborates with numerous local and state, informal and formal prevention services, and activities to meet families' needs. Program staff work within the existing community structure to coordinate referrals and deliver direct services where gaps or needs exist for a family.

Services are designed to increase parental protective factors and decrease the risk factors of child abuse and neglect. This program provides home visiting services in all 36 counties and works collaboratively with Self Sufficiency and Child Welfare program staff, contracted staff and other community partners.

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

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

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

The major cost drivers are the number of families in need of child abuse and neglect prevention services as well as the number of contracted staff needed to provide the preventative interventions. The program has a small budget which does not accommodate the actual need. Current service level is only approaching 50% of demonstrated need in Oregon communities.

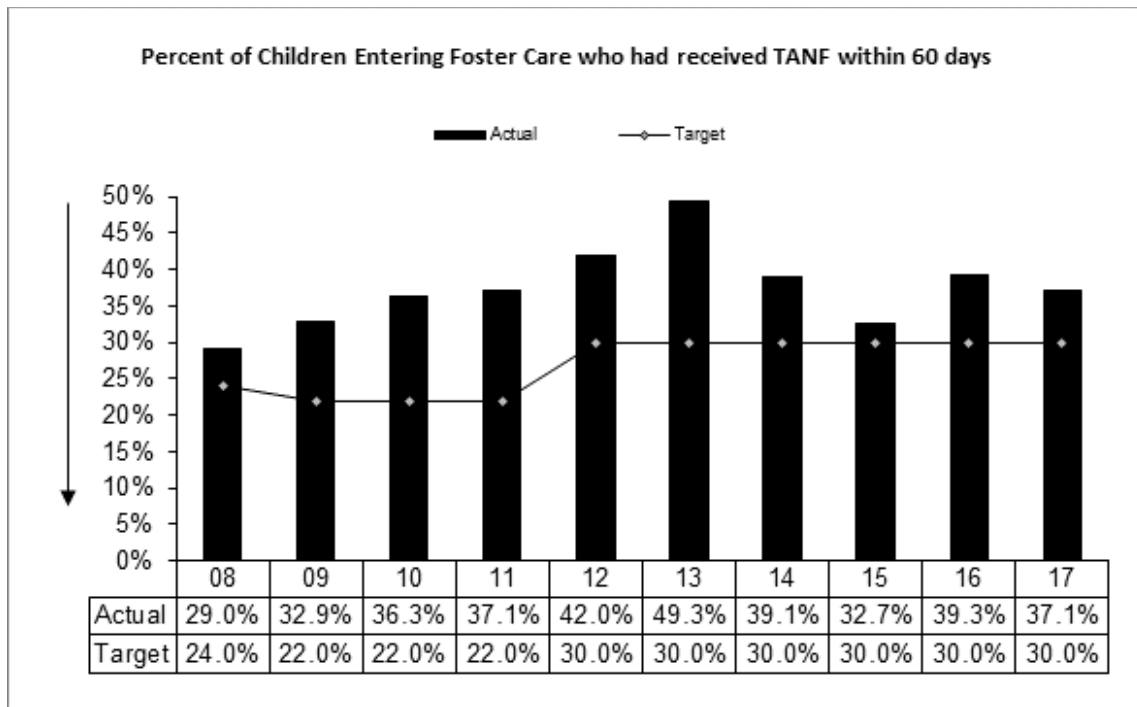
Program Justification and Link to Focus Areas

This program focuses on building safer, healthier communities by promoting its goal of increasing child safety and contributing to family stability. By achieving this goal, the program helps to reduce or prevent TANF children from entering the child welfare and foster care system. Children who enter foster care are more likely to struggle with school, experience homelessness and unemployment, and may become part of the juvenile and adult corrections system. Most TANF families served through FS&C have significant needs that include needing help with parenting, housing or other stabilization services. TANF is an important part of the service array, providing cash assistance, case management, and employment and training services to families with children living in extreme poverty.

Program Performance

The primary performance measure is the percentage of children entering foster care who received TANF 60 days prior to foster care entry. The display below shows the percentage of children entering foster care who had received TANF has been increasing.

There continues to be a high percentage and disproportionate number of African-American children who received TANF prior to entering foster care. The TANF program and FS&C is aligning with Child Welfare, and other family stability efforts such as the Oregon Parenting Education Collaborative (funding for parenting hubs and Evidence Based Curricula delivery), Maternal, Infant, and Early Childhood Home Visiting program (MIECHV), Head Start, Early Head Start and Relief Nurseries. The SPRF funding has increased local service provision availability in communities specific to this population. Applicants had to demonstrate in their request that the community demographics were included and plans to implement programs equitably.



Enabling Legislation/Program Authorization

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

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

Funding Streams

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

Funding Justification, and Significant Changes to CSL

Family Support and Connections is funded at Current Service Level

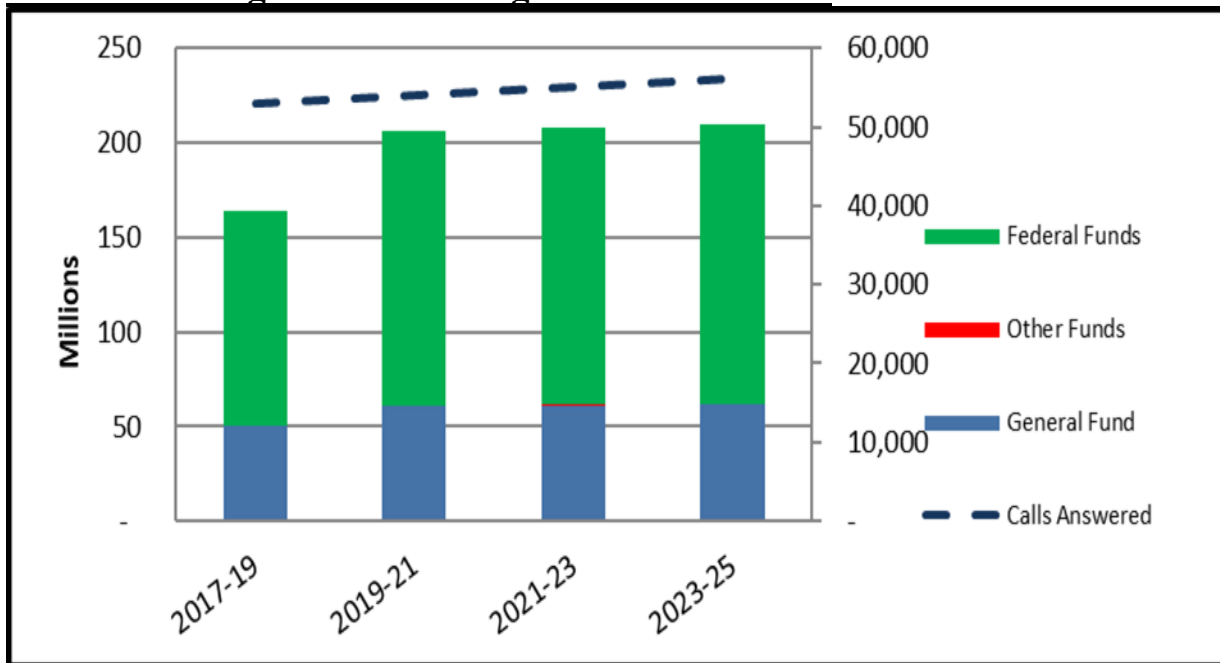
Department of Human Services: Oregon Health Plan

Primary Long-Term Focus Area: Accurate Medicaid determinations
Secondary Long-Term Focus Area: Timely benefit issuance
Program Contact: Sam Osborn, Derek Muir

Program Overview

The Oregon Health Plan (OHP) is Oregon’s Medicaid program. It provides health care coverage for an estimated 1.1 million low-income Oregonians from all walks of life. This includes working families, children, pregnant women, single adults and seniors. In 2018, OHP eligibility staff and regional outreach coordinators completed a transition from Oregon Health Authority (OHA) to the Department of Human Services (DHS), Self-Sufficiency Programs (SSP). In addition, Senate Bill 558 was signed into law, which increased access to OHP for undocumented children under 18 through the Cover All Kids Program. SSP manages the processing center, Cover All Kids and the community partners program. The goal for DHS’ component of OHP is to provide excellent customer service and have same day/next day eligibility determinations so Oregonians have timely benefit issuance.

OHP Processing Center Funding and Call Numbers



Program Funding Request

	GF	OF	FF	TF	POS	FTE
LAB 17-19	37,547,373	-	97,634,543	135,181,916	474	471.97
GB 19-21	60,153,712	65,852	144,444,810	204,664,374	468	465.97
Difference GB - LAB	22,606,339	65,852	46,810,267	69,482,458	(6)	(6.00)
% Difference GB - LAB	60.21%		47.94%	51.40%	-1.27%	-1.27%

The dramatic increase in this budget is due to the roll-up of position costs as the processing center was moved to DHS part way through 2017-19. This budget adds the remaining months of funding that was in OHA and has been now moved to DHS.

Program Description

OHP Processing Center & Outreach Staff: OHP staff responds to client inquiries about their applications and coverage. They are OHP's primary ambassadors, providing clients' primary resource by telephone. Customers typically call for information about their application status, benefits and care coordination. They also call to make changes in their personal information that may affect their eligibility. The Regional Outreach Coordinators serve our community partners, the trained in-person application assisters located around the state.

Subject Matter Experts: OHP includes several teams with detailed eligibility expertise. Factors that can affect eligibility include Medicare, pregnancy, children's medical, tribal members, corrections, and much more. This unit handles eligibility determinations, renewals, requests for additional information, demographic changes, case closures and other eligibility-related tasks and issues.

Business Information Systems: Business Information Systems includes business-related functions and expenditures for information technology. Its functions include Medicaid Management Information System (MMIS), the Oregon Eligibility (ONE) system, COMPASS, Special Projects and Business Systems Training. In 2015, OHA began a phased-in approach to launch the ONE system for Medicaid eligibility and enrollment. The 2017-19 Legislatively Adopted Budget includes funding for system enhancements to ensure it achieves its goal of automating and streamlining the eligibility and enrollment process for OHP applicants and caseload specialists. As of April 1, 2018, this funding was transitioned to DHS and is being used for the ongoing development of the new Integrated Eligibility (IE) project.

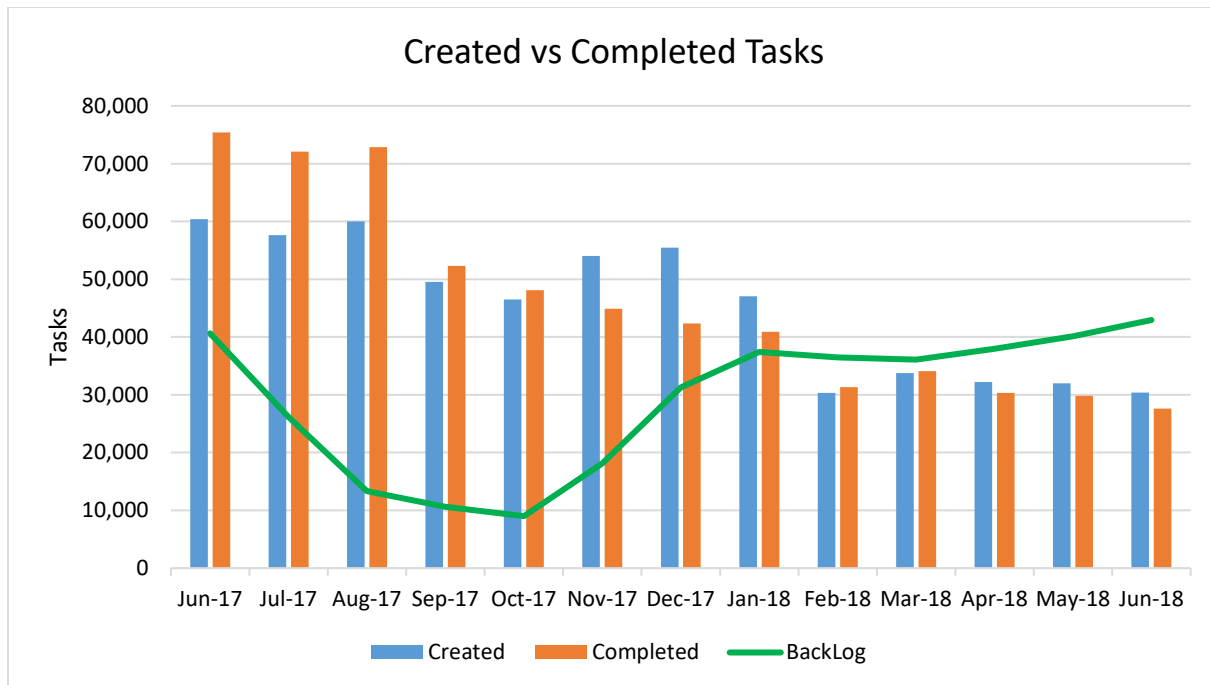
The Waiver: The OHP Medicaid demonstration is often referred to as the OHP “waiver” because it is an agreement with the federal government to waive specific regulations to allow Oregon to administer a state-designed Medicaid program. The OHP budget is largely driven by the demonstration agreement, which required the state to hold OHP per-member-per-month health care expenditures to no more than 3.4 percent annual growth during the 2015-2017 biennium. During the five years of Oregon’s initial demonstration, the federal government invested \$1.9 billion in additional Federal Funds (approximately \$380 million in the 2015-2017 biennium) to support Oregon’s health care system transformation by allowing the state to receive Medicaid match on expenditures not traditionally allowed for matching funds under a Designated State Health Programs (DSHP) provision.

The state’s application to extend the OHP Medicaid demonstration an additional five years was approved by the Centers for Medicare and Medicaid Services on January 12, 2017. Based on the success and program savings to both the state and federal government, Oregon is requesting continued additional federal investment to support and further Oregon’s health care system transformation. With that continued support, the state also is proposing to hold annual per-member-month expenditures to 3.4 percent.

Current Budget Forecasting: The OHP budget is currently based on caseload forecasts and cost estimates projected for the coming two years. Because of the size of the budget, even the slightest variance from the original caseload forecast can result in a significant budget shortfall or savings. The caseload forecast used for the 2017-2019 OHP budget is especially risky because of data issues associated with transitioning to a new eligibility system while catching up on re-determining eligibility during the transition. Capitation rates for coordinated care organizations are also a significant budget driver. The agency does not set the capitation rates. For each calendar year, an independent actuary certifies the capitation rates and the federal government approves for actuarial soundness according to federal managed care regulations.

Funding Justification, And Significant Changes to CSL

OHP is currently operating at approved staffing levels. Current staffing is insufficient in addressing the increasing backlog and hindering Oregonians from getting access to the health care they need.



Month/Yr	Offered	Answered	% Answered	ASA	ASA for NON ACPC Tier 2
May-17	52,596	35,649	68%	17.52	33.42
Jun-17	59,203	42,471	72%	12.85	19.97
Jul-17	65,218	40,908	63%	17.62	30.20
Aug-17	88,245	58,832	67%	13.98	18.43
Sep-17	80,689	62,453	77%	7.08	7.02
Oct-17	81,489	65,925	81%	4.97	3.28
Nov-17	87,350	61,857	71%	9.73	12.85
Dec-17	100,727	62,329	62%	16.82	23.72
Jan-18	109,300	69,999	64%	14.38	20.57
Feb-18	85,534	52,112	61%	16.95	23.83
Mar-18	87,711	55,017	63%	15.75	21.9
Apr-18	84,019	47,501	57%	20.85	31.78
May-18	85,392	44,244	52%	26.50	41.47
Jun-18	81,233	41,636	51%	28.58	49.08

In the summer of 2017 (June to July), SSP helped OHA with processing to get OHP current with renewals and some RFI (pending work). This allowed OHP get caught up while SSP workers focused on the 115,000 redeterminations backlog.

On September 1, 2017, when DHS took control of operations from OHA, the PH Tech contract ended; PH Tech was fielding some OHP calls from their call center.

DHS also ended the CHAVES contract effective December 1, 2017, which assisted with processing non-eligibility tasks and fielded incoming calls and call outs. And, from September 2017 - December 2017, over 100 GALT temporary workers ended.

In mid-December during open enrollment, the Family Care CCO decided to close its doors. OHP increased the number of staff on the phones to assist with call volumes, which removed them from processing applications, to help Oregonians with the transition to a new CCO.

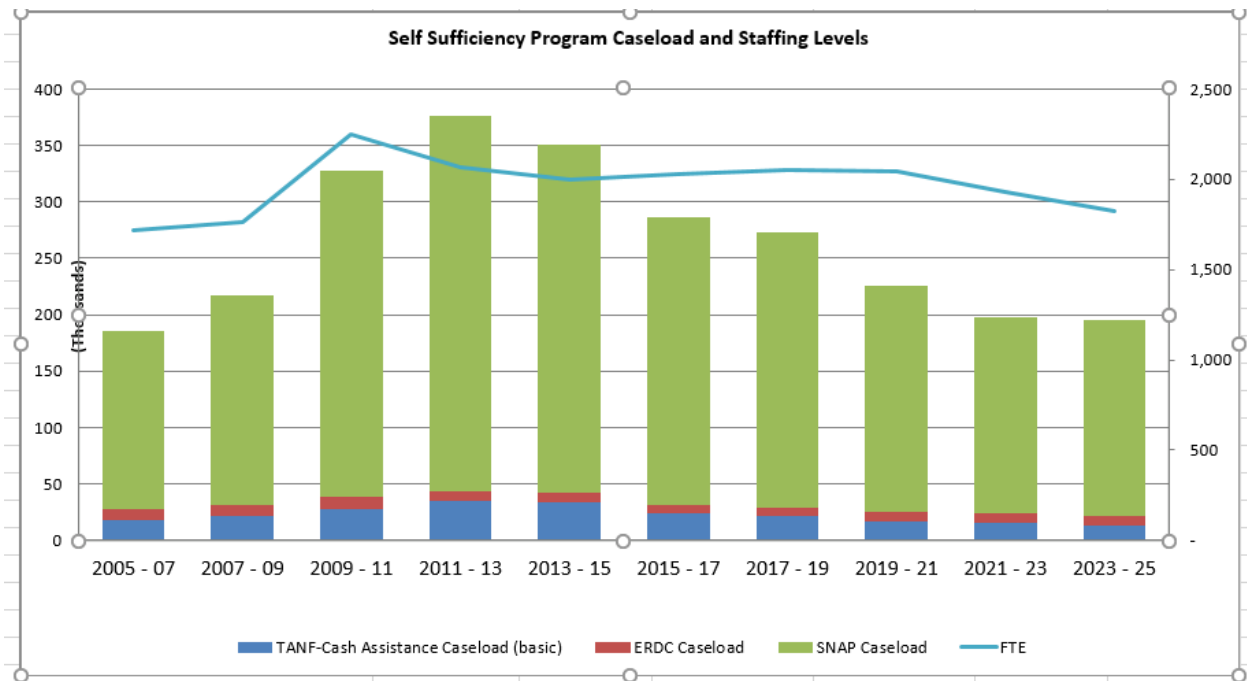
Self-Sufficiency Programs conducted an RPI in mid-November 2017, which demonstrated that, of the over 200 eligibility processing staff, only a small percentage could complete the eligibility process from start to finish. To rectify this, training was implemented. Over a period of six months, (January – June 2018) staff were trained to complete the eligibility process from cradle to grave. However, during this time, they were no longer doing calls or application processing, which meant there was less staff available to handle the incoming volume of work.

Today, SSP is opening additional call centers in rural Oregon that are focusing on OHP work. These centers, located in Baker City, La Grande and Enterprise, are in various stages of hiring, training and opening, will add additional staff to process OHP applications and assist customers by phone, while, at the same time, increasing job opportunities for residents in Oregon's rural areas.

Department of Human Services: Delivery and Design

Primary Long-Term Focus Area:
 Secondary Long-Term Focus Area:
 Program Contact:

Safer, Healthier Communities
 Excellence in State Government
 Dan Haun



Program Overview

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

Self Sufficiency reallocated staff resources to meet client demand and increase positive outcomes for TANF clients. This was accomplished by staff reallocation approved heading into the 2017-19 biennium. These positions provide families,

who are living at an estimated 37 percent of the federal poverty Level, with services to stabilize their living situations and increase their earning potential to move them off state-provided services. This investment increased family coaches to 69.5 percent of workload going into the 2017-19 biennium. We also increased the number of Branch Managers to 77.2 percent of workload.

The TANF program has reinvested funds into efforts that maximize the dollars for benefits that are targeted at building participant progression in work related activities, identifying and building on skills and leveraging community collaborations to provide solid foundations that lead not only to employment placement but retention and advancement. The recent investments in the program have led to consistent employment placements of 11,083 for the SFY 2017.

House Bill 2015 and the Reauthorization of Child Care and Development Fund act of 2014 have strengthened the Employment Related Day Care Program through several program enhancements. DHS implemented enhancements on October 1, 2015. Working students, and self-employed families can access affordable quality child care while they improve their life circumstances, making it easier to move out of poverty. A 12-month eligibility period, three months of work search for a parent who has lost a job, continued child care coverage while on medical leave and a higher exit income limit allow for continuity of care for children. Additional changes include incentive payments for quality rated child care providers and a reduced copay incentive for parents who use a quality rated child care provider. Program improvements have reduced the number of cases lost through attrition, meaning families are staying on ERDC longer allowing for continuity of care for children.

Program Funding Request

	Self Sufficiency Healthy People Total (Design/Delivery)					
SELF SUFFICIENCY - DESIGN & DELIVERY	GF	OF	FF	TF	Pos	FTE
LAB 17-19	167,124,687	974,344	211,745,198	379,844,229	2,050	2,049.42
GB 19-21	189,386,324	1,006,508	200,634,051	391,026,883	2,052	2,051.13
Difference	22,261,637	32,164	-11,111,147	11,182,654	2	1.71
Percent Change	13.32%	3.30%	-5.25%	2.94%	0.10%	0.08%

Program Description

This program encompasses and supports the personnel necessary to provide eligibility and family engagement services to vulnerable Oregonians who request

assistance to meet basic needs such as food and shelter and need access to employment programs. Self Sufficiency family stability and work support programs include the following:

- Temporary Assistance for Needy Families (TANF) provides cash assistance, job preparation services and community connections to low-income families with children while they strive for self-sufficiency.
- TANF Jobs Opportunity and Basic Skills (JOBS) program is an employment and training program.
- Supplemental Nutrition Assistance Program (SNAP) helps low-income families buy healthy foods to meet their nutritional needs.
- SNAP can also provide limited assistance with job search and links to employment resources through the Oregon Food Stamp Employment and Training (OFSET) program and the 50/50 Employment and Training Program.
- Employment Related Day Care (ERDC) helps low-income, working families with quality child care.
- Family Support and Connections (FS&C) provides local advocates who work with families to help those overcome parenting challenges to create family stability and reduce the risks of Child Welfare involvement.
- Temporary Assistance for Domestic Violence Survivors (TA-DVS) provides up to \$1,200 to help pregnant women and families flee or stay free from domestic violence.
- Refugee Services support the successful resettlement of families in the U.S. who are fleeing persecution in their countries of origin.

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

Program Justification and Link to Focus Areas

This program primarily supports the Safer, Healthier Communities focus area by helping Oregonians meet their basic needs such as food, housing and medical care referrals for people to be healthy and have the best possible quality of life at all ages. It also links to the Economy and Jobs, and Safety Outcome areas.

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

Staff at the state and local levels coordinates with Child Welfare to work with families to increase their stability and prevent Child Welfare involvement. This collaboration helps to support the focus by ensuring children are cared for regardless of the system of service. Other collaborations have been built around domestic violence, housing, alcohol, drug and mental health treatment, workforce development, vocational rehabilitation, health care, and education.

Program Performance

Personnel resources provide performance in the delivery of programs within Self Sufficiency. A workload model is used to provide a basis for determining personnel needs to adequately support those seeking services. The work of staff in administration and central support is not included in the workload model; however, the work of central support staff is vital to the delivery of services in field offices. Central support provides the oversight of policy development, program design, and changes required through legislation, as well as federal reporting compliance, and has not been adequately staffed for several years.

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

This active process of identifying ways to improve efficiencies allowed the Self Sufficiency Program to reinvest staff resources to close the gap between positions needed and those authorized in the 2017-2019 biennium. The Self Sufficiency Program continues to identify opportunities for other efficiencies as the delivery programs are still understaffed based on client demand. We are developing new models of delivery that will include online applications, electronic workflow and

distribution which, over time, will allow staff to spend less time on paperwork and more time working directly with clients providing services such as referrals to community resources, employment and training assistance, and case management.

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

Enabling Legislation/Program Authorization

Self-sufficiency programs have varying levels of mandates from federal law and the Oregon constitution. SNAP and Medicaid are federally mandated programs. TANF is a federal block grant program. It is authorized under Title IV-A of the Social Security Act, as amended by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), and the Deficit Reduction Act of 2005. A significant portion of the TANF eligibility criteria is codified in State statute chapters 411 and 412. DHS has statutory authority to administer the ERDC program through ORS 409.010(2) (c), 411.141 and 418.485. Family Support and Connections services are authorized through the Title II of the Child Abuse Prevention and Treatment Act (CAPTA), as amended by P.L. 111-320.

Funding Streams

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

Funding Justification, And Significant Changes to CSL

POP 111 - Grant-Funded Limited Duration Positions

GF	OF	FF	TF	Positions	FTE
\$ -	\$ -	\$ 1,657,278	\$ 1,657,278	7	7.00

SSP is requesting position authority and federal fund limitation for up to 7 grant-funded limited duration positions. These grants are attached to work that has been expanding over the past 5 years. The SNAP Employment and Training Program continues to pull in more federal dollars through partnerships created across the state but lack the infrastructure to support and provide technical assistance along with federal oversight. The Nutrition Education Program through SNAP also provides 100% federal funding opportunity to support the program which also spans across the state and requires much technical support. The final program is the My Future My Choice Program which has been supported by federal Title V dollars for over 10 years. This will not include a General Fund ask.

Department of Human Services

Child Welfare Program

Mission

Every child and family are empowered to live independent, safe and healthy lives.

Vision

Every child and family have a safe, culturally/linguistically, appropriate and positive environment in which to live and develop.

Action

Promote exceptional, culturally and linguistically appropriate and equitable service by embracing opportunity for growth and providing innovation, resources and support to our staff.

Goals

Safe and equitable reduction in the number of children experiencing foster care.

- **Safety:** Protect children from abuse and neglect, keeping them safely at home whenever possible and appropriate
- **Permanency:** Find safe, permanent and culturally stable homes for children in care
- **Well-Being:** Ensure children in foster care are well cared for, remain connected to family, siblings, community and support networks, and receive appropriate and equitable services
- **Service Equity:** Provide culturally appropriate, equal access and equitable treatment for all children served by the Department. This meets the cultural and linguistic needs of children in care including being served by staff with those capacities as well.
- **Quality Assurance/Continuous Quality Improvement:** Continue an integrated practice of quality assurance and continuous quality improvement for defining, measuring, and improving equitable outcomes for Oregon's children and families

Program

Child Welfare Programs serve children and families when children are subject to abuse and neglect. Trained and diverse child welfare staff respond to reports of child abuse and neglect, and if a child cannot be safe at home, a foster care placement is made. The primary goal is to keep children safe, while providing

equitable services to support timely and safe return to their families. Whenever possible, services are provided to prevent out-of-home placements.

The program areas within Child Welfare are:

- Safety
- Well-Being
- Permanency
- Program Design & Delivery
- Federal Policy, Planning & Resources

Individuals We Serve

Children served in Federal Fiscal Year (FFY) 2017:

- 11,645 children spent at least one day in foster care
- 80,683 reports of abuse and neglect were received
- 43,976 reports were referred for investigation
- 7,063 reports were founded for abuse or neglect involving 11,077 victims
- 45.1 percent of the victims were younger than 6 years old
- Of the total children served in foster care, 69.3% were White, 13.2% were Hispanic, 7.1% were American Indian or Alaska Native, 6.9% were Black or African American, 1.9% did not have race recorded, and 1.6% were Asian or Pacific Islander

Child Safety

The Child Safety program provides protective and social services to children and families when allegations of child abuse or neglect are reported. Specially trained workers conduct comprehensive safety assessments and make determinations about child safety, the presence of abuse, if services would benefit a family or whether safety intervention is required due to the presence of safety threats. With very few exceptions, a child abuse report begins with a call to a child abuse hotline. Trained Social Service Specialists screen reports and collect key information. If the report meets criteria to be assigned for an in-person investigation, the family's information is given to a trained Child Protective Services (CPS) worker who will conduct a comprehensive safety assessment.

The Child Safety program also provides coordination for the following areas:

CIRT (Critical Incident Response Team) Coordination

The CIRT coordination team provides culturally and linguistically appropriate

multi- disciplinary services used to study child fatality cases by gathering a group of individuals representing child welfare and other agencies to review child fatalities and seek to identify internal and external systemic issues and generate recommendations for what can be learned, changed or corrected that might reduce future tragic outcomes.

CSEC (Commercial Sexual Exploitation of Children)- Coordination Out of home care investigations

The CSEC coordination provides culturally and linguistically appropriate multi-disciplinary services by connecting child welfare staff to resources including National Center for Missing & Exploited Children, LEA, FBI and other community agencies to partner in helping youth that are being sexual exploited get off the street, have safe shelter and offer intensive wrap services to help with their physical and emotional needs.

Addiction Recovery Teams (ART Teams)

These teams provide coordinated, culturally and linguistically appropriate multi-disciplinary services to substance-abusing family members whose issues are identified through a comprehensive safety assessment.

Domestic Violence/Sexual Assault

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

Strengthening, Preserving and Reunifying Families (SPRF)

The Strengthening Preserving and Reunifying Families law (ORS 418.575-418.598) allows funding for an array of services for families through collaboration between DHS and local community partners. The Department has developed outcome-based contracts for services to specifically address the needs of children and families who come to the attention of child welfare through a screened in report of abuse or neglect. These outcome-based contracts are foundational for an overall ability to report on results associated with SPRF services and funding.

In-Home Safety and Reunification Services (ISRS)

This program provides culturally appropriate intensive, short term services to families with children who can remain safely in their homes, and to children and families who are safely reunited. ISRS provides a combination of safety and

strengths-based services that lead to lasting safety changes within the family. These services are time limited and are complemented by SPRF services for families in need of longer term or more intensive services.

System of Care (SOC)

System of Care funds support Oregon's most vulnerable children by providing local child welfare offices with the flexibility to purchase specific services to meet a family's needs to assure the safety, permanency and well-being of their child(ren) in culturally and linguistically appropriate ways. Services are identified and planned for through family engagement and involvement in case planning. Whenever possible, shared funding of custom-designed services is achieved through collaboration with community partners.

Well-Being

Foster Care

Foster Care services include Relative Care, Family Foster Care and professional level of care such as Shelter Care and Behavioral Rehabilitation Services provided in therapeutic home or residential settings, through contracted Child Caring Agencies (CCAs). The foster care system operates 24 hours per day, seven days per week to accept and care for children who cannot remain safely at home. Oregon's goal aligns with the federal requirement of placing a child in the least restrictive, most appropriate setting that meets the child's individual needs when the child cannot safely be cared for by his or her parent(s).

This program focuses on the well-being of children while they are in foster care and is responsible for recruitment, certification, training, and providing support to retain foster care families (both general applicants and relative caregivers).

Families are trained by agency staff and through contracted experts. They participate in, and must pass, a Structured Analysis Family Evaluation (SAFE) home study, designed to evaluate a family's suitability and readiness to meet the needs of children that enter the child welfare system. They must also pass a criminal background check, reference checks, and a review of Oregon's abuse registry which includes all prior abuse reports received on children and adults. In addition to the above, this program provides recruiting, contracting, training, support and monitoring of all contracted child caring agencies.

DHS partners with community members, Tribes, local and national foster care organizations, provider organizations, youth led organizations and organizations representing diverse cultural perspectives to deliver services throughout the state.

DHS works in collaboration with multiple state and local government agencies such as the Oregon Health Authority, Oregon Department of Education, local law enforcement, Tribes, community programs, schools, the faith community and volunteer programs to identify and develop a local array of culturally and linguistically appropriate services. The Well-Being program is responsible for the overall well-being of children in DHS care by addressing behavioral, emotional and social functioning, meeting core educational needs, assuring appropriate physical, dental and mental health care, and maintaining safe family and community connections.

Youth Transition Services

The Independent Living Program (ILP) serves current and former foster youth up to age 21. Services include assistance with developing life skills - including money management and budgeting - communication, and social skills, establishing community connections and healthy supportive relationships, assistance with informed decision-making, parenting, health, education support, housing, and job readiness. A primary focus is to develop transition plans to ensure high school completion and a successful transition to post-secondary education or employment at a level that allows self-sufficiency. Housing support options are available to eligible youth through the federal Chafee housing and independent living subsidy programs.

Youth Transition Services also include services for Homeless and Runaway Youth. The Department has a dedicated Homeless Runaway Youth program coordinator responsible for leading a quarterly advisory committee, contracting with and otherwise supporting statewide services those youth.

Health and Wellness Services

DHS puts a high priority on assuring that children in out-of-home care receive appropriate medical, dental and mental health care. In addition to appointments and screenings required when a child enters foster care, children are assessed by a contracted nurse shortly after entering care to address any immediate health needs and provide support to the child and foster parents for any health related or medication issues the child may have. Our field nurses provide medication management services, case consultation, medical care coordination, nursing delegation, foster parent teaching and training and other nursing services. The Health and Wellness team provides resources, support and case consultation to staff and provides resources for foster parents who care for medically fragile children. In addition, annual psychotropic medication reviews are completed by a Nurse Consultant for all children in care currently prescribed psychotropic

medications. Medical Assistance Resource Coordinators (MARC)s provide assistance with access to care issues and help coordinate services with Coordinated Care Organizations (CCO) throughout the state to ensure the health, mental health and dental needs of children in foster care are being met.

Permanency

DHS' first goal always is to safely and successfully reunify children with their parent(s). Unfortunately, this is not always possible and when it is ultimately determined that a child is unable to safely reunify with his or her parent(s), DHS helps find a permanent family through adoption or guardianship. Once children are placed with a permanent adoptive or guardian family, the Permanency program continues to provide services and supports up to age 18 to help meet the special needs and challenges children who have been abused and neglected can experience. These efforts include taking into consideration the cultural and linguistic needs of the minor.

DHS is also responsible for the coordinating the Voluntary Adoption Search and Registry Program for Oregon's public and private adoptions. This registry may also include adoptions for children with relatives living in other countries pursuant to The Hague Convention and the Intercountry Adoption Act.

Title IV-E Waiver Demonstration Project

Oregon's Title IV-E Waiver project is titled *Leveraging Intensive Family Engagement (LIFE)*. LIFE is a locally developed, values-based intervention focused on addressing gaps and challenges to reduce the time to permanency for high risk children. LIFE has four key features:

- Family Finding: identify and engage a broad network of family support and placement resources
- Case Planning Meetings (CPMs): case planning and monitoring support informed by child and family voice
- Peer Parent Mentors: help parents engage in CPMs and services to assist them in navigating the child welfare/service systems
- Collaborative team planning between service providers, DHS, and the family involved with the case

The goal of the LIFE project is to safely and equitably reduce the number of children who might otherwise remain in care for three years or longer. Eligible children and their siblings are identified shortly after removal based on key indicators. Then the Family Engagement Facilitator begins intensive work with the caseworker, child, parents, and family to develop a plan of reunification, adoption,

or guardianship in a timely manner.

Program Design & Delivery

Oregon has a state-run, county-administered child welfare program. Staff in the central office support field staff through policy and rule development, assuring compliance with federal and state regulations, quality monitoring, technical assistance, evaluation and program analysis, developing consistent business processes and standards, and identifying best practices. Other services provided include consulting, coaching, training and continuous quality improvement aimed at improving outcomes for Oregon's children and families.

Managers and supervisors in local child welfare offices provide clinical supervision of direct service staff. Whenever possible, Child Welfare staff coordinate service delivery with staff from our Self-Sufficiency offices to support family stability and prevent entry/re-entry into the child welfare system. In addition, child welfare staff coordinate with other child and family serving systems including Housing, Oregon Health Authority, Oregon Department of Education, county-based health and support services, and others.

Child Welfare employees provide direct services in local offices. For a list, see: <http://www.oregon.gov/DHS/children/child-abuse/Pages/Reporting-Numbers.aspx>

Indian Child Welfare Act (ICWA)

Native American children are currently over-represented in Oregon's child welfare system. Compliance with the Indian Child Welfare Act is a Federal mandate. DHS has Tribal Liaisons in the child welfare field offices to enhance relationships with Tribal governments and to work with Tribal children and families to reduce disparities, improve compliance with the Act, and improve outcomes for Tribal families.

Interstate Compact on the Placement of Children (ICPC)

The ICPC is statute which governs the movement of children across state lines. All fifty states plus the District of Columbia and the U.S. Virgin Islands are member of the ICPC. The ICPC covers Oregon DHS children being placed in other states, and children in the custody of other state public child welfare agencies being placed into Oregon, as well as private adoption and residential treatment placements that cross state lines. The ICPC applies to approximately five percent of all child welfare cases nationwide.

The Oregon ICPC program includes a team of Central Office staff who provide training and case consultation to DHS field staff, attorneys and members of the public. The program also includes a team of regionally-based workers who complete home studies on Oregon residents for possible placement of children from other states.

OR-Kids

OR-Kids is the statewide automated child welfare information system with more than 3,600 system users across the state and across agencies. OR-Kids is also a Criminal Justice Information System. This system provides reports to internal and external partners, including Child Welfare Case workers, DHS' Office of Financial Services, the Administration of Children and Families, and Human Resources.

OR-Kids contains case records on all children and families served by Child Welfare, and issues payments to service providers. Required federal reports are submitted via the OR-Kids system to draw down federal reimbursement for eligible services. The OR-Kids program staff monitor access for all system users across the state and partner agencies to assure privacy and access policies are being followed.

Ad-hoc queries are run to ensure data quality and to operate a data-informed organization. The program also runs queries to identify system issues and resolve system end user problems as case work is completed. The program supports every area of Child Welfare and is the system of record for Child Welfare work.

Federal Policy, Planning & Resources (FPPR)

This program is responsible for ensuring Child Welfare remains in compliance with federal program standards to maximize continued federal financial support for the Child Welfare programs and services described above. In addition, FPPR is responsible for submitting all required federal reporting and responding to related inquiries. The primary goal of FPPR is to maximize the use of federal funds while assuring all funds are used solely for allowable purposes.

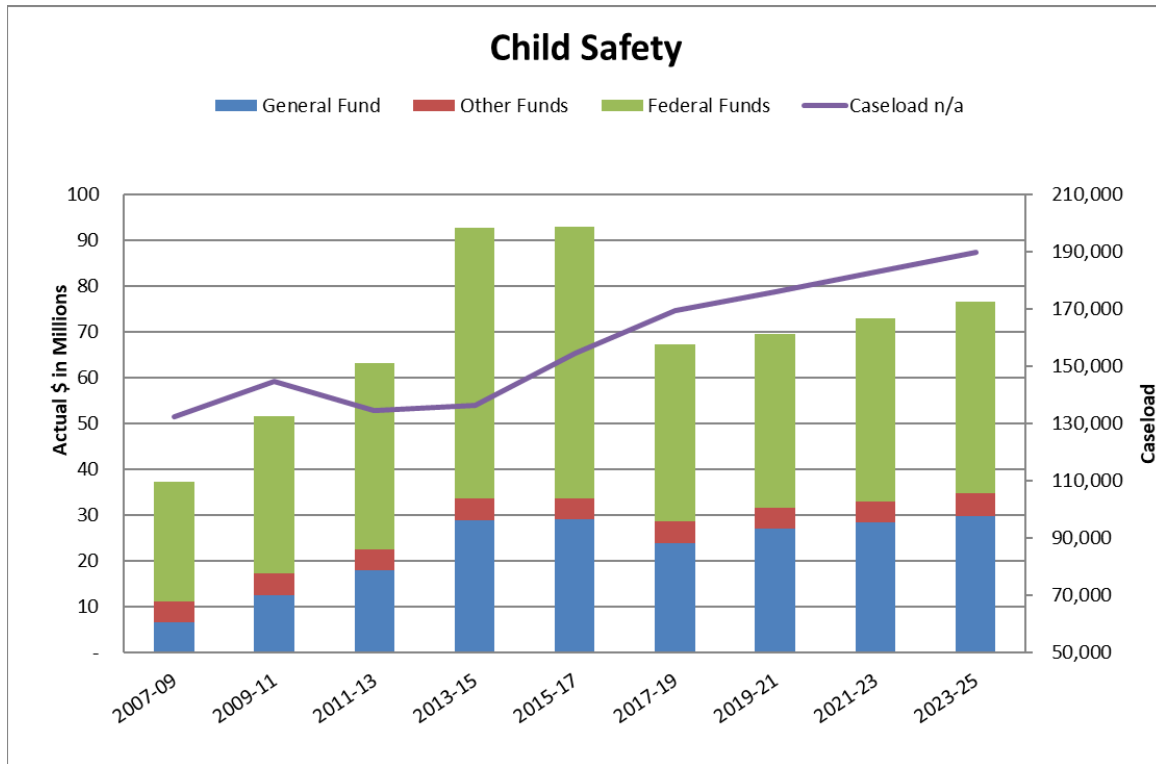
- Title IV-B – Subpart 1 & 2
- Title IV-D – Child Support
- Title IV-E – Foster Care, Adoption Assistance and Guardianship Assistance
- Title XIX – Medicaid
- Title XX – Social Services Block Grant
- TANF EA – Emergency Assistance

Department of Human Services: Child Safety

Primary Long-Term Focus Area: Safer, Healthier Communities

Secondary Long-Term Focus Area:

Program Contact: Tami Kane-Suleiman, Child Safety Manager



Note: Neglect and Threat of Harm of Neglect are the primary abuse categories driving the increase in Child Welfare caseloads, currently representing over 80 percent of all founded abuse.

Program Overview

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

designed to keep children safely with their parents, whenever possible, and to quickly and safely reunite children with their parents when they have been removed.

Program Funding Request

	Safety			
	GF	OF	FF	TF
LAB 17-19	23,935,498	4,707,003	38,569,510	67,212,011
GB 19-21	19,699,549	4,500,440	28,922,386	53,122,375
LAB 17-19 to GB 19-21	(4,235,949)	(206,563)	(9,647,124)	(14,089,636)
% Difference	-17.70%	-4.39%	-25.01%	-20.96%

Program Description

The Child Safety Program currently consists of two Child Safety Program Managers (one recently added due to growth of Child Safety Unit, increased span of supervision, new legislation impacting program and increased workload), one Assistant Manager, 7 Child Protective Services Program Coordinators (DV, D&A, rule writing, implementation, training, and curriculum development, etc.) and 13 Child Safety Consultants who provide consultation, coaching, training and support to caseworkers, supervisors, and Program and District managers on the safety model practice, Oregon Administrative Rules and statutes. The Child Safety Consultants are housed in the child welfare field offices around the state and provide consultation and support to all 16 districts in Oregon. Child Welfare’s Alcohol and Drug Services Coordinator and Domestic & Sexual Violence Fund Coordinator are also located within the Child Safety Program. Domestic violence and sexual assault (DVSA) shelter and service programs are funded by the Oregon Department of Human Services (DHS) to help people in Oregon be safe, healthy and independent.

The Child Safety Program is responsible for administering Child Protective Services in the state, including but not limited to the following:

- Initiating the Critical Incident Response Team process when child deaths occur and responsible for compliance with SB819 passed in 2017.
- Commercial Sexual Exploitation of Children; provides statewide consultation and technical assistance on child welfare cases where children are or at risk of being sexually trafficked.
- Administration of Oregon Administrative Rules for Daycare Facility/home investigations.

- Administration of Oregon Administrative Rules for Child Welfare certified foster home investigations.
- Administration of Central Office Founded Disposition Committee and Employee Founded Disposition Committee
- Administration of Screening and Assessment Oregon Administrative Rules.
- Continuous Quality Improvement including ongoing case fidelity reviews in all 16 districts followed by creation of Action Plans to make improvements to practice in screening and assessments.
- Administration of Sensitive Issue Review Committee and review assignments and branch debriefs.
- CARA (Comprehensive Addiction and Recovery Act) development and implementation

In the summer of 2017 due to the passing of legislation (SB942), Differential Response was essentially ended in Oregon. The Differential Response unit consultants have remained in the Child Safety Unit and have become an integral part of the team of child safety consultants housed throughout the state. The new legislation passed in July of 2017 requires DHS to make specific findings on all child abuse investigations. As a result of the legislation, all assessments must have a disposition of “founded”, “unfounded” or “cannot be determined” unless five criteria are met: (1) The child welfare workload model for the Department of Human Services is staffed at 95 percent or greater; (2) A centralized, statewide child abuse hotline has been established and in operation for at least six consecutive months; (3) The department has completed investigations within timelines mandated by law and rule at least 90 percent of the time for at least six consecutive months; (4) The department has conducted in-person contacts with children who are the subject of reports of child abuse, as mandated by law and rule, in at least 90 percent of the reports of child abuse for at least six consecutive months; (5) The re-abuse rate for children in this state is below the national average.

Currently, CPS staff in field offices respond to and assess allegations of child abuse and neglect and are usually the first contact for families with the child welfare system. The CPS staff also respond to assess allegations in Daycare Facilities and foster homes certified by Child Welfare, Office of Intellectual & Developmental Disabilities, and Oregon Youth Authority. CPS staff work closely

with law enforcement agencies and other members of multidisciplinary teams in each county to assess child abuse reports.

Generally, the Child Safety Program is the program area where children enter the State foster care system. Foster care is a temporary service, designed to keep children safe while we work to manage safety threats and enhance the parents' protective capacities. We work with families to make sure that children are only removed when they cannot safely remain at home. When children are placed in care, which can only be done with court approval, we place urgency on ensuring that children get home quickly and connect to family or other relatives whenever possible. Child abuse investigations are not voluntary. They are inherently intrusive and can be traumatic to families. Oregon's Safety Model is a family engagement model that requires Child Welfare staff to work and partner with families and children to gain a comprehensive understanding of the family functioning. Historically Oregon's CPS assessments were incident based and solely focused on the allegations. With adoption of the Safety Model, Child Welfare staff must assess the allegation but also determine if family behaviors, conditions or circumstance are making children unsafe. Oregon's Safety Model consists of sixteen universal safety threats that are analyzed from the safety-related information gathered by CPS Staff during the comprehensive safety assessment.

The Child Safety Program can best be described in three sections: Screening, Assessment and In-Home services.

Screening

Screening is the front door of the service delivery system that, with few exceptions, begins with a child abuse report at a child abuse hotline. Trained staff screened 80,683 child abuse reports from across the State in 2017. For each call CPS receives, the process begins with screening. Every report is handled by a CPS-trained worker who will make an initial determination of whether a report meets the guidelines that require DHS to conduct an assessment of the family.

Reports fall into one of four categories:

- Information only
- Referral to other services
- Not a situation that is child abuse or neglect
- Possible child abuse or neglect

Those reports categorized as possible abuse are further analyzed to determine whether an immediate response is needed. If the report meets the criteria to be assigned for an in-person investigation, the family's information is given to a DHS Child Protective Services (CPS) trained worker who will conduct a comprehensive safety assessment of the family in a respectful and sensitive manner.

In the 2016 legislative session, SB1515 passed in Oregon. This new law increased responsibilities for all child welfare staff throughout the State, including hotline screeners.

The law demanded changes in the way DHS regulated Child Caring Agencies (CCA) and responded to reports of abuse or neglect to ensure children are safe, their needs are met and they are well cared for. To promote transparency and leadership accountability, the law also required all Department staff to notify the Director or designated staff when there is suspected child abuse or neglect in a CCA. Notifications to external stakeholders are required when there is suspected child abuse or neglect in a CCA, and the law makes both failure to report suspected child abuse or neglect, as well as failure to take action on suspected child abuse or neglect, a crime. The definition of child abuse was also expanded under SB1515 requiring new training development and provision to all Child Welfare staff. In 2017, adjustments to SB1515 were made including some expanded requirements in SB 1515 that were previously limited to child-caring agencies (CCA) to other substitute care settings, in particular DHS-certified foster homes and developmental disabilities (DD) residential facilities (commonly referred to as DD foster homes and DD group homes.) The expanded definition includes things like involuntary seclusion, sexual contact between a provider and child, and financial exploitation. This new law is expected to result in an increase in reports to the child abuse hotline and an increase in the number of assessments assigned for a comprehensive safety assessment regarding DHS certified foster homes and developmental disabilities residential facilities.

Assessment

Of all reports of child abuse or neglect, approximately 43,976 cases per year were referred for investigation in 2017. As part of the comprehensive safety assessment, the DHS CPS worker gathers comprehensive safety related information in the following categories: Extent of the maltreatment, circumstances surrounding the abuse, adult functioning, child functioning, parenting practices and disciplinary practices. Cultural and linguistic considerations are also factored into the process.

This important safety related information is used to determine overall child safety. If children are determined to be safe at the conclusion of the comprehensive safety assessment, the case is closed. If children are determined to be unsafe, safety planning occurs with either an in-home or out of home plan. The case will open and the family will transition to a Permanency case worker once the CPS assessment concludes. The comprehensive safety assessment may take up to 60 days to complete based on the required elements of the safety model and CPS Assessment Rules.

In-Home Safety and Reunification Services (ISRS)

The ability to keep children safely at home is in large part dependent on the services that can be wrapped around the family to support them while safety concerns are addressed. Services are available to families during the course of child abuse assessments when child safety issues are present. Services are designed to ensure a safe environment for children without removing them from their parent or caregiver. If circumstances require a child be removed from their parent or caregiver, these services provide necessary support to the family so the child can be safely reunited with their family. These services are specifically intended to help families remove barriers to managing identified safety threats with the goals of prevention of foster care placement by maintaining a child safely in the home with a parent or returning a child home to a parent.

These services support crucial child welfare initiatives to increase the number of children who can remain safely at home after a safety threat is identified, and decrease the length of time a child spends in foster care if removal is required. By contracting with a wide variety of providers, ISRS also allows for a culturally and linguistically specific approach in an effort to reduce the disproportionate placement of children of color in foster care.

With better data points to measure children served in-home, 2017 showed a significant 22.1 percent increase to 8,229 children served, up from 6,737 served the prior year (2016). The increase of children served during the past FFY is believed to be associated with efforts to ensure that safety management and services are more accurately documented within CPS assessments. This is significant because, for the first time in many years, Oregon has a number that may more accurately represent the volume of work completed in the first 60 to 90 days of a case to manage safety of children in a way that prevents placement and long-term involvement with families.

Count of Children Served In Home			
Federal Fiscal Year	In-Home Caseload First Day of Period ¹	Ending Caseload Last Day of Period ²	In-Home Total Served During Period ³
FFY 2015	1,360	1,335	5,437
FFY 2016	1,334	1,337	6,737
FFY 2017	1,337	1,318	8,229

Source: ROM IC.01Count of Children Served In Home - data pulled 4/25/18
¹ for children under age 18 on first day of period, ² for children under age 18 on last day of period; ³ for children under age 18 on last day of FFY or last day of FC Episode, if sooner.

Legislation in 2011 created Strengthening, Preserving, and Reunifying Families programs and identified them as another primary program to serve families involved in the child welfare system. The goal of these programs is to foster collaborations between state and community programs and resources, as well as help children remain safely with their families. This must occur through partnerships and collaborations with State and community programs and resources that will stabilize the family in their time of need, work with the family to develop goals for family preservation services, family reunification services and empower the family to make changes which may alleviate the need for an out-of-home placement.

These programs are potentially an enhancement to ISRS services, and are delivered through contracts with community providers. Parents and families benefit from DHS and communities working together to provide stronger up-front services and use voluntary engagement in solutions, services, and supports to achieve more successful resolution of issues.

An additional anticipated outcome will be the safe and equitable reduction of children in the foster care system by increasing the number of African American and Native American children remaining home with their families by providing culturally relevant and linguistically specific whenever available.

A key necessary partner for program success is the Department of Justice (DOJ) Attorney General’s Office, which provides legal representation to DHS for all children under its jurisdiction. Oregon is moving toward full representation by DOJ, which also files and litigates termination of parental rights cases. In some

counties, the District Attorney's office continues to provide legal services representing the State, from the petition until jurisdiction. The state is being phased in for full DOJ representation.

Program Justification and Link to Focus Areas

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

The services are designed to strengthen families and to prevent further child abuse and neglect. We provide support to prevent the unnecessary removal of children from families, and promote the reunification of families where appropriate. Drug and alcohol abuse, together with domestic violence, are the two major family stressors contributing to children entering foster care in Oregon. By supporting families early with services designed to keep children safely with their parents, costly foster care placements are avoided. The average monthly cost per child in foster care is approximately \$2,320.

Without the services and interventions that are provided to parents and their children, there are costs that will be felt at a later date in the Healthy and Safe Communities and other focus areas. For example, often it is the risk of having their children placed in foster care that motivates parents who are deep into drug or alcohol addiction to seek treatment and maintain sobriety. Not only does seeking treatment and maintaining sobriety help keep their children in their home, but it also allows parents to take the steps needed to be self-sufficient, reducing costs and supporting A Thriving Oregon Economy. It decreases the likelihood that these parents will engage in illegal activities and any resulting criminal proceedings or incarceration, reducing future costs to the Healthy and Safe Communities area.

Similarly, helping a family deal with their domestic violence issues so that the children and non-offending parent can live without fear and further violence reduces long-term costs that are associated with the child's education performance (A Seamless System of Education) and the child's and non-offending parent's health and well-being (Healthy and Safe Communities). Being able to provide In-Home and Reunification Services reduces the costs of foster care.

Program Performance

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

- **First contact:** As a way to measure how well DHS assures initial child safety, the timeliness of first contact is measured for those reports of child abuse and neglect that are assigned for in-person investigation. In 2017, timeliness of first contact increased to 76.8 percent from 68.3 percent the previous year (2016). The Department's Program Improvement Plan will focus on this measurement for even higher improvement.
- **Assessment:** DHS measures the comprehensiveness of the CPS assessment, the level of services that were provided and the appropriateness of safety planning for the child by monitoring whether the child experienced repeat maltreatment within 12 months of a prior abuse. The time period for this measure recently changed from 6 months to 12 months.
- **Re-abuse** By expanding the timeframe from 6 months to 12 months, the actual rate has also increased. Currently the department is above the national standard of 9.1% for this measurement at 11.0%. Cases involving domestic violence and substance abuse have been identified as themes for re-abuse across the state. The Department's Program Improvement Plan will focus on this measurement and activities to decrease re-abuse in Oregon.

Enabling Legislation/Program Authorization

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

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

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

Funding Streams

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

- Social Services Block Grant (SSBG) accounts for 14 percent of the child safety budget
- Title IV-B part 1 makes up 5 percent
- Title IV-B part 2 makes up 15 percent
- Family Violence makes up 6 percent
- Other Funds make up 9 percent.
- General Fund makes up 52 percent

Note the Title IV-E Waiver has been discontinued for all states, so is no longer a funding source for Safety.

Funding Justification and Significant Changes to CSL

There is one Revenue Shortfall in this program area due to the discontinuation of the IV-E Waiver Federal Program.

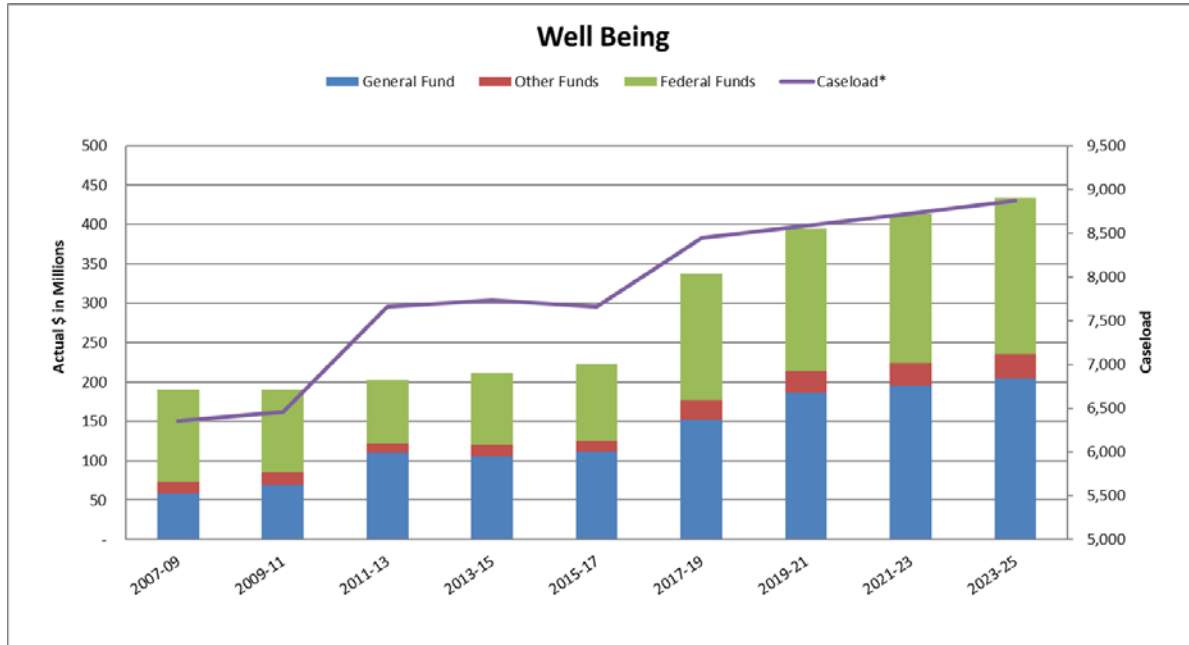
Revenue Shortfall			
Federal discontinuation of the IV-E Waiver program.			
GENERAL FUND	OTHER FUNDS	FEDERAL FUNDS	TOTAL FUNDS
-	-	(\$17,588,998)	(\$17,588,998)
DESCRIPTION			
<p>The State of Oregon has operated successful Title IV-E programs under an approved waiver since 1997. During this time, projects have been funded under the waiver that resulted in measurable improvements and positive outcomes for children and their families. The Title IV-E waiver program has been discontinued by Administration for Children and Families, affecting the funding available for the Strengthening, Preserving, and Reunifying Families (SPRF).</p> <p>Without an alternative to the discontinued IVE Waiver, half of the SPRF services provided to families would no longer have funding and those services and service providers would no longer be available to families. This biennium there have been 9,385 SPRF services provided to CW families. If the funding is cut by 55%, then we'll only be able to fund approximately half the amount of services.</p>			

Department of Human Services: Well Being

Primary Long-Term Focus Area: Safer, Healthier Communities

Secondary Long-Term Focus Area:

Program Contact: Greg Westbrook, Interim Foster Care Manager
Sara Fox, Interim Treatment Services Manager



Note: On average, in 19-21 the caseload is projected to be 8,586 children in substitute care on any given day in Oregon.

Program Overview

The Child Well-Being Program, including the Foster Care and Youth Transitions Program, and the Treatment Services Program, is designed to function as a critical safety net for children with immediate safety needs for their basic care, as well as provide support and services to youth in foster care. DHS is responsible for accepting and caring for children who cannot remain safely with their parents per ORS 418.015. These children are dependent, neglected, and may be mentally or physically disabled, and are placed in the legal custody of DHS by a court. Under limited circumstances and for a short time, a family may place a child in State custody on a voluntary basis. However, most of the children served in foster care are there involuntarily, with court intervention, as a result of abuse or neglect they experienced in their family home.

Program Funding Request

	Well Being			
	GF	OF	FF	TF
LAB 17-19	151,800,391	24,674,145	160,358,699	336,833,235
GB 19-21	206,451,335	28,003,603	179,138,137	413,593,075
LAB 17-19 to GB 19-21	54,650,944	3,329,458	18,779,438	76,759,840
% Difference	36.00%	13.49%	11.71%	22.79%

Program Description

The Foster Care services program operates 24 hours a day, seven days a week to accept and care for children and youth who cannot remain safely in their family homes. The children and youth range in age from birth to 21 years old. A total of 11,645 children spent at least one day in foster care in federal fiscal year 2017. The vast majority of these children and youth (92.6%) reside in family foster home settings. There are approximately 4,200 Oregon families who have stepped forward to be a foster parent or relative caregiver for children needing placement. Approximately 48% of these certified families are relatives or friends known to the child's family who become certified to care for the children.

DHS partners with community members and organizations representing diverse community and cultural perspectives to deliver foster care services to children and youth across the State. The agency has federal and state mandates to provide efforts to reunify children to their parents. Just over 56 percent of children entering care returned home to a parent in FFY 2017. There are approximately 30 licensed private child placing agencies in Oregon who are caring for children and youth, most often because the child or youth has a significant behavior or mental health need. Approximately 311 children are placed with Licensed Child Caring Agencies to provide a higher level of therapeutic care.

The Child Well-Being program also responds to the overall well-being of the child or youth in care. Well-being is identified as caring for and attending to the child's behavioral, emotional, educational, health and social functioning. This is best identified through meeting the core educational needs, physical, dental, and mental health needs, needs for family, and community connections.

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

agencies such as the Oregon Health Authority, Oregon Youth Authority, Oregon Department of Education, and local law enforcement in addition to a significant number of community programs, schools, business and faith communities, and volunteer programs. The Department continues to focus on safely and equitably reducing the number of children that enter the foster care system and providing for the care and well-being of children who enter the system. Children who must enter the foster care system often have greater needs than those who can remain at home. The ability of staff to meet the needs of these children and adequately support the foster families caring for them is directly related to staffing levels in the program.

The average monthly cost per child in foster care is approximately \$2,320. There are multiple cost drivers to this program area including the number of children entering the substitute care system due to abuse or neglect, and the number of children who remain in the substitute care system due to their inability to be reunified with family or successfully transitioned to an adoptive family. A significant cost driver is the increased cost of living within the community and daily expenses for providing food, clothing, shelter, education or other support services for children and youths. As an example, foster parents caring for a 10-year-old child are currently reimbursed at a rate of \$24.09 per day. This is intended to cover the cost of providing food, clothing, shelter, school supplies, and the cost to participate in activities, etc. Often the additional costs for the child are paid for by the foster parent, which remains a barrier for many families and the private child caring agencies across the state. After a 10% reduction in the reimbursement rates in 2011, they were increased in 2018.

Efficiencies to improve outcomes include a reinvestment in local community services to strengthen families, to reduce the need for foster care. In addition, for children who are in foster care, increased attention on the need for educational supports and school placement continuity, increased access and continuity of comprehensive health care (physical, mental and dental health), and increased financial and structural support for foster families and private agencies who care for the children and youth.

The Well-Being program is also responsible for the certification and support of foster families and relative caregivers who care for children in the Department's custody. This includes recruitment, assessment, retention, training, and support. Training of these families is conducted both by agency staff and through contracted providers. Families participate in a Structured Analysis Family

Evaluation (SAFE) home study assessment, designed to evaluate a family's readiness to meet the needs of children that enter the system.

Program Justification and Link to Focus Areas

The Child Well-Being Program is an integral part of the State's Plan to achieve a Safer, Healthier Community for the residents of Oregon. As a state policy, Child Well-Being programs are necessary to ensure safety for children if and when they are unable to remain safely with their families. Reliance on the foster care system over the years has reached a capacity that is no longer sustainable in Oregon. The financial support for this system has not kept up with growing costs, which has negatively impacted the ability for potential foster families to step forward to provide family foster care.

Ongoing research indicates that, if substantive preventive services can be immediately put into place, many children can safely remain at home, which reduces the need for children to be placed into the foster care system. Re-directing resources away from the removal of children from families and increasing the capacity of families who currently have children in the substitute care system by investing in upfront and in-home services within communities will pay far greater dividends to Oregon in meeting the outcomes identified in the state's plan.

Program Performance

Program performance is measured in the following ways:

- The number of children entering foster care (4,065) during FFY 2017 increased by 6.7 percent from the FFY 2016 level. The number of children leaving foster care has decreased by 3.9 percent in the same time-frame.
- 56 percent (56.5) of children who left foster care were reunified with their families.
- Median months to exit foster care is 18.6 months,
- The numbers of foster families in 9/30/2017 was 4,262 families. This is an increase of 388 from 9/30/2015.

Enabling Legislation/Program Authorization

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

- *Adoption Assistance and Child Welfare Act P.L. 96-272.* To establish a program of adoption assistance, strengthen the program of foster care assistance for needy and dependent children, and improve the child welfare, social services, and aid to families with dependent children programs. Requires states to ensure and the courts to determine that reasonable efforts continue to be made on behalf of each individual child to mitigate the need for continued foster care.
- *Indian Child Welfare Act (ICWA) PL 95-60.* To establish standards for the placement of Indian children in foster and adoptive homes and to prevent the breakup of Indian families.
- *Adoption and Safe Family Act PL 105-89.* To promote the adoption of children in foster care by placing limitations and timelines.
- *Fostering Connection to Success and Increasing Adoption Act PL 110-35.* To support and connect relative caregivers and improve outcomes for children in foster care.

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

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

Funding Streams

There is a combination of funding sources in the Well-Being Programs. Leveraged Federal funds include:

- Title IV-E, 20 percent;
- Medicaid, 10 percent;
- Independent Living, 2 percent;
- TANF, 9 percent;
- Chafee, 1 percent;

Social Services Block Grant Federal Funds, 3 percent;
 Title IV-B, 1 percent;

Other Funds Applicable Child Saving Fund, 2 percent;
 Other Funds Child Trust, 5 percent;
 General Fund, 48 percent.

Funding Justification and Significant Changes to CSL

There is one Revenue Shortfall in this program area due to the discontinuation of the IV-E Waiver Federal Program.

Revenue Shortfall			
Federal discontinuation of the IV-E Waiver program.			
GENERAL FUND	OTHER FUNDS	FEDERAL FUNDS	TOTAL FUNDS
-	-	(3,851,520)	(3,851,520)
DESCRIPTION			
<p>SAFETY – The State of Oregon has operated successful Title IV-E programs under an approved waiver since 1997. During this time, projects have been funded under the waiver that resulted in measurable improvements and positive outcomes for children and their families. The Title IV-E waiver program has been discontinued by Administration for Children and Families, affecting the funding available for the Leveraging Intensive Family Engagement (LIFE) program.</p> <p>The LIFE program has shown positive outcomes for families including shortened time to permanency for children predicted to stay three or more years in foster care, increased reunification, accelerated progress on case goals, strengthened relationships between DHS and families, families and youth feeling heard, and DHS staff feeling supported in partnering with families. The LIFE Program has served over 500 families in 17-19. With no additional funding, no families will receive these services.</p>			

There are multiple investments in the Governor’s Budget, in addition to the regular essential packages that are part of the normal budget build process.

PACKAGE NO.	PACKAGE TITLE				
90	Strengthen Therapeutic FC				
GENERAL FUND	OTHER FUNDS	FEDERAL FUNDS	TOTAL FUNDS	POSITIONS	FTE
3,500,000	430,000	4,600,000	8,530,000	-	-

PACKAGE DESCRIPTION

This package provides additional funding to strengthening therapeutic foster care support children and youth in need of time-limited substitute care within their community. The expectation is that this should be a collaboration between OHA/DHS in consultation with System of care Executive Council to:

- Develop a system of professional foster care networks that are coupled with in-home services and supports as outlined above.
 - Components of this model should include:
 - Specialized recruitment of skilled, culturally appropriate foster parents.
 - Paid training for foster providers.
 - Monthly maintenance payments for parents who are attending training, providing respite or other supports to other foster homes, and maintaining capacity.
 - Limits on the number of children in a Therapeutic Foster Home, according to evidence-based models, and in consideration of the circumstances of the child, his/her family (e.g., siblings also in foster care) and the foster family.
 - Ability to maintain youth in the Therapeutic Foster Home until a child is either safely reunified with their family or a stable, permanent placement is identified
- Explore development of foster communities to provide mutual support, e.g. The Mockingbird Model.

PACKAGE NO.	PACKAGE TITLE				
90	CW Sexual Health Education				
GENERAL FUND	OTHER FUNDS	FEDERAL FUNDS	TOTAL FUNDS	POSITIONS	FTE
675,000	-	-	675,000	-	-
PACKAGE DESCRIPTION					
<p>This is new program for sex education for foster youth, using a model that will build capacity to DHS Children’s Welfare program across the state to deliver sexual health education to foster youth ages 12 to 21 years old. This is in response to Oregon Foster Youth Connections’ policy recommendation that all foster youth and their caseworkers receive comprehensive, trauma informed and inclusive sexual health education and know how to access health care services.</p>					

PACKAGE NO. 90	PACKAGE TITLE Expand KEEP				
GENERAL FUND 3,100,000	OTHER FUNDS -	FEDERAL FUNDS 4,650,000	TOTAL FUNDS 7,750,000	POSITIONS -	FTE -
PACKAGE DESCRIPTION KEEP is a Foster Parent Support Pilot Program currently serving Multnomah and Washington Counties DHS foster families. This package will allow for the program to be provided statewide. The Program is designed to enhance placement stabilization of foster youth in their foster home. The program provides enhanced trauma informed training for foster parents through individual and group sessions, weekly phone contact and behavioral intervention support. The program focuses on parent training and coaching.					

PACKAGE NO. 139	PACKAGE TITLE Continuing Education for Caregiver Training				
GENERAL FUND 78,100	OTHER FUNDS -	FEDERAL FUNDS 63,900	TOTAL FUNDS 142,000	POSITIONS -	FTE -
PACKAGE DESCRIPTION SAFETY: Funds will allow for increased training for relative and non-relative foster care providers to assure the safety of children in their care. The Department must establish a core set of trainings that are available in multiple languages and alternate formats. Trainings must be trauma-informed, linguistically appropriate, culturally responsive, and must support cultural agility. These trainings will be readily available within each District each year.					

PACKAGE NO. 142	PACKAGE TITLE Independent Living Program Service Enhancement				
GENERAL FUND 8,082,513	OTHER FUNDS -	FEDERAL FUNDS -	TOTAL FUNDS 8,082,513	POSITIONS -	FTE -
PACKAGE DESCRIPTION This POP seeks to expand the Independent Living Program (ILP) and youth transition services through a rate increase, new services, and an expanded age range of youth to be served, to improve outcomes for youth in their young adulthood. This will be achieved by: <ul style="list-style-type: none"> • Increasing monthly service rates to stabilize current programs and to increase solicitation opportunities for additional programs. The rate is currently too low to attract new potential contractors. • Expanding services to begin serving 14 – 15-year-olds and 21 – 23-year-olds (currently services are 					

limited to 16 – 20-year-olds).

- Increasing the comprehensiveness, linguistic appropriateness, and cultural agility of services and supports.
- Adding a Young Adult Transitions Navigator to help guide youth through difficult circumstances.
- Developing transitional housing for young adults.

Reductions:

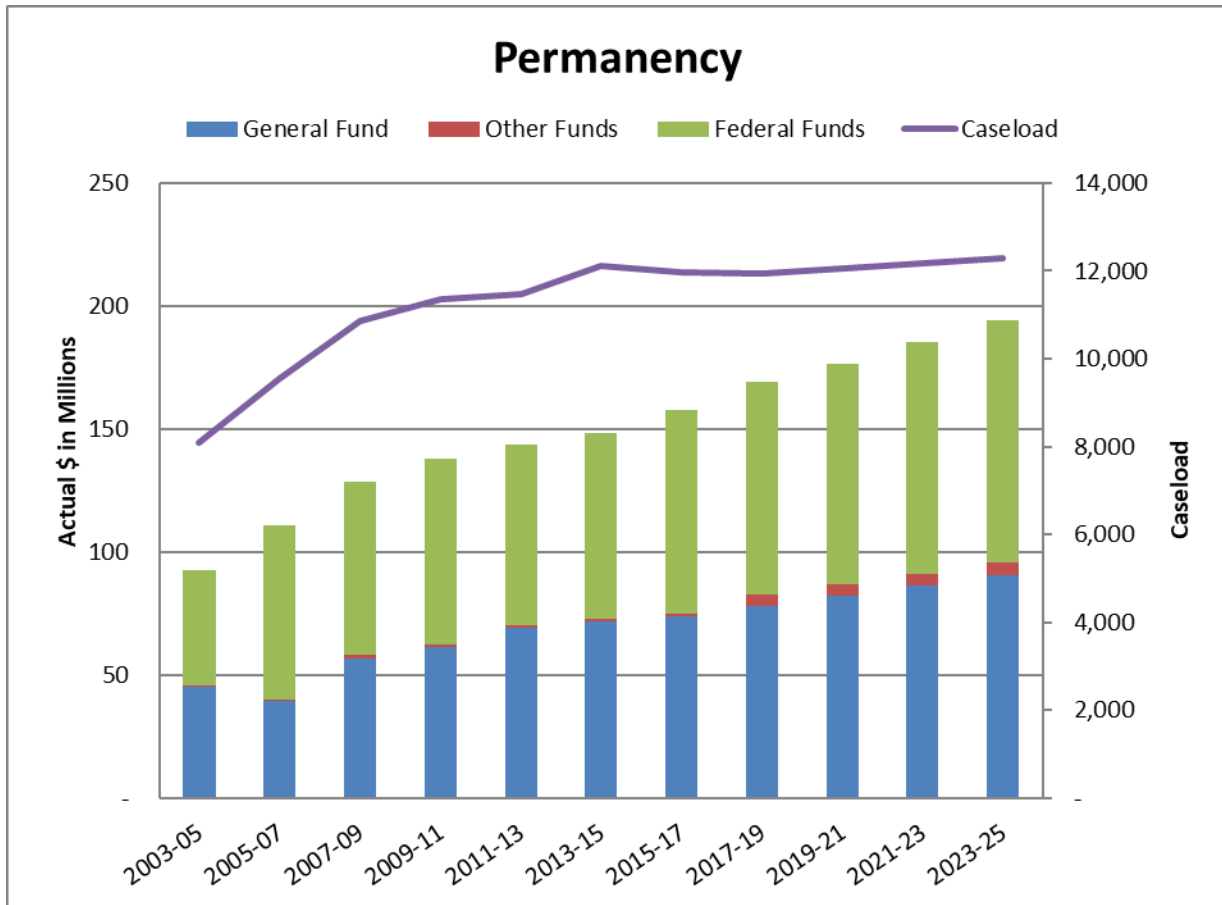
- Transfer of the Runaway and Homeless Youth Program (RHY) to Self-Sufficiency. The transfer was implemented as runaway and homeless youth rarely entered or re-entered the foster care system. The RHY provider network's focus is to reconnect youth with family or to connect youth and young adults with Self-Sufficiency Program services. As an independent youth or young adult, the RHY population is often eligible for Supplemental Nutrition Assistance Program (SNAP) or other Self-Sufficiency Program benefits. Therefore, Self-Sufficiency is better situated to collaborate, support and expand the RHY network of providers.
- The Enhanced Supervision budget was reduced as the expenditures have moved to the Regular Foster Care budget and that budget's Cost Per Case already reflects the Enhanced Supervision costs.

Department of Human Services: Permanency

Primary Long-Term Focus Area: Healthy and Safe Communities

Secondary Long-Term Focus Area:

Program Contact: Lacey Andresen, Child Permanency Program Manager



Program Overview

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

Program Funding Request

	Permanency			
	GF	OF	FF	TF
LAB 17-19	78,263,470	4,358,629	86,368,537	168,990,636
GB 19-21	85,675,322	4,624,558	93,604,112	183,903,992
LAB 17-19 to GB 19-21	7,411,852	265,929	7,235,575	14,913,356
% Difference	9.47%	6.10%	8.38%	8.82%

Program Description

The first and primary permanent plan for all children who enter the foster care system is reunification with a parent. Reunification services are delivered through the efforts of field staff with consultation, support, training, and technical assistance from central office consultation staff. Only after it is determined that a child in foster care is unable to be safely reunited with a parent, will the alternate plans of adoption or guardianship be implemented.

Adoption and guardianship services are delivered through the joint efforts of field and central office staff. When children are unable to return to their parents' custody, the Department's efforts are directed to finding a permanent family so the children can leave the foster care system. Research shows that children who turn 18 and age out of the foster care system have poor outcomes compared to children who are raised in a permanent home. The process of preparing children for adoption or guardianship, searching for an appropriate family, transitioning the children, and monitoring the placement until the adoption or guardianship is finalized is work that is carried out by field staff. The process of ensuring the completeness of the file for adoption or guardianship, supporting the field in determining which children are not able to return to their parents, finalizing the adoption, and supporting families after the adoption or guardianship is carried out by central office staff.

During the last biennium, DHS completed 1,630 adoptions and 655 guardianships. Most children adopted or placed in guardianships through Oregon's foster care system are eligible for ongoing financial support and medical coverage. Overall, approximately 12,000 families receive ongoing adoption and guardianship financial support to meet children's special needs. We also provide administrative oversight in all private, international, and independent adoptions, and operate a Search and Registry Program, which is mandated by law. This adds program responsibility for an additional 700-900 children who are adopted privately or independently each year in Oregon.

DHS works closely with the Department of Justice (DOJ), which provides legal representation for DHS caseworkers. DOJ also represents DHS in termination of parental rights cases and in guardianship petitions. Other key partners include county District Attorneys, private mediators and attorneys, private adoption and recruitment agencies, the Child Protective Services and Foster Care programs of DHS, and the Division of Medical Assistance Programs at the Oregon Health Authority.

Primary cost drivers for the Permanency and Adoption/Guardianship Assistance Programs include the legal costs of representation throughout the case, freeing and placing children for adoption or filing for legal guardianships and the number of eligible children for adoption and guardianship subsidies. Based on their history of abuse and trauma, almost 100 percent of the children adopted annually from the child welfare system are considered special needs children and eligible for an adoption subsidy. Families for approximately 95 percent of the eligible children choose to receive some monetary adoption assistance to assist in meeting these children's special needs. Children entering into legal guardianships have the same history of abuse and trauma and are also eligible for subsidies. Most families accept the monetary support and medical coverage to meet the ongoing special needs of their guardian children.

Program Justification and Link to Focus Areas

The Child Permanency and Adoption/Guardianship Support Programs are designed to impact the safe and equitable reduction of children in foster care, which promotes Healthy and Safe Communities. Children in foster care and their parents and foster parents need targeted, family-focused, timely, and culturally responsive services in order to achieve reunification. Those who cannot safely be reunified with their biological parents need safe and appropriate alternate forms of permanency. Evidence shows that children who do not have permanency experience issues in the future such as lack of education, unemployment, homelessness, and incarceration at much higher rates than the general population. Specifically, former foster children who age out have high rates of mental illness with over half having clinically diagnosed mental health problems, including depression and Post-Traumatic Stress Disorder. These former foster children have a greater chance of coming into contact with the corrections community, experiencing early parenting, and/or using the services provided by the Oregon Health Authority and the Addictions and Mental Health program. The safety and stability that come with a permanent home help mitigate the risk of poor future outcomes for those who were abused and placed into foster care as children.

The Education and Economy focus areas may also be impacted if children cannot find permanency through adoption and guardianship. Grown former foster children who age-out tend to complete high school at a rate comparable to the general population. However, more of the high school completion is done via a GED versus a high school diploma, which is known to lead to lower wage jobs. Further, completion of post-secondary education is low for this group, affecting the lifelong earnings and living standards of these former foster children. The low educational achievement and mental health issues result in many of the former foster children who age-out living at or below the poverty level and requiring more public assistance. A 2005 study shows that one-third of the former foster children who aged out lived in poverty and one-third had no health insurance. The rate at which these foster children used Temporary Assistance to Needy Families (TANF) was five times higher than the general population.

Other non-monetary post-adoption and guardianship services are also important in assisting families in providing care for children who often enter adoption and guardianship with significant special needs. Children who have experienced significant abuse and neglect will be challenged to address their history as they move through different developmental stages. Ongoing support of the families who are parenting these children is essential to preserve the placements. Post-adoption and guardianship services include information and referral, consultation in response to imminent and current family crises, in-home family therapy, support groups, training, and a lending library. Each year, approximately 1,400 to 1,600 contacts are made to the post-adoption services program for help. Some of these contacts are for reported crises or disruption-related issues. Children who disrupt from adoption or guardianship re-enter the foster care or residential treatment system at a significant cost to the state.

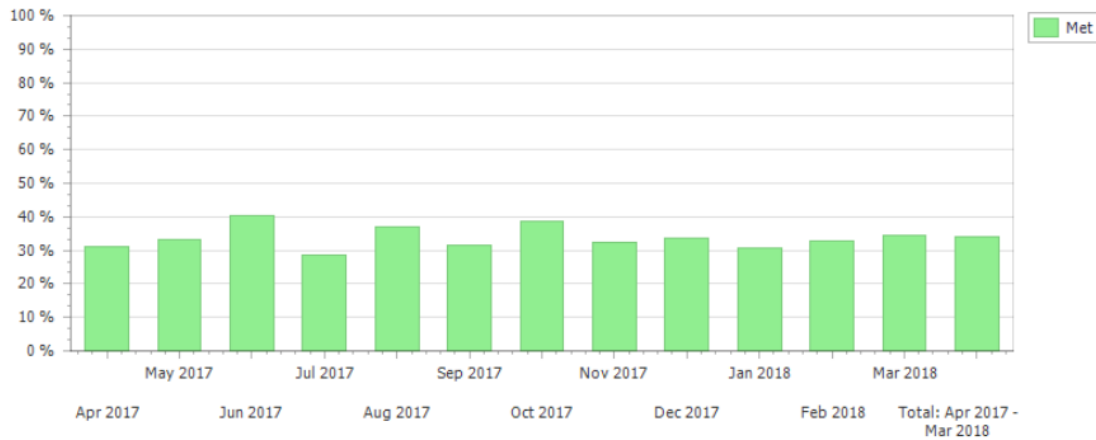
Program Performance

Program performance is measured in a number of ways and data is consistently used to evaluate effectiveness. Currently the Child Permanency program is focusing on some specific performance measures and designing its program activities to impact these areas. They include early placement with relatives and siblings, reducing the median months for children to exit the foster care system to reunification, adoption and guardianship, and improving the number of legally free children who are adopted in less than 12 months.

CM.08 Initial Placements With Relatives (of those entering care)

Percent of children entering foster care who were placed with relatives upon removal, over time

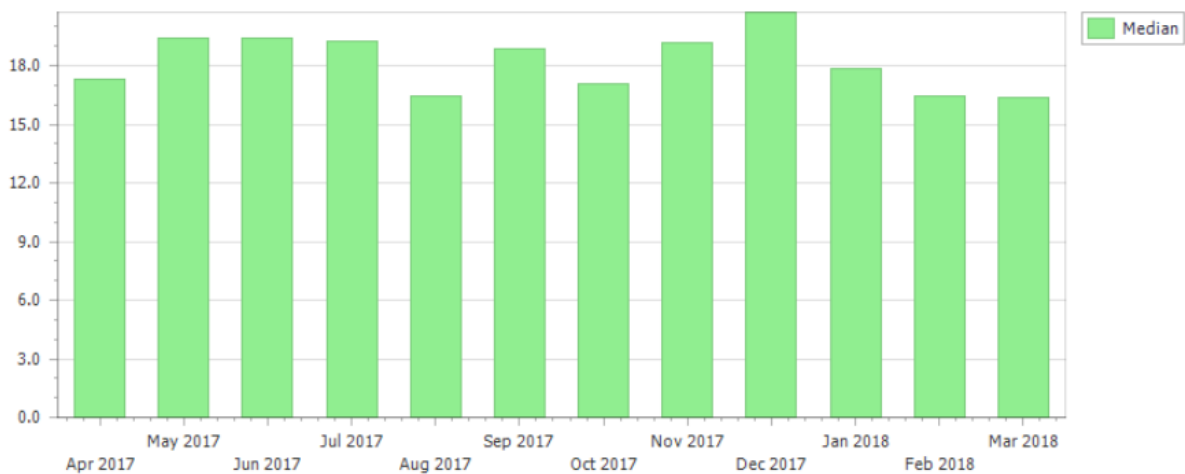
Report Time Period: April 1, 2017 - March 31, 2018



CM.15 Median Length of Stay at Foster Care Exit

Of children discharged, the median number of months to discharge (median is middle score where half were more and half less), over time

Report Time Period: April 1, 2017 - March 31, 2018



PA.12 Adopted in less than 12 months of TPR (of those TPR 12 months ago)

Percent of children that became legally free for adoption (TPR) 12 months ago who were discharged to a finalized adoption in less than 12 months of becoming legally free (TPR).

Report Time Period: April 1, 2017 - March 31, 2018



Oregon is doing well with initial placements with relatives, but the other measures show that the Department has work to do in getting children out of the foster care system in a timely manner, and in timely matching children to the family who can best meet their long-term needs for safety, well-being, and permanency.

Enabling Legislation/Program Authorization

The following Federal and State laws mandate the operation of permanency planning for children in the foster care system:

- Public Law 96-272 Adoption Assistance and Child Welfare Act of 1980 which established the program of adoption assistance and introduced the requirement to make reasonable efforts to keep children out of foster care
- Public Law 105-89 The Adoption and Safe Families Act which set federal time lines for moving children out of foster care
- Social Security Act, Section 473 which mandates the payment of adoption assistance for eligible children
- Social Security Act, Section 473 which allows non-mandatory payment of guardianship assistance for eligible children
- Oregon Revised Statute 418.330 which provides state funded guardianship assistance
- The Indian Child Welfare Act (ICWA)
- ORS 419A and 419B which provide a series of requirements for services to children in the foster care system

- ORS 109.309 which mandates the Department of Human Services to provide administrative services for independent adoptions and to operate a state Search and Registry program

Funding Streams

A combination of General and Federal Title IV-E funds the adoption and guardianship subsidy programs. Title XIX Medicaid funds the provision of medical coverage for children in adoptions and guardianship subsidies. A combination of General Fund and Title IV-B funds support programs such as recruitment and retention of foster and adoptive homes, post-adoption support and services and training. Leveraged Federal funds include:

Title IV-E, 49 percent;
Medicaid, 1 percent;

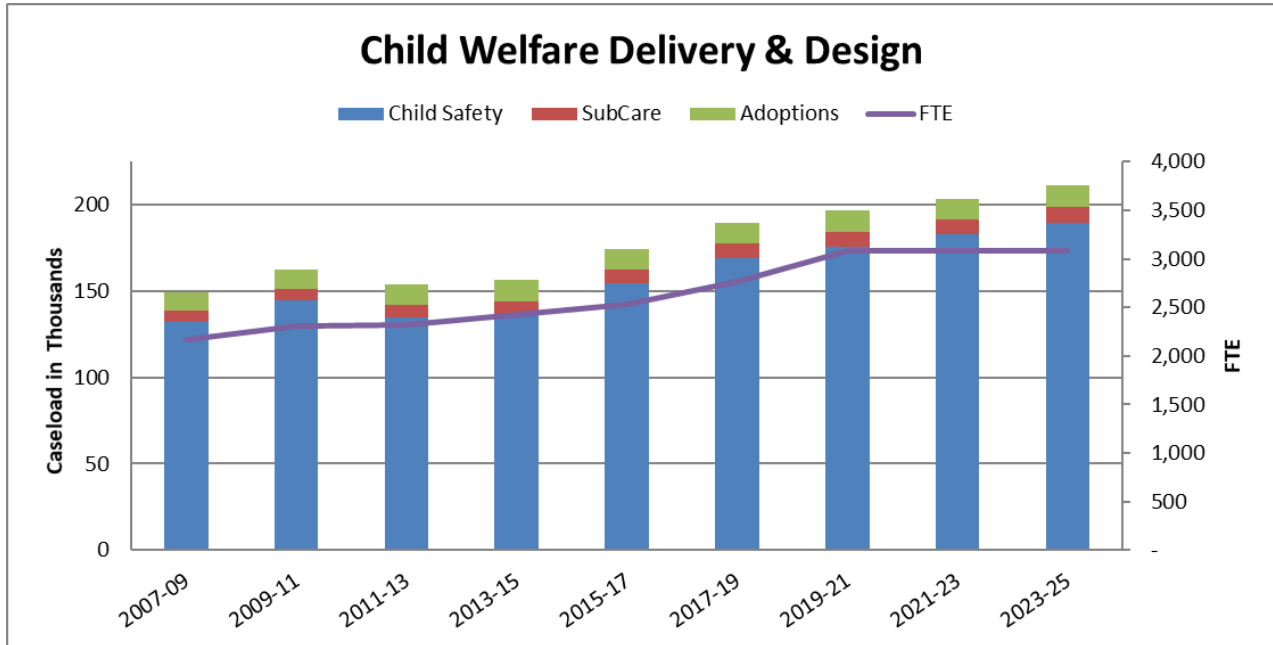
Other Funds Applicable Child Saving Fund, 2 percent;
Other Funds Child Trust, 1 percent;
General Fund, 47 percent.

Funding Justification and Significant Changes to CSL

The change between CSL and 19-21 GB are due to the essential packages that are part of the normal budget build process.

Department of Human Services: Delivery and Design

Primary Long Term Focus Area: Healthy and Safe Communities
 Secondary Long-Term Focus Area: N/A
 Program Contact: Marilyn Jones, Child Welfare Director



Program Overview

This program represents the overarching structure that supports the safety of children throughout Oregon who are subjected to abuse or neglect. As of June 1, 2018, there are 1,556 legislatively approved child welfare caseworker positions allocated to child welfare across Oregon. There is a scheduled rollout to have all positions hired by January/February 2019. In FFY 2017 caseworkers responded to 43,976 reports of abuse and neglect, and a total of 11,645 children spent at least one day in some type of foster care, such as family foster care (relative and non-relative), professional treatment programs, psychiatric residential treatment programs, pre-adoptive placement, specialized placement for children with I/DD, or independent living. The program also finalized 673 adoptions in FFY 2017, creating a permanent home for children that could not safely return to their parents. This statewide structure is administered from the DHS central office in Salem and supports field-based staff in 16 Districts, through supervision, technical assistance

and support, developing and implementing policies and procedures, providing evaluation services and analysis, training, federal claiming and reporting, case management system support, and quality assurance/continuous quality improvement of program areas in Child Welfare.

The staffing investment in 2017-2019 brought the Child Welfare caseworkers to approximately 86.7 percent of the workload model, assuming all positions are filled. These staff are critical to the integrity of the Oregon Safety Model, our child welfare practice model for safety assessment and safety management.

Program Funding Request

CHILD WELFARE - Design	GF	OF	FF	TF	Position Count	FTE
LAB 17-19	\$ 43,742,244	\$ 587,924	\$ 49,528,550	\$ 93,858,718	159	157.38
GB 19-21	\$ 68,062,246	\$ 590,716	\$ 42,212,702	\$ 110,865,664	170	167.42
Difference	\$ 24,320,002	\$ 2,792	\$ (7,315,848)	\$ 17,006,946	11	10.04
Percent change	55.6%	0.5%	-14.8%	18.1%	6.9%	6.4%

CHILD WELFARE - Delivery	GF	OF	FF	TF	Position Count	FTE
LAB 17-19	\$ 282,883,559	\$ 1,670,281	\$ 200,029,398	\$ 484,583,238	2763	2606.35
GB 19-21	\$ 382,045,582	\$ 1,776,415	\$ 181,924,857	\$ 565,746,854	3047	2878.28
Difference	\$ 99,162,023	\$ 106,134	\$ (18,104,541)	\$ 81,163,616	284	271.93
Percent change	35.1%	6.4%	-9.1%	16.7%	10.3%	10.4%

Program Description

The Office of Child Welfare Programs provides the personnel necessary to support the entire array of Child Welfare programs and services, which includes screening and evaluation of calls reporting abuse and neglect, assessment of families and determination of child safety, case management for all open child welfare cases, assessment, recruiting and retention of foster families and residential treatment providers, visitation for children with their parents and family while experiencing out-of-home care, court preparation and review, transition planning for children over 14 years of age, permanency planning, and case management services through completion of a permanency plan. The program also provides clinical supervision and training to direct service staff, critical to building worker competencies including reinforcing professional social work ethics and values, self-reflection and critical thinking skills, casework practice through a trauma informed and culturally appropriate lens, mentoring and coaching to develop professional skills, and supporting the worker through casework decision-making and crises.

This is partially achieved through lower staff-to-supervisor ratios as recommended by the Child Welfare League of America (CWLA). Oregon has adopted the

Oregon Safety Model to evaluate and ensure safety throughout the life of a case. This model requires safety assessment and safety management at all stages of case management, from screening through case closure.

Child Welfare design and delivery coordinates with Self Sufficiency design and delivery to support family stability and prevent entry into the child welfare system for common clients. In addition, Child Welfare partners with other child and family serving systems including Oregon Housing Authorities, Oregon Health Authority, Oregon Department of Education, Oregon Youth Authority, community and faith based organizations, etc., to coordinate services whenever possible. The Office of Child Welfare Programs also negotiates and manages contracts with numerous community service providers and individuals, to provide families and children the individualized services they need to be successful. This program continues to focus efforts on eliminating disparities and ensuring equitable outcomes for families and children. Currently, Native American and African American children are disproportionately represented in Oregon's foster care system.

Major cost drivers for the personnel need are: Program mandates (federal and state); the number of reports received alleging abuse or neglect; family stress factors which affect abuse risk and case complexity (substance abuse, unemployment, mental or physical health issues, criminal history, domestic violence, etc.); personnel turnover (training/travel costs); work effort required to provide services; and personnel packages (i.e., position cost, etc.). Additional drivers of cost include representation from the Department of Justice connected to dependency matters, court-ordered services and workload associated with federal mandates.

The Office of Child Welfare Programs continues to identify and implement changes to improve efficiencies while assuring child safety (i.e., abbreviated assessment, overdue case closure tool, centralization of functions currently managed at the District offices, etc.), with more to come using predictive analytics to develop decision support tools. Additionally, the OCWP continues to focus efforts on the safe and equitable reduction of the number of children who experience foster care.

Critical elements of the program are thorough and comprehensive assessment of child safety, certification of family foster care providers and timely permanency outcomes. Oregon's Program Improvement Plan resulting from Round 3 of the

Federal Child and Family Services Review includes specific strategies to address areas of needed improvement in Oregon's child welfare practice.

Program Justification and Link to Focus Areas

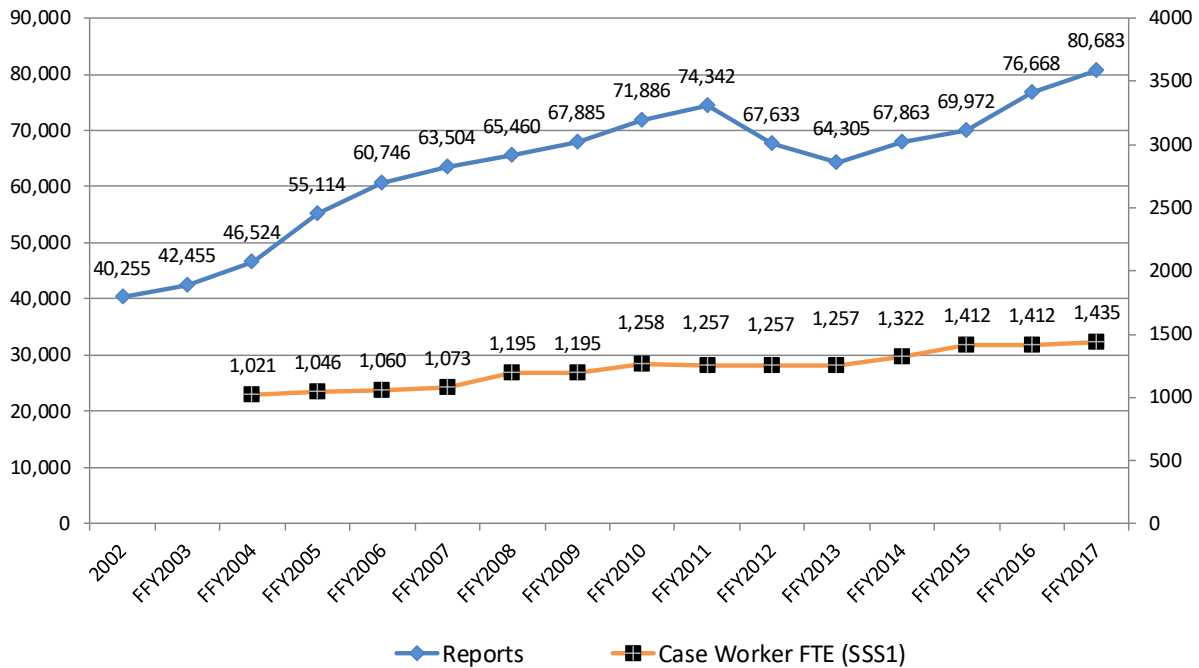
There is a direct link between the program design and delivery for Child Welfare and Safer, Healthier Communities. The Office of Child Welfare Programs supports increased family stability and child safety; prevents vulnerable youth from entering the foster care system; and implements reinvestment practices when savings can be achieved. Through Child Welfare interventions, safety for abused and neglected children is established. The program's work with families enhances their ability to safely parent their children and prevent foster care placements.

Child Welfare delivery and design provides the personnel to administer, design and deliver child safety supports through abuse investigations, service identification and procurement, family support, reunification wherever possible, or alternative child safety planning when necessary.

Program Performance

Personnel resources are necessary to provide performance in the delivery of Child Welfare programs and services. At current staffing levels, the Child Welfare Program is performing below federal standards in most categories. The chart below provides a comparison of the caseload growth (100%) to the personnel growth (41%) over time which provides a display of how our resources directly impact the Department's ability to keep pace with the need of vulnerable Oregonians.

Total Child Abuse/Neglect Reports



Safety for children is measured through the performance metrics of: timeliness of responding to reports of abuse and neglect, re-abuse rates, the ability to have regular and frequent quality face-to-face contact with children and families, and the timeliness of achieving a permanent plan for a child to minimize the duration of a stay in foster care. All of these performance measures are impacted by the staffing levels for the Child Welfare Program. Child safety is jeopardized when there is not adequate staff to respond, visit children and families, ensure family stability prior to return, or move children to a permanent home, including reunification.

Having staff that is representative of the children and families we serve is essential to providing equitable child safety services. Staff must be able to respond to the cultural and language needs of all Oregon families that come to our attention.

The approval of additional staff in 2017 and 2018 legislative sessions is critical to reestablishing a positive trend in foster care reduction.

With the assistance of McKinsey & Company, a workload model was developed to record the work effort to provide program delivery. The workload model provides a basis for determining personnel needs to adequately support the work of Child

Welfare. Staffing for Child Welfare central support was not included in the workload modeling by McKinsey. However, the work of Child Welfare central support is vital to the delivery of services in field offices. Central support provides the oversight of policy development, program design and changes required through legislation, federal reporting compliance, and direct practice support to the field.

The newly developed Office of Research Reporting Analysis and Implementation is currently developing a workload model that will more accurately reflect staffing needs across Child Welfare design and delivery.

Enabling Legislation/Program Authorization

Child Welfare services are mandated by multiple federal and state laws including PL96-272, Adoption Assistance and Child Welfare Act; PL95-608, Indian Child Welfare Act PL 105-89, Adoption and Safe Families Act; PL 110-351, Foster Connections to Success and Increasing Adoption Act; Social Security Act Title IV-E and Title IV-B; ORS Chapter 418, and ORS Chapter 419B.

Funding Streams

Costs for personnel in program design and delivery is determined through Random Moment Sampling Surveys (RMSS) where field delivery staff are required at random intervals to indicate the time spent on various activities to determine the level of federal funding to offset the cost to the state of staff who directly support our ability to provide critical child welfare services. Block grant funds include Social Services Block Grant (SSBG) and Temporary Assistance for Needy Families (TANF) funds. Leveraged funds include Medicaid, Title IV-E and IV-B funds. State-only General Fund also comprise a portion of the budget.

Funding Justification and Significant Changes to CSL

REVENUE SHORTFALL (PKG. 70): RELATED TO POP # 107

PACKAGE TITLE: REVENUE SHORTFALL DUE TO TANF REDUCTION

General Fund	Other Funds	Federal Funds	Total Funds	Positions	FTE
\$ -	\$ -	\$ -40,000,000	\$ -40,000,000	-2,420	- 2,385.69

NARRATIVE:

See “**POP: PACKAGE # 107**” for package description.

POP: PACKAGE # 107

PACKAGE TITLE: BACKFILL TANF IN CW STAFF

General Fund	Other Funds	Federal Funds	Total Funds	Positions	FTE
\$ 40,000,000	\$ -	\$ -	\$ 40,000,000	2,420	2,385.69

PACKAGE DESCRIPTION:

At some point in the past TANF funding was used to fund a significant number of child welfare staff. The history of why this was done has been lost. This was not inappropriate at the time. However, as TANF caseloads have dropped and CW (and Self Sufficiency) staffing costs have increased, a technical restriction in the TANF rules have caused revenue shortages in Child Welfare Staffing. The TANF grant is a block grant that has not changed since the mid 90's. However, there is a 15% administrative cap on program expenditures. Over time as the TANF caseload has dropped and the investment in JOBS has been reduced the 15% Cap has also been reduced. At this point the 15% admin cap is spent in total by Self Sufficiency. This means that TANF can no longer be used for CW staffing. This impacts many positions, causing hundreds of positions to be eliminated unless remedied. In a companion POP DHS requests backfill of General Funds for this mandated program that was denied at CSL. This proposed POP would remove TANF Federal Funds from CW staffing causing many positions to become part time funded. This will free up TANF for future use in case of a recession or for other program uses determined appropriate by the legislature. TANF partially funds over 2,420 CW positions. Due to system limitations all positions with TANF need to be abolished (in package 070), and then if funded reinstated at full time positions through the companion POP that would establish the same number of positions and FTE, effectively causing a fund shift of GF for TANF in each position.

POP: PACKAGE # 119

PACKAGE TITLE: CENTRALIZED SCREENING

General Fund	Other Funds	Federal Funds	Total Funds	Positions	FTE
\$ 10,189,554	\$ -	\$ -	\$ 10,189,554	46	45.28

PACKAGE DESCRIPTION:

Centralized Screening currently exists in half of all child welfare programs in the U.S. Research has proven its effectiveness in improving consistency in screening decisions and increased training opportunities for screeners to build a specialized

expertise. Screening is the first point of contact for all mandated and non-mandated reporters of child abuse in Oregon. It is imperative that screeners apply Oregon Revised Statute 419B.005 accurately to each allegation of abuse and determine when the department is required to investigate. Oregon Child Welfare currently operates under a district-wide child abuse reporting system in most areas of the state. 7,000 reports of child abuse or neglect are being processed through 15 child welfare offices each month, and at least that many phone numbers. Screening decisions can vary based on where the call is received and a multitude of other reasons such as, workload, inexperience, misinterpretation, bias, etc. This POP would support the ongoing operation of a single, stand-alone, 24 hours a day, 7 days a week child abuse hotline. Enhanced training, decision-making and data-informed tools, a single leadership structure and continuous quality assurance processes all support increased accuracy and reduced bias in screening decisions. In addition, it affords opportunities for quality assurance measures which increase the ability of the Department to provide consistent practice and customer service. Overall, this will increase the level of safety for children exposed to abuse or neglect.

POP: PACKAGE # 131

PACKAGE TITLE: FOSTER FAMILY RECRUIT TEAM

General Fund	Other Funds	Federal Funds	Total Funds	Positions	FTE
\$ 3,008,924	\$ -	\$ 749,993	\$ 3,758,917	17	17.00

PACKAGE DESCRIPTION:

Oregon does not currently have a structure in place to target statewide foster family recruitment and the services and supports necessary to retain good foster family homes. This has resulted in a lack of appropriate placement resources for many children experiencing foster care and was a finding of shortcoming in the most recent federal Child and Family Services Review and the Secretary of State Audit, titled ‘Chronic Management Failures and High Caseloads Jeopardize the Safety of Some of the State’s Most Vulnerable Children.’ The state must address this issue of foster care recruitment and retention as a part of its federally required Program Improvement Plan and in its federal Child and Family Services Plan.

This Policy Option Package requests the positions necessary to develop, implement and sustain a data informed targeted Statewide Foster Care Recruitment and Retention practice model. This model is intended to recruit and retain an abundance of foster families reflecting the cultural, linguistic and other characteristics, including LGBTQ status, of children experiencing foster care to

allow for enhanced placement matching and reduce the number of placement changes.

POP: PACKAGE # 139

PACKAGE TITLE: CONTINUING EDUCATION FOR CAREGIVER TRAINING

General Fund	Other Funds	Federal Funds	Total Funds	Positions	FTE
\$ 1,086,956	\$ -	\$ 270,791	\$ 1,357,747	8	7.04

PACKAGE DESCRIPTION:

Funds will allow for increased training for relative and non-relative foster care providers to assure the safety of children in their care. The Department must establish a core set of trainings that are available in multiple languages and alternate formats. Trainings must be trauma-informed, linguistically appropriate, culturally responsive, and must support cultural agility. These trainings will be readily available within each district each year.

POP: PACKAGE # 142

PACKAGE TITLE: INDEPENDENT LIVING PROGRAM – SERVICE ENHANCEMENT

General Fund	Other Funds	Federal Funds	Total Funds	Positions	FTE
\$ 417,487	\$ -	\$ -	\$ 417,487	2	1.92

PACKAGE DESCRIPTION:

This POP seeks to expand the Independent Living Program (ILP) and youth transition services through a rate increase, new services, and an expanded age range of youth to be served, to improve outcomes for youth in their young adulthood. This will be achieved by:

- Increasing monthly service rates to stabilize current programs and to increase solicitation opportunities for additional programs. The rate is currently too low to attract new potential contractors.
- Expanding services to begin serving 14 – 15-year-olds and 21 – 23-year-olds (currently services are limited to 16 – 20-year-olds).
- Increasing the comprehensiveness, linguistic appropriateness, and cultural agility of services and supports.
- Adding a Young Adult Transitions Navigator to help guide youth through difficult circumstances.
- Developing transitional housing for young adults.

ADDITIONAL CHANGES:

- The inflation in services and supplies has been eliminated (\$715,665 GF), having sufficient funds in services and supplies is extremely critical in CW.
- 2.5% vacancy savings assumed (\$3,475,152 GF) in CW.
- Staffing Workload Reduction – This reduction is to CSL earned positions. The positions were earned at 24 months but were cut back to 12 months in this reduction. Staffing levels are critical in CW to ensuring safety of Oregon’s vulnerable children (\$14,050,694 GF).
- Due to need in sexual health education for youth in foster care, \$1,025,000 GF and three staff have been added to create this program in CW.
- \$5,500,000 GF and two positions have been added to support a Visitation Pilot Program in CW.
- An additional \$5,728,531 GF has been added for the expansion of legal representation for CW workers to be statewide for the biennium. In addition, \$6,284,984 GF has been included to realign GF with FF in services and supplies, to more closely match with actual eligibility of expenditures for federal match.,

Department of Human Services Vocational Rehabilitation Program

Vision

Every Oregonian with a disability, who desires to work, is given the opportunity and means.

Mission

Vocational Rehabilitation's (VR) mission is to assist Oregonians with disabilities to achieve, maintain and advance in employment and independence. VR partners with Oregonians with disabilities to gain employment through a variety of services designed to assist in identifying and mitigating the functional impediments created by disability.

Program

This is a state and federal program authorized by state law and the federal Rehabilitation Act of 1973, amended in 1998 and in 2014 by the Workforce Innovation and Opportunity Act (WIOA).

VR helps Oregonians with disabilities gain employment through a variety of services. This includes helping youth with disabilities transition to jobs as they become adults; providing individualized counseling and supports to job seekers with disabilities to overcome barriers to employment; helping employers realize the benefit of employing diverse people with disabilities; and partnering with other state and local organizations that coordinate and provide equitable employment and workforce programs. Over 350,000 working-age Oregonians experience a disability, but approximately 35 percent are employed. Employment helps people with disabilities progress towards self-sufficiency, become involved in their communities, and live more engaged and satisfying lives.

All working-age Oregonians who experience a disability and are legally entitled to work are potentially eligible for VR services. Individuals who experience a medical, cognitive or psychiatric diagnosis that results in a functional impediment to employment are typically eligible. Recipients of Social Security disability benefits are presumed eligible for services.

Approximately 99 percent of all eligible clients currently served by VR are people with significant disabilities. These individuals experience multiple functional impediments requiring several services provided over an extended period.

VR has a diverse staff of counselors with expertise in the areas of intellectual and developmental disabilities (I/DD), deafness and hearing impairments, mental health, motivational interviewing, spinal injury, and traumatic brain injury. Additionally, the participant's cultural and linguistic needs are considered.

Individuals we serve

Vocational Rehabilitation employees provide direct services through a network of local offices across Oregon. For a list, see:

<http://www.oregon.gov/dhs/vr/Pages/officelocation.aspx>

Services are provided by rehabilitation counselors and support staff who deliver direct client services through 34 field offices and multiple single employee outstations in Work Source Oregon Centers and other human services agencies across the state. As the demographics in Oregon are changing, VR is adapting accordingly to provide culturally and linguistic services to Oregonians and to help diversify the State workforce.

VR Data:

- Helped 17,204 individuals and obtained 2,688 employment outcomes in fiscal year 2018.
- Contract with 120 school districts and consortia on behalf of 150 high schools to provide serves for approximately 1,300 students each year.
- Assisted 692 individuals with intellectual and developmental disabilities (I/DD) and 378 individuals with psychiatric disabilities obtain jobs in federal fiscal year 2018. Of those 692 individuals with I/DD who obtained jobs, 408 are maintaining their job through supported employment services.
- The number of clients rehabilitated in VR by Race/Ethnicity for the state fiscal year 2018 breaks down to 37 American Indian or Alaskan Native, 266 Hispanic or Latino, 2143 White, 117 Multi-race, 72 African American, 8 Native Hawaiian or other Pacific Islander, and 45 Asian.
- VR staff in the field served 1255 Oregonians who reported some level of hearing loss as their primary disability. Of those, 499 labeled themselves “Deaf” and 710 labeled themselves “hard of hearing.” Consumers with

hearing loss represented 7.4% of the total population served by VR during state fiscal year 2018

Services Provided

VR is designed under five primary areas: basic services, youth programs, supported employment, career counseling information and referral and independent living. In addition, VR is also engaged in Oregon's Employment First program in partnership with the Office of Developmental Disability Services and is actively engaged in improving workforce partnerships core partner in the state workforce programs.

Basic Services: These are basic services provided to individuals whose disabilities present a potential barrier to employment. A rehabilitation counselor conducts a comprehensive assessment to evaluate vocational potential, including diagnostic and related services necessary for the determination of eligibility for services as well as the nature and scope of services to be provided. Vocational counseling and guidance builds on this assessment and helps the client identify a vocational goal. The counselor, in partnership with the client, develops an individualized plan for employment and authorizes appropriate services in support of the plan while maintaining a counseling relationship with the client.

Youth Transition Program (YTP): YTP operates as a partnership between VR, the Oregon Department of Education (ODE), the University of Oregon's College of Education, and local Oregon school districts. At least 70 percent of students with disabilities in YTP complete high school and transition to a job or postsecondary education at a rate exceeding the national average. This internationally and nationally-recognized school-to-work transition approach is a best practice for young people with disabilities. YTP bridges the gap between school and work by providing coordinated vocational rehabilitation services while the student is in school and ensuring a smooth transition to adult services and employment after completion of school. YTP currently serves over 2,000 students in over 120 school districts through comprehensive VR services and pre-employment transition services.

Supported Employment Services: These services target individuals with the most significant disabilities for whom employment was not possible through traditional means, but who can obtain and maintain competitive employment in the community with the provision of job coaching and ongoing supports. Basic vocational rehabilitation services are provided on a time-limited basis for each

client. Oregon Health Authority (OHA), the Office of Developmental Disability Services (ODDS), other community programs, families and private employers are responsible for the follow-along services once VR has completed placement and training services. Supported Employment Services combine traditional VR services and support services provided by job coaches, typically at job sites.

Career Counseling, Information and Referral (CCIR): The WIOA created these services in the 2014 update to the Rehabilitation Act. States began the sub-minimum wage projects in 2017. These services provide career counseling, information and referral to individuals (any age) known by VR to be employed at subminimum wage. Employers with 14C certificates from Department of Labor are allowed to employ individuals at less than minimum wage. These employers are required to provide information about training opportunities (self-advocacy, self-determination, and peer support); however, the employers are prohibited from providing the CCIR as this is a required function by VR. In 2018, the VR program provided CCIR to 997 individuals and 59% of these individuals indicated they are interested in competitive integrated employment opportunities.

Independent Living: Services are available through seven Centers for Independent Living (CILs). The CILs are nonprofit organizations that provide information and referral, independent living skills training, peer counseling, both systems and individual advocacy and transition services for youth. CILs also provide a range of services based on local needs, many of which compliment services provided through other state and federally funded programs. Services are provided through a peer-mentoring model, with an emphasis on self-help, self-advocacy, and consumer responsibility.

CILs are a federal program established in the Rehabilitation Act of 1973. Oregon's State Independent Living Council was established by Governor's Executive Order 94-12 in 1994. VR has the responsibility to:

- Receive, account for, and disburse funds received by the state;
- Provide administrative support services to the CILs;
- Keep records and provide access to such records as required by the Administration on Community Living (the Federal authority for the Independent Living program); and
- Fund and support the State Independent Living Council's resource plan

VR and the Work Incentive Network (WIN) provide benefits planning through a contract with the CILs. WIN was developed as a pilot project through a Medicaid Infrastructure Grant and provides benefits and work incentives planning to individuals with significant disabilities who want to obtain, maintain, or increase their employment, but should not lose other benefits and medical coverage. This allows people on disability benefits to become employed, gain more levels of self-sufficiency, become engaged in their communities, and live a higher quality of life. They also begin paying taxes and reduce reliance on publicly-funded services.

Employment First: Youth and adults with intellectual and developmental disabilities (I/DD) are significantly underrepresented in Oregon’s workforce. With appropriate services and assistance, most people with I/DD can work successfully in the community. The state is seeking to increase employment of people with I/DD in integrated workplaces through increased efforts around the Employment First policy and the Settlement Agreement (Lane v Brown) with targeted outcomes

The Governor’s Executive Order 13-04 and subsequent EO 15-01 directs state agencies and programs, including VR, DHS’ Office of Developmental Disability Services (ODDS) and the Oregon Department of Education (ODE), to increase community-based employment services for people with I/DD and to reduce state support of sheltered work. VR has specialized counselors around the state committed to working with people with I/DD to find employment in the community.

Tribal Partnerships: The General VR program continues to partner with and support the Tribal VR programs in the Confederated Tribes of the Umatilla, Confederated Tribes of Warm Springs, Confederated Tribes of Siletz, Confederated Tribes of Grand Ronde and the Klamath Tribes. Each tribe shares an individualized vision for its program and identifies how state VR can support delivering services to all Native Americans.

This collaboration includes:

- Sharing consumers with complex disability-based barriers to employment requiring specialized rehabilitation services
- Cross-training new VR counselors on the cultural customs specific to the tribal organization

- Joint rehabilitation trainings for state and Tribal VR counselors. Facilitation of Tribal VR directors and tribal leaders to meet with the Department of Human Services Director
- Sharing space within the WorkSource buildings

Workforce Partnerships: With the passage and implementation of the Workforce Opportunity and Innovation Act (WIOA) of 2014, VR has been identified as a core partner in the workforce system. VR has been working closely with the core workforce partners to create a system that is less siloed, more efficient, inclusive, equitable and diverse.

VR, DHS- Self Sufficiency Program (SSP), the Oregon Employment Department, local workforce development boards, and Adult Basic education programs around the state have been meeting to ensure all our services are aligned minimizing duplication and creating opportunities to expand services that meet the needs of our joint client. Moving towards this shared purpose has increased awareness of the needs of individuals with disabilities seeking employment while creating more opportunities for our clients in local economies.

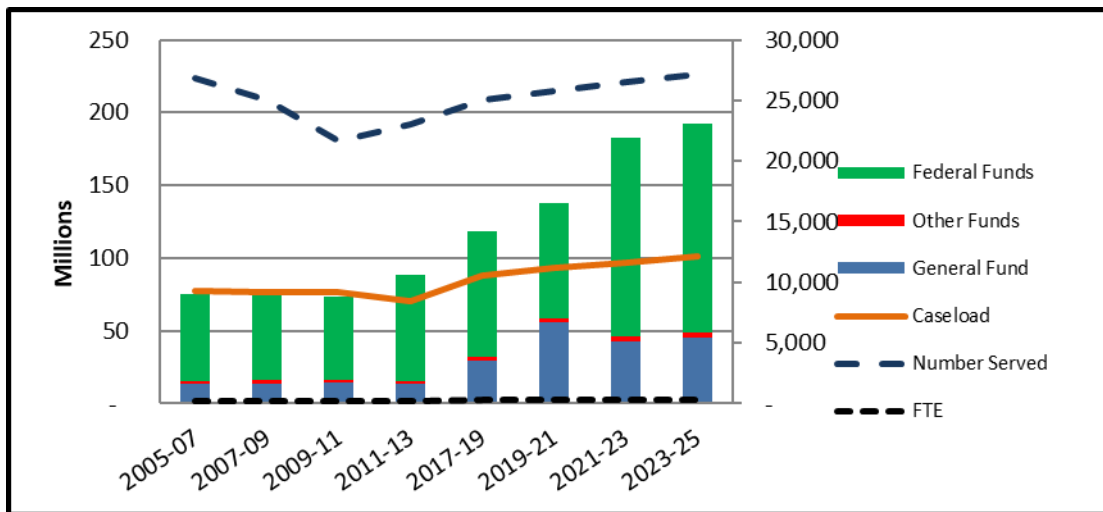
VR continues to create opportunities for diverse individuals with disabilities to gain equitable access and benefit from various workforce strategies. Moving forward, VR will enhance employer outreach strategies to engage employers and conduct outreach and education to show that our diverse clients are reliable, dependable, and skilled workers who also happen to have disabilities. VR will also engage employers to provide work-based learning opportunities for all clients, including youth transitioning into post-secondary careers and apprenticeships.

As part of our integration into the workforce system as a core partner, VR has representation on the nine local workforce development boards in the state. We also have a larger role with in the statewide Workforce and Talent Development Board. As a core member of the workforce system, VR and our workforce partners have developed and updated the unified state plan that guides our collaborative efforts to build an effective and strong workforce system.

Department of Human Services: Vocational Rehabilitation

Primary Long-Term Focus Area: Safer, Healthier Communities
Secondary Long-Term Focus Area: A Thriving Oregon Economy
Program Contact: Trina M. Lee

Vocational Rehabilitation Funding Sources, Caseload Levels and FTEs



Note: Cost-per-case increase is the result of a growing number of people with cognitive disorders requiring services that come with higher costs.

Program Overview

Vocational Rehabilitation (VR) helps Oregonians with disabilities obtain, maintain, regain and advance in employment through counseling, specialized training and job placement. This includes helping youth with disabilities transition from the educational system to the workforce as they become adults, helping employers overcome barriers to employing people with disabilities, and partnering with other state and local organizations that coordinate employment and workforce programs. The public workforce system in Oregon, includes the following state agency partners: Oregon Employment Department (OED), Self Sufficiency Program (SSP), Vocational Rehabilitation (VR), and the Higher Education Coordinating Commission (HECC). Agencies work in conjunction with the governor's office and Local Workforce Development Boards. A Workforce System Executive Team is tasked with communication among partners and ensuring system alignment.

A total of 303,115 working-age Oregonians, ages 18-64, experience a disability, but only 39 percent are employed (American Community Survey 2016 1 year estimates). Employment helps people with disabilities become more self-sufficient, involved in their communities, and live more engaged and satisfying lives.

All working-age Oregonians who experience a disability that creates a barrier to employment and are legally entitled to work are potentially eligible for VR services. Individuals who experience a medical, cognitive or psychiatric diagnosis that results in an impediment to employment typically are eligible for services. Recipients of Social Security disability benefits are presumed eligible for services. Approximately 95 percent of all eligible clients currently served by VR are people with significant disabilities. These individuals typically experience multiple functional limitations requiring several services provided over an extended period.

VR has counselors who specialize in the areas of intellectual and developmental disabilities (I/DD), deafness and hearing impairments, mental health, motivational intervention, spinal injury, and traumatic brain injury; however, the majority of VR counselors provide services to a wide array of Oregonians with disabilities.

Services are provided by rehabilitation counselors and support staff who deliver direct client services through 34 field offices and multiple single employee outstations in one-stop career centers and other human services agencies across the state.

Specialized services that help clients be as independent as possible are provided through seven Centers for Independent Living (CILs) located throughout the state. Both Information & Referral, as well as comprehensive services are provided.

VR staff work in partnership with community organizations and businesses to develop employment opportunities for people with disabilities. These activities range from live resume events and job fairs to presenting disability awareness workshops in local businesses. VR also offers business services that include consultations with employers about diversifying their workforces by hiring people with disabilities and pre-screening services to match employers with clients who are qualified, reliable job candidates.

Program Funding Request

OVRS	GF	OF	FF	TF	POS	FTE
LAB 17-19	29,533,924	2,337,472	85,660,464	117,531,860	259	258.25
GB 19-21	35,271,840	3,013,701	83,968,066	122,253,607	261	260.04
Difference GB - LAB	5,737,916	676,229	(1,692,398)	4,721,747	2	1.79
% Difference GB - LAB	19.43%	28.93%	-1.98%	4.02%	0.77%	0.01

Program Description

VR is designed under four primary areas: basic services, youth programs, supported employment, and independent living. VR is also engaged in Oregon's Employment First initiative. VR is a core partner in the implementation of the Workforce Innovations and Opportunities Act and is committed to improving access to the workforce system for Oregonians with disabilities. VR works with the Commission for the Blind and Oregon's Tribal VR (121) Programs.

Basic Services

These are basic services provided to individuals whose disabilities present an impediment to employment. The Vocational Rehabilitation Counselor (VRC) conducts a comprehensive assessment to evaluate vocational potential, including diagnostic and related services necessary for the determination of eligibility for services as well as the nature and scope of services to be provided. Vocational counseling and guidance builds on this assessment and helps the client identify a vocational goal. The counselor, in partnership with the client, develops an individualized plan for employment and authorizes services and training in support of the plan while maintaining a counseling relationship with the client.

Youth Transition Program (YTP)

YTP operates as a partnership between VR, the Oregon Department of Education (ODE), the University of Oregon's College of Education, and local Oregon school districts. At least 70 percent of students with disabilities in YTP complete high school and transition to a job or postsecondary education, a rate that exceeds the national average. This internationally and nationally recognized school-to-work transition approach is a best practice for young people with disabilities. Local YTP teams deliver pre-employment transition services so students can begin career exploration while they are still in school. These services include career counseling, counseling on postsecondary education and training options, work-based learning

experience, work-readiness skills development and training in self-advocacy. YTP bridges the gap between school and work by providing coordinated vocational rehabilitation services while the student is in school and ensuring a smooth transition to adult services and employment after completion of school. YTP currently serves about 2,200 students in more than 120 school districts.

Supported Employment Services

These services enable Oregonians with the most significant disabilities, including youth with the most significant disabilities, to achieve and maintain competitive integrated employment. Vocational rehabilitation supported employment services (i.e., job coaching, training normally done at the job site) are time-limited, lasting from job placement until the individual is stable in their job and long-term supports are in place. Oregon Health Authority's Behavioral Services), Office of Developmental Disability Services (ODDS, community programs families or private employers provide long-term supports after the individual reaches job stabilization, which continue after the client has exited the VR Program.

Independent Living

Services are available through seven Centers for Independent Living (CILs). The CILs are nonprofit organizations that provide information and referral, independent living skills training, peer counseling, systems and individual advocacy, and services for transitions to community life – both for those at risk of or already living in institutions and for youth after high school. CILs also provide a range of services based on local needs, many of which complement services provided through other state and federally funded programs, such as the VR program. Services are provided through a peer-mentoring model, with an emphasis on self-help, self-advocacy, and consumer responsibility. CILs, along with Oregon's Area Agencies on Aging (AAAs), provide leadership statewide and nationally in the formation of the "No Wrong Door" experience for seniors and people with disabilities accessing long-term care supports and services via the Aging & Disabilities Resource Connection (ADRC) network.

Program Justification and Link to Focus Areas

VR assists individuals with disabilities to establish a foundation by identifying a personal vision, goals and steps necessary to achieve success in education and employment, and become independent, productive citizens. The VR program and the services provided primarily link to the governor's initiative relating to Safer and Healthier Communities. It has been shown that higher rates of employment

result in healthier and safer communities. This is especially true, in regard to Oregonians with disabilities, who are underrepresented in the workforce. Secondly, by creating better access to the workforce system, we are increasing the number of employable Oregonians, many of whom bring in skills and attributes necessary to today's economy, thereby contributing to a Thriving Oregon Economy.

Employment and Jobs

- The VR Program has developed a plan in partnership with the workforce system as defined by the Workforce Innovations and Opportunities Act (WIOA) which includes goals regarding employment outcomes for clients, to increase skills upgrading and certification of Oregonians with disabilities seeking employment
- As a result of the Lane v. Brown Settlement, the state is seeking to increase employment of people with intellectual and developmental disabilities (I/DD) in integrated workplaces through increased efforts around the Employment First initiative. The Governor's Executive Order 15-01 and the Settlement Agreement directs state agencies and programs, including VR, DHS' Office of Developmental Disabilities Services (ODDS) and the Oregon Department of Education (ODE), to increase community-based employment services for people with I/DD and to reduce state support of sheltered work. VR has specialized counselors around the state committed to working with people with I/DD to find employment in the community.
- VR assisted 661 people with I/DD and 690 individuals with psychiatric disabilities to obtain jobs in federal fiscal 2017
- In federal fiscal year 2017, 2,827 individuals obtained and maintained work through the basic rehabilitation program. VR Employer Services provides training and technical assistance to employers for new hires and incumbent workers, and identifies and refers qualified candidates. A 2013 Portland State University study found that VR returned \$4.03 in tax revenues to the state of Oregon for every \$1 spent in the program.
- VR continues to contract and collaborate with the Latino Connection program in reaching out to and providing specialized job placements services to native Spanish-speaking individuals with disabilities. The focus of these services has been in Portland, Clackamas, Salem and Woodburn, which have large Latino communities. This program had a 67.6 percent rehabilitation rate in federal fiscal year 2017.

- VR is continuing to increase community engagement with communities of color, non- or limited-English speaking communities and other communities across the state. VR works with DHS to provide information in alternative formats and language to communities across the state.

Program Performance

Vocational Rehabilitation measures its performance primarily by employment outcomes. Employment outcomes are defined as the number of individuals who obtained and successfully maintained employment for a minimum of 90 days. The chart below shows employment outcomes for the program since FFY2012.

VOCATIONAL REHABILITATION							
		FFY17	FFY16	FFY15	FFY14	FFY13	FFY12
# Served	Youth	4,407	4,215	3,887	3,449	2,051	1,886
	Adult	12,796	12,245	12,171	12,150	13,694	13,859
Employment Outcomes	VR Overall	2,827	2,973	2,723	2,376	2,314	2,032
	SE	465	660	414	254	290	228
	Youth	707	765	672	552	548	439
	SSI/SSDI	998	967	815	646	539	558
Percent Rehabilitated		59%	62%	63%	62%	59%	58%
Avg Hourly Wage		\$ 12.78	\$ 13.09	\$ 12.18	\$ 12.07	\$ 11.76	\$ 11.63
Avg. Weekly Hours		26	26	27	27	27	27
Cost per Rehabilitation		\$6,580.74	\$6,574.50	\$6,471.00	\$6,473.59	\$3,132.00	\$2,848.00

The Workforce Innovation and Opportunities Act of 2015 added several measures with emphasis on long-term employment. The graph below displays some of the new measures the program will be expected to achieve.



Education

- The internationally-recognized Youth Transition Program has expanded to more than 120 school districts in Oregon. More than 70 percent of students with disabilities in YTP complete high school and transition to a job or postsecondary education, a rate that exceeds the national average. YTP bridges the gap between school and entry into the work by providing coordinated vocational rehabilitation services while the student is in school and ensuring a smooth transition to adult services and employment after

completion of school. YTP currently serves about 2,200 students in more than 120 school districts.

- VR utilizes Supported Employment, an evidence-based model, which allows individuals with developmental and intellectual disabilities to work in competitive employment in the community with needed supports.
- The Independent Living program partners with schools and families to support the transition of students with disabilities to secondary education and/or work.
- Memorandums of Agreement with the Office of Developmental Disabilities Services and the Oregon Department of Education are designed to more effectively align transition services, identify opportunities to braid and leverage funding in order to increase the number of students with disabilities.
- Introduction of services in partnership with ODE to meet WIOA requirements to expend 15 percent of our Federal funds to meet Pre-Employment Transition Services as required by the WIOA.

Safety

- Centers for Independent Living (CILs) train seniors and people with disabilities to develop personal preparedness plans and on empowerment and safety as a preventative for crime and abuse often faced by these populations.
- CILs also provide training and mentoring to parents with disabilities, which enhances skills for management of their homes and families.

Oregon's seven CILs continue to be innovative catalysts to independence for people with disabilities in Oregon. Leveraging community partnership funds and empowering people with disabilities with peer supports, CILs provide a return on investment (ROI) for Oregonians estimated at 220%. The ROI is based on an analysis by the Association of Centers for Independent Living conducted in 2016, comparing cost savings from consumers served versus the State's IL program investment. The chart below shows Independent Living Program outcomes since 2012.

Independent Living Program

YEAR	FY2017	FY2016	FY2015	FY2014	FY2013	FY2012
# Served	34,292	26,619	34,181	20,246	18,641	16,925
Consumer Goals	3,102	2,942	3,391	3,015	2,913	3,853
% Goals Achieved*	54%	52%	57%	56%	55%	61%
Consumer Satisfaction	94%	91%	74%	81%	74%	73%

*A three-year study of reasons consumers gave for not achieving their goals during the year identified that a significant portion of consumers believed they just needed more time.

Enabling Legislation/Program Authorization

VR is a state and federal program authorized by Oregon state law (ORS 344.511 et seq.) and the Workforce Innovation and Opportunity Act of 2014.

The Independent Living Program is a federal program established in Title VII of the Rehabilitation Act of 1973, as amended, and regulated by the Code of Federal Regulations, Title 45, and Part 1329. In conjunction, Oregon's State Independent Living Council was established in 1994 by Governor's Executive Order 94-12. VR is listed as the designated state entity for this program in the State Plan for Independent Living, per Section 704 of Title VII.

Funding Streams

VR is funded through the federal Department of Education. It receives a formula-based grant with Match and Maintenance of Effort requirements. The match rate for Vocational Rehabilitation is 21.3 percent General Fund; 78.7 percent Federal Fund. For Independent Living the match rate is 10 percent General Fund; 90 percent Federal Fund. Grant dollars cannot be utilized by other programs. Program income, which is reinvested back into VR, includes Social Security reimbursement and Youth Transition Program grants.

FUNDING JUSTIFICATION AND SIGNIFICANT CHANGES to 19-21 CSL

This does not include statewide reductions.

70 - VR Revenue Shortfall	GF	OF	FF	TF	Positions	FTE
			- 3,435,378	-3,435,378		

Package 070 was due to one-time federal Re-allotment funding that was available in the 2017-19 biennium budget that is not available for the 2019-21 biennium.

116 - VR Pre-ETS	GF	OF	FF	TF	Positions	FTE
	0	576,906	0	576,906	3	3.00

The Workforce Innovation and Opportunity Act (WIOA), calls for Oregon Vocational Rehabilitation to collaborate with school districts to provide, or arrange for the provision of, pre-employment transition services (Pre-ETS) for all students with disabilities who are eligible or potentially eligible for VR services. Further, WIOA states that there must be local coordination with districts for Pre-ETS at all 16 VR branch offices. The Oregon Department of Education and VR estimate that the target population for Pre-ETS to be roughly 27,000 students with disabilities.

Currently Oregon VR has two Pre-Employment Transition Service Coordinators that provide direct services to students with disabilities in the state. One is based in the Portland Metro area and the other is based in Bend with the responsibility of covering the eastern part of the state. Neither of these positions have enough capacity to cover the entire state and deliver the mandated services by WIOA. Therefore, we are requesting the position authority to hire two more Pre-Employment Transition Service Coordinators (PA1) to meet this need and one OPA1 to handle the data entry elements of this mandate.

This POP would utilize funds already within VRs budget so this will be a zero cost or, cost neutral POP.

Additional Changes:

Federal fund limitation was added for use of one-time ReAllotment revenues (\$4,446,741).

Department of Human Services

Aging and People with Disabilities Program

Mission

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

Vision

Oregon's older adults, people with physical disabilities and their families have convenient access to services, support and early interventions that help maintain independence, promote well-being, honor choice, respect cultural and linguistic preferences and uphold dignity.

Goals

To ensure that:

- Older adults and people with disabilities feel safe, respected and are able to live independently
- Services meet changing needs and are easily accessible
- All services are equity based and focused on the individual and their own communities
- The program is innovative, preventive and demonstrates high quality outcomes
- Oregon continues to be a national leader in supporting broad, transparent collaboration with consumers and stakeholders

Individuals we serve

During the 2019-2021 biennium, we expect to serve:

- More than 5,000 people age 60 and older through Oregon Project Independence
- More than 34,000 older adults and people with physical disabilities per month with long-term care services paid through Medicaid. That includes

more than 1,277 Oregonians who identify as African American, more than 1,400 who identify as Asian, more than 1,400 who identify as Hispanic, more than 521 who identify as Native American, more than 94 who identify as Pacific Islanders

- About 227,000 older individuals through Older Americans Act services.
- More than 150,000 Oregonians with direct financial support services.
- Approximately 43,000 Oregonians who live in APD-licensed, long-term care facilities

Aging and Disability Resource Connection

Oregonians needing information and referral services about any APD programs or services can contact the Aging and Disability Resource Connection (ADRC) of Oregon. This collaborative, public-private partnership streamlines consumer access to a complicated and confusing aging and disability service delivery system. ADRC provides culturally and linguistically appropriate services which are free to Oregonians and raise visibility and awareness of the full range of options available. The ADRC provides trusted information and assistance and empowers people to make informed decisions.

Through trained options counselors, Oregonians can develop action plans to address long-term services and supports needs that align with consumer preferences, their financial situation, strengths, values and needs. If a person is likely to be eligible for Medicaid long-term care services, they will be referred to APD local offices or Area Agencies on Aging (AAAs) for a full assessment.

Employees from both APD local offices and AAAs throughout Oregon provide direct client services. Employees also determine eligibility around the aging and people with disabilities population for medical programs provided through the single state Medicaid agency, Oregon Health Authority (OHA). During the last biennium, the ADRC received more than 131,000 calls and 160,000 web hits.

APD is impacted by demographic growth in the older adult population and is increasingly serving a more diverse population. APD strives to identify disparities in outcomes for diverse populations and identify effective strategies to serve all individuals in a culturally and linguistically appropriate manner.

Adult Protective Services

APD and Type B AAA offices are responsible for investigating instances of abuse against older adults and persons with physical disabilities across the state. Elder abuse, and other adult abuse, is costly both from a human and financial perspective. A person who has experienced abuse is likely to have increased health and long-term care costs. In Oregon, there are an estimated 540,000 adults potentially at risk and in need of adult protective services from APD. In 2016, there were more than 21,800 allegations of abuse and self-neglect investigated, resulting in 5,452 substantiations. Financial exploitation and neglect remain the most common forms of abuse for people served by APD.

Licensing

The APD Safety, Oversight and Quality Unit (SOQ) licenses many providers of long-term care for people who are aging and physically disabled. These providers range across the continuum of care. Through diligent oversight, investigation of complaints and reports of potential abuse, and corrective action, SOQ reduces future instances of unsafe conditions and improves the quality of care. These services are most effective when they are provided in a quality model aimed at preventing harm in the first place to protect the safety and health of vulnerable Oregonians.

The providers licensed by SOQ include adult foster homes, assisted living facilities, residential care facilities, nursing homes, conversion facilities, intensive intervention care facilities and facilities with memory care endorsements. SOQ ensures service equity and delivery of culturally and linguistically appropriate services.

Medicaid Services

In Oregon, approximately 35,000 older adults and people with physical disabilities use Medicaid long-term services provided through APD each month, with about 38,200 forecasted for the 2019-2021 biennium. By federal law, each state must develop criteria for access to nursing facility care paid by Medicaid. Criteria must include financial and asset tests as well as service eligibility criteria. The federal government, through Centers for Medicare and Medicaid Services (CMS), must approve any state criteria.

Older adults and many individuals with disabilities need assistance from other people to perform daily activities. To accurately identify those who need

assistance, DHS created service priority levels (SPLs) to establish eligibility for Medicaid long-term services and supports. SPLs prioritize services for older adults and people with physical disabilities whose well-being and survival would be in jeopardy without services. Level 1 reflects the most impaired while Level 17 reflects the least impaired; levels are based on the ability of the person to perform activities of daily living (ADLs). ADLs are personal activities required for continued well-being. These include mobility, eating, toileting, cognition and personal hygiene. Prior to 2003, DHS served individuals through SPL 17. Since then, because of budget constraints, only levels 1-13 are funded.

APD assists thousands of Oregonians — who require ADL services and instrumental activities of daily living (IADL) services, which include housekeeping and meal preparation — in selecting competent providers and establishing effective working relationships. Due to the increasingly diverse population served, the program requires supports that are equally diverse, and linguistically and culturally appropriate.

Programs

APD's budget is sectioned into three key areas; program services, program design and program delivery.

Program Services

Program services focus on supporting fundamental ADLs such as bathing, dressing, mobility, cognition, eating and personal hygiene. Long-term services ensure that the person is living in a safe and healthy environment. All services promote choice, independence and dignity. Services can be provided in nursing facilities, or community settings such as residential care, assisted living, memory care, foster homes or in the person's own home.

Services are provided through six programs:

- Older Americans Act
- Oregon Project Independence
- Special circumstances support
- In-home services
- Community-based care facilities including adult foster homes

- Nursing facilities

Older Americans Act: This is a federal program and is administered through APD. It provides federal funding for locally developed support programs for individuals 60 and older. APD distributes funds to local Area Agencies on Aging (AAAs) for service delivery through subcontractors. About 227,000 Oregonians currently access these services. The AAAs develop services that meet the needs and preferences unique to individuals in their local area. Program mandates require services target those with the most significant economic and social need, to minorities and those residing in rural areas. There is no income or asset requirements to receive services except those related to the Senior Community Service Employment Program (SCSEP).

APD distributes federal funds to the AAAs using a federally approved intra-state funding formula based on each area's demographics and square mileage. APD encourages and incentivizes culturally-specific and linguistically competent supports within all programs. Programs might include; family caregiver supports, medication management, nutrition via congregate and home-delivered meal programs, senior employment, legal services or elder abuse prevention services. They may also provide assistance to senior centers and sponsor and promote evidence-based wellness and chronic health condition management activities.

Oregon Project Independence (OPI): This is a state-funded program offering culturally-specific and linguistically competent in-home services and related supports to individuals 60 years of age and older or people who have been diagnosed with Alzheimer's or a related dementia disorder. Approximately 5,000 Oregonians receive service's. It represents a critical element in Oregon's strategy to prevent or delay individuals from leaving their own homes to receive services in more expensive facility-based settings, or depleting their personal assets sooner than necessary and accessing more expensive Medicaid health and long-term service benefits. The program was expanded by the 2005 Oregon Legislature to include younger adults with disabilities but funding was not provided. In 2014 and 2015 a pilot program was funded expanding the program to adults ages 19-59 with physical disabilities. Through this pilot more than 500 individuals have been served.

OPI is administered statewide by local Area Agencies on Aging (AAAs). Many areas have waiting lists due to high demand and limited program funding. Client eligibility is determined by an assessment of functional ability and natural supports

related to activities of daily living. Typical services include assistance with housekeeping, bathing, grooming, health care tasks, meal preparation, caregiver respite, chore services, adult day services and transportation.

The OPI program has no financial asset limitations. A sliding fee scale is applied to clients with net monthly income between 100 and 200 percent of the federal poverty level (FPL) to pay toward the cost of service. A small group with income above 200 percent of FPL pays the full rate for services provided.

Generally, this is because they benefit from the case management; ongoing support and monitoring, in addition to the actual purchased services.

Special circumstances support: APD has programs designed to meet a variety of special circumstances for certain low-income populations.

- *General assistance (GA) program:* With this program, APD serves individuals with severe disabilities who are experiencing homelessness or who are at risk of homelessness. To be eligible for the GA program, individuals must meet all of the following criteria:
 - Be homeless or at risk of homelessness;
 - Be an adult, age 18-64, with no minor children living with them;
 - Have a severe disability that meets Social Security disability criteria;
 - Be receiving Presumptive Medicaid medical assistance;
 - Meet all eligibility criteria for Supplemental Security Income (SSI);
 - Apply for SSI and appeal any denials received; and
 - Sign an Interim Assistance Agreement (IAR), allowing DHS to recover GA funds paid to them once awarded SSA benefits

General assistance program benefits include up to \$545 per month in housing assistance, \$90 in utility assistance per month, \$60 in cash assistance per month, and free assistance with the Social Security application and appeals process.

- *Cash payments – special needs:* APD is required to meet maintenance of effort (MOE) payment for low-income aged and disabled Oregonians who receive federal Supplemental Security Income (SSI) benefits. These benefits are focused on payments that allow clients to retain independence and mobility in a safe environment. Examples of special needs payments include help for non-

medical transportation, repairs of broken appliances such as a furnace, or for such things as adapting home stairs into a ramp.

- *Employed Persons with Disabilities Program (EPD)*: This program allows people with a disability to work to their full extent and not lose Medicaid coverage. To be eligible, a person must be deemed to have a disability by Social Security Administration criteria, be employed and have adjusted income of less than 250 percent of FPL. Eligible individuals pay a monthly participation fee and are eligible for the full range of Medicaid benefits and services. APD currently serves 2,034 individuals in the EPD program.
- *Other benefits*: The Centers for Medicare and Medicaid Services (CMS) requires DHS to coordinate with Medicare in many areas and clients need help accessing other programs for which they are eligible. The federal Medicare program is the most common program clients need assistance with. APD determines client eligibility and submits client data to CMS for two Medicare-related programs: Medicare buy-in and Medicare Part D low-income subsidy. APD served more than 130,000 clients in these two programs over one year. These programs help low-income beneficiaries with their cost-sharing requirements. Securing this coverage also ensures Medicare remains in a “first payor” status, ultimately saving the state’s Medicaid program significant money.

In-home services: In-home services are the cornerstone of Oregon's community-based care system. For older adults or people with physical disabilities, supporting regular activities of daily living gives them the ability to live in their own homes. For more than 25 years, Oregon has created options to meet people’s needs in their own homes. All options are funded Medicaid program support through home- and community-based waivers or state plan options. Oregon has been able to create cost-effective programs that meet people’s needs in their homes and other community settings and sparing Oregonians from the unnecessary use of much higher cost services, primarily offered in nursing facilities.

Services to older adults and people with physical disabilities are designed to support assistance with fundamental activities of daily living (ADLs), such as mobility, cognition, eating, personal hygiene, dressing, toileting and bathing. To receive in-home services, an individual must be financially eligible for Medicaid.

A case manager works with the client and together they identify needs and develop a plan for the in-home services.

- *Medicaid client-employed Home Care Workers:* Home Care Workers (HCW) are hired directly by the client and provide many of the services Medicaid clients need to remain in their own homes. The client, or his or her selected representative, is responsible for performing the duties of an employer. These duties include selecting, hiring and providing on-site direction in the performance of the care provider duties authorized by a case manager to meet the client's individual needs and circumstances. The HCW must pass a criminal background check. In conjunction with the client, APD develops and authorizes a service plan, makes payment to the HCW on behalf of the client and provides ongoing contact with the client to ensure his or her service needs are met. More than 19,000 clients are expected to receive services supplied by HCWs each month in 2019-21.

The Oregon Home Care Commission (HCC) was established in 2000 by an amendment to the Oregon Constitution. It is a public commission dedicated to ensuring high-quality home care services to APD clients using client-employed providers. Service Employees International Union Local 503, Oregon Public Employees Union, represents approximately 17,000 HCWs. For purposes of collective bargaining, HCC serves as the HCW employer of record. The Commission maintains a statewide, computerized registry of workers and provides an extensive training curriculum. The HCC also makes training available to clients to better understand their employer responsibilities and increase their skill in managing the use of HCWs.

- *In-home agency services:* Many clients prefer to receive their in-home services through a home care agency. In-home agencies are licensed by the Oregon Health Authority. These agencies employ, assign and schedule caregivers to perform the tasks authorized by the client's case manager. APD contracts with licensed in-home care agencies throughout the state. Agencies work closely with DHS case managers and clients to ensure services are provided as authorized and to ensure the quality of the work performed.
- *Medicaid Independent Choices:* This program offers a choice to clients in the way they receive in-home services and increases clients' self-direction

and independence. Clients receive a cash benefit based on their assessed need. They purchase and directly pay for services. Clients are responsible for locating providers, paying their employees, and withholding and paying necessary taxes. Depending upon how they are able to manage their service benefit, many are able to purchase a few additional services or items otherwise not covered by Medicaid to increase their independence or well-being.

- *Medicaid adult day services:* These services provide supervision and care for clients with functional or cognitive impairments. Service may be provided for half or full days in stand-alone centers, hospitals, senior centers and licensed care facilities.
- *Medicaid home-delivered meals:* Home-delivered meals are provided for to those who are homebound and unable to go to sites, such as senior centers, for meals. These programs generally provide a hot midday meal and, often, frozen meals for days beyond the provider's delivery schedule.
- *Medicaid (state plan) personal care services:* Individuals who do not meet service priority levels (SPLs), but have some personal care needs, may qualify for Medicaid Personal Care Services. Services are limited to no more than 20 hours a month. Personal care can be used only for tasks related to the performance of activities of daily living, such as mobility, bathing, grooming, eating and personal health assistance.
- *Medicaid specialized living services:* Services are provided to a specialized client base, such as those with traumatic brain injuries or other specific disabilities that require a live-in attendant or other 24-hour care. The services are provided through a contract with APD and targeted to a specific group of clients living in their own apartments, and assisted by a specialized program offering direct service and structured supports.

Community-based facilities: These include a variety of 24-hour care settings and services to provide an alternative to nursing facilities. Services include assistance with activities of daily living, medication oversight and social activities. Services can include nursing and behavioral supports to meet complex needs. State and federal guidelines related to health and safety of these facilities have to be met.

- *Adult foster homes:* Services are provided in home-like settings licensed for five or fewer individuals who are not related to the foster home provider. Homes may specialize in certain services, such as serving ventilator-dependent residents.
- *Assisted living and residential care facilities:* Licensed 24-hour service settings serve six or more residents and facilities range in size from six to more than 100 beds. The difference between residential care and assisted living is generally in the structural set up of the facility and the fact that generally in residential care, individuals have shared rooms. Either type of facility can seek a Memory Care endorsement on top of the underlying licensure. There are additional requirements for Memory Care Facilities. Registered nurse consultation services are required.
- *Conversion facilities:* A conversion facility is a nursing facility that has decided to “convert” its license to that of a residential care facility. The facility must go through the federal process of “closing” the nursing facility before going through a state process for “converting” the building to a residential care facility.
- *Intensive intervention care facilities:* Intensive Intervention Care (IIC) facilities are small residential care facilities designed to serve individuals with high behavioral and mental health needs. Five or fewer people can live in a single IIC home.
- *Enhanced care services:* Specialized 24-hour programs in licensed care settings that provide intensive behavioral supports for seniors and people with physical disabilities who have needs that cannot be met in any other setting. These programs support clients with combined funding from APD and the Addictions and Mental Health division of the Oregon Health Authority.
- *Memory Care Community Endorsement:* These facilities are licensed as an Assisted Living Facility or Residential Care Facility or Nursing Facility and serve individuals with Alzheimer’s disease, other forms of dementia and other cognitive diseases. They are required to have enhanced training and a more secure setting for their residents. The endorsement is in addition to the underlying licensure.

- *Providence Elder Place:* This is a capped Medicare/Medicaid Program of All-inclusive Care for the Elderly (PACE) providing an integrated program for medical and long-term services. Nearly 1,400 Oregonians age 55 and older are served in this program that generally allows them to attend adult day services and live in a variety of settings. The Elder Place program is responsible for providing and coordinating their clients' full health and long-term service needs in all of these settings.
- *LGBTQ Welcoming Designation:* This equity-related initiative allows providers to be trained in the specific needs of LGBTQ older adults and to become designated as LGBTQ Welcoming. Providers must agree to maintain a code of conduct and have all providers agree to it. There are yearly continuing education requirements, and participants receive a Welcome sticker for the front of their home. This initiative helps to promote the availability of safe, supportive, and respectful living environments for LGBTQ older adults.

Nursing facilities: Institutional services for older adults and people with physical disabilities are provided in nursing facilities licensed and regulated by DHS. Nursing facilities provide individuals with skilled nursing services, housing, related services and ongoing assistance with activities of daily living.

Oregon has led the nation since 1981 in the development of lower cost alternatives to institutional (nursing facility) care. Home- and community-based alternatives to nursing facility services emphasize independence, dignity and choice and offer needed services and supports equitably, at lower costs than medical models.

Program Design

Staff and services support the administration of APD programs, including:

- Central leadership and administration
- Medicaid eligibility and federal waiver administration
- Development and maintenance of policy and administrative rules
- Formation and staffing of the APD Service Equity Committee
- Support and leadership for various advisory councils.
- Administration of the Older Americans Act

- Home Care Commission

Program Delivery

Staff and services provide direct services to Oregonians, including:

- Direct service staff located in local offices throughout the state
- Case management
- Presumptive Medicaid Disability Determination Team
- State Family/ Pre-SSI
- Disability Determination Services
- Administration of Medicare Modernization Act and Buy-in programs
- Provider payments and relations
- Adult Protective Services investigations
- Adult Foster Home, Nursing Facility and Community Based Care licensing
- Long term care referral services registry

Eligibility and case management services are delivered throughout the state by APD and Area Agency on Aging (AAA) employees. ORS Chapter 410 allows AAAs to determine which populations they wish to serve and which programs they wish to administer. Type B Transfer AAAs choose to provide Medicaid services in addition to Older Americans Act and OPI services. In areas where the AAAs (Type A - AAAs) do not provide Medicaid services, APD has local offices to serve older adults and people with disabilities.

APD and AAA case managers perform a variety of roles in serving older adults and people with disabilities. They determine financial and long-term care eligibility, assist individuals in developing person-centered service plans, and find qualified providers. They address issues and concerns regarding providers. They act as advocates and champions for consumer rights. They assist individuals in accessing supports available through APD and other programs. In short, case managers are the front line in protecting individuals from abuse and neglect.

APD case managers face ever increasingly complex work. In just the past five years, APD implemented Waivered Case Management expectations requiring monthly contact on every case. Due to changes to the Fair Labor Standards Act, APD added more responsibilities on working with homecare workers, including managing hourly caps, limiting overtime and ensuring access to adequate

services. Based on federal expectations, APD has also increased expectations on person-centered planning and ensuring individuals safety. Legal requirements have made notices more complex and detailed, requiring more case management time to issue each notice.

History

During the past 30 years, there has been a profound shift in society's understanding of the importance of independence for aging and people with disabilities.

Traditionally, states had provided services to these individuals in institutional settings such as nursing facilities. Oregon's first nursing facility opened in the 1940s. With the passage of the federal statute creating Medicaid, the state began to pay for nursing facility services for eligible individuals in the 1960s.

The Older Americans Act also passed in the 1960s, which over time, has expanded additional protections and services to vulnerable older adults, including access to home-delivered meals, senior centers, transportation, family caregiver support, legal services and the Office of the Long Term Care Ombudsman to uphold rights and resolve complaints.

Professional standards and public thinking about how to best serve people with disabilities began to change and community living became more accessible. Civil rights were strengthened and expanded by the Americans with Disabilities Act, in the areas of employment, public accommodations, transportation and housing. Community integration, a right, became more available as accessibility increased and society began to accept people with disabilities as part of the community. Families had the ability to remain intact and to keep their loved ones — child, adult or senior — at home.

Federal dollars to fund Medicaid waivers first became available in 1981 for "Home and Community-Based Services." That same year, the Oregon Legislature updated its policies around disabilities and found that significant numbers of people with disabilities lived in institutions because adequate community services did not exist. The Legislature mandated that the state work to empower people with disabilities, keep them as independent as possible, and develop service settings as alternatives. The 1981 Oregon Legislature also created the Senior Services Division and a strong statutory mandate to support seniors in their own homes and community settings outside of institutions. This action forged the

way for Oregon to lead the nation in the development of lower-cost alternatives to institutional care.

In response to that mandate, Oregon applied for, and received, the first home and community-based waiver that allowed Medicaid funds to provide long-term services outside an institution. Throughout the 1980s and 1990s, Oregon received waivers that allowed services for unique groups of people. For Medicaid-eligible older adults and people with disabilities in Oregon, this has meant that the provision of long-term care has, in large measure, shifted away from nursing facilities to in-home services, assisted living facilities, residential care facilities and adult foster homes.

Future populations

The aging population is growing rapidly, and the Program is planning appropriately. The number of people 65 and older in the United States is expected to increase to 55 million in 2020, to 70 million by 2030, and to 88.5 million — or 20 percent of the population — in 2050.

The aging population in Oregon will continue a dramatic increase as baby-boomers continue to enter retirement age. Beginning in 2011, the aging population growth rate will exceed 4 percent annually for nearly a decade. There will be 48 percent more older adults in 2020 than in 2010.

Women currently account for 54 percent of the 65-84 years of age population, and 63 percent of the 85 years of age and older population. Approximately 4.9% of Oregonians identify as LGBTQ.

In 2016, approximately 17 percent of Oregon's population was 65 years or older. By 2030, the percentage is expected to increase to nearly 20 percent.

In Oregon, people 85 years or older make up a small but rapidly growing segment of the total population. By the end of 2010, approximately 76,000 Oregonians will have reached 85. By 2020, the number is expected to reach nearly 120,000, an increase of almost 64 percent.

By 2020, in the Portland Metro Area, the African American population is expected to grow to 81,348, with 14.4% of the population expected to be age 65 and over. The Native American population is expected to grow to 33,754, with 15% of the

population expected to be age 65 and over. The Asian population is expected to grow to 188,033, with 16.4% of the population expected to be age 65 and over. The Pacific Islander and Hawaiian population is expected to grow to 17,217, with 9.6% of the population expected to be age 65 and over. The Hispanic/Latino population is expected to grow to 349,822, with 6.2% of the population expected to be age 65 and over.

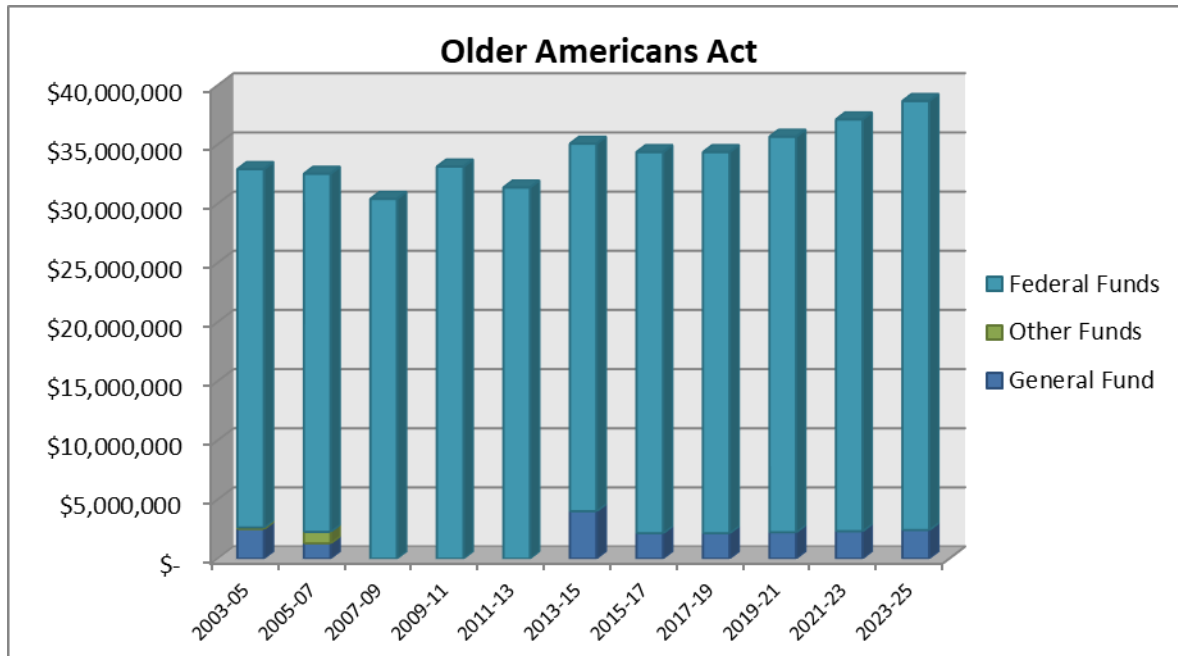
A focus on service equity and diversity, including individuals of different races, ethnicities, genders, sexual orientation, disability, age and other under-served populations, will create new approaches to service delivery that ensure all individuals have access to critical supports and services and achieve desired outcomes. Current initiatives include a focus on language access, district-level Service Equity plans, and Tribal outreach and partnership.

Department of Human Services: Older Americans Act

Primary Long-Term Focus Area: Safer, Healthier Communities

Secondary Outcome Area:

Program Contact: Ashley Carson Cottingham



Older Americans Act funding comes primarily from the federal government. In 2011, OAA funding helped serve nearly 380,000 Oregonians.

Program Overview

Services and supports provided to individuals under the Older Americans Act (OAA) provide vital assistance designed to prevent or delay entry into Medicaid-funded long-term care such as In-Home or 24-hour residential services. The OAA is a Federal law that set out a national aging network structure consisting of the U.S. Administration on Aging (AoA) now part of the Administration for Community Living, State Units on Aging (DHS/Aging and People with Disabilities program), and Area Agencies on Aging (AAAs). The OAA authorizes funding and services through this network to serve older individuals in their homes and communities, through local entities. All individuals, aged 60 or older, regardless of income are eligible to receive services but the programs are targeted towards those in greatest social or economic need. A specific focus on how to

better serve diverse populations of older adults across race/ethnicity, sexual orientation, gender, veteran status, and other intersecting categories are essential with the continually changing demographics of Oregon.

Program Funding Request

APD Older Americans Act				
	GF	OF	FF	TF
17-19 LAB	2,153,979	-	32,204,050	34,358,029
19-21 GB	2,235,831	-	33,427,805	35,663,636
Diff.	81,852	-	1,223,755	1,305,607
% Diff.	3.80%	0.00%	3.80%	3.80%

Program Description

Older Americans Act services are administered entirely by local Area Agencies on Aging. To qualify for OAA supported services an individual must meet the following criteria:

- Be 60 years of age or older;
- Be a caregiver of someone 60 years of age or older (or younger if the person is diagnosed with Alzheimer’s Disease or related dementia) or an older relative caring for a child 18 year of age or younger or an individual with disabilities age 18 or older;
- Be 55 or older and have an adjusted income at or below 125 percent of Federal Poverty Level for the Senior Community Service Employment Program (Title V).

Please Note: There is no income or asset/resource criteria for eligibility, except for the Senior Community Service Employment Program (Title V).

The Older Americans Act authorizes services and funding by title

Title III

Supportive Services

Provides assistance to maintain independence through assisted transportation, information and referral/assistance, in-home care, adult day care, chore services, home modification and other housing help, legal assistance, mental health

outreach, and assistive devices. Title III also partially funds Oregon's Aging and Disability Resource Connection (ADRC), which provides unbiased information, referral, and options counseling for individuals (consumers, family members, caregivers) needing long-term services and supports.

Nutrition Services

In order to reduce hunger and food insecurity and promote socialization, health, and well-being the Act authorizes both home-delivered (commonly known as Meals on Wheels) and congregate (community setting, senior center, community center, etc.) meals programs. The Act also provides nutrition education and counseling.

Services Incentive Program (NSIP)

Supplements funding authorized under Title III for food used in meals served under the Older Americans Act. States receive an allocation based on the number of meals served under the OAA in the state in proportion to the total number of meals served by all states.

Preventive Health Services

Authorizes evidence-based programs that promote healthy lifestyles through physical activity, appropriate diet and nutrition and self-management of chronic health conditions.

National Family Caregiver Support Program

Provides individual and group options counseling, training, and respite care for family members and friends who are primary caregivers to seniors. This program also provides support to older relatives and raising grandchildren.

Title V

Senior Community Service Employment Program (SCSEP)

Authorizes a community service and work-based training program for older workers that provides subsidized, service-based training for low-income persons 55 or older who are unemployed and have poor employment prospects.

Participants are paid minimum wage for approximately 20 hours per week while they develop valuable skills and connections to help them find and keep jobs in their communities. Title V funding is awarded to DHS/APD from the U.S.

Department of Labor and is competitively sub-granted to a qualified job training organization.

Title VII

Elder Rights Services

Provides a focus on the physical, mental, emotional and financial well-being of older Americans. Services include pension counseling, legal assistance, and elder abuse prevention education.

Ombudsman Program

Establishes an Office of the State Long-Term Care Ombudsman program to identify, investigate, and resolve complaints made by or on behalf of residents of licensed care facilities (nursing homes, assisted living, and adult foster homes) and promote system changes that will improve the quality of life and care for residents. The allocation for this program is 100 percent passed through to the Office of the Long-Term Care Ombudsman, a separate state agency from APD.

OAA Funding

OAA funding is granted to each State Unit on Aging (DHS/APD) based on a population formula. The State Unit on Aging sub-grants Title III funds to Oregon's 17 designated Area Agencies on Aging (AAA) based on a state population formula. The AAAs work with their local communities to assess and develop a menu of services that meet the needs of older adults in their planning and service area. Subsequently, the AAA submits an Area Plan to the State describing the delivery of OAA services in their communities; this is basis for the funding agreement between the AAA and DHS/APD.

Program Justification and Link to Focus Areas

OAA program services contribute to the Safer, Healthier Communities goal. The OAA, in partnership with providers and clients, provides vital support for older adults who are at significant risk of losing their independence by providing food, job training/opportunities, social support, transportation, chronic disease self-management and fall prevention.

Annual State Program reports are submitted to the Administration on Community Living, consisting of service unit data and client demographics. Evidence-based programs supported by the preventive health services funding under Title III have provided an opportunity to demonstrate health care cost-saving based on the research supporting the programs. The Senior Community Service Employment Program tracks six performance measures each year including employment and retention. Performance standards and measures have recently been established for

the Aging and Disability Resource Connections Program and will be tracked appropriately.

Program Performance

- **Number of people served/items produced**
OAA data reporting requires AAAs to capture identifiable unduplicated clients who receive “registered services” and an estimated number of clients receiving “non-registered services.” Registered services include personal care, home care, chore, meals, day care, case management, assisted transportation, caregiver, and nutrition counseling. Non-registered services include but are not limited to information and assistance, health promotion programs, group education, etc. The estimated number of non-registered service clients is 5-6 times that of the registered services clients (e.g. in 2017 OAA served 41,743 registered clients and an estimated 192,296 non-registered participants).
- **Quality of the services provided**
Program standards have been established for the major services and annual program monitoring is conducted.
- **Timeliness of services provided**
The Family Caregiver Support Program of the OAA is the only service area that consistently encounters wait lists.
- **Cost per service unit**
Varies depending on the level of community support, the OAA funding on average supports about one-third of the cost of service. Further funding comes from local governments, donations, and fundraising.

The following are selected examples of program performance for the OAA:

Older Americans Act Nutrition Program

	FY 10	FY 11	FY 12	FY 13	FY 14	FY 15	FY 16	FY 17
Total Registered Service Clients	54,049	50,649	54,149	52,809	48,730	45,684	45,893	41,743
Home-Delivered Meal Clients	13,891	13,441	13,630	12,636	12,652	13,478	13,733	13,488
Congregate Meal Clients	37,980	34,432	34,828	36,102	32,844	27,488	28,060	25,546
# of Home-Delivered Meals Served	1,675,082	1,667,493	1,601,457	1,734,292	1,620,727	1,795,824	1,750,765	1,674,735
# of Congregate Meals Served	1,006,814	977,815	949,202	941,152	924,300	908,133	836,335	763,641
# of High Nutritional Risk Persons	15,060	16,232	11,713	11,634	11,625	11,578	9,904	9,280

Senior Community Service Employment Program (SCSEP)

Performance Measure	PY10	PY11	PY12	PY13	PY14	PY15	PY16
Participants Served	320	212	180	156	180	165	140
Community Service Level	83.7%	97.0%	80.4%	83.9%	82.0%	80.3%	*
Entered Employment Level	45.3%	47.5%	34.8%	39.7%	38.0%	47.6%	28.6%
Employment Retention	68.4%	72.1%	29.0%	75.0%	66.7%	68.4%	60.0%
Average Earnings Per Participant	\$9,032	\$7,906	\$8,914	\$7,482	\$7,150	\$6,985	\$7,840

*Not calculated by DOL in PY16

Enabling Legislation/Program Authorization

Federal Law: 45 CFR, Part 1321.

Funding Streams

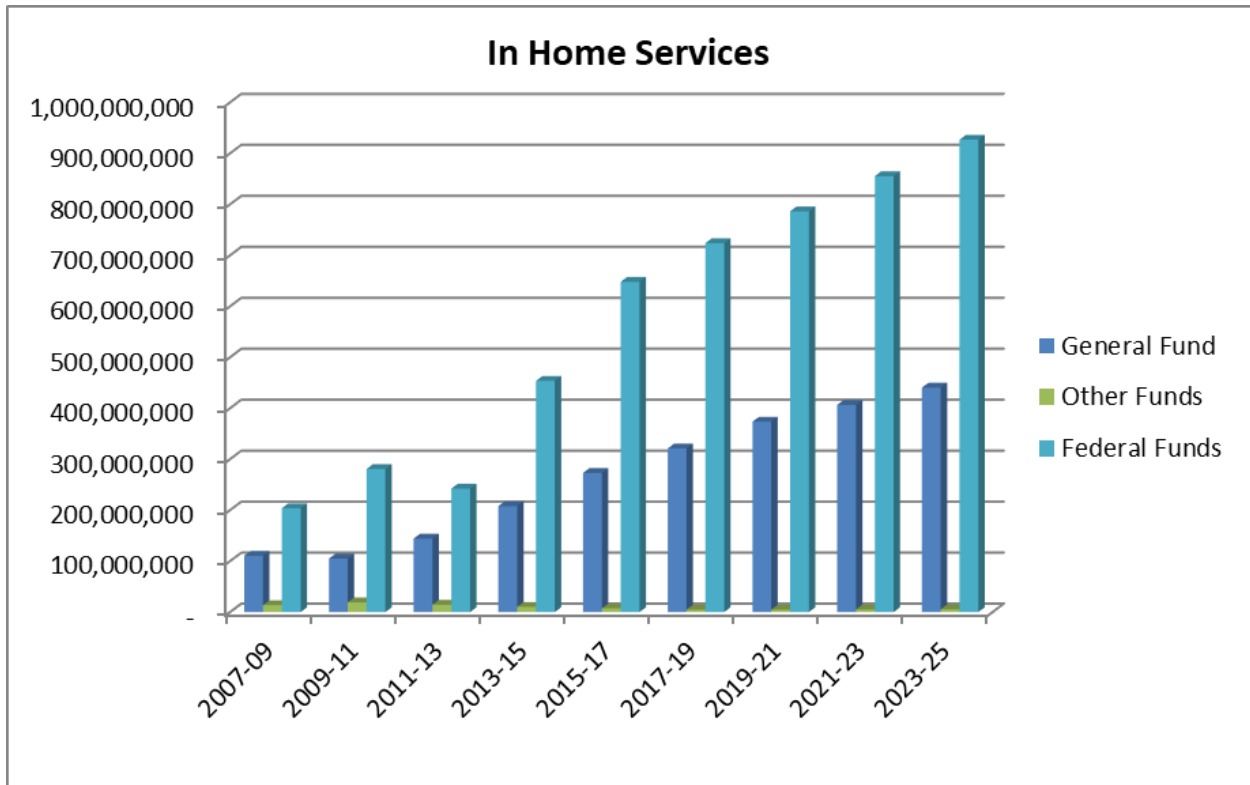
OAA funds are 100 percent federal. The law has a required Maintenance of Effort and state match of \$5 million per biennium, which is met with state funding authorized for the Oregon Project Independence Program (ORS 410.410 to 410.480). OAA funding was never intended nor does it fully fund services. Each dollar of OAA funding is leveraged with \$2 of state and local funds, participant donations, and community fundraising. Additionally, the services are enhanced with the in-kind support of volunteers, donated community space and equipment, etc.

Funding Justification and Significant Changes to CSL

N/A

Department of Human Services: Medicaid Long-Term Care In-Home Services

Primary Long-Term Focus Area: Safer, Healthier Communities
 Secondary Long-Term Focus Area:
 Program Contact: Ashley Carson Cottingham



In the 13-15 biennium, in-home agency and personal care budgets were moved from ‘other services’ to In-Home care for reporting purposes.

Program Overview

In-home services are the least restrictive service offered in Oregon’s long-term care continuum. This program funds Medicaid long-term care services to seniors and people with disabilities in their own homes for individuals who are eligible to receive the same services in a nursing facility. In 2013, Oregon added a new Medicaid, 1915(k) State Plan Option, or “K plan,” that provides additional flexibility and funds. Approximately 52.5 percent of individuals served in Oregon’s long-term care system are served in their own homes. In-home services

offer an opportunity to provide differentiated care in a respectful, sensitive, and inclusive manner to Oregonians from a variety of diverse backgrounds.

Program Funding Request

APD In-Home Care				
	GF	OF	FF	TF
17-19 LAB	321,168,033	4,655,673	723,777,027	1,049,600,733
19-21 GB	349,857,196	4,338,775	741,575,273	1,095,771,244
Difference	28,689,163	(316,898)	17,798,246	46,170,511
% Diff.	8.93%	-6.81%	2.46%	4.40%

Program Description

This cost-effective program enables eligible low-income seniors and people with disabilities to remain in their own homes and established communities. Individuals from culturally diverse backgrounds benefit from this program that provides enhanced independence, health, safety, and quality of life. Oregon’s model of long-term care is referred to as a social model, distinctly different from a medical model of care. Social models of care focus on client autonomy, respect, choice, and individualized care planning. Individuals are viewed holistically, with provided supports that enhance independence, dignity, and respect.

Eligibility for services is based upon a combination of financial criteria and service needs. An individual’s service needs are calculated as a “service priority level” which ranges from 1 (highest need) to 18 (lowest need). In the 2003 budget crisis, funding to serve individuals with service priority levels 14 through 18 was eliminated. These levels remain unfunded through Medicaid; however, some (not all) of the needs can be met for these individuals through Older Americans Act and Oregon Project Independence programs.

In-home supports include necessary assistance with activities of daily living (walking, transferring, eating, dressing, grooming, bathing, hygiene, toileting, and cognition) and instrumental activities of daily living (meal preparation, housekeeping, laundry, shopping, medication, and oxygen management). Assistance ranges from several hours per week to 24 hours per day. Without these supports, more than 17,000 individuals would likely receive services in a more

costly nursing facility. Oregon provides a variety of in-home service options available to individuals based on preference, choice, and cost-effectiveness.

Consumer-Employed Provider Program

Individuals participating in this program receive services from hourly or live-in homecare workers. The in-home recipient is considered the employer and is empowered and responsible to hire, train, supervise, track hours worked, address performance deficiencies, and discharge providers. Homecare workers are paid a set rate established through collective bargaining, which the State pays on the individual's behalf. The Oregon Home Care Commission establishes homecare worker enrollment standards and training for homecare workers, both of which contribute to the quality of in-home services. APD is forecasted to serve more than 20,000 individuals in this program in the 2017-2019 biennium.

Independent Choices Program

This program is a 1915(j) State Plan Option and allows individuals to exercise more decision-making authority in identifying, accessing, managing, and purchasing goods and services that enhance independence, dignity, choice, and well-being. This option is popular among individuals who wish to take complete control over the planning and provision of services. In the Independent Choices Program, the cost of the established service plan is "cashed-out" and deposited into the eligible individual's dedicated Independent Choices Program checking account. The individual then pays providers directly based on a negotiated rate. Participants have the flexibility to use a portion of the funds to purchase goods that enhance their independence and are unavailable through the medical plan, such as a wheelchair lift for a vehicle or a wheelchair ramp for their home. The State performs periodic monitoring with an emphasis on safety and program integrity. APD is forecasted to serve 587 individuals in this program in the 2017-2019 biennium.

Specialized Living Services

These services are designed to serve a specific special-needs consumer base, such as those with traumatic brain injuries or other specific disabilities who would otherwise require a live-in attendant or other 24-hour care. The services are provided through contracts with qualified vendors who provide specialized, shared-attendant services to individuals living in their own homes or apartments.

APD is forecasted to serve more than 200 individuals in this program in the 2017-2019 biennium.

Cost Drivers

The major cost drivers of the in-home services program are the current number of eligible individuals, their level of needed assistance, the length of time receiving services, and the growing population of those requiring services. The population served is much different than it was 30 years ago when Oregon first received a waiver. With the advancement of medical technology and treatment options, individuals are living longer with chronic disease and significant disabilities. Another major cost driver is the provision of wages and benefits for homecare workers tied to collective bargaining. This includes set wages, paid time off, workers' compensations premiums, unemployment insurance, and other benefits.

Program Justification and Link to Focus Areas

In-home services link to the Safer, Healthier Communities focus area. In the early 1980s, Oregon was the first state awarded a Medicaid 1915(c) Home and Community-Based Services waiver from the Centers for Medicare and Medicaid Services, which allowed Oregon to serve individuals in their homes and communities. In 2013, Oregon added a new, 1915(k) State Plan Option, or "K plan," that provides additional flexibility and funds. In an independent study conducted by AARP, Oregon received an overall ranking of 4rd out of 50 states in terms of choice of settings and providers, quality of life and quality of care, and effective transitions from nursing facilities back into the community. Across the nation, Oregon continues to be a leader for serving individuals in their own homes.

The program empowers individuals to direct their own services and make choices that enhance their quality of life, live with dignity, and remain as independent as possible. Health is maintained through the provision of necessary assistance with activities of daily living and instrumental activities of daily living. Consistent provision of services, including medication management and the preparation of nutritious meals, delays or diverts an individual's entry into more costly care settings.

Program Performance

A key goal of the Department of Human Services (DHS) is that people are safe and living as independently as possible. DHS currently measures this goal based on the percentage of individuals living in their own homes in lieu of a licensed care facility, as well as the percentage of individuals who move to a less restrictive service setting. Currently, DHS is serving 87.2 percent of all recipients in home- and community-based settings. In the 2017-2019 biennium, DHS is forecast to increase this level to 88.9 percent.

Enabling Legislation/Program Authorization

Medicaid is an entitlement program that was enacted in 1965 under Title XIX of the Social Security Act. Eligible individuals have the right to receive long-term care services in a nursing facility. While states are not required to participate in Medicaid, they must follow Medicaid rules to receive federal matching funds. Oregon's Long-Term Care system operates under a variety of Medicaid options which allows long-term care services to be provided in home and community-based settings.

Funding Streams

In-home services are funded through the Medicaid program. Therefore, the federal government pays approximately 69 percent and the state pays 31 percent. There is a small amount of funding from the estates of former recipients. When a Medicaid recipient dies, DHS is required by federal law to recover money spent for the individual's care from the recipient's estate. These funds are reinvested in services for other individuals, offsetting the need for general funds.

Funding Justification and Significant Changes to CSL

Aging and People with Disabilities - 2019-21 POP Request at GB	GF	OF	FF	TF	Positions	FTE
121- Community Based Care Medicaid Access Package	2,878,313		-	2,878,313	0	0.00

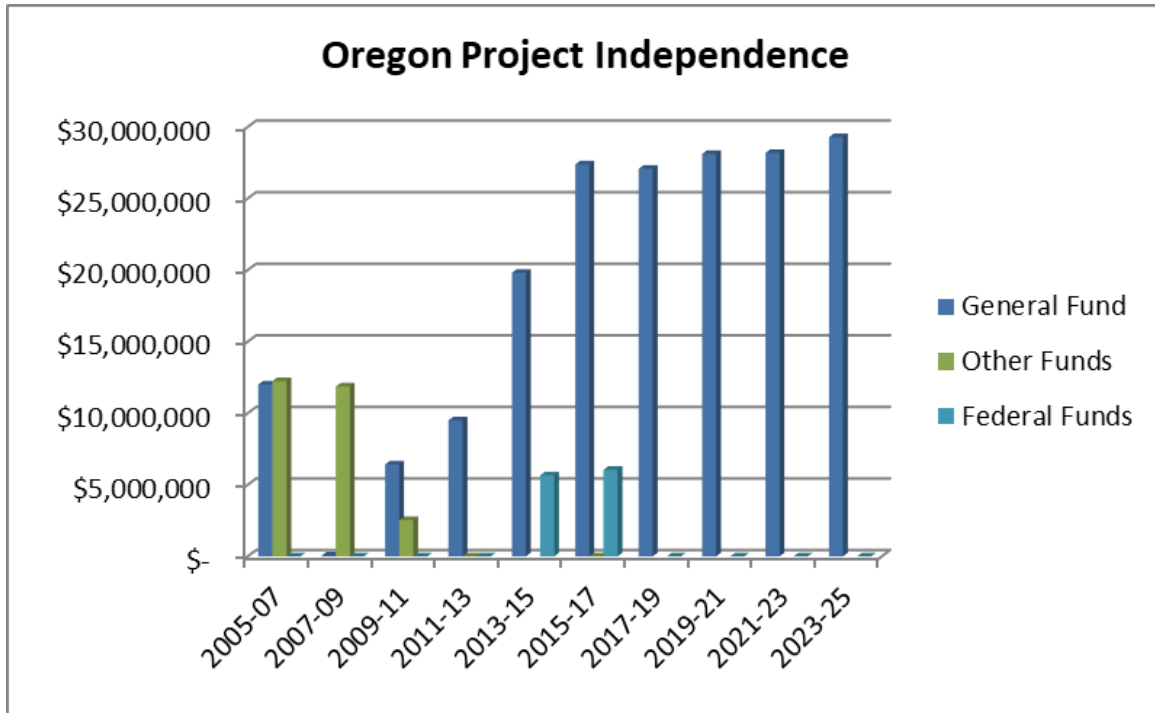
This policy option package is intended to protect and secure additional access to community-based care for Medicaid long term care consumers. This package provides a 10 percent increase to adult foster home providers effective 1/1/20 and another 4 percent increase effective 7/1/20 for a total of \$5 million in general funds. These increases are designed to recalibrate existing disparities to reverse the trend of lost access in the last five years. The package also adds a 5 percent increase effective 7/1/19 and a 5 percent increase effective 7/1/20 to assisted living, residential care, memory care and in-home agencies. Funding is also provided for anticipated increases in the upper payment limit for APD Program of All Inclusive Care for the Elderly programs. Finally, it has a request for surveyor positions to eliminate a backlog of inspections and to keep up with the ongoing oversight required by law - given the growth of community-based care settings.

Department of Human Services: Oregon Project Independence

Primary Long-Term Focus Area: Safer, Healthier Communities

Secondary Long-Term Focus Area:

Program Contact: Ashley Carson Cottingham



Program Overview

Oregon Project Independence (OPI) provides preventive and in-home services and supports to a diverse population of eligible individuals to reduce the risk of out-of-home placement and promote self-determination. This program optimizes eligible individuals' personal and community support resources to prevent or delay spend down to Medicaid-funded long-term care, which could consist of in-home or other 24-hour residential services.

Program Funding Request

APD Oregon Project Independence				
	GF	OF	FF	TF
17-19 LAB	27,077,755	-	-	27,077,755
19-21 GB	28,106,710	-	-	28,106,710
Diff.	1,028,955	-	-	1,028,955
% Diff.	3.80%	0.00%	0.00%	3.80%

Program Description

Oregon Project Independence (OPI) is a state-funded program offering in-home services and related supports to a diverse population of Oregonians. DHS/APD strives to deliver in-home services in a culturally and linguistically appropriate manner. OPI provides essential services such as personal care, homemaker and chore assistance, adult day care, service coordination, registered nursing (teaching/delegation of nursing tasks to caregivers), and home-delivered meals. This program complements services provided under the Older Americans Act.

Traditionally, OPI has served individuals who are 60 years of age or older are assessed as needing assistance with activities of daily living (eating, dressing/grooming, bathing/personal hygiene, mobility, elimination, and cognition) and/or instrumental activities of daily living (housekeeping, shopping, transportation, medication management and meal preparation) and are not receiving Medicaid. Also, individuals under age 60 who have been diagnosed with Alzheimer's disease or a related disorder are also eligible. The program was expanded by the 2005 Oregon Legislature to include younger adults with disabilities and recently \$6 million to continue funding for a pilot program has been made available to support this expansion.

There are neither income nor resource requirements for eligibility; however, these factors are taken into consideration when assessing the individual's risk of needing Medicaid long-term care. OPI clients do not pay a charge for the service coordination services they receive. Services other than service coordination are provided at no cost to families with net incomes at or below 150 percent of the federal poverty level (FPL). Families with net incomes from 150 percent to 400 percent FPL pay a fee toward services using a sliding scale based on income.

Families with net incomes at or above 400 percent FPL pay the full cost of the services provided (other than service coordination).

In a 2012 study of selected comparable clients, OPI clients used 24 percent of the hours that Medicaid clients used. The hourly rates are the same for homecare worker services in the two programs. OPI clients used 24 percent of the billed hours compared to Medicaid. Due to budget restrictions, the OPI program has capped the number of hours available to each client. In addition to personal and home care hours, Medicaid eligibility also provides individuals with benefits for comprehensive healthcare under the Oregon Health Plan (OHP) and pays for these costs. OPI clients do not access OHP so the healthcare expenditures are \$0.

Oregon Project Independence services are delivered statewide through the network of 17 designated Area Agencies on Aging (AAAs). Administrative cost efficiencies have been realized in one area of the state where neighboring AAAs collaborated to jointly secure contracted services of a single in-home care agency. Similar partnerships should be encouraged statewide.

Program Justification and Link to Focus Areas

OPI contributes to the Safer, Healthier Communities focus area and has a desired outcome to “decrease the number of older Oregonians that access Medicaid-funded long-term care.” Data reported by the Area Agencies on Aging in 2009 revealed that 63.6 percent of OPI clients had income below the FPL (33.1 percent between 100 percent and 200 percent of FPL and 3.3 percent over 200 percent of FPL). This data also revealed that fewer than 10 percent of OPI clients transitioned to Medicaid-funded services, despite the high rate of OPI clients whose income was at or below the FPL. AAAs are currently maintaining waiting lists of individuals who are eligible to be served by OPI. Annually, the “unable to serve” lists of individuals will be evaluated to determine how many of these individuals accessed Medicaid-funded services while waiting to be served by OPI.

This program empowers individuals to direct their own services and make choices that enhance their quality of life, live with dignity, and remain as independent as possible. Health is maintained through the provision of necessary assistance with activities of daily living and instrumental activities of daily living.

Program Performance

- **Recent data on number of individuals accessing OPI:**

	15-Sep	15-Oct	15-Nov	15-Dec	16-Jan	16-Feb	16-Mar	16-Apr
60+ years	2,790	2,617	2,591	2,534	2,450	2,382	2,272	2,139
19-59 years	296	286	297	304	309	314	310	307
Total	3,086	2,903	2,888	2,838	2,759	2,696	2,582	2,446

- **Quality of the services provided**

Personal and home-care services are delivered via licensed in-home care agencies or registered home care workers. Quality of care standards for in-home care agencies are set forth in licensing rules found in OAR Chapter 333, Division 536; compliance with licensing standards is monitored by the Health Care Licensing and Certification unit of the Public Health Division. Home Care Workers who provide services to OPI clients are required to be registered with the Home Care Commission and receive background checks and ongoing training.

- **Cost per service unit**

The average monthly cost of services to an OPI client is \$332. This average is calculated using a combination of direct, administrative, and other costs.

Enabling Legislation/Program Authorization

OPI is authorized under Oregon law at ORS 410.410 to 410.480.

Funding Streams

OPI is comprised of majority State General Funds with a small amount of Federal match funding. Services are expanded through the utilization of program income generated from client cost sharing based on a sliding fee schedule.

OPI serves as the required Maintenance of Effort (45 CFR Sec. 1321.49) and state match (45 CFR Sec. 1321.47) to receive federal funding under the Older

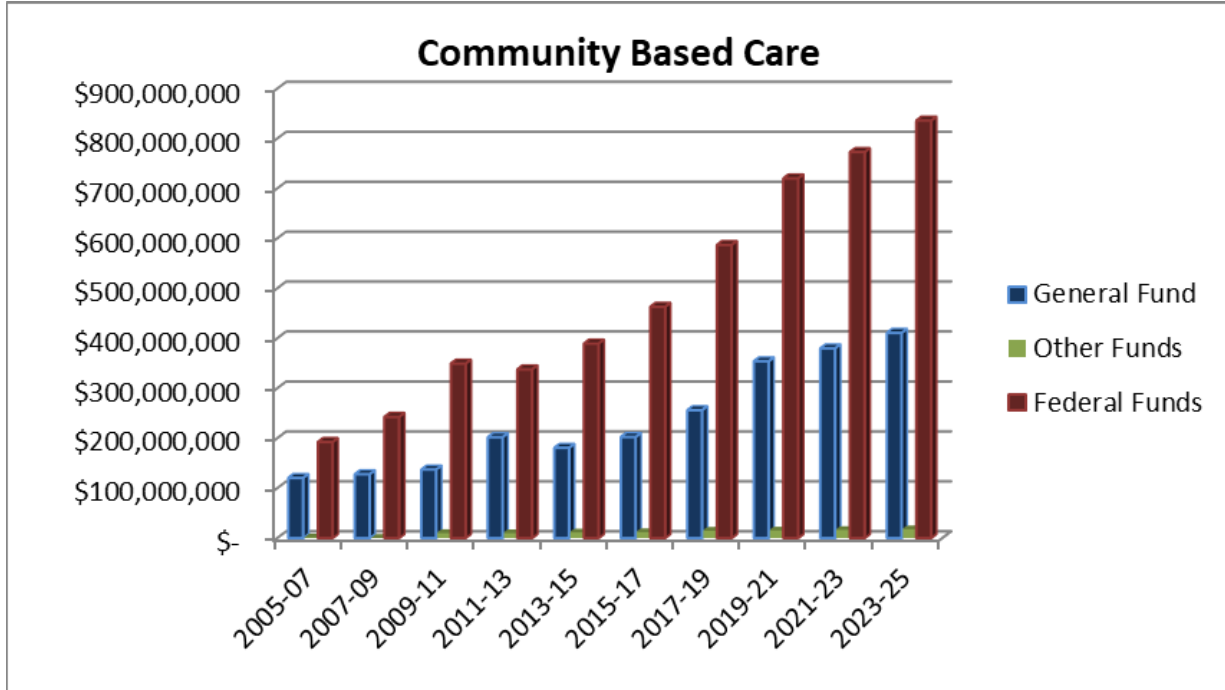
Americans Act. At least \$5 million per biennium in state funds is needed to maintain the Maintenance of Effort and match requirements of the OAA.

Funding Justification, And Significant Changes

N/A

Department of Human Services: Medicaid Long-Term Care Community-Based Care

Primary Long-Term Focus Area: Safer, Healthier Communities
Secondary Long-Term Focus Area:
Program Contact: Ashley Carson Cottingham



Access to care was challenging when a robust private-pay market existed in the mid-2000s. An investment by the Legislative Assembly in 2008 strengthened access considerably.

Program Overview

Community-based care is considered the middle layer of Oregon’s long-term care continuum and includes a variety of 24-hour care settings and services for low-income seniors and people with physical disabilities who cannot meet their own activities of daily living. These services are part of Oregon’s nationally recognized home and community-based care system, which provides a critical, cost-effective alternative to nursing facilities.

Program Funding Request

APD Community Based Care				
	General Fund	Other Fund	Federal Fund	Total Funds
17-19 LAB	255,923,065	14,438,436	586,848,884	857,210,385
19-21 GB	330,321,302	15,030,952	650,523,573	995,875,827
Difference	74,398,237	592,516	63,674,689	138,665,442
% Diff	29.07%	4.10%	10.85%	16.18%

Program Description

The State of Oregon strives to meet the needs and expectations of increasingly diverse populations, and community-based care provides a critical alternative to nursing facilities for seniors and people with disabilities who cannot meet their own daily needs.

Eligibility for long-term care services and supports is based upon a combination of financial criteria and service needs. Recipients contribute their own funds toward room and board directly to community-based care facilities, while the state pays for services consisting mostly of assistance with activities of daily living (walking, transferring, eating, dressing, grooming, bathing, hygiene, toileting, and cognition) and instrumental activities of daily living (meal preparation, housekeeping, laundry, shopping, medication, and oxygen management). Nursing facility care is a guaranteed Medicaid benefit to eligible individuals. If the state did not use alternatives to nursing facility level of care, more than 12,000 individuals would likely be receiving services in nursing facilities at more than 300 percent of the cost of community-based care services.

Community-based care includes:

- Adult foster homes, which serve five or fewer individuals in a home-like setting.
- Residential care facilities (RCF), which serve six or more individuals in a facility with private or shared rooms and common areas.
- Assisted living facilities (ALF), which serve individuals in their own apartments.

- Memory care facilities, dually licensed as either an ALF or RCF, specializes in serving individuals with dementia.
- Enhanced-care services, which serve individuals with significant limitations complicated by mental health needs. This program is jointly funded between DHS and the Oregon Health Authority.
- Program of All-Inclusive Care for the Elderly (PACE) serves more than 1,000 individuals via a fully capitated premium. The program is jointly funded with Medicare and Medicaid dollars and provides an integrated program for medical and long-term services. Participants are 55 years of age or older, generally attend adult day services, and live in a variety of settings representative of Oregon's long-term care continuum. Oregon's only PACE provider, Providence Elderplace, is responsible for providing and coordinating the full health and long-term service needs of their clients in all of these setting types.

APD competes with the private pay market for access to most community-based care. Most facilities have a mix of private pay and Medicaid residents. As the society ages and the economy strengthens, APD may lose access due to competition for open beds with the private pay market.

Adult foster homes are represented by SEIU and have collective bargaining rights. Factors such as safety and quality cannot be negotiated; however, issues such as training and service rates are mandatory subjects of bargaining.

Each community-based care setting must meet federal and state laws and regulations related to health, safety and service delivery. Mandatory services include assistance with activities of daily living, medication oversight, and social activities. Some settings that serve individuals with more complex needs may include additional services, such as nursing and behavioral supports.

Program Justification and Link to Focus Areas

Community-based care is a direct link to the Safer, Healthier Communities focus area (Oregonians are healthy and have the best possible quality of life at all ages). The program maximizes federal resources while reducing unnecessary costs in higher levels of care. With one of the lowest levels of nursing facility utilization in the country, Oregon is at the forefront of using community-based care as a core alternative to nursing facilities. With ongoing support, Oregon can meet the target

of serving 90 percent of the publicly funded long-term care caseload in-home and community-based care in the next ten years (up from 86 percent).

Program Performance

A key goal of the Department of Human Services (DHS) is that people are safe and living as independently as possible. DHS currently measures this goal based on the percentage of individuals living in their own homes in lieu of a licensed care facility, as well as the percentage of individuals who move to a less restrictive service settings such as community-based care. As of May 2018, DHS served 11,823 individuals in community-based care, compared to 4,350 in nursing facilities.

Community-based care service plans have been proven to be a cost-effective alternative to nursing facility care. Costs range by facility type and assessed need of the individual. The monthly average cost by setting is:

- AFHs: \$3,023
- RCFs: \$1,699
- RCFs (Specialized, including Memory Care): \$4,620
- ALFs: \$2,525

The cost of similar services provided in a nursing facility exceeds \$9,000 per month.

Enabling Legislation/Program Authorization

Community-based care is operated under a variety of Medicaid home and community-based services. The newest mechanism is the 1915(k) State Plan Option or, “K plan.” The state provides services that substitute for nursing facility services, the mandated benefit for Medicaid eligible individuals under Title XIX of the Social Security Act. Additionally, ORS 410 and ORS 443 provide statutory policy and structure to the services offered.

Funding Streams

Community-based care services are funded through the Medicaid program. Therefore, the federal government pays approximately 69 percent and the state pays 31 percent. There is a small amount of funding from the estates of former

recipients. When a Medicaid recipient dies, the state is required by federal law to recover money spent for the individual’s care from the recipient’s estate. These funds are reinvested in services for other individuals, offsetting the need for general funds.

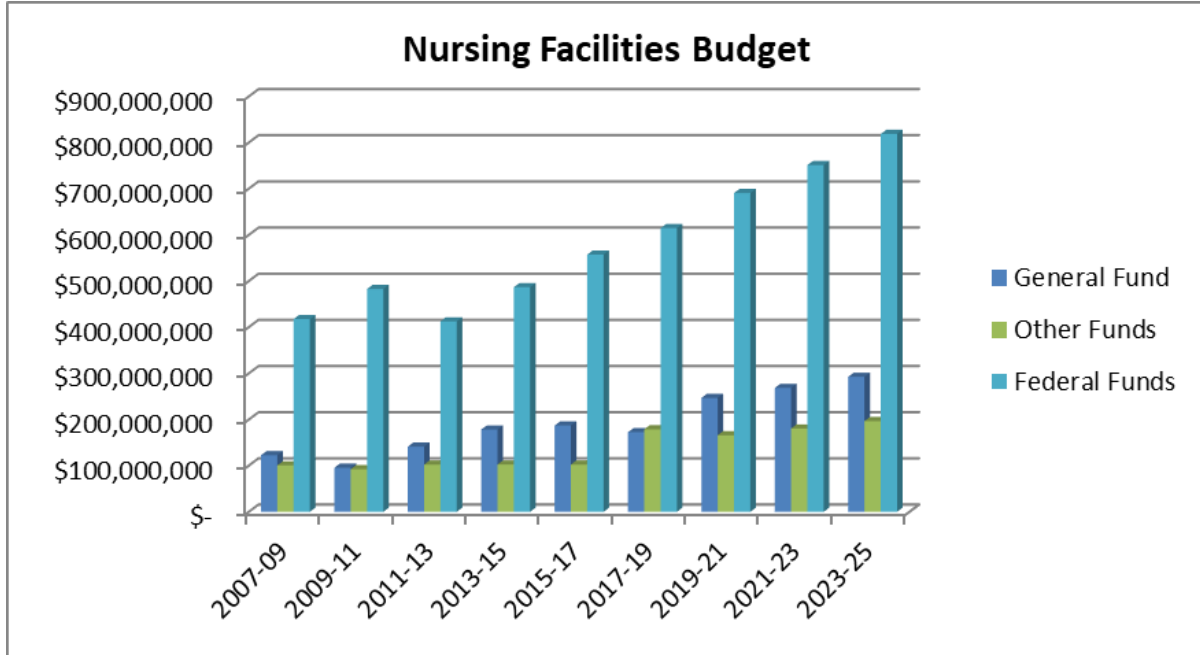
Funding Justification and Significant Changes to CSL

Aging and People with Disabilities - 2019-21 POP Request at GB	GF	OF	FF	TF	Positions	FTE
121- Community Based Care Medicaid Access Package	19,310,285		9,441,059	28,751,344	0	0.00

This policy option package is intended to protect and secure additional access to community-based care for Medicaid long term care consumers. This package provides a 10 percent increase to adult foster home providers effective 1/1/20 and another 4 percent increase effective 7/1/20 for a total of \$5 million in general funds. These increases are designed to recalibrate existing disparities to reverse the trend of lost access in the last five years. The package also adds a 5 percent increase effective 7/1/19 and a 5 percent increase effective 7/1/20 to assisted living, residential care, memory care and in-home agencies. Funding is also provided for anticipated increases in the upper payment limit for APD Program of All Inclusive Care for the Elderly programs. Finally, it has a request for surveyor positions to eliminate a backlog of inspections and to keep up with the ongoing oversight required by law - given the growth of community-based care settings.

Department of Human Services: Medicaid Long-Term Care Nursing Facilities

Primary Long-Term Focus Area: Safer, Healthier Communities
 Secondary Long-Term Focus Area:
 Program Contact: Ashley Carson Cottingham



State general fund investments decreased with the passage of the provider tax. Caseload has shifted toward an overall downward trend as more and more individuals choose to receive long-term care services in a home or community-based setting.

Program Overview

Nursing facility services are the institutional option available in Oregon’s long-term care continuum, which also consists of in-home and community-based care. Nursing facilities are generally considered the most restrictive setting of the three options offered; however, this program is important for individuals with the highest levels of acuity and is a mandated federal benefit under the Medicaid program. Nursing facility level of care is the guaranteed benefit (entitlement) by federal law.

Program Funding Request

APD Nursing Facilities				
	General Fund	Other Fund	Federal Fund	Total Funds
17-19 LAB	172,642,816	178,759,051	614,753,229	966,155,096
19-21 GB	243,628,237	165,895,182	693,878,627	1,103,402,046
Difference	70,985,421	(12,863,869)	79,125,398	137,246,950
% Diff	41.12%	-7.20%	12.87%	14.21%

Program Description

Nursing facilities are most appropriate for people with high acuity needs requiring 24-hour medical oversight and a protective/structured setting. They offer short-term care for individuals who need rehabilitation or 24-hour nursing. They may be appropriate for a limited number of individuals who need long-term care due to permanent health problems too complex or serious for in-home or community-based care settings.

Nursing facility rates cover basic, complex, pediatric, enhanced care, and post-hospital extended care. Services will vary in nursing care facilities, but generally consist of the following:

- Medical treatment prescribed by a doctor;
- Physical, speech, and occupational therapy;
- Assistance with personal care activities such as eating, walking, bathing, and using the toilet (custodial care);
- Social services.

Oregon currently has 136 licensed nursing facilities with 11,031 licensed beds, a decrease in both since the 2017 Legislative Session. These facilities have approximately 2.61 million annual resident days, of which nearly 61 percent are Medicaid clients. The majority of residents were admitted directly from acute care hospitals with a very small percentage from home. In 2015, the average length of stay for nursing facility residents is 133 days with a median of 23. Approximately 82 percent of all nursing facility residents stayed less than 3 months. Over 80 percent of nursing facility residents are aged 65 and older.

Payer	Long-Term Care – Nursing Facility
Medicare	17%
Medicaid	61%
Private Pay	22%

The main cost drivers are low census in nursing facilities, the length of stay in a nursing facility, and the steady increase in the daily reimbursement rate. The nursing facility reimbursement rate is tied to the provider assessment statute. The current nursing facility reimbursement rate is \$312.94 per resident per day, and the provider assessment rate is \$24.46. In the 2019-2021 biennium, the provider assessment is expected to account for approximately \$136.8 million of \$3.3 billion in expenditures.

Program Justification and Link to Focus Areas

Nursing facility services link to the Safer, Healthier Communities focus area. Though nursing facility level of care is a guaranteed benefit, Oregon has been the national leader in creating cost-effective alternatives that meet people’s needs in their homes and other community settings, such as assisted living facilities, in-home care, retirement communities, residential care, and adult foster homes. Oregon continues to work closely with individuals and their families to offer the full array of community-based services. The new State Plan Authority approved by the Centers for Medicare and Medicaid Services in July 2013 provides Medicaid-funded resources to assist individuals in transitioning from nursing facilities. Oregon strives to provide quality services in a linguistically and culturally competent manner.

Nursing facilities are an important service in our continuum, meeting the needs of some individuals with higher acuity levels; however, DHS still believes there are opportunities to decrease its usage. Oregon continues to highlight, strengthen, and encourage the use of community-based care facilities instead of nursing facilities. DHS has established a goal of decreasing the percentage of long-term care recipients utilizing nursing facility services to 10 percent by 2020. As of May 2018, the percentage of long term care recipients utilizing nursing facilities services is 12.4 percent.

Program Performance

Nursing facilities are heavily regulated by the federal government and are licensed and routinely monitored by the state. The state establishes requirements for nursing facilities that promote quality of care and maximization of personal choice and independence for residents.

DHS remains diligent in diverting and relocating people who receive Medicaid-funded long-term care services from nursing facilities into home or community settings. One way performance is measured in this program is by the occupancy percentage of nursing facilities. Oregon has the lowest occupancy in the nation at 64 percent compared with the national average of 82 percent.

Enabling Legislation/Program Authorization

Medicaid is an entitlement program that was enacted in 1965 under Title XIX of the Social Security Act. While states are not required to participate in Medicaid, in order to receive federal matching funds states must follow the Medicaid rules. Oregon's long-term care system operates under Medicaid state plan authority. All clients qualify for nursing facility care have the choice of receiving care in other settings such as in-home or in community-based care settings.

Oregon's nursing facility reimbursement rate and accompanying provider assessment authorization is promulgated in ORS 409.736. The 2013 Legislative Assembly reauthorized the provider assessment through 2020.

Funding Streams

Nursing facility services are funded through the Medicaid program; therefore, the federal government pays approximately 64 percent with the remaining 36 percent being split between state general funds and provider taxes. In the 2017-2019 biennium, provider taxes from nursing facilities are expected to total \$127.6 million. There is \$27.2 million in biennial funding from the estates of former recipients. When a Medicaid recipient dies, the state is required by federal law to recover expenditures for the individual's care from the recipient's estate. These funds are reinvested in services for other individuals, offsetting the need for general funds.

Funding Justification and Significant Changes to CSL

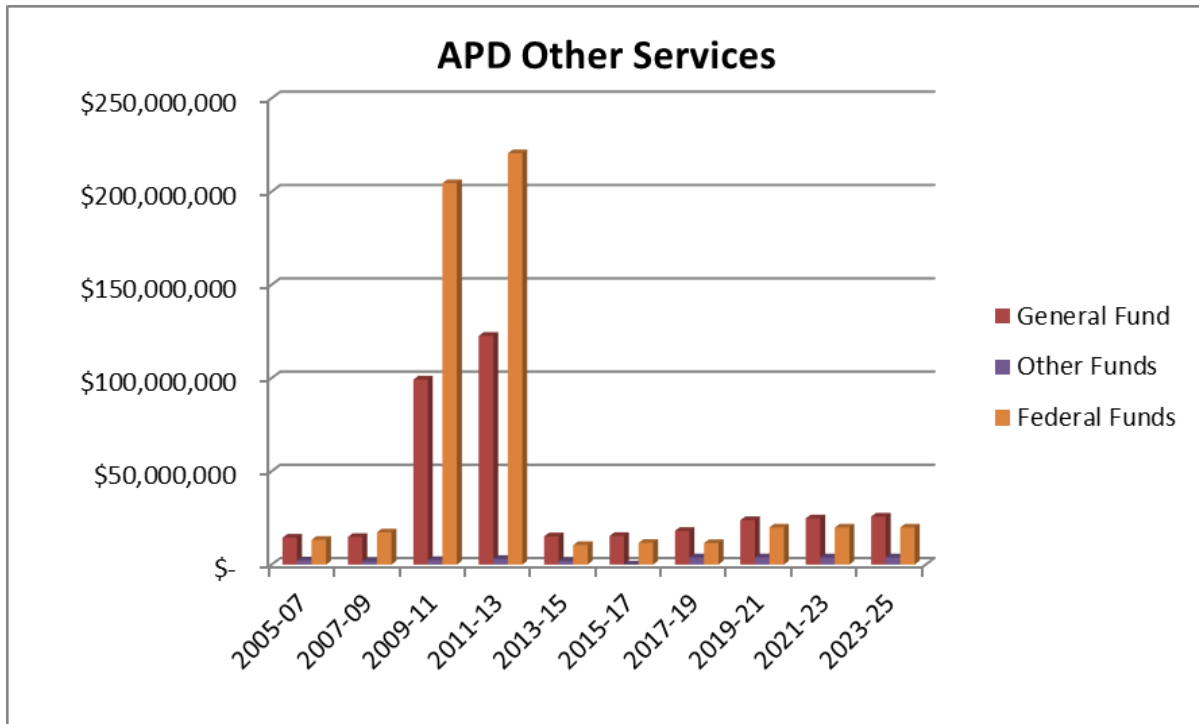
N/A

Department of Human Services: Other Services

Primary Long-Term Focus Area: Safer, Healthier Communities

Secondary Long-Term Focus Area:

Program Contact: Ashley Carson Cottingham



Costs for 2009-2011 and 2011-2013 are higher due to the transfer of the funding for Medicare Part A and Medicare Part B buy-in programs from the Oregon Health Authority (OHA) to Aging and People with Disabilities (APD). These funding sources were transferred back to OHA in 2013-2015, but APD continues to administer the programs.

Program Overview

The other services category was previously dominated by federally mandated programs, such as the Medicare Buy-in and the Medicare Part D low-income subsidy programs, which help low-income Medicare beneficiaries meet their cost sharing requirements. This cost-effective investment ensures that Medicare remains in a first-payer position, thereby reducing or eliminating costs to the State's Medicaid health programs (Oregon Health Plan). Other services also include programs that support individuals living as independently as possible in the community. For example, home-delivered meals provide a critical support to many individuals who otherwise may not be able to remain independent in their own home.

Program Funding Request

APD Other Services (without OPI or OAA)				
	GF	OF	FF	TF
17-19 LAB	18,053,996	3,821,204	11,564,087	33,439,287
19-21 GB	18,847,350	3,821,204	11,896,217	34,564,771
Diff.	5,765,576	-	8,313,908	14,079,484
% Diff.	31.94%	0.00%	71.89%	42.10%

Program Description

As stated above, the majority of funding in other services was previously dedicated to the Medicare Buy-in programs that support low-income individuals in accessing their federal Medicare benefits. Federal law requires states to provide payments for Medicare beneficiaries who meet specific income guidelines. APD helps consumers access this benefit. Medicare beneficiaries include individuals aged 65 or older and people with disabilities who have been receiving Social Security Disability payments for at least two years. The passage of the Medicare Improvements for Patients and Providers Act (MIPPA) of 2008 expanded the asset allowance and eliminated the estate recovery component of Medicare Savings Programs. These changes eliminated many of the barriers to the Medicare buy-in programs for a significant number of Oregonians.

Oregon is expected to serve more than 150,000 seniors and people with disabilities in the following programs:

- **State Medicare buy-in:** By purchasing Medicare Part B (which has a federally required premium) for individuals eligible for both Medicare and Medicaid (dual-eligibles), the Medicaid program pays for medical services (such as physician, radiology and laboratory services) only after Medicare has paid as primary payer.
- **Medicare savings programs:** Clients in these programs receive federally mandated assistance with their Medicare Part B premiums. Specified low-income Medicare beneficiaries and qualified individuals are those individuals who have income between 100 percent and 135 percent of the federal poverty level.

- **Qualified Medicare Beneficiaries:** Beneficiaries receive state assistance for the costs associated with the Medicare hospital benefit, Part A, and physician services, Part B, that would otherwise be required of them, including premiums, deductibles and co-payments. These clients have income equal to or less than 100 percent of the federal poverty level.
- **Medicare Part D:** Medicare Part D is the Medicare pharmacy benefit. All clients in the Medicare buy-in programs receive assistance from CMS with their Medicare Part D premiums and co-insurance amounts. Oregon pays a per-person monthly premium to Medicare for eligible clients.

APD works to provide services that support individuals in their own home. These supports reduce reliance on nursing facilities and licensed community-based care while simultaneously improving quality of life and saving taxpayers' money. These programs provide supplemental services as needed to in-home clients and are not tracked as a separate caseload. These programs include:

- **Medicaid Adult Day Services:** Adult day services provide supervision for adults with functional or cognitive impairments who cannot be left alone for significant periods of times. Services may be provided for half or full days in stand-alone centers, hospitals, senior centers, and licensed care facilities.
- **Medicaid Home-Delivered Meals:** Home-delivered meals are provided for Medicaid eligible clients receiving in-home services who are homebound and unable to go to the congregate meal sites, such as senior centers, for meals. These programs generally provide a daily hot mid-day meal and often frozen meals for days of the week beyond the provider's delivery schedule.
- **Cash payments:** APD makes special-needs payments to reduce the need for more expensive long-term care payments and to allow a client to retain independence and mobility in a safe environment. Special needs payments may be used for such things as adapting a home's stairs into a ramp or repairing a broken furnace. Clients can also receive cash payments to help pay Medicare Part D prescription drug copays, payments for non-medical transportation, and a one-time emergency payment for an unexpected loss (such as stolen cash, a car repair or a broken appliance). The budget

supporting these payments meets the federal requirement for APD's maintenance of effort (MOE).

Program Justification and Link to Focus Areas

Other services are targeted supports that help Oregonians remain in the least restrictive setting possible. The Department strives to provide services in a respectful, culturally and linguistically appropriate manner. These services tie to Strategy 1 on changing how health care is delivered in Oregon by supporting efforts to increase home- and community-based care to 90 percent of the total Medicaid long-term care caseload. The Safer, Healthier Communities focus area also envisions an integrated system that these community supports will help realize.

These services allow individuals to receive services at the right time and in the right place. They maximize expenditures by using the federal portion of Medicaid funding to provide person-centered services when the person needs them. It ties directly to the desired outcome of Ensuring Financial Stability for the Long-Term Care Service Systems and Supports.

Other Services complement and enhance in-home service plans, contributing to overall cost-effectiveness and the sustainability of the plan. Other services not only have a positive impact on consumers, but also their natural support system (relatives/friends/neighbors), preventing burnout and the need for higher cost services.

Program Performance

In an independent study conducted by AARP, Oregon received an overall ranking of 4th out of 50 states in terms of choice of settings and providers, quality of life, quality of care, and effective transitions from nursing facilities back into the community. With approximately 54 percent of the Medicaid caseload served in their own homes, Oregon continues to rank in the highest percentile.

Enabling Legislation/Program Authorization

Services in this category are operated under both the Medicaid state plan options, including the "K plan" and Oregon's Home and Community Based Care 1915(c) waiver. The state provides services that "waive" against nursing facility services,

the mandated entitlement for Medicaid eligible individuals under Title XIX of the Social Security Act. Additionally, ORS 410 and ORS 443 provide statutory policy and structure to the services offered.

Funding Streams

Other services are mostly funded through the Medicaid program; therefore, the federal government pays approximately 69 percent and the state pays 31 percent. There is a small amount of funding that is state general fund only, which serves to meet the state's maintenance of effort requirements. Finally, there is a small amount of funding from the estates of former recipients. When a Medicaid recipient dies, the state is required by federal law to recover money spent for the individual's care from the recipient's estate. These funds are reinvested in services for other individuals, offsetting the need for general funds.

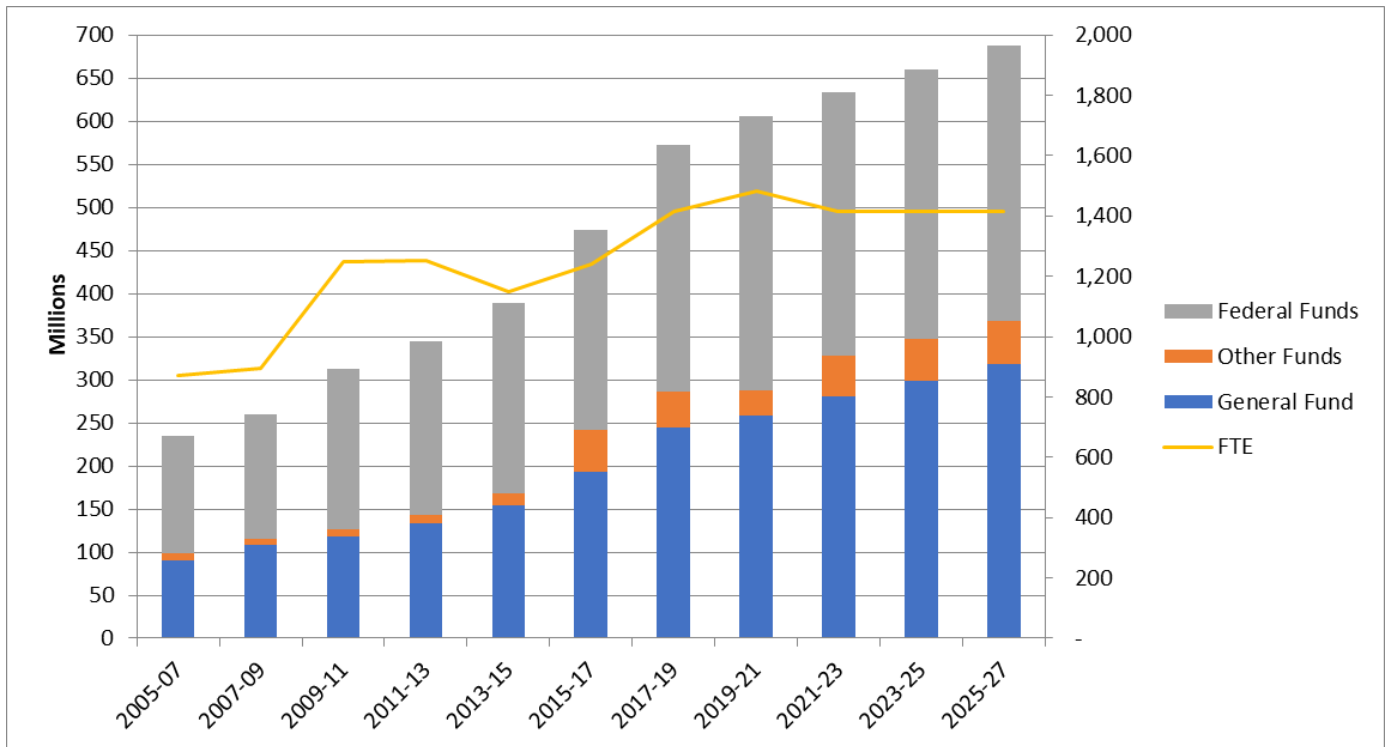
Funding Justification and Significant Changes to 17-19 CSL

N/A

Department of Human Services: Delivery and Design

Primary Long-Term Focus Area:
Secondary Long-Term Focus Area:
Program Contact:

Safer, Healthier Communities
Ashley Carson Cottingham



APD is seeing tremendous growth in the individuals it serves with relatively flat staffing levels. The increase from 2015-2017 is driven by the reintegration of licensing staff into the APD program.

Program Overview

The Aging and People with Disabilities (APD) program delivery system provides services and supports to Oregonians over the age of 65 and to adults with physical disabilities. The population is a diverse cross-section of Oregonians that requires supports that take into account race, ethnicity and language; lesbian, gay, bisexual, and transgender (LGBT) older adults; homeless seniors; older adult immigrants; and many other populations that qualify for services. Design and Delivery includes staff who design and provide technical assistance for Oregon’s long-term care system as well as the staff and partners who directly provide services in over 50 offices located throughout the state.

Program Funding Request

	General Fund	Other Fund	Federal Fund	Total Fund	Positions	FTE
17-19 LAB	226,998,912	60,319,149	285,508,550	572,826,611	1,455	1,445.97
19-21 GB	258,958,272	28,282,114	319,767,289	607,007,675	1,487	1,489.22
Difference	31,959,360	(32,037,035)	34,258,739	34,181,064	32	43
% Difference	14%	-53%	12%	6%	2%	3%

Program Description

The APD program delivery system provides respectful and inclusive services and eligibility determinations to over 160,000 Oregonians. Some of the services accessed by individuals include:

- Medical assistance (Oregon Health Plan and Medicare premium assistance)
- Disability determinations
- Supplemental nutrition assistance

This caseload is growing rapidly and is served by eligibility staff only; case management services are not provided to individuals accessing only the services above. Approximately 35,000 of the 160,000 individuals APD serves access long-term care services and supports. For these individuals, case management services are provided, which generally consists of assessment, choices counseling, service plan development, and monitoring. Additionally, local offices have memorandums of understanding (MOUs) with local Coordinated Care Organizations. These MOUs focus on joint accountability for coordinating care for individuals accessing long-term care services. State and Area Agency on Aging (AAA) case managers will be the front line in ensuring effective care coordination occurs for individuals served by APD's long-term care system.

Local staff also license adult foster homes, including those that do not participate in Medicaid. Local staff provide adult protective services, consisting of investigations of abuse and neglect against seniors and people with disabilities.

APD has historically earned local service delivery staff through a caseload ratio model (e.g. one eligibility worker for every 500 cases). For the 13-15 biennium, the Legislature authorized the transition to the workload model. This model differs

from the caseload ratio model in that it measures time required to perform tasks and captures work performed for individuals who are never found eligible. However, the model has fallen out of date recently and needs an overhaul.

The delivery system is comprised of both state staff and AAA staff located in communities throughout Oregon. Under ORS 410.270, AAAs have the right to elect to deliver Medicaid services locally. Currently, four AAAs have elected this option. These four AAAs (Multnomah County, Northwest Senior and Disability Services, Oregon Cascades West Council of Government, and Lane Council of Governments) serve the most populous areas of Oregon. With the exception of Washington and Clackamas counties, state staff serves areas with lower population densities.

The Oregon Home Care Commission (HCC) is also included in the Design and Delivery Program Area. Under Oregon's constitution, the HCC is responsible for ensuring the quality of home care services for seniors and people with disabilities. The Commission maintains a web-site of home care workers that can be accessed by all Oregonians, including those not served by Medicaid. Training is provided to both consumers and home care workers in a variety of areas addressing safety and quality. The efforts of the HCC are critical to the successful delivery of long-term care services to Oregonians.

APD's Design and Delivery area also includes the staff that design and administer services centrally. Some of the major services provided include:

- Negotiating system design with federal partners
- Developing program policy and maintaining administrative rules
- Paying providers
- Executing contracts
- Negotiating and implementing collective bargaining agreements
- Maintaining provider rates

Program Justification and Link to Focus Areas

There is a direct link between this program and the goal of Safer, Healthier Communities. The APD Delivery system supports individuals living in their communities in settings of their choice, whether in their own home, a community-based care facility or a nursing facility. Partnerships between local law

enforcement, local court systems, and local advocates are critical to ensuring the senior and disability populations are protected from neglect and abuse.

Enabling Legislation/Program Authorization

Oregon Revised Statutes 410.070 charges the agency with primary responsibility for the planning, coordination, development, and evaluation of policy, programs and services for older adults and people with disabilities in Oregon. Area Agencies on Aging have universal responsibilities as articulated in ORS 410.210. Additionally, ORS 410.270 authorizes Area Agencies on Aging to perform services locally that would otherwise be administered by state staff if they elect to do so.

Funding Justification and Significant Changes to CSL

Aging and People with Disabilities - 2019-21 POP Requests						
	GF	OF	FF	TF	Positions	FTE
121-Community Based Care Medicaid Access Package	3,349,725		2,226,050	5,575,775	25.00	25.00
TOTAL	\$3,349,725	\$0	\$2,226,050	\$5,575,775	25.00	25.00

POP 121

This policy option package is intended to protect and secure additional access to community-based care for Medicaid long term care consumers. This package provides a 10 percent increase to adult foster home providers effective 1/1/20 and another 4 percent increase effective 7/1/20 for a total of \$5 million in general funds. These increases are designed to recalibrate existing disparities to reverse the trend of lost access in the last five years. The package also adds a 5 percent increase effective 7/1/19 and a 5 percent increase effective 7/1/20 to assisted living, residential care, memory care and in-home agencies. Funding is also provided for anticipated increases in the upper payment limit for APD Program of All Inclusive Care for the Elderly programs. Finally, it has a request for surveyor positions to eliminate a backlog of inspections and to keep up with the ongoing oversight required by law - given the growth of community-based care settings.

Department of Human Services

Intellectual and Developmental Disabilities Services Program

Mission

The Department of Human Services Intellectual and Developmental Disabilities (I/DD) Services program provides support across the lifespan to Oregonians. ODDS, stakeholders, and the developmental disabilities community come together to provide services, supports, and advocacy to empower Oregonians with intellectual and developmental disabilities to live full lives in their communities.

Vision

People and families access quality supports that are simple to use and responsive to their strengths, needs and choices, while they live and thrive as valued members of their community.

Program

The I/DD program fulfills its mission and carries out its responsibilities while adhering to the following values:

- Choice, self-determination and person-centered practices
- Children and families together
- Health, safety and respect
- Community inclusion and community living
- Strong relationships
- Service equity and access

We have worked with a diverse group of stakeholders representing all areas of the I/DD service delivery system to develop a strategic plan that will guide our work for the next biennium and beyond. The Mission, Vision and Goals included here reflect that effort and the plan itself.

As a result of the state's adoption of the Affordable Care Act's Community First Choice Option (or K Plan), an increased number of children and adults with I/DD are able to access Medicaid-funded, community-based services to meet their needs, instead of having to meet crisis eligibility in order to access appropriate support.

We seek to achieve the following strategic goals:

- Create a system that is sustainable, easy to use, with effective communication and equitable access.
- Honor and support people to make their own choices about who they want to be and what they want to do in their life.
- Support equal opportunity for living options and meaningful employment in an integrated community setting.
- Provide families the amount and type of supports they need to raise their children at home, or when necessary, in another family home within their community.
- Support health and safety while people live rich, full lives.

People We Serve

The I/DD program serves people with intellectual disabilities (IQ 75 or below) or developmental disabilities such as autism, Down syndrome and cerebral palsy. These disabilities are lifelong and have a significant impact on the person's ability to function independently. Some people with I/DD may also have significant medical or mental health needs. Most people with I/DD meet Medicaid financial eligibility requirements.

Community First Choice Option Services

Historically, the I/DD service system was comprised of three basic components. There were two separate program service areas — Support Services and Comprehensive Services. The third major component was program design and delivery. While program design and delivery remain the same, Support and Comprehensive Services are now primarily offered through the Community First Choice Option (CFCO).

Under CFCO, eligible persons must receive a functional needs assessment that informs the planning process. They also participate in a person-centered planning process that focuses on the person's strengths, community engagement, personal goals and outcomes. That planning process results in an annual plan, the Individual

Support Plan (ISP), that documents the services the person will access in order to meet their goals. Together, the functional needs assessment and ISP inform the amount and/or rate for services that are available to the person.

Program Services

I/DD offers a broad array of services to optimize choice and offer an array of cost-effective services based on functional need. Importantly, implementation of CFCO expanded access to children with I/DD and eliminated the hard cap that had been in place for adults who receive in-home services. Since implementation of CFCO, Oregon has increased the number of children with I/DD who receive services and adults no longer have to be in crisis to receive 24-hour supports in an out-of-home setting.

The shift to CFCO required that most I/DD services be categorized as attendant care. This shift has been challenging for the system because people with I/DD, their families, providers and advocates were more familiar with Oregon's important history of self-directed and strengths-based support system. A new strategic plan that upholds this commitment and sets out steps to reorient the system is now underway. This strategic planning process resulted in a firm understanding that the person, their family and the goals they want to achieve remain at the core of our system. This process also commits the agency to develop a Service Equity Plan to reach out to underserved populations and to the removal of barriers to access, providing services by staff with the appropriate cultural and linguistic capacities.

ODDS has also converted its Comprehensive and Support Services Waivers into a Children's Waiver and an Adults' Waiver as part of its work to reorient the I/DD system to focus on person-centered planning. The new waivers will apply to all settings, simplify and streamline the federal authorities under which I/DD services are provided, and allow the I/DD system to tailor services to children and adults in the future.

Attendant Care

Attendant care provides support for people to perform activities of daily living and instrumental activities of daily living (ADL/IADL). With CFCO, this is the primary service available to people with I/DD. Most Support and Comprehensive Services are considered attendant care services and are generally categorized based on the setting where the person lives.

Services that now fall under attendant care include:

- In-home supports for children and adults
- Children's intensive in-home services
- 24-hour services:
 - Group home for children and adults
 - Adult and child foster care
 - Supported living (adults only)
- Day supports
- Stabilization and Crisis Unit (SACU)

In-home supports for children and adults

These services are designed to provide ADL/IADL supports in the home or in the community. Children that receive these supports live with family, and adults live either with family or in their own home. In-home services are provided to a majority of individuals served by the I/DD program. As a result of the expanded accessibility to these services, I/DD anticipates a continued increase in the use of this service over the 2019–21 biennium. However, based on an analysis that compared Oregon with other states that also serve everyone that meets the state's I/DD eligibility requirements, we expect the growth in the number of children coming into services to begin to slow during the 2019-21 biennium.

When families are supported to provide the core care that also meets linguistic and cultural standards of service, even people with the most significant needs have active and engaged lives in their community. Without in-home services, many individuals would require much more expensive out-of-home services such as group or foster homes.

Persons who remain in their own home or with their family and have changes in support needs can access interim or short-term services. Interim services may include increased attendant care, behavior consultation or technical assistance to determine if an intervention will assist in maintaining the current placement. Depending on the change in support needs, environmental modifications may also increase the individual's likelihood of remaining at home.

For both children and adults, in-home services are provided by Personal Support Workers (PSWs) or certified provider agency Direct Support Professionals (DSPs).

Personal Support Workers are directly hired by the person or their employer representative. Direct Support Professionals are employees of private organizations that contract with the state to provide services.

Children's Intensive In-Home Services (CIIS)

These services consist of three model waiver programs which provide intensive supports in the family home. One of these programs is for children with intensive behavioral issues who, without supports, would require specialized out-of-home services. The second program is for children with medical conditions who, without supports, would require nursing home services. The third program is for children with intense medical needs. These children are dependent on life support technology such as ventilators that, without these in-home services, would require a hospital setting. With the implementation of the Community First Choice Option, children who do not have the intensive needs described above may now be able to access in-home support services through their local Community Developmental Disabilities Programs (CDDP) upon completion of a needs assessment and an Individualized Support Plan (ISP).

24-Hour Services

These services are for children and adults who can no longer remain at home or adults who choose to receive services in a 24-hour setting. Under CFCO, these services are also categorized as attendant care. These services are primarily 24-hour supports, usually provided in settings outside the family home through group home, supported living or foster care providers.

These important services provide an alternative to institutional care. Community-based care, as opposed to institutional care, remains a less restrictive and more cost-effective program. In this setting diverse recruitment and the ability to provide linguistically and culturally appropriate services are fundamental to removing barriers to service access. Group home and supported living services are provided by private organizations that contract with the state. Adult foster care providers are represented by the Service Employees International Union (SEIU). Child foster care providers are private providers licensed through either Child Welfare or the local Developmental Disabilities office.

People usually receive 24-hour services when they are unable to stay at home on their own or with their family. This may be due to a person's needs or the caregiver's ability to continue providing services.

Children with disabilities enter 24-hour comprehensive services as a voluntary placement because the intensive needs of the child cannot be met in the family home or may be involuntary through child welfare action. Child Welfare programs maintain responsibility for the court relationship, but I/DD provides the specific disability-related care.

Day Services

Day services are available for people who are over 18 and out of school. Many adults receiving 24-hour services also receive ancillary day services. These services are available for about 20–25 hours a week for out-of-home activities, including employment-related activities. Adults receiving in-home supports are also able to receive day services as part of their attendant care. Day support activities that fall under the category of attendant care are provided through CFCO and provide supports promoting integration, independence, and participation in the person's community.

Transportation

Non-medical transportation is also provided to help persons with I/DD in in-home and 24-hour services when public transportation is not available, or not feasible, to help them participate in employment or other services.

Stabilization and Crisis Unit (SACU)

SACU is a 24-hour service provided under the CFCO. SACU provides a safety net for Oregon's most vulnerable, intensive, medically and behaviorally challenged people with I/DD. SACU provides services when no other community-based option is available for a person. This includes persons with I/DD coming out of the Oregon State Hospital, corrections systems, and from crisis situations where counties and private providers cannot meet the needs of the person to ensure health and safety. SACU focuses on supporting people in community-based settings and enabling them to return to less intensive service levels as quickly as possible.

SACU provides 24-hour residential and day supports to people with I/DD from across the state who have significant medical or behavioral needs. The services are provided in licensed five-bed group homes.

SACU started in 1987 when Oregon began moving all persons with developmental disabilities living at the state institution (Fairview Training Center and Eastern Oregon Training Center) to private providers. There were a small number of people with complex medical or behavioral needs who could not yet be supported by private providers.

From the first homes that were opened by SACU to today, the profile of the people served has changed. As private agencies increase their skills to meet challenging needs and agree to provide services, the person who needs a safety net has changed. In the past, the numbers of people with intensive behaviors often had a diagnosis of autism. Today, intensive behaviors are more related to co-occurring mental health diagnosis and/or personality disorders.

Ancillary Services

In addition, people with I/DD served through I/DD are able to access vital ancillary services. Examples of these services include:

- Behavioral consultation
- Assistive devices
- Assistive technology
- Long-term care community nursing
- Environmental modifications
- Specialized nursing

Case Management

These services are provided through certified entities called Support Service Brokerages or through Community Developmental Disabilities Programs (CDDPs). CDDPs support children and adults while Brokerages support adults in in-home settings.

CDDPs are responsible for eligibility determination and redeterminations, protective service investigations and foster care licensing and reviews. After eligibility is established through the CDDP, adults who live in in-home settings can choose to be served by the CDDP or a Brokerage.

A functional needs assessment is administered to determine the person's level of need and the amount or rate of services that will be available. The Services

Coordinator (SC) or Personal Agent (PA) then works with the person, family and others important in the person's life to complete an individual support plan (ISP) and a career development plan (CDP). They then work with the person to identify necessary supports required to meet the needs identified through the assessment and the goals identified in the ISP/CDP.

Employment First Policy

This policy states that employment in fully integrated work settings will be the first and priority option explored in service planning for all working-age and transition-age persons with I/DD. This policy is based on the general philosophy that persons with developmental disabilities have the ability, with the right supports, to be productive and contributing members of their communities through work. This philosophy also recognizes intrinsic and financial benefits of paid work to the persons with disabilities and their families. To support the policy and philosophy of fully integrated work settings, since July 1, 2015 the department no longer funds services for new people to enter sheltered workshops. Employment services are also provided consistent with the provisions and expectations of Executive Order 15-01, "Providing Employment Services to Individuals with Intellectual and Developmental Disabilities," reissued in January 2015.

Employment Services

These services have been strengthened and improved as part of the important Employment First initiative. I/DD has restructured employment services to encourage integrated, competitively paid employment for people with I/DD. Employment services are no longer bundled with attendant care services, they have been broken out into discrete services to support people as they learn about, find and maintain employment. Employment services are not offered through the CFCO, they remain available through the Medicaid waiver.

Employment services include:

- Employment path
- Job discovery
- Job development
- Job coaching
- Small-group supported employment

Family Support Services

These services are available to any family with a child with I/DD and under the age of 18 that is not eligible for Medicaid. The program offers minimal support services with the most common request being for respite care.

All children in this program have case managers through their county CDDP and state-funded services are allocated based on need. Most children are also in school programs and the case manager coordinates between school and home. Family support services can be more cost effective by allowing the family to support the child with a small amount of funding, without accessing Medicaid.

Family-to-Family Networks

These family-driven networks provide training, information, referral and general support with families providing support among one another. Just having another family to connect with or problem solve with is often what it takes to be supported in the family home.

Program Design and Delivery

Staff and services support the administration of I/DD programs through a central office providing strategic planning, program funding, policy development, general oversight, and technical support to community services and support and leadership for various advisory councils.

The structure for service delivery and design includes a central program administration office within DHS and contracted services with Community Developmental Disabilities Programs (CDDP) and Brokerages. Contracted CDDPs, usually operated by county government, are responsible for service eligibility determination, program enrollment, case management, and abuse investigations. Brokerages provide case management services, including assessment and service planning for adults in-home.

Quality Improvement

In 2017 the I/DD program created a Quality Improvement unit. This unit is responsible for coordinating quality assurance and quality improvement activities for I/DD services. This includes performing regular quality reviews of Brokerages and Community Developmental Disabilities Programs, overseeing Licensing

activities, coordinating with Abuse Investigator Specialists (AIS) and Office of Training, Investigations and Safety (OTIS), establishing quality metrics for I/DD, collecting and analyzing data to measure overall system performance and to inform policy decisions.

Brokerages and Community Developmental Disabilities Programs (CDDP) field reviews

The I/DD Quality Assurance unit conducts field reviews on a two-year cycle in each CDDP and Brokerage. The reviews are focused on ensuring Centers for Medicare and Medicaid Services (CMS) Assurances are met through performance measures approved by CMS. The reviews assist I/DD in identifying program specific strengths and areas requiring improvement allowing for focused training and technical assistance. The reviews assist with identifying individual issues needing to be corrected as well as allow for analyzing common trends across the state that may suggest a need for system changes, improvements, best practices and training.

I/DD Licensing Unit

The Intellectual/Developmental Disabilities (I/DD) Licensing Unit oversees a statewide program responsible for licensing and the quality of care in programs serving persons with I/DD, including the licensing of adult foster homes and 24-hour residential facilities. It oversees, and is responsible for, the Medicaid-agency certification of agencies and the endorsement of 24-hour residential programs, supported living programs, and employment programs. It also certifies Support Service Brokerages and Child Foster Homes throughout the state. Through licensing and certification the DD licensing team ensures that providers of services comply with requirements for federal and state reimbursement. The I/DD Licensing team conducts complaint investigations and determines necessary corrective action up to and including civil penalties or revocation of a license or certificate.

History — Future Trends

Oregon is recognized nationally as an innovative leader in developing community-based services for persons with I/DD. Oregon is one of the few states that have no state or privately operated institutional level services specifically for people with developmental disabilities. In fact, the majority of persons with

developmental disabilities in Oregon are served in their own home or their family's home.

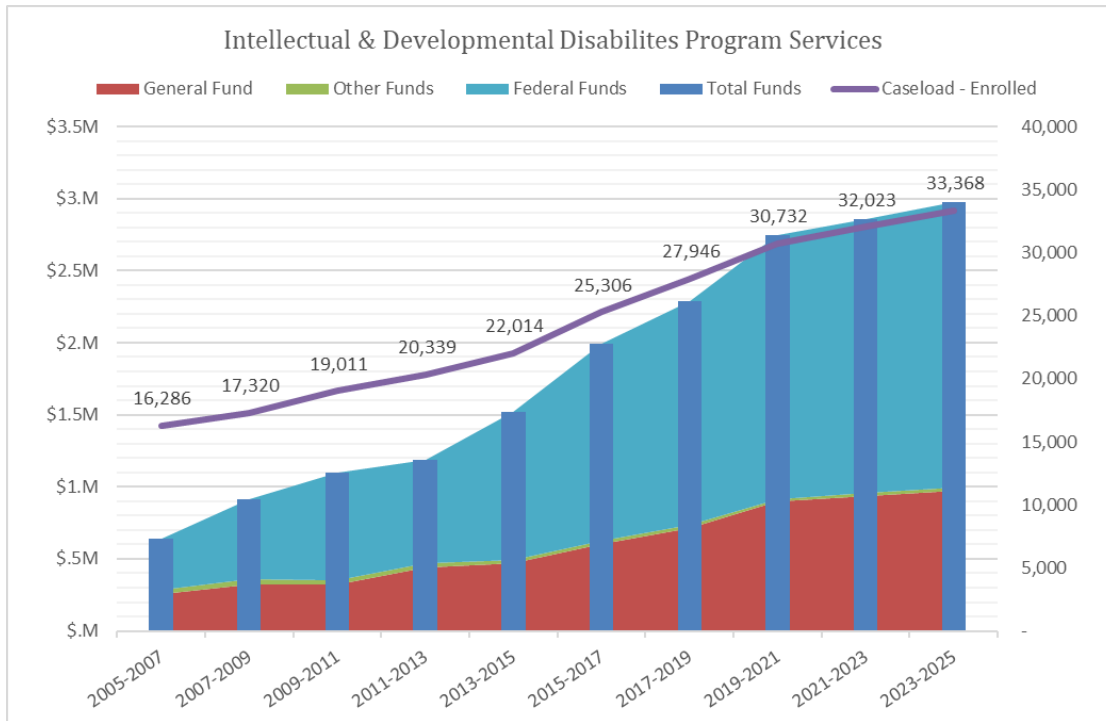
This results from two decades of work to aggressively “re-balance” the developmental disabilities system by moving from an institutional model with expensive, one-size-fits-all approach to a self-directed, family involved, individually focused, culturally appropriate, and less expensive approach to service. People with I/DD and their families report a high level of satisfaction through increased control over services, the ability to more fully integrate in their home communities and the benefits of home community life.

Nationally, and in Oregon, the number of people with developmental disability-related needs is growing. There also is an increase in the number of people who need services that have co-occurring mental health needs or are coming to us from the corrections system. To reach underserved or underrepresented communities, more consistent and deliberate efforts are needed to build a diverse work force capable of delivering linguistic and culturally targeted services. However, to further advance the inclusion of people with I/DD in their communities of choice, and to serve the increasing number of people with I/DD accessing services, efforts to ensure the long-term sustainability of the system must continue.

Department of Human Services: Program Services

Primary Long-Term Focus Area: Safer and Healthier Communities
 Secondary Long-Term Focus Area:
 Program Contact: Lilia Teninty

Program Services – Caseload and Funding



Note: Effective 2013-2015, K Plan increased enrollment as well as lifted spending caps.

Program Overview

Oregon home- and community-based services for people with intellectual and developmental disabilities are provided under several Medicaid authorities including Community First Choice Option (CFCO), also known as K Plan; and five 1915(c) waiver programs. ODDS also operate a small Family Support Services program funded by state general funds providing limited flexible supports for individuals and families.

Currently, ODDS home- and community-based services support more than 27,000 adults and children with intellectual and developmental disabilities to live their lives in their communities. About 12,000 of them receive services in their own of family homes.

Program Funding Request

I/DD Program Services	GF	OF	FF	TF
17-19 LAB	\$ 716,089,734	\$ 19,440,505	\$ 1,551,950,957	\$ 2,287,481,196
19-21 GB	\$ 810,882,074	\$ 26,267,597	\$ 1,631,122,668	\$ 2,468,272,339
Difference	\$ 94,792,340	\$ 6,827,092	\$ 79,171,711	\$ 180,791,143
Percent change	13%	35%	5%	8%

Program Description

Oregon home- and community-based services for people with intellectual and developmental disabilities are provided under several Medicaid authorities including Community First Choice Option (CFCO), also known as K Plan; and five 1915(c) waiver programs. Supports provided under K Plan are services such as attendant services that support individuals in accomplishing activities of daily living and instrumental activities of daily living (ADL/IADL), relief care, behavioral support services, transportation, environmental modifications, and assistive technology and devices.

Adult and Children Waivers provide services such as case management, employment services, and other ancillary services (direct nursing services, specialized medical supplies, environmental safety and vehicle modifications, and family training). Services through the Children's Waiver are provided to children in all settings, including family homes, group homes, foster care through County Developmental Disabilities Programs (CDDPs). Services through Adult Waiver are provided to adults, age 18 and older. Adults receiving service through CDDPs may reside in all settings including their own homes, family homes, supportive living, group homes, and foster care. Adults served through Support Services Brokerages receive services in their own or family home. Individuals receiving services through either waiver can access all K Plan services. Under CFCO, an individual can elect to live in any setting of their choice, but it may impact whether they receive case management support through CDDP or Brokerage.

Of the 27,159 individuals enrolled in services (June 2018 Variance Report), 3,033 live in 24-hour group homes, 3,289 in foster homes, 690 in supported living. 11,644 individuals, who receive I/DD services in addition to case management, reside in their own or family homes. 7,617 of the adults served at home receive case management support through Support Services Brokerages; 11,236 adults living in all settings receive case management through CDDP system. In-home

support services average approximately \$2,195 per month per individual while out-of-home services average approximately \$6,727 per month.

For both children and adults, the direct care services are provided through Personal Support Workers (PSWs), provider agencies, behavior consultants, and respite providers. Personal Support Workers were provided collective bargaining rights in 2010 through HB 3618.

Employment services

ODDS currently offer supported employment services, such as job development, job coaching, supported small-group employment, discovery, and Employment Path. Discovery and Employment Path help individuals explore and learn skills to help them gain competitive integrated employment. These services are currently provided through the Comprehensive and Support Services Waivers.

People who are employed in the community have the highest level of integration and have stronger social networks. The more people with developmental disabilities can achieve paid employment, the less dependence there is on public resources and the greater the state's flexibility in designing future services that respond to the need of this population.

Oregon has been very successful in developing community-based care to move away from institutions as a model of care. Individuals with developmental disabilities fully engaging with their communities brings positive outcomes while being fiscally beneficial. Based on new federal requirements, community employment services will be the only employment services to receive federal funding as of March 2019.

Model Waivers

ODDS administer three Model Waivers through the Children's Intensive In-Home Services (CIIS) unit: Medically Involved Children's Waiver, Medically Fragile Model Waiver, and Behavioral Model Waiver for children. Currently, these waivers serve about 388 kids. Children receiving service through Model Waivers are also able to access K Plan services. These services are substantially the same as individuals served through the Comprehensive and Support Services Waivers, including attendant services, relief care, behavioral support services, environmental modifications, and assistive technology and devices.

Family Support Program

Limited supports for children are offered by ODDS through the Family Support Program and are available to any family of a child under age 18. The program is funded by general fund and offers flexible supports with the most common request being for attendant care and respite services. On average, during 2017-19 biennium, the program served 33 families per month at an average monthly cost of about \$34. Surveys tell us this support is of immense value to families. All children in these programs have case managers through their county Community Developmental Disabilities Program (CDDP).

Family-to-Family Networks

ODDS also provide \$1.24 million in funding to the Oregon Consortium of Family Networks (OCFN) with support and technical assistance through Oregon Council on Developmental Disabilities (OCDD). OCFN collaborates with community partners and others to help families have an empowered vision of a full life for themselves and their children. They facilitate opportunities for families to support each other in accessing the information they need, navigating the many systems they encounter, and helping local community resources increase capacity to include and welcome families experiencing disability. OCFN believes that supporting families in this way will improve their quality of life and support greater sustainability of the formal support system over the long term.

Program Justification and Link to Focus Areas

ODDS service and supports for people with intellectual and developmental disabilities link to the Safer, Healthier Communities area through its focus on individuals with intellectual/developmental disabilities (I/DD) to ensure they are healthy and have the best possible quality of life in their communities among families and friends and are working or attending school to achieve their greatest potential. Additionally, ODDS continuously work to ensure that services are provided in a linguistically and culturally competent manner.

When compared to the entire Medicaid population, adults in the Medicaid-funded home- and community-based services with I/DD are uniquely more reliant on the

service system to make lifestyle changes and to adequately access health care. Funding I/DD programs to support the necessary lifestyle choices that reliably and consistently follow through with medical recommendations will result in significant cost savings to the state's medical programs. Families and case managers are critical to help with health care coordination in the communication and implementation of treatment.

I/DD services are critical to the financial stability of a family and to the person with intellectual/developmental disabilities. With supports, families are not forced to decide between working and supporting their family member. It is also important that working-age adults with developmental disabilities are supported to work. Oregon has implemented an Employment First policy. This prioritizes individuals in actively engaging in developing work skills and defining work interests, pursuing job development or being employed in the community, and receiving support to maintain employment.

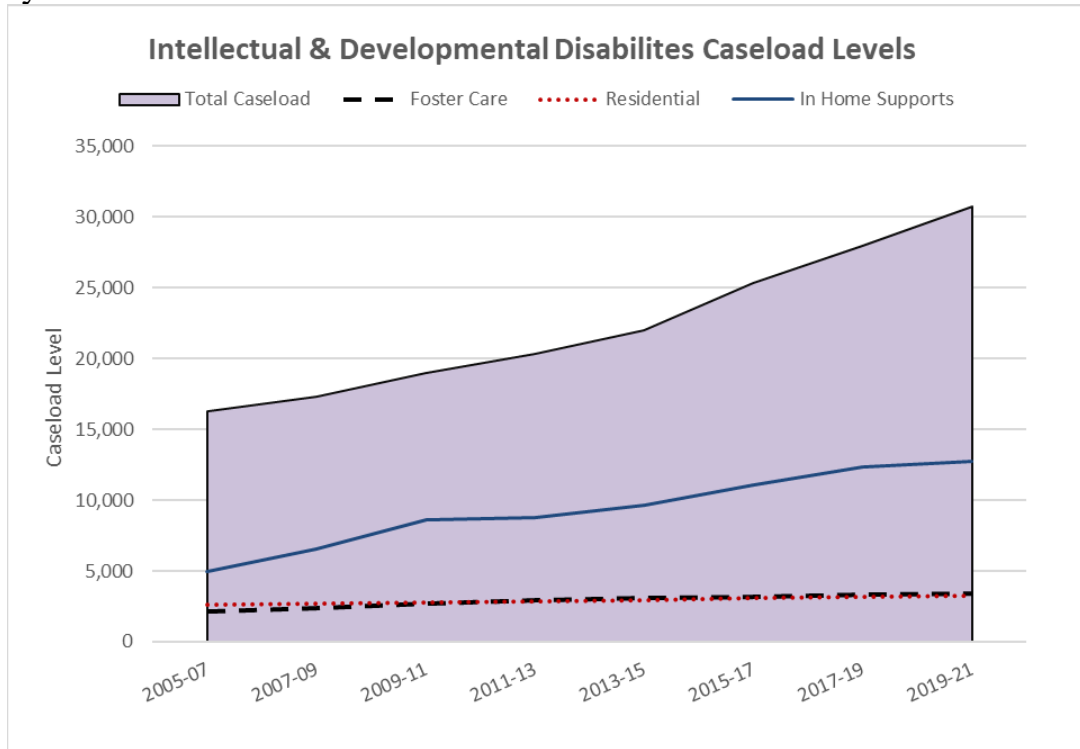
Executive Order 15-01 (which supersedes and replaces Executive Order 13-04 (issued in April 2013)) directs state agencies to take numerous steps that will advance the State's Employment First policy in Oregon. The goal of this Order is to further improve Oregon's system of designing and delivering employment services to those with intellectual and developmental disabilities in achieving integrated employment, including a significant reduction over time of state support of sheltered work and an increase in investment in employment services. The Order covers the time of July 1, 2014 through July 1, 2022 and specifies certain benchmarks and metrics to be achieved each year.

Individuals with intellectual/developmental disabilities who are employed may provide additional resources for their family unit. In addition to being happier and healthier, individuals with I/DD who are employed broaden their network of supports, contributing to the Thriving Oregon Economy focus area.

The success of having people live with families for as long as they can is dependent on the families themselves being supported. In the 2015-2017 budget, funding was provided to the Office Developmental Disabilities Services for a total of eight Family-to-Family Networks. These are family-directed organizations that provide education, resource connections, and personal outreach and support to families experiencing similar needs.

Program Performance

Supporting individuals to live at home or live on their own is the most desirable outcome for people with I/DD and is most cost effective for the state. The number of people supported at home has been the largest area of growth in the I/DD system.



Spring 2018 Forecast

Enabling Legislation/Program Authorization

Oregon Revised Statutes 427.005, 427.007, and 430.610 through 430.695 enable the provision of family support for children with developmental disabilities.

Oregon Revised Statutes 427.410 enables the provision of Support Services for adults through Support Services Brokerages.

At the federal level, in addition to all applicable Medicaid statutes and regulations, services must comply with the Title II of the Americans with Disabilities Act (ADA) of 1990 and Section 504 of the Rehabilitation Act of 1973. Compliance with these federal laws is subject to the U.S. Supreme Court's Olmstead Decision of 1999 and the U.S. Department of Justice's interpretation of that decision as it relates to the ADA and Rehabilitation Act. The Olmstead ruling applies.

Funding Streams

The services are designed and approved using a Medicaid 1915c Home and Community-Based Waivers, and primarily, the Community First Choice Option in the Medicaid State Plan. The program funding match rate is 63 percent Federal funds and 37 percent State General Funds for waiver services and 69 percent Federal funds and 31 percent State General Funds for State Plan services.

Funding Justification and Significant Changes to CSL

129 Expand Support to Kids with Significant Needs

General Fund	Other Funds	Federal Funds	Total Funds	Positions	FTE
\$7,749,683	\$0	\$16,277,095	\$24,026,778	0	0

Additional funding included in Design & Delivery Bid Form.

There are inadequate resources to serve children who experience an intellectual or developmental disability with significant support needs. This has led to a crisis that is widely recognized and is being discussed and considered in a number of forums. The result is that children with significant, cross-system needs are placed in inappropriate or inadequate settings. This includes children with I/DD under DHS care who are placed in hotels, and children who have languished in hospital emergency departments, state hospital, or highly restrictive environments. Many of these children are living in the family home, with families barely managing to support these extremely high-needs children.

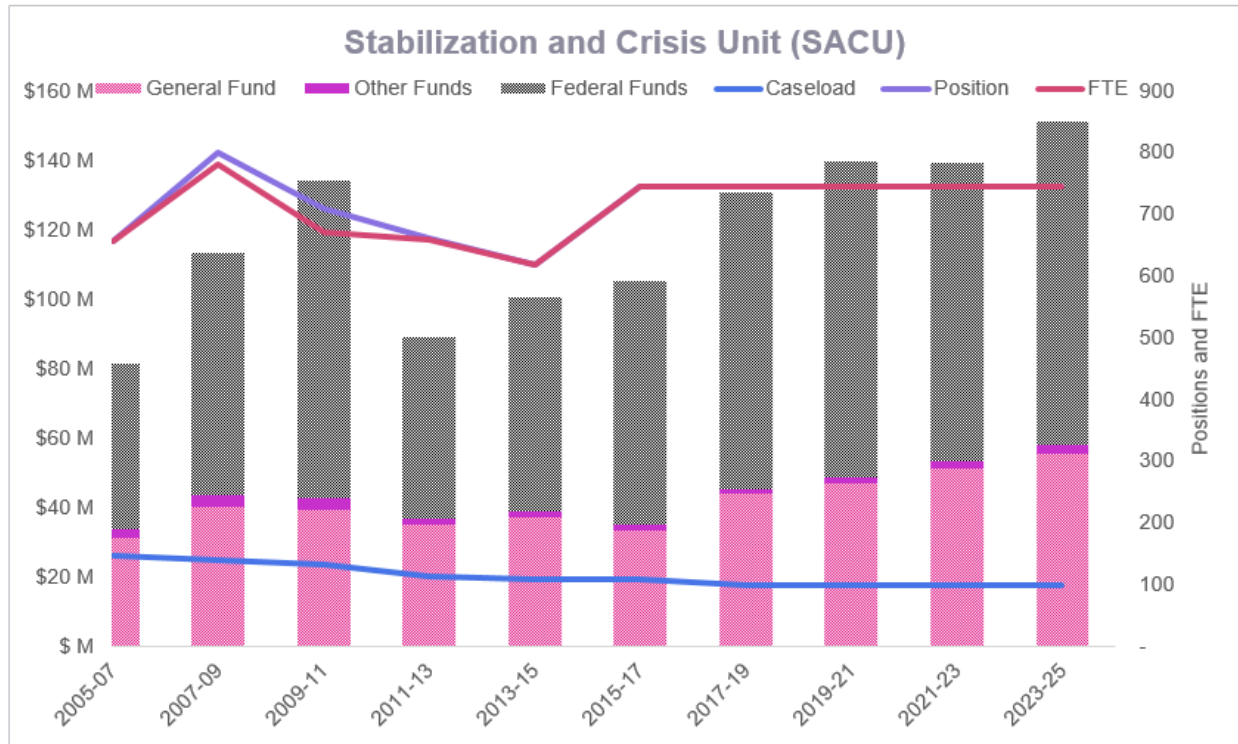
ODDS is proposing to address the lack of resources by a) creating a new foster care service level, "enhanced foster care", that will increase residential capacity by allowing children and youth to step down from more restrictive group home settings (similar to 'proctor care' that ended several years ago), and b) appropriately expanding residential group home capacity, and c) expanding the capacity in the waiver programs that support children with intensive medical needs in their family homes.

Reductions taken for 2019-2021 GB:

- The budget proposes expending the remaining balance of \$6 million general fund in the Fairview Housing Trust Funds.
- The budget proposes a reduction of \$2 million general fund to Employment services for lower than anticipated usage of Job Coaching hours.

Department of Human Services: Stabilization and Crisis Unit (SACU)

Primary Long-Term Focus Area: Safer, Healthier Communities
 Secondary Long-Term Focus Area: N/A
 Program Contact: Brad Heath



*A 7 percent overall budget reduction occurred in 2011.

Program Overview

The Stabilization and Crisis Unit (SACU) provides a safety net for Oregon’s most vulnerable, intensive, behaviorally and medically challenged individuals with intellectual and developmental disabilities. This includes people with developmental disabilities coming out of crisis situations, including hospitals, correctional systems, and private providers who cannot meet the needs of the individual to ensure their health and safety. Almost all individuals served by SACU present with dual diagnosis of mental health and I/DD issues. This program is an integral part of the overall intellectual/developmental disabilities continuum of services. SACU focuses

on supporting people in community-based settings and preparing them to return to less intensive service levels once stabilized.

Program Funding Request

INTELLECTUAL & DEVELOPMENTAL DISABILITIES SACU	General Fund	Other Funds	Federal Funds	Total Funds	Positions	FTE
2017 - 19 LAB	43,717,322	1,430,612	85,442,234	130,590,168	745	745.00
2019 - 21 GB	44,673,528	1,466,880	85,627,051	131,767,459	745	721.00
Difference	956,206	36,682	184,817	1,177,705	0	(24.00)
Percent change	2.2%	2.6%	0.2%	0.9%	-	(3.2%)

Program Description

SACU provides 24-hour residential services to individuals with intellectual/developmental disabilities who have significant behavioral, mental health/medical care needs. The services are provided in licensed 5-bed group homes located across six counties from the Portland metropolitan area south to Eugene.

As individuals enter SACU, staff work with each person to modify behaviors and increase individual skills. Many of the individuals supported have frequent and intense behaviors and staff may provide physical interventions as trained through the Oregon Intervention System (OIS). All individuals have focused behavioral protocols that require frequent staff training and a high level of data collection and review. The program utilized a person-centered approach and complies with all state and federal regulations.

There is an active referral list of adults and children waiting to enter SACU. Before entry into SACU, individuals are first referred by the CDDP to community-based providers across the state but when they are denied or terminated from a current provider program, they move to a SACU placement. Nearly all individuals served have co-morbid (co-occurring) disorders of mental illness and intellectual/developmental disability and mental illness. The acuity level of challenging behaviors requires intensive 24-hour supervision and behavioral support services to ensure the safety to themselves and the community. Challenging behaviors range from aggression toward people or property including self-injurious behaviors. SACU also supports up to 10 individuals with medically fragile conditions that require 24-hour nursing care and support services.

More than 50 percent of these individuals have a history of criminal charges and/or current or pending legal sanctions. The convictions range from such crimes as assault, criminal mischief, theft, harassment, public indecency, possession, rape, sex abuse, and murder. A number have legal sanctions as a result such as parole, probation, Psychiatric Security Review Board (PRSB), or are registered sex offenders. Some are civilly committed as they have been found to be a danger to themselves or others. The majority of individuals referred to SACU have an identified need for a secured facility due to their risk of flight and/or offensive behavior. In addition, a large percentage of individuals require facilities where housing modifications are implemented to avoid injury to self and others.

SACU serves 79 adults who need acute stabilization and crisis services. These individuals have been identified due to extreme behavioral and psychiatric needs that have not been successfully provided in the community.

SACU has 10 beds available for children (up to 18 years old) who are in acute crisis situations and require stabilization. These children come from a variety of settings including the family home, foster care, 24-hour group home care, and institutional care. As of 2018, SACU is in the process of converting one five bed home from an adult home to a children's home in the Portland Area, increasing the total number of children's beds to 15 overall.

SACU serves up to 10 individuals in specialized medical facilities due to their fragile medical conditions and I/DD needs.

In all the homes, SACU staff provides services that ensure health and safety needs are met and that the individual has the ability to participate in the community. As the goal of the program is to have the individual live in the most independent, least restrictive community setting, it is important to ensure the individual can be supported in the same type of setting.

All of the individuals in SACU qualify for Medicaid, currently use the Oregon Health Plan and are served by Coordinated Care Organizations, to meet their medical needs. Since there are high medical, behavioral and mental health needs, the program treatment plans are critical for individual stabilization and coordination of health services.

From the initial homes established in 1987 through today, the profile of the individuals served by SACU has dramatically changed. As private agencies

increase their skills to meet challenging needs and are able to provide services, the individual who needs safety net services has changed. In 2000, SACU had six homes serving 30 people with high medical needs. Today these medical homes serve only up to 10 individuals. These individuals now receive care in community and nursing facilities.

In the past, the numbers of people with intensive behaviors were people who had a diagnosis of autism. Today, intensive behaviors are related to co-occurring mental health diagnosis and/or criminal convictions.

With the 2015-2017 budget, SACU completely transformed the organizational structure to increase efficiencies and lower injuries and overtime. The agency formed seven island structures within the existing three regions and created a staffing float pool, which allows for more flexibility in direct care staffing. SACU also created the Crisis Outreach Assessment Team (COAT), a rapid-response team that responds to an individual's crisis as it is occurring. COAT also completes mental health assessments allowing SACU to better support the individuals served. In addition, SACU contracted with a national consultant, Benchmark, to review SACU as a whole and make recommendations for improved services as well as individual and staff safety.

Program Justification and Link to Focus Areas

SACU links to the Safer, Healthier Communities focus area. SACU helps individuals with intellectual/developmental disabilities be healthy and have the best possible quality of life by helping them live in their communities and to work or attend school to achieve their potential. Stabilization and training are provided for adults and children who have entered the program in crisis. SACU helps individuals transition back into community settings with support from their families, caregivers, or private providers.

Individuals enrolled generally have no other alternatives for a residential placement. They are in crisis due to a family breakdown; discharge from a hospital, psychiatric or correctional setting, or discharge from a private provider who can no longer support them due to the intensity of their behavioral or medical needs. SACU provides a critical alternative to assist the person to return to a healthy and productive life through a high quality residential program, including community-based housing, appropriate nutritional and medical care, and interventions.

In addition, the safety net provided by SACU allows for targeted, community-based support to individuals in crisis or with otherwise unmet intensive needs, individuals receive the services they need for the time they need them, and are then assisted to transition back to families or private providers.

Program Performance

Staff ratios are quite high; at minimum all require a 1:1 staffing level. Many require a greater staffing level while in the community. The goal is to stabilize behaviors and health issues in a residential setting so that transition to a private provider is successful. Average length of stay for SACU adults overall (in both medical and behavioral beds) is 5.8 years which is down slightly from previous years.

SACU is focusing on placement of these long-term individuals in private care. These types of individuals, who can now be served by private providers due to improvements in community service skills and capacity, are no longer prioritized for this program.

SACU continues to build strong data tracking, including clinical data (individuals' incidents, medication errors, safety records, restraints, and a number of other elements), staffing data (ratios, overtime), and programmatic data (admissions, transfers, exits, length of stay). SACU uses this data to make programmatic changes.

Enabling Legislation/Program Authorization

Virtually all individuals served by SACU are funded through Medicaid Home and Community-Based Waivers and the 1915(k) Medicaid State Plan. The individuals served by SACU would be entitled to nursing home or intermediate care facilities for persons with Mental Retardation (ICF/MR) institutional services. Oregon no longer uses institutional care but the service would be required if we could not meet the need in the community.

Other federal laws and rulings that impact services delivered through SACU are the Americans with Disabilities Act and the Supreme Court Ruling on Olmstead, which generally require individuals to be served in least restrictive, non-institutional settings. Oregon commitment statutes in ORS 427 also require the State to provide care and custody to a person who presents harm to themselves or others, and SACU's status as the safety net is integral to accomplishing this.

Additional statutes that guide the delivery and program are found in ORS 412, 430, 409 and 410. The Oregon Administrative Rules (OARs) that govern the operations of SACU require that individuals be supported in the community and in pursuit of educational and vocational activities.

At the Federal level, in addition to all applicable Medicaid statutes and regulations, services must comply with the Title II of the Americans with Disabilities Act (ADA) of 1990 and Section 504 of the Rehabilitation Act of 1973. Compliance with these Federal laws is subject to the U.S. Supreme Court’s Olmstead Decision of 1999 and the U.S. Department of Justice’s interpretation of that decision as it relates to the ADA and Rehabilitation Act. The Olmstead ruling is relevant to SACU in that it requires all services allowed in the waiver, including SACU, are ones that create inclusion in the community equitably across the state.

Funding Streams

The services are designed and approved using a Medicaid 1915(c) Home and Community-Based Waiver and a 1915(k) Medicaid State Plan which provides a Federal match to the program’s General Funds. The program funding match rate is 63 percent Federal funds and 37 percent state general funds for waiver services and 69 percent Federal funds and 31 percent state general funds for 1915(k) State Plan services. Based on their income level, some individuals also pay an other funds contribution toward their room and board costs.

Adjustments and Reductions for Governor’s Budget

AY 2019-21 GB	GF	OF	FF	TF
Reductions	(\$2,308,217)	(\$4,029)	(\$5,327,621)	(\$7,639,039)

The FMAP rates were reduced for the next biennium resulting in an increased need of \$1,381,482 GF and an equal reduction of FF.

The Governor’s budget proposed reductions are as follows:

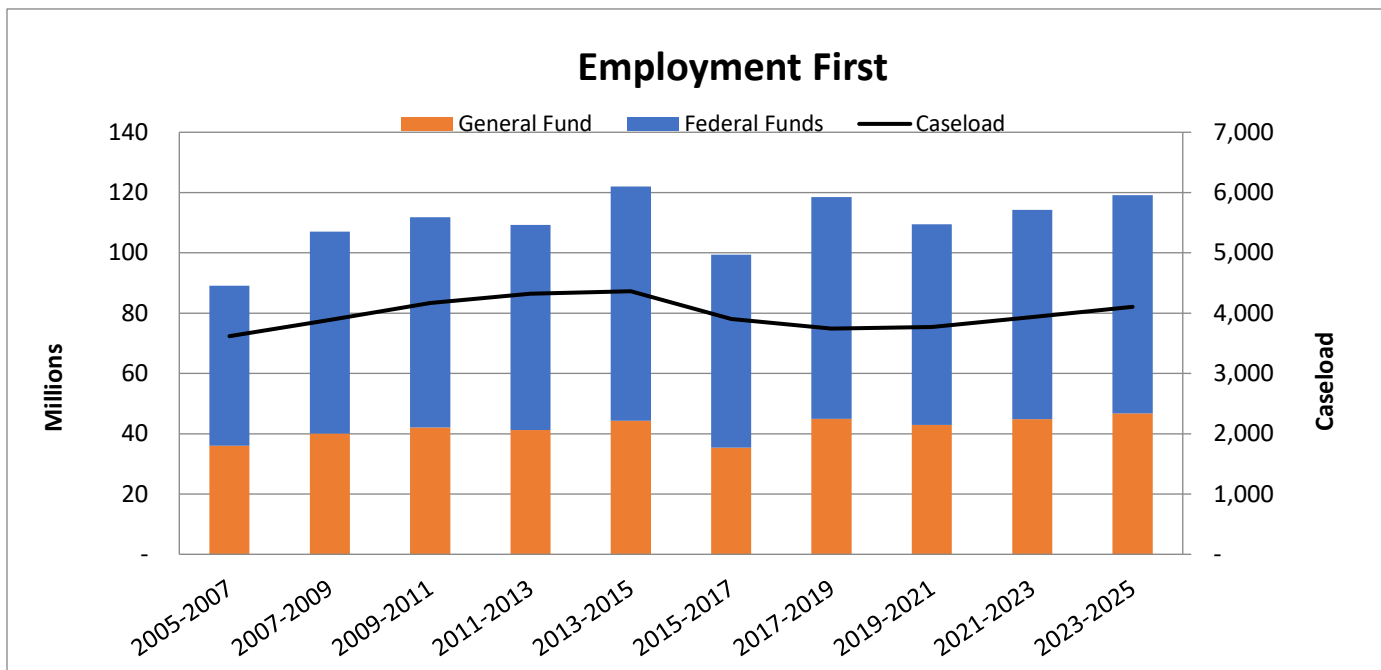
- eliminate most inflation for Supplies and Services
- 5% Vacancy savings in GF
- 5.95% reduction for Attorney General services
- reduction for DAS service and assigned vehicle charges
- phase out the two Eliot Homes beginning in January 2020.

The total of these reductions for SACU are \$3,689,699 GF, \$4,029 OF, and \$3,946,139 FF for a Total Fund reduction of \$7,639,039.

Department of Human Services: Employment First
Intellectual and Developmental Disabilities Services

Primary Outcome Area: Thriving Oregon Economy
Secondary Outcome Area: Safer Healthier Communities
Program Contact: Acacia McGuire Anderson, 503-947-5099

Employment First –Caseload and Funding



Program Overview

Employment First is a nationwide initiative which helps individuals with I/DD reach and maintain competitive integrated employment by ensuring that employment is the first and priority option in each state. Research has shown that people who are employed in the community have the highest level of integration and have stronger social networks. The more people with developmental disabilities that achieve paid employment, the less dependence there is on public resources and the greater the State’s flexibility in designing future services that respond to the need of this population. For these reasons and many more, in 2008 Oregon was an early adopter of the Employment First initiative. Employment First is both a national initiative and a state policy. In Oregon, Employment First includes the Office of Developmental Disabilities Services (ODDS), Vocational Rehabilitation (VR), and the Oregon

Department of Education (ODE). Employment First is working to increase employment opportunities for individuals with intellectual and developmental disabilities (I/DD). New federal regulations, as well as the Lane v. Brown settlement agreement, place even greater emphasis on the state’s need to provide community-based employment services to people with I/DD. The state is also working to help providers that current provide facility-based services (also known as sheltered workshops) to transform their services to community-based.

Program Funding Request

Employment First	GF	OF	FF	TF
LAB 17-19	44,990,807	-	73,534,837	118,525,644
GB 19-21	42,958,084	-	66,557,934	109,516,018
Difference 19-21 GB - 17-19 LAB	(2,032,723)	-	(6,976,903)	(9,009,626)
% Difference 19-21 GB - 17-19 LAB	-4.52%		-9.49%	-7.60%

Program Description

Employment First is based on the general philosophy that individuals with intellectual and developmental disabilities have the ability to be productive and contributing members of their communities through work. This philosophy also recognizes intrinsic and financial benefits of paid work to the individuals with disabilities and their families. This improved economic self-sufficiency has shown to also reduce reliance on government services. Oregon has been very successful in developing community-based care to move away from institutions as a model of care. Having individuals with developmental disabilities fully engaged in their communities is highly desirable as an outcome and fiscally efficient. The Employment First initiative is designed to ensure that employment supports are provided in the community.

All people with developmental disabilities who are eligible to receive services through either the Comprehensive or Support Services waiver and the Community First Choice (K Plan) may choose to receive residential support through in-home services, foster care, group homes, or supported living services, as well as employment and/or day services. Employment supports include:

- Employment Path services — individuals learn employment skills
- Supported Small Group services — supports for individuals to work in the community with up to seven other individuals who have disabilities and make minimum wage or better

- Job coaching —support to work independently in a community-based job making minimum wage or better
- Discovery — a time-limited service designed to help an individual learn more about their employment strengths and potential job interests

The Employment First policy states that work in integrated jobs is the first and priority option in planning employment services for working-age adults and youth. Services should be planned using person-centered practices that identify an individual's talents, skills, and interests. This information can then help inform employment options and career opportunities.

In 2014, CMS issued additional guidance regarding their Home and Community Based Services (HCBS) regulation requiring that employment supports be community-based by March 2019. Further, DHS reached a settlement in the Lane v. Brown case in January 2016 which requires that ODDS, VR, and ODE work together to ensure that individuals who are currently in a sheltered workshop (or who have been in a sheltered workshop as of 2012) or transitioning out of high school with I/DD receive supported employment services to help them obtain competitive integrated employment. Additionally, the Rehabilitation Act was amended formally as of June 30, 2016 via the Workforce Innovation and Opportunity Act, which requires competitive integrated employment as the outcome to be considered a successful placement through VR.

These federal and state changes, as well as implementing Employment First policies, require some fundamental systems transformation. Many providers need support to change business practices to support individuals in jobs throughout their communities. It is also critical for business partners to embrace the benefits of hiring people with developmental disabilities. Employment First partners with the Oregon Council on Developmental Disabilities and other stakeholder and advocacy organizations to develop policies and communications that strengthen employment outcomes.

As part of the department's strategic planning to integrate those with developmental disabilities into their communities, as well as new federal regulations which require that all employment supports be community-based, efforts are being made to move away from the sheltered workshop model in favor of jobs in the community. For people with developmental disabilities, the goal is that their time in career exploration and hours working in the community will increase and time spent in sheltered workshops decreases. This goal aligns with

federal regulations, as well as the Lane v. Brown settlement agreement.

Program Justification and Link to Focus Areas

Employment First links to the Thriving Oregon Economy focus area. Individuals with developmental disabilities are healthier, safer, and happiest when they are engaged in meaningful work. Individuals are more likely to be able to live with their family longer when they have their own daily schedule that is similar to working parents. As with all other citizens, for individuals with I/DD, employment has many positive impacts. These impacts include increasing self-worth, building relationships, and access to community resources. Employment improves economic well-being as well as physical and mental health. Employment supports are key in moving people with developmental disabilities away from 24-hour support services, which results in less public funds being spent.

Employment First also links to other economic development strategies to increase workforce diversity while meeting business needs in ways that result in jobs and prosperity for all Oregonians.

Program Performance

Employment trends have been tracked since 2007. Since Employment First began in 2008, there has been growth in community employment. Additionally, according to the March 2017 Employment Outcomes System (EOS), 1,111 people received individual supported employment services. This is an increase of 270 people working in individual supported employment services from March 2016 and 575 people more than who were working in March 2015. From July 2016 to July 2017 (SFY 2017), Vocational Rehabilitation (VR) had 476 closures that led to competitive integrated employment for those people also receiving ODDS services. The average number of VR case closures that led to competitive integrated employment has more than doubled, from 22 closures per month in 2011 to 48 per month in 2015. Based on a March 2016 EOS count, there were less than 800 people in ODDS services working in a sheltered setting, a decrease of over 660 individuals from the March 2016 count.

Employment First and its partners have reached the goals outlined in the 2015-2017 Bid ensuring that by 2016, no transition age youth may enter a sheltered workshop when leaving school as there were no new entry into a sheltered workshop setting allowed by Oregon Administrative Rule as of 7-1-2015. As stated above, the census and hours of individuals in a sheltered workshop setting have been reduced while the census of individuals in supported employment has increased.

For more details regarding process, please visit our bi-annual data reports:
<http://www.oregon.gov/DHS/EMPLOYMENT/EMPLOYMENT-FIRST/Pages/data-reports.aspx>

Employment First Goals:

By June 30, 2022, based on the Lane v. Brown Settlement, Employment First (through ODDS and Vocational Rehabilitation) must place 1,115 individuals currently or recently in a sheltered workshop in competitive integrated employment; and

By June 30, 2022, based on the Lane v. Brown Settlement and Executive Order 15-01, Employment First must provide supported employment services to 4,600 transition age youth or individuals currently or recently in a sheltered workshop. This is required by the Lane v. Brown Settlement Agreement and DHS along with ODE is progressing toward system change to ensure these outcomes are reached.

Enabling Legislation/Program Authorization

The provisions of employment-related services for individuals with developmental disabilities are in ORS 430.610, .650, and .670. The enabling statutes are in ORS 409.050 and ORS 410.070.

At the federal level, in addition to all applicable Medicaid statutes and regulations such as the Home and Community Based Services regulation and Workforce Innovation and Opportunity Act mentioned above, services must comply with the Title II of the Americans with Disabilities Act (ADA) of 1990. Compliance with these federal laws are subject to the U.S. Supreme Court's Olmstead Decision of 1999 and the U.S. Department of Justice's interpretation of that decision as it relates to the ADA and Rehabilitation Act. ADA and Olmstead are relevant to Employment First since the program must assure statewide access in the least restrictive environment.

As of January 2016, the Lane vs. Brown case has been formally settled and Oregon via DHS and ODE are mandated to effectively implement policies to achieve the required outcomes of the Settlement Agreement, which is mandated under federal jurisdiction.

Funding Streams

All funding for Employment First through ODDS is matched through the Medicaid 1915(c) Home and Community-Based Waiver. When a person is getting job development from Vocational Rehabilitation (VR), OVR Title 1 case service funding is used.

Funding Justification and Significant Changes to CSL

Reductions taken for 2019-2021 GB:

- Reduction of \$2 million GF/ \$6 million TF was taken because of less direct contact time for job coaching services.

Department of Human Services: Delivery and Design

Primary Long-Term Focus Area: Safer, Healthier Communities
 Secondary Long-Term Focus Area: N/A
 Program Contact: Anna Lansky

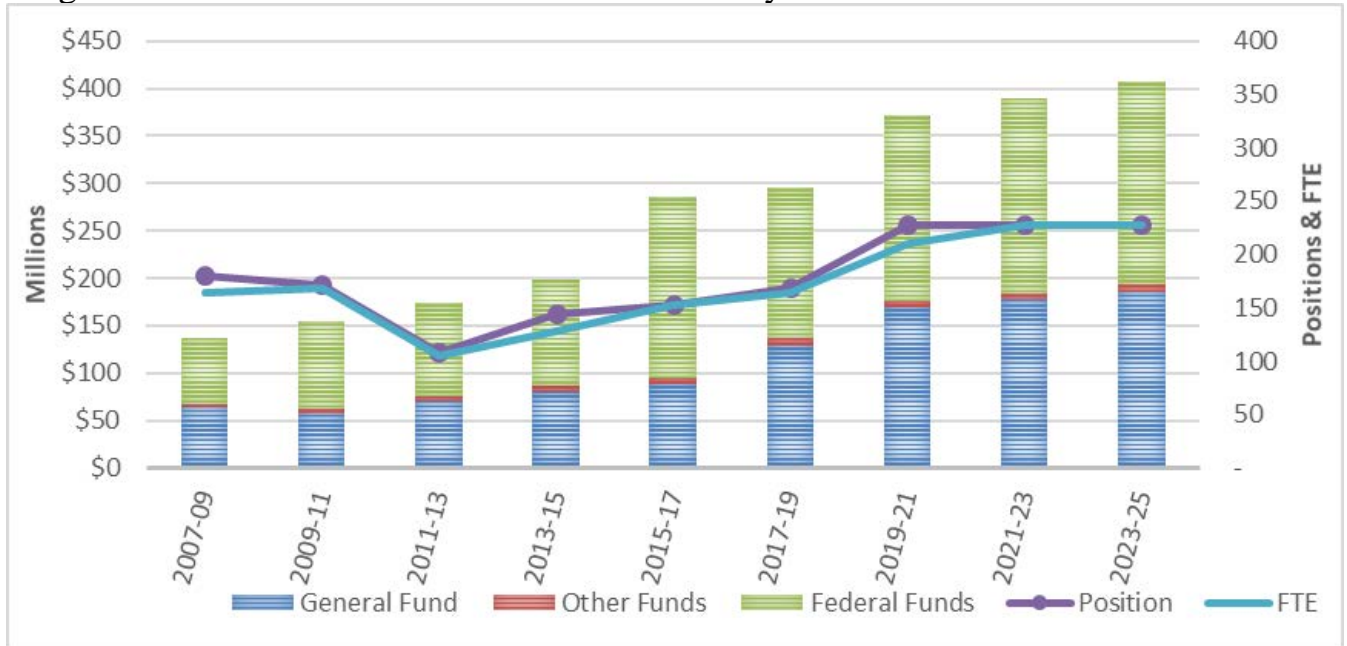


Figure I: Funding of I/DD Delivery and Design (not reflective of funding or FTE for the Stabilization and Crisis Unit (SACU)).

Program Overview The Office of Developmental Disabilities Services (ODDS) manages a lifespan program that provides support and funding to children and adults with intellectual and developmental disabilities (I/DD) to live fully engaged lives in their communities. Oregon has stopped using institutional models to care for people with intellectual and developmental disabilities and has focused all efforts on people living in their community. Programs are provided in the community in the person’s own home, family home or in a foster care, group home or in supported living programs. Design and Delivery provides administrative and operational support to these programs.

Program Funding Request

I/DD Delivery and Design	GF	OF	FF	TF	Positions	FTE
17-19 LAB	\$129,009,447	\$7,192,671	\$159,317,902	\$295,520,020	169	164.70
19-21 GB	\$133,002,015	\$7,224,958	\$175,718,096	\$315,945,069	179	174.94
Difference	\$3,992,568	\$32,287	\$16,400,194	\$20,425,049	10	10.24
Percent Change	3.1%	0.4%	10.3%	6.9%	5.9%	6.2%

Program Description

There are over 26,000 Oregonians with I/DD receiving case management and other supports through the ODDS program. Since implementation of Community First Choice Option (CFCO), also known as K Plan, in July 2013, the Oregon I/DD service delivery system has undergone significant changes. Due to CFCO implementation, ODDS now can provide services to all eligible children, while in the past families with children with I/DD had to reach crisis before being able to access services and supports. Additionally, the K Plan has expanded in-home services for adults as well, lifting budget caps previously imposed on amount of services adults with I/DD were able to access in their own or family homes. Under CFCO, the amount of in-home services is determined based on functional needs assessment. As a result of these changes, the number of individuals served within I/DD system has significantly increased. During this biennium, since July 2015, over 2,300 new individuals enrolled into the I/DD service delivery system increasing total population by 9.7 percent. The trend is expected to continue into the 2019-21 biennium, with enrolment of children starting to level off.

The structure for service delivery and design includes a central program administration office, Children Intensive In-Home Services (CIIS) unit, and contracted services with Community Developmental Disabilities Programs (CDDP) and Support Service Brokerages (Brokerages). Additionally, the ODDS central office provides strategic planning, program funding, policy development, provider licensure and certification, general oversight, and technical support to community services. Contracted county Community Developmental Disability Programs (CDDPs) are responsible for eligibility determination, program enrollment, case management, abuse investigation, and quality assurance. Adults

receiving in-home services can also choose to get case management through contracted Brokerages.

Services are offered on a continuum-of-care model and are provided as the first option of supports for a person with developmental disabilities. With CFDO, people can choose the setting in which they live, which increases the importance of supporting and strengthening the ability of families and communities to include and provide natural supports to those with I/DD.

ODDS delegates the responsibility for administration to local county government, Community Developmental Disabilities Programs (CDDPs), in accordance with state statutes (ORS 407). DHS has Intergovernmental Agreements with all but six counties. In those counties, the state contracts with a private agency. Local oversight responsibilities include determining eligibility for developmental disabilities, planning and resource development, developing and monitoring Individual Support Plans, documentation of service delivery to comply with state and federal requirements. Counties also are responsible for case management services, evaluation and coordination of services, abuse investigations of adults and quality assurance services. ODDS provide funding for the equivalent of nearly 865 full time employees of CDDPs through contracts. CDDPs provide case management for all individuals, except adults choosing to be served by a Support Service Brokerage. Adults living in their own or family home have a choice of case management providers, between the local CDDP and a Brokerage. Children are all served by the CDDPs, except those case managed by ODDS staff through the Children's Intensive In-Home Services or Children's Residential Services programs.

There are 14 Support Service Brokerages statewide. Brokerages vary in size and support from 251 to 720 people. People with I/DD are enrolled in Brokerages from the county when they select Brokerage case management services. Once in a Brokerage, the Brokerage Personal Agent (PA) completes a needs assessment, develops the Individual Support Plan, and assists the person in determining services needed, amount of service and possible workers or agencies. PA's help the individual to design plans that meet their needs as determined by the needs assessment. ODDS provide funding for 307 full-time employees to the Brokerages¹. In order to not duplicate services, once a person is in a Brokerage, they do not also get case management from the CDDP.

¹ Spring 2016 Forecasted caseload for 2017-2019 CSL

The majority of individuals receiving services are eligible for Medicaid. Oregon no longer uses institutional models of care for people with I/DD. Instead, the State uses Medicaid Home and Community-Based Services (HCBS) that allow for shared funding from the Federal government. Through the CFCO State Plan Option, the states receive FMAP plus an additional 6 percent in federal match.

ODDS staff provide policy and program design, technical support, provider licensure and certification, quality assurance, and field support of CDDPs, Brokerages, and direct service providers. There are more than 250 private service provider agencies, approximately 1,120 foster care providers and over 11,900 Personal Support Workers. Regulatory oversight for licensed settings is provided by the ODDS Office of Licensing and Regulatory Oversight.

Central office staff provides programmatic and budget analysis support to Department of Administrative Services Labor Management, collective bargaining, for the Adult Foster Homes, Home Care Workers, and Personal Support Workers.

The Delivery system also includes the Children's Intensive In-Home Services (CIIS) and the Children's Residential Services comprised of state staff under ODDS' umbrella. These units operate and provide case management services to the three Model Waivers for children and provide case management support to children in residential services.

Program Justification and Link to Focus Areas

This program links to the Safer, Healthier Communities focus area. The program delivery system, designed and monitored by central staff and implemented through either the CDDP or Brokerage, is designed to assure supports are provided so the individual is healthy and safe, and fully engaged in their community. The goal is to help them have the best possible quality of life at any age. Person-centered strategies are used to maximize the person's outcomes and use of natural supports. The CDDP and Brokerage report on critical incidents and the data are used to track trends and determine strategies to improve healthy living outcomes.

Program Performance

Adequate personnel resources are necessary to ensure delivery of programs and provision of services within Developmental Disabilities in a linguistically and culturally competent manner. The chart below provides a comparison of the

caseload growth to the equivalent contracted CDDP and Brokerage personnel: CDDP Service Coordinators and the Brokerage Personal Agents.

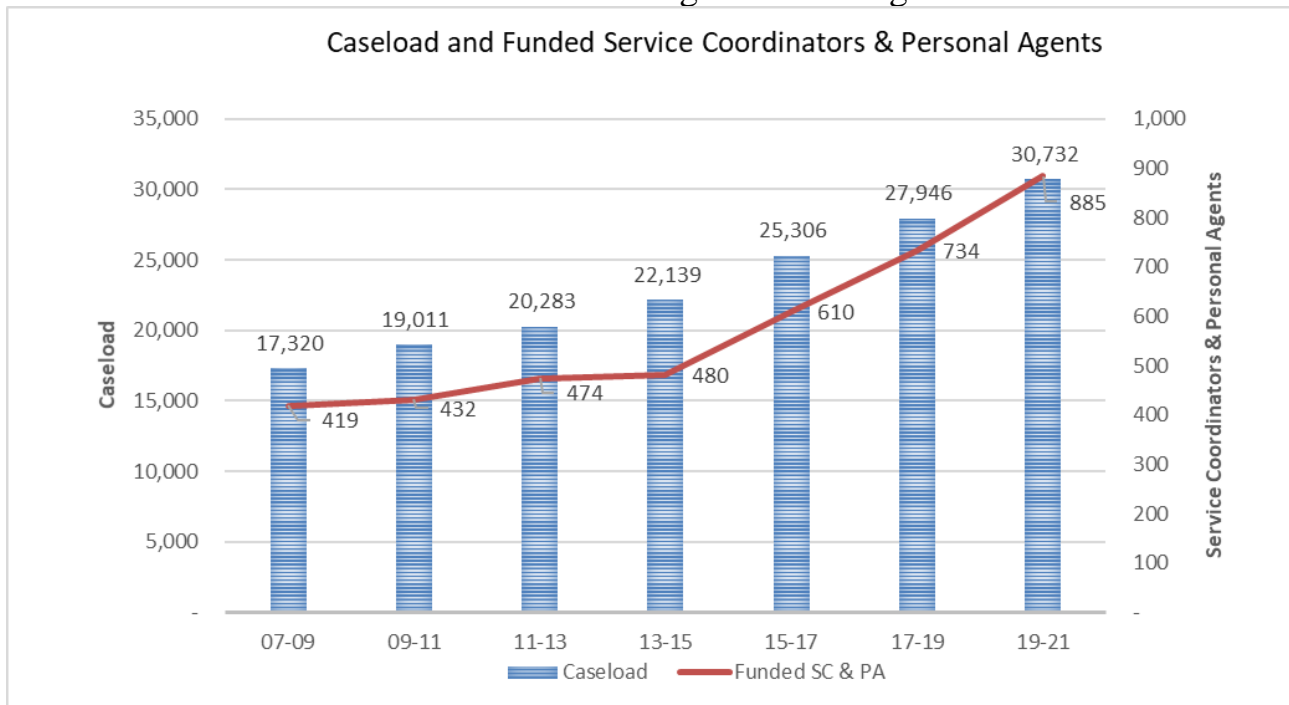


Figure II: Growth of I/DD Caseload and CDDP Service Coordinators and Brokerage Personal Agents.

Enabling Legislation/Program Authorization

The services are designed and approved using Medicaid 1915c Home and Community-Based Waivers and the CFCO Medicaid State Plan. Without the waivers and state plan, individuals would be entitled to Institutional Care for Individuals with Intellectual and Developmental Disabilities (ICF/IDD). Individuals can also be court committed to the state care and custody under ORS 427. Case Management is authorized under the Medicaid State Plan. Federal authorization for all services is at 42 C.F.R. 441 and Section 1915(c) of the Social Security Act. Authorization to provide the services in Oregon is in ORS 410.070, 409.050.

At the federal level, in addition to all applicable Medicaid statutes and regulations, services must comply with the Title II of the Americans with Disabilities Act (ADA) of 1990 and Section 504 of the Rehabilitation Act of 1973. Compliance with these federal laws are subject to the U.S. Supreme Court’s Olmstead Decision of 1999 and the U.S. Department of Justice’s interpretation of that decision as it

relates to the ADA and Rehabilitation Act. The Olmstead Decision requires states to provide services and supports in non-segregated settings.

Funding Streams

The services are designed and approved using the Community First Choice Option in the Medicaid State Plan and Home and Community-Based Waivers, which provide a Federal match to the program’s General Funds. The program funding match rate for waived services is 63 percent Federal Funds and 37 percent State General Funds and for CFCO services is 70 percent Federal Funds and 30 percent State General Fund.

The administration of CDDP, Brokerage, and Central Office staff are funded at the Medicaid administrative match of 50/50. Authorization to provide the services in Oregon is in ORS 410.070, 409.050.

Funding Justification and Significant Changes to CSL

129 – Expand Support to Kids with Significant Needs

General Fund	Other Funds	Federal Funds	Total Funds	Positions	FTE
\$724,318	\$0	\$725,170	\$1,452,488	11	7.52

Additional funding included in Program Bid Form.

There are inadequate resources to serve children who experience an intellectual or developmental disability with significant support needs. This has led to a crisis that is widely recognized and is being discussed and considered in a number of forums. The result is that children with significant, cross-system needs are placed in inappropriate or inadequate settings. This includes children with I/DD under DHS care who are placed in hotels, and children who have languished in hospital emergency departments, state hospital, or highly restrictive environments. Many of these children are living in the family home, with families barely managing to support these extremely high-needs children.

ODDS is proposing to address the lack of resources by a) creating a new foster care service level, "enhanced foster care", that will increase residential capacity by allowing children and youth to step down from more restrictive group home settings (similar to 'proctor care' that ended several years ago), and b) appropriately expanding residential group home capacity, and c) expanding the capacity in the

waiver programs that support children with intensive medical needs in their family homes.

Adjustments and Reductions for Governor's Budget

AY 2019 - 21	GF	OF	FF	TF
GB Reductions	(\$23,820,529)	(\$1,340)	(\$20,545,724)	(\$44,367,593)

The Governor's Budget reflects the current updates of caseload projections and FMAP rates for AY 2019-21.

In addition, the Governor's budget proposed reductions are as follows:

- eliminate most inflation for Supplies and Services
- 5% Vacancy savings in GF
- 5.95% reduction for Attorney General services
- reduction for DAS service and assigned vehicle charges
- a 2% reduction in equity for CDDPs and Brokerages from 95% to 93%

DHS Program Eligibility Requirements 2017

	Child Welfare (CW)	Intellectual and/or Developmental Disabilities (I/DD)*	Aging and People with Disabilities - Medicare Savings Programs (APD)	Long-Term Care (LTC - within APD)	Adult Protective Services (APS)	Vocational Rehab Services (VR)	Employment Related Day Care (ERDC)	Temporary Assistance for Needy Families (TANF)	Supplemental Nutrition Assistance Program (SNAP)
Age	0-18, 18 - 21st birthday if in Foster Care prior to age 18.	All Ages	Any age with Medicare	65 or older or disabled N/A- (ACA Expansion Population)	65 or older or disabled	16 and older (can be down to age 14 if appropriate)	Children 0 - 12 years. Children with documented special needs are served through the age of 17.	Serves families with children up to age 17 and through age 18 if the child is in secondary school or an equivalent program full time.	All ages. Certain groups must apply together if in same household including: those who purchase and prepare together, spouses, adults who have children in common, children under the age of 22 living with parents, and children under 18 who are under parental control within household.
Disability	N/A	<u>Age 0-7:</u> 1) standardized testing verifying significant impairment; or 2) medical stmt w/diagnosis of neurological condition that will likely cause significant impairment in two or more areas of adaptive behavior. <u>School-age children and adults:</u> Significant impairment in adaptive behavior caused by: 1) intellectual disability present prior to age 18 (IQ 75 or below); or a neurological condition, prior to age 22 and expected to last indefinitely, that originates in and directly affects the brain. <u>All age groups:</u> impairment cannot be primarily related to an excluded condition, including, but not limited to, a mental or emotional disorder, sensory impairment, substance abuse, personality disorder, learning disability or attention deficit hyperactivity disorder.	N/A	SSA determination of blindness or disability	SSA determination of blindness or disability	Must have a physical or mental impairment that constitutes a substantial impediment to work that requires vocational rehabilitation services to obtain, maintain, regain and advance in employment. The presumption is that employment is the applicants objective.	Higher child care reimbursement rates may be available for children with documented special needs.	N/A	SSA determination of blindness or disability. Disability exempts ABAWDs from having to meet work requirements, makes students of higher education SNAP eligible, qualifies household for medical deductions and removes shelter cap on cases.
Citizenship	N/A	Must be a citizen or meet non-citizen requirements.	Must be a citizen or meet non-citizen status requirements.	Must be a citizen or meet non-citizen status requirements.	N/A	Must meet I-9 Federal Requirements to work in the United States.	Must be a citizen or meet non-citizen requirements.	Must be a citizen, qualified non-citizen, or other specific unqualified non-citizen.	Must be a citizen or meet non-citizen requirements.
Residency	N/A	Must be a resident of Oregon. For applicants under 18, legal guardian must be resident of Oregon.	Must be resident of Oregon	Must be a resident of Oregon	N/A	Must meet I-9 Federal Requirements to work in the United States.	Must be a resident of Oregon.	N/A	Must be resident of Oregon
Income	N/A	<u>In-home waiver services:</u> Oregon Supplemental Income Program – Medical (OSIPM) income limits; generally, the countable income limit is 300% of the full SSI standard for a single individual. <u>In-home k-plan services:</u> OHP MAGI-based income methodologies are used; up to 133% FPL. <u>Case mgmt only:</u> N/A.	\$981 - \$1325	\$733 - \$2,199	N/A	N/A	Current income must be no more than 185% of the federal poverty level	Income must meet income and payment standards. Income limits vary by family size, but in general current income must be no more than 37% of the federal poverty level for initial certifications for a family of three. To meet ongoing, the same family must be no more than 60% of the federal poverty level.	Most households must have gross income below 185% of the federal poverty level to be eligible for SNAP. Services are based upon income received in past 30 days.
Asset/Resource Limits	N/A	OSIPM: \$2000 (1-person need group) - \$3,000 (2-person need group).	N/A	\$2,000 - \$3,000 (categorical) N/A- (ACA Expansion Population)	N/A	N/A	Cannot exceed \$1,000,000.	Applicant resource limit \$2,500. Recipient's resource limit \$10,000. Allows a motor vehicle exclusion up to \$10,000.	There is a \$25,000 liquid asset test for households to meet categorical eligibility. All households that do not meet categorical eligibility must meet a \$2250 resource limit unless an elderly or disabled member is in the household—then the resource limit is \$3250.

	Child Welfare (CW)	Intellectual and/or Developmental Disabilities (I/DD)*	Aging and People with Disabilities - Medicare Savings Programs (APD)	Long-Term Care (LTC - within APD)	Adult Protective Services (APS)	Vocational Rehab Services (VR)	Employment Related Day Care (ERDC)	Temporary Assistance for Needy Families (TANF)	Supplemental Nutrition Assistance Program (SNAP)
Other	N/A	Needs assessment and authorized individual support plan.	N/A	Must meet service priority levels from 1 - 13: Individuals with the most impairments are assessed at a higher priority level. For example, individuals at level 1 have a higher level of need than an individual at level 13.	N/A	Youth age 14 can be eligible for VR services while participating in Transition activities coordinated by school districts.	N/A	Family must include one child or pregnant individual. Child only case must be under the age of 18 or under the age of 19 and in secondary school or equivalent program full time.	Able-Bodied Adults Without Dependents (ABAWDs) are adults ages 18-49 who don't have children in the home and must meet work requirements to be eligible for SNAP in non-waived counties, unless they meet an exemption. Qualified non-citizens are only eligible when additional criteria is met or when a special status such as Refugee or Trafficking is applicable.

***Intellectual/Developmental Disabilities**

In order to access DHS I/DD Services, individuals must meet *one* of the assessment/diagnosis requirements. For all other programs, *all* requirements must be met.

Program Area	POP Number	Official Title (45 Character Limit)	Detailed description of ask	General Fund	Other Funds	Federal Funds	Total Funds	POS	FTE
Package 070									
CW-Safety	070	IVE Waiver Ending				(17,588,998)	(17,588,998)		
CW-Well Being	070	IVE Waiver Ending				(3,851,520)	(3,851,520)		
SSP	070	TANF				(5,828,689)	(5,828,689)		
VR	070	Basic 110				(3,435,378)	(3,435,378)		
Agency Priority #1: 100% Workload Model									
CW Program, Design, Delivery	070/107	REVENUE SHORTFALL TANF/BACKFILL TANF IN CW STAFF	At some point in the past TANF funding was used to fund a significant number of child welfare staff. The history of why this was done has been lost. This was not inappropriate at the time. However, as TANF caseloads have dropped and CW (and Self Sufficiency) staffing costs have increased, a technical restriction in the TANF rules have caused revenue shortages in Child Welfare Staffing. The TANF grant is a block grant that has not changed since the mid 90's. However, there is a 15% administrative cap on program expenditures. Over time as the TANF caseload has dropped and the investment in JOBS has been reduced the 15% Cap has also been reduced. At this point the 15% admin cap is spent in total by Self Sufficiency. This means that TANF can no longer be used for CW staffing. This impacts many positions, causing hundreds of positions to be eliminated unless remedied. In a companion POP DHS requests backfill of General Funds for this mandated program that was denied at CSL. This proposed POP would remove all TANF Federal Funds from CW staffing causing many positions to become part time funded. This will free up TANF for future use in case of a recession or for other program uses determined appropriate by the legislature. TANF partially funds over 2,400 CW positions. Due to system limitations all positions with TANF need to be abolished (in package 070), and then if funded reinstated at full time positions through the companion POP that would establish the same number of positions and FTE, effectively causing a fund shift of GF for TANF in each position.	40,000,000	-	(40,000,000)	-	-	-
Agency Priority #2: Double Fill Reconciliation									
Agency Priority #3: Staffing Stabilization									
SSP	111	GRANT-FUNDED LIMITED DURATION POSITIONS	SSP is requesting position authority and federal fund limitation for up to 7 grant-funded limited duration positions. These grants are attached to work that has been expanding over the past 5 years. The SNAP Employment and Training Program continues to pull in more federal dollars through partnerships created across the state, but lack the infrastructure to support and provide technical assistance along with federal oversight. The Nutrition Education Program through SNAP also provides 100% federal funding opportunity to support the program which also spans across the state and requires much technical support. The final program is the My Future My Choice Program which has been supported by federal Title V dollars for over 10 years. This will not include a General Fund ask.	-		1,657,278	1,657,278	7	7.00
BPA	112	INCREASE DHS BUDGET STAFF CAPACITY	Over the past few years, the complexity of the department's budget has grown. Currently there are only eight budget analysts, one manager, and one support position for the five main program areas and central office, which include over 9,000 budgeted positions and an \$11.6 billion-dollar budget. Each program has multiple, complex funding streams and their own requirements and limitations. The department requests the addition of one PEMF deputy budget director, two Fiscal Analysts 2, and two Fiscal Analysts 3 to further the agency's ability to: track budgets at the levels not expected of the unit in the past, focus on revenue analysis, provide backup to programs that are only supported by one analyst in each program and design/delivery area, and to assist in the production of ever more detailed and complex information requests for budgeting and decision-making purposes. They will also provide coordinated position management resources for the over 9,000 budgeted positions in the department.	632,772	-	420,470	1,053,242	5	4.40

Program Area	POP Number	Official Title (45 Character Limit)	Detailed description of ask	General Fund	Other Funds	Federal Funds	Total Funds	POS	FTE
VR	116	VR PRE-ETS	<p>The Workforce Innovation and Opportunity Act (WIOA), calls for Oregon Vocational Rehabilitation to collaborate with school districts to provide, or arrange for the provision of, pre-employment transition services (Pre-ETS) for all students with disabilities who are eligible or potentially eligible for VR services. Further, WIOA states that there must be local coordination with districts for Pre-ETS at all 16 VR branch offices. The Oregon Department of Education and VR estimate that the target population for Pre-ETS to be roughly 27,000 students with disabilities.</p> <p>Currently Oregon VR has two Pre-Employment Transition Service Coordinators that provide direct services to students with disabilities in the state. One is based in the Portland Metro area and the other is based in Bend with the responsibility of covering the eastern part of the state. Neither of these positions have enough capacity to cover the entire state and deliver the mandated services by WIOA. Therefore, we are requesting the position authority to hire two more Pre-Employment Transition Service Coordinators (PA1) to meet this need and one OPA1 to handle the data entry elements of this mandate.</p> <p>This POP would utilize funds already within VRs budget so this will be a zero cost or, cost neutral POP.</p>		576,906		576,906	3	3.00
Agency Priority #4: Program Stabilization									
CW Delivery	119	CENTRALIZED SCREENING	<p>SAFETY: Centralized Screening currently exists in half of all child welfare programs in the U.S. Research has proven its effectiveness in improving consistency in screening decisions and increased training opportunities for screeners to build a specialized expertise. Screening is the first point of contact for all mandated and non-mandated reporters of child abuse in Oregon. It is imperative that screeners apply Oregon Revised Statute 419B.005 accurately to each allegation of abuse and determine when the department is required to investigate. Oregon Child Welfare currently operates under a district-wide child abuse reporting system in most areas of the state. 7,000 reports of child abuse or neglect are being processed through 15 child welfare offices each month, and at least that many phone numbers. Screening decisions can vary based on where the call is received and a multitude of other reasons such as, workload, inexperience, misinterpretation, bias, etc. This POP would support the ongoing operation of a single, stand-alone, 24 hours a day, 7 days a week child abuse hotline. Enhanced training, decision-making and data-informed tools, a single leadership structure and continuous quality assurance processes all support increased accuracy and reduced bias in screening decisions. In addition, it affords opportunities for quality assurance measures which increase the ability of the Department to provide consistent practice and customer service. Overall, this will increase the level of safety for children exposed to abuse or neglect.</p>	10,189,554	-	-	10,189,554	46	45.28
APD	121	COMMUNITY BASED CARE MEDICAID ACCESS PACKAGE	<p>This policy option package is intended to protect and secure additional access to community based care for Medicaid long term care consumers. This package provides a 30% increase to adult foster home providers, designed to recalibrate existing disparities. The package also adds regional resources to recruit adult foster homes for APD services plus one-time marketing campaign investment. It provides a ten percent increase to assisted living, residential care and memory care facilities with an additional \$500 per month add-on for facilities with Medicaid census levels at 75%. Finally, it has a request for surveyor positions to eliminate a backlog of inspections and to keep up with the ongoing oversight required by law - given the growth of community based care settings.</p>	25,538,323	-	11,667,109	37,205,432	25	25.00

Program Area	POP Number	Official Title (45 Character Limit)	Detailed description of ask	General Fund	Other Funds	Federal Funds	Total Funds	POS	FTE
SSP	122	EMERGENCY HOUSING ASSISTANCE	The housing crisis has greatly impacted the low-income families in Oregon, making them even more vulnerable. This policy option package addresses the housing need by expanding the Department of Human Services, Self-Sufficiency Programs' ability to provide emergency housing services and supports to homeless families and families at risk of homelessness in areas where assistance is not available, including maximizing coordinated efforts with housing and community action agencies and other local partner organizations across the state. If this policy option package is not funded, homelessness and housing needs will remain unmet, reducing the ability to strengthen and stabilize the living situation of low-income families, and potentially requiring reliance on assistance programs.	-			-		
SSP	125	EXPAND ERDC	SSP is requesting to restore \$20 million of funding back to ERDC which was cut during the last session. Child care for working parents is a fundamental need to keep children safe while a parent is working. This is a priority we've discussed with the Governor's office.	-	10,776,672		10,776,672	-	-
Agency Priority #5: Expansion of Services									
SSP	127	ED ATTAINMENT SUPPORT FOR TANF & SNAP PARENTS	This POP expands targeted vocational training and education opportunities for families receiving Temporary Assistance for Needy Families (TANF) assistance in rural locations as and provides access to underserved TANF populations statewide. The expansion would include a comprehensive service model with eligible participants enrolling in training programs that match up with in-demand, high wage job openings, such as in the healthcare or information technology areas. Participants receive a scholarship/stipend to help augment Pell grants, with average awards estimated cost at about \$2,976 per participant (\$2,000 of which is a tuition stipend) plus additional support services funding for the expanded participant group; approximately 850 individuals would participate in the program over the course of the biennium, doubling the current capacity. The pilot project will be a joint effort among workforce program partners, the education communities, and the Department of Human Services.	-		3,641,542	3,641,542	-	-
I/DD	129	EXPAND SUPPORT TO KIDS WITH SIGNIFICANT NEEDS	There are inadequate resources to serve children who experience an intellectual or developmental disability with significant support needs. This has led to a crisis that is widely recognized and is being discussed and considered in a number of forums. The result is that children with significant, cross-system needs are placed in inappropriate or inadequate settings. This includes children with I/DD under DHS care who are placed in hotels, and children who have languished in hospital emergency departments, state hospital, or highly restrictive environments. Many of these children are living in the family home, with families barely managing to support these extremely high-needs children. ODDS is proposing to address the lack of resources by a) creating a new foster care service level, "enhanced foster care", that will increase residential capacity by allowing children and youth to step down from more restrictive group home settings (similar to 'proctor care' that ended several years ago), and b) appropriately expanding residential group home capacity, and c) expanding the capacity in the waiver programs that support children with intensive medical needs in their family homes.	8,477,001	-	17,002,265	25,479,266	11	7.52

Program Area	POP Number	Official Title (45 Character Limit)	Detailed description of ask	General Fund	Other Funds	Federal Funds	Total Funds	POS	FTE
CW Design	131	FOSTER FAMILY RECRUIT TEAM	<p>SAFETY: Oregon does not currently have a structure in place to target statewide foster family recruitment and the services and supports necessary to retain good foster family homes. This has resulted in a lack of appropriate placement resources for many children experiencing foster care and was a finding of shortcoming in the most recent federal Child and Family Services Review and the Secretary of State Audit, titled 'Chronic Management Failures and High Caseloads Jeopardize the Safety of Some of the State's Most Vulnerable Children.' The State must address this issue of foster care recruitment and retention as a part of its federally required Program Improvement Plan and in its federal Child and Family Services Plan.</p> <p>This Policy Option Package requests the positions necessary to develop, implement and sustain a data informed targeted Statewide Foster Care Recruitment and Retention practice model. This model is intended to recruit and retain an abundance of foster families reflecting the cultural, linguistic and other characteristics, including LGBTQ status, of children experiencing foster care to allow for enhanced placement matching and reduce the number of placement changes.</p>	3,008,924	-	749,993	3,758,917	17	17.00
CW Design	139	CONTINUING EDUCATION FOR CAREGIVER TRAINING	<p>SAFETY: Funds will allow for increased training for relative and non-relative foster care providers to assure the safety of children in their care. The Department must establish a core set of trainings that are available in multiple languages and alternate formats. Trainings must be trauma-informed, linguistically appropriate, culturally responsive, and must support cultural agility. These trainings will be readily available within each District each year.</p>	1,165,056	-	334,691	1,499,747	8	7.04
CW Program Well Being - Independent Living Program	142	INDEPENDENT LIVING PROGRAM SERVICE ENHANCEMENT	<p>This POP seeks to expand the Independent Living Program (ILP) and youth transition services through a rate increase, new services, and an expanded age range of youth to be served, to improve outcomes for youth in their young adulthood. This will be achieved by:</p> <ul style="list-style-type: none"> • Increasing monthly service rates to stabilize current programs and to increase solicitation opportunities for additional programs. The rate is currently too low to attract new potential contractors. • Expanding services to begin serving 14 – 15-year-olds and 21 – 23-year-olds (currently services are limited to 16 – 20-year-olds). • Increasing the comprehensiveness, linguistic appropriateness, and cultural agility of services and supports. • Adding a Young Adult Transitions Navigator to help guide youth through difficult circumstances. • Developing transitional housing for young adults. 	8,500,000	-	-	8,500,000	2	1.92
OBIS	208	CAM MAINTENANCE AND OPERATIONS	<p>Summary Statement: House Bill 4151 requires the state of Oregon and DHS as its agent, to standardize its processes and technology related to abuse of vulnerable adults. Oregon's current environment for tracking, reporting, analyzing, and investigating incidents of adult abuse relies on accessing information from nine distinct systems or data sources. Additionally, local offices have created their own one-off mechanisms for supporting the abuse investigation processes, further complicating, and decentralizing information. Existing systems limitations include the inability to search across program populations, inhibiting the ability to track perpetrators and/or victims over time and between populations. This heightens the risk of not capturing all abuse allegations. This POP requests general funds to implement ongoing maintenance and additional enhancements that will build upon the capabilities of a base system implemented in the 2017-19 biennium, for an integrated solution, which meets HB 4151 criteria and helps protect vulnerable Oregonians. Not funding this POP will limit Oregon's ability support the system after Go-Live.</p>	3,512,949	-	-	3,512,949	3	2.64
Shared/DHS Wide									

Program Area	POP Number	Official Title (45 Character Limit)	Detailed description of ask	General Fund	Other Funds	Federal Funds	Total Funds	POS	FTE
Joint with OHA									
OIS/OBIS	202	MEDICAID MODULARITY	This POP requests additional positions and funding to support continuation of planning and begin implementation activities for modularization of the systems supporting Oregon Medicaid. The outcome will be a solution set that meets CMS modularity criteria, with the ability to make updates as needed to meet federal and state demands over time. Funding is for OHA division leadership and subject matter expertise and for professional consulting services supporting planning and road-mapping efforts. This POP requests 3 permanent positions for OHA HSD to work in partnership with OIS and \$1,415,000 TF for consulting services. DHS companion POP to request 3 complimentary positions to represent DHS related Medicaid. Due to delays in 2017-19 planning efforts less than \$1,000,000 approved TF (under \$100,000 GF) from the 2017-19 POP will be expended by the start of 2019-21. CMS will fund 90% of positions and consulting during planning/implementation and 75% for on-going maintenance.	277,922		276,444	554,366	2	2.00
OIS	201	INTEGRATED ELIGIBILITY MEDICAID ELIGIBILITY	<p>This POP will provide resources to support the continuation of the Department's ONE Integrated Eligibility & Medicaid Eligibility (ONE IE & ME) Project during FY19-21 resulting in a single eligibility determination system for Non-MAGI Medicaid, Supplemental Nutrition Assistance Program (SNAP Food Stamps), Temporary Assistance for Needy Families (TANF Cash Assistance), and Employment Related Day Care (ERDC Child Care subsidies).</p> <p>This POP would further the development, and implementation period for the Integrated ONE System –for the purposes of Eligibility Determination work. DHS plans to put the system into pilot in the Summer of 2019, followed by a six-month implementation roll-out beginning early in 2020 and being rolled out statewide by Summer of 2020. This POP takes advantage of enhanced federal funds across two separate federal agencies. Without funding, DHS will not be able to continue its project in a timely manner, resulting in increased state general fund cost, subsequent federal audits, and required modifications to our Legacy systems which would cost more than the total cost of this project.</p>	18,320,972	39,247,563	121,950,843	179,519,378	33	25.26
TOTAL				119,623,473	50,601,141	86,996,050	257,220,664	162	148.06

Department of Human Services

2019-21 Policy Package

Agency Name: Department of Human Services
Program Area Name: Child Welfare Program
Program Name: Child Welfare Program
Policy Package Title: Backfill TANF in CW Staff
Policy Package Number: POP 107
Related Legislation: N/A

Summary **Statement:**

At some point in the past TANF funding was used to fund a significant number of child welfare staff. The history of why this was done has been lost. This was not inappropriate at the time. However, as TANF caseloads have dropped and CW (and Self Sufficiency) staffing costs have increased, a technical restriction in the TANF rules have caused revenue shortages in Child Welfare Staffing. The TANF grant is a block grant that has not changed since the mid 90's. However, there is a 15% administrative cap on program expenditures. Over time as the TANF caseload has dropped and the investment in JOBS has been reduced the 15% Cap has also been reduced. At this point the 15% admin cap is spent in total by Self Sufficiency. This means that TANF can no longer be used for CW staffing. This impacts many positions, causing hundreds of positions to be eliminated unless remedied. In a companion POP DHS requests backfill of General Funds for this mandated program that was denied at CSL. This proposed POP would remove TANF Federal Funds from CW staffing causing many positions to become part time funded. This will free up TANF for future use in case of a recession or for other program uses determined appropriate by the legislature. TANF partially funds over 2,420 CW positions. Due to system limitations all positions with TANF need to be abolished (in package 070), and then if funded reinstated at full time positions through the companion POP that would establish the same number of positions and FTE, effectively causing a fund shift of GF for TANF in each position.

	General Fund	Other Funds	Federal Funds	Total Funds
Policy Package Pricing:	40,000,000	-	-	40,000,000

PURPOSE

1. **WHY DOES DHS PROPOSE THIS POP (WHAT ISSUE ARE YOU TRYING TO FIX/SOLVE)?**
TANF funding has historically been available to support Child Welfare. However, due to TANF grant restrictions TANF is no longer available for CW staffing. Currently DHS is having to use GF instead of TANF due to these restrictions. Each year this issue will grow as costs of staffing rise. This pop would remove full position authority and funding, including GF for the current budgeted CW positions that were abolished in package 070 and not backfilled in CSL. Due to system limitations DHS is not able to focus on just the net positions that would be lost but must abolish all positions impacted and then DHS proposes what is effectively a fund shift to “buy” back the current amount of TANF budgeted in CW staff. In addition, Federal legislation is currently being considered that may limit the use of TANF Federal funds for Child Welfare to 10% of the TANF grant. DHS spends about 10% of the TANF grant in the CW Program area. TANF funding is assumed to remain available for CW Program where these Federal Funds can be spent. Using GF in CW program cannot count as TANF Maintenance of effort so FF is used in program with offsetting GF in Self Sufficiency. This has a net zero sum to the state but allows the additional MOE for TANF purposes. New federal legislation has proposed to eliminate third party MOE which would be another GF issue but in the Self-Sufficiency program area.

2. **WHAT WOULD THIS POLICY OPTION PACKAGE (POP) DO AND HOW WOULD IT BE IMPLEMENTED?**
This pop would abolish 2,420 positions currently authorized in the DHS CW budget. There is a companion pop that would re-establish these positions with GF instead of TANF.

3. **HOW DOES THIS FURTHER THE AGENCY’S MISSION OR GOALS?**

This POP does not support the agency mission or goals as it reduces staffing sorely needed in the CW system. Sufficient staffing is directly related to the agency's ability to provide services to assure that the safety, well-being, and permanency needs of abused/neglected children are being met.

QUANTIFYING RESULTS

4. IS THIS POP TIED TO A DHS PERFORMANCE MEASURE? IF YES, IDENTIFY THE PERFORMANCE MEASURE. IF NO, HOW WILL DHS MEASURE THE SUCCESS OF THIS POP?

Yes, adequate funding for CW Design/Delivery can fundamentally tie to the Department of Human Services (DHS) CW performance measures.

5. WHAT WOULD BE THE ADVERSE EFFECTS OF NOT FUNDING THIS POP?

If this POP is funded without the corresponding companion pop then Child Welfare Design/Delivery will lose over 11% of its Total Funds budget. If the companion pop is not funded, this would cause the elimination of over 2,420 current positions in Child Welfare.

HOW ACHIEVED

6. DOES THIS POP REQUIRE ANY CHANGE(S) TO EXISTING STATUTE(S) OR REQUIRE A NEW STATUTE? IF YES, IDENTIFY THE STATUTE AND THE LEGISLATIVE CONCEPT.
No.

7. WHAT ALTERNATIVES WERE CONSIDERED AND WHAT WERE THE REASONS FOR REJECTING THEM?

The funding changes are being spurred by Federal regulations. Federal law changes being proposed would have more significant impacts in the self-sufficiency program. No alternatives exist.

8. WHAT ACTIONS HAVE OCCURRED TO RESOLVE THE ISSUE PRIOR TO REQUESTING A POLICY PACKAGE?

DHS has worked across programs (SSP and CW) to analyze options that would assure Oregon can meet TANF Federal regulations. DHS made an exception request to backfill these federal funds in the mandated Child Welfare program but were denied because the TANF grant is a block grant.

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

Many agencies would be negatively impacted in a multitude of ways by this POP. From a customer service standpoint, other agencies stand to lose due to this pop if Child Welfare Program cannot perform all areas of the work necessary to meet State and Federal requirements and expectations. Keeping Child Welfare staffing levels high is critical for Child Welfare's success at keeping Oregonians safe.

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

None

11. WHAT IS YOUR EQUITY ANALYSIS?

Having consistent funding for CW staffing will positively impact client equity.

12. WHAT ARE THE LONG-TERM DESIRED OUTCOMES (LONGER THAN THE UPCOMING BIENNIUM)?

CW Design/Delivery needs long-term financial stability so that adequate staffing can be maintained to provide better outcomes for Oregon's children and families, decrease disproportionality, recruit and retain foster parents, and support a currently overburdened workforce, resulting in staff retention and satisfaction. This pop would **not** support these outcomes.

STAFFING AND/OR FISCAL IMPACT

13. WHAT ASSUMPTIONS AFFECT THE PRICING OF THIS POP?

The funding shift will result in staffing staying at currently approved levels, but with the funding splits changing to be heavier in General Funds based on available federal revenues.

Implementation Date(s): 7/1/2019

End Date (if applicable): Ongoing

a. Based on these answers, is there a fiscal impact?
Yes

b. Will there be new responsibilities for DHS/OHA? Specify which Program Area(s) and describe their new responsibilities.

- c. 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.

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

No.

- e. 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.**

Unless the corresponding POP is funded a significant reduction in CW staffing would be required to stay within budget.

- f. What are the start-up costs, such as new or significant modifications to computer systems, new materials, outreach and training?**

None.

- g. What are the ongoing costs?**

Personal services costs.

- h. What are the potential savings?**

TANF Federal Funds would be freed up for use.

TOTAL FISCAL IMPACT FOR THIS PACKAGE

<u>Category</u>	<u>GF</u>	<u>OF</u>	<u>FF</u>	<u>TF</u>	<u>Position</u>	<u>FTE</u>
Personal Services	76,652,696	271,740	(47,633,843)	29,290,593	2,420	2,385.69
Services & Supplies	3,134,637	-	-	3,134,637		
Capital Outlay				-		
Special Payments	(39,787,333)	(271,740)	47,633,843	7,574,770		
Other						
Total	40,000,000	-	-	40,000,000	2,420	2,385.69

DHS - Fiscal Impact Summary by Program Area:

	<u>CW/Delivery</u>	<u>CW/Design</u>	<u>Program /Division 3</u>	<u>Program /Division 4</u>	<u>Total DHS</u>
General Fund	32,970,555	7,029,445	-	-	40,000,000
Other Funds	-	-	-	-	-
Federal Funds- Ltd	-	-	-	-	-
Total Funds	32,970,555	7,029,445	-	-	40,000,000
Positions	2,297	123	-	-	2,420
FTE	2,263.81	121.88	-	-	2,385.69

What are the sources of funding and the funding split for each one?

N/A

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POP DID NOT PASS GB

Department of Human Services 2019-21 Policy Package

Agency Name: Department of Human Services
Program Area Name: SSP Design
Program Name: SNAP
Policy Package Title: Limited Duration Positions
Policy Package Number: POP 111
Related Legislation:

**Summary
Statement:**

SSP is requesting position authority and federal fund limitation for up to 7 grant-funded limited duration positions. These grants are attached to work that has been expanding over the past 5 years. The SNAP Employment and Training Program continues to pull in more federal dollars through partnerships created across the state, but lack the infrastructure to support and provide technical assistance along with federal oversight. The Nutrition Education Program through SNAP also provides 100% federal funding opportunity to support the program which also spans across the state and requires much technical support. The final program is the My Future My Choice Program which has been supported by federal Title V dollars for over 10 years. This will not include a General Fund ask.

	General Fund	Other Funds	Federal Funds	Total Funds
<u>Policy Package Pricing:</u>			<u>\$1,657,278</u>	<u>\$1,657,278</u>

PURPOSE

- 1. WHY DOES DHS PROPOSE THIS POP (WHAT ISSUE ARE YOU TRYING TO FIX/SOLVE)?**
The SNAP program has hired 7 LD employees who are doing work that is grant funded. They have been hired as double fills. The request is for 7 LD positions to clear the double fills.
- 2. WHAT WOULD THIS POLICY OPTION PACKAGE (POP) DO AND HOW WOULD IT BE IMPLEMENTED?**
Once the 7 LD positions are allocated, DFs would be cleared, allowing for better tracking of the grant funds being used.
- 3. HOW DOES THIS FURTHER THE AGENCY'S MISSION OR GOALS?**
The agency's goal is to ensure the funding is utilized as it should be.

QUANTIFYING RESULTS

- 4. IS THIS POP TIED TO A DHS PERFORMANCE MEASURE? IF YES, IDENTIFY THE PERFORMANCE MEASURE. IF NO, HOW WILL DHS MEASURE THE SUCCESS OF THIS POP?**
- 5. WHAT WOULD BE THE ADVERSE EFFECTS OF NOT FUNDING THIS POP?**
Grant funds for the specified body of work may not be utilized fully or correctly and could result in GF spending inadvertently.

HOW ACHIEVED

- 6. DOES THIS POP REQUIRE ANY CHANGE(S) TO EXISTING STATUTE(S) OR REQUIRE A NEW STATUTE? IF YES, IDENTIFY THE STATUTE AND THE LEGISLATIVE CONCEPT.**
No.

7. WHAT ALTERNATIVES WERE CONSIDERED AND WHAT WERE THE REASONS FOR REJECTING THEM?

Allowing double fills to continue; potentially not pulling down the grant funding that has been given to the state.

8. WHAT ACTIONS HAVE OCCURRED TO RESOLVE THE ISSUE PRIOR TO REQUESTING A POLICY PACKAGE?

DHS has reviewed and corrected coding that drives the use of funding as it should be. This coding would be easier to track if double fills were cleared.

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

None.

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

None.

11. WHAT IS YOUR EQUITY ANALYSIS? No impact.

12. WHAT ARE THE LONG-TERM DESIRED OUTCOMES (LONGER THAN THE UPCOMING BIENNIUM)?

Ensuring that DHS is effectively utilizing all the federal grant moneys that have been awarded to Oregon.

STAFFING AND/OR FISCAL IMPACT

13. WHAT ASSUMPTIONS AFFECT THE PRICING OF THIS POP?

Implementation Date(s): _____

End Date (if applicable): _____

- a. **Based on these answers, is there a fiscal impact? No.**
- b. **Will there be new responsibilities for DHS/OHA? Specify which Program Area(s) and describe their new responsibilities. No.**

- c. **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.**
None.
- d. **Will there be changes to client caseloads or services provided to population groups? Specify how many in each relevant program.**
No.
- e. **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. Providing new LD positions for the current staff who are double filled will be a simple cleanup effort and allow easier tracking of how the grant funds are being utilized.

f. What are the start-up costs, such as new or significant modifications to computer systems, new materials, outreach and training?

There would not be start-up costs.

g. What are the ongoing costs?

No ongoing costs to DHS; the positions are grant funded.

h. What are the potential savings?

No savings, no costs.

TOTAL FISCAL IMPACT FOR THIS PACKAGE

<u>Category</u>	<u>GF</u>	<u>OF</u>	<u>FF</u>	<u>TF</u>	<u>Position</u>	<u>FTE</u>
Personal Services	0	0	\$1,386,469	\$1,386,469	7	7.00
Services & Supplies	0	0	\$270,809	\$270,809		
Capital Outlay	0	0	0	0		
Special Payments	0	0	0	0		
Other	0	0	0	0		
Total	\$0	\$0	\$1,657,278	\$1,657,278	7	7.00

DHS - Fiscal Impact Summary by Program Area:

	Program /Division 1	Program /Division 2	Program /Division 3	Program /Division 4	Total DHS
General Fund	\$0	\$0	\$0	\$0	\$0
Other Funds	\$0	\$0	\$0	\$0	\$0
Federal Funds	\$1,657,278	\$0	\$0	\$0	\$1,657,278
Total Funds	\$1,657,278	\$0	\$0	\$0	\$1,657,278
Positions	7	0	0	0	7
FTE	7.00	0.00	0.00	0.00	7.00

What are the sources of funding and the funding split for each one?

Federal funds only

Department of Human Services

2019-21 Policy Package

Agency Name: DEPARTMENT OF HUMAN SERVICES
Program Area Name: OFFICE OF BUDGET, PLANNING, AND ANALYSIS
Program Name: DHS CENTRAL SERVICES
Policy Package Title: INVESTING IN DHS BUDGET STAFF CAPACITY
Policy Package Number: POP 112
Related Legislation: N/A

Summary Statement:

Over the past few years, the complexity of the department’s budget has grown. Currently there are only eight budget analysts, one manager, and one support position for the five main program areas and central office, which include over 9,000 budgeted positions and an \$11.6 billion-dollar budget. Each program has multiple, complex funding streams and their own requirements and limitations. The department requests the addition of one PEMF deputy budget director, two Fiscal Analysts 2, and two Fiscal Analysts 3 to further the agency’s ability to: track budgets at the levels not expected of the unit in the past, focus on revenue analysis, provide backup to programs that are only supported by one analyst in each program and design/delivery area, and to assist in the production of ever more detailed and complex information requests for budgeting and decision-making purposes. They will also provide coordinated position management resources for the over 9,000 budgeted positions in the department.

	General Fund	Other Funds	Federal Funds	Total Funds
<u>Policy Package Pricing:</u>	632,772	0	420,470	1,053,242

PURPOSE

- 1. WHAT WOULD THIS POLICY OPTION PACKAGE (POP) DO AND HOW WOULD IT BE IMPLEMENTED?** This package will increase the number of budget staff available to build, maintain, and analyze the department's budget and revenues. Currently each program has one analyst for program and one for Design and Delivery. While the intent is to eventually cross train, current staffing levels make it difficult to adequately cross train staff. Each program is only supported by one analyst, which puts the agency at risk each time an employee separates. There is not currently a true employment path for a new employee to enter as a Fiscal Analyst 2 and gain experience to become a Fiscal Analyst 3. This office does not currently have a deputy budget director. A deputy budget director would be essential in adding quality controls and reviews for which the department doesn't currently have capacity. The addition of a deputy budget director and FA3 could improve the department's management of positions. Finally, this will increase our capacity to analyze revenues and potential federal program or funding changes.
- 2. WHY DOES DHS PROPOSE THIS POP (WHAT ISSUE ARE YOU TRYING TO FIX/SOLVE)?** The department is trying to increase budget analysis and position management capacity resources for its over \$11.6 billion-dollar budget and 9,000 budgeted positions. The more complex the department becomes, the more risk there is that mistakes will be made if not resourced properly. This could cost the department and the state up to several million dollars in federal penalties. This could also compromise the department's ability to adequately track, analyze and maintain the budget.
- 3. HOW DOES THIS FURTHER THE AGENCY'S MISSION OR GOALS?** We are expected to manage within our budget. However, the complexity of this budget with five distinct program areas, the smallest of which is bigger than most other agencies, have many complex funding sources, funding restrictions, and thousands of positions. As the department grows in complexity, overall expectations of reporting and information requests from this office responding to managers, the Governor's Office, Legislative Fiscal Office, the state's Chief Financial Officer, the Legislature, and others has increased dramatically over the last several years. The department under its current staffing level struggles to keep up with all the expectations of the central budget office.

QUANTIFYING RESULTS

4. **IS THIS POP TIED TO A DHS PERFORMANCE MEASURE? IF YES, IDENTIFY THE PERFORMANCE MEASURE. IF NO, HOW WILL DHS MEASURE THE SUCCESS OF THIS POP?** No.
5. **WHAT WOULD BE THE ADVERSE EFFECTS OF NOT FUNDING THIS POP?**
We would continue and likely further struggle to keep up adequate budget, revenue and position analysis and responsiveness to information requests including meeting budget building timelines.

HOW ACHIEVED

6. **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.
7. **WHAT ALTERNATIVES WERE CONSIDERED AND WHAT WERE THE REASONS FOR REJECTING THEM?**
None.
8. **WHAT ACTIONS HAVE OCCURRED TO RESOLVE THE ISSUE PRIOR TO REQUESTING A POLICY PACKAGE?**
None.
9. **WHAT OTHER AGENCIES (STATE, TRIBAL AND/OR LOCAL GOVERNMENT) WOULD BE AFFECTED BY THIS POP? HOW WOULD THEY BE AFFECTED?**
The department would be more responsive and able to work better with the state agencies and tribal governments DHS interacts with, from a budget standpoint.

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

None.

11. WHAT IS YOUR EQUITY ANALYSIS?

The department is committed to having a diverse workforce.

12. WHAT IS THE LONG-TERM DESIRED OUTCOMES (LONGER THAN THE UPCOMING BIENNIUM)?

To build capacity so DHS can better react to new legislation, manage positions, and analyze, build and maintain DHS budgets and analyze current and proposed revenue sources.

STAFFING AND/OR FISCAL IMPACT

13. WHAT ASSUMPTIONS AFFECT THE PRICING OF THIS POP?

Implementation Date(s): Oct 1, 2019 start date for employees

End Date (if applicable): _____ none – request is for full time permanent positions. _____

a. Will there be new responsibilities for DHS/OHA? Specify which Program Area(s) and describe their new responsibilities. n/a

- 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.**
Normal equipment, chairs etc. will be needed; and there should be minimal impact on human resources and payroll and information service resources simply due to adding more staff.
- c. Will there be changes to client caseloads or services provided to population groups? Specify how many in each relevant program.** Not applicable.
- 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.**
One PEMF 21 months in 19-21, 24 months from then on.
Two FA3s 21 months in 19-21, 24 months from then on.
Two FA2s 21 months in 19-21, 24 months from then on.
- e. What are the start-up costs, such as new or significant modifications to computer systems, new materials, outreach and training?**
Only normal, new staff costs that are built into the pricing.
- f. What are the ongoing costs?**
Position costs and S&S
- g. What are the potential savings?**
There is the potential for increased federal funding if additional resources are available to analyze grants to determine if DHS is appropriately maximizing federal funds.
- h. Based on these answers, is there a fiscal impact?**
Yes.

TOTAL FOR THIS PACKAGE

<u>Category</u>	<u>GF</u>	<u>OF</u>	<u>FF</u>	<u>TF</u>	<u>Position</u>	<u>FTE</u>
Personal Services	525,207	0	350,130	875,337	5	4.40
Services & Supplies	33,010	0	22,020	55,030		
Capital Outlay	0	0	0	0		
Special Payments	74,555	0	48,320	122,875		
Other	0	0	0	0		
Total	\$632,772	\$0	420,470	1,053,242	5	4.40

DHS - Fiscal Impact Summary by Program Area:

	BPA				Total
General Fund	\$632,772	\$0	\$0	\$0	\$632,772
Other Fund	\$0	\$0	\$0	\$0	\$0
Federal Funds- Ltd	\$420,470	\$0	\$0	\$0	\$420,470
Total Funds	\$1,053,242	\$0	\$0	\$0	\$1,053,242
Positions	5	0	0	0	5
FTE	4.40	0.00	0.00	0.00	4.40

What are the sources of funding and the funding split for each one?

General fund 60%, Federal fund 40%

Department of Human Services

2019-21 Policy Package

Agency Name: Department of Human Services (DHS)
Program Area Name: Vocational Rehabilitation (VR)
Program Name: VR Transition Services
Policy Package Title: Pre-Employment Transition Services (Pre-ETS)
Policy Package Number: POP 116
Related Legislation: WIOA; IDEA

Summary Statement:

The Workforce Innovation and Opportunity Act (WIOA), calls for Oregon Vocational Rehabilitation to collaborate with school districts to provide, or arrange for the provision of, pre-employment transition services (Pre-ETS) for all students with disabilities who are eligible or potentially eligible for VR services. Further, WIOA states that there must be local coordination with districts for Pre-ETS at all 16 VR branch offices. The Oregon Department of Education and VR estimate that the target population for Pre-ETS to be roughly 27,000 students with disabilities.

Currently Oregon VR has two Pre-Employment Transition Service Coordinators that provide direct services to students with disabilities in the state. One is based in the Portland Metro area and the other is based in Bend with the responsibility of covering the eastern part of the state. Neither of these positions have enough capacity to cover the entire state and deliver the mandated services by WIOA. Therefore, we are requesting the position authority to hire two more Pre-Employment Transition Service Coordinators (PA1) to meet this need and one OPA1 to handle the data entry elements of this mandate.

This POP would utilize funds already within VRs budget so this will be a zero cost or, cost neutral POP.

	General Fund	Other Funds	Federal Funds	Total Funds
<u>Policy Package Pricing:</u>		\$576,906		\$576,906

PURPOSE

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

This POP is designed to assist VR meet new transition requirements established in WIOA that mandates VR to create the provision and availability of Pre-Employment Transition Services (Pre-ETS) for roughly 27,000 students with disabilities throughout the state. These are the five required Pre-ETS:

- Job exploration counseling;
- Work-based learning experiences,
- Counseling on opportunities for enrollment in comprehensive transition or postsecondary educational programs
- Workplace readiness training to develop social skills and independent living;
- Instruction in self-advocacy, which may include peer mentoring.

Oregon VR currently has two Pre-Employment Transition Service Coordinators that provide Pre-ETS to students with disabilities in the state. One is based in the Portland Metro area and the other is based in Bend with the responsibility of covering the eastern part of the state. Neither of these positions have enough capacity to cover the entire state and deliver the mandated services by WIOA. Therefore, we are requesting the position authority to hire two more Pre-Employment Transition Service Coordinators (PA1) to meet this need and one OPA1 to handle the data entry elements of this mandate.

This POP would utilize funds already within VRs budget so this will be a zero cost or, cost neutral POP.

2. WHY DOES DHS PROPOSE THIS POP (WHAT ISSUE ARE YOU TRYING TO FIX/SOLVE)?

The Workforce Innovation and Opportunity Act (WIOA), calls for Oregon Vocational Rehabilitation to collaborate with school districts to provide, or arrange for the provision of, pre-employment transition services (Pre-ETS) for all students with disabilities who are eligible or potentially eligible for VR services. Further, WIOA states that there must be local coordination with districts for Pre-ETS at all 16 VR branch offices. Currently we do not have the capacity with our existing staff to fulfill these new mandates.

3. HOW DOES THIS FURTHER THE AGENCY’S MISSION OR GOALS?

This POP directly relates to VR’s strategic objective and goal to “implement inclusive, dynamic statewide youth programs”. Additionally, this package will support the governor’s goal to train a high quality workforce reflects the working face of Oregon.

QUANTIFYING RESULTS

4. IS THIS POP TIED TO A DHS PERFORMANCE MEASURE? IF YES, IDENTIFY THE PERFORMANCE MEASURE. IF NO, HOW WILL DHS MEASURE THE SUCCESS OF THIS POP?

Oregon VR is now required to arrange for the provision of Pre-Employment Transition Services for roughly 27,000 youth with disabilities in over 145 school districts. This performance measure is set forth in section 113 of WIOA. This POP will provide VR with the field staff to implement these new services and coordinate with the districts and other providers to ensure the provision of the Pre-ETS.

5. WHAT WOULD BE THE ADVERSE EFFECTS OF NOT FUNDING THIS POP?

Oregon Vocational Rehabilitation could be out of compliance by not fulfilling the required services in section 113 of WIOA outlining Pre-Employment Transition services and Coordination.

HOW ACHIEVED

6. 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.

7. WHAT ALTERNATIVES WERE CONSIDERED AND WHAT WERE THE REASONS FOR REJECTING THEM?

None – this POP is consistent with implementing the Workforce Innovation and Opportunity Act as discussed above and the specific action plans adopted to implement the new mandatory services set forth in that act.

8. WHAT ACTIONS HAVE OCCURRED TO RESOLVE THE ISSUE PRIOR TO REQUESTING A POLICY PACKAGE?

VR has hired two Pre-Employment Transition Service Coordinators that deliver services to students with disabilities in the state. One is based in the Portland Metro area and the other is based in Bend with the responsibility of covering the eastern part of the state. Both of these positions do not have enough capacity to cover the entire state and deliver the mandated services by WIOA. Therefore, we are requesting the position authority to hire 2 more Pre-Employment Transition Service Coordinators to meet this need and one OPA1 to handle the data entry elements of this mandate.

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

There are five tribal vocational rehabilitation programs in the state that would benefit from this POP. These programs have extremely limited funds and our POP would be able to coordinate and serve their tribal students.

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

Oregon Department of Education, University of Oregon, CTE and CTE Hubs, STEM Hubs, Local School Districts, Workforce Innovation Technical Assistance Center, and the National Technical Assistance Center on Transition.

11. WHAT IS YOUR EQUITY ANALYSIS?

Working with the Oregon Department of Education we pulled 2017-18 school year data to determine the current enrolled population of students with disabilities between the ages of 14 and 21. This analysis was comprised 13 different disability types, gender, geographic location, and school of record. It has been determined that there are roughly 27,000 students with disabilities that could potentially eligible and served by this program.

12. WHAT IS THE LONG-TERM DESIRED OUTCOMES (LONGER THAN THE UPCOMING BIENNIUM)?

Pre-Employment Transition Services are meant to be the first step in career exploration for students. When students have the opportunity to participate in these services they are more equipped to make an informed decision about their future and will have a better understanding of their own preferences, interests, skills and needed supports. By funding this POP we are seeking improved postsecondary employment outcomes for students with disabilities in Oregon. This will result in more students employed in competitive, integrated settings. More students with disabilities will be enrolling in postsecondary training and education programs. These activities will result in fewer individuals with disabilities utilizing governmental supports and, in turn, they will be participating and contributing members in our community.

STAFFING AND/OR FISCAL IMPACT

13. WHAT ASSUMPTIONS AFFECT THE PRICING OF THIS POP?

Implementation Date(s): 7/1/2019

End Date (if applicable): N/A

- a. **Will there be new responsibilities for DHS/OHA? Specify which Program Area(s) and describe their new responsibilities.**

<input checked="" type="checkbox"/>	Reporting to RSA	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>

- 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.**

There will be an increase of services provided to students with disabilities. It is estimated that there are 27,000 students in the state that are potentially eligible for these services. Not all of these students with require these services but they would be served locally in collaboration with contracting school districts and the local VR office.

- 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.**

Yes, we are requesting position authority to hire two more Pre-Employment Transition Service Coordinators (PA1) to meet this need and one OPA1 to handle the required data entry elements for our federal funders (RSA).

- e. **What are the start-up costs, such as new or significant modifications to computer systems, new materials, outreach and training?**
None.
- f. **What are the ongoing costs?**
This POP would utilize funds already within VRs budget so this will be a zero cost or, cost neutral POP.
- g. **What are the potential savings?**
N/A.
- h. **Based on these answers, is there a fiscal impact?**

TOTAL FOR THIS PACKAGE

<u>Category</u>	<u>GF</u>	<u>OF</u>	<u>FF</u>	<u>TF</u>	<u>Position</u>	<u>FTE</u>
Personal Services	0	\$576,906	0	0	3	3.00
Services & Supplies	0	0	0	0		
Capital Outlay	0	0	0	0		
Special Payments	0	0	0	0		
Other	0	0	0	0		
Total	\$0	\$576,906	\$0	\$0	3	3.00

DHS - Fiscal Impact Summary by Program Area:

	Program Area 1	Program Area 2	Program Area 3	Program Area 4	Total
General Fund	\$0	\$0	\$0	\$0	\$0
Other Fund	\$0	\$0	\$0	\$0	\$0
Federal Funds- Ltd	\$0	\$0	\$0	\$0	\$0
Total Funds	\$0	\$0	\$0	\$0	\$0
Positions	0	0	0	0	0
FTE	0.00	0.00	0.00	0.00	0.00

What are the sources of funding and the funding split for each one?

100% Other funds

Department of Human Services

2019-21 Policy Package

Agency Name: Department of Human Services
Program Area Name: Child Welfare
Program Name: CW Delivery
Policy Package Title: Centralized Screening
Policy Package Number: POP 119
Related Legislation:

Summary
Statement:

Centralized Screening currently exists in half of all child welfare programs in the U.S. Research has proven its effectiveness in improving consistency in screening decisions and increased training opportunities for screeners to build a specialized expertise. Screening is the first point of contact for all mandated and non-mandated reporters of child abuse in Oregon. It is imperative that screeners apply Oregon Revised Statute 419B.005 accurately to each allegation of abuse and determine when the department is required to investigate. Oregon Child Welfare currently operates under a district-wide child abuse reporting system in most areas of the state. 7,000 reports of child abuse or neglect are being processed through 15 child welfare offices each month, and at least that many phone numbers. Screening decisions can vary based on where the call is received and a multitude of other reasons such as, workload, inexperience, misinterpretation, bias, etc. This POP would support the ongoing operation of a single, stand-alone, 24 hours a day, 7 days a week child abuse hotline. Enhanced training, decision-making and data-informed tools, a single leadership structure and continuous quality assurance processes all support increased accuracy and reduced bias in screening decisions. In addition, it affords opportunities for quality assurance measures which increase the ability of the Department to provide consistent practice and customer service. Overall, this will increase the level of safety for children exposed to abuse or neglect.

	General Fund	Other Funds	Federal Funds	Total Funds
<u>Policy Package Pricing:</u>	10,189,554	-	-	10,189,554

PURPOSE

1. WHY DOES DHS PROPOSE THIS POP (WHAT ISSUE ARE YOU TRYING TO FIX/SOLVE)?

Child Welfare generates 7000 reports of child abuse monthly. Statute requires all 7000 reports be cross reported to the appropriate Law Enforcement Agency (LEA) jurisdiction. This POP would allow for the creation of a single call facility by consolidating the 15 hotlines currently scattered around the state into a single location. It would provide for the additional Hotline staff needed to operate 24 hours a day, 7 days a week. It would also allow for the maintenance of advanced phone technology and other equipment such as desk-side scanners to support the work. The Child Abuse Hotline would be the point of receipt for all new allegations of child abuse and neglect. This POP requests funding for the facility, positions, and enhancement of technology to help bridge the communication gap with the field offices and our law enforcement partners, especially.

Facility:

The Hotline will be located at 6035 NE 78th Court, Suite 200 in Portland. The POP would provide the resources needed to support ongoing operations of a stand-alone facility and functionality to support screeners, supervisors, consultants, program managers, hotline managers, case aides, office specialists, office managers and an ORKids trainer. The facility will utilize a work station, rather than desk assignment model to minimize square footage requirements, and support the shift-work that will be required of Hotline staff. This will require screener workstations to be flexible to meet the ergonomic requirements of more than one person. The facility will need adequate safety features such as an electronic key system and good lighting. Customers will not be received at this building.

The Hotline will be identified as a DHS critical infrastructure. To ensure ongoing operation the facility will run 24/7, the office will include but is not limited to; backup generator, dual internet sources, increased rent and utilities increases for 24/7 operations, building showers, and storage lockers.

Technology:

In a 2008 study commissioned by the state of Wyoming, Casey Family Programs evaluated centralized screening efforts. Findings indicate getting the technology piece right is elemental to the success of a hotline.

“Automated call handling, and distribution systems [that] can facilitate call management and tracking of call volumes and call center performance may significantly reduce the proportion of callers who encounter busy signals. A dedicated call line or system for prioritizing referrals from law enforcement may be needed to allow those reporters to deliver referrals in a timely way.” In Oregon’s current decentralized system, units vary greatly in the types of data they capture, store and utilize. The POP would allow for the maintenance of the web-based phone system with the ability to respond to disasters or coverage needs with a plug-and-play system. This design allows supervisors to reroute phone lines anywhere and remain fully functional via the Web, including uninterrupted data capture. The phone software has the capabilities to track calls, wait times, dropped calls, worker productivity, etc. It will allow supervisors the ability to listen in and record live calls, provide dedicated lines to LEA, be able to transfer calls and forward calls without disruption or excessive prompting for the caller. Utilization by non-English callers will be accessible statewide. The phone system will provide quality sound, the capacity to predict call volume and assist with workload management. The POP would allow for ongoing licensure of the phone software and maintenance of desk-side scanners and printers for the unit. Technology will include but not be limited to; building and maintaining a Geographic Information System (GIS), hardware/infrastructure, phone systems, ORKids and other appropriate software applications as needed.

Training:

Screening is a discreet function that is independent of the CPS assessment and requires autonomy in making decisions. Training for screeners and supervisors, decision-making tools and CQI processes are inadequate and inconsistently applied across the state. There is little specific training available for screeners or their supervisors. A more robust, formalized training, for business staff, pre-screeners, screeners and supervisors, has emerged as a critical need. Casey Family Programs and Action for Child Protection will be partnering with child welfare to develop a screening academy training plan and curriculum. Screeners, screening supervisors, and program managers of the Hotline will receive a comprehensive training, that includes application of Oregon Safety Model at screening, screening procedure, guidelines and various tools including the adoption of an equity lens to assist with decision-making. This POP would allow for the

ongoing Continuous Quality Improvement for the application of new screening procedures, sustainability planning and periodic review.

Staffing:

Statewide 167 screening positions exist statewide. Most child abuse hotlines currently operate 8 a.m.-5 p.m., except for District 2 which operates 24 hours a day, 7 days a week. Calls that come in after business hours in the districts operating 8 a.m.-5 p.m. are screened and assigned by District staff. Interpretation needs will be addressed through bi-lingual staff, and the use of interpretive language line services when there are no staff available to interpret. With centralization, after-hours screening decisions and assignments will shift to one central hotline. This will result in increased CPS workload evenings, nights, and weekends.

Centralization will require 119 additional staff statewide to meet the workload model, due to the implementation of a 24 hours a day, 7 days a week call facility, which subsequently will require 24 hours a day, 7 days a week CPS response to ensure child safety. The stand-alone facility will require an independent leadership structure including; a hotline manager, program managers, supervisors, SSS1s, case aides, office specialists, office managers, consultants and an ORKids trainer to support the planning, implementation and sustainability of the centralized hotline. These positions will focus on statewide change management strategies regarding policies, procedures, engagement with community partners and modeling change management post implementation.

A short implementation schedule is anticipated April 2019 through June 2019; however, in the meantime, districts are experiencing extended screening position vacancies due to the upcoming centralization. We anticipate moving some screening function to the NE Portland location in August 2018, including rerouting calls, workload and positions to the new location, begin transitioning and hiring new screeners, training to and provide structured onboarding of all districts. Full transition is expected by Summer 2019.

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

Oregonians deserve a system that can provide efficient, effective, equitable, and consistent screening practice, as defined by statute. As custodian of Oregon’s most vulnerable children, Child Welfare is requesting funding to stand up a single, stand-alone, 24 hours a day, 7 days a week screening hotline that

utilizes real-time data and quality assurance tools to improve safety outcomes for children. Nationally, about 50% of all states operate centralized screening units. A national study of Statewide [Intake] Screening (Morningside, 2014) found that states utilizing a centralized child abuse reporting hotline are safer, call volume is higher, and timeliness of response is longer. Oregon can anticipate a 10% increase in the number of calls, a 10% increase in assignments, and a 10% increase in the number of families who receive support services due to substantiated findings of abuse or neglect. This POP addresses timeliness of response through improved staffing allocation, ongoing quality assurance and reliable technology.

We know from file reviews that errors in screening processes have contributed to bad outcomes for children. Staff cite inadequate training and coverage as significant barriers to developing the specialized skill set screening requires. Unit meetings, group supervision, peer reviews, policy review, and updates are prioritized and delivered in 15 different ways right now. Typically, districts shift CPS workers to cover, often triaging the immediate assignments and deferring completion of closed reports to screeners. This is true for after-hours responses as well. It is imperative that we make systemic changes to screening. We need to do better. In 2017, the workload model was adjusted to account for the significant body of work associated with screening reports. This POP provides for the remaining screening positions to obtain 100% of the staffing level earned by the workload model, and to increase CPS staffing allocation to respond timely to the anticipated 10% increase in call volume associated with centralization of the hotline. The department will engage in targeted outreach to communities of color (with special emphasis on African American and Native American communities) and other non-dominant cultures to ensure future staffing is more reflective of the communities we serve. This will increase congruency between screeners and the individuals being reported, and will ultimately contribute to a reduction in disproportionality across the Child Welfare system.

3. HOW DOES THIS FURTHER THE AGENCY'S MISSION OR GOALS?

Healthy. Safe. Independent. It is essential that allegations of abuse and neglect are handled accurately. A single administrative structure and quality assurance practices can occur in a single location with maximum impact, equity, benefit, and accountability. This data driven system aligns with DHS' vision of a world-class organization.

QUANTIFYING RESULTS

- 4. IS THIS POP TIED TO A DHS PERFORMANCE MEASURE? IF YES, IDENTIFY THE PERFORMANCE MEASURE. IF NO, HOW WILL DHS MEASURE THE SUCCESS OF THIS POP?**

This POP directly impacts KPM #17, in that the Child Abuse Hotline is the primary contact point of the community to the agency when they have concerns around the safety and well-being of children.

- 5. WHAT WOULD BE THE ADVERSE EFFECTS OF NOT FUNDING THIS POP?**

The Department would continue to operate the 15 separate and distinct Hotlines throughout the state. Substantial hours in consultation and review would be expended. Inconsistency amongst hotlines would continue. Coverage for screening absence would continue to be filled by CPS workers, by pulling them away from their critical work. Statewide quality assurance measures will be difficult to implement. Consumers will experience inconsistent responses, and inequities and disproportionalities impacting youth from non-dominant cultures and non-English speaking communities will continue. Systemic issues, identified in critical case reviews, will also continue.

HOW ACHIEVED

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

OAR 413-015-0305, Cross Reporting Requirements, would need to be amended to remove the requirement that a cross report be made to a law enforcement agency where the alleged abuse occurred, and, a second time in the county where the report was made. A centralized unit will eliminate the need for a second cross report. Continuing to cross report in the jurisdiction where the Hotline is situated causes one LEA to receive 7,000 assigned and closed reports of child abuse per month, regardless of their relevance.

7. WHAT ALTERNATIVES WERE CONSIDERED AND WHAT WERE THE REASONS FOR REJECTING THEM?

District, regional and centralized options have been vetted through the Centralized Hotline steering committee and approval to centralized by DHS executive leadership. The district and regional options diminish workload efficiencies, increase the probability of differing and inequitable practices across the regions, promote the continued use of CPS workers to cover screening work, and increase the likelihood that customers will receive inconsistent service. District and regional operations require duplicative spending on buildings, technological equipment, and the like.

8. WHAT ACTIONS HAVE OCCURRED TO RESOLVE THE ISSUE PRIOR TO REQUESTING A POLICY PACKAGE?

Child Welfare moved from a county based screening structure to a district format over the last couple of decades to manage resources and develop regional supports. As workload has increased, District offices have allocated additional staff to their screening units from other program areas to manage the increased call volume. Other child welfare workers and units periodically cover for screening; however, consistency in practice and decision-making can be negatively impacted.

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

Centralization of the hotline will change how calls of child abuse are received, processed, and disseminated. This will impact all CW staff, mandatory reporters, and agencies who cross report to screening units statewide. Calls will no longer be accepted in the county of origin. Although callers will continue to be able to come to local field offices, they will be required to call the hotline and engage with screeners who may not be familiar with their local community resources. There is a risk that non-dominant and non-English speakers will not know about the child abuse reporting changes, the required information needed to make a child abuse report, or what to expect. The mechanism by which cross reports are made will change primarily to electronic communication. There will be an absence of screening leadership and expertise at the local offices; it will require community partners to collaborate with staff at the central hotline rather than their local offices.

The community will have access to the central hotline 24 hours a day, 7 days a week, 365 days a year.

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

The efforts to centralize are overseen by the Centralized Hotline Steering committee. Other agency representation includes law enforcement, medical professionals, educators, Tribal governments, legislators, Service Employees International Union, District Attorney offices, Action for Child Protection, Casey Family Programs, and Office of Training Investigations and Safety, Office of Continuous Improvement. Office of Business Engagement Services, Office of Reporting, Research, Analytics and Implementation, Unified Child Safety provide support technical assistance and project management to the project. Screeners, screening supervisors, safety consultants, program managers and district managers are represented on the steering committee and/or subcommittees who are responsible for the project deliverables. Statewide listening tours, outreach to supervisory groups, and screening units continue throughout the project.

11. WHAT IS YOUR EQUITY ANALYSIS?

Through this POP the Agency seeks to make accessible skilled screening staff who can serve the diverse needs of the community, 24 hours a day, 7 days a week. In Oregon, the U.S. Census data shows that while Spanish, Vietnamese, Chinese and Russian are the most common languages spoken by people at home after English, about 172,000 people in the state speak one of 120 other languages. Currently, Child Welfare employs 105 Social Service Specialists and 11 supervisors who receive the bilingual differential, but they are thinly spread at multiple sites across the state. Having our bilingual screeners in a central location will enable the agency to more consistently staff screening and take reports in the caller's preferred language. Further, this POP will enable having effectively applied phone software that tracks language preference and informs hiring practice of needed language skills. When live bilingual staff are not available, contracted Language Services will continue to provide language support to ensure every report of child abuse and neglect is handled appropriately.

In addition, a centralized screening model will enable Child Welfare to have more consistent screening

standards that will limit bias to ensure equitable outcomes for children of color, as research demonstrates that disproportionality occurs at every step of the child welfare process nationally. For these reasons, we believe that this POP is essential for the health and safety of all children.

12. WHAT ARE THE LONG-TERM DESIRED OUTCOMES (LONGER THAN THE UPCOMING BIENNIUM)

- Improved child safety
- Improved customer service
- Consistent decision-making
- Improved data informed decision-making
- Continuous Quality Assurance
- Continuous Quality Improvement
- Reduced biases in screening decisions
- Congruent with DHS values
- Improved continuity of operations
- Improved service equity for non-dominant cultures and non-English speaking communities

STAFFING AND/OR FISCAL IMPACT

13. WHAT ASSUMPTIONS AFFECT THE PRICING OF THIS POP?

Implementation Date(s): August 2018, stand up phase; full implementation Summer 2019

End Date (if applicable): n/a

a. Based on these answers, is there a fiscal impact? Yes

- b. Will there be new responsibilities for DHS/OHA? Specify which Program Area(s) and describe their new responsibilities. No**

- c. 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.**

This POP allows for the ongoing lease of the facility and technical staff to support the hotline operations. Shared services is actively involved in evaluating phone needs, computer services, emergency readiness and other facility modifications necessary for day to day operational needs. Onsite phone supports will be essential to ensure child safety. GIS (geographic information system) technology will need maintained and updated. This technology will be used to child safety assessments. Addresses, business locations and police jurisdictions, for example, will require continuous maintenance and updates.

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

Standing up a central location will not change client caseload or services provided; however, there may additional time required to gather information, staff cases with management, and complete the case assignment which is impacted by obtaining more comprehensive information. It is anticipated this increased workload will be offset by the efficiencies gained by consolidating staff into a single location.

- e. **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 existing positions will be modified.

New Positions

- 17 SSS1 for screening at 100% workload model allocation.
 - 6 SSA-case aides for screening at 100% of workload model.
 - 15 OS2 for screening at 100% of the workload model.
 - 1 ISS5; permanent, will work 24 months in each biennium at DHS OFRA (Office of Forecasting, Research and Analysis) shared services department.
 - 1 ISS4; permanent, will work 24 months in each biennium at DHS OIS (Office of Information Services) shared services department.
 - 2 OPA; screening safety consultation and ongoing continuous quality assurance and improvements; permanent, will work 24 months in each biennium
 - 1 PEMF; Hotline Manager – permanent, will work 24 months in each biennium
 - 2 PEME; Program Manager - permanent, will work 24 months in each biennium
 - 1 Training and Development Specialist 2 – permanent, will work 24 months in each biennium
- f. **What are the start-up costs, such as new or significant modifications to computer systems, new materials, outreach and training?**
- None. Securing a facility, curriculum development, training, relocating staff and securing call software are occurring in the 17-19 budget cycle.

- g. **What are the ongoing costs?**

Staff: \$9,283,567

Phones: \$605,987

Marketing campaign – Centralizing the child abuse hotline will impact all Oregonians. The change will be significant and require ongoing statewide efforts to ensure changes are effectively communicated: \$300,000.

h. What are the potential savings?

No significant cost savings identified.

TOTAL FISCAL IMPACT FOR THIS PACKAGE

<u>Category</u>	<u>GF</u>	<u>OF</u>	<u>FF</u>	<u>TF</u>	<u>Position</u>	<u>FTE</u>
Personal Services	7,056,385	-	-	7,056,385	46	45.28
Services & Supplies	3,133,169	-	-	3,133,169		
Capital Outlay	-	-	-	-		
Special Payments	-	-	-	-		
Other	0	0	0	0		
Total	10,189,554	-	-	10,189,554	46	45.28

DHS - Fiscal Impact Summary by Program Area:

	<u>CW/ Delivery</u>	<u>Program/ Division 2</u>	<u>Program/ Division 3</u>	<u>Program/ Division 4</u>	<u>Total DHS</u>
General Fund	10,189,554	0	0	0	\$10,189,554
Other Funds	-	0	0	0	\$ -
Federal Funds- Ltd	-	0	0	0	\$ -
Total Funds	10,189,554	0	0	0	\$10,189,554
Positions	46	0	0	0	46
FTE	45.28	-	-	-	45.28

What are the sources of funding and the funding split for each one? 100% General Fund.

Department of Human Services

2019-21 Policy Package

Agency Name: Department of Human Services
Program Area Name: Aging and People with Disabilities
Program Name: Community Based Care
Policy Package Title: Community Based Care Medicaid Access
Policy Package Number: POP 121
Related Legislation: None

Summary
Statement:

This policy option package is intended to protect and secure additional access to community-based care for Medicaid long term care consumers. This package provides a 10 percent increase to adult foster home providers effective 1/1/20 and another 4 percent increase effective 7/1/20 for a total of \$5 million in general funds. These increases are designed to recalibrate existing disparities to reverse the trend of lost access in the last five years. The package also adds a 5 percent increase effective 7/1/19 and a 5 percent increase effective 7/1/20 to assisted living, residential care, memory care and in-home agencies. Funding is also provided for anticipated increases in the upper payment limit for APD Program of All Inclusive Care for the Elderly programs. Finally, it has a request for surveyor positions to eliminate a backlog of inspections and to keep up with the ongoing oversight required by law - given the growth of community-based care settings.

	General Fund	Other Funds	Federal Funds	Total Funds
<u>Policy Package Pricing:</u>	\$25,538,323		\$11,667,109*	\$37,205,432

PURPOSE

1. WHY DOES DHS PROPOSE THIS POP (WHAT ISSUE ARE YOU TRYING TO FIX/SOLVE)?

This policy option package seeks to maintain and secure access to community-based care for Medicaid beneficiaries.

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

This POP:

- Provides a 10% increase to APD-licensed adult foster homes effective 1/1/20.
- Provides a 4% increase to APD-licensed adult foster homes effective 7/1/20.
- Provides a 5% increase for assisted living, residential care and memory care effective 7/1/20.
- Provides an additional 5% increase for assisted living, residential care and memory care effective 7/1/21.
- Provides a 5% increase for In-Home Agencies on 7/1/20 and an additional 5% increase on 7/1/21.
- Funding is also provided for anticipated increases in the upper payment limit for APD Program of All Inclusive Care for the Elderly programs.
- Provides the Safety, Oversight and Quality Unit with 25 additional FTE (surveyors) to be able to perform the required oversight per OAR and ORS.

3. HOW DOES THIS FURTHER THE AGENCY'S MISSION OR GOALS?

Home and community based care is the backbone and philosophy of Oregon's system of long term care. Maintaining this access is critical. This funding will promote and secure continued access to these valuable services.

QUANTIFYING RESULTS

4. IS THIS POP TIED TO A DHS PERFORMANCE MEASURE? IF YES, IDENTIFY THE PERFORMANCE MEASURE. IF NO, HOW WILL DHS MEASURE THE SUCCESS OF THIS POP?

Yes. It is directly tied to **KPM # 11**: The percentage of Medicaid individuals served outside of nursing facilities.

5. WHAT WOULD BE THE ADVERSE EFFECTS OF NOT FUNDING THIS POP?

APD's access to adult foster care has reduced by 17% in the last four years with no signs of this slowing down. Failing to recalibrate the rates will exacerbate this situation resulting in further and further access issues to adult foster care in the future. Failing to fund this POP indicates an acceptance of this situation. The surveyor positions are required to be able to provide the oversight needed to help protect this vulnerable population and to be able to prevent serious safety issues within facilities. Without the positions, the Agency will remain past due on the required timeframe of 24 months between surveys.

HOW ACHIEVED

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

No.

7. WHAT ALTERNATIVES WERE CONSIDERED AND WHAT WERE THE REASONS FOR REJECTING THEM?

APD could fail to provide the rate increase and face continued loss of access to adult foster homes.

8. WHAT ACTIONS HAVE OCCURRED TO RESOLVE THE ISSUE PRIOR TO REQUESTING A POLICY PACKAGE?

N/A

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

The rates proposed by APD will be discussed and potentially have impact on providers in the Intellectual/ Developmental Disabilities and Behavioral Health programs.

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

None.

11. WHAT IS YOUR EQUITY ANALYSIS?

Maintaining access to community based care is the cornerstone of equity. When Medicaid access is threatened, access is limited to those with the means to pay privately.

12. WHAT ARE THE LONG-TERM DESIRED OUTCOMES (LONGER THAN THE UPCOMING BIENNIUM)?

Continued maintenance of community based care rates and access. Eliminating any backlog in the survey and oversight process that is necessary by the Agency.

STAFFING AND/OR FISCAL IMPACT

13. WHAT ASSUMPTIONS AFFECT THE PRICING OF THIS POP?

Implementation Date(s): January 1, 2020 (July 1, 2019 for the FTE ask for surveyors)

End Date (if applicable): N/A

a. Based on these answers, is there a fiscal impact?

Yes

b. Will there be new responsibilities for DHS/OHA? Specify which Program Area(s) and describe their new responsibilities.

<input checked="" type="checkbox"/> OIS Programming for Medicaid rate incentives	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

c. 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.
Normal costs associated with the new FTE proposed.

d. Will there be changes to client caseloads or services provided to population groups? Specify how many in each relevant program.
None anticipated. This will change the caseload mix, but can't be quantified at this point.

e. 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.
Twenty five permanent Client Care Surveyors effective 7/1/19.

f. What are the start-up costs, such as new or significant modifications to computer systems, new materials, outreach and training?
N/A

- g. What are the ongoing costs?**
Ongoing costs of rate increases.

- h. What are the potential savings?**
Not quantifiable.

TOTAL FISCAL IMPACT FOR THIS PACKAGE

<u>Category</u>	<u>GF</u>	<u>OF</u>	<u>FF</u>	<u>TF</u>	<u>Position</u>	<u>FTE</u>
Personal Services	2,750,267	0	1,833,500	4,583,767	25	25.00
Services & Supplies	599,458	0	392,550	992,008		
Capital Outlay	0	0	0	0		
Special Payments	22,188,598	0	9,441,059*	31,629,657		
Other	0	0	0	0		
Total	\$25,538,323	\$0	\$11,667,109	\$37,205,432	25	25.00

**Federal Fund is error, will request correction at Reshoot.*

DHS - Fiscal Impact Summary by Program Area:

	Program	Delivery	Design	Total DHS
General Fund	\$22,188,598	\$3,349,725	\$0	\$25,538,323
Other Funds	\$0	\$0	\$0	\$0
Federal Funds- Ltd	\$9,441,059	\$2,226,050	\$0	\$11,667,109
Total Funds	\$31,629,657	\$5,575,775	\$0	\$37,205,432
Positions	0	25	0	25
FTE	0.00	25.00	0.00	25.00

What are the sources of funding and the funding split for each one?

- All rate increases should be assumed at the K Plan FMAP rate (*Federal match incorrect at GB, will request correction at Reshoot*).
- Regional foster home recruiters should be assumed at the Medicaid admin rate.
- Marketing effort should be assumed as state general fund only.

Department of Human Services

2019-21 Policy Package

<u>Agency Name:</u>	Department of Human Services
<u>Program Area Name:</u>	Self-Sufficiency Programs
<u>Program Name:</u>	Temporary Assistance for Needy Families
<u>Policy Package Title:</u>	Emergency Housing Assistance
<u>Policy Package Number:</u>	POP 122
<u>Related Legislation:</u>	Not Applicable

Summary Statement:

The housing crisis has greatly impacted the low-income families in Oregon, making them even more vulnerable. This policy option package addresses the housing need by expanding the Department of Human Services, Self-Sufficiency Programs' ability to provide emergency housing services and supports to homeless families and families at risk of homelessness in areas where assistance is not available, including maximizing coordinated efforts with housing and community action agencies and other local partner organizations across the state. If this policy option package is not funded, homelessness and housing needs will remain unmet, reducing the ability to strengthen and stabilize the living situation of low-income families, and potentially requiring reliance on assistance programs.

An investment of \$6.5M in emergency housing will be transferred to help low-income Oregonians experiencing a housing crisis to remain safe and provide wrap-around services that support families during their period of instability. The Department of Human Services (DHS) and Oregon Housing and Community Services (OHCS) are working to align services and strategies to better serve our families and provide quality person-centered assistance. DHS and OHCS will work in collaboration on the four strategies below to begin to address the statewide housing stabilization issues facing the families we serve.

PURPOSE

1. WHY DOES DHS PROPOSE THIS POP (WHAT ISSUE ARE YOU TRYING TO FIX/SOLVE)?

To help Oregonians create and sustain economic stability over a lifetime, the Department of Human Services (DHS) is taking a long view approach to helping families and individuals earn enough to make ends meet. This includes offering innovative and essential employment and training programs that lead to careers that pay, and providing family and housing stability supports to prevent homelessness of families with children and that lead to sustainable independence.

Oregon is currently experiencing a housing crisis, caused by new construction not keeping up with housing demand due to the population increase. The housing shortage has made it increasingly difficult for Oregonians to find and retain safe, decent and affordable housing. Approximately, 39 percent of Oregon households are renting. In Oregon, two-bedroom apartments have an average Fair Market Rent of \$1,028. To afford this level of rent, a household must earn \$3,428 per month if they are spending no more than the recommended 30 percent of their income toward rent. An individual working fulltime at the standard Oregon minimum wage (\$10.25 per hour) is not able to afford a two-bedroom apartment. In the past 5 years, rent for a two-bedroom unit in Oregon increased by 27. In 2017, Oregon had the 18th highest rent rate in the United States.

From 2015 to 2017, Oregon experienced a 6 percent increase in people experiencing homelessness from 13,176 to 13,953 based on the Oregon Point in Time Homeless Counts. 2,636 out of 13,953 of those homeless in 2017 were children under 18 years old. 57 percent of those homeless in 2017 were unsheltered. Low-income to no-income families, such as those who receive public assistance through the Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF), are among the most vulnerable population.

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

The Department of Human Services (DHS) Self Sufficiency Programs (SSP) proposes this policy option package as an effort to address various housing needs that low-income families with dependent children are facing in the current housing crisis. This will target the prevention of homelessness by providing housing assistance in areas where it is not available by complementing and aligning with the collective services provided within the communities where the families reside.

This proposal would (1) fund emergency housing assistance for low-income families with children who do not have available resources in their areas; (2) support and complement services offered by housing and community action agencies and other local partner organizations in areas where additional need is identified; (3) develop strategies for SSP to address the housing needs of families who receive SSP program benefits and services; (4) gather data related to current housing crisis and how proposed services will impact the housing need.

1. Provide emergency housing assistance for low-income families with children who do not have available resources in their areas

An Emergency Assistance program was ended May 1, 2004 because the program was no longer funded. This does not create a program but uses an existing infrastructure to provide emergency housing assistance directly to families experiencing a temporary housing crisis when other program resources are not available. The assistance will serve homeless families with children who are at risk for homelessness. Payments can include but are not limited to housing costs, home repairs to address safety concerns, moving costs, and utility related costs.

2. Support and complement services offered by housing and community action agencies and other local partner organizations in areas where additional needs are identified

This aims to maximize the community collective impact and strengthen collaboration between SSP, housing and community action agencies and other local partner organizations in serving vulnerable populations by providing wrap-around services. This includes developing a collaborative referral process to Oregon

Housing and Community Services (OHCS) programs and programs offered by local housing and community action agencies, such as the Housing Stabilization Program (HSP). This will bolster other local programs that promote housing stability, provide rental and homeownership education for low-income families, and increase the capacity and improve services offered by emergency family shelters.

3. Develop strategies for SSP to address the housing needs of families who receive SSP program benefits
Expand upon support services payments offered to address the housing needs of the families served by SSP programs that are not otherwise covered by other housing agencies.
4. Gather data related to current housing crisis and how proposed services will impact the housing need
Contract with a community partner to collect data and report on the impact of these proposed services after implementation. SSP currently does not track data related to housing, this measure is needed to determine effectiveness.

Implementation of this policy option will include amendments to Oregon Administrative Rules, the Family Services Manual, and training offered to SSP staff. This policy option will also require new or expanded interagency and contract agreements.

\$6.5 million would be used to expand the capacity to provide emergency housing assistance in areas where it is not available by complementing and aligning with the collective services provided within the communities where the families reside. These estimates are based on: 1) spending \$6.5 million to add capacity to the Housing and Stabilization Program (HSP) which is funded by the TANF program and administered by Oregon Housing and Community Services through an interagency agreement.

3. HOW DOES THIS FURTHER THE AGENCY'S MISSION OR GOALS?

This policy option package supports the Department's mission and goals by addressing a significant need that Oregon's most vulnerable face. Housing stability is essential for families to experience safety, wellbeing, independence, and empowerment.

QUANTIFYING RESULTS

- 4. IS THIS POP TIED TO A DHS PERFORMANCE MEASURE? IF YES, IDENTIFY THE PERFORMANCE MEASURE. IF NO, HOW WILL DHS MEASURE THE SUCCESS OF THIS POP?**

This policy option is not tied to current DHS performance measures. The proposal will require service providers to collect data, track, and measure performance for the programs implemented and the impact on homelessness in Oregon. Measures will be identified as a part of this proposal.

- 5. WHAT WOULD BE THE ADVERSE EFFECTS OF NOT FUNDING THIS POP?**

The long-term desired outcomes are to prevent and reduce the homelessness of low-income families with children by having affordable, safe and decent housing. If this policy option is not funded, homelessness will continue to be a major issue for the vulnerable populations DHS serve. Homelessness and housing needs of DHS clients may increase because data shows that housing prices in Oregon will continue to rise.

HOW ACHIEVED

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

No, this policy option package does not require any changes or creation of statutes.

- 7. WHAT ALTERNATIVES WERE CONSIDERED AND WHAT WERE THE REASONS FOR REJECTING THEM?**

The request for this POP was brought up as a high priority as there are no other alternatives in place at this time.

8. WHAT ACTIONS HAVE OCCURRED TO RESOLVE THE ISSUE PRIOR TO REQUESTING A POLICY PACKAGE?

- TA-DVS - provides up to \$1,200 in assistance to eligible families who are in domestic violence situations to help them find safe housing.
- JOBS Support Services- provides assistance to all JOBS eligible participants with up to \$3,000 within 3-months in order to stabilize housing needs.
- D-SNAP (Disaster-emergency) – provides SNAP assistance during a disaster related period.
- Housing Stabilization Program (HSP) - provides housing assistance to TANF eligible families with an amount of up to \$5,000 within a 4-month period. HSP is facilitated by OHCS. This has limited capacity.

Other above emergency-related program options have been considered; however, the focus of those programs is specific to other purposes that restrict the availability of funds to assist the general low-income family population.

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

OHCS, housing and community agencies, and other local partner organizations will be affected in a positive way in collectively serving more families by the DHS contribution to the overall delivery of community based, coordinated housing related services.

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

The proposal relies on an overall community collaborative effort with OHCS, housing and community action agencies, and other local partner organizations to collectively serve more families with the DHS contribution to the overall delivery of community based, coordinated housing related services. Additional stakeholders include Aging and People with Disabilities (APD), DHS Child Welfare Programs, and SSP steering committees and advisory groups, all of which will be consulted to enhance overall coordination.

11. WHAT IS YOUR EQUITY ANALYSIS?

Eligibility for services provided by this policy option package will be based on income and intends to benefit all families who qualify for services. Continue with DHS mission to provide services that integrate equity, diversity and inclusion.

12. WHAT ARE THE LONG-TERM DESIRED OUTCOMES (LONGER THAN THE UPCOMING BIENNIUM)?

Prevent and reduce the homelessness by having affordable, safe and decent housing. Continue working with partner agencies that can support families with services such quick re-housing, clean and safe shelters, transitional housing.

STAFFING AND/OR FISCAL IMPACT

13. WHAT ASSUMPTIONS AFFECT THE PRICING OF THIS POP?

Implementation Date(s): October 2019

End Date (if applicable): _____

- a. **Based on these answers, is there a fiscal impact?** Yes, this POP requests additional funds.
- b. **Will there be new responsibilities for DHS/OHA? Specify which Program Area(s) and describe their new responsibilities.** Responsibilities are within the current scope of work.

- | | |
|---|--------------------------|
| <input type="checkbox"/> DHS office of Self-Sufficiency | <input type="checkbox"/> |
| <input type="checkbox"/> DHS Budget and Accounting | <input type="checkbox"/> |
| <input type="checkbox"/> Office of Contracts and Procurement | <input type="checkbox"/> |
| <input type="checkbox"/> Office of Information Security and Privacy | <input type="checkbox"/> |
| <input type="checkbox"/> Office of Multicultural Services | <input type="checkbox"/> |

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

Yes, there is an anticipated increase in client caseload due to the expansion of emergency housing assistance, in particular, to the Pre-TANF program and to the Housing and Stabilization Program (HSP). Services provided to SSP participants and other low-income families who are homeless or at risk for homelessness will be expanded and more services will be offered. The proposed changes will require new or amended contracts to focus on the needs of families experiencing homelessness and those at risk of becoming homeless due to eviction notices.

- e. 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.

- f. What are the start-up costs, such as new or significant modifications to computer systems, new materials, outreach and training?**

None.

- g. What are the ongoing costs?**

Same proposed level.

- h. What are the potential savings?**

It is anticipated that the investment proposed in this policy option package will result in savings to other programs and systems such as child welfare and emergency shelter programs, but the savings cannot be estimated at this time.

TOTAL FISCAL IMPACT FOR THIS PACKAGE

<u>Category</u>	<u>GF</u>	<u>OF</u>	<u>FF</u>	<u>TF</u>	<u>Position</u>	<u>FTE</u>
Personal Services	0	0	0	0	0	0.00
Services & Supplies	0	0	0	0	0	
Capital Outlay	0	0	0	0	0	
Special Payments	0	0	0	0	0	
Other	0	0	0	0	0	
Total	\$0	\$0	\$0	\$0	0	0.00

DHS - Fiscal Impact Summary by Program Area:

	Program /Division 1	Program /Division 2	Program /Division 3	Program /Division 4	Total DHS
General Fund	\$0	\$0	\$0	\$0	\$0
Other Funds	\$0	\$0	\$0	\$0	\$0
Federal Funds- Ltd	\$0	\$0	\$0	\$0	\$0
Total Funds	\$0	\$0	\$0	\$0	0
Positions	0	0	0	0	0
FTE	0.00	0.00	0.00	0.00	0.00

What are the sources of funding and the funding split for each one? 100% GF

Department of Human Services

2019-21 Policy Package

Agency Name: Department of Human Services
Program Area Name: Self Sufficiency Programs
Program Name: Employment Related Day Care (ERDC)
Policy Package Title: Expansion of the ERDC program
Policy Package Number: POP 125
Related Legislation:

Summary
Statement:

The Employment Related Day Care (ERDC) program is not funded sufficiently to support Oregon's low-income families. At the current funding levels, the ERDC program is serving less than 20% of eligible families in Oregon.

This Policy Option Package would enhance ERDC through \$8M increases in bargained rates and \$2.7M in one-time funding for a pilot incentive program for child care providers who can serve families needing evening, night, and weekend child care. Families entering the workforce for the first time, being out of the workforce or after training or retraining, are often offered shift work at entry level. It is very difficult for families to find child care outside of 7 a.m.-7 p.m. and these funds will pilot an incentive for providers to offer care during the evening, night, and weekend hours.

By not sufficiently funding the program the ERDC caseload must be managed by using a reservation list. The reservation list means families cannot access child care when it is critical for them to gain or keep employment, children are then being left home alone, parents are forced to use a patchwork of unstable or unsafe child care or leaving their employment.

	General Fund	Other Funds	Federal Funds	Total Funds
<u>Policy Package Pricing:</u>		\$10,776,672		\$10,776,672

PURPOSE

1. WHY DOES DHS PROPOSE THIS POP (WHAT ISSUE ARE YOU TRYING TO FIX/SOLVE)?

The Employment Related Day Care (ERDC) program is not funded sufficiently to support Oregon's low-income families. Children in low-income households are one of Oregon's most vulnerable populations. At the current funding levels, the ERDC program is serving less than 20% of eligible families in Oregon. The cost of child care is daunting and unaffordable for low-income Oregonians attempting to enter, return to or remain in the workforce. Families needing access to ERDC have few resources and family supports. Barriers to maintaining employment are compounded for those in rural Oregon where there is a lack of employment opportunities and child care deserts, where no formalized care is available. ERDC allows families the freedom to choose where their child receives care rather than relying on an unstable patchwork of care or children being left alone. Unsupervised care is a stark reality for families every day.

The ERDC program offers a career path for individuals to start up new child care businesses with partnerships to provide training, technical assistance and child care referrals. Expansion of the ERDC program will create support for Oregon's child care providers by way of increased financial stability. This will benefit the provider's family, their business and the community.

Approval of this Policy Option Package allows for an expansion of the ERDC program. An expansion will cover child care for more low-income working families. Child care assistance is vital in helping low-income Oregonians continue to work and move out of poverty.

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

3. HOW DOES THIS FURTHER THE AGENCY’S MISSION OR GOALS?

The ERDC program strengthens Oregon’s families by allowing parents to be employees with longer term employment and work history and by supporting career related educational opportunities. Stable, quality child care is vital to parents so they can return to work, remain at work or work and further their education. Increased funding from the Policy Option Package will allow the ERDC program to support more Oregon families with child care costs. Parents who go to work without worrying about their children in care are more likely to maintain stable employment. Continued employment increases the opportunities for parents to move forward to self-sufficiency. The ERDC program supports Oregon’s 40-40-20 educational goal for parents seeking to further their career by covering educational hours for eligible working parents.

Added funding to grow the ERDC program will help sustain the livelihood of Oregon’s child care provider workforce and supports this necessary industry. Oregon child care providers play an important role in the health and growth, both physically and socially, of children in care.

QUANTIFYING RESULTS

4. IS THIS POP TIED TO A DHS PERFORMANCE MEASURE? IF YES, IDENTIFY THE PERFORMANCE MEASURE. IF NO, HOW WILL DHS MEASURE THE SUCCESS OF THIS POP?

This POP is tied directly to Economic Stability. Additional families accessing child care subsidies will help to stabilize low income families in their employment and their path out of poverty.

5. WHAT WOULD BE THE ADVERSE EFFECTS OF NOT FUNDING THIS POP? Due to a legislatively capped caseload the program spending has been managed by using a reservation list for several years. The reservation list is turned on and off depending on the caseload levels. The uncertainty of when the program is accessible has left many families unwilling to apply or uncertain about the programs existence. Not funding this Policy Option Package would mean the reservation list will continue to be a reality for families trying to access help paying for child care and the confusion about program availability will continue. When a need for child care arises due to employment, it is needed at that moment. When a

parent is offered a job, but is unable to pay for the cost of child care, they are faced with leaving their child alone, losing their job, or patching together a network of individuals.

HOW ACHIEVED

- 6. DOES THIS POP REQUIRE ANY CHANGE(S) TO EXISTING STATUTE(S) OR REQUIRE A NEW STATUTE? IF YES, IDENTIFY THE STATUTE AND THE LEGISLATIVE CONCEPT.**
No.
- 7. WHAT ALTERNATIVES WERE CONSIDERED AND WHAT WERE THE REASONS FOR REJECTING THEM?** The alternative to sufficiently funding the program is to continue managing the caseload by using a reservation list. The outcome of not meeting a family's need at the time they apply for child care is potential job loss, children left home alone, or patchwork child care. The reservation list causes confusion of when ERDC benefits are accessible.
- 8. WHAT ACTIONS HAVE OCCURRED TO RESOLVE THE ISSUE PRIOR TO REQUESTING A POLICY PACKAGE?** The program attempted to manage the caseload by implementing the reservation list and holding monthly selections of reservation list families. The selected families were invited to apply for benefits when space was available. This has limited success. Even when selecting all families from the reservation list, many of these families did not return when selected to ask for help again. Families have been hesitant to try to get help a second time after their initial application for the ERDC program was denied. Some families expressed frustration that the ERDC program was not available when they had child care needs, by the time they were selected to apply their needs had changed or they patched together other less stable forms of care.

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

The Early Learning Division (ELD) is the lead agency for the ERDC program. ELD licenses non-exempt child care providers and could see a positive effect from this policy option package as payments to providers on behalf of the families can increase business for licensed child care providers in this imperative line of work.

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

11. WHAT IS YOUR EQUITY ANALYSIS? Low-income families are offered the same access to quality child care as other families who have a higher income. In addition, providers are able to open or continue successful child care businesses which will help create more options for families to choose care that fits their child care needs, including cultural and linguistic preferences.

12. WHAT ARE THE LONG-TERM DESIRED OUTCOMES (LONGER THAN THE UPCOMING BIENNIUM)? Long term outcomes include families accessing help with child care costs at the time they experience the need without having to wait for services based on the caseload cap. As well as families maintaining employment and moving out of poverty while children experience safe and high-quality care. Children who have access to high quality care and those who attend preschool have a higher success rate throughout life. Providers are able to open robust child care businesses that succeed and support their family economically as well as offer high quality care for Oregon's children.

STAFFING AND/OR FISCAL IMPACT

13. WHAT ASSUMPTIONS AFFECT THE PRICING OF THIS POP?

Implementation Date(s): 7/1/2019

End Date (if applicable): not applicable

- a. **Based on these answers, is there a fiscal impact? Yes**

- b. **Will there be new responsibilities for DHS/OHA? Specify which Program Area(s) and describe their new responsibilities. No**

- c. **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
- d. **Will there be changes to client caseloads or services provided to population groups? Specify how many in each relevant program.** The funding would allow 1,042 additional families to access the ERDC program.
- e. **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, current staffing levels and abilities are sufficient to maintain the additional caseload.
- f. **What are the start-up costs, such as new or significant modifications to computer systems, new materials, outreach and training?** None, adding caseload will not have start-up costs since the program is already in place.
- g. **What are the ongoing costs?** Yes, additional funding will be needed in the next biennium to continue to support the additional caseload.
- h. **What are the potential savings?** This Policy Option Package would allow more families onto the ERDC program to access help with their child care costs. This will offer more families' the ability to accept and maintain employment, creating a potential savings by increasing families' economic stability and moving them toward self-sufficiency. Supporting Oregon's child care providers to accept more eligible subsidy families and creating revenue for a stable business will aide in children

receiving quality care. Receiving quality care can help move children out of potential generational poverty patterns.

TOTAL FISCAL IMPACT FOR THIS PACKAGE

<u>Category</u>	<u>GF</u>	<u>OF</u>	<u>FF</u>	<u>TF</u>	<u>Position</u>	<u>FTE</u>
Personal Services	0	0	0	0	0	0.00
Services & Supplies	0	0	0	0	0	
Capital Outlay	0	0	0	0	0	
Special Payments	0	\$10,776,672	0	\$10,776,672		
Other	0	0	0	0		
Total	\$0	\$10,776,672	\$0	\$10,776,672	0	0.00

DHS - Fiscal Impact Summary by Program Area:

	Program /Division 1	Program /Division 2	Program /Division 3	Program /Division 4	Total DHS
General Fund	\$0	\$0	\$0	\$0	\$0
Other Funds	\$0	\$0	\$0	\$0	\$0
Federal Funds- Ltd	\$0	\$0	\$0	\$0	\$0
Total Funds	\$0	\$0	\$0	\$0	\$0
Positions	0	0	0	0	0
FTE	0.00	0.00	0.00	0.00	0.00

What are the sources of funding and the funding split for each one?

100% OF

Department of Human Services 2019-21 Policy Package

Agency Name: Department of Human Services (DHS)
Program Area Name: Office of Self Sufficiency
Program Name: Temporary Assistance for Needy Families
Policy Package Title: Vocational Training and Education Expansion
Policy Package Number: POP 127
Related Legislation: Not applicable

Summary
Statement:

This POP expands targeted vocational training and education opportunities for families receiving Temporary Assistance for Needy Families (TANF) assistance in rural locations as and provides access to underserved TANF populations statewide. The expansion would include a comprehensive service model with eligible participants enrolling in training programs that match up with in-demand, high wage job openings, such as in the healthcare or information technology areas. Participants receive a scholarship/stipend to help augment Pell grants, with average awards estimated cost at about \$2,976 per participant (\$2,000 of which is a tuition stipend) plus additional support services funding for the expanded participant group; approximately 850 individuals would participate in the program over the course of the biennium, doubling the current capacity. The pilot project will be a joint effort among workforce program partners, the education communities, and the Department of Human Services.

	General Fund	Other Funds	Federal Funds	Total Funds
<u>Policy Package Pricing:</u>			\$3,641,542	\$3,641,542

PURPOSE

1. WHY DOES DHS PROPOSE THIS POP (WHAT ISSUE ARE YOU TRYING TO FIX/SOLVE)?

The Temporary Assistance for Needy Families program (TANF) provides cash assistance to low-income families with children while they strive to become self-sufficient. The Job Opportunity and Basic Skills Program (JOBS) is Oregon's employment and training program for people receiving TANF cash assistance. The goal of the program is to reduce the number of families living in poverty through employment, training and education, and family stability-related services that address other obstacles to employment. JOBS services include a variety of activities, including job search, work experience, JOBS Plus subsidized employment, support service payments, and high school or GED completion, Life Skills, and limited or standard vocational training.

The high-wage in-demand jobs that can offer TANF families the income and resources to achieve financial independence require skills and credentials that are attained through industry-specific vocational training and education tracks. Access to existing vocational trainings opportunities currently available through workforce programs is limited, highly competitive and do not provide additional supports or comprehensive services that can help a TANF participant succeed. Vocational training services offered through the JOBS program have limited availability and funding to reach rural areas or to assist typically underserved populations.

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

This POP provides DHS the ability of the JOBS program to expand vocational training and education services, adding capacity and offering a comprehensive model patterned after the 2015-17 Rogue Educational Achievement (REACH) project in the Medford. Participants receive a scholarship/stipend to help augment Pell grants, with average awards estimated cost at about \$2,976 per participant (\$2,000 of which is a tuition stipend) plus additional support services funding for the expanded participant group; approximately 850 individuals would participate in the program over the course of the biennium, doubling the current capacity. Services include one-on-one coaching throughout the educational learning processes,

networking opportunities, peer-to-peer relationships and study partners, and support service payments for tuition, books, and supplies.

Funded resources will be distributed to communities across the state through a competitive proposal selection process with priority offered to rural areas and locations with underserved populations who have difficulty accessing vocational training and education opportunities through other programs. The services to be provided will be customized to meet community demands, job market and identified employment sectors. They will be delivered through contracted partner agreements and administered by local DHS district offices.

Outcome measures will be identified with data collected to demonstrate the efficacy of the expanded efforts for each community's customized program.

3. HOW DOES THIS FURTHER THE AGENCY'S MISSION OR GOALS?

This POP will help DHS meet the needs of communities by providing vocational training and education opportunities that help participants be more competitive for job prospects and careers that result in the livable wages needed for TANF families to become safe, health and financially stable.

QUANTIFYING RESULTS

4. IS THIS POP TIED TO A DHS PERFORMANCE MEASURE? IF YES, IDENTIFY THE PERFORMANCE MEASURE. IF NO, HOW WILL DHS MEASURE THE SUCCESS OF THIS POP?

This POP is anticipated to result in increased job placements and job retention which are existing measures. Additional measures will be developed to identify the data collected that will demonstrate the efficacy of the expanded community-based vocational training and educational opportunities.

5. WHAT WOULD BE THE ADVERSE EFFECTS OF NOT FUNDING THIS POP?

There would be a continued unmet need for low-income TANF families residing in rural areas and other populations who are typically underserved to access vocational skills needed to be competitive for jobs and careers that can offer families economic independence.

HOW ACHIEVED

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

No.

- 7. WHAT ALTERNATIVES WERE CONSIDERED AND WHAT WERE THE REASONS FOR REJECTING THEM?**

Current vocational training and education opportunities are available within the JOBS program; however, the capacity is limited and the comprehensive model is not available in most areas across the state. Access to vocational training from other workforce partner programs are highly competitive and lack the capacity to meet the need.

- 8. WHAT ACTIONS HAVE OCCURRED TO RESOLVE THE ISSUE PRIOR TO REQUESTING A POLICY PACKAGE?**

See above.

- 9. WHAT OTHER AGENCIES (STATE, TRIBAL AND/OR LOCAL GOVERNMENT) WOULD BE AFFECTED BY THIS POP? HOW WOULD THEY BE AFFECTED?**

The following entities could have coordinated access to the comprehensive and expanded vocational training and education opportunities: DHS-Vocational Rehabilitation, Higher Education and Coordinating Commission, Department of Education, Employment Department, Workforce Innovations and Opportunity Act (WIOA) organizations, and other local community service and workforce organizations.

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

The following entities will be involved in the coordination and access to the comprehensive and expanded vocational training and education opportunities: DHS-Vocational Rehabilitation, Higher Education and Coordinating Commission, Department of Education, Employment Department, Workforce Innovations and Opportunity Act (WIOA) organizations, and other local community service and workforce organizations. Internal and external steering committees and advisory groups will be consulted.

11. WHAT IS YOUR EQUITY ANALYSIS?

The model supports customized community-based services designed to ensure services are delivered with service equity, equal access, inclusion, and cultural appropriateness.

12. WHAT ARE THE LONG-TERM DESIRED OUTCOMES (LONGER THAN THE UPCOMING BIENNIUM)?

The goal of this to reduce the number of families living in poverty through employment, training and education, and family stability-related services that address other obstacles to employment.

STAFFING AND/OR FISCAL IMPACT

13. WHAT ASSUMPTIONS AFFECT THE PRICING OF THIS POP?

Implementation Date(s): October 1, 2019

End Date (if applicable): _____

- a. **Based on these answers, is there a fiscal impact?** The POP requests additional funding.
- b. **Will there be new responsibilities for DHS/OHA? Specify which Program Area(s) and describe their new responsibilities.** No new responsibilities beyond current scope of the work.

- c. 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.
- d. Will there be changes to client caseloads or services provided to population groups? Specify how many in each relevant program.**
Yes. More TANF families will have access to comprehensive vocational training and education opportunities.
- e. 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. Services to be provided through contracted partners.
- f. What are the start-up costs, such as new or significant modifications to computer systems, new materials, outreach and training?**
None for DHS staff.
- g. What are the ongoing costs?**
Continued service level
- h. What are the potential savings?**
As TANF families obtain employment and move onto careers that provide economic independence from assistance programs, there is potentially caseload savings based on families leaving and not returning to TANF. It is difficult to estimate at this time.

TOTAL FISCAL IMPACT FOR THIS PACKAGE

<u>Category</u>	<u>GF</u>	<u>OF</u>	<u>FF</u>	<u>TF</u>	<u>Position</u>	<u>FTE</u>
Personal						
Services	0	0	0	0	0	0.00
Services & Supplies	0	0	0	0		
Capital						
Outlay	0	0	0	0		
Special						
Payments	0	0	\$3,641,542	\$3,641,542		
Other	0	0	0	0		
Total	\$0	\$0	\$3,641,542	\$3,641,542	0	0.00

DHS - Fiscal Impact
Summary by Program

Area:

	Program /Division 1	Program /Division 2	Program /Division 3	Program /Division 4	Total DHS
General Fund	\$0	\$0	\$0	\$0	\$0
Other Funds	\$0	\$0	\$0	\$0	\$0
Federal					
Funds- Ltd	\$0	\$0	\$0	\$0	\$0
Total Funds	\$0	\$0	\$0	\$0	\$0
Positions	0	0	0	0	0
FTE	0.00	0.00	0.00	0.00	0.00

What are the sources of funding and the funding split for each one? 100% FF

Department of Human Services

2019-21 Policy Package

Agency Name: Department of Human Services
Program Area Name: Intellectual & Developmental Disabilities
Program Name: Children's Services
Policy Package Title: Expand Support to Kids with Significant Needs
Policy Package Number: POP 129
Related Legislation:

Summary **Statement:**

There are inadequate resources to serve children who experience an intellectual or developmental disability with significant support needs. This has led to a crisis that is widely recognized and is being discussed and considered in several forums. The result is that children with significant, cross-system needs are placed in inappropriate or inadequate settings. This includes children with I/DD under DHS care who are placed in hotels, and children who have languished in hospital emergency departments, state hospital, or highly restrictive environments. Many of these children are living in the family home, with families barely managing to support these extremely high-needs children.

ODDS is proposing to address the lack of resources by a) creating a new foster care service level, "enhanced foster care", that will increase residential capacity by allowing children and youth to step down from more restrictive group home settings (similar to 'proctor care' that ended several years ago), and b) appropriately expanding residential group home capacity, and c) expanding the capacity in the waiver programs that support children with intensive medical needs in their family homes.

	General Fund	Other Funds	Federal Funds	Total Funds
<u>Policy Package Pricing:</u>	\$8,477,001	\$0	\$17,002,265	\$25,479,266

PURPOSE

1. WHY DOES DHS PROPOSE THIS POP (WHAT ISSUE ARE YOU TRYING TO FIX/SOLVE)?

There is a crisis in access to services to children and families, which has resulted in children being placed in inappropriate settings. This includes children under DHS’ care who are placed in hotels, and children who have languished in hospital emergency departments, state hospital or other highly restrictive settings. In addition, there are families with children with significant and complex medical challenges who struggle to support their children in-home, but access to CIIS is limited due to current waiver and budgetary caps.

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

The POP would fund specific services to children in order to address the crisis in access to services. This includes:

- Implementation of an Enhanced Foster Care model, which would allow for children to be diverted from costly and more restrictive placements, namely children’s residential placement. This service would be developed by working with I/DD provider agencies to build capacity to provide this service in the child’s and family’s community. An OPA3 position will be added to manage the program.
- Expanding the capacity in the Children’s Intensive In-home Services’ Medically Involved and Medically Fragile programs.
- Expanding the capacity of Children’s Residential Services

3. HOW DOES THIS FURTHER THE AGENCY’S MISSION OR GOALS?

The services in this POP further DHS’ mission “to help Oregonians in their own communities achieve wellbeing and independence through opportunities that protect, empower, respect choice and preserve dignity.” The children targeted by these services are in inappropriate settings and are at high risk around

basic health and safety needs. They have no options to choose more appropriate settings, are in more restrictive settings, and are placed, or at risk for placement, out of their community in more restrictive placements.

The services proposed in this POP directly address DHS' goals regarding:

- People are safe and living as independently as possible.
- Children and youth are safe, well and connected to their families, communities and cultural identities. Specifically, children in inappropriate settings face serious risk for their safety and health. They are in more restrictive settings, which directly their ability to live as independently as possible. Without these supports, children are at risk to lose connection to their families, communities and cultural identities.

ODDS is in the final stages of completing its Strategic Plan for 2018 – 2023. One of the five primary goals is: **PROVIDE FAMILIES THE AMOUNT AND TYPE OF SUPPORTS THEY NEED TO RAISE THEIR CHILDREN AT HOME, OR WHEN NECESSARY, IN ANOTHER FAMILY HOME WITHIN THEIR COMMUNITY.** The expansion of capacity in the CIIS medical waiver programs provides families the supports they need to raise their child at home. The Enhanced Foster Care program will allow children who are not able to be supported in the family home to live in, and receive supports from, another family home within their community.

Finally, the Governor's Office recently convened the Children and Youth with Specialized Needs Workgroup to make recommendations regarding funding needs to address the crisis in children placed in inappropriate settings. The workgroup emphasized the need to serve children in the family home, as well as providing specialized foster home settings for youth who are not able to be supported at home. The Children's Intensive In-home Services and Enhanced Foster Care models are directly in accordance with these recommendations.

QUANTIFYING RESULTS

4. IS THIS POP TIED TO A DHS PERFORMANCE MEASURE? IF YES, IDENTIFY THE PERFORMANCE MEASURE. IF NO, HOW WILL DHS MEASURE THE SUCCESS OF THIS POP?

There are no DHS Performance Measures directly related to this POP. ODDS participates in the National Core Indicators (a national survey which compares outcomes for services to children and families served via the I/DD system). Metrics are compared across states. Examples of metrics which NCI tracks and which are relevant to these initiatives include:

Does the [service] plan include all the services and supports your child needs?

Does your family get the supports and services needed?

5. WHAT WOULD BE THE ADVERSE EFFECTS OF NOT FUNDING THIS POP?

Given the sparsity of resources, children will continue to be placed in inappropriate placements, including hotel settings and prolonged stays in hospital emergency departments, and families will place children out of their home when the child could be maintained in-home with appropriate supports, or they may continue to struggle to support some of the most high-needs children (both behaviorally and medically) in our system.

HOW ACHIEVED

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

No, this does not require a change in statute.

7. WHAT ALTERNATIVES WERE CONSIDERED AND WHAT WERE THE REASONS FOR REJECTING THEM?

No alternatives are available to serve these children. All current resources are utilized.

8. WHAT ACTIONS HAVE OCCURRED TO RESOLVE THE ISSUE PRIOR TO REQUESTING A POLICY PACKAGE?

ODDS' children's unit continues to prioritize access to residential resources based on the children's need, as well as considering appropriateness of current placement. Current resources are not able to meet the demand. The CIIS medically involved waiver is at capacity. There is a waiting list for this program that extends back between 18 months and 2 years.

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

Children in need of these services include children under child welfare custody and placed in hotels or diversion programs. Wait times in these settings may be extensive due to lack of resources in the I/DD system. CCO's may be supporting youth in inappropriate settings, such as emergency departments or psychiatric residential treatment settings, and discharge may be delayed for extended periods due to lack of available resources in the I/DD system. The services in this POP will help to alleviate these other systems' struggle to support these children in these settings.

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

There have been active discussions over the past several years across child-serving systems (e.g., child welfare, juvenile justice, behavioral health) about the need for additional resources for these children. I/DD's Children's Services Advisory Group (a stakeholder group including systems partners, providers and families of children receiving services) has identified the need for these services, and a subgroup exploring foster care services specifically recommended the development of the enhanced foster care model. The recently convened Children and Youth with Specialized Needs Workgroup identified the need for developing specialized foster home models to support children with high levels of support needs.

11. WHAT IS YOUR EQUITY ANALYSIS?

There is no overrepresentation of minority children in I/DD services, as is reflected in some of the other child serving systems. The children served by the proposed services will reflect the broader population of children serviced by the I/DD system. The POP is intended to create capacity within the system to serve children within their respective communities in a culturally competent and linguistically appropriate way.

12. WHAT ARE THE LONG-TERM DESIRED OUTCOMES (LONGER THAN THE UPCOMING BIENNIUM)?

Children and families receive the support they need to raise their child in their home. And children who are not able to be supported in their home can be supported in a family home setting within child's community.

STAFFING AND/OR FISCAL IMPACT

13. WHAT ASSUMPTIONS AFFECT THE PRICING OF THIS POP?

Implementation Date(s): July 1, 2018

End Date (if applicable): N/A

a. **Based on these answers, is there a fiscal impact?** Yes

b. Will there be new responsibilities for DHS/OHA? Specify which Program Area(s) and describe their new responsibilities.

c. 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.

N/A

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

Children’s Residential Capacity Growth	12
Children's Enhanced Foster Care	140
Medically Involved Children’s Waiver	150
Medically Fragile Children’s Waiver	10
TOTAL	178

e. 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.

- Enhanced Foster Care program: OPA3 Position will be added to manage the new program

- The impact of added caseload to Children's Residential & Children's Intensive In-Home services creates a need within the Workload models resulting in 7 Case Managers, 1 Manager, PEMC, 1 Administrative Specialist, and 1 Office Specialist 2.

f. What are the start-up costs, such as new or significant modifications to computer systems, new materials, outreach and training?

Vehicles for added Case Managers.

g. What are the ongoing costs? Caseload and staffing costs

h. What are the potential savings? None

TOTAL FISCAL IMPACT FOR THIS PACKAGE

<u>Category</u>	<u>GF</u>	<u>OF</u>	<u>FF</u>	<u>TF</u>	<u>Position</u>	<u>FTE</u>
Personal Services	561,728	0	559,675	1,121,403	11	7.52
Services & Supplies	161,993	0	161,920	323,913		
Capital Outlay	0	0	0	0		
Special Payments	7,753,280	0	16,280,670	24,033,950		
Other	0	0	0	0		
Total	\$8,477,001	\$0	\$17,002,265	\$25,479,266	11	7.52

DHS - Fiscal Impact Summary by Program Area:

	I/DD Program Budget	ODDS Delivery Budget	ODDS Design Budget	Total DHS
General Fund	\$7,749,683	\$622,732	\$104,586	\$8,477,001
Other Funds	\$0	\$0	\$0	\$0
Federal Funds- Ltd	\$16,277,095	\$620,936	\$104,234	\$17,002,265
Total Funds	\$24,026,778	\$1,243,688	\$208,820	\$25,479,266
Positions	0	10	1	11
FTE	0.00	6.64	0.88	7.52

What are the sources of funding and the funding split for each one?

Caseload increases: FMAP-Enhanced with k plan: 32 GF / 68 FF.

Caseload increases that impact Nursing services FMAP: 38 GF / 62 FF.

Caseload impact to Workload model, Children's Residential and Children's Intensive In-Home Supports state staff case management services: Admin: 50 GF / 50 FF.

OPA3 position in Design Budget for Enhanced Foster Care Oversight Admin: 50 GF / 50 FF.

Department of Human Services

2019-21 Policy Package

Agency Name: Department of Human Services
Program Area Name: Office of Child Welfare Programs
Program Name: Foster Care
Policy Package Title: Foster Family Recruit Team
Policy Package Number: POP 131
Related Legislation:

Summary
Statement:

Oregon does not currently have a structure in place to target statewide foster family recruitment and the services and supports necessary to retain good foster family homes. This has resulted in a lack of appropriate placement resources for many children experiencing foster care and was a finding of shortcoming in the most recent federal Child and Family Services Review and the Secretary of State Audit, titled ‘Chronic Management Failures and High Caseloads Jeopardize the Safety of Some of the State’s Most Vulnerable Children.’ The State must address this issue of foster care recruitment and retention as a part of its federally required Program Improvement Plan and in its federal Child and Family Services Plan.

This Policy Option Package requests the positions necessary to develop, implement and sustain a data informed targeted Statewide Foster Care Recruitment and Retention practice model. This model is intended to recruit and retain an abundance of foster families reflecting the cultural, linguistic and other characteristics, including LGBTQ status, of children experiencing foster care to allow for enhanced placement matching and reduce the number of placement changes.

	General Fund	Other Funds	Federal Funds	Total Funds
<u>Policy Package Pricing:</u>	3,008,924	-	749,993	3,758,917

PURPOSE

1. WHY DOES DHS PROPOSE THIS POP (WHAT ISSUE ARE YOU TRYING TO FIX/SOLVE)?

There is a shortage of available, appropriate foster care placement options for children experiencing foster care. We need to decrease foster family burnout due to overloading homes already at capacity, increase foster family retention rates, increase linguistically and culturally congruent placements, increase the number of LGBTQ affirming foster families, and reduce the number of children being temporarily lodged in hotels.

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

This POP provides the positions necessary to develop and implement a targeted statewide foster family recruitment and retention practice model. A program manager (PEM-D) will be centrally located and manage a team of Social Service Specialist 2s – one stationed in each of the 16 DHS Districts throughout the State.

Child Welfare already has a strong foundation for this practice model. In 2013 DHS Child Welfare applied for and was awarded a Diligent Recruitment Cooperative Agreement (grant) from the Administration on Children and Families, Children’s Bureau for nearly \$2,000,000.00. Oregon named this Diligent Recruitment effort “Growing Resources and Alliances through Collaborative Efforts” (GRACE). The primary goal for GRACE was to develop an Oregon Diligent Recruitment Practice Model in five of the DHS Districts, driven by data with a customer service approach to recruitment and retention of resource families who reflect the culture and other characteristics of the children in foster care, develop and sustain thriving community partnerships, and build on Oregon’s infrastructure of supporting early and active permanency planning to positively impact permanency outcomes. This federal grant is coming to an end on September 30, 2018.

3. HOW DOES THIS FURTHER THE AGENCY’S MISSION OR GOALS?

This meets the agency’s mission and goals by meeting the cultural and linguistic needs of children experiencing foster care and having more available, appropriate foster care placement options – reducing the need for temporary placements due to a lack of capacity, and the number of moves necessary to find the ‘right fit’ – reducing trauma and enhancing children’s overall well-being. This will also increase the retention of good and culturally-agile foster families, increasing our capacity to care for children with high needs by retaining experienced foster care providers.

QUANTIFYING RESULTS

4. IS THIS POP TIED TO A DHS PERFORMANCE MEASURE? IF YES, IDENTIFY THE PERFORMANCE MEASURE. IF NO, HOW WILL DHS MEASURE THE SUCCESS OF THIS POP?

Yes, PA.05: (Fed) Placement Stability (moves per 1,000 days). This POP is also tied to the State’s federally required Program Improvement Plan as a result of failing the Child and Family Services Review, and to the Secretary of State audit findings.

5. WHAT WOULD BE THE ADVERSE EFFECTS OF NOT FUNDING THIS POP?

Child Welfare will continue to struggle to prioritize this work over the front-end safety assessment work, resulting in a continued lack of resources for many children experiencing foster care, continued language and culture incongruency between youth and their foster care families, and continued disparities in length of stay and number of foster care placements for African American and Native American youth. If we do not improve in this area, we risk the loss of associated federal funding.

HOW ACHIEVED

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

No.

7. WHAT ALTERNATIVES WERE CONSIDERED AND WHAT WERE THE REASONS FOR REJECTING THEM?

Child Welfare understands that the recruitment and retention work is critical in developing a robust and healthy child caring/serving system. However, with staffing levels below what it takes to do the work – as indicated by the workload model – we continue to divert resources to the front-end to assure the safety of children, and inadequately resource this effort.

8. WHAT ACTIONS HAVE OCCURRED TO RESOLVE THE ISSUE PRIOR TO REQUESTING A POLICY PACKAGE?

Child Welfare has attempted to contract out some of the retention work. This is very expensive and we have only been able to do this on a limited basis. It is critical that we have the staff available statewide to provide support to address local recruitment needs and retention needs of foster families.

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

None, except that Tribal children will benefit from the more robust, culturally appropriate placement options when they experience foster care with the State.

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

None.

11. WHAT IS YOUR EQUITY ANALYSIS?

We do not have enough cultural or linguistically appropriate placement options for children experiencing foster care. These dedicated staff will enable us to develop culturally specific recruitment, retention and training plans to increase our ability to provide equitable services and reduce existing disparities, with the aim of eliminating disproportionality within Oregon's Child Welfare program.

12. WHAT ARE THE LONG-TERM DESIRED OUTCOMES (LONGER THAN THE UPCOMING BIENNIUM)?

Having an increased number of appropriate and available placement options to improve placement matching, reduce the number of placements and improve the overall well-being of children experiencing foster care. Child Welfare caseworkers would spend less time identifying appropriate placements and more time providing direct services to families.

STAFFING AND/OR FISCAL IMPACT

13. WHAT ASSUMPTIONS AFFECT THE PRICING OF THIS POP?

Implementation Date(s): 7/1/19

End Date (if applicable): Ongoing

a. Based on these answers, is there a fiscal impact?

Yes.

b. Will there be new responsibilities for DHS/OHA? Specify which Program Area(s) and describe their new responsibilities.

<input checked="" type="checkbox"/>	DHS Office of Child Welfare Programs	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>

Responsible for developing a targeted Statewide Foster Care Recruitment and Retention practice model and implementing it statewide.

- c. 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, a statewide program manager (PEM-D) and 16 (SSS-2) recruitment and retention specialists are needed to achieve the desired outcomes. The program manager would be housed in the Central Office at 500 Summer St NE, Salem OR 97301, 1 SSS-2 would be housed in each of the 16 Districts. Specific office locations yet to be determined.
- d. Will there be changes to client caseloads or services provided to population groups? Specify how many in each relevant program.**
Yes, services will be improved to children, families, foster families and relative caregivers. The specific number of families recruited and supported will vary by area and be determined through data analytics.
- e. 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.**
1 PEM-D, Permanent, 24 Months
16 SSS-2, Permanent, 24 Months
- f. What are the start-up costs, such as new or significant modifications to computer systems, new materials, outreach and training?**
Minimal
- g. What are the ongoing costs?**
Minimal

h. What are the potential savings?

The savings are in human capital. Better and more appropriate/equitable services to children, reducing trauma. More time for caseworkers to spend with families, expediting case closure. Better supported foster families, reducing burnout and increasing their capacity to provide care to children. Better outcomes for children and families. Less staff burnout as they are able to provide the services and supports necessary to provide excellent customer service.

TOTAL FISCAL IMPACT FOR THIS PACKAGE

<u>Category</u>	<u>GF</u>	<u>OF</u>	<u>FF</u>	<u>TF</u>	<u>Position</u>	<u>FTE</u>
Personal Services	2,350,277	-	587,586	2,937,863	17	17.00
Services & Supplies	658,647	-	162,407	821,054		
Capital Outlay	-	-	-	-		
Special Payments	-	-	-	-		
Other	0	0	0	0		
Total	<u>3,008,924</u>	-	<u>749,993</u>	<u>3,758,917</u>	<u>17</u>	<u>17.00</u>

DHS - Fiscal Impact Summary by Program Area:

CW/ Delivery	CW/ Design	Program/ Division 3	Program/ Division 4	Total DHS
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General Fund	2,800,157	208,767	0	0	3,008,924
Other Funds	-	-	0	0	-
Federal Funds- Ltd	697,971	52,022	0	0	749,993
Total Funds	3,498,128	260,789	0	0	3,758,917
Positions	16	1	0	0	17
FTE	16	1.00	0	0	17

What are the sources of funding and the funding split for each one?

The funding split on positions is 80% GF and 20% FF.

Department of Human Services

2019-21 Policy Package

Agency Name: Oregon Department of Human Services
Program Area Name: Office of Child Welfare Programs
Program Name: Child Welfare Design
Policy Package Title: Continuing Education for Caregiver Training
Policy Package Number: POP 139
Related Legislation:

Summary
Statement:

Funds will allow for increased training for relative and non-relative foster care providers to assure the safety of children in their care. The Department must establish a core set of trainings that are available in multiple languages and alternate formats. Trainings must be trauma-informed, linguistically appropriate, culturally responsive, and must support cultural agility. These trainings will be readily available within each District each year.

	General Fund	Other Funds	Federal Funds	Total Funds
<u>Policy Package Pricing:</u>	1,165,056	-	334,691	1,499,747

PURPOSE

1. WHY DOES DHS PROPOSE THIS POP (WHAT ISSUE ARE YOU TRYING TO FIX/SOLVE)?

More focused attention and resources are needed for ongoing and advanced training for caregivers in Oregon. The role of caregivers, and the complexity of issues faced by children and families involved in the public, private and tribal child welfare systems has led our agency into a crisis related to shortage of adequate caregiver resources and increasing training needs to adequately prepare caregivers to partner with DHS to provide care and safety for children. Our understanding of what interventions, support, and training provide the greatest likelihood of long-term success for relative and non-relative caregivers has evolved significantly. Advanced training is needed to specifically address this deeper understanding. Oregon has been in a state of crisis regarding the recruitment of qualified applicants as well as the retention of valued resources in our caregiver community. One of the critical aspects of recruitment and retention involves adequate and accessible training and support to prepare caregivers.

There has been a significant increase of relatives and kin coming forward to care for relative children in care, but there is no specific or relevant training that addresses the unique needs of parenting a family member.

Caregivers, in the context of this project, include general applicants, relatives, child specific providers, adoptive parents, guardians, and tribal providers. Consideration for the needs of each provider type will ensure the training meets the needs of all potential caregivers.

Analysis of CFSR data revealed many Oregon youth experience unstable placements. A core system improvement expected to directly impact children's well-being and improve Oregon's outcomes in this area is the development of a better training infrastructure for foster and adoptive families. An enhanced and more effective training structure will provide foster parents with better tools and knowledge to better care for children. Better and more appropriate care will result in more placement stability, fewer placement moves, and will contribute to achieving timely permanency.

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

DHS feels strongly that a dedicated team of trainers who deliver training statewide, under the direction of one manager who can provide periodic observations and quality assurance, is critical in our continued efforts for caregiver recruitment and retention. Funds will allow for dedicated training resources to focus 100% of their time and roles on increased advanced and child specific training for relative and non-relative foster care providers to assure the safety of children in their care. The Department must establish a core set of trainings that are readily available within each District each year. This will include the use of classroom structure training as well as developing or delivering options for online computer-based training delivered by DHS and through foster parent college and/or other relevant and reputable entities. Translation of our curriculum is also needed to meet the diverse needs of our caregiver community. Here are some of the specific recommendations.

Advanced Training Recommendations:

- Advanced training should be clumped by topic and theme and should build on Foundations training.
- Provide advanced training courses regionally and near each district to relative and non-relative providers that is easy to access and provides child care.
- Provide Trainings to be delivered in a variety of venues to meet the adult learning needs of the community that includes options for on line computer-based training, webinars, and in person experiences.
- Enforce expectation that certifiers develop an individual training plan for caregivers based on the needs of the children they are caring for.
- Provide increased and adequate training opportunities that look beyond the number of certified caregivers to also look at geographic area and the amount of community-based training available. Travel to communities that have no community-based training or offer distance delivery opportunities.
- Language translation services. A significant consideration is advanced training content available in other languages. The urgent and primary need identified at this time is Spanish.

In order to support this, we believe this model would require:

4 regionally based trainers (TDS2)

2 centrally based (Salem) training design specialists to design distance technology training (TDS2)

1 Manager to provide oversight (or a percentage of manager's time) PEM C/D

1 AS2 level support team member to address logistics, registration, monitoring, and training materials

Contracts for Subject Matter Experts and specialized training (@ 250 per hour for 6-hour training @ 25 trainings per biennium = \$37,500

Budget for travel of trainers (approx. \$60,000 per year)

Training Materials and Supplies budget (\$50,000 per year)

Venue and Room Rental Fees (\$10,000 per year)

Online training subscriptions/credits for Foster Parents (2,500 Units) @ \$10.00 per unit for 1,000 Units = \$10,000

3. HOW DOES THIS FURTHER THE AGENCY'S MISSION OR GOALS?

This POP fits into the following goals of DHS:

- Children and youth are safe, well, and connected to their families, communities and cultural identities.
- Culturally specific and responsive services are provided by highly qualified and diverse staff
- DHS is committed to equal access, service excellence, and equity for all Oregonians.

This effort would assist DHS to address immediate training and translations needs in a way that is responsive to our foster care community and what they have been asking for.

QUANTIFYING RESULTS

4. IS THIS POP TIED TO A DHS PERFORMANCE MEASURE? IF YES, IDENTIFY THE PERFORMANCE MEASURE. IF NO, HOW WILL DHS MEASURE THE SUCCESS OF THIS POP?

One of the root causes identified in our 2017 CFSR and 2018 PIP was:

- Lack of requested support to overtaxed foster parents has resulted in maltreatment to children

A recent survey regarding advanced and ongoing training needs for caregivers was conducted in 2018 with over 600 caregivers participating, and several training needs and themes were present:

Top themes in order from most frequently named to least:

1. Understanding of the DHS-Child Welfare System
2. Becoming Trauma-Informed
 - taking a child-centered approach
3. Parenting High-Need Children
 - effective behavior management strategies
 - foundational knowledge in the area of child development
 - an understanding of attachment theory, styles, and disorders
4. Working with Birth Families
 - Mental health, addiction and disability issues
5. Accessing Community Resources and Services
6. Self-Awareness, Self-Care and Access to Support
 - Providing supports for caregivers
 - Appropriate boundaries
7. Desirable Personal Characteristics of Caregivers: patience, flexibility, compassion/empathy, team player and good communicator
8. Placement Adequacy and Safety
9. Cultural responsiveness

10. Needs of youth

5. WHAT WOULD BE THE ADVERSE EFFECTS OF NOT FUNDING THIS POP?

Continued impact on retention and recruitment of foster parents. Loss of valuable critical resources. Significant impacts on our ability to have adequate housing for youth and caregivers to come forward and temporary lodging increases that is not in alignment with the settlement agreement and could create penalties and fines.

HOW ACHIEVED

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

No.

7. WHAT ALTERNATIVES WERE CONSIDERED AND WHAT WERE THE REASONS FOR REJECTING THEM?

No.

8. WHAT ACTIONS HAVE OCCURRED TO RESOLVE THE ISSUE PRIOR TO REQUESTING A POLICY PACKAGE?

A Mobile Certification and Training team was created out of the central office to address the needs of families in Oregon that have come forward to be certified as a foster caregiver in Oregon. This was due to families waiting for long periods of time to begin the onboarding process, because of a lack of resources available to provide training and certification. The team has been helpful, but will not meet the training needs of all caregivers statewide.

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

None.

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

None.

11. WHAT IS YOUR EQUITY ANALYSIS?

Funding is needed to improve in this area so that training can be offered in other formats that meet all ADA requirements, language services or curriculum available in other languages, trauma informed, and culturally responsive to the diverse needs of caregivers.

In order to increase the number of available placement resource options for children, the state must create a comprehensive Recruitment, Retention and Support plan to better define and achieve the results we are needing. This overall plan may include current actionable items or other statewide initiatives but they must all have a consistent center point of the plan. These efforts must also develop a way in which to serve a more diverse community of children and young people in Oregon, through intensive community engagement, data analysis to evaluate cultural and linguistic congruency of foster care providers and the children in their care, and targeted outreach to and recruitment of underrepresented populations within the foster care provider workforce, including LGBTQ affirming foster care families.

12. WHAT ARE THE LONG-TERM DESIRED OUTCOMES (LONGER THAN THE UPCOMING BIENNIUM)?

An enhanced and more effective training structure will provide foster parents with better tools and knowledge to better care for all children. Better and more appropriate care will result in more placement stability and decreased disparities, with fewer placement moves, and will contribute to achieving timely permanency.

STAFFING AND/OR FISCAL IMPACT

13. WHAT ASSUMPTIONS AFFECT THE PRICING OF THIS POP?

Implementation Date(s): 7/1/2019

End Date (if applicable): ongoing

a. Based on these answers, is there a fiscal impact?

Yes. Translation services for curriculum and classroom delivery will have fiscal impact for DHS. Additional positions will need to be allocated to meet this need. DHS needs to have dedicated training resources to provide training regionally to caregivers across the state. Six Training Specialist positions are requested.

- b. Will there be new responsibilities for DHS/OHA? Specify which Program Area(s) and describe their new responsibilities.**

No.

- c. 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.

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

No.

- e. 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.**

6 Training & Development Specialist 2 permanent positions for 24 months
1 PEM C or D permanent position for 24 months
1 Administrative Specialist 2 permanent position for 24 months

- f. What are the start-up costs, such as new or significant modifications to computer systems, new materials, outreach and training?**

Minimal.

- g. What are the ongoing costs?**

Contracts for Subject Matter Experts and specialized training (@ 250 per hour for 6-hour training @ 25 trainings per biennium = \$37,500

Budget for travel of trainers (approx. \$60,000 per year)

Training Materials and Supplies budget (\$50,000 per year)

Venue and Room Rental Fees (\$10,000 per year)

Online training subscriptions/credits for Foster Parents 1,000 Units @ \$10.00 per unit = \$10,000

- h. What are the potential savings?**

IV-E funding.

TOTAL FISCAL IMPACT FOR THIS PACKAGE

<u>Category</u>	<u>GF</u>	<u>OF</u>	<u>FF</u>	<u>TF</u>	<u>Position</u>	<u>FTE</u>
Personal Services	987,159	-	246,791	1,233,950	8	7.04
Services & Supplies	99,797	-	24,000	123,797		
Capital Outlay	-	-	-	-		
Special Payments	78,100.00	-	63,900.00	142,000.00		
Other	0	0	0	0		
Total	1,165,056	-	334,691	1,499,747	8	7.04

DHS - Fiscal Impact Summary by Program Area:

	CW/Design	CW/Program	Program /Division 3	Program /Division 4	Total DHS
General Fund	1,086,956	78,100.00	0	0	\$ 1,165,056
Other Funds	-	-	0	0	\$ -
Federal Funds- Ltd	270,791	63,900.00	0	0	\$ 334,691
Total Funds	1,357,747	142,000	0	0	\$ 1,499,747
Positions	8	0	0	0	8
FTE	7.04	0	0	0	7.04

What are the sources of funding and the funding split for each one?

Staffing is 80% GF and 20% FF. Program funding is 55% GF and 45% FF.

Department of Human Services

2019-21 Policy Package

Agency Name: Child Welfare
Program Area Name: Foster Care & Youth Transitions
Program Name: Independent Living Program
Policy Package Title: Independent Living Program – Service Enhancement
Policy Package Number: POP 142
Related Legislation:

Summary
Statement:

This POP seeks to expand the Independent Living Program (ILP) and youth transition services through a rate increase, new services, and an expanded age range of youth to be served, to improve outcomes for youth in their young adulthood. This will be achieved by:

- Increasing monthly service rates to stabilize current programs and to increase solicitation opportunities for additional programs. The rate is currently too low to attract new potential contractors.
- Expanding services to begin serving 14 – 15-year-olds and 21 – 23-year-olds (currently services are limited to 16 – 20-year-olds).
- Increasing the comprehensiveness, linguistic appropriateness, and cultural agility of services and supports.
- Adding a Young Adult Transitions Navigator to help guide youth through difficult circumstances.
- Developing transitional housing for young adults.

	General Fund	Other Funds	Federal Funds	Total Funds
<u>Policy Package Pricing:</u>	8,500,000	-	-	8,500,000

PURPOSE

1. WHY DOES DHS PROPOSE THIS POP (WHAT ISSUE ARE YOU TRYING TO FIX/SOLVE)?

The State lacks the funding to fully implement the Chafee Independent Living Program (ILP) services and adequately compensate contracted providers for existing services. Several of the community providers/contractors have informed the Department that the costs associated with offering ILP services are greater than the contracted budget amount provided. Often these organizations are underwriting the true costs of ILP services with private fund-raising or other means within their larger organization, something that is not sustainable. Recently, organizations have decided to stop providing ILP Services due to the low contract amount. Four programs have closed in the last two years. Additional contractors are letting us know that they, too, may close their programs due to insufficient funding. The following factors are impacting the contractors' ability to continue as a service provider at the current rates:

- Community organizations have been underwriting ILP contracts for a long time, and the private donation community is not as stable as it once was in several areas of the state.
- State Minimum wage increases directly impact these programs because most of the frontline staff earn just above the minimum wage and now programs must increase their pay as well.
- Increased program requirements by DHS and program changes in ILP over the past two years with minimal increase in compensation. (Some of this can be mitigated but some of it cannot be changed).
 - Youth Engagement Services – new service and approach to the ILP work.
 - Ongoing re-assessments of youth progress, new service plans, etc.
 - Increased documentation and reporting due to increased contract expectations.
- Decrease in the need for “temporary lodging” by increasing placement and housing options for teens and young adults in foster care.

It should be noted that federal funding has continued to decrease over the last few years as well because it is based on a national methodology of the number of youth in foster care. As the foster care population increases in other states, Oregon gets a smaller share.

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

1. Stability of Community Contracted Providers: Increase the monthly fixed service rate for the cost of providing services to a truer market value for the service. Several providers have been able to demonstrate their costs are closer to \$300 per month for the bundled service; DHS currently provides \$200 per month per youth. Adjust the Youth Engagement Services (YES) payment, which is a fee for service, for the assessment(s) and Transition Plan(s). The Youth Assessment Summary (YAS) and Youth Transition Plan (YTP) are due within 90 days of enrollment with the Contractor and are required to be updated every six months. With the increase in the monthly rate per youth served for Life Skills Training, the Youth Engagement fee can be decreased slightly; from \$225 to \$150.

- a) Bundled Services include weekly skills groups, group activities or outings. In addition, the Contractor is to coordinate one-on-one with the youth and the case management provided by the DHS caseworker monthly.
- b) Increase community contractor staff recruitment and retention with higher salaries.
- c) Adjust Youth Engagement Services rate to account for Life Skills Training service monthly increase.
- d) **Calculations** to provide adequate funding to community service providers:
 - a. ILP Life Skills Services (bundled):
 - i. Current Rate: $\$200/\text{mo.} \times 981 \text{ youth} = \$196,292 \text{ per month} \times 12 = \$2,355,500$
 - ii. New Rate: $\$300 \times 981 \text{ youth} = \$294,438 \text{ per month} \times 12 = \$3,533,250$
 - iii. Difference: $\$1,177,750$ increase needed per year, or $\$2,355,500$ for the biennium
 - b. Youth Engagement Services Calculation:
 - i. Current rates: $\$225 \times 1960$ (1307 youth per year + 50% or 568 updated every 6 months) = $\$441,000$
 - ii. New Rate: $\$150 \times 1960 \text{ youth} = \$294,000$
 - iii. Difference: $-\$147,000$ decrease (savings) per year, or $-\$294,000$ per biennium.

c. Overall Costs:

i. ILP Life Skills Increase needed for Biennium: \$2,355,500

ii. Youth Engagement Services for Biennium: -\$294,000

iii. Amount Requested: \$2,061,500

2. Quality of Service Array

a) Serving 14 – 15-year-olds: If the department served 60 percent of the population of 14 – 15-year-olds, DHS would add an additional 552 youth (921 youth X 60%) to the service population annually. Additional funding needed for 552 youth is \$1.98 million annually.

b) Serving 21 – 23-year-olds: With the Families First Act, the Chafee Grant now allows for former foster youth to be served up to age 23. If the department served 10 percent (equivalent to the current service population of former foster youth ages 16 - 20) of the population of 21—23-year-olds, this would add an additional 41 youth to the service population annually (414 young adults X 10%). Additional funding needed for 41 youth is \$149,040 annually.

c) **Calculations** to expand service:

a. ILP Life Skills Services (Ages 14 - 15):

i. New Population Rate: $\$300 \times 552 \text{ youth} = \$165,600 \text{ per month} \times 12 = \$1,987,200$

ii. Difference: \$1,987,200 increase needed per year, or \$3,974,400 for the biennium

1. Youth Engagement Services Calculation (14 – 15-year-olds):

a. New Population rates: $\$150 \times 828 \text{ (552 youth per year} + 50\% \text{ or 276 updated every 6 months)} = \$124,200$

2. Difference: \$124,200 increase per year, or \$248,400 per biennium.

iii. Overall Costs:

1. 14 – 15 ILP Life Skills and Youth Engagement Increase needed for Biennium:
\$4,222,800

b. ILP Life Skills Services (Ages 21-23):

i. New Population Rate: $\$300 \times 41 \text{ youth} = \$12,300 \text{ per month} \times 12 = \$147,600$

ii. Difference: \$147,600 increase needed per year, or \$295,200 for the biennium

1. Youth Engagement Services Calculation (21 – 23-year-olds):

a. New Population rates: $\$150 \times 61$ (41 youth per year + 50% or 20 updated every 6 months) = \$9,150

2. Difference: \$9,150 increase per year, or \$18,300 per biennium.

c. Overall Costs:

i. 14 – 15 ILP Life Skills and Youth Engagement Increase needed for Biennium: \$4,222,800

ii. 21 – 23 ILP Life Skills and Youth Engagement Services for Biennium: \$313,500

iii. Amount Requested: \$4,536,300

3. Comprehensiveness of Services. (Support)

a) Young Adult Transitions (YAT) Navigator: Provide an “800” number for young adults (ages 18 – 23) to call when in need of support services. The person(s) staffing the YAT line will be well versed in adult support services and have access to interpreter and translation services when necessary. When possible, the YAT Navigator will provide the young adult with supportive resources, referral, coaching and encouragement. This may include some limited cash assistance for emergency needs not provided by other entities/service providers. YAT Navigator will be available via telephone, text, app and web-based access. The operational structure is still to be considered; private contractor, extension of local ILP program service array, etc.

b) Financial Support: Funds to assist youth with urgent needs (i.e. move-in fees, car repairs, doctor fees/co-pays, utility payments, etc.).

c) **Calculations** to provide adequate navigation support and funding to young adults in transition:

a. Young Adult Transitions (YAT) Navigator (Ages 21 - 23): \$150,000 annually, \$300,000 for the biennium

b. Financial Support: \$50,000 per year, \$100,000 for the biennium

c. Amount Requested: \$400,000

4. Comprehensiveness of Services. (Housing)

a) Housing Subsidies (ages 16 – 20): Increase housing financial support for individual youth based on the cost of living within the area that they live. The department currently provides up to \$795 per month, but in the urban areas this only covers 60-70% of the cost of rent, oftentimes requiring the youth to have

multiple roommates, live in substandard housing, or live outside of their area of support, employment, and services.

- b) Transitional Housing Programs/Independent Resident Facilities (ages 18 – 20): Increase partnerships with housing developers, property management companies and non-profit organizations to develop statewide transitional housing programs for youth and young adults preparing to exit the foster care system. Some of the local examples that are looking for startup and sustainable funding are Molalla House, New Meadows and Polk Street Apartments.
- c) Transition Foster Homes: These homes would be utilized for youth (age 17 – 20) who are either on time to graduate from high school or who have already received their diploma or GED and are not expecting to immediately return home to family. The youth would require a unique opportunity, in a home environment, to develop skills in preparation for self-sufficient living. Extended support through skill building would be provided by the transition foster parent in the form of monitoring and providing skill development training and engagement, tracking and reporting weekly, and actively engaging in transition planning. A consideration for a higher reimbursement rate to the transition foster home due to additional skill development and duties should be strongly considered. Enhanced and ongoing transition foster parent training would be necessary.
- d) **Calculations** to provide adequate housing supports:
 - a. Housing Subsidies:
 - i. Current Rate: $\$795/\text{mo.} \times 60 \text{ youth} = \$47,700 \text{ per month} \times 12 = \$572,400$
 - ii. New Rate: $\$900 \times 60 \text{ youth} = \$54,000 \text{ per month} \times 12 = \$648,000$
 - iii. Difference: $\$75,600$ increase needed per year, or $\$151,200$ for the biennium
 - b. Transitional Housing Programs/Independent Resident Facilities:
 - i. New Costs: $\$1,500 \text{ per month} \times 20 \text{ youth} = \$30,000 \times 12 \text{ months} = 360,000 \text{ per year, or } \$720,000 \text{ per biennium}$
 - c. Transition Foster Homes:
 - i. Current Rate: $\$795/\text{mo.} \times 15 \text{ youth} = \$11,925 \text{ per month} \times 12 = \$143,100$ (portion is Title IV-E reimbursed)
 - ii. New Rate: $\$1,500 \times 15 \text{ youth} = \$22,500 \text{ per month} \times 12 = \$270,000$
 - iii. Difference: $\$126,900$ increase needed per year, or $\$253,800$ for the biennium
- d. Overall Costs:**

- i. Housing Subsidies increase needed for Biennium: \$151,200
- ii. Transitional Housing Program/Independent Resident Facilities for Biennium: \$720,000
- iii. Transition Foster Homes increase for the Biennium: \$253,800
- iv. **Amount Requested: \$1,125,000**

Implementation: DHS will be conducting a Five-Year Planning process with community partners and foster youth/young adults for input on the implementation plan. The planning process will include housing options and resources for youth. DHS will work with community partners, youth and DHS staff to identify potential housing partners, developers, and funders. Once a plan is finalized (spring 2019), DHS will draft rules and procedures, and will prepare a Request for Proposals (RFP) to implement the new funding and service provisions. The RFP will be adjusted based on the funding provided, with contracts to be effective October 1, 2019.

3. HOW DOES THIS FURTHER THE AGENCY'S MISSION OR GOALS?

The support requested will assist young adults transitioning out of foster care to live as independently as possible and minimize the need to access the adult welfare system.

QUANTIFYING RESULTS

4. IS THIS POP TIED TO A DHS PERFORMANCE MEASURE? IF YES, IDENTIFY THE PERFORMANCE MEASURE. IF NO, HOW WILL DHS MEASURE THE SUCCESS OF THIS POP?

The above requests are tied to the DHS Performance Measures as follows:

- Item 12A: Needs assessment and services to children.
 - Chafee ILP Key Activity/Intervention 1: Improve youth engagement in the life skills assessment process.
 - Chafee ILP Key Activity/Intervention 2: Ensure appropriate services are available.
- Item 13: Child involvement in case planning.
 - Chafee ILP Key Activity/Intervention: Improve youth engagement in the transition planning process.
- Item 16: Education needs of the child.

- Chafee ILP Key Activity/Intervention: Improve foster youth preparation for high school completion and pre-college/career readiness.
- Item 31: Agency Responsiveness to the Community

5. WHAT WOULD BE THE ADVERSE EFFECTS OF NOT FUNDING THIS POP?

DHS may not be able to find community partners willing to contract for needed independent living services. Current and former foster youth will not have access to culturally and linguistically appropriate needed life skills and comprehensive transition planning. Former foster youth will have increased need for resources and supports from the adult welfare system or adult corrections system. In order to maintain community providers, the DHS must move to increase the rate of pay to \$300 per youth. With no increase in state funds, the rate increase will result in 325 current and former foster youth (ages 16 through 20) having their ILP life skills training service closed. DHS will not have assistance needed for crafting federally required transition plans with those 325 youths, or any new teens entering foster care, further exacerbating the Department's lack of compliance in this area.

When a young person in DHS custody turns 18, there is currently no robust transitional housing continuum available for them and placement options are limited. A continuum consisting primarily of family foster care and a youth finding their own subsidized apartments showcases a big gap between the two extremes. This gap can, and has, led young adults to leave the system prematurely as there is nothing available to them. Lack of appropriate transitional housing options has also been a contributing factor in the temporary lodging issues. There are currently only approximately 35 designated transitional housing spots for young adults in foster care. Without the appropriate transitional housing options, current and foster youth may continue to exit DHS involvement with no solidified housing plan in place. They would also exit without any real-world experience or skills for maintaining their own residence and therefore be at significant risk of homelessness. A lack of appropriate housing options also leaves DHS young adults susceptible to the utilization of temporary lodging.

HOW ACHIEVED

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

No. ORS 418.005 provides the Department the authority to develop rules to “establish, extend and strengthen welfare services” and “accept and disburse any and all federal funds made available to the State of Oregon for child welfare services.” The federal Families First Act allows States to serve youth as young as 14 and as old as 23 per updates to the John H. Chafee Foster Care Program for Successful Transition to Adulthood grant (effective February 9, 2018). ORS 418.475 provides the Department authority to “establish or certify independent residence facilities for unmarried persons.”

7. WHAT ALTERNATIVES WERE CONSIDERED AND WHAT WERE THE REASONS FOR REJECTING THEM?

In 2014, due to high demand and limited funding, DHS adjusted the minimum age of youth to be served from 14 to 16 years. This adjustment was made to ensure youth most in need of services received services. This eliminated the wait lists that existed. However, it did not provide the funding needed to meet the service provision costs incurred by community service providers. The elimination of 14- and 15-year-olds from the ILP service population has also resulted in a decline in compliance with state and federal requirements to assist 14- and 15-year-olds craft a comprehensive transition plan.

8. WHAT ACTIONS HAVE OCCURRED TO RESOLVE THE ISSUE PRIOR TO REQUESTING A POLICY PACKAGE?

The Department has increased the contracted amounts as much as possible given the Federal Grant and State General Funds available per year. The last increase for Independent Life Skills Training was in November 2015, when the rate increased from \$155 per youth to \$200 per youth. This was prior to the minimum wage increases passed into law. Youth Engagement Services were added to the contracts in January 2016 in an effort to incentivize timely completion of life skills assessments and transition planning. This has increased the number of transition plans completed for youth ages 16 and older; however, comprehensive transition plans for youth ages 14 – 15 have significantly declined since the minimum age of contracted life skills services was raised to age 16 (in 2014). Assisting foster youth to craft a transition plan, beginning at age 14,

is a federal requirement. DHS is out of compliance and in need of assistance to meet the federal requirement.

DHS has convened workgroups with both DHS staff and community providers about what foster care should look like once a young person turns 18. A full continuum of transitional housing & placement options has been heavily requested and promoted as necessary to success. DHS has started small projects with three different providers to provide different levels of transitional housing to 23 young persons. DHS has also had conversations with the transitional foster home program through the Oregon Youth Authority and completed a draft program synopsis.

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

Allowing younger youth (ages 14 – 15) to access culturally and linguistically appropriate and LGBTQ affirming Independent Living Program (ILP) services enables providers to improve youth engagement. Younger youth are more willing to engage in services. This will allow providers to help teens fill in gaps in basic life skills and be better prepared for the more intensive training needed at ages 16 and older. If Independent Living Program services can be extended to age 23, youth and young adults will have access to a resource for assistance with problem solving and funding to assist with emergency needs, which can often derail a young adult's efforts to be self-sufficient. This should result in less young adults needing to access the adult welfare supports through the Self Sufficiency Program Office (SNAP, TANF, etc.). Post-secondary completion rates would increase, allowing young adults to find a career providing a living wage.

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

New Avenues for Youth
Institute for Youth Success
Inn Home for Boys
Neighborhood Economic Development Corporation (NEDCO)

Polk Youth Services
Boys and Girls Aid
Independent Living Program Contractors (17 across the state)
Children First For Oregon/Oregon Foster Youth Connection

11. WHAT IS YOUR EQUITY ANALYSIS?

Funding is needed to stabilize and increase the number of culturally-agile, linguistically appropriate, and LGBTQ affirming Independent Living Programs available to foster youth between the ages of 14 and 23. Increasing the congruency of community providers with populations served and providing a culturally-agile Young Adult Navigator will increase the likelihood that all foster youth in Oregon will experience a successful transition to adulthood.

12. WHAT ARE THE LONG-TERM DESIRED OUTCOMES (LONGER THAN THE UPCOMING BIENNIUM)?

Stabilize funding available to assist current and eligible former foster youth with a successful transition to adulthood. Minimize the need of former foster youth to rely on the adult welfare system, lower incarceration rates among former foster youth, increase completion rates for both secondary and postsecondary education, and increase wages for former foster youth.

Minimize the number of young adults in foster care in Temporary Lodging settings. Minimize the number of former foster youth who become homeless following foster care. Minimize the number of young adults in foster care who become coded as “Missing/Runaway” in OR-Kids following their 18th birthday. Minimize the number of individuals in youth and adult homelessness programs whom have foster care history. Create a targeted foster care recruitment and retention structure for uniquely caring for young adults (a population that is constantly mentioned as a challenge to recruit for at the local level). Increase the number of foster homes willing and able to care for young adults in foster care.

STAFFING AND/OR FISCAL IMPACT

13. WHAT ASSUMPTIONS AFFECT THE PRICING OF THIS POP?

Implementation Date(s): Will vary from July 1, 2019 to October 1, 2019

End Date (if applicable): _____

a. Based on these answers, is there a fiscal impact?

Yes

b. Will there be new responsibilities for DHS/OHA? Specify which Program Area(s) and describe their new responsibilities.

c. 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.

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

Yes. New service populations: Approximately 60 percent of 14 – 15-year-olds in foster care (921 youth) will receive life skills training services and approximately 10 percent of the former foster youth ages 21 - 23 (41 young adults) will receive life skills training and emergency financial support (if necessary). The Young Adult Transitions (YAT) Navigator 1-800 number is a new service to be available to current and former foster youth. No increase in caseload is anticipated as the model for serving the 21 – 23-year-olds will be considered “after care services,” which will not require a DHS caseworker be assigned the case. The ILP contracts will be adjusted to include “after care services.”

- e. 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.**

The community providers will need to increase staffing to accommodate the new populations to be served. Two additional DHS staff, Youth Transition Consultants (PA2) is being requested.

- f. What are the start-up costs, such as new or significant modifications to computer systems, new materials, outreach and training?**

Training will be conducted by existing community provider staff. The DHS Independent Living Program Coordinator and Youth Transition Specialist are able to help train provider staff as needed. The existing Child Welfare training staff is sufficient to train new provider staff on how to use OR-Kids for ILP specific service entry (ILP Unbundler Page). The Child Welfare training unit would require additional funding to support training Transitional Foster Home parents on expectations. The Child Welfare training unit has put forth a request for additional funding (POP #CW-6), and this training would be covered under those funds, if provided. All new programs or contracts will require providers to ensure services are culturally and age appropriate, and supportive of a youth’s sexual orientation and gender identity expression. Contractors will be required to have a plan for accessing interpreter services when necessary. New trainings will be created in collaboration with the Office of Equality and Multicultural Services.

g. What are the ongoing costs?

This POP is priced at \$8.5 million General Fund, and that would be the ongoing funding needed to continue to serve foster youth age 14-23 at a rate the providers require to stay open.

h. What are the potential savings?

There are no estimated savings as part of this POP.

TOTAL FISCAL IMPACT FOR THIS PACKAGE

<u>Category</u>	<u>GF</u>	<u>OF</u>	<u>FF</u>	<u>TF</u>	<u>Position</u>	<u>FTE</u>
Personal Services	338,640	-	-	338,640	2	1.92
Services & Supplies	78,847	-	-	78,847		
Capital Outlay	-	-	-	-		
Special Payments	8,082,513	-	-	8,082,513		
Other	0	0	0	0		
Total	8,500,000	-	-	8,500,000	2	1.92

DHS - Fiscal Impact Summary by Program Area:

	CW Design	CW Program	Program/ Division 3	Program/ Division 4	Total DHS
General Fund	417,487	8,082,513	0	0	\$ 8,500,000
Other Funds	-	0	0	0	\$ -
Federal Funds- Ltd	-	0	0	0	\$ -
Total Funds	417,487	8,082,513	0	0	\$ 8,500,000
Positions	2	0	0	0	2
FTE	1.92	-	-	-	1.92

What are the sources of funding and the funding split for each one?

These are 100% General Funded. Some Federal funds are used in this area, but it is a capped grant.

Department of Human Services 2019-21 Policy Option Package

<u>Agency Name:</u>	Department of Human Services (DHS)
<u>Program Area Name:</u>	DHS Shared Services
<u>Program Name:</u>	Office of Business Information Systems (OBIS)
<u>Policy Option Package Initiative:</u>	N/A
<u>Policy Option Package Title:</u>	Maintenance & Operations of Centralized Abuse Management (CAM) System
<u>Policy Option Package Number:</u>	POP 208
<u>Related Legislation:</u>	N/A
<u>Program Funding Team:</u>	Safer, Healthier Communities

Summary Statement:

House Bill 4151 requires the state of Oregon and DHS as its agent, to standardize its processes and technology related to abuse of vulnerable adults.

Oregon's current environment for tracking, reporting, analyzing, and investigating incidents of adult abuse relies on accessing information from nine distinct systems or data sources. Additionally, local offices have created their own one-off mechanisms for supporting the abuse investigation processes, further complicating, and decentralizing information. Existing systems limitations include the inability to search across program populations, inhibiting the ability to track perpetrators and/or victims over time and between populations. This heightens the risk of not capturing all abuse allegations.

This POP requests general funds to implement ongoing maintenance and additional enhancements that will build upon the capabilities of a base system implemented in the 2017-19 biennium, for an integrated solution, which meets HB 4151 criteria and helps

protect vulnerable Oregonians. Not funding this POP will limit Oregon’s ability support the system after Go-Live.

	General Fund	Other Funds	Federal Funds	Total Funds
<u>Policy Option</u> <u>Package Pricing:</u>	3,512,949			3,512,949

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

This POP supports multiple DHS programs by funding the Operations and Maintenance of an integrated solution for tracking, reporting and supporting investigations of adult abuse. Program areas include: Aging and People with Disabilities (APD), Developmental Disabilities (DD), and Mental Health (OHA/MH).

Funding will support the Operations and Maintenance of the system, which will realize efficiencies by training to CAM, maintaining a robust change management process, and providing a continuous review and revision of business process and policies.

Activities this POP will fund include:

- Operations and Maintenance costs for the CAM system including all program and support areas (DD, DDI, OHA, APD, OIS, OBIS, OTIS) for the full 2019-2021 biennium
- Software/platform/hosting licensing costs for the full 2019-2021 biennium

2. WHY DOES DHS/OHA PROPOSE THIS POP?

This POP provides the funding necessary to complete Operations and Maintenance to centralized abuse management system post implementation and funds software licensing through the full 2019-21 biennium.

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

In 2014, almost 750,000 Oregonians belonged to one of the nine Oregon populations supported by OAAPI and its program partners that receive and process reports of abuse. During that same year OAAPI and its program partners received more than 38,000¹ allegations of abuse of these individuals, resulting in 18,185¹ investigations.

According to the 2014 OAAPI Annual Report dated July 2015, “In 2014, there was a 10% overall increase in the number of investigations conducted (compared to 2013).” During the next 10 years the number of allegations received and screened by OAAPI and its program partners is expected to increase nearly 60%. This assessment increases the projected 50,414 allegations in 2015 to more than 78,500 allegations in 2024, based on current and predicted growth of vulnerable populations. OAAPI is projecting 30,800 investigations by 2024, a nearly 63% increase from the 2015 level of 19,000 investigations. This growth in the number of abuse referrals and investigations, typical of previous years, is one of the reasons that OAAPI was formed, to ensure a coordinated and consistent response to an increasing number of abuse referrals across all vulnerable populations. Abuse can’t be undone. Abuse carries with it lifelong impacts to a person’s life in regard to health, emotional well-being and a person’s ability to benefit from available services.

The need for a stable Centralized Abuse Management System becomes ever more critical as Oregon faces an aging population, a significant annual increase in abuse referrals and an increased need for services across all demographics.

An improved system for abuse data collection, from the time of screening through investigation, case closure and referral, is essential to better protect vulnerable Oregonians and to more accurately and efficiently produce meaningful abuse data and outcomes to the Legislature, DHS leadership and the public. This system must be focused on abuse across programs, not simply added on to the various existing, disconnected program databases.

The full implementation of such a system would directly contribute to the DHS Policy Outcome of “Improving

¹ OAAPI Annual Report 2014 – Published July 2015.

our Human Services Systems” by addressing a long-standing gap in data collection and analysis and leading to a more efficient and effective state response to the reported abuse of vulnerable Oregonians.

Additionally, the implementation of a Centralized Abuse Management System is in alignment with the DHS/OHA Strategic Technology Plan (STP) including progress in pursuit of automating business workflows, decision-making, and business rules while reducing manual, paper-based processes. A Centralized Management System moves the state closer to providing a comprehensive view of a client and makes progress towards the goal of a “360-degree view of a person.” The project will provide workers connectivity to a real-time system to perform their work anytime and anywhere. Through the reduction of data duplications and entry into multiple systems, CAM will make advancements in providing a trusted source for abuse and investigation data. The implementation of a SaaS (software as a service) solution will allow responsiveness to quickly evolving business needs.

4. IS THIS POP TIED TO A DHS PERFORMANCE MEASURE? IF YES, IDENTIFY THE PERFORMANCE MEASURE. IF NO, HOW WILL DHS MEASURE THE SUCCESS OF THIS POP?

Yes, this POP is directly tied to the following process measures and outcome measures outlined on the DHS Fundamentals Map:

“Protection and Intervention” (OP1) Process Measures:

- % of completed investigations coded “unable to determine” or “inconclusive”
- % of calls assigned for field contact that meet policy timelines
- % of investigation reports completed within policy timelines

“Safety” (O1) Outcome Measures:

- Re-abuse rate
- Abuse rate

As of the fourth quarter of 2015, DHS and OHA were not meeting most of the Adult Abuse Quarterly Business Review (QBR) – Key Performance Metrics (KPMs) for Adult Abuse.

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, this POP supports HB 4151.

6. WHAT ALTERNATIVES WERE CONSIDERED AND WHAT WERE THE REASONS FOR REJECTING THEM?

Oregon considered three alternatives:

1. Maintain the status quo

Under this alternative there would be no additional investment in abuse tracking system automation. Improvements to current processes would be limited to those that arise naturally through the Department's continuous improvement program.

- The department would continue with ineffective, disconnected automated and manual systems that are difficult to oversee and analyze.
- The requirements and recommendations made by HB 4151, SB 1515, and various reports and audits would not be met in the foreseeable future.

2. Implement a Custom Build Solution

Under this alternative the department would design, develop, test and deploy a custom solution built from the ground up for Centralized Abuse Management needs. This alternative would allow a tailor-made solution that would meet all the functional, technical and organization requirements.

- The costs to develop a custom system are substantially higher than procuring the Salesforce CRM, with commensurate risks and a timeline that is more than a year longer to implement compared to implementing a Salesforce solution.

7. WHAT WOULD BE THE ADVERSE EFFECTS OF NOT FUNDING THIS POP?

- Unpaid, licensing costs would deprive the State of its investment in CAM.

- Unstaffed, poor operations and maintenance of the system would curtail the benefits of the system and increase workloads.
- DHS would be out of compliance with HB 4151.

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

Other agencies affected by this POP include OAAPI’s Program Partners and those with a business need for abuse data or investigation reports, such as:

- Background Check Unit (BCU)
- DHS Abuse Case Management (APD & DD)
- Safety, Oversight and Quality (SOQ)
- The Oregon Health Authority / Mental Health

These agencies would experience a change in how they receive abuse data and reports from OAAPI and from community programs. Agencies access to abuse data would be based on business need and enforced using a role-based security protocol.

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

Oregon Adult Abuse Prevention and Investigations (OAAPI), on behalf of the Department of Human Services, Aging and People with Disabilities, Developmental Disabilities, and OHA’s Mental Health program and multiple county partners including Multnomah County, champion this POP. All these entities are stakeholders in protecting vulnerable Oregonians and will benefit from full implementation of an integrated tracking and reporting solution for adult abuse.

10. WHAT IS YOUR EQUITY ANALYSIS?

Abuse data systems currently in use do not capture the racial and ethnic identifiers needed for an analysis of service equity in the abuse investigation process. As a result, it is currently impossible to analyze the service equity in the provision of abuse response and investigation. The fully-implemented CAM system will

incorporate such identifiers and allow for in-depth analysis of service equity in the delivery of abuse investigations and protective services.

11. WHAT ASSUMPTIONS AFFECT THE PRICING OF THIS POP?

Implementation Date(s):

The implementation for the base system, supporting APD and all support agencies will begin on July 9, 2018. Additional regional deployments will occur during calendar year 2018. An enhanced version of the system will deploy in early 2019 that supports DD and OHA. The system will enter Operations and Maintenance beginning with the 2019-21 biennium.

End Date (if applicable):

Not applicable.

a. Will there be new responsibilities for DHS? Specify which Program Area(s) and describe their new responsibilities.

DHS will add the CAM Operations and Maintenance team to their existing OBIS support organization. We have allocated 3 new FTE for OBIS.

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.

The Office of Information Systems (OIS) will supply infrastructure support, service desk support, and Salesforce development support. We have allocated 2 new FTE for OIS.

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

No changes anticipated.

- 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.**

New Positions	Months in 19-21 Biennium	Type of Position
OPA-3 (OBIS)	24	Permanent
OPA-3 (OBIS)	24	Permanent
OPA-4 (OBIS)	24	Permanent
ISS6 (OIS)	24	Permanent
ISS3 (OIS)	24	Permanent

- e. What are the start-up costs, such as new or significant modifications to computer systems, new materials, outreach and training?**
No additional start-up costs are anticipated.
- f. What are the ongoing costs?**
Ongoing costs include licensing fees estimated at approximately at \$781,538 in 2020 and \$828,430 in 2021 and vendor operation and maintenance fees estimated at \$400,000 a year.
- g. What are the potential savings?**
DHS will have the potential to sunset several systems or portions of systems. This will ultimately yield savings and enable utilization of the technical staff who support those systems to be leveraged in support of the new systems.
- h. Based on these answers, is there a fiscal impact?**
Yes.

TOTAL FOR THIS PACKAGE

<u>Category</u>	<u>GF</u>	<u>OF</u>	<u>FF</u>	<u>TF</u>	<u>Position</u>	<u>FTE</u>
Personal Services	\$548,714	0	0	\$548,714	3	2.64
Services & Supplies	2,889,564	0	0	2,889,564		
Special Payments	74,602	0	0	74,602		
Total	\$3,512,949	0	0	\$3,512,949	3	2.64

DHS - Fiscal Impact Summary by Program Area:

	OBIS	Total
General Fund	3,512,949	3,512,949
Other Fund	0	0
Federal Funds- Ltd	\$0	\$0
Total Funds	3,512,949	3,512,949
Positions	3	3
FTE	2.64	2.64

What are the sources of funding and the funding split for each one?

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POP DID NOT PASS GB

Oregon Health Authority

2019-21 Policy Package

Agency Name: Department of Human Services and Oregon Health Authority
Program Area Name: Integrated Eligibility Project Office
Program Name: DHS Central Services
Policy Package Title: **Integrated Eligibility / Medicaid Eligibility System Project**
Policy Package Number: 201
Related Legislation: N/A

Summary Statement:

This POP requests resources to support the continuation of the ONE Integrated Eligibility & Medicaid Eligibility (ONE IE & ME) Project from Medicaid, Shared Services, and DAS Enterprise Technology Services. The ONE system will be a single eligibility determination system for Non-MAGI Medicaid, Supplemental Nutrition Assistance Program, Temporary Assistance for Needy Families, and Employment Related Day Care programs. These resources would support DHS' business needs and is related to the Legacy System Project DHS is undertaking to ensure functionality not assumed into the Integrated ONE system from legacy systems remains available for DHS business usage.

The corresponding DHS POP would further the testing and implementation period for the Integrated ONE System for the purposes of Eligibility Determination work. DHS plans to pilot the system in Summer 2019 to be followed by a six-month implementation roll-out beginning early in 2020 and statewide roll-out by Summer of 2020. This POP would take advantage of enhanced federal funds across two federal agencies. Without this funding, DHS would not be able to continue its project in a timely manner, resulting in increased General Fund cost, federal audits,

and modifications to Legacy systems. It also includes funding for Eligibility Transformation work that supports changes to DHS' delivery system.

	General Fund	Other Funds	Federal Funds	Total Funds
<u>OHA Policy Package Pricing:</u>	\$671,490	\$9,589,123	\$1,638,121	\$11,895,734
<u>DHS Policy Package Pricing:</u>	\$18,320,972	\$39,247,563	\$121,950,843	\$179,519,378

PURPOSE

1. WHY DOES DHS PROPOSE THIS POP (WHAT ISSUE ARE YOU TRYING TO FIX/SOLVE)?

Today, when an individual wants to apply for public benefits in Oregon, they must submit multiple applications to multiple agencies and offices, with different options for submitting the information depending on location or programs being applied for. Our Legacy computer systems do not communicate effectively with each other or in many cases, not at all. While the individual processing time for a single program in a Legacy system may be less today than projected during the initial rollout of an integrated solution, the total amount of time multiple workers must interact with multiple systems to process all these programs coupled with the time applicants need to spend with different agencies on the phone or in person is significant and demonstrates an inefficient level of infrastructure. At the center of our work are the individuals we serve and we believe these changes will allow Oregonians to move towards a true “no-wrong-door” system. An integrated system provides an electronic portal for individual applications, unifies Medicaid programs for greater coordination and accuracy of benefits, creates automation opportunities to improve on data and utilizing metrics in our decision making, and provides future avenues for improved service delivery. Ultimately, an integrated system provides the customer-focused direction that the agency has continued to strive towards and that the Legislature has encouraged us to pursue.

Oregon also has one of the larger Legacy system networks among states that have utilized Deloitte to implement an integrated eligibility system. When discussing implementation options with other states, many only need to modify between 4 and 8 Legacy systems to keep ongoing work and support the Data Conversion to a new system. In Oregon, there are over 33 Legacy systems being modified through this integrative project. While many of these systems are currently stable, the ability to recruit and retain knowledgeable staff who can work in these older programming languages while simultaneously maintaining so many Legacy systems is an ongoing risk for Oregon. The historical risk is currently being mitigated by the consistently overtasked Legacy staff resources of the Office of Information Services and bringing on costly contractors to supplement staffing resources.

Oregon is also at a time where our service delivery model needs to be transformed. According to various studies, over half of all US adults bank online and 79 percent of US adults shop online, an increase from just 22 percent in the year 2000. This online shift has been seen with the federal government creating the Federal Exchange for Healthcare and has become commonplace in private industry. However, Oregon's eligibility process has limited system functionality for individuals in Oregon to apply for benefits online. These benefits again are not coordinated, leaving Oregonians to have to work with multiple divisions, multiple systems, and multiple responses. DHS is leading change through an effort called Eligibility Transformation. The goal is to move Oregon along the Human Services Value Curve, a concept that came out of Harvard's Kennedy Center for Public Management, which defines four levels of business models with the most basic being regulative, then collaborative, integrative, and generative. Each looking to increase in efficiency and effectiveness, which has balancing properties. While DHS has parts of our systems that could be close to all those models, we operate in a regulative model. Eligibility Transformation, hopes to break down barriers and develop models that shift from the regulations and programs and focus on the whole-person and family centric service design. This is a large change for workers and Oregonians moving from a system that processes the person based on one program at a time, to a system that allows Oregonians to apply for benefits in ways that work for them and focuses on their needs.

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

The corresponding DHS POP would provide resources, primarily in the form of federal fund limitation, XI Q-Bond financing proceeds, and position authority) to support the continued work of the DHS ONE IE & ME Project and its transition into maintenance and operations.

DHS has engaged with a system integrator, Deloitte Consulting, in a transfer project to expand the functionality of the OregONEligibility system for MAGI Medicaid, known as the ONE system. DHS seeks to bring the human service financial eligibility determination functionality from Kentucky's Benefind system to Oregon, resulting in a single system within which Oregonians can apply for and receive benefits from DHS for Medical Programs, SNAP, including SEBTC, TANF, and ERDC program areas.

DHS has gone through the Stage Gate process, completed a Fit-Gap analysis in 15-17, and by the end of 17-19 biennium will have completed Design and two Design Addendums, Unit Testing, System Integration Testing, as well as entered into and be near completion of the User Acceptance Testing for the upgraded ONE system. OIS will have completed design, development, and testing of over 33 Legacy systems, with modifications being made to keep functionality for programs and requirements within the system once these programs have been removed. The intent is to be able to sunset 4 Legacy systems at the stable completion of this project. This POP also requests funding for ongoing M&O support for Legacy systems. OIS previously received 21 permanent positions, which have 7 individuals supporting current ONE and 14 focused on IE design and development. The DHS POP requests additional positions to support legacy systems based on the Gartner Assessment, which called out a methodology that identified for every 10,000 hours of modifications to an integrated system the need for 3,000 hours of modifications to legacy systems. To engage with changes and coordinate as well as support ongoing maintenance of these legacy systems, this investment provides the support to allow these activities to continue. The DHS POP is also requesting staff support for JV, a mainframe system that has been modified to include additional functionality that the Office of Financial Services requested to better coordinate financing of programs.

The DHS POP would continue these efforts and provides funding for a 5-month Pilot which slated for the Summer of 2019 in Jackson and Josephine counties. The system would then be rolled out following a waved format, moving geographically across counties per federal requirements. Full implementation would be complete by the Summer of 2020. The DHS and OHA POPs also request funding for ongoing M&O support for business needs. The OHA POP includes additional positions for training of non-eligibility staff to meet legislative and operational needs, staffing for HSD to have oversight and coordination from the Medicaid agency for ongoing builds, and structure for triage and support for the new Virtual Eligibility Center (VEC). The OHA POP also adds funding for implementation support, including Eligibility Transformation work.

3. HOW DOES THIS FURTHER THE AGENCY’S MISSION OR GOALS?

The project would assist Oregonians to achieve well-being and independence by providing timely and efficient eligibility determinations. It would allow a self-service option for Oregonians to apply through the applicant portal at times that are convenient for them, which in turn, would minimize the amount of time needed in DHS field offices to complete the application process. The system would also generate notices in seven languages and five alternate formats, helping to reduce barriers for traditionally underserved populations. Ultimately, this is a project about people. Today, individuals applying for these programs have to provide their information to as many as three different offices. Some interactions can be in person, others must be over the phone or online, and Oregonians must provide the same or similar documentation multiple times while staff input their information into multiple systems that communicate with each other. In our current state, an Oregonian can turn in their information to one office, assuming that it will apply to all programs and unfortunately today, only the specific offices that work in those programs can update or make decisions on the individual’s case. This leads to confusion for Oregonians and potential errors on cases. This project brings the disparate IT systems together, provides previously unavailable opportunities for service delivery improvements and moves the agency closer towards a no-wrong-door approach.

QUANTIFYING RESULTS

- 4. IS THIS POP TIED TO A DHS PERFORMANCE MEASURE? IF YES, IDENTIFY THE PERFORMANCE MEASURE. IF NO, HOW WILL DHS MEASURE THE SUCCESS OF THIS POP?**

This POP supports clients accessing our services and measurements around outreach and quality of services.

- 5. WHAT WOULD BE THE ADVERSE EFFECTS OF NOT FUNDING THIS POP?**

Failure to fund the DHS and OHA POPs would result in the ONE IE & ME project coming to a halt; and increased General Fund cost to bring it to its eventual completion. Oregonians would be negatively affected, efficiencies would be lost, and potential issues with accuracy and capitation would continue placing Oregonians and our Federal Funding at risk. Ultimately, Oregonians would be forced to apply through multiple avenues, coordination of benefits would bring continued risk to Medicaid, and the opportunities for federal funding and additional support would be greatly diminished.

HOW ACHIEVED

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

No.

- 7. WHAT ALTERNATIVES WERE CONSIDERED AND WHAT WERE THE REASONS FOR REJECTING THEM?**

No new alternatives were considered as this is an extension of previous investment.

- 8. WHAT ACTIONS HAVE OCCURRED TO RESOLVE THE ISSUE PRIOR TO REQUESTING A POLICY PACKAGE?**

These policy packages are the continuation of an effort to complete this essential work. Oregon has been engaging with other states, leading national calls on states attempting to do similar work, and partnering with

Office of the State Chief Information Officer (OSCIO), DOJ, and Federal Partners to ensure that we understand the decisions we are making and bringing the best opportunity for success through this package.

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

DHS is impacted because POP enhances their current systems and Eligibility Transformation work.

DAS is impacted because equipment and services at ETS are required to support POP.

DOJ is impacted because DHS system will need to interface with new Child Support system.

OED is impacted because DHS system will have interface with Employment Department.

ODE is impacted because DHS system will interface with system that makes payments to Early Learning Division Child Care Providers.

DOC is impacted as they apply for benefits for individuals moving towards release from an institutional setting.

Area Agencies on Aging (AAA) who process eligibility will transition to this new system.

Tribal and other partners will use the system in accessing benefits.

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

DHS.

11. WHAT IS YOUR EQUITY ANALYSIS?

DHS System will be able to support notice generation in seven languages and five alternate formats. It will gather applicants preferred written and spoken language as well as race and ethnicity to help department providers provide culturally competent care. REAL+D questions will be within the application as allowable by Federal regulations. This will provide additional avenues for communicating with various communities and update our out-of-date and often less than culturally appropriate correspondence. An additional question capturing gender identity have been added to the system as well.

12. WHAT ARE THE LONG-TERM DESIRED OUTCOMES (LONGER THAN THE UPCOMING BIENNIUM)?

DHS is committed to a bringing about an integrated electronic system and complementary business practices that allow Oregonians to apply online, over the phone, through the mail, or in-person for multiple programs. We anticipate outcomes which will include greater efficiency after the initial implementation and adjustment period as Oregonians will not have to visit multiple locations and staff will not have to enter information into multiple systems for multiple programs. We believe this project will provide for increased accuracy in our benefit determinations as program information, notification of changes, Federal and State interfaces, automation logic and a rules engine will standardize practices across multiple programs. DHS will to be able to determine eligibility for programs cumulatively rather than spread across multiple systems and based upon information that is dependent on where and how it is reported.

Ultimately, this investment allows DHS to scrutinize and improve our delivery model and determine means for better community interactions. DHS's service delivery can evolve in a more contemporary technological setting while maximizing our ability to have meaningful insight into the data as stewards of State funds. This investment will also move the Department's eligibility from Legacy systems, which while currently stable, have had past issues including losing data and authorization errors when being modified. Many of these Legacy systems are 20-30 years old. Simply finding qualified staff to maintain them and build an enterprise architecture, was not something in the original vision or subsequent planning. Hence, the large number of systems that have interactions with this project. This investment will create a modular platform within which the Department can continue to modernize and improve our systems.

STAFFING AND/OR FISCAL IMPACT

13. WHAT ASSUMPTIONS AFFECT THE PRICING OF THIS POP?

Implementation Date(s): DDI began in 2016

End Date (if applicable): Implementation of DDI ending July 2020, M&O ongoing after that.

a. Based on these answers, is there a fiscal impact?

Yes.

b. Will there be new responsibilities for DHS/OHA? Specify which Program Area(s) and describe their new responsibilities.

- | | |
|--|--------------------------|
| <input checked="" type="checkbox"/> Aging & People with Disabilities (APD) | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Self-Sufficiency Programs (SSP) | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> OBIS | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> OIS | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

APD (including Type B transfer AAAs) and SSP will be responsible for utilizing the new system in determining eligibility for Medical (mainly Medicaid), SNAP, TANF, and ERDC. This is a change from today where APD/AAA will do eligibility for part of Medicaid and SNAP, SSP does SNAP, TANF, and ERDC in local offices, and SSP now does eligibility for part of Medicaid with the branch (5503) that was transferred from OHA.

OBIS is the Office of Business and Information Supports, this unit will have the Business Analysts and support for the ONE system when it is complete. They will coordinate the business requirements for the system and represent DHS in ownership of the system which will be supported by an M&O vendor and OIS.

OIS will retire 4 systems and start to engage in the ONE system infrastructure, with the intent of learning more about the system and how it interacts with other Legacy systems.

c. 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.
While the system affects the origins of financial and budget information comes from, OIS has the largest shared service impact. Other changes related to facilities and infrastructure are being determined through eligibility transformation. This POP contains any known impacts identified by organizations.

d. Will there be changes to client caseloads or services provided to population groups? Specify how many in each relevant program.
The number of individuals in each caseload is expected to not be significantly adjusted based on these changes. Programmatic changes identified to align with federal policy or the transfer solution, should have minimal impacts.

e. 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.
Yes.
There are several distinct position groups for this project. The following is a table of the positions within each of the groups. The positions are marked with DHS, OHA, and OHA/OIS based on where the funding and authority would be directed for the group's associated work. For DHS there are 29 LD positions, 127 funding only positions (to use for rotations or temps), 21 new permanent positions, and 8 reclassified positions. For OHA there are 4 permanent positions for HSD and 4 LD positions for HSD, 21 new permanent positions for OIS, 20 LD positions for OIS, and 33 funding only positions for OIS.

DHS LD or Funding Only			
Qty	Class Title	Role	# of months
15	Training and Development Spec 2	Implementation and Roll-out training	13
2	Principal Executive Manager G	Business Directors for SSP and APD	18
1	Public Affairs Specialist 3	Communications Specialist	18
17	Operations and Policy Analyst 3	Functional and Policy leads	15
1	Office Manager 2	Manage office operations	24
1	Administrative Specialist 1	Project Support	18
1	Administrative Specialist 2	BD Support	24
51	Human Services Specialist 4	Roll out support and change leads	13
6	Operations and Policy Analyst 3	Legacy Business Analysts	12
5	Operations and Policy Analyst 2	Business and People Readiness Staff	13
1	Principal Executive Manager H	IE Project Director	18
1	Principal Executive Manager E	Business Transition Manager	18
4	Operations and Policy Analyst 2	LD Triage Support	24
1	Executive Support Specialist 2	Executive Leadership Support	18

OHA/OIS LD or Funding Only			
Qty	Class Title	Role	# of months
3	Info Systems Specialist 6	Development	12
11	Info Systems Specialist 8	Development	12
1	Info Systems Specialist 4	Development	12
4	Administrative Specialist 2	Project Scheduling and Support	2 x 12 2 x 18
1	Project Manager 1	Project Management Support	12
6	Project Manager 2	Project Management	12
6	Project Manager 3	Senior Project Management	3 x 12 3 x 18

DHS Permanents (existing-funding only or updating classification)			
Qty	Class Title	Role	# of months
1	Principal Executive Manager E	OBIS and ONE Manager	24
6	Operations and Policy Analyst 3	OBIS BAs for ONE	24
1	Operations and Policy Analyst 4	OBIS BA Lead for ONE	24

OHA/OIS Perm (existing-funding only)			
Qty	Class Title	Role	# of months
13	Info Systems Specialist 8	Development	24
2	Info Systems Specialist 7	Development	24
2	Operations and Policy Analyst 4	Contract and Operational Leads	24

8	Operations and Policy Analyst 1	UAT and Data Integrity	24
1	Administrative Specialist 1	OBIS and ONE support	24
1	Office Specialist 2	ONE support	24
1	Program Analyst 2	UAT Test	24
2	Training and Development Spec 2	ONE Eligibility Training Leads	24
4	Training and Development Spec 1	ONE Eligibility Trainers	24

2	Principal Executive Manager E	Management	24
1	Information Systems Specialist 2	Development	24
1	Information Systems Specialist 6	Development	24

DHS Permanents (New)			
Qty	Class Title	Role	# of months
1	Principal Executive Manager D	UAT Manager	24
4	Operations and Policy Analyst 2	ONE Triage	24
2	Training and Development Spec 2	ONE APD Coordination Leads	24
2	Training and Development Spec 1	ONE APD Community Trainers	24
3	Principal Executive Manager C	VEC Queue Managers	24
4	Human Services Specialist 4	LTC Coordinators and Resource Coordinators	24

OHA (HSD) Perm and Funding Only			
Qty	Class Title	Role	# of months
1	Principal Executive Manager G	Business Directors of OHA (PERM)	24
3	Operations and Policy Analyst 3	Medicaid Eligibility Policy (PERM)	24
4	Operations and Policy Analyst 3	Medicaid Policy	24

DHS Eligibility Transformation (Funding Only or LD)			
Qty	Class Title	Role	# of months
10	Operations and Policy Analyst 3	Process Consultants	14
1	Principal Executive Manager E	ET Change Manager	14
2	Project Manager 3	ET Project Managers	14
18	Operations and Policy Analyst 3	Change Guides	14
1	Public Affairs Specialist 3	ET Communications (LD)	14
1	Administrative Specialist 1	ET Support	14

OHA/OIS Perm (New)			
Qty	Class Title	Role	# of months
1	Principal Executive Manager E	M&O Management	24
8	Information Systems Specialist 8	M&O Development	5 x 12 3 x 24
6	Information Systems Specialist 7	M&O Development	3 x 12 3 x 24
3	Information Systems Specialist 6	M&O Development	1 x 12 2 x 24
2	Administrative Specialist 2	M&O Development	1 x 12 1 x 24

1	Project Manager 2	M&O Development	24
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This biennium there are two distinct bodies of work from a position ask, with sub-sections of the work within these areas. The first body of work is finishing Design, Development, and Implementation. This project work for 2019-21 has a couple of months of UAT, then Pilot, Statewide Rollout, and close out of the project. Within this work are positions needed for DHS business, OHA business, and OIS. Then there is the ongoing M&O of the ONE system. This work will involve ongoing testing and support, maintenance and operation builds, access, security, enhancements, and day-to-day operations of the system. This POP has funding for Deloitte to continue to support the system as the M&O vendor, a procurement for ongoing M&O services will be done during this timeframe as well. Within this work are positions needed for DHS and OHA business, as well as OIS, to support Deloitte, the system, and infrastructure within the ONE system and connected to it that is necessary to provide Oregonians with the benefits and services that they are eligible for.

For M&O the below diagram (image1) shows the M&O structure and position authority for the business portion of this work. There are five funding areas that provided or are being requested to create this structure. There are Perm. Positions from 17-19, Perm Positions from 17-19 that we are requesting to reclass based on updated knowledge of the work they need to perform, 19-21 Perm Position request, OHP BA Transfer Positions, and Modernization Positions. The following is an overview of the work and requests by section.

OHA-HSD: OHA is the single-State Medicaid Agency, with responsibility to provide oversight and decision over the Medicaid Programs. As the ONE system goes live, the work that has been happening from OHA since 2015 needs to continue. This has been supported with limited duration positions and funding. This POP makes permanent the positions necessary to meet federal funding expectations of oversight and policy interactions between OHA and DHS, and with regards to supporting the ONE

system from OHA-HSD. These 4 positions are new asks in 2019-21 based on knowledge of the design at this time.

DHS-APD: APD has historically performed financial eligibility for non-MAGI and SNAP within local APD and AAA offices. After statewide rollout, they will perform eligibility for all programs within the ONE system. The training associated with that work will be done by SSP, based on DHS internal agreements. However, APD will still need to train county and community partners on areas around financial eligibility and system access for long-term care and Older American Act programs. This is essential training, that doesn't exist today, but is foundational to acceptance and ongoing support for a system and programs that cover the State. The initial scope for the ONE system did not include long-term care (LTC) and asset verification. To avoid additional delays, business processes were put into place to coordinate LTC benefits with county developmental disability programs, county mental health programs, and APD long-term care. There are positions being added to this POP to allow us to comply with federal regulations and meet this need. There are also positions associated with resource coordination and the work to coordinate asset verification for the stand-alone system that APD is having to implement. This standalone system was required since 2008 and must be implemented by the end of 2018. Coordination across the systems require manual intervention until at least 2023 when Oregon may be able to create an interface to integrate the processes. These 8 positions are new asks in 2019-21 based on current knowledge of the design.

DHS-SSP: SSP has historically performed financial eligibility for SNAP, TANF, and ERDC programs within SSP offices. In 2017-19 OHA transferred OHP processing for MAGI eligibility to DHS and within SSP. When Statewide rollout is complete SSP offices will perform financial eligibility for all programs within scope. SSP will lead training, coordinating with policy and operations from OHA and APD, for eligibility workers. Six positions focused on training were funded in the 17-19 POP. DHS will also be standing up a Virtual Eligibility Center (VEC) as part of the implementation of this work. The VEC will connect all the processing centers within SSP and staff working on MAGI eligibility today. This model is creating jobs in rural areas and allows Oregon to

position ourselves for a transformation on how we provide eligibility and services to Oregonians. This POP requests 3 positions in 2019-21 to manage the statewide queue and resourcing of the statewide VEC. This is based on industry best practices and work required to ensure that priority work happens and continue to move business towards the same-day, next-day model.

DHS-OBIS: The Office of Business Information Supports (OBIS) is the organizational area that is responsible for the business support of systems that cross multiple divisions. This area also is responsible for utilizing modernization positions for the ongoing support of modernization activities. The structure in image1 shows each of the funding areas and where the positions for ongoing M&O support as well as modernization funding are going. DHS has 14 modernization positions, 12 positions from the 17-19 POP, 8 positions that we are requesting to reclass from the original classification in the 17-19 POP to align with where the workload need materialized. 4 new positions in the 2019-21 POP based on current analysis and missed items from the 2017-19 POP, and finally, 4 positions that were moved from SSP as it relates to work that came from OHA for the OHP processing center positions.

Beyond this, to better delineate the work, we are including image 2. Image2 shows the same OBIS breakout but separates the work into three bucketed areas. First, there is ONE Testing and Operational Support. This has the staff that are permanently supporting UAT, Data correction, and Triage. This has a permanent lead from Modernization that supports UAT work for shared areas and modernization activities. Next, there is ONE Business Analysts. These are the BAs who will permanently support the ONE system, update business requirements, and work on future enhancements and M&O builds. Finally, there are the modernization positions. There is the Director position, and then there are the modernization BAs. These BAs are assigned to projects where the Department is working to modernize our systems. Currently they are supporting the work of projects such as IE, PTC, AVS, CAM, DD modernization, and other efforts. With MMIS modularization, completing PTC, the need for updating and modernizing our family coaching and case management systems, and updating licensing databases, there is an ongoing need for these positions to support the

cross divisional work of ensuring that we have systems that are up-to-date and meeting the ever-changing landscape and requirements associated with IT.

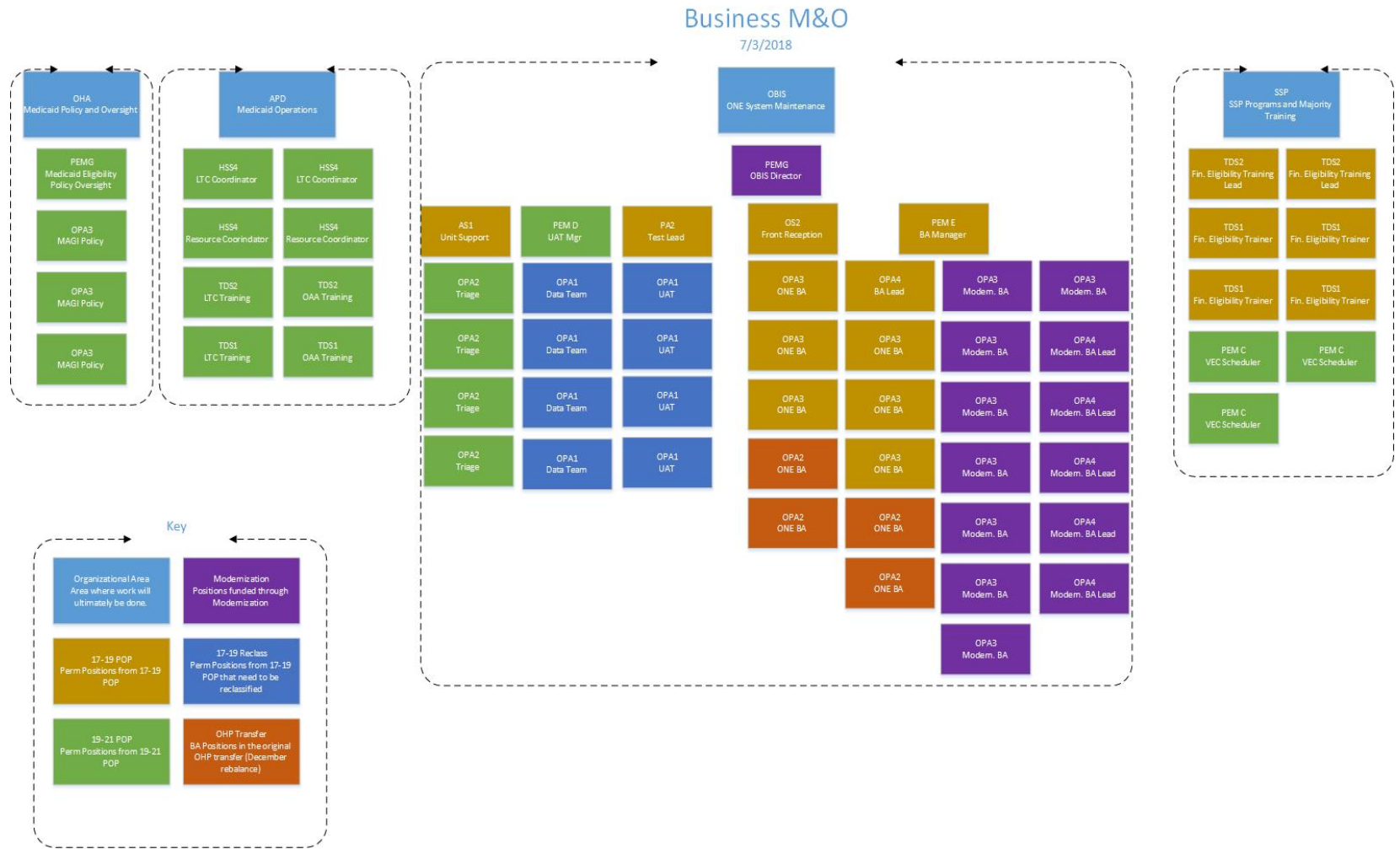


Image1

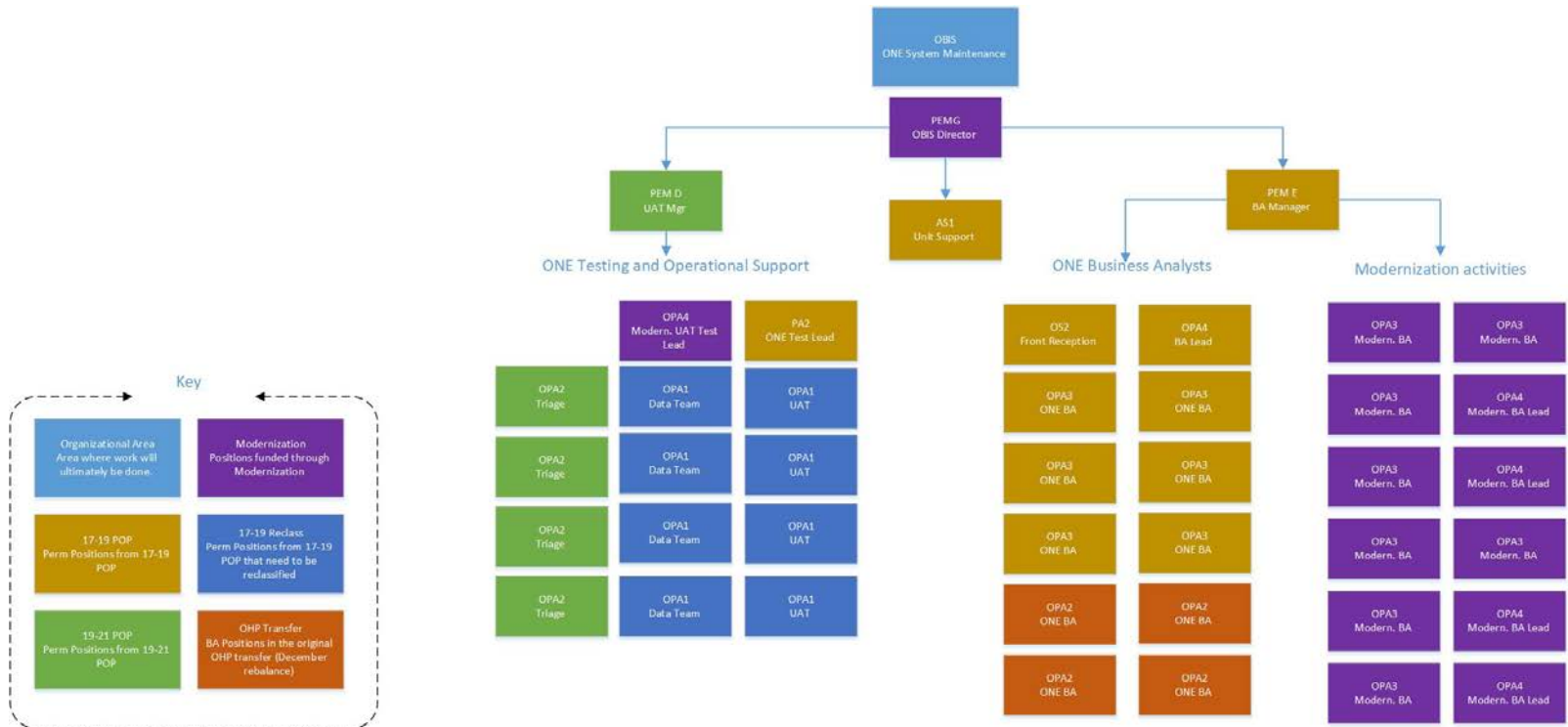


Image2

OHA-OIS: OIS is responsible for supporting the Legacy systems associated with these programs and supporting the technical knowledge for the system integrator. OIS does not plan on taking on the maintenance and operations of the ONE system from a system integrator in the near future. OIS received positions to support the ONE system and is requesting additional support for legacy systems to support future enhancements of ONE and the subsequent effects on legacy systems as well as supporting the JV system, which was built out to meet needs and requests from the Office of Financial Services.

f. What are the start-up costs, such as new or significant modifications to computer systems, new materials, outreach and training?

There are additional infrastructure costs such as building rent and server costs, these are developed and included in the cost projections for this POP.

g. What are the ongoing costs?

There are ongoing costs associated with the maintenance and operations of the system, which are included in the cost projections.

h. What are the potential savings?

None.

TOTAL DHS FISCAL IMPACT FOR THIS PACKAGE

<u>Category</u>	<u>GF</u>	<u>OF</u>	<u>FF</u>	<u>TF</u>	<u>Positions</u>	<u>FTE</u>
Personal Services	\$2,056,865	\$4,116,202	\$9,895,218	\$16,068,285	33	25.26
Services & Supplies	10,961,912	34,163,448	111,506,719	156,632,079		
Special Payments	0	292,913	548,906	841,819		
Other	0	0	0	0		
Total	\$13,018,777	\$38,572,563	\$121,950,843	\$173,542,183	33	25.26

Fiscal Impact Summary by Program Area:

	DHS	OHA OIS	OHA HSD	Total IE/ME
General Fund	\$13,018,777	\$0	\$671,490	\$19,924,560
Other Funds	\$39,852,563	\$9,589,123	\$0	\$49,441,686
Federal Funds- Ltd	\$121,950,843	\$0	\$1,638,121	\$123,588,964
Total Funds	\$173,542,183	\$9,589,123	\$2,309,611	\$192,955,210
Positions	33	41	4	78
FTE	25.26	27.00	4.00	56.26

i. What are the sources of funding and the funding split for each one?

There are federal funds and state funds. Federal funds come from CMS and FNS. Federal funding makes up 86 percent of funding through December 31, 2018 and then 74 percent of federal funding January 2019 through the end of DDI. These costs are cost allocated and part of the annual submission of advanced planning documentation. During DDI most of state funds are bonds (both taxable and non-taxable), with general funds for non-bondable activities. In M&O state funds become general fund based.

DEPARTMENT OF HUMAN SERVICES

2019-21 Policy Package

Agency Name: DHS
Program Area Name: DHS Office of Business Information Services
Program Name: DHS Central Services
Policy Package Title: Medicaid Modularity
Policy Package Number: POP 202
Related Legislation: N/A

Summary Statement:

The Centers for Medicare and Medicaid Services (CMS) requires all states to plan for and implement modular solutions supporting Medicaid using a competitive process. CMS' is seeking to support states in shifting away from reliance on a single solution provider and establish renewable, componentized solutions for long-term support of Medicaid.

Oregon's current Medicaid Management Information System (MMIS) was implemented in 2008. The contract for the support of the MMIS with the current solution provider (DXC) ends in February 2022.

This POP, and its companion OHA POP, requests continuation of state funding to secure 90% federal financial participation funds to: define Oregon's Medicaid Service Delivery strategic plan; assess other state's modularization approaches; identify options for modular solutions; understand CMS certification requirements and begin procurement activities to secure modular solution components and services to support implementation. Not funding this POP may result in the loss of 90% federal funding for planning activities in alignment with CMS requirements

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	General Fund	Other Funds	Federal Funds	Total Funds
Policy Package Pricing:	<u>\$277,922</u>		<u>\$276,444</u>	<u>\$554,366</u>

PURPOSE

1. WHY DOES OHA PROPOSE THIS POP (WHAT ISSUE ARE YOU TRYING TO FIX/SOLVE)?

Current Oregon MMIS is a monolithic system implemented in 2008. CMS has indicated that eligibility for continued federal funding is dependent on compliance with CMS mandates and evidence that states are committed to a thorough planning effort supporting a modular future state. The goal of the proposed program is to support DHS and OHA in crucial planning activities to achieve compliance with CMS requirements and improve interoperability and sustainability of the technology solutions supporting Medicaid service delivery. OIS will support initiation and planning activities and procure a Strategic Advisor (SA) that will be tasked with updating MITA State Self-Assessment (SS-A), development of the strategic modernization roadmap eventually leading to the creation of an architectural blueprint, Concept of Operations and procurement activities to solicit for and acquire services of IV&V, Quality Assurance (QA) and System Integrator (SI) vendors in the Modularization effort.

The role of the Strategic Advisor will cover assistance with planning efforts at three levels:

- An executive level trusted advisor helping leadership define Oregon’s Medicaid Service Delivery Strategy
- A program level guide to help define functional requirements, capture operational business needs, define and refine business processes, and optimize workflow
- An industry expert to bring industry best practices, other state’s approaches and lessons learned with recommendations and guidance to help Oregon identify the best solution acquisition strategy and approach
- Update Oregon’s Medicaid Information Technology Architecture (MITA) plan in accordance with CMS requirements
- Incorporate CMS certification requirements into Medicaid solution alternative requirements to ensure compliance with certification criteria

- Define an overall technical architecture that ensures modular components will work together to support Medicaid business operations
- An acquisition approach, roadmap and detailed plan recommending the optimal sequence for procuring and implementing components to achieve modularity for Oregon
- Develop a Request for Proposal to solicit modular solutions meeting Oregon requirements, and a Request for Proposal to solicit System Integrator services to support implementation of modular components
- Quality Assurance throughout the planning and implementation lifecycle to help manage project risk through the review of project related processes and deliverables

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

This POP provides the funding match necessary to secure 90% enhanced federal funding from CMS to support the essential strategic planning, creation of the roadmaps and ultimately implementation of system changes supporting Oregon’s Medicaid service delivery.

The level of rigor associated with planning is required to ensure Oregon’s roadmap meets CMS requirements, supports continued stability of the mission-critical current MMIS solution during the journey to the future state, and supports health care transformation for the State of Oregon. Subsequent implementation efforts will also require future biennia POP funding to continue eligibility for 90% enhanced CMS funding.

It is essential that OHA and DHS begin planning efforts now as the current contract with the existing MMIS solution provider will expire by 2022. Oregon needs to have a solid plan for its future Medicaid solution set to sustain CMS enhanced funding support for the on-going maintenance and operations and enhanced funding support for modular component implementation.

3. HOW DOES THIS FURTHER THE AGENCY’S MISSION OR GOALS?

Oregon made numerous enhancements to its MMIS since its original implementation in 2008. These changes impact 1,800 state users, 17,000 provider users, and over 1 million Oregonians receiving healthcare services. Despite various improvements, large sections of Medicaid enterprise system are from legacy technologies. In order to continue supporting its business mission, OHA needs to transform its business operations and modernize its IT ecosystem to align to rapid changes in healthcare delivery system. Based on Federal regulations, OHA completed its first MITA SS-A a few years ago to review existing capabilities and determine future needs. In the early stages of the MITA SS-A, it was determined that even the current

MMIS installed in 2008 is unlikely to meet future business needs of OHA and needs to be updated with modular functionality to eliminate redundancy, duplication of effort and waste of IT assets.

QUANTIFYING RESULTS

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?

This Companion POP also ties to KMP #31, OHA's triple aim measure.

5. WHAT WOULD BE THE ADVERSE EFFECTS OF NOT FUNDING THIS POP?

- Lost opportunity to develop a modern, sustainable and scalable solution environment supporting Medicaid for Oregon.
- Lost opportunity to leverage CMS enhanced 90% funding for future replacement of existing aging Medicaid supporting technology. In five more years, the current MMIS solution will be 13 years old and will be past end of life. The typical cost to replace MMIS systems is in the \$110-150 million range. Without enhanced funding, the general fund share of a replacement would be \$55 – 75 million, compared to \$11 – 15 million.
- Lost opportunity to negotiate competitive maintenance and operations vendor support as a result of increased competition. The current contract with HPE for maintenance and operations increases by 2% annually. Potential significant financial impact due to loss of CMS enhanced funding support for maintenance and operations. The current annual maintenance and operations cost is approximately \$20 million per year. CMS funds 75% or approximately \$15 million. If Oregon lost CMS enhanced funding, the federal funding level will drop from 75% to 50%. This will increase Oregon's need for GF for annual maintenance and operations from \$5 million to \$10 million per year.
- Potential significant financial impact due to loss of CMS enhanced funding support for system change requests and for major enhancement projects. System change requests average \$10 million annually. Major enhancement projects range between \$5-20 million. CMS currently pays 75% of the cost of system change requests and 90% of the cost of major enhancements. If Oregon lost CMS enhanced funding, the federal funding level will drop to 50%. This will increase Oregon's typical annual general fund change request and enhancement projects cost from under \$4 million to over \$11 million.

HOW ACHIEVED

6. DOES THIS POP REQUIRE ANY CHANGES TO EXISTING STATUTE(S) OR REQUIRE A NEW STATUTE? IF YES, IDENTIFY THE STATUTE AND THE LEGISLATIVE CONCEPT.

No

7. WHAT ALTERNATIVES WERE CONSIDERED AND WHAT WERE THE REASONS FOR REJECTING THEM?

Oregon could consider two alternatives:

1. Do nothing – continue to extend the existing support contract with DXC.
 - The current MMIS was implemented in 2008 and existing M&O contract will expire in 2022, so Oregon needs to execute a modularization plan by that time.
 - Oregon needs to demonstrate a commitment to plan and execute a renewed Medicaid solution environment in compliance with CMS mandates to avoid significant negative financial consequences for the State, including enhanced federal funding for enhancements of the system & potential doubling of the general funds for current M&O expenditures OHA and DHS have several Medicaid sub-systems that are not currently integrated with the core MMIS¹. Maintaining the current state will leave Oregon with siloed Medicaid systems and miss a unique opportunity to update and streamline Medicaid Enterprise System.
2. Develop and issue a procurement RFP *without* the support and planning efforts outlined above
 - Oregon could choose adopting the planning approach of another state, leveraging its planning outcomes and RFPs to procure new modular solutions. While this approach might lead to some inconsequential financial savings, choosing that approach may result in a lack of a cohesive roadmap and executable plan to meet Oregon's unique needs and increase potential program risk. In addition, solutions used by another state either may require substantial

¹ Includes Customer Employed Provider (CEP), Express Payment and Reporting (eXPRS), Relational Statewide Accounting & Reporting System (RStars) and Oregon Automated Computer Capture Storage System (Oregon Access).

customization to address Oregon specific requirements and may require significant business process and operational workflow reengineering.

8. WHAT ACTIONS HAVE OCCURRED TO RESOLVE THE ISSUE PRIOR TO REQUESTING A POLICY PACKAGE?

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

This POP will have a positive impact on CCOs as modular solutions will be better suited for the support of the capitation model versus a fee-for-service model that the original system was built for. There will be system enhancements for Tribal providers who use the system to submit claims to OHA for payment.

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

Stakeholders involved in this effort include Oregon Health Authority, Department of Human Services, Coordinated Care Organizations, Tribal Providers and Oregon State Hospital. These entities are current users of the existing MMIS and will benefit tremendously from modularization of the Medicaid solution environment. This POP requests position authority for DHS/OHA to have focused subject matter experts and business leadership with the capacity to fully engage in the essential long-term efforts around modernizing systems and services supporting the Oregon Health Authority and Department of Human Services. Specifically, it is proposed that DHS/OHA hire three additional positions *each* (one PEMF and two OPA4) for a *combined total of six* to support modularity modernization effort. PEMF positions will work with executive leaders and subject matter experts within various business areas and manage analysts. These positions will require a solid understanding of Medicaid, eligibility rules and any other business areas impacted by MMIS. OPA4 positions will provide critical subject matter expertise required for the analysis of the current processes, business requirement definition and identification of improvement opportunities to enable creation of modular systems to meet future business and systems requirements.

Additional Staffing Need in MMIS Unit (ask to make 2 OPA2 LD permanent):

- SOS Audit Compliancy – resources are needed for ongoing work related to Secretary of State audit findings. The solution to these findings, especially surrounding improper payment mitigation, is to have sufficient resources to carry forth the plans that will provide a solution for the issues that have arisen in the past. Development and monitoring of processes around the testing of claims edits and audits in the MMIS will require the “hands on” work for additional full

time FTE. The SOS office expects the MMIS Business Support Unit to have plans and processes in place and dedicated FTE to carry forth those plans and to report out to the SOS office.

- Current and Future Change Request/Change Order Inventory – the current change request and change order work with the MMIS continues to require full time FTE to test all changes and change orders in the MMIS. This is an inventory that will not diminish anytime soon. With the implementation of the Integrated Eligibility and ONE projects, this work will continue to grow well into 2022.
- MMIS Modularity & Modernization – the Center for Medicaid and Medicare Services (CMS) is requiring that all current Medicaid Management Information Systems move to a modularity model. This will be a massive undertaking. OIS recently hired a project manager to begin this work for Oregon. Very soon, the MMIS Business Support Unit will be involved in this work. Our current limited duration FTE will not be sufficient to carry forth that work in addition to the other projects bringing demands to the MMIS BSU.
- Integrated Eligibility Project – recently two large change requests were added to our inventory that will allow MMIS and IE to exchange data when integrated eligibility is finally fully functional. There is a lot of work to be done between now and then and additional full time FTE is required to carry this workload.
- ONE Project – currently we receive a number of change orders and change requests for MMIS that come to us from the ONE project. These are crucial changes to the MMIS in order for eligibility to properly populate the MMIS. Additional full time FTE will be required to keep this work on schedule.
- Data Analysis – we daily receive requests to provide Medicaid data to our partners and stakeholders and we do not currently have the FTE resource to help provide this data. The permanency of the current LD FTE will allow us to help provide that data going forward. With the move toward the OHA Performance System, metrics will be part of our requirement as well as providing data analysis to the HSD Leadership.

11. WHAT IS YOUR EQUITY ANALYSIS?

OHA/DHS are open to engaging all interested stakeholders in planning for the modularity planning effort including the OHA Office of Equity and Inclusion and the DHS Office of Multicultural Services.

12. WHAT ARE THE LONG-TERM DESIRED OUTCOMES (LONGER THAN THE UPCOMING BIENNIUM)?

CMS Final rule “Federal Funding for Medicaid Eligibility Determination and Enrollment Activities” provided for a temporary enhancement to the federal financial participation (FFP) rate to support the design, development, and installation (DDI) and maintenance and operations (M&O) of Medicaid Eligibility and Enrollment (E&E) systems that are streamlined and interoperable with other systems and that provide a consumer-friendly experience. The broadened definition was also refined to support an enterprise approach where individual processes, modules, sub-systems, and systems are interoperable and work together seamlessly to support a unified Medicaid enterprise.

The Medicaid Enterprise includes: (1) An E&E system used to process Medicaid enrollment applications, as well as change in circumstance updates and renewals. The E&E system might be implemented as the core of an integrated eligibility system that also supports eligibility for other human services programs; and (2) An MMIS used to process claims for Medicaid payment from providers of medical care and services furnished to beneficiaries under the medical assistance program, including review of managed care encounter data, and to perform other functions necessary for economic and efficient operations, management, monitoring, and administration of the Medicaid program. To receive enhanced federal matching funding for development, maintenance and operations, the Medicaid E&E systems and the MMIS must meet all applicable standards and conditions, including modularity, along with associated provisions such as the role of independent verification and validation (IV&V).

Oregon is in the process of replacing its E&E system using a modern SOA technology framework. In addition, Oregon made numerous enhancements to its MMIS that was originally implemented in 2008. Despite various improvements, large portions of the Medicaid enterprise system are still based on legacy technologies. In order to continue supporting its business mission, OHA needs to transform its business operations and modernize its IT ecosystem to align to rapidly evolving changes in the healthcare delivery system. OHA completed its first MITA SS-A a few years ago to review existing capabilities and determine future needs. In the early stages of the MITA SS-A, it was determined that even the current MMIS (installed in 2008) is unlikely to meet future business needs of OHA and must be updated with modular functionality to streamline IT operations and eliminate unnecessary duplication of effort.

13. IS THIS PP BEING REQUESTED BECAUSE OF AN INTERNAL DHS/OHA AUDIT, OREGON SECRETARY OF STATE AUDIT, OR FEDERAL AUDIT? IF SO, PLEASE PROVIDE FURTHER INFORMATION.

STAFFING AND/OR FISCAL IMPACT

14. WHAT ASSUMPTIONS AFFECT THE PRICING OF THIS POP?

Implementation Date(s): This is planning phase only and implantation is to be determined.

End Date (if applicable): _____

- a. Based on the following answers, is there a fiscal impact? Yes
- b. Will there be new responsibilities for OHA/DHS? Specify which Program Area(s) and describe their new responsibilities.

- c. 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
- d. Will there be changes to client caseloads or services provided to population groups? Specify how many in each relevant program.
No
- e. 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.
Yes

This DHS POP will request 3 permanent full-time positions in DHS, 1 PEMF and 2 OPA4's.

The OHA companion POP requests 5 permanent full-time positions in OHA, 1 PEMF, 2 OPA4's and 2 OPA2's.

What are the start-up costs, such as new or significant modifications to computer systems, new materials, outreach and training?

- f. What are the ongoing costs?
- g. What are the potential savings?

TOTAL FOR THIS PACKAGE

<u>Category</u>	<u>GF</u>	<u>OF</u>	<u>FF</u>	<u>TF</u>	<u>Position</u>	<u>FTE</u>
Personal Services	346,452	0	346,452	692,904	3	3.00
Services & Supplies	59,457	0	58,017	117,474		
Capital Outlay	0	0	0	0		
Special Payments	0	0	0	0		
Other	0	0	0	0		
Total	\$405,909	\$0	\$404,469	\$810,378	3	3.00

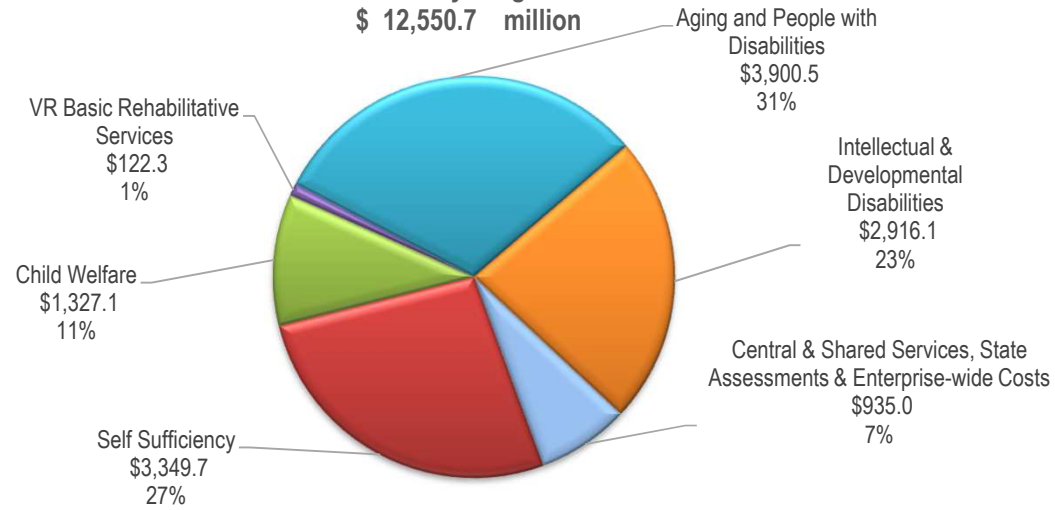
DHS - Fiscal Impact Summary by Program Area:

	DHS	Program Area 2	Program Area 3	Program Area 4	Total
General Fund	\$405,909	\$0	\$0	\$0	\$405,909
Other Fund	\$0	\$0	\$0	\$0	\$0
Federal Funds- Ltd	\$404,469	\$0	\$0	\$0	\$404,469
Total Funds	\$810,378	\$0	\$0	\$0	\$810,378
Positions	3	0	0	0	3
FTE	3.00	0.00	0.00	0.00	3.00

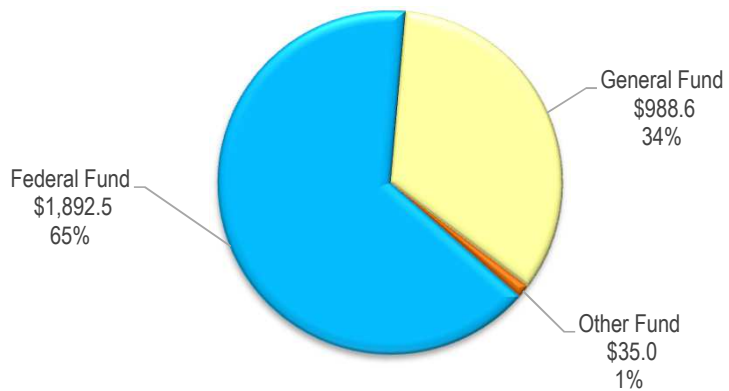
h. what are the sources of funding and the funding split for each one?

This POP requests 3 permanent positions for DHS only, to work in partnership with OIS. Due to delays in 2017-19 planning efforts less than \$1,000,000 approved TF (under \$100,000 GF) from the 2017-19 POP will be expended by the start of 2019-21. CMS will fund 90% of positions and consulting during planning/implementation and 75% for on-going maintenance.

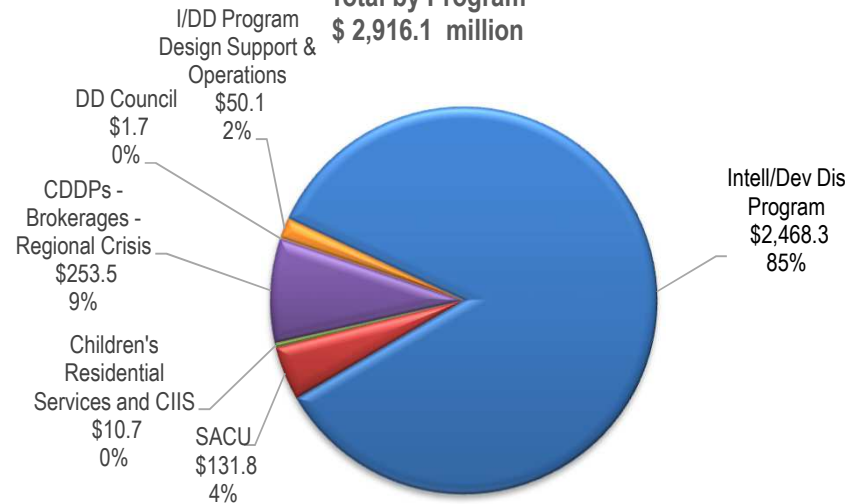
**Department of Human Services
2019-21 Governor's Budget
Total Fund by Program Area
\$ 12,550.7 million**

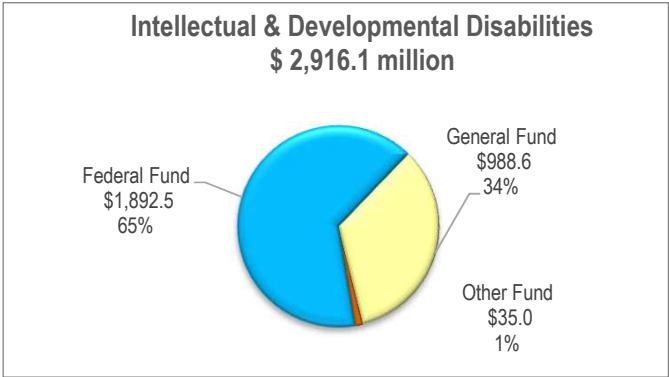
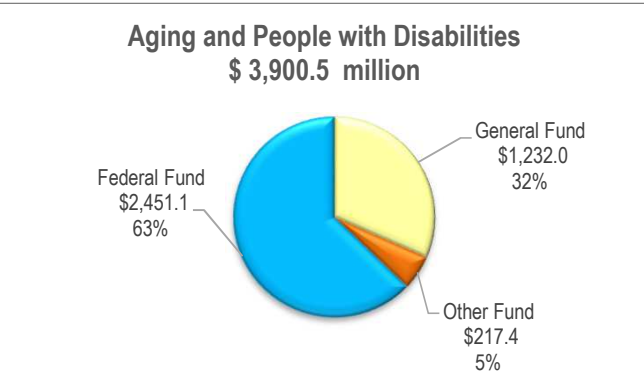
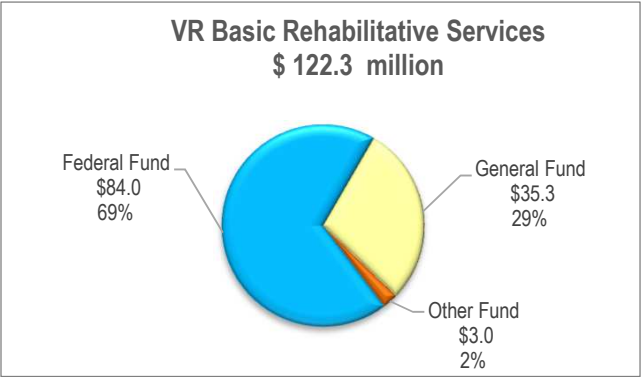
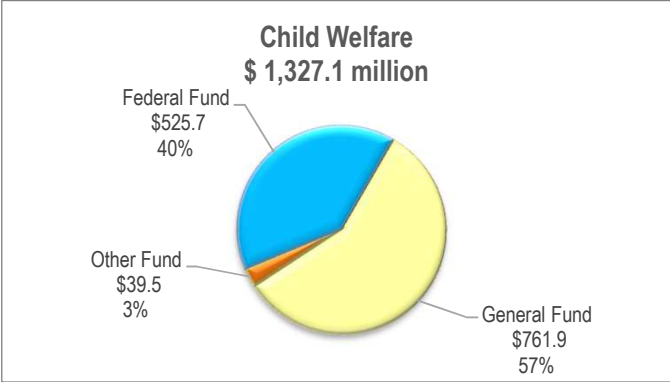
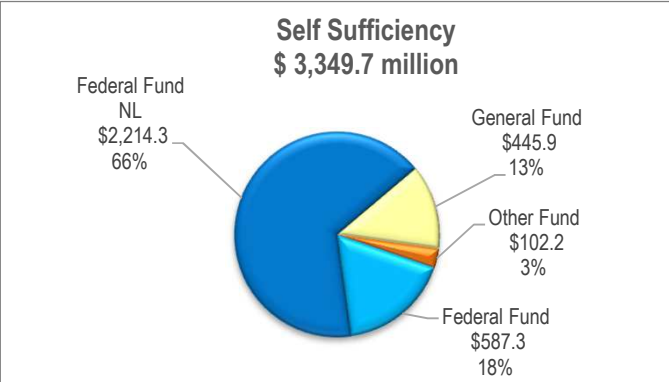
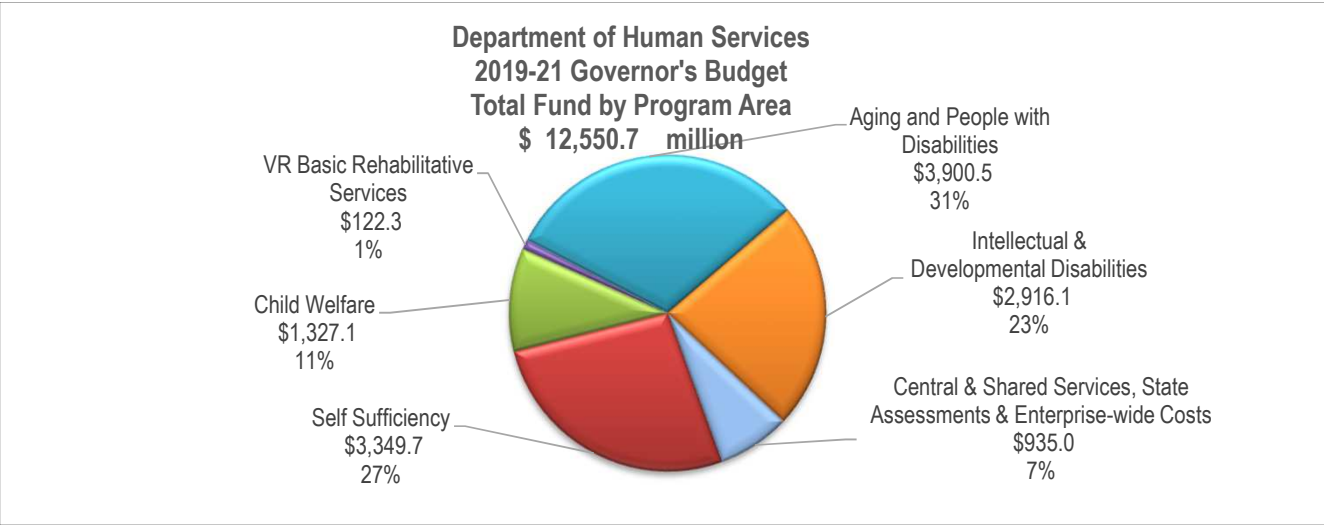


**Intellectual & Developmental Disabilities
Total by Fund Type
\$ 2,916.1 million**

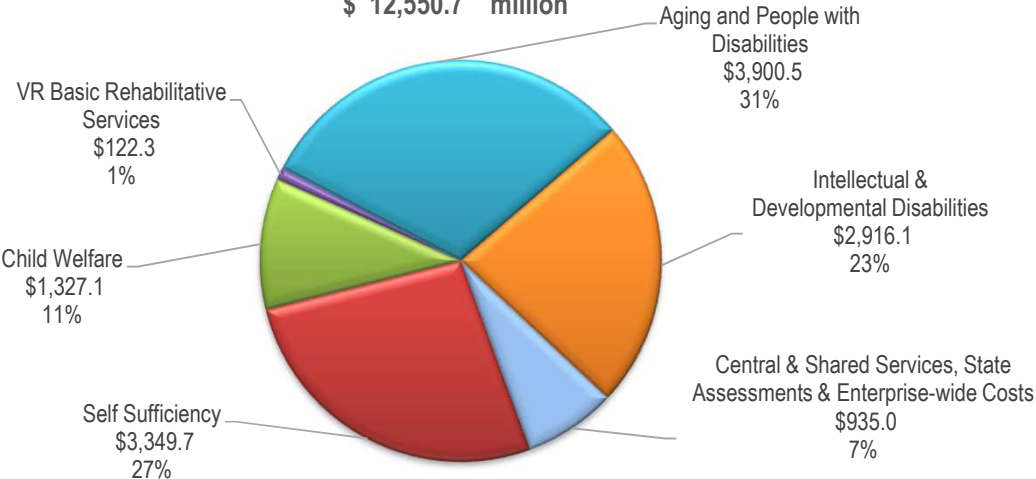


**Intellectual & Developmental Disabilities
Total by Program
\$ 2,916.1 million**



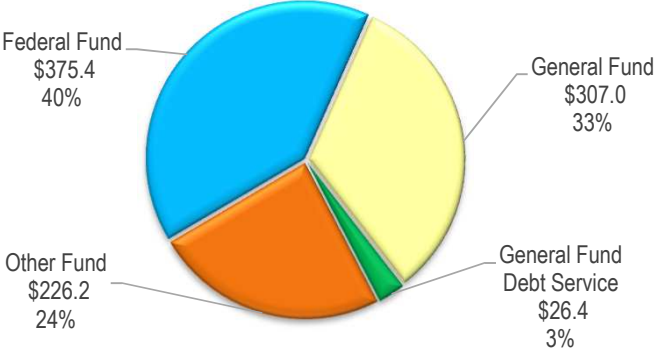


**Department of Human Services
2019-21 Governor's Budget
Total Fund by Program Area
\$ 12,550.7 million**



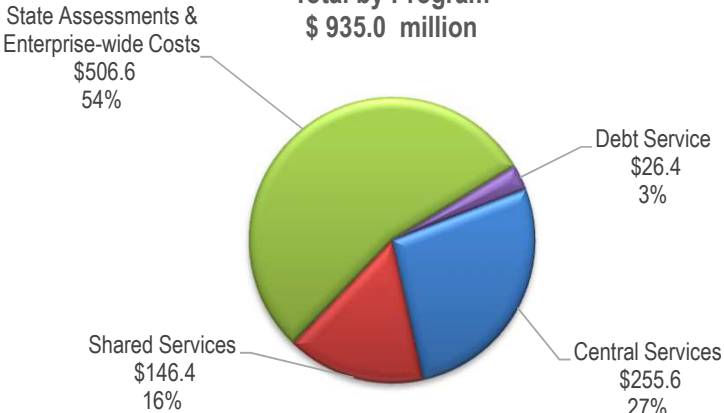
Central & Shared Services, State Assessments & Enterprise-wide Costs

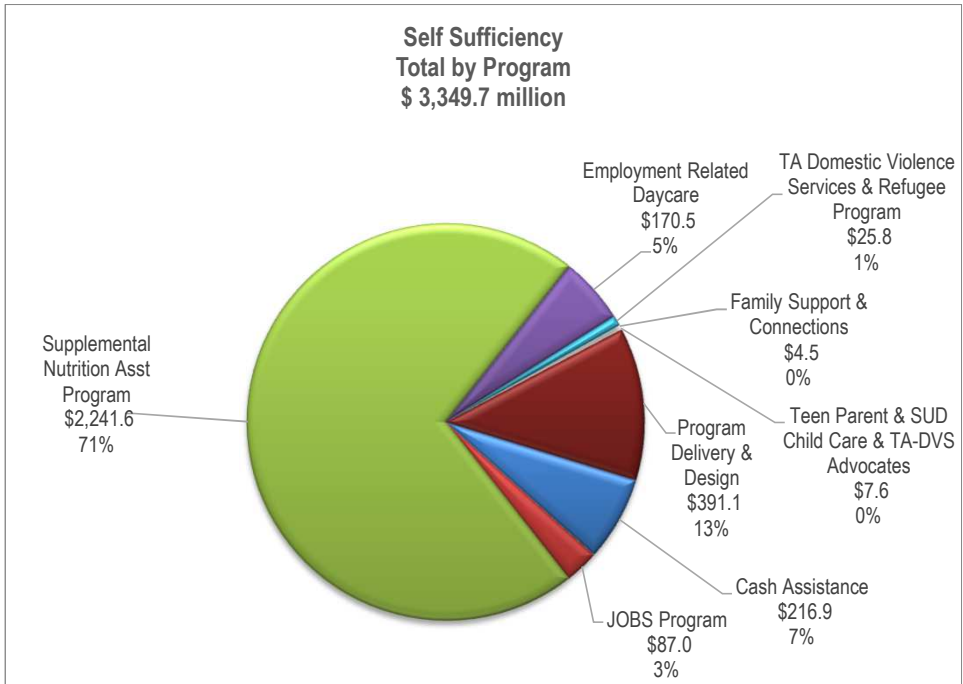
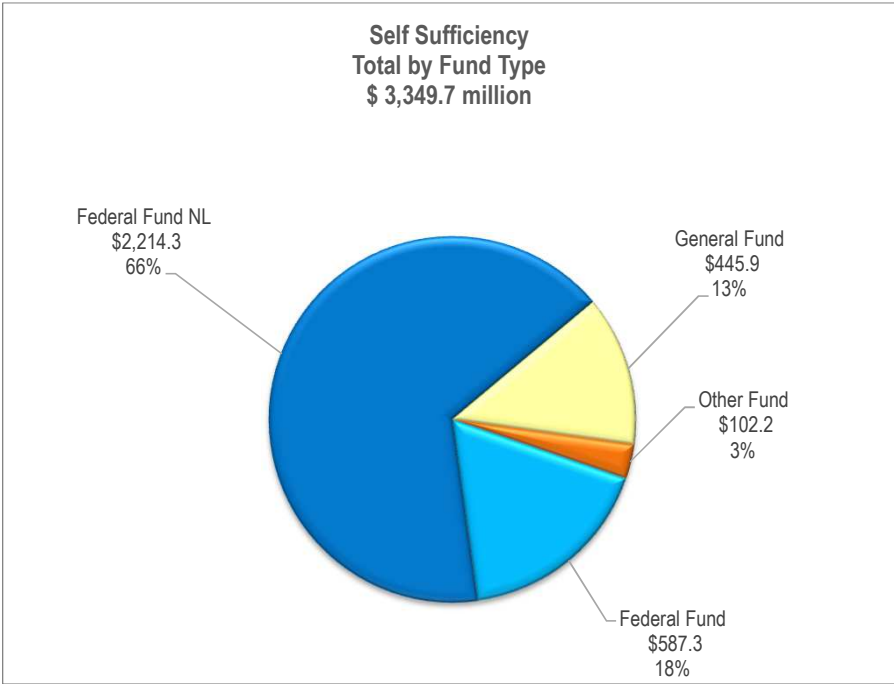
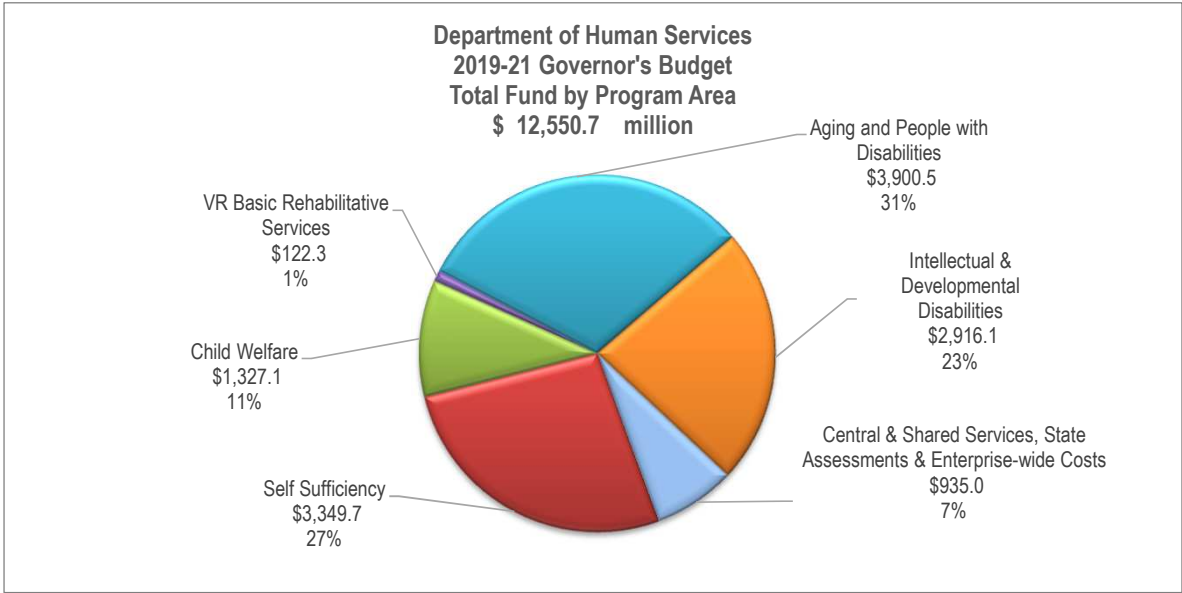
**Total by Fund Type
\$ 935.0 million**



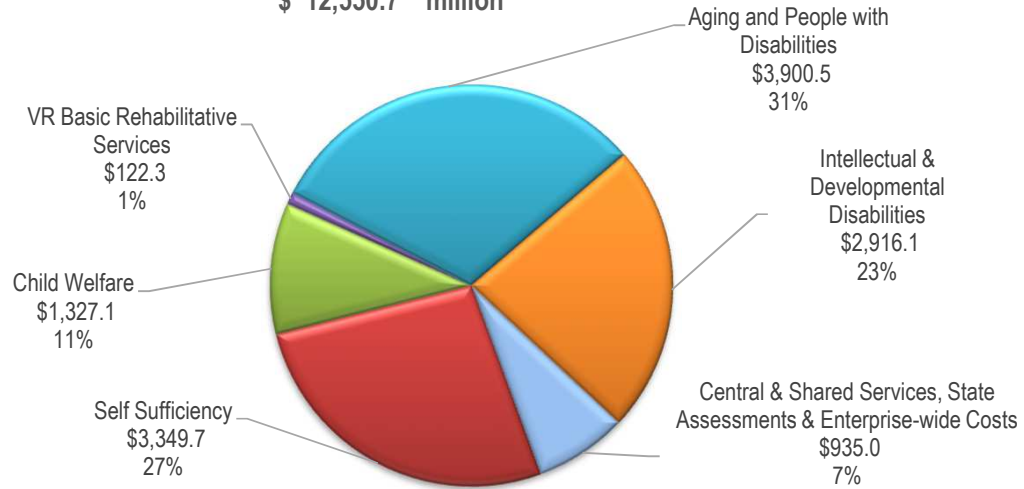
Central & Shared Services, State Assessments & Enterprise-wide Costs

**Total by Program
\$ 935.0 million**

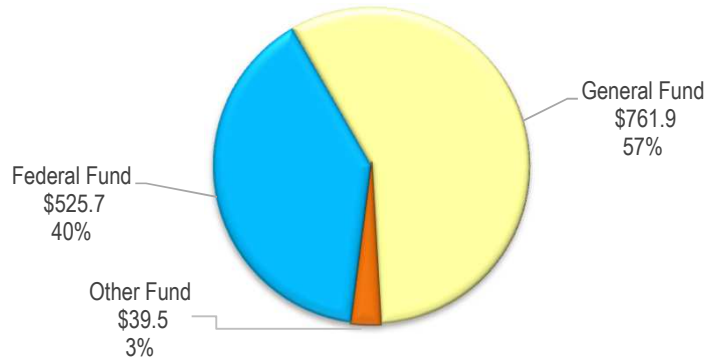




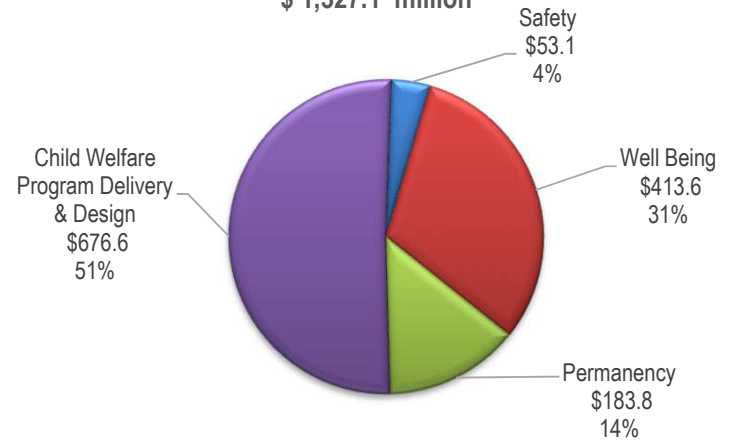
**Department of Human Services
2019-21 Governor's Budget
Total Fund by Program Area
\$ 12,550.7 million**

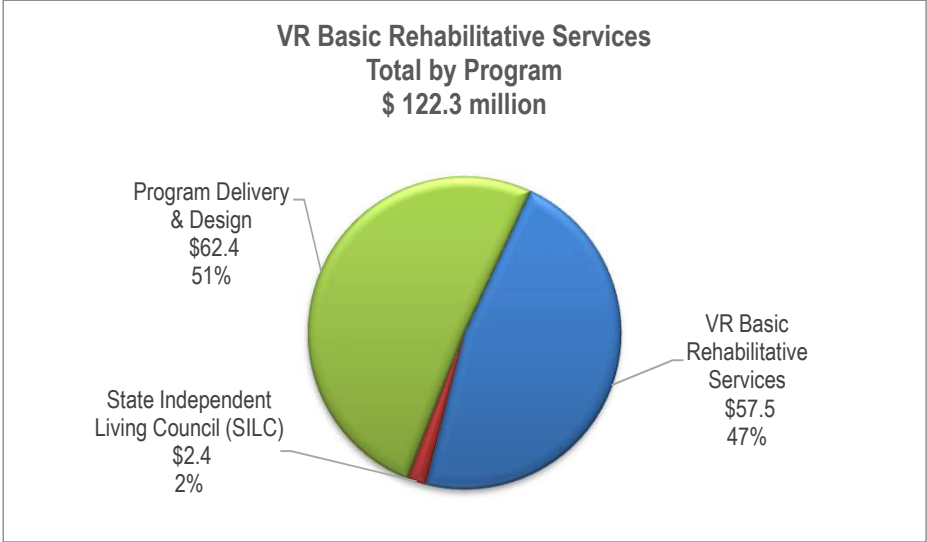
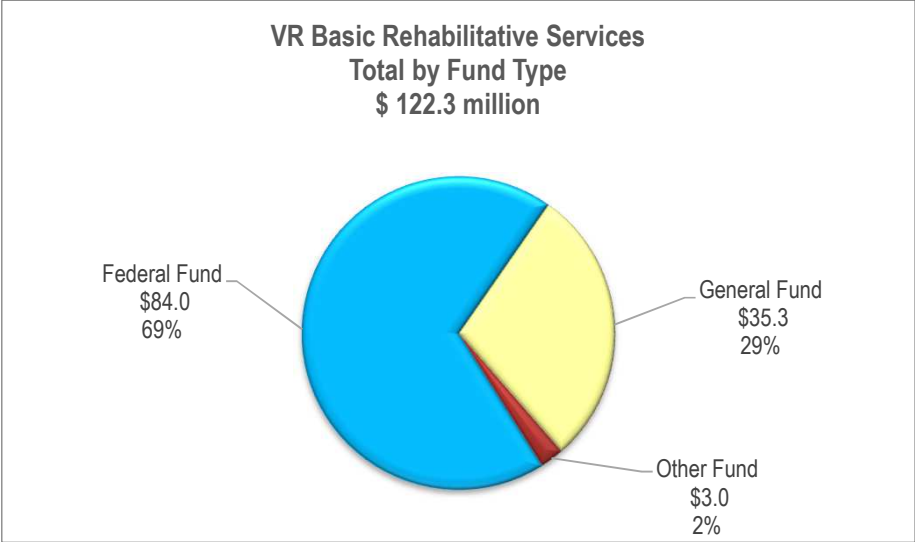
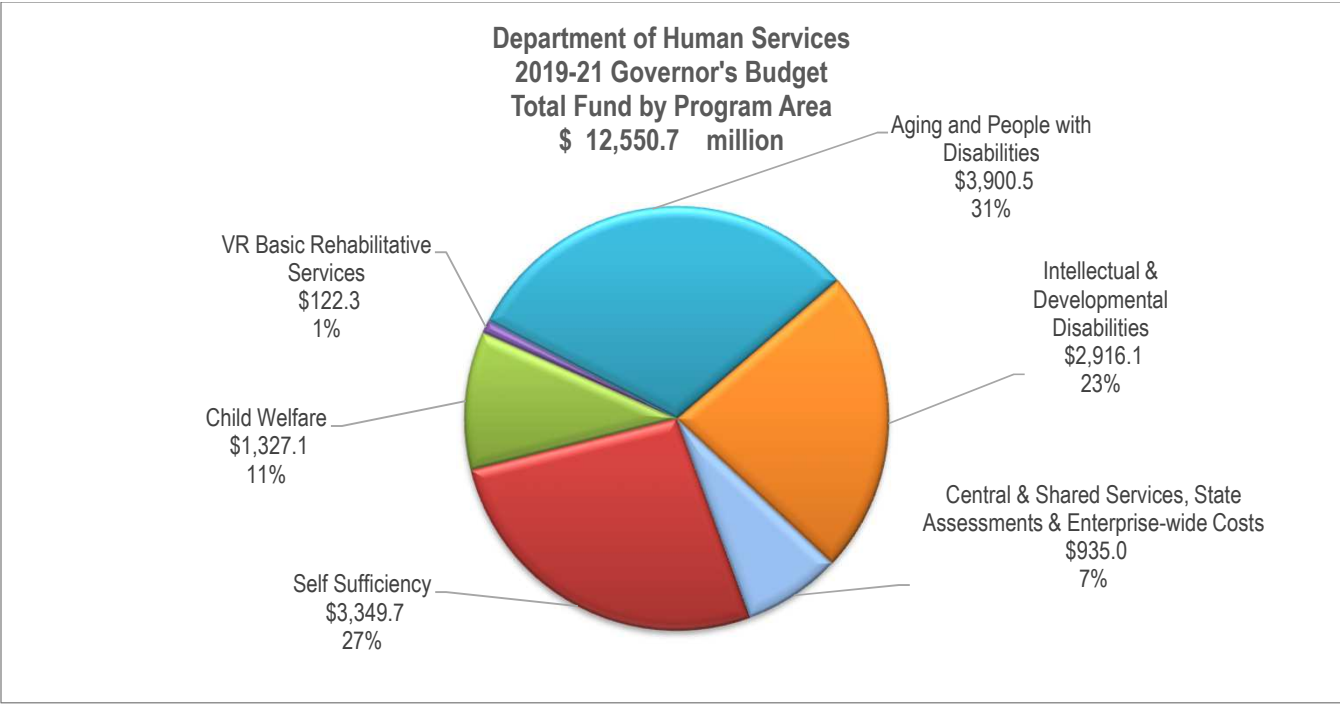


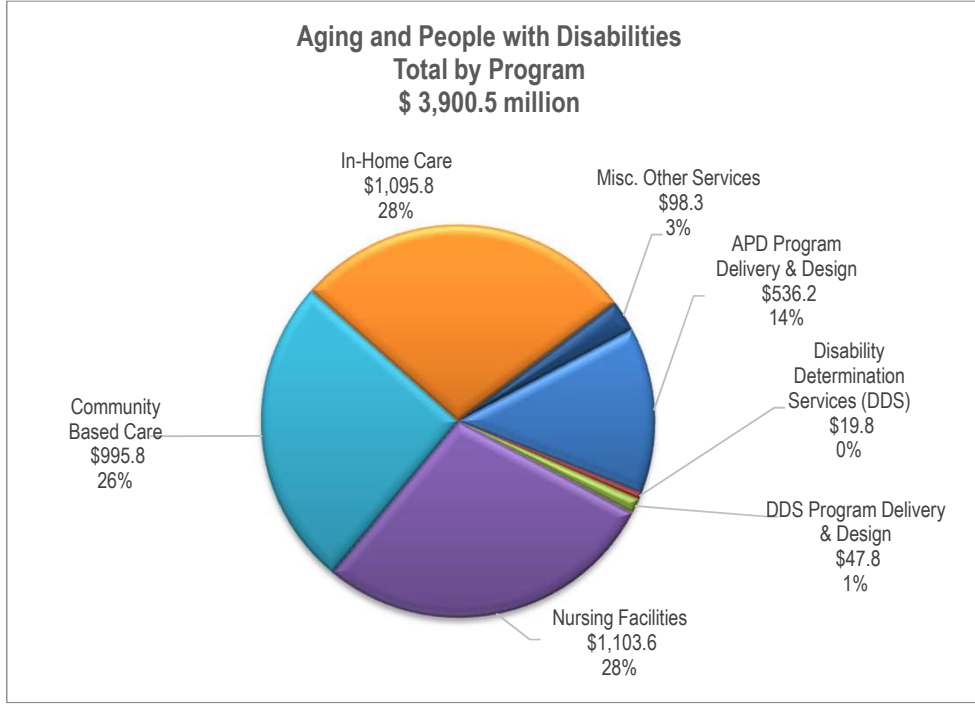
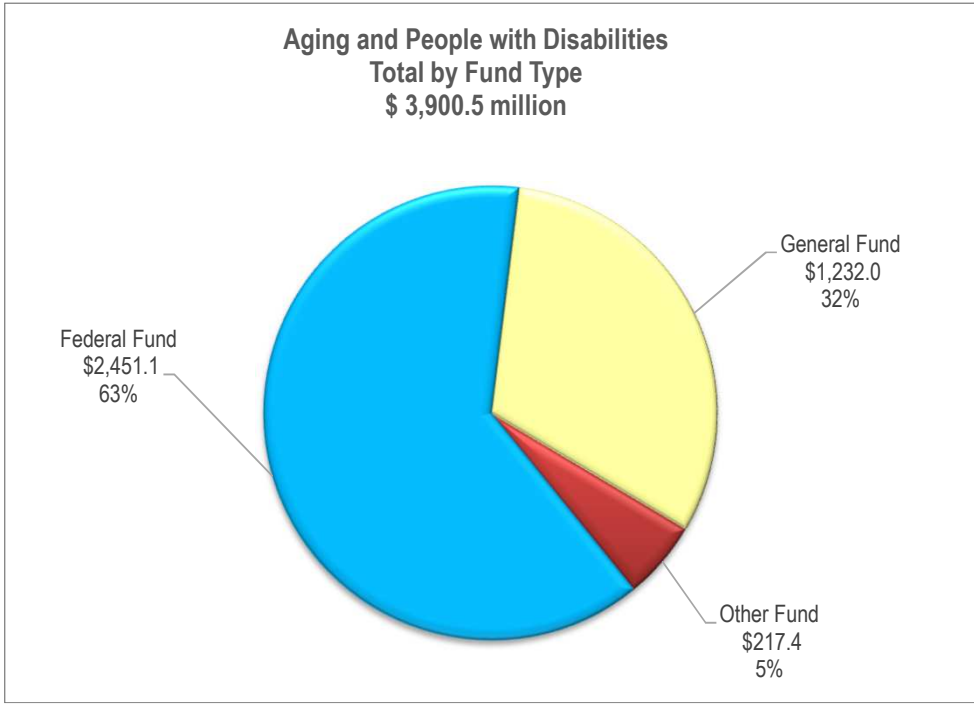
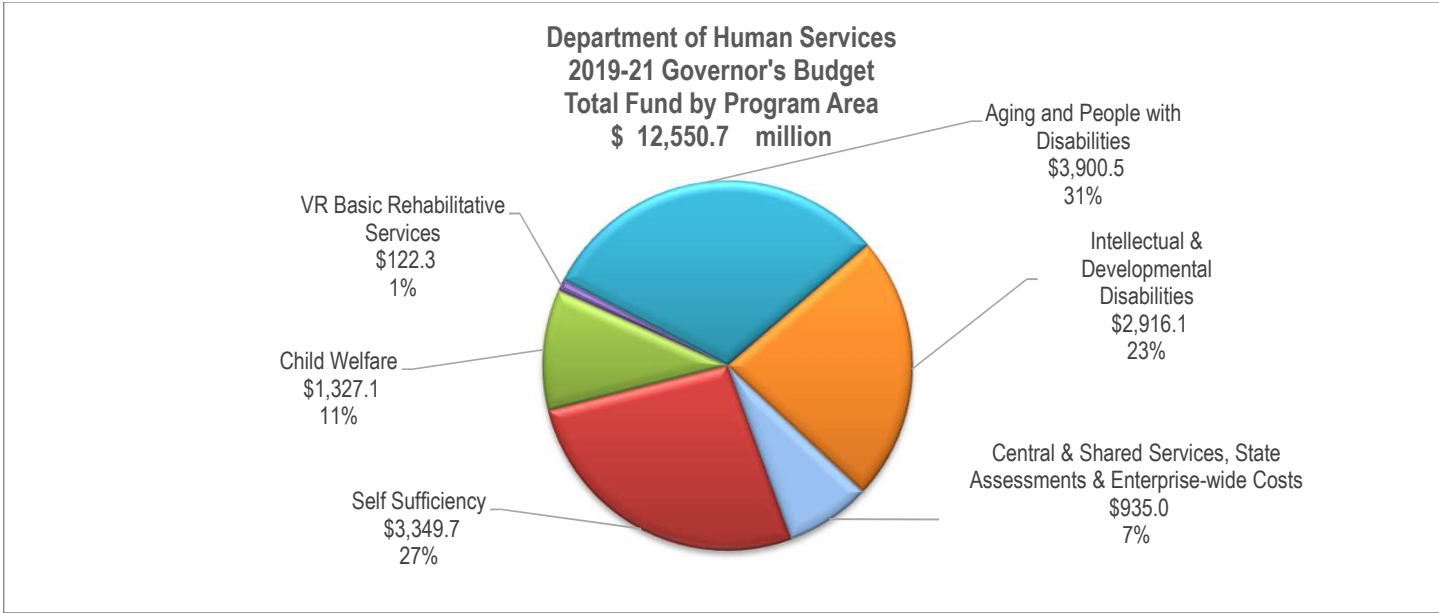
**Child Welfare
Total by Fund Type
\$ 1,327.1 million**



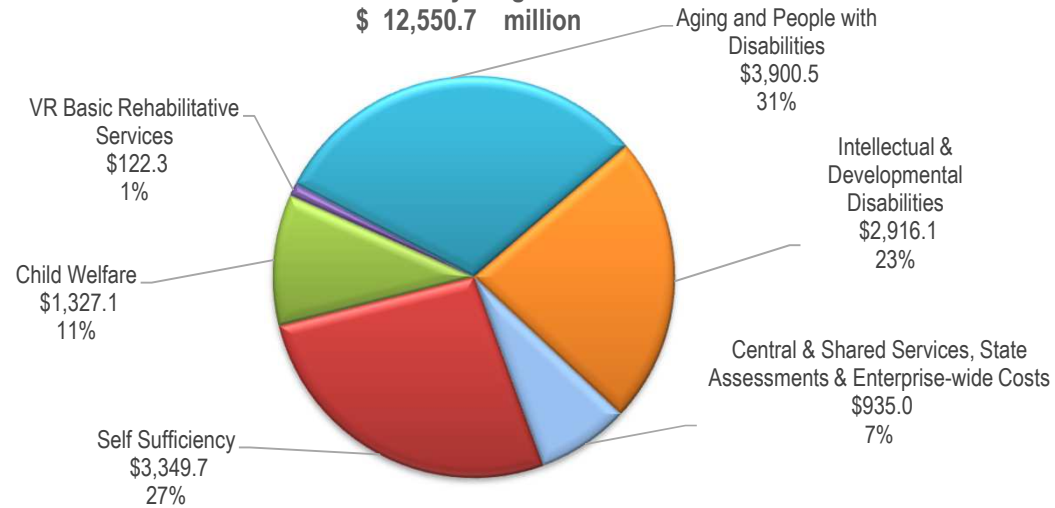
**Child Welfare
Total by Program
\$ 1,327.1 million**



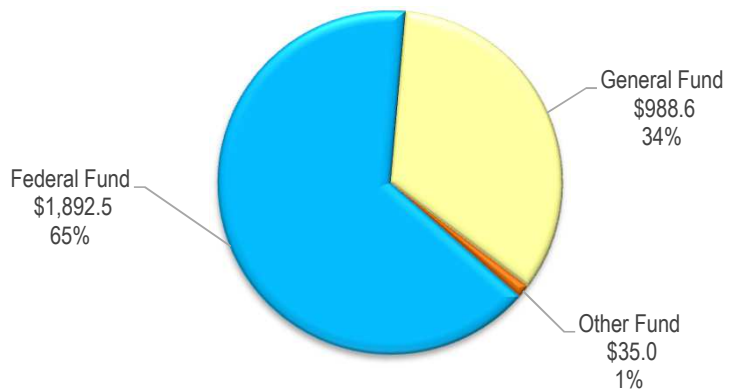




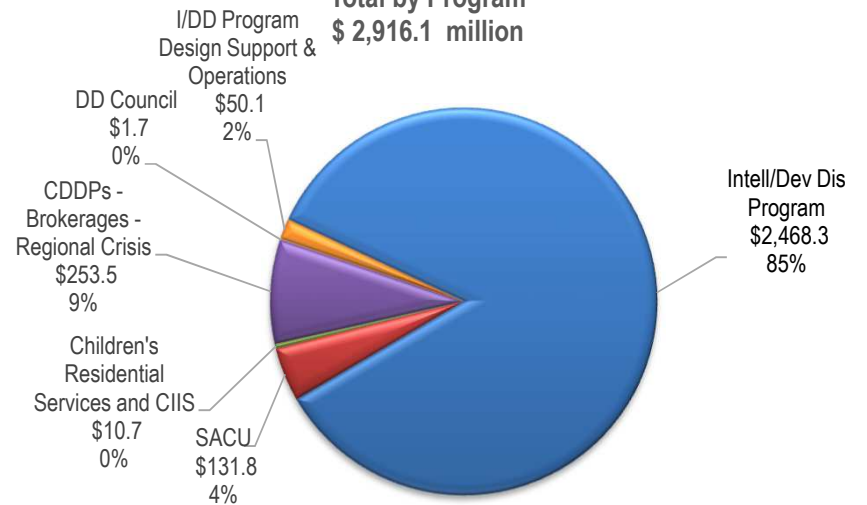
**Department of Human Services
2019-21 Governor's Budget
Total Fund by Program Area
\$ 12,550.7 million**



**Intellectual & Developmental Disabilities
Total by Fund Type
\$ 2,916.1 million**



**Intellectual & Developmental Disabilities
Total by Program
\$ 2,916.1 million**



Department of Human Services

Total Biennial Average Forecast Comparison

	2017-19 Biennium			% Change Between Forecasts	Fall 2018 Forecast			% Change Between Biennia
	Spring 18 Forecast	Fall 18 Forecast	Change		2017-19	2019-21	Change	
Aging & People with Disabilities								
Long-Term Care: In Home	19,172	18,754	-418	-2.2%	18,754	19,561	807	4.3%
Long-Term Care: Community Based	11,887	11,803	-84	-0.7%	11,803	12,040	237	2.0%
Long-Term Care: Nursing Facilities	4,348	4,347	-1	0.0%	4,347	4,331	-16	-0.4%
Child Welfare (children served)								
Adoption Assistance	10,676	10,671	-5	0.0%	10,671	10,651	-20	-0.2%
Guardianship Assistance	1,918	1,945	27	1.4%	1,945	2,201	256	13.2%
Out of Home Care ¹	7,717	7,697	-20	-0.3%	7,697	7,730	33	0.4%
Child In-Home	1,640	1,658	18	1.1%	1,658	1,647	-11	-0.7%
Intellectual and Developmental Disabilities								
Total Case Management Enrollment ²	27,946	27,780	-166	-0.6%	27,780	30,429	2,649	9.5%
Total I/DD Services ³	18,830	18,919	89	0.5%	18,919	19,519	600	3.2%
Self Sufficiency								
Supplemental Nutrition Assistance Program (Households)	364,346	365,997	1,651	0.5%	365,997	332,351	-33,646	-9.2%
Temporary Assistance for Needy Families (Families: Cash/Grants)	18,520	18,840	320	1.7%	18,840	17,538	-1,302	-6.9%
Vocational Rehabilitation	10,357	10,536	179	1.7%	10,536	11,197	661	6.3%

1. Includes residential and foster care.

2. Some clients enrolled in Case Management do not receive any additional I/DD services.

3. Total I/DD services will not include Brokerage Enrollment. Brokerage Enrollment caseload forecast was discontinued beginning Fall 2017.

Oregon Health Authority

Total Biennial Average Forecast Comparison

	2017-19 Biennium			% Change Between Forecasts	Fall 2018 Forecast			% Change Between Biennia
	Spring 18 Forecast	Fall 18 Forecast	Change		2017-19	2019-21	Change	
Health Systems - Medicaid								
OHP								
Children's Medicaid	306,433	306,435	2	0.0%	306,435	297,767	-8,668	-2.8%
Children's Health Insurance Program	84,391	84,163	-228	-0.3%	84,163	90,039	5,876	7.0%
Foster, Substitute and Adoption Care	20,849	20,508	-341	-1.6%	20,508	20,523	15	0.1%
Aid to the Blind and Disabled	84,998	84,321	-677	-0.8%	84,321	84,205	-117	-0.1%
Old Age Assistance	45,104	45,499	395	0.9%	45,499	49,022	3,522	7.7%
Pregnant Women	10,357	10,428	71	0.7%	10,428	9,661	-767	-7.4%
Parent, Caretaker Relative	69,726	73,906	4,180	6.0%	73,906	77,299	3,393	4.6%
ACA Adults	353,497	356,589	3,092	0.9%	356,589	352,047	-4,542	-1.3%
Total OHP	975,355	981,849	6,494	0.7%	981,849	980,562	-1,287	-0.1%
Other Medical Assistance Total	67,237	66,533	-704	-1.0%	66,533	65,297	-1,236	-1.9%
Cover All Kids ¹	3,930	3,817	-113	-2.9%	3,817	6,162	2,345	61.4%
Total Medical Assistance	1,046,522	1,052,199	5,677	0.5%	1,052,199	1,052,020	-179	0.0%
Mental Health ²								
Under Commitment								
Total Forensic Care	830	850	20	2.4%	850	858	8	0.9%
Civilly Committed	998	1,056	58	5.8%	1,056	1,055	-1	-0.1%
Previously Committed	2,788	2,997	209	7.5%	2,997	3,130	133	4.4%
Never Committed	43,411	46,262	2,851	6.6%	46,262	48,041	1,779	3.8%
Total Served	48,027	51,165	3,138	6.5%	51,165	53,084	1,919	3.8%

1. Cover All Kids is a new non Medicaid caseload that started Jan 2018. It includes clients under age 19 who were previously in CAWEM as well as new entries entering the program directly. The 2017-2019 Biennium is the monthly average over 24 months, but the caseload was zero for the first 6 months of the biennium, from July to December 2017. Over the last 18 months of the 2017-19 Biennium, when the program is operational, the forecasted average monthly caseload will be 5,089.

2. Numbers reported represent adults only.

FALL 2018 DHS-OHA CASELOAD FORECAST

Budget Planning and Analysis
Office of Forecasting, Research and Analysis

OCTOBER 2018



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Executive Summary

The 2017-19 **Aging and People with Disabilities Long-Term Care (LTC)** biennial average forecast is 34,904 clients, which is 3.3 percent lower than the Spring 2018 forecast. The 2019-21 biennial average forecast is 35,932 clients, which is 2.9 percent higher than the 2017-19 forecast average.

The 2017-19 **Child Welfare (CW)** biennial average forecast is 21,971 children, which is 0.1 percent higher than the Spring 2018 forecast. The 2019-21 biennial average forecast is 22,229 children, which is 1.2 percent higher than the 2017-19 forecast average.

The 2017-19 **Health Systems Medicaid (HSM)** biennial average forecast for Total Medicaid (which does not include the non-Medicaid Cover All Kids group) is 1,048,392 clients, which is 0.6 percent higher than the Spring 2018 Forecast. The 2019-21 biennial average forecast is 1,045,859 clients, which is 0.2 percent lower than the 2017-19 forecast average.

The 2017-19 **Intellectual and Developmental Disabilities Case Management (I/DD)** biennial average forecast is 27,780 clients, which is 0.6 percent lower than the Spring 2018 forecast. The 2019-21 biennial average forecast is 30,429 clients, which is 9.5 percent higher than the 2017-19 forecast average.

The 2017-19 **Mental Health (MH)** biennial average forecast is 51,165 adults. This includes 46,262 Never Committed clients, 2,997 Previously Committed clients, 1,056 Civilly Committed clients, and 850 Forensic clients. The forensic count includes 592 clients who are Guilty Except for Insanity and 258 Aid and Assist clients. The 2019-21 biennial forecast average is 53,084 adults, which is 3.7 percent higher than the 2017-19 forecast average.

The 2017-19 **Supplemental Nutrition Assistance Program (SNAP)** biennial average forecast is 365,997 households, which is 0.5 percent higher than the Spring 2018 forecast. The 2019-21 biennial average forecast is 332,351 households, which is 9.2 percent lower than the 2017-19 forecast average.

The 2017-19 **Temporary Assistance to Needy Families (TANF)** biennial average forecast is 18,840 families, which is 1.7 percent higher than the Spring 2018 forecast. The 2019-21 biennial average forecast is 17,538 families, which is 6.9 percent lower than the 2017-19 forecast average.

The 2017-19 **Vocational Rehabilitation (VR)** biennial average forecast is 10,536 clients, which is 1.7 percent higher than the Spring 2018 forecast. The 2019-21 biennial average forecast is 11,197 clients, which is 6.3 percent higher than the 2017-19 forecast average.

Introduction

This document summarizes the Fall 2018 forecasts of client caseloads for the Oregon Department of Human Services (DHS) and Oregon Health Authority (OHA). The Office of Forecasting, Research and Analysis (OFRA) issues these forecasts in the spring and fall each year. DHS caseload forecasts cover the major program areas administered by the department: Self Sufficiency Programs, Child Welfare, Vocational Rehabilitation, Aging and People with Disabilities, and Intellectual and Developmental Disabilities. OHA caseload forecasts cover the major program areas of Health Systems: Medicaid and Mental Health. Forecasts are used for budgeting and planning and usually extend through the end of the next biennium. Forecasts are developed using a combination of time-series techniques, input-output deterministic models, and expert consensus. Forecast accuracy is tracked via monthly reports that compare actual caseload counts to the forecasted caseload, and through the annual forecast quality report which compares forecast accuracy across programs and over time.¹

Forecast Environment and Risks

Oregon's economy continues to expand, and although job growth is slower than the rates of 2014 and 2015, there is still enough growth in the economy to accommodate the number of people looking for work. This is a transition from a "recovery pattern" to a sustainable rate of growth. In the short-term, this means a continuation of general economic expansion, including increased wages. However, the expectation of headwinds arriving in 2020 is now higher than it has previously been. Drags on economic growth may occur at the intersection of tightening federal monetary policy and the rise of baby-boomer retirements.

The percentage of adults in the labor force in Oregon has returned to levels last seen before the Great Recession, meaning that there is no longer a reserve of potential workers looking for jobs. A tight labor market is now leading employers to look at those potential workers they might have skipped over in the past. The result of this good economic news is reductions in means-tested programs like SNAP and TANF, as well as movement of Oregon Health Plan clients from low-income rate groups to higher-income rate groups. Essentially, a reversal of the pattern seen during the Great Recession.

Oregon Minimum Wage

The Oregon legislature established a series of increases to the Oregon minimum wage, timed to the beginning of each state fiscal year. These increases began in July 2016 and will continue through July 2022 (more on the rates can be found at the Oregon Bureau of Labor and Industries website: <http://www.oregon.gov/boli/Pages/index.aspx>).

There have now been three rounds of rate hikes, however, the Office of Forecasting Research and Analysis has found no demonstrable effects of raising the minimum wage on our means-tested caseloads. Given that the majority of recipients of means-tested programs have no income, and large numbers of those who do have income work part-time or part-year, this was expected (for a more comprehensive review of OFRA's findings on minimum wage, see the Fall 2017 DHS-OHA Caseload Forecast).

The Office of Forecasting Research and Analysis will monitor caseloads and wages paid to those on our caseloads for evidence of a "minimum wage effect." At this point, however, making specific, numerical changes to the way this office forecasts means-tested programs does not appear necessary or appropriate.

Policy Changes

Forecasts are based on current practices and policies. Potential changes to policy are always a risk to forecast accuracy but cannot be accurately anticipated. This especially applies to policies in the discussion phase. More federal policy changes are being discussed than usual, but few are fully developed. Some reforms – such as tax cuts, deregulation, and infrastructure spending – do not directly impact DHS and OHA caseloads but could have an indirect effect by stimulating the state's economy while other changes, most especially to the Affordable Care Act and the funding mechanisms for TANF or SNAP, would. The single largest impact would likely be the roll back of Medicaid

1. More information about the forecasting process and current monthly variance reports can be found on the OFRA web page: <http://www.oregon.gov/DHS/BUSINESS-SERVICES/OFRA/Pages/index.aspx>

expansion. Reductions or rollbacks would directly impact the Health Systems forecast by changing the current formulation of eligibility groups. Indirectly, a reduction in Medicaid spending would have a negative impact on the state's economy, as revenue to Oregon's local health care system is reduced.

The potential number of federal policy changes represents a higher degree of uncertainty and risk to the forecasts than usual. However, we cannot anticipate future policy changes, and must only forecast with the current policy environment in mind.

General Assumptions

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

The Office of Economic Analysis (OEA) identifies major risks to Oregon's economy in its quarterly forecasts. Some of the major risks listed in the third quarter 2018 edition include volatility of the U.S. economy in general, the affordability (or more precisely, the unaffordability) of housing, federal fiscal policy, climate change, and restructuring of federal timber payments (the full OEA economic forecast can be found at <http://www.oregon.gov/DAS/OEA/Pages/index.aspx>).

Department of Human Services

Total Department of Human Services Biennial Average Forecast Comparison

	2017-19 Biennium			% Change Between Forecasts	Fall 2018 Forecast			% Change Between Biennia
	Spring 18 Forecast	Fall 18 Forecast	Change		2017-19	2019-21	Change	
Aging & People with Disabilities								
Long-Term Care: In Home	19,172	18,754	-418	-2.2%	18,754	19,561	807	4.3%
Long-Term Care: Community Based	11,887	11,803	-84	-0.7%	11,803	12,040	237	2.0%
Long-Term Care: Nursing Facilities	4,348	4,347	-1	0.0%	4,347	4,331	-16	-0.4%
Child Welfare (children served)								
Adoption Assistance	10,676	10,671	-5	0.0%	10,671	10,651	-20	-0.2%
Guardianship Assistance	1,918	1,945	27	1.4%	1,945	2,201	256	13.2%
Out of Home Care ¹	7,717	7,697	-20	-0.3%	7,697	7,730	33	0.4%
Child In-Home	1,640	1,658	18	1.1%	1,658	1,647	-11	-0.7%
Intellectual and Developmental Disabilities								
Total Case Management Enrollment ²	27,946	27,780	-166	-0.6%	27,780	30,429	2,649	9.5%
Total I/DD Services ³	18,830	18,919	89	0.5%	18,919	19,519	600	3.2%
Self Sufficiency								
Supplemental Nutrition Assistance Program (Households)	364,346	365,997	1,651	0.5%	365,997	332,351	-33,646	-9.2%
Temporary Assistance for Needy Families (Families: Cash/Grants)	18,520	18,840	320	1.7%	18,840	17,538	-1,302	-6.9%
Vocational Rehabilitation	10,357	10,536	179	1.7%	10,536	11,197	661	6.3%

1. Includes residential and foster care.

2. Some clients enrolled in Case Management do not receive any additional I/DD services.

3. Total I/DD services will not include Brokerage Enrollment. Brokerage Enrollment caseload forecast was discontinued beginning Fall 2017.

Aging and People with Disabilities (APD)

Historically, Oregon’s Long-Term Care (LTC) services were provided under the authority of a Medicaid 1915 (c) Home and Community-Based Services (HCBS) Waiver. Starting in July 2013, Oregon began offering services through the Community First Choice Option under 1915 (k) of the Social Security Act (referred to as “K Plan”); and now most services are provided through the K Plan rather than the HCBS Waiver.

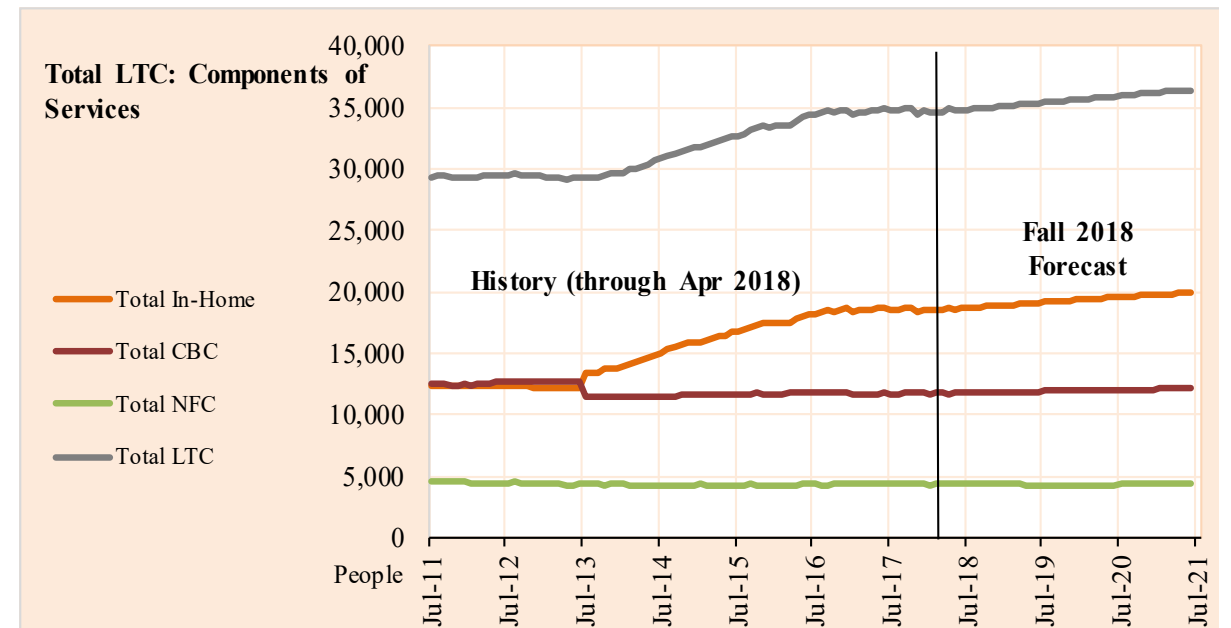
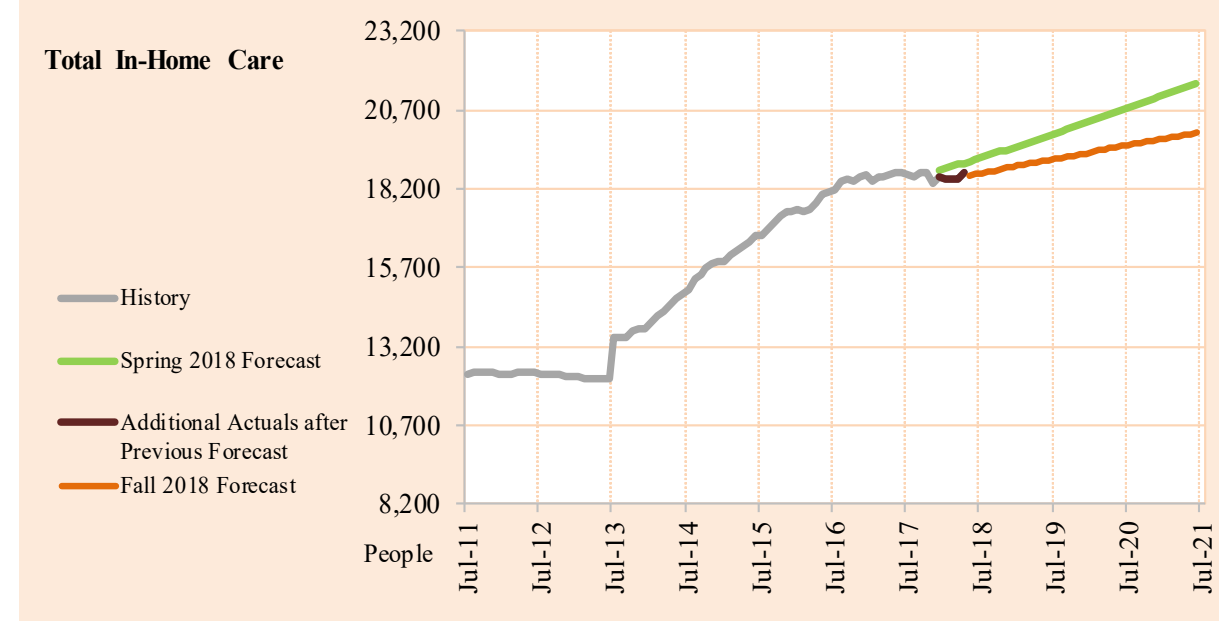
Prior to 2008, there was a large decline occurring between November 2002 and June 2003 when the LTC eligibility rules were modified to cover only clients in Service Priority Levels 1 to 13. During the last 10 years, the total Long-Term Care (LTC) caseload has varied from a low of 25,900 clients in May 2008 to a high of 34,900 clients in June 2017. From 2008 to 2013 the caseload grew by an average of 2.5 percent a year, despite a serious recession, driven in part by a significant growth in the number of Oregon seniors. Between 2013 and 2016, the average annual caseload grew by 5.3 percent due to factors such as implementation of the K Plan, expansion of Medicaid, policy changes to make in-home care more attractive, and continued growth in the number of Oregon seniors.

The LTC forecast is divided into three major categories: In-Home, Community-Based Care (CBC), and Nursing Facilities. Most of the projected increase from 2015-17 to 2017-19 and 2019-21 is in In-Home Care. In-Home Care continues to be a popular placement choice, particularly since 2013 when APD implemented several changes designed to make In-Home services comparatively more attractive to clients. However, starting in October 2017, APD implemented new guidelines for Client Assessment and Planning System (CAPS) Assessment. As a result of these changes, many clients will have their In-home service hours reduced or will become ineligible for In-home services.

CBC is still forecasted to grow, although at a reduced rate to reflect the anticipated shift toward In-Home Care. Community-Based Care will continue to be a stable placement choice for many LTC clients because this type of care is easier to set up and coordinate than In-Home Care, and because hospitals prefer discharging patients to higher service settings to reduce the risk of repeat emergency visits or readmission. On the other hand, Medicaid reimbursement rates continue to lag private market rates, thus making Medicaid clients relatively less attractive to CBC providers.

Total Long-Term Care (LTC) – A total of 34,873 clients received long-term care services in April 2018. The 2015-17 biennial average is at 34,086 clients. The 2017-19 forecast average of 34,904 is 2.4 percent higher than the forecast for 2015-17.

The caseload is expected to average 35,932 over 2019-21, which is 2.9 percent higher than the 2017-19 biennial average forecast.



In-Home Care – In November 2017, 18,742 clients received In-Home Care, which accounted for 53.7 percent of total LTC services. The caseload is expected to average 18,754 for the 2017-19 biennium, which is 2.2 percent lower than the Spring 2018 forecast. The caseload is expected to average 19,561 over the 2019-21 biennium, which is 4.3 percent higher than the 2017-19 biennial average forecast, and by June 2021 In-Home Care is projected to be 54.4 percent of total LTC services.

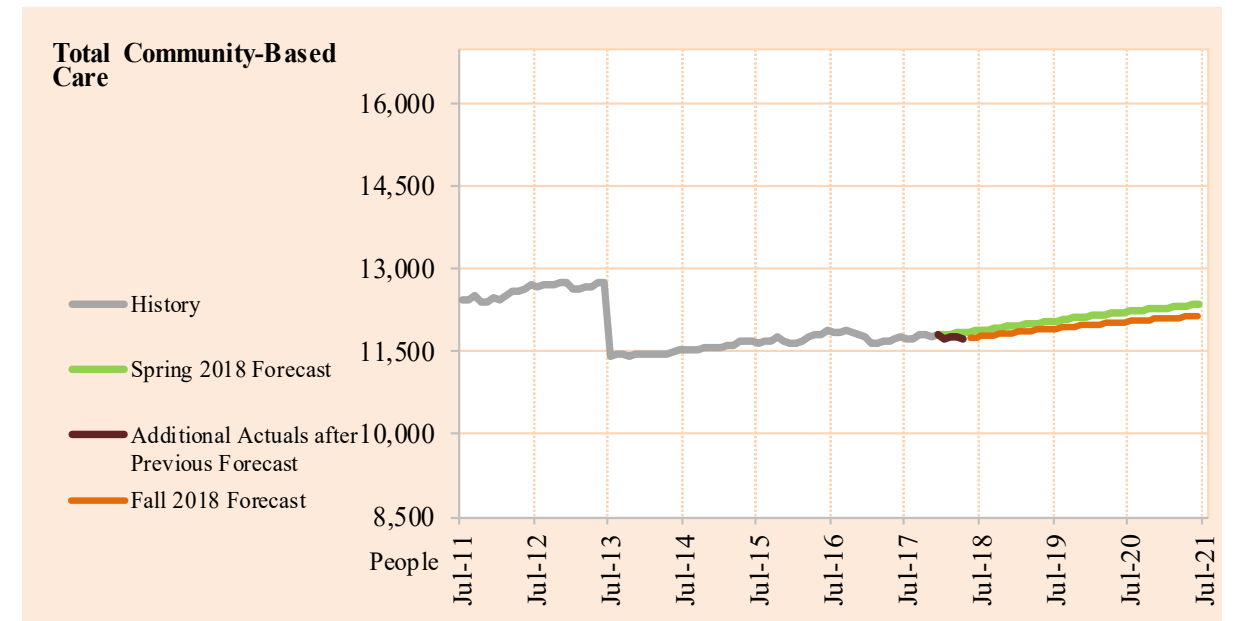
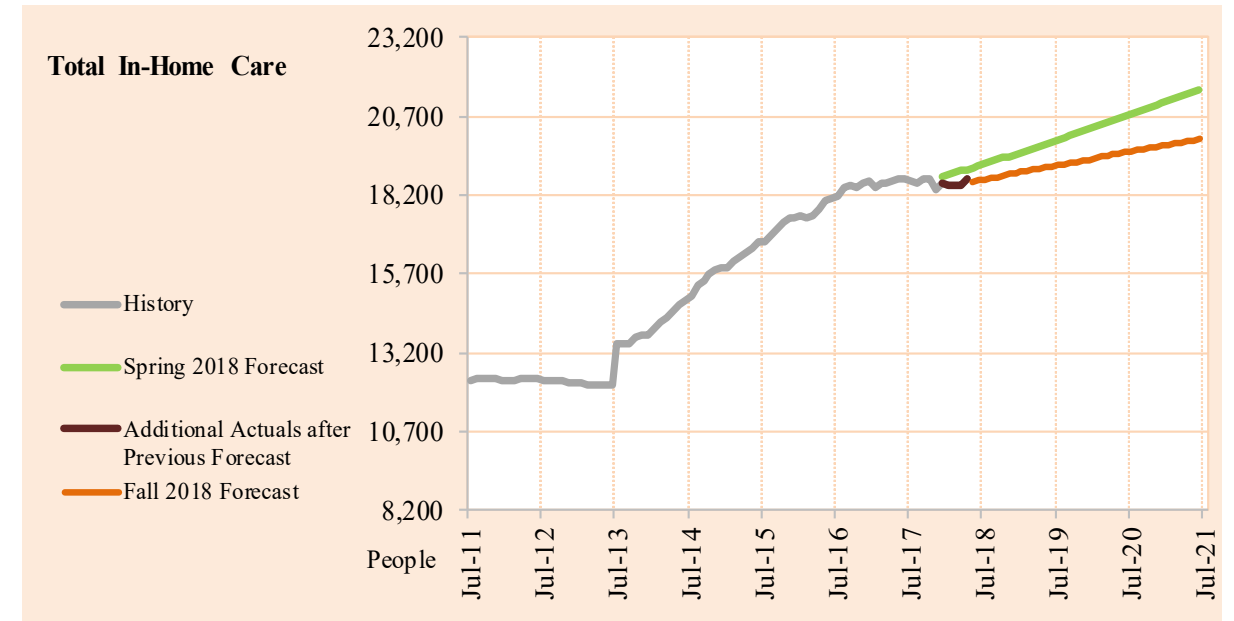
From July 2013 to December 2015, In-Home Care caseload grew by 29 percent. The In-Home Care caseload growth is attributed to several factors including implementation of the K Plan, expansion of Medicaid, and implementation of policy and program changes intended to promote the use of In-Home Care rather than more expensive forms of service. For example, under the new rules, clients who want long-term care services are required to contribute to their own support by relinquishing to the State all income over \$1,210 per month. Previously, the limit for how much a client could keep was \$710 per month – an amount that was difficult to live on. Clients who may have been reluctant to relinquish some of their limited income, even in exchange for needed supports, might now find the program more attractive. In addition, the fact that options exist which allow family members, friends, or neighbors (natural supports) to be paid (under certain circumstances) for providing services may lead more individuals to request In-Home Care.

However, in recent years this caseload growth has slowed down considerably and grew by 7 percent between January 2016 and September 2017. Between October and November 2017, the In-home care caseload declined by 2.1 percent because of implementation of new guidelines regarding CAPS assessment criteria. For additional information, see the Forecast Environment and Risks” section below.

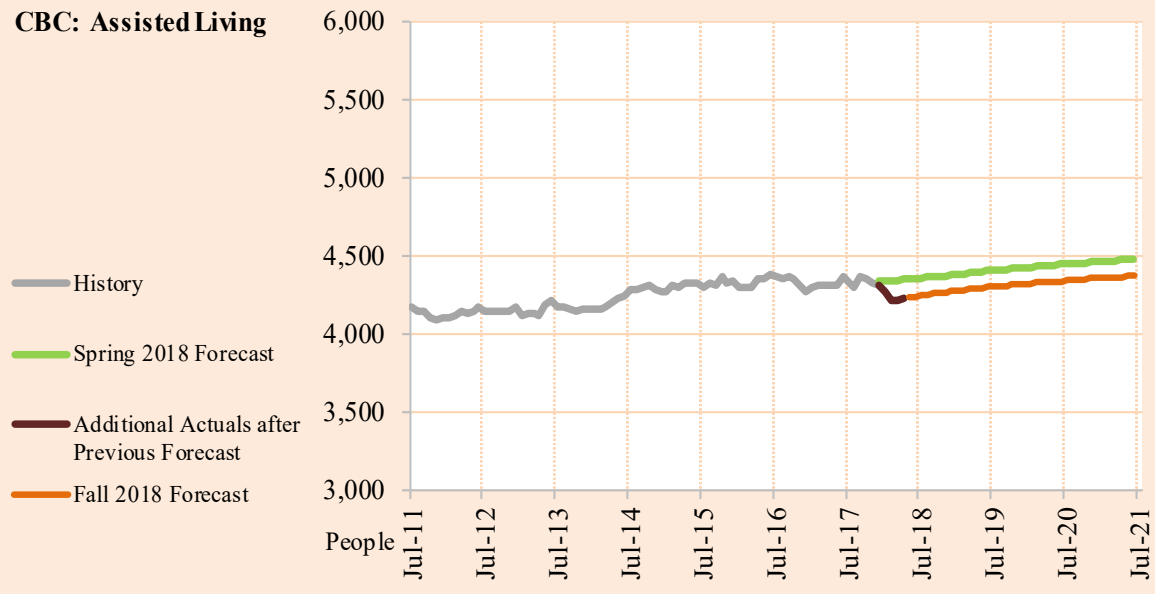
Community-Based Care (CBC) – In April 2018, 11,733 clients received Community-Based Care, which accounted for 33.6 percent of total LTC. The CBC caseload growth has slowed in recent months since the Spring 2018 forecast. The caseload is expected to average 11,803 which is 0.7 percent lower than the Spring 2018 forecast. The caseload is expected to average 12,040 over the 2019-21 biennium, which is 2.0 percent higher than the 2017-19 biennial average forecast, and by June 2021 Community-Based Care is forecasted to be 33.5 percent of total LTC.

Community-Based Care includes several different types of services. Each caseload type is revised to more accurately reflect clients' recent, actual utilization of services. Consequently, Assisted Living and Residential Care have become a larger portion of the forecast, while Adult Foster Care (AFC) became smaller.

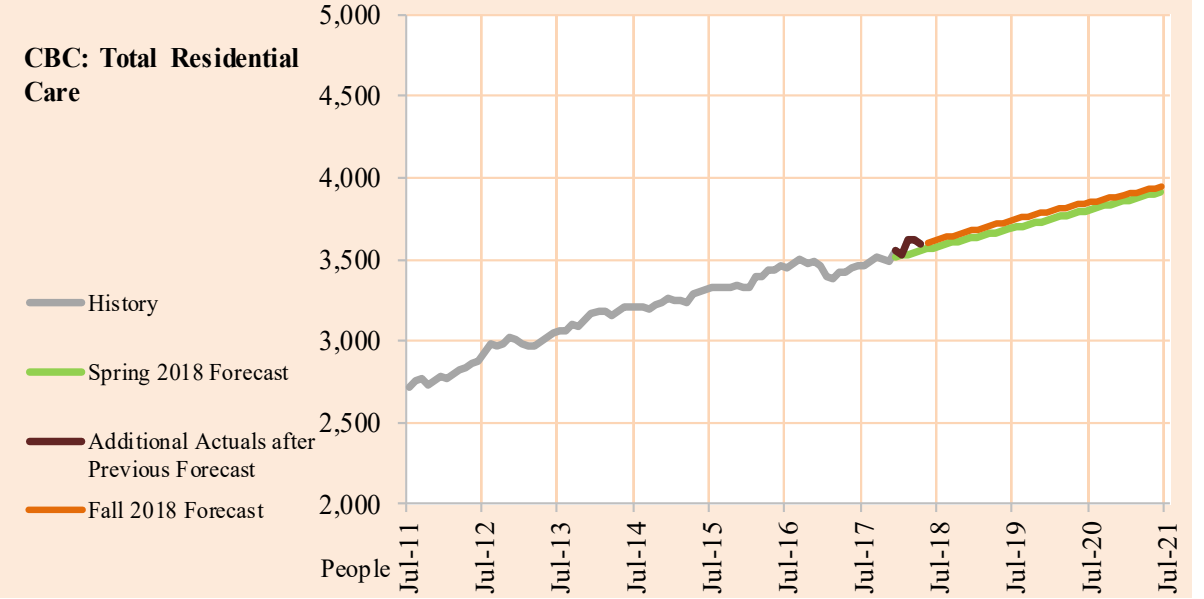
Several factors are contributing to the recent decline in AFC caseload: policy changes that make In-Home Care more attractive; providers' perception of inadequate reimbursement rates; increasing adversarial relationship between workers and providers; and declining capacity as individual providers retire.



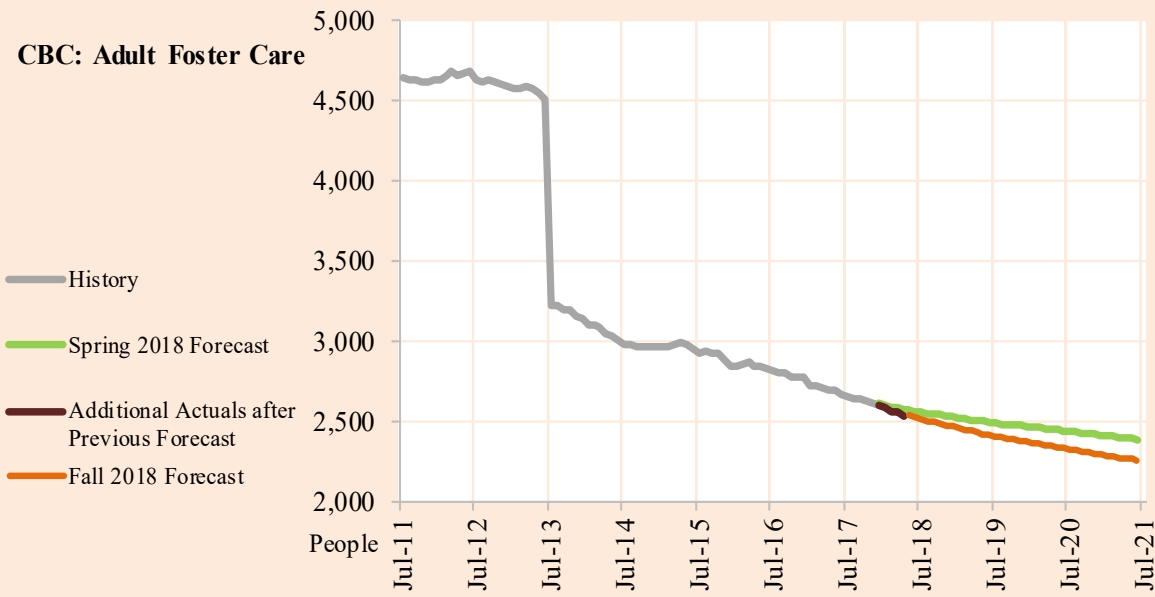
CBC: Assisted Living



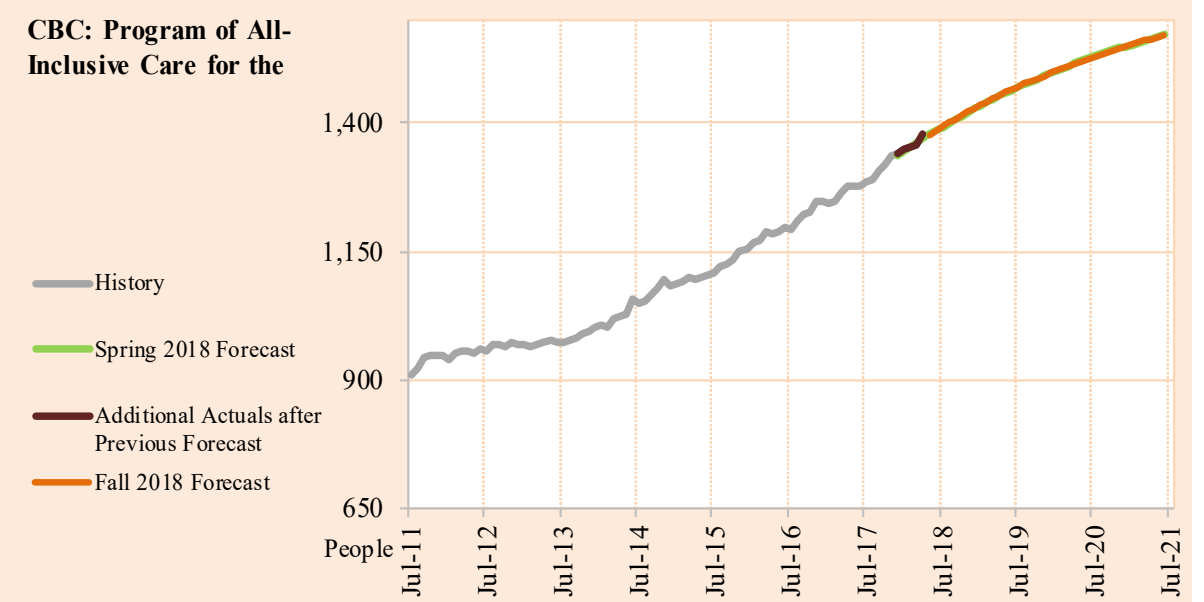
CBC: Total Residential Care



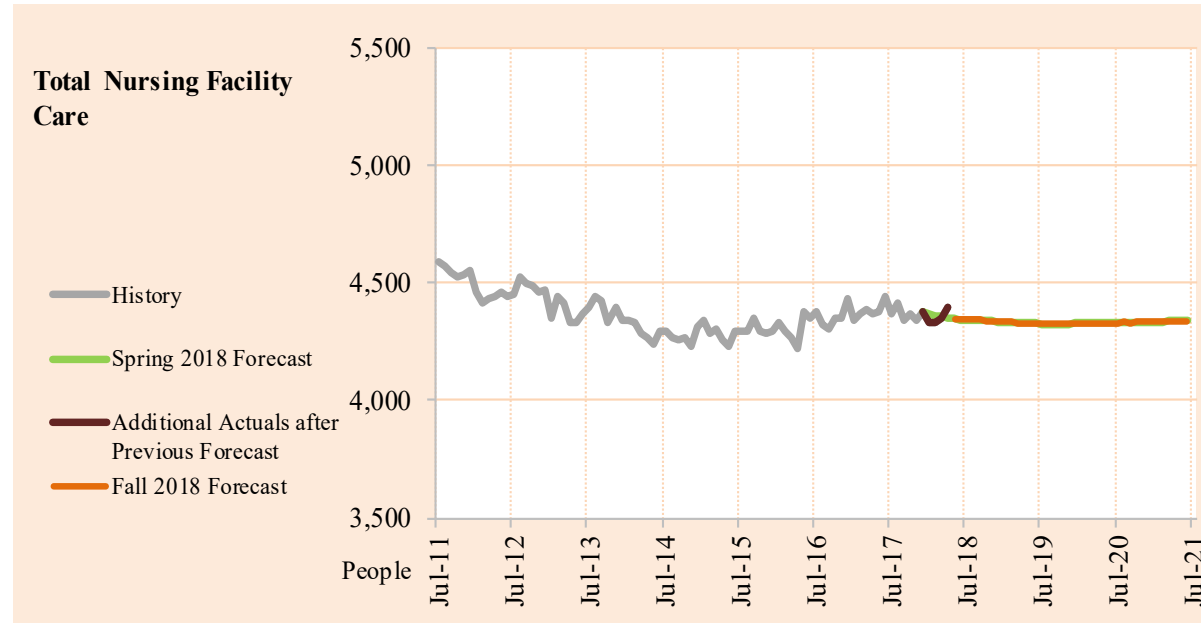
CBC: Adult Foster Care



CBC: Program of All-Inclusive Care for the



Nursing Facility Care – In April 2018, 4,398 clients received Nursing Facility Care, which accounted for 12.6 percent of total LTC. The caseload is expected to average 4,347 at the Spring 2018 forecast level. The caseload is expected to average 4,331 over the 2019-21 biennium and continue to remain stable throughout the biennium. Nursing Facility Care is forecasted to be 12.1 percent of Total LTC.



Affordable Care Act (ACA) Long-Term Care

Starting in January 2014, a new population of individuals became eligible for medical and long-term care services under the Affordable Care Act of 2010 (ACA). When discussed in the forecast, these clients will be referred to as “ACA LTC” clients. ACA LTC clients are, by definition, citizens aged 18-64 with income under 138 percent of FPL and who require the institutional Level of Care (LOC) of a hospital or skilled nursing facility. Under Oregon’s CMS waiver, these clients may be served through any of the approved long-term care channels – nursing facilities, community-based care, or in-home.

These clients constitute a small sub set of the total LTC population, but their funding sources are significantly different. Consequently, OFRA is tracking these clients separately within the LTC population. The ACA LTC data accounts for about 2 percent of the total LTC caseload.

Forecast Environment and Risks

Patient Protection and Affordable Care Act of 2010 – Implementation of ACA changed the playing field for long-term care in Oregon and introduced significant new risks to the forecast. By shifting from operating under the HCBS Waiver to the K Plan in late 2013, the eligibility rules for long-term care were changed.

At roughly the same time, Oregon chose to extend Medicaid coverage (including long-term care) to a significantly larger pool of low income adults. To qualify for LTC under the prior HCBS Waiver, clients had to meet four separate criteria: 1) be assessed as needing the requisite Level of Care; 2) be over 65 years old or have an official determination of disability; 3) have income below 300 percent of SSI (roughly 225 percent of FPL); and 4) have very limited assets. However, under the ACA’s K Plan option, clients only need to meet two criteria: 1) be assessed as needing requisite Level of Care; and 2) have income below 138 percent of FPL. Note that the HCBS Waiver allows clients with higher incomes than the K Plan; but the K Plan has no asset limits and no requirement that clients be over 65 or officially determined disabled. Recent changes in the pattern of new clients entering long-term care indicates that the ACA (the combined effects of the K Plan and Medicaid expansion) is contributing to long-term care caseload growth.

In-Home Care Policy and Program Changes – Another significant risk was created by policy and program changes regarding In-Home Care services. Four key changes were made: 1) Changes to existing rules regarding ADL assessment; 2) Adjustments to In-home hours; 3) Transition from Live-in to Hourly services; and 4) In-Home Care workers’ two-week service authorization. Because of the changes to ADL rules, some clients may no longer meet the new assessment criteria. This may also reduce hours for other In-Home clients, and many of the clients that do not meet the new assessment criteria may receive new transition services. At the time of this reporting, these changes are still being implemented and its impact remains to be measured. APD, in response to the complaints by initial groups of clients who lost service eligibility, is in the process of reviewing assessments of those clients considered ineligible. As a result, services and hours of many of these ineligible clients are likely to be restored by June 2018. New clients and those who are due for annual reassessment, however, will be assessed using the new criteria. Therefore, In-Home care caseload is adjusted downward by lowering the new client intake by 4 percent. The timeline and volume of service restoration will be difficult to estimate.

This process has continued, and will continue, to have a dampening effect on the In-Home Care caseload and be a large risk to the in-home caseload forecast.

Oregon Demographic Shift – In addition to internal policy and program related changes, external changes such as demographic shifts in Oregon’s population also pose a risk to the forecast’s accuracy over the longer term (for example, more seniors living longer, or the financial or physical health of those seniors). Oregon’s population is aging, and elderly Oregonians are among the fastest growing segments of the state population. Oregonians with multiple chronic conditions in the 85 and older age group also risk depleting their resources, which will increase the likelihood they will become eligible for Long-Term Care programs.

Aging and People with Disabilities Biennial Average Forecast Comparison

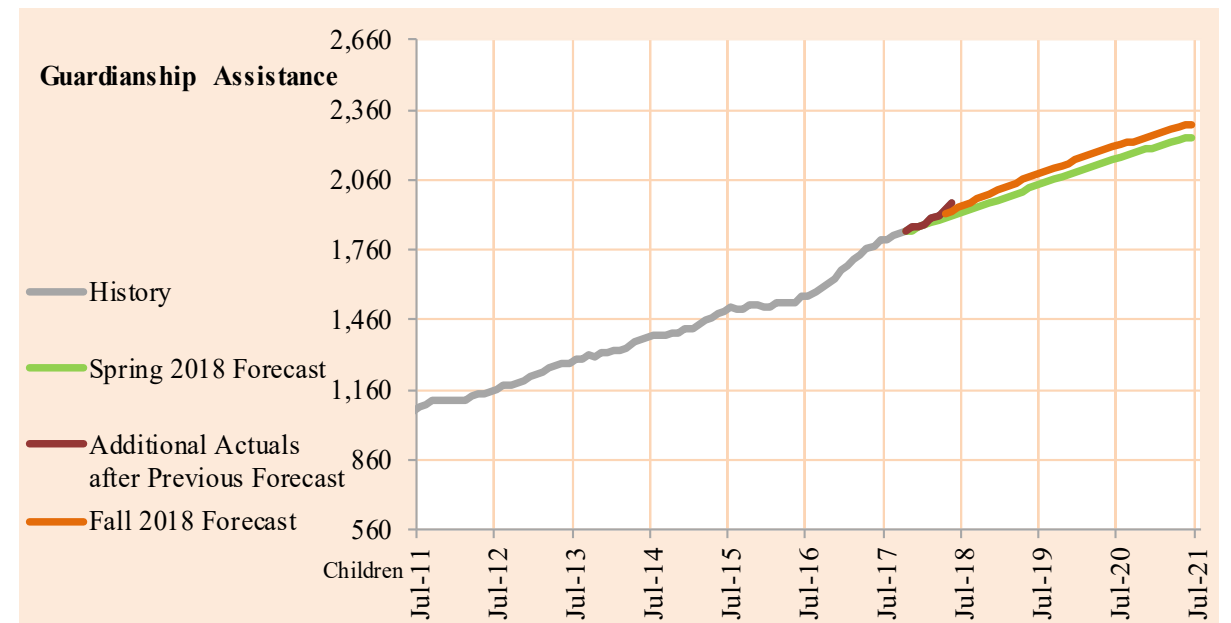
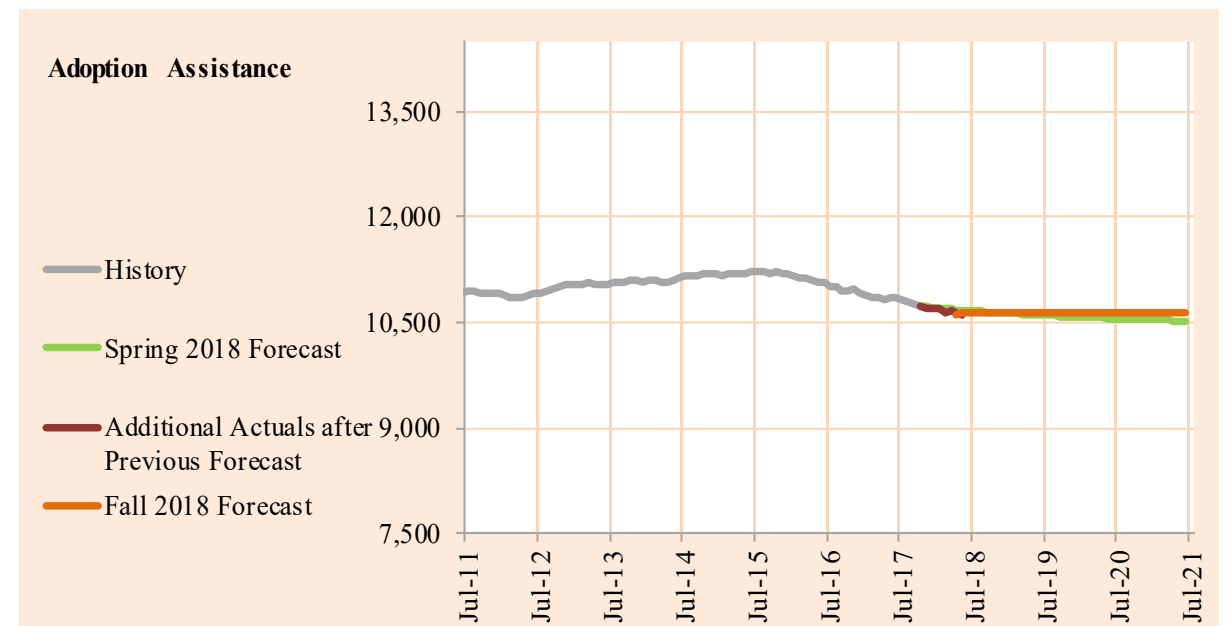
	2017-19 Biennium			% Change Between Forecasts	Fall 2018 Forecast			% Change Between Biennia
	Spring 18 Forecast	Fall 18 Forecast	Change		2017-19	2019-21	Change	
AGING AND PEOPLE WITH DISABILITIES								
In-Home Hourly without SPPC	14,341	13,951	-390	-2.7%	13,951	14,485	534	3.8%
In-Home Agency without SPPC	2,047	2,066	19	0.9%	2,066	2,158	92	4.5%
In-Home Live-In	25	25	0	0.0%	25	0	-25	-100.0%
In-Home Spousal Pay	41	37	-4	-9.8%	37	38	1	2.7%
Independent Choices	533	534	1	0.2%	534	630	96	18.0%
Specialized Living	244	244	0	0.0%	244	281	37	15.2%
In-Home K Plan Subtotal	17,231	16,857	-374	-2.2%	16,857	17,592	735	4.4%
In-Home Hourly with State Plan Personal Care	1,512	1,487	-25	-1.7%	1,487	1,546	59	4.0%
In-Home Agency with State Plan Personal Care	429	410	-19	-4.4%	410	423	13	3.2%
In-Home non-K Plan Subtotal	1,941	1,897	-44	-2.3%	1,897	1,969	72	3.8%
Total In-Home	19,172	18,754	-418	-2.2%	18,754	19,561	807	4.3%
Adult Foster Care	2,566	2,527	-39	-1.5%	2,527	2,330	-197	-7.8%
Assisted Living	4,359	4,277	-82	-1.9%	4,277	4,339	62	1.4%
Contract Residential and Memory Care	2,670	2,743	73	2.7%	2,743	3,003	260	9.5%
Regular Residential Care	907	871	-36	-4.0%	871	843	-28	-3.2%
Program of All-Inclusive Care for the Elderly	1,385	1,385	0	0.0%	1,385	1,525	140	10.1%
Community-Based Care Subtotal	11,887	11,803	-84	-0.7%	11,803	12,040	237	2.0%
Basic Nursing Facility Care	3,646	3,678	32	0.9%	3,678	3,671	-7	-0.2%
Complex Medical Add-On	628	596	-32	-5.1%	596	584	-12	-2.0%
Enhanced Care	46	45	0	0.0%	45	48	3	6.7%
Pediatric Care	28	28	0	0.0%	28	28	0	0.0%
Nursing Facilities Subtotal	4,348	4,347	-1	0.0%	4,347	4,331	-16	-0.4%
Total Long-Term Care	35,407	34,904	-503	-1.4%	34,904	35,932	1,028	2.9%

Child Welfare (CW)

Four main groups are forecast for Child Welfare: Adoption Assistance, Guardianship Assistance, Out of Home Care, and Child In-Home. Children may move between these groups and typically first enter the Child Welfare system via an Assessment. In mid-2016 a clean-up process to close over-due assessments took place, and the numbers of children on open assessments decreased from 33,112 to 24,124, a 27 percent decrease. In the months following this clean-up, the number of children on open assessments almost doubled, and as of March 2018 was 46,200. There is an executive directive for branches to complete assessments in less than sixty days. However, unless there is an explicit focus on this work, the caseload will continue to grow.

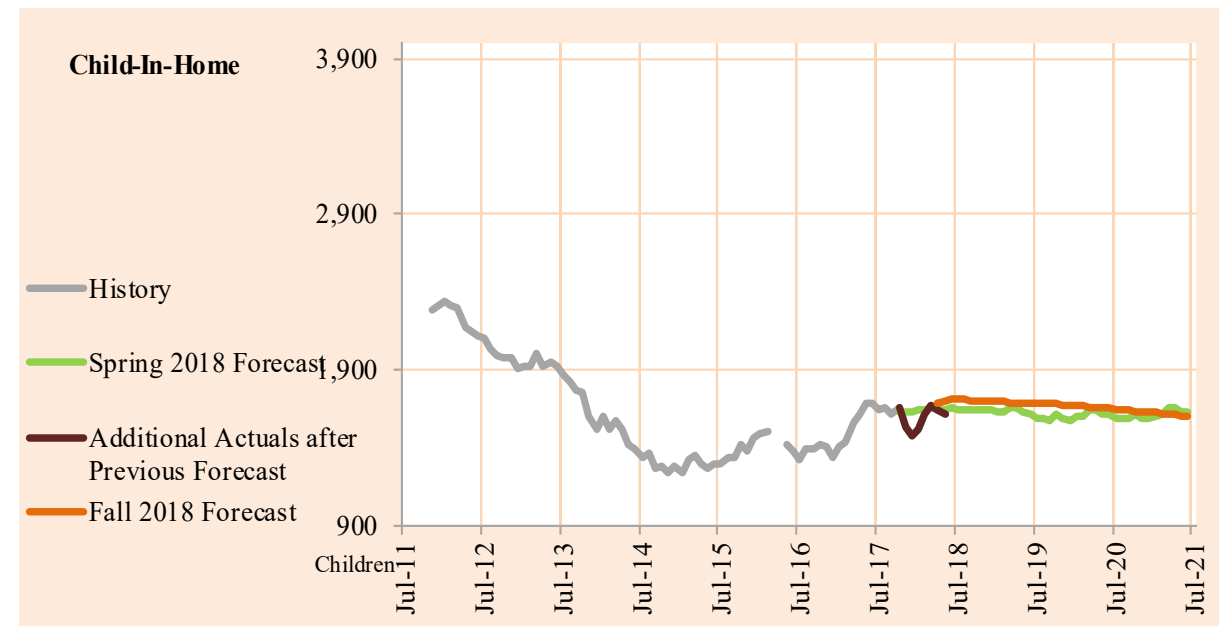
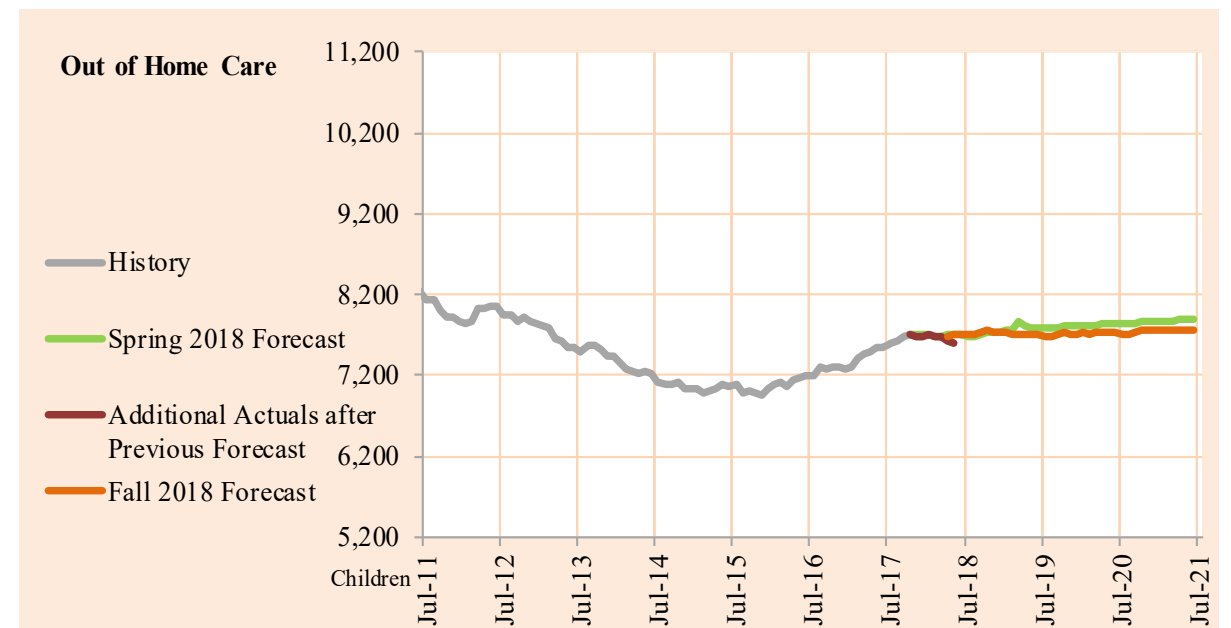
Adoption Assistance – This caseload has been relatively flat since 2011. The caseload climbed modestly between 2012 and 2015, from 10,843 in March 2012 to 11,223 in July 2015, a 4 percent increase. Since then the caseload has decreased 5 percent, with 10,659 children on the caseload as of March 2018. Almost all new clients are from paid foster care, so changes to the foster care caseload can directly increase or decrease the adoption assistance caseload. The caseload is expected to average 10,671 for the 2017-19 biennium, which is 0.1 percent lower than the Spring 2018 forecast. Over the 2019-21 biennium the caseload is expected to average 10,651, which is 0.2 percent lower than the 2017-19 biennial average forecast.

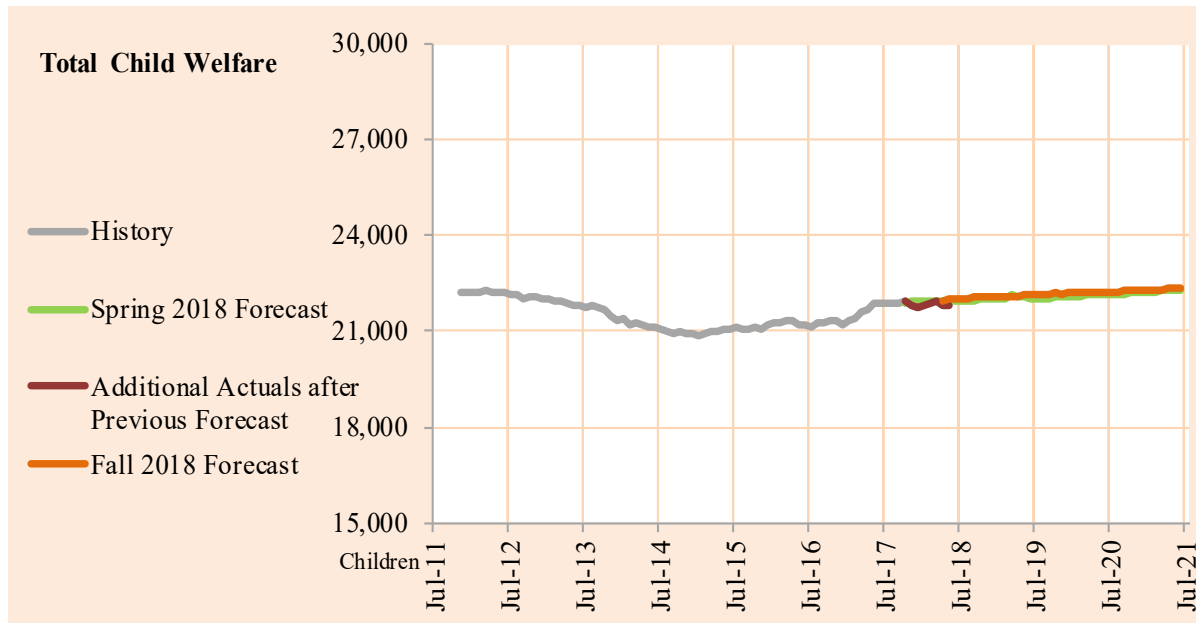
Guardianship Assistance – This caseload has exhibited steady growth for its entire history. Policies are in place to shorten the length of time to permanent placement, so this caseload will continue to increase as children move out of foster care. Workers have re-prioritized work around safety issues, and this can affect caseload numbers. Actuals following the Spring 2018 forecast have been slightly higher than the forecast line. The new forecast for this caseload is expected to average 1,945 for the 2017-19 biennium, which is 1.4 percent higher than the Spring 2018 forecast. Over the 2019-21 biennium, the caseload is expected to average 2,201, which is 13.2 percent higher than the 2017-19 biennial average forecast.



Out of Home Care – This caseload is comprised of paid foster care, non-paid foster care (including trial home visits), and residential care. Paid foster care is the largest portion of the group. The total foster care caseload experienced a 16.5 percent drop between 2010 and 2015, declining from 8,408 children in December 2010 to 7,024 children in December 2015. During this period, the number of children supervised in-home also declined overall, as well as the percentage of in-home children who transferred into foster care. During that time period, initiatives were put into place designed to decrease the foster care caseload. From December 2015 until the end of 2017, the caseload grew. In November 2017 the caseload began leveling off. The caseload is expected to average 7,697 for the 2017-19 biennium, which is 0.3 percent lower than the Spring 2018 forecast. Over the 2019-21 biennium, the caseload is expected to average 7,730, which is 0.4 percent higher than the 2017-19 biennial average forecast.

Child In-Home – Following implementation of the OR-Kids data system in 2011, this caseload exhibited an almost continuous decline until 2015. Beginning in 2015, the caseload started climbing and rose to almost 1,600 before falling in April 2016. The caseload drop between April and June 2016 was due to the focused clean-up of overdue assessments that occurred at that time. Between December 2016 and May 2017, the caseload grew 24 percent, from 1,335 children in December 2016 to 1,655 in May 2017. Between May and December 2017, the caseload decreased 12 percent, but the caseload has been climbing in 2018. The final actual for March 2018 was 1,669. One possibility for these fluctuations may be a change in reporting. Over the past two years, the Safety Program has partnered with OR-Kids trainers in getting safety plans entered OR-Kids. Work that wasn't captured in the past is now being recorded. The caseload is expected to average 1,658 for the 2017-19 biennium, which is 1.1 percent higher than the Spring 2018 forecast. Over the 2019-21 biennium, the caseload is expected to average 1,647, which is 0.7 percent lower than the 2017-19 biennial average forecast.





Another risk to the forecast of the Child In-Home caseload is the number of overdue or unclosed assessments that have not been entered into the data system. If, and when, overdue assessments are closed, the Child In-Home caseload may increase.

Forecast Environment and Risks

For the past several years, the Child Welfare Program has experienced changes in leadership and increased public scrutiny. There is a new review process for licensed residential facilities. There has also been a shift in prioritization to child protective services work, and this may affect all caseloads.

Risks to the Out of Home Care caseload mainly involve the treatment foster care program. Investments to increase capacity are underway, but providers may close suddenly or not accept referrals. They also face challenges recruiting foster parents. There may be a need for services but a lack of people to provide those services. As new programs start, it is unknown how quickly the beds will fill. In 2017, the capacity for psychiatric residential care was cut in half. However, through 2018, there is the expectation that the number of residential placements will grow due to signed legislation for increased funding. The children in need are currently being served in Behavior Rehabilitation Services, family foster care, special contracts, or out of state.

The definition of Child In-Home is now based on the safety plan rather than the case plan. There has also been a change in the way OR-Kids operates, so that a case cannot move forward until a caseworker enters an initial safety plan. This may impact the number of children counted in this caseload.

Child Welfare Biennial Average Forecast Comparison

	2017-19 Biennium			<i>% Change Between Forecasts</i>	Fall 2018 Forecast			<i>% Change Between Biennia</i>
	Spring 18 Forecast	Fall 18 Forecast	Change		2017-19	2019-21	Change	
CHILD WELFARE (Children)								
Adoption Assistance	10,676	10,671	-5	0.0%	10,671	10,651	-20	-0.2%
Guardianship Assistance	1,918	1,945	27	1.4%	1,945	2,201	256	13.2%
Out of Home Care ¹	7,717	7,697	-20	-0.3%	7,697	7,730	33	0.4%
Child In-Home	1,640	1,658	18	1.1%	1,658	1,647	-11	-0.7%
Total Child Welfare	21,951	21,971	20	0.1%	21,971	22,229	258	1.2%

1. Includes residential and foster care.

Intellectual and Developmental Disabilities (I/DD)

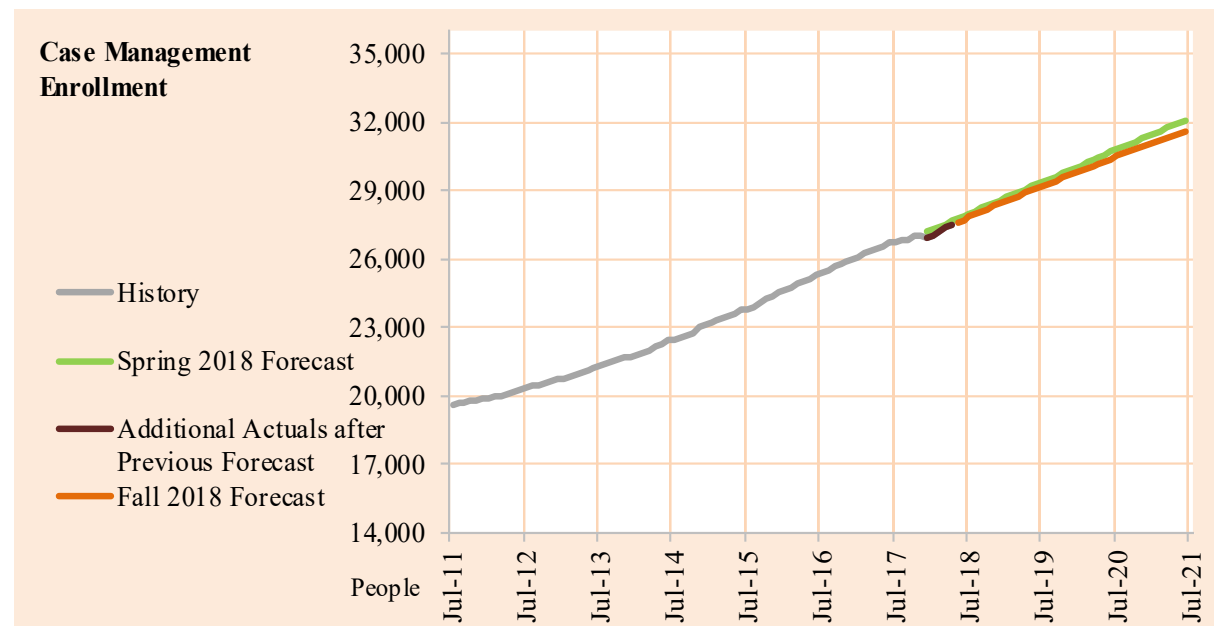
Historically, Oregon provided I/DD services under a Medicaid 1915 (c) Home and Community-Based Services (HCBS) Waiver. However, starting in July 2013 Oregon began offering services through the Community First Choice Option in 1915 (k) of the Social Security Act (referred to as the K Plan), and now most I/DD services are delivered under the K Plan. Implementation of the K Plan required adjustments to program policies related to both eligibility and program delivery. As a result, more individuals with I/DD have chosen to enroll in Case Management and to request services.

Case Management Enrollment

This is an entry-level eligibility, evaluation, and coordination service available to all individuals determined as having intellectual and developmental disabilities, regardless of income level. Starting Fall 2018, Case Management Enrollment has included State Children (SE 248) who did not have IDD Case Management enrollment. In addition, Oregon’s Office of Developmental Disabilities Services (ODDS) has initiated a review of IDD enrollees in case management without a case management contact or without other IDD services billed in a year. The review of IDD enrollees with open CPA, but without IDD services, were closed back to the date they stopped receiving IDD services. This cleanup process has lowered Case Management Enrollment caseload count slightly.

In 2015-17, Case Management Enrollment averaged 25,306 and is projected to increase to 27,780, or by 9.8 percent, in 2017-19. In 2019-21 the Case Management biennial average caseload is projected to increase to 30,429, or by 9.5 percent. Enrollment is projected to grow rapidly until most I/DD individuals have enrolled. Human Services Research Institute (HSRI), under the contract with ODDS, has tried to estimate the “natural limit,” where the caseload would plateau, using Oregon’s youth and adult populations likely to seek I/DD services through 2019 by applying national prevalence estimates to Oregon’s youth and adult populations.

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

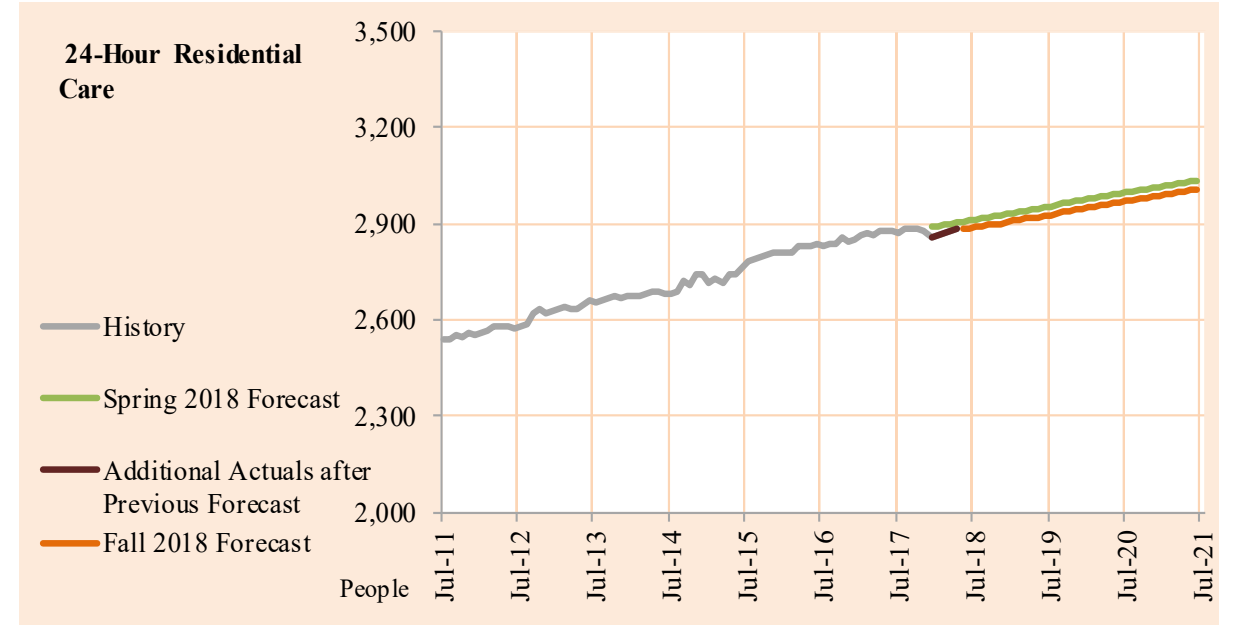
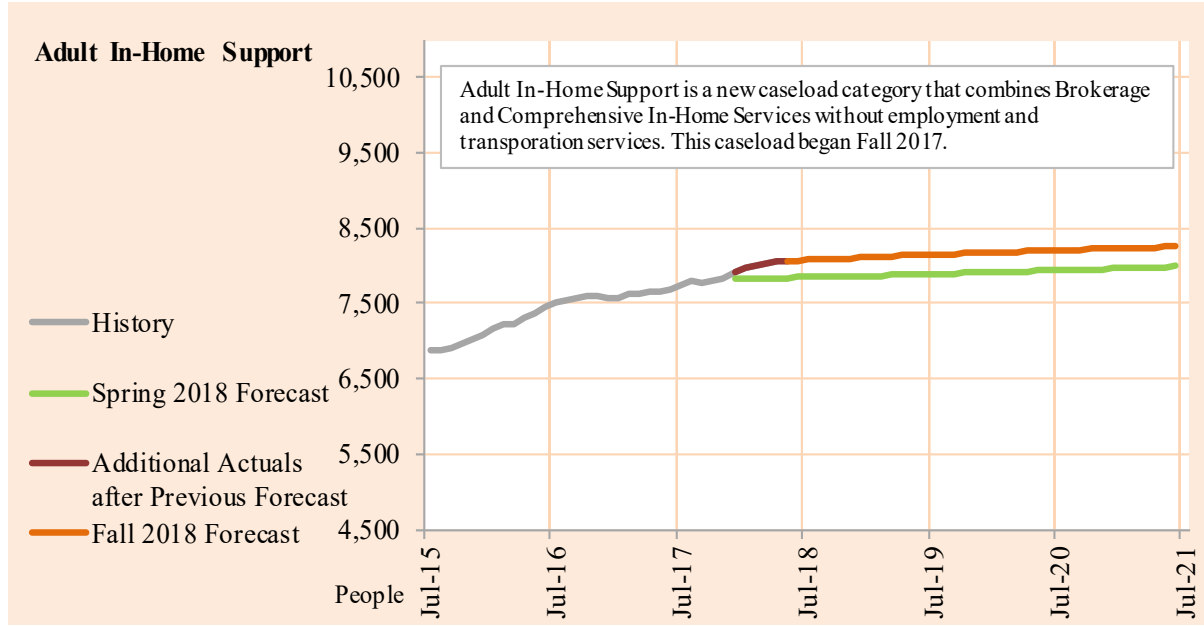


ADULT SERVICES

I/DD adult services was reorganized in the Fall of 2017 to combine Comprehensive In-Home Services and Brokerage Services as a new caseload category - Adult In-Home Support. This new caseload category accounts for 76 percent of Brokerage services and 24 percent of Community Developmental Disabilities Programs (CDDP) In-Home Services. Also, OFRA does not report a separate forecast of Brokerage enrollment.

Adult In-Home Support – The Adult In-Home Support is a new caseload category which combines CDDP In-Home services and Brokerage services. This caseload category combines all In-Home services for adults, previously known as Comprehensive In-Home Services and Brokerage Services, without the employment and transportation services, and are grouped based on plan of care.

The 2017-19 biennial average forecast is expected to average 8,016, which is 2.2 percent higher than the Spring 2018 forecast. The caseload is expected to average 8,203 over the 2019-21 biennium, which is 2.3 percent higher than the 2017-19 biennium.

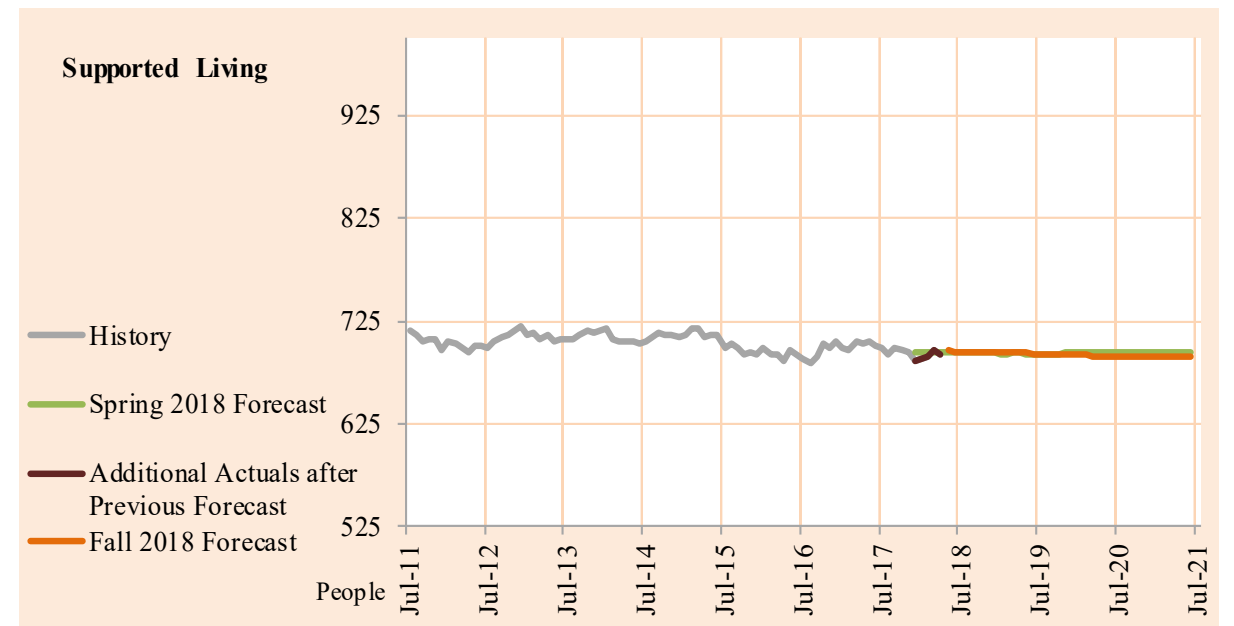


24-Hour Residential Care – The 2017-19 biennial average forecast is expected to average 2,892, which remains slightly higher from the Spring 2018 forecast. The caseload is expected to average 2,969 over the 2019-21 biennium, which is 2.7 percent higher than the 2017-19 biennium.

Supported Living – The 2017-19 biennial average forecast is expected to average 694, which remains unchanged from the Spring 2018 forecast. The caseload is expected to average 691, slightly lower over the 2019-21 biennium.

I/DD Foster Care – I/DD Foster Care serves both adults and children, with children representing approximately 12.5 percent of the caseload. IDD Foster Care for Adults is expected to average 2,897, slightly higher over the Spring 2018 forecast. The caseload is expected to average 2,969 over the 2019-21 biennium, which is 2.4 percent higher than the 2017-19 biennium.

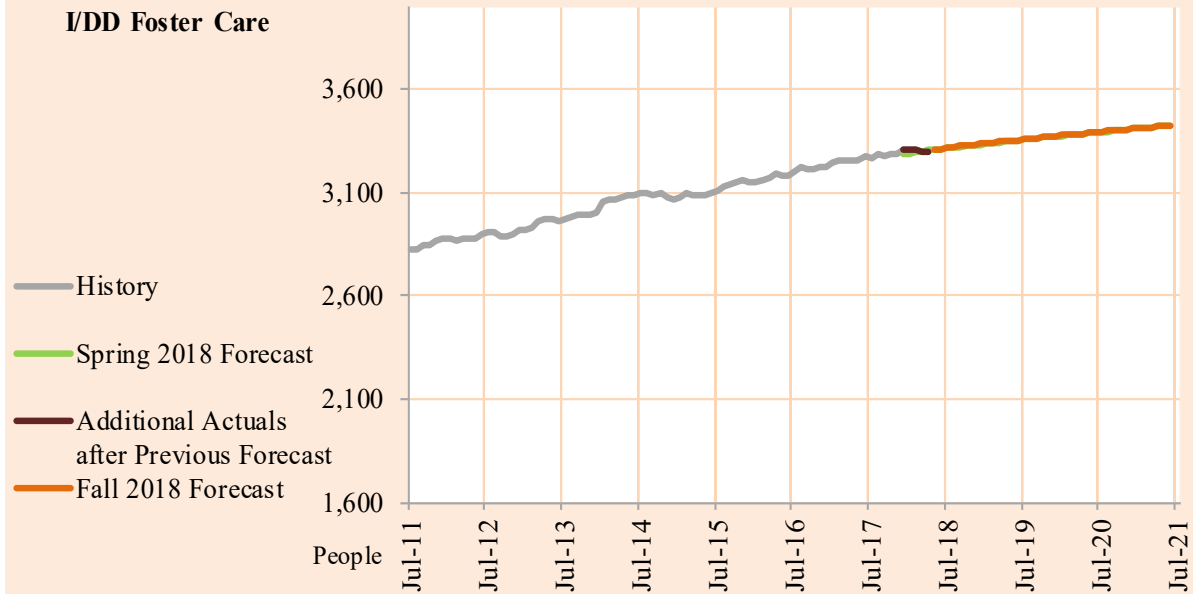
Stabilization and Crisis Unit – The Stabilization and Crisis Unit serves both adults and children, with children representing approximately 10.0 percent of the caseload. This caseload is limited by bed capacity and is expected to remain at the current level of 99 for both 2017-19 and 2019-21.



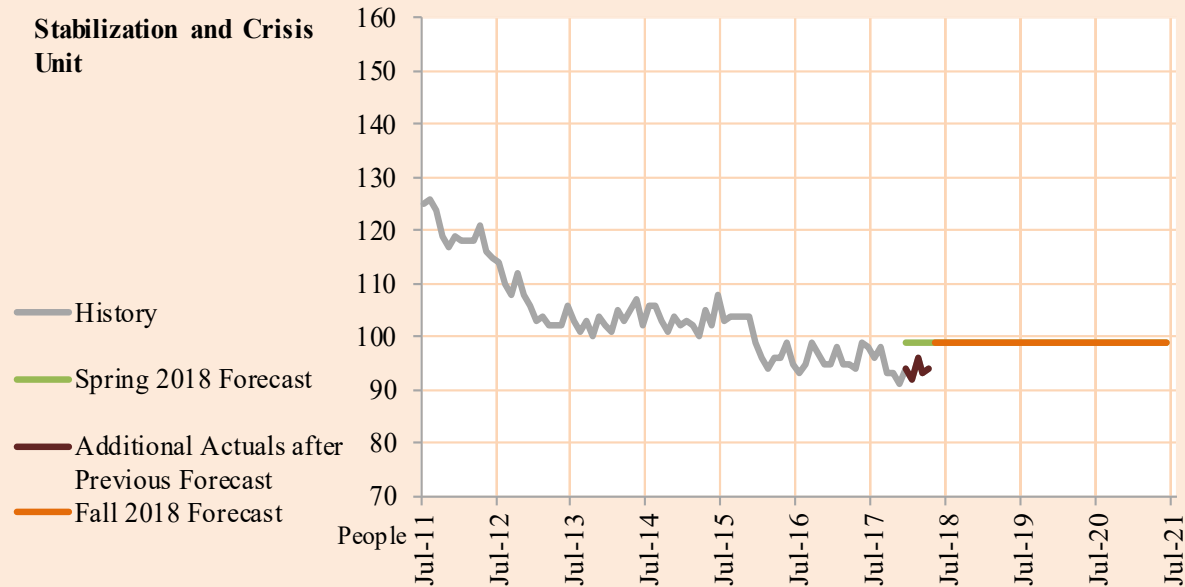
CHILDREN SERVICES

In-Home Support for Children (IHSC) – This caseload started growing rapidly in late 2013 as the K Plan was implemented. While a rapid and significant rise was anticipated, the exact timing and magnitude has been difficult to project. The caseload was 187 clients in mid-2013; and the caseload grew a dramatic fifteen-fold to 2,790 by mid-2016. This caseload growth has slowed considerably to 3,089 in mid-2017. In-Home Support for Children is forecasted to grow slowly in 2017-19 to a biennial average of 3,330 clients, which is 1.9 percent lower over the Spring 2018 forecast. The caseload is expected to average 3,567 over the 2019-21 biennium, which is 7.1 percent higher over the 2017-19 biennium.

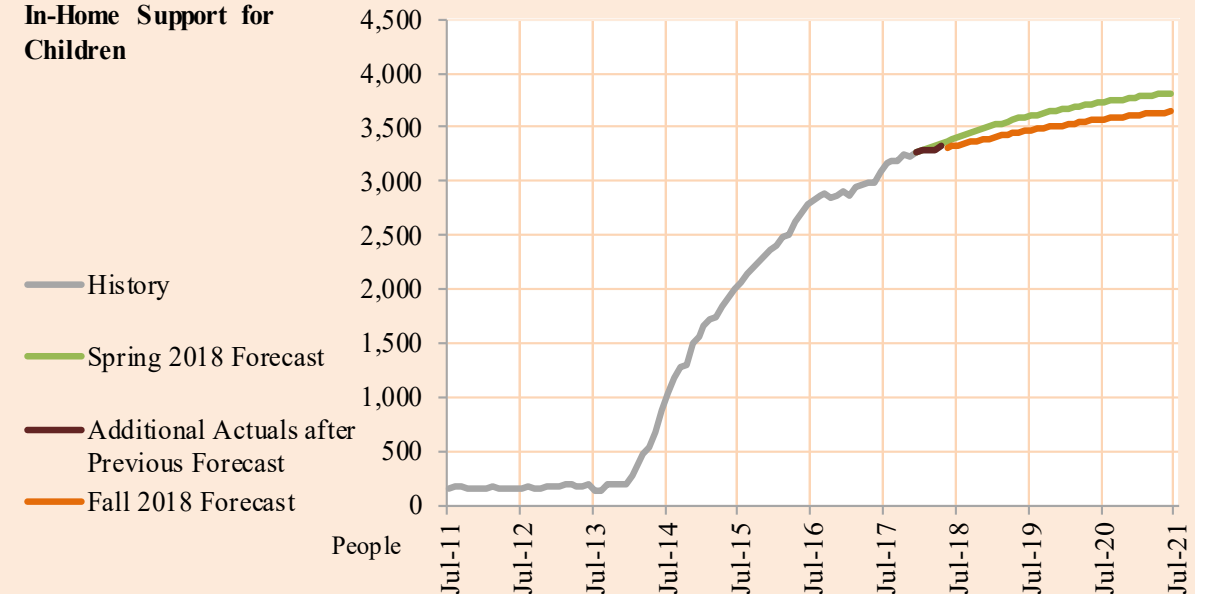
I/DD Foster Care



Stabilization and Crisis Unit

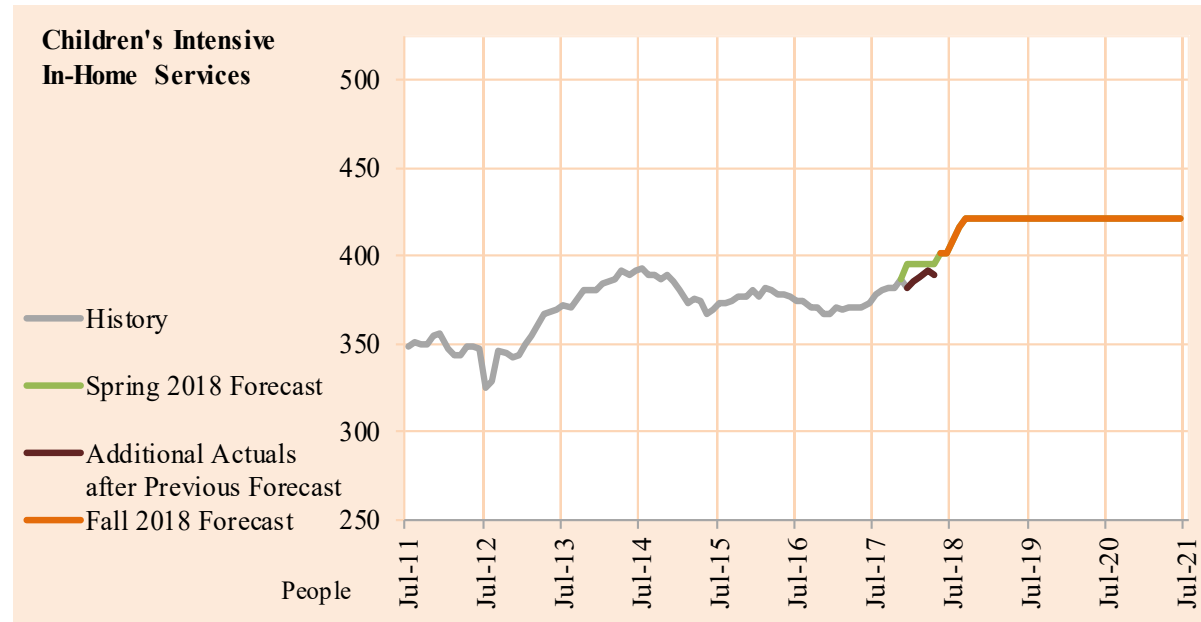


In-Home Support for Children



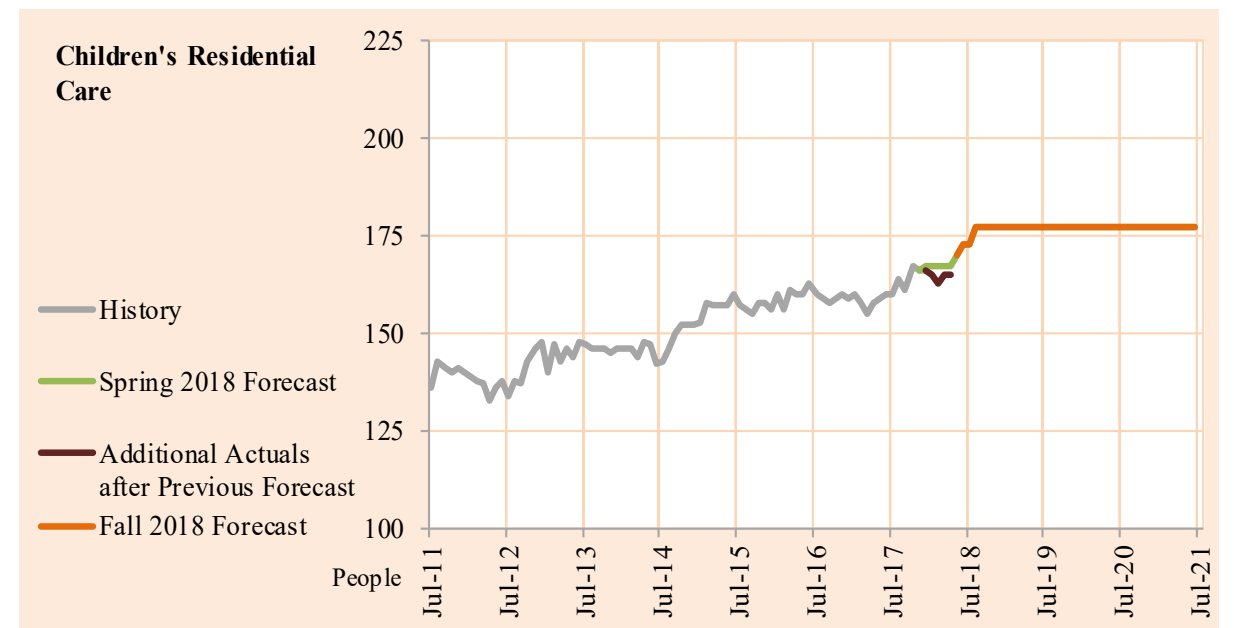
Growth in this caseload is primarily due to implementation of the Community First Choice Option (K Plan), which allows individuals eligible for the Oregon Health Plan to receive In-Home services if they have an extended need for assistance with Activities of Daily Living. In addition, the income criteria used for children no longer considers family resources. The forecasted growth for this caseload incorporates assumptions about the historical pattern for children entering Case Management and the percentage of children enrolled in Case Management who will apply for services. However, the K Plan is a significant change and our assumptions may not be correct. For this and other reasons, this caseload was especially complex to forecast, and the risk of error is high.

Children Intensive In-Home Services (CIHS) – This caseload includes Medically Fragile Children Services, Intensive Behavior Programs, and Medically Involved Program. This caseload is limited by capacity and is expected to grow gradually to 421 by September 2018 and remain at that level for 2017-19 and 2019-21.



Children Residential Care – This caseload is expected to grow to 177 by August 2018 and remain at that level for 2017-19 and 2019-21 from the current average of 165.

There is a crisis in residential resources for children, including overlap with children served by Child Welfare and Developmental Disabilities. Children have been placed in inappropriate or unsafe placements, including hotels, DHS offices, hospital emergency rooms, and in family homes where family members and providers feel unsafe. In response to this crisis, several new group homes licensed for 18 new beds were opened in 2017 to serve children/youth with significant behavioral challenges who are not able to be supported in their family home or in foster care.



OTHER SERVICES

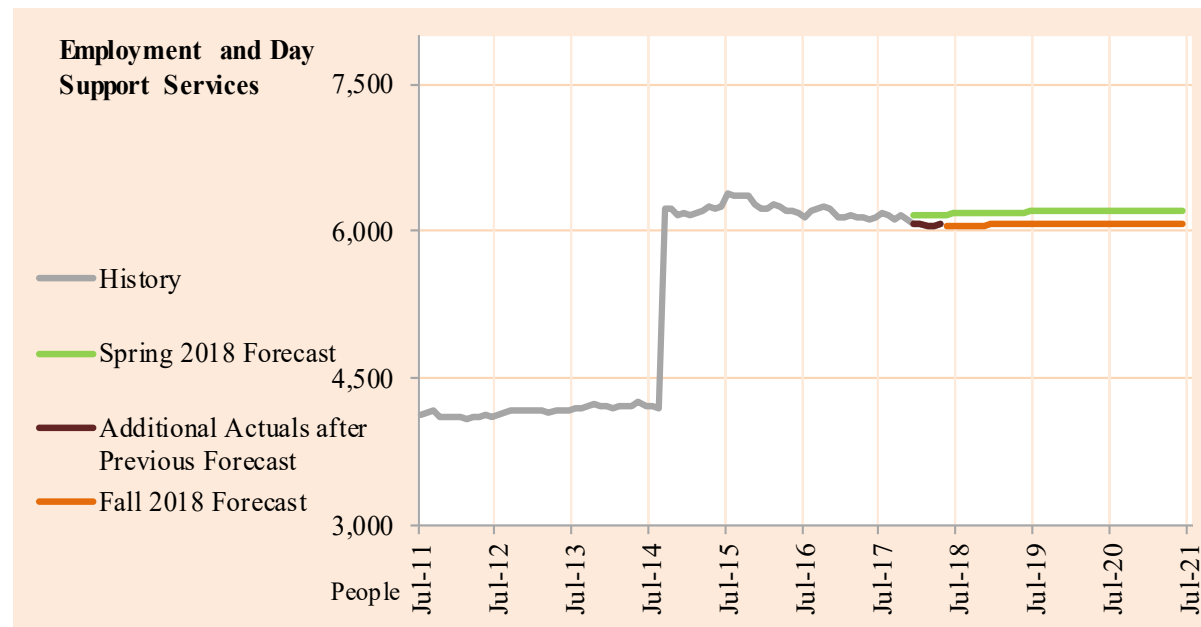
Employment and Day Support Services – In order to better reflect recent, I/DD program changes, the definition of employment services has been revised. The new definition is broader, including all services previously counted as well as new services offered under Employment First and Plan of Care. However, Employment claims data have a significant longer lag time than the customary 3 months due to delayed billing and claims processing. Therefore, OFRA has based the Fall 2018 forecast on estimated preliminary actuals. The preliminary actuals accounts for the difference between the initially observed caseload and the caseload observed (completed) at later date.

Steps involved in calculation of preliminary actuals:

1. Calculate the ratios of the previous 10 months of actuals to 3 month matured reported actuals
2. Calculate a three-month moving average
3. The estimated actuals are calculated by applying the moving average ratios to initially reported actuals

The 2017-19 biennial average forecast is expected to average 6,072, which represents a 1.7 percent decrease over the Spring 2018 forecast. The caseload is expected to average 6,081 over the 2019-21 biennium, which is slightly higher than the 2017-19 biennium.

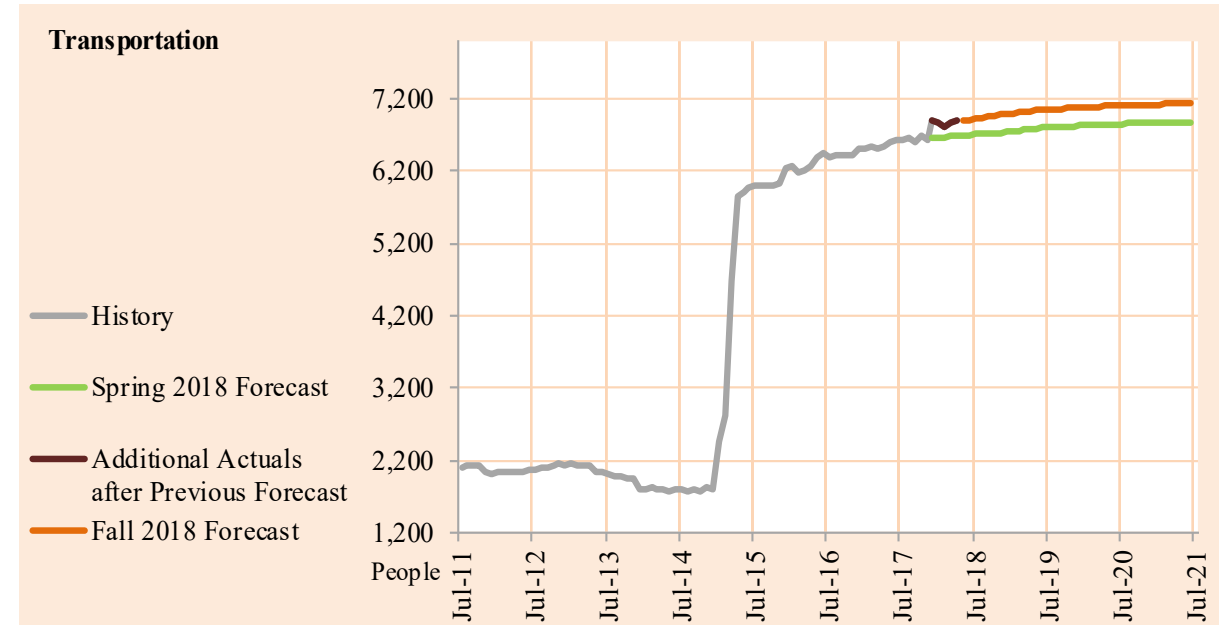
Employment and Day Support Services will be reported together as Total Employment and Day Support Services. Recent history shows that about 55 percent of clients in this caseload utilized Day Support Services with or without employment services.



Transportation – Historically, this caseload included only services paid with state funds, not those using local match funding. To provide a more complete picture, the definition of services counted in the Transportation caseload has been expanded to include all of the services previously counted, plus transportation services provided under Plan of Care (e.g. transit passes and non-medical community transportation).

The 2017-19 biennial average forecast is expected to average 6,882, which has increased by 2.7 percent over the Spring 2018 forecast. The caseload is expected to average 7,097 over the 2019-21 biennium, which is 3.1 percent higher than the 2017-19 biennium.

Total Transportation Services will be reported as Total Transportation and Other Transportation Services. Recent history shows that about 23.3 percent of clients in this caseload utilized Other Transportation Services.



Forecast Environment and Risks

There are a variety of additional factors that create risks for all I/DD caseload forecasts.

Although the K Plan started in July 2013, initial work began slowly at first and work accelerated in 2014 with most CDDPs experiencing higher caseloads and more requests for services than prior to July 2013. The increase in requests for services and higher caseloads caused some delays in access to service. Many of the CDDPs have recently hired new staff because of funding based on the workload model. With additional staff added, this may result in quicker entry of new individuals with I/DD. All these practical operational changes mean that new service use patterns are not yet stable and may continue to fluctuate for some time. In addition, the estimate may be low if many families who have children with I/DD had never chosen to enroll their children in Case Management.

The increase in people requesting I/DD services has created capacity challenges for CDDPs and their provider networks.

To receive funded services, enrollees' Medicaid eligibility must be established, a level of care and assessment completed, and an Individual Support Plan developed.

The caseloads most directly impacted by K Plan implementation are those where the individual lives in their own home or with family members - Adult In-Home Support Services and the In-Home Support for Children.

Adult In-Home Support – Adults can be served through two channels – Brokerages or CDDPs. At present, most caseload growth is occurring in the CDDP In-Home Services, while Brokerages services remain fairly flat. Brokerage services caseload is little over three times larger than the CDDP In-Home services. Growth in adult caseloads generally come from children who age into adult services, or previously unserved adults who are newly interested. Since this caseload is growing rapidly and without precedent, the forecast is highly sensitive to the assumptions used to produce it, and the risk of error is higher than usual. In addition, due to client choice for CDDP or Brokerage In-Home services, it is difficult to make reasonable assumptions without any established pattern of their service choices.

In-Home Support for Children – The K Plan implementation expanded the availability of services for many children. Prior to the implementation of the K Plan, children were only able to receive limited in-home services and could only access additional services if they met crisis criteria. A child may now access significant in-home support without meeting crisis criteria, if they are eligible for I/DD services and Medicaid. As a result, a significantly larger number of children may now access in-home services. Also, under Oregon's comprehensive waiver, additional children are now eligible for Medicaid services based solely on having a disability (meeting SSI standards), while not accounting for family financial resources. This may also increase the number of children who are able to access in-home services through the K Plan.

Intellectual and Developmental Disabilities Biennial Average Forecast Comparison

	2017-19 Biennium			% Change Between Forecasts	Fall 2018 Forecast			% Change Between Biennia
	Spring 18 Forecast	Fall 18 Forecast	Change		2017-19	2019-21	Change	
INTELLECTUAL AND DEVELOPMENTAL DISABILITIES								
Total Case Management Enrollment ¹	27,946	27,780	-166	-0.6%	27,780	30,429	2,649	9.5%
Adult								
Adult In-Home Support ²	7,840	8,016	176	2.2%	8,016	8,203	187	2.3%
I/DD Foster Care ^{2,3}	2,888	2,898	10	0.3%	2,898	2,967	69	2.4%
24 hrs Residential Care ²	2,913	2,892	0	-0.7%	2,892	2,969	77	2.7%
Supported Living ²	695	694	-1	-0.1%	694	691	-3	-0.4%
Stabilization and Crisis Unit	98	97	0	-1.0%	97	99	2	2.1%
Children								
I/DD Foster Care	423	417	-6	-1.4%	417	425	8	1.9%
In-Home Support for Children	3,396	3,330	-66	-1.9%	3,330	3,567	237	7.1%
Children Intensive In-Home Services	405	404	-1	-0.2%	404	421	17	4.2%
Children Residential Care	172	171	-1	-0.6%	171	177	6	3.5%
Total I/DD Services	18,830	18,919	89	0.5%	18,919	19,519	600	3.2%
Other I/DD Services								
Employment & Day Support Activities ⁴	6,176	6,072	-104	-1.7%	6,072	6,081	9	0.1%
Transportation	6,703	6,882	179	2.7%	6,882	7,097	215	3.1%

1. Some clients enrolled in Case Management do not receive any additional I/DD services.

2. Starting in Fall 2017, Comprehensive In-Home Services and Brokerage Services will be combined to create a new caseload - Adult In-Home Support. Brokerage Enrollment caseload forecast will be discontinued.

Adult In-Home Support is a new caseload category that combines Brokerage and Comprehensive In-Home Services without employment and transportation services. Adults In-Home Support uses plan of care codes instead of service elements. Adult In-Home Support, I/DD Foster Care, 24 hr Residential Care and Supported Living are defined as person served with service priority. These new caseloads begin Fall 2017.

3. I/DD Foster Care caseload is separated into adult and children services caseloads starting in Spring 2018.

4. Employment and DSA actuals from November 2016 to June 2017 are estimated to account for under reporting of delayed claims.

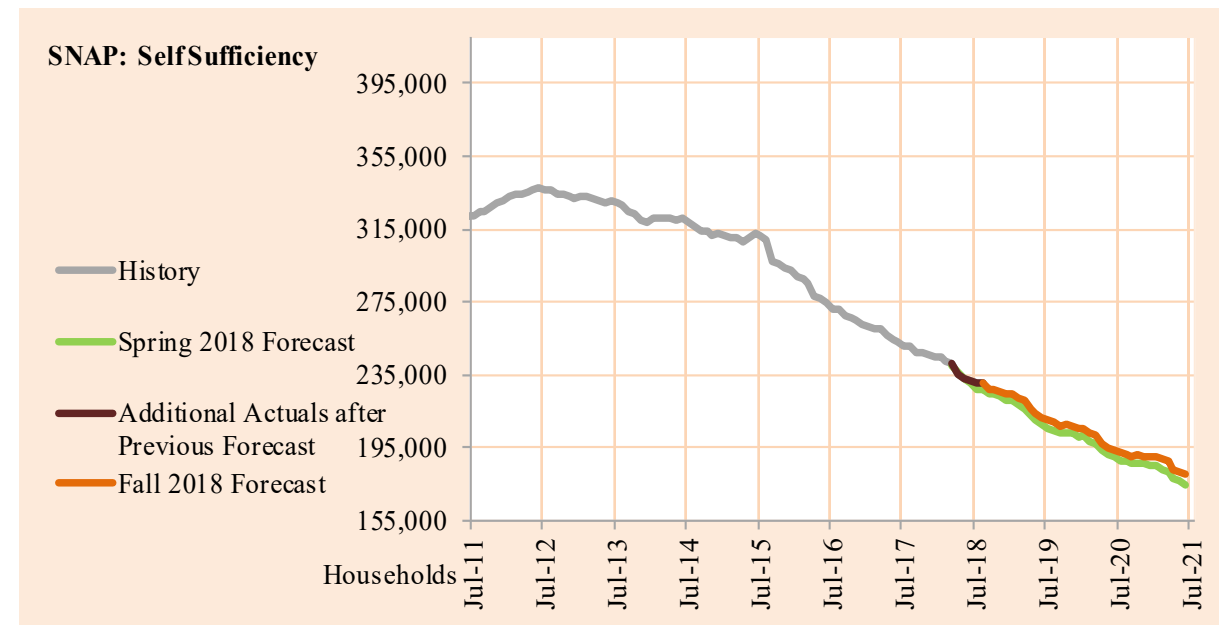
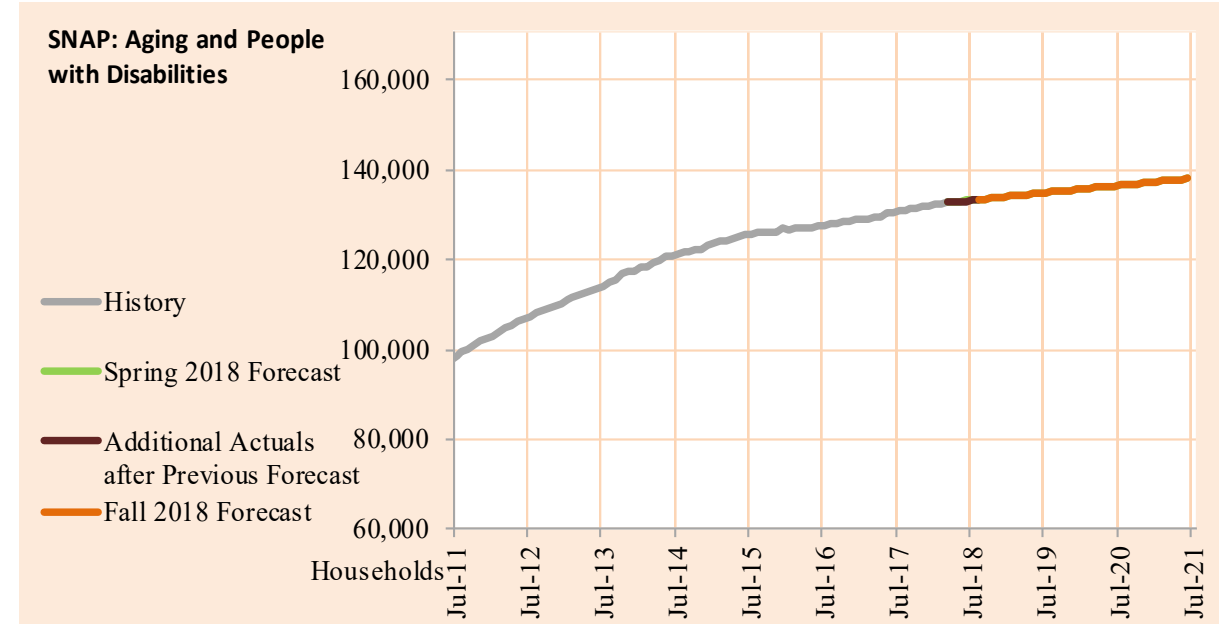
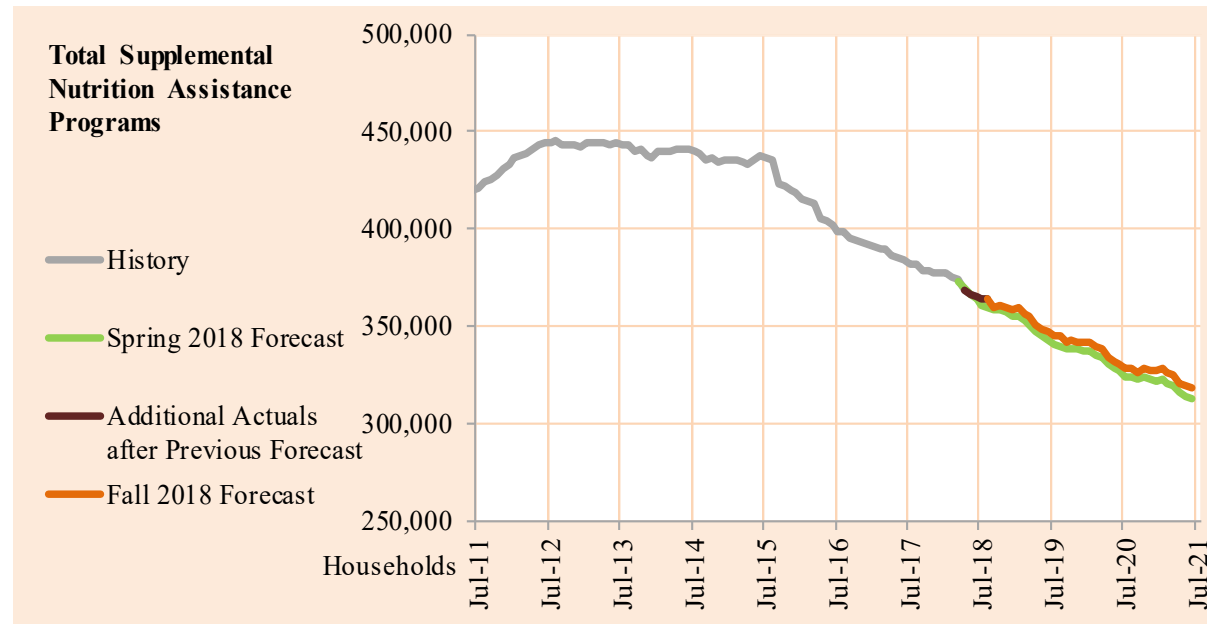
Self Sufficiency Programs (SSP)

Supplemental Nutrition Assistance Program (SNAP) – In July 2018 there were 363,656 households (630,560 persons) receiving SNAP benefits, which constitutes approximately 15.2 percent of all Oregonians. The SSP portion of SNAP (made up mostly of parents and children) rose rapidly during the Great Recession but has declined by over 100,000 households since then. The smaller APD SNAP caseload (designed for people aged 60 and older) has been rising steadily, mostly due to demographic changes. The combined 2017-19 SNAP biennial average forecast is 365,906 households, which is 0.4 percent higher than the Spring 2018 forecast.

The projected biennial average for 2019–21 is 331,536 households, which is 9.4 percent lower than the 2017-19 biennial average forecast.

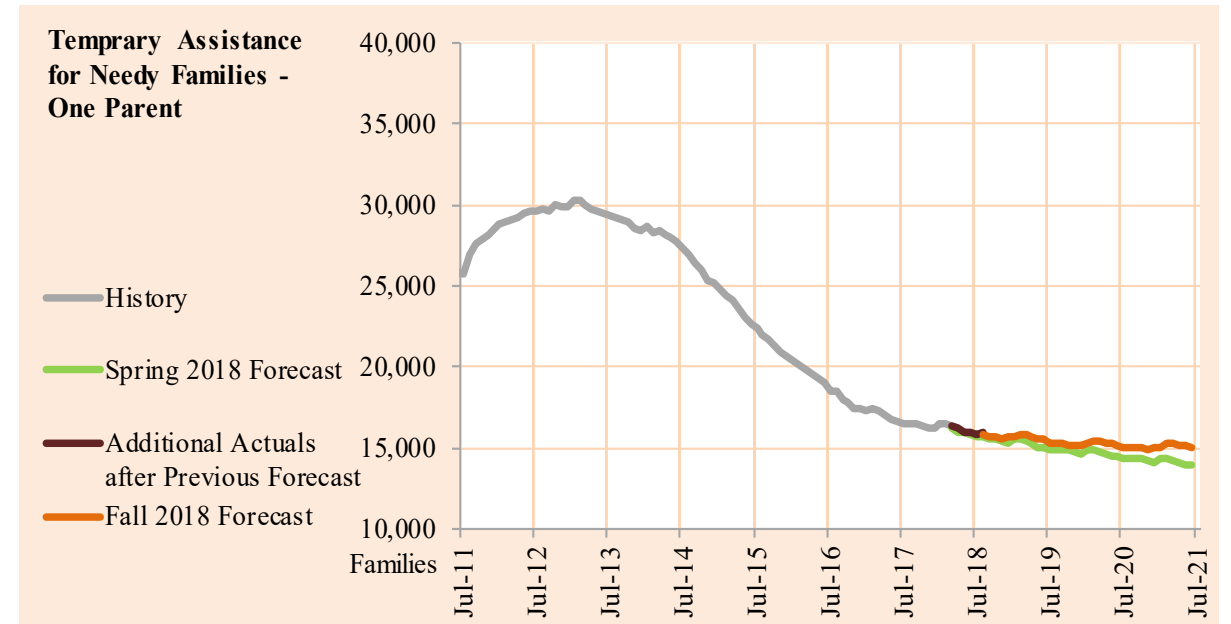
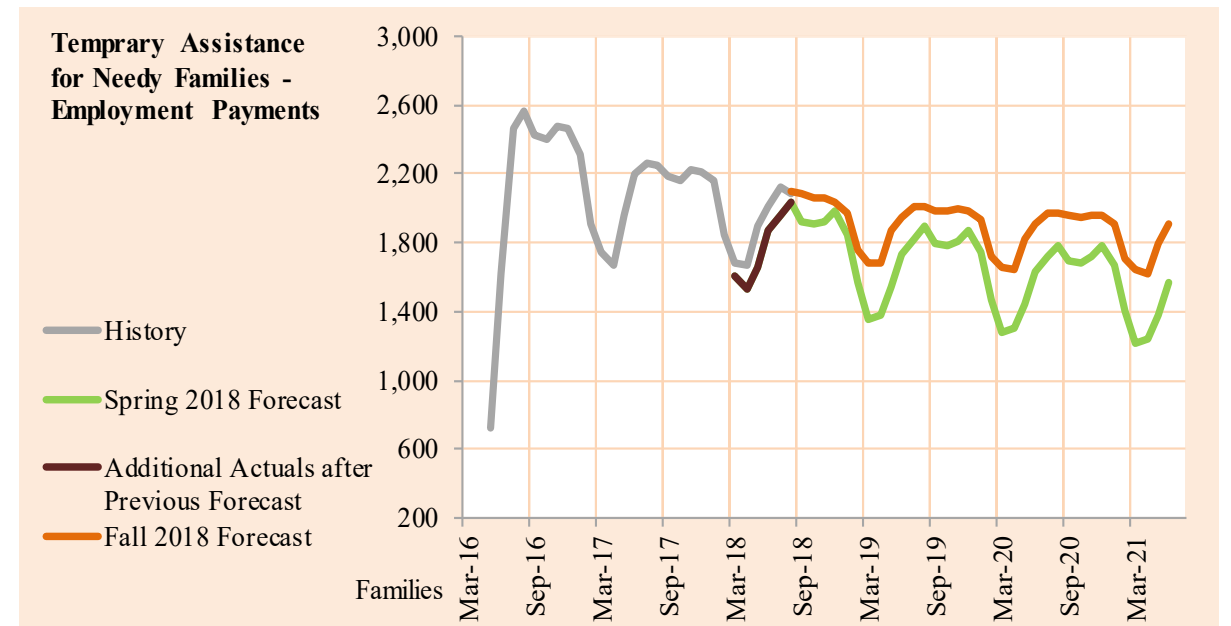
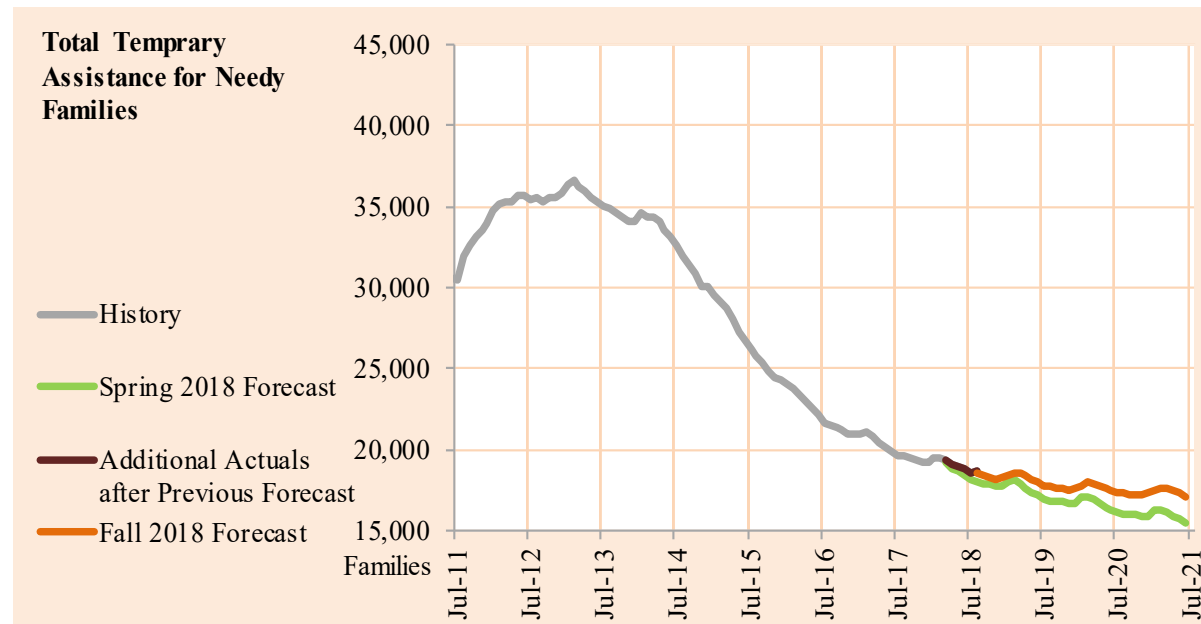
The “Able Bodied Adults without Dependents”, or ABAWD rule, is a three-month limit to SNAP benefits that applies to non-disabled adults without dependents age 50 and under. Oregon was granted an exemption from this time limit for all counties during the Great Recession. The federal government reinstated the ABAWD rule in January 2016 for Washington and Multnomah Counties, and to Clackamas County in the fall of 2016. Beginning in January 2018, four additional counties – Benton, Lane, Marion, and Yamhill – also reinstated the ABAWD policy. Although reintroduction of this rule is likely to have only a minor impact on the caseload, it must be considered a risk to the forecast.

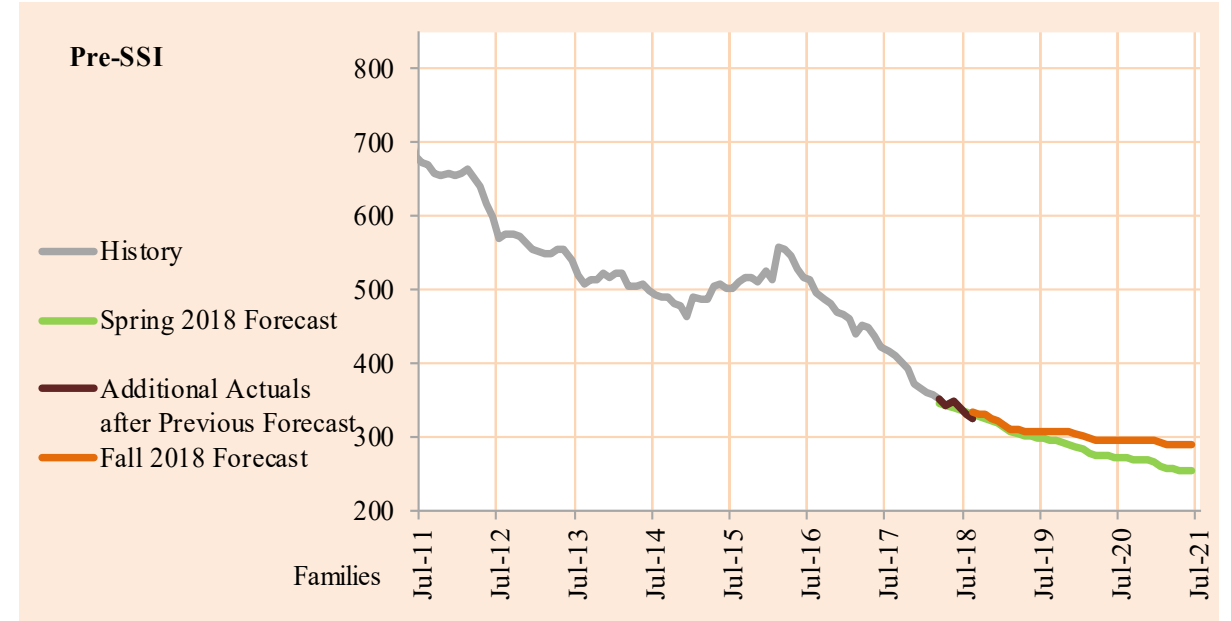
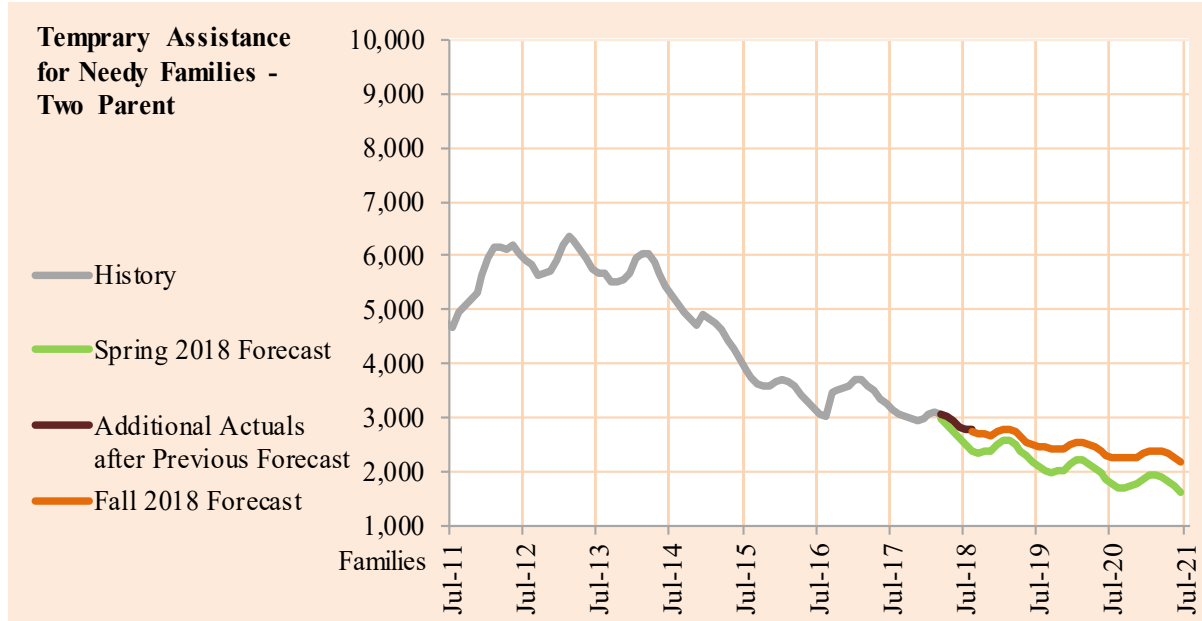
In addition, the SNAP caseload could be affected by the issues stated in the “Forecast Environment and Risks” section above.



Temporary Assistance for Needy Families (TANF) – In July 2018, there were 18,611 families receiving TANF benefits, representing 50,882 persons. The TANF caseload underwent nearly uninterrupted growth from January 2008 until February 2013. The caseload then declined rapidly and is currently 18,000 cases below its February 2013 peak, a 49 percent drop. The 2017-19 TANF biennial average forecast is 18,840 families, which is 1.7 percent higher than the Spring 2018 forecast. The 2019-21 biennial average is 17,539 families, which is 6.9 percent lower than the biennial average forecast for 2017-19.

By the middle of 2019, TANF is expected to fall to levels not seen since autumn 2006, and then level off. The TANF caseload is reaching a “floor,” and will likely remain there until something changes in the economy or public policy changes modify the rules of eligibility.





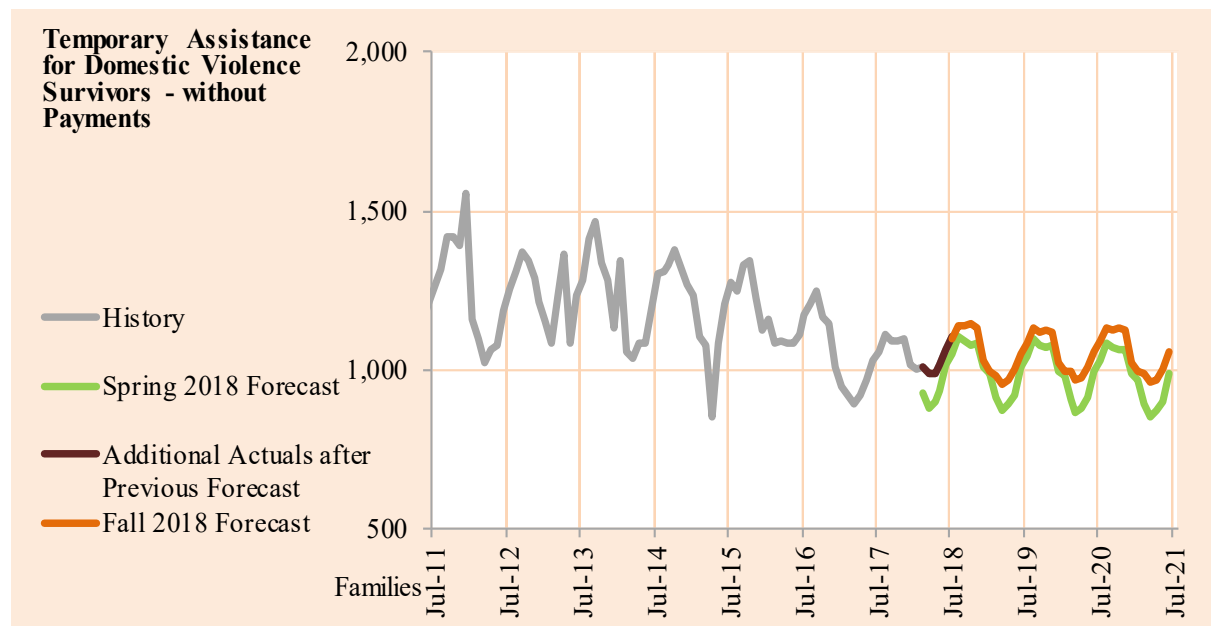
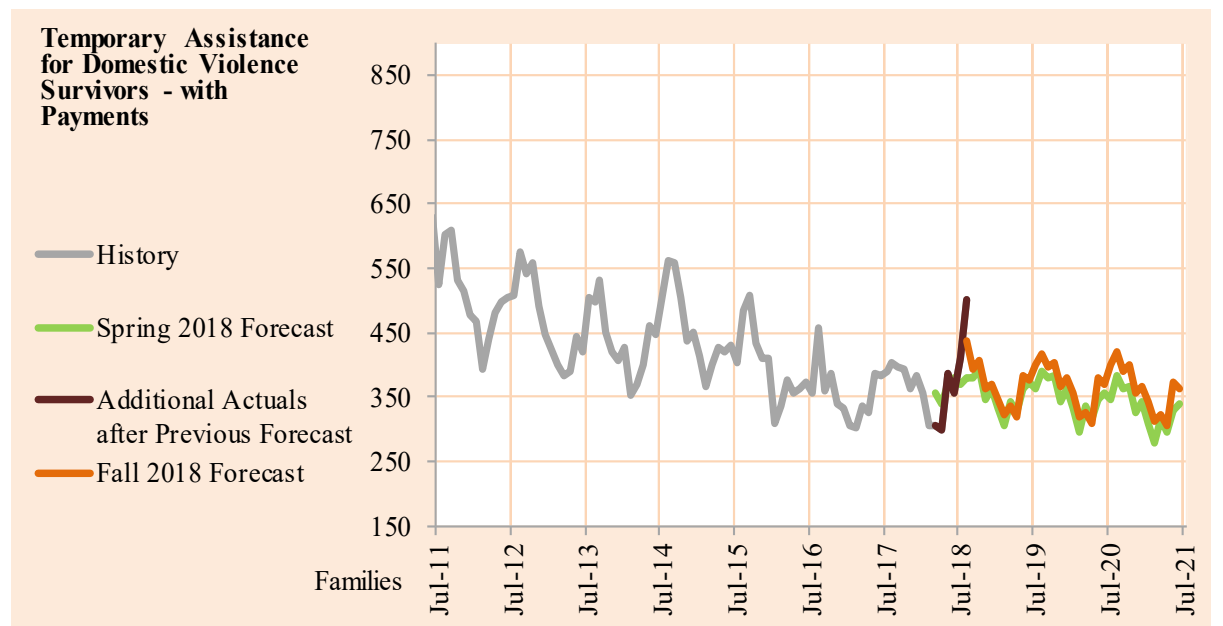
Pre SSI – Pre SSI provides temporary assistance for families while they apply for Supplemental Security Income, a benefit for the aged, blind, and disabled who have little or no income. Almost all Pre-SSI cases are transfers from TANF, and the percentage of TANF cases moving to Pre-SSI has been steadily going down, from four percent in 2009 to one percent in 2017. In addition, there are simply fewer TANF exits, given that the total volume of TANF cases has been dropping since 2013. These two factors have led to a long-term pattern of decline in the caseload, except for a short period where a backlog of applications was addressed. Furthermore, the Social Security Administration (SSA) has become more stringent in their interpretation of disability criteria – most recently their mental health criteria.

The Fall 2018 forecast assumes that the long-term pattern of caseload reductions will continue through the spring of 2019, after which the caseload will stabilize at about 300 cases per month. This assumes that the current ratio of TANF cases converting to Pre-SSI remains steady. The 2017–19 biennial average forecast for Pre-SSI is 346 families, which is 0.8 percent higher than the Spring 2018 forecast. The 2019–21 biennial average caseload is 298 families, which is 13.7 percent lower than the forecast for the current biennium.

Temporary Assistance for Domestic Violence Survivors (TA-DVS) – In the past, the portion of the TA-DVS program that was forecast in this document was limited to those domestic violence survivors who accepted TA-DVS payments (which are used to help defray the costs of housing). Over the course of the past few years, the proportion of TA-DVS clients being seen in DHS field offices but NOT accepting TA-DVS payments has grown. This is likely due to the inadequacy of housing payments at a time of high rents and limited housing availability. This dichotomy has led us to expand the forecast to include both TA-DVS with payments and TA-DVS without payments.

The TA-DVS with-payment caseload is a relatively small caseload that has been falling steadily amid strong seasonal fluctuations. Lately, these seasonal fluctuations have become less strong – reducing the extreme difference between the lowest caseload values in the winter months and the highest caseload values in the summer months. This suggests a caseload that has reached (or will soon reach) a “floor” with less volatility than in the past. The average caseload for the current biennium is forecasted to be 367 families per month, which is 1.1 percent higher than the Spring 2018 forecast. This caseload is expected to fall very little, to an average of 366 families per month during the 2019–21 biennium, a reduction of 0.4 percent.

The TA-DVS without-payment caseload had been holding relatively steady until the fall of 2016, when the caseload failed to reach its usual, seasonal high-point immediately before the resumption of the school year. Since then, the caseload has been falling. Much like the with-payment group, TA-DVS without-payment is forecasted to continue to fall more gradually than before, within the usual seasonal pattern, with an average of 1,048 cases per-month through the 2017-19 biennium, and a monthly average of 1,050 cases in the 2019-21 biennium, a reduction of only 0.2 percent.



Self Sufficiency Biennial Average Forecast Comparison

	2017-19 Biennium			% Change Between Forecasts	Fall 2018 Forecast			% Change Between Biennia
	Spring 18 Forecast	Fall 18 Forecast	Change		2017-19	2019-21	Change	
SELF SUFFICIENCY PROGRAMS								
Supplemental Nutrition Assistance Program (Households)								
Children, Adults and Families	231,232	232,883	1,651	0.7%	232,883	195,834	-37,049	-15.9%
Aging and People with Disabilities	133,114	133,114	0	0.0%	133,114	136,517	3,403	2.6%
Total SNAP	364,346	365,997	1,651	0.5%	365,997	332,351	-33,646	-9.2%
Temporary Assistance for Needy Families (Families: Cash/Grants)								
One-Parent	15,831	15,987	156	1.0%	15,987	15,160	-827	-5.2%
Two-Parent	2,689	2,853	164	6.1%	2,853	2,378	-475	-16.6%
Total TANF	18,520	18,840	320	1.7%	18,840	17,538	-1,302	-6.9%
TANF Employment Payments	1,881	1,998	117	6.2%	1,998	1,875	-123	-6.2%
Pre-SSI	343	346	3	0.9%	346	298	-48	-13.9%
Temp. Assist. For Dom. Violence Survivors (Families)								
TADVS: with Payment	363	367	4	1.1%	367	366	-1	-0.3%
TADVS: without Payment	1,006	1,048	42	4.2%	1,048	1,050	2	0.2%
Total TADVS	1,369	1,415	46	3.4%	1,415	1,416	1	0.1%

Vocational Rehabilitation (VR)

Vocational Rehabilitation (VR) assists individuals with disabilities to get and keep a job that matches their skills, interests, and abilities. VR staff work in partnership with the community and businesses to develop employment opportunities for people with disabilities. VR services are individualized to help each eligible person receive services that are essential to their employment success.

In the last few years, there have been several important program changes. The Workforce Innovation and Opportunity Act (WIOA) was passed by Congress in 2014 and regulations were completed in July 2016. Among other things, it mandates provision of services to school-age youth, with joint responsibility between Local Education Agencies and VR. State Executive Order 15-01 instituted an Employment First policy to increase competitive integrated employment of people living with Intellectual and Developmental Disabilities (I/DD). The Lane vs. Brown settlement set specific numeric targets for moving clients out of sheltered workshops and into competitive integrated employment, and for providing services to transition age clients.

These changes are all complex and interwoven, and when combined they have substantial impact on the VR caseload. This period of rapid change started around January of 2015 and changes are expected to continue through at least the current biennium.

Changes in VR impacted the composition of total VR caseload in terms of types of clients entering the program. For this reason, caseload groups are now based on the primary disability type of the entrant:

- Cognitive Impairments
- Psychosocial & Other Mental Impairments
- I/DD in Prior 12 Months
- Deafness/Blindness
- Physical Impairments

The caseload groups are assigned as follows:

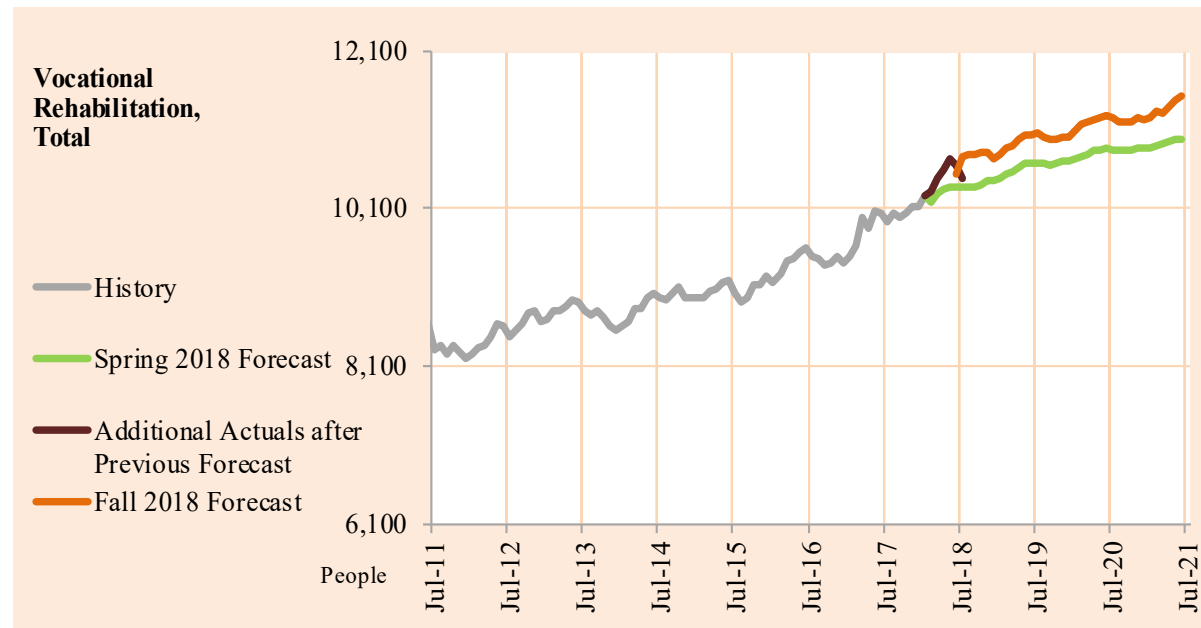
- 1) First, clients who had an I/DD record in the 12 months prior to applying for VR services are identified by matching VR clients to I/DD eligibility and enrollment records.
- 2) The remaining VR clients are placed into one of the other four caseload groups based on their primary disability type (Cognitive Impairments, Psychosocial & Other Mental Impairments, Deafness/Blindness, and Physical Impairments).

Forecasts are developed stage by stage. First, application forecasts are developed for all five disability-based caseloads. Second, using application forecasts as an input, the eligibility forecasts are developed. And, finally, in plan forecasts are developed using the eligibility forecasts as an input. We also forecast Post-Employment Services. It is not broken down by disability-based caseloads because it is very small. Individual forecasts are added up to produce the following stage-based summary forecasts:

- In Application – count of clients who were in the application stage on the last day of the month or exited VR during the given month without advancing to the next stage.
- In Eligibility – count of clients who were in the eligibility stage on the last day of the month or exited VR during the given month without advancing to the next stage.
- In Plan – count of everyone who was in plan at any time in a given month

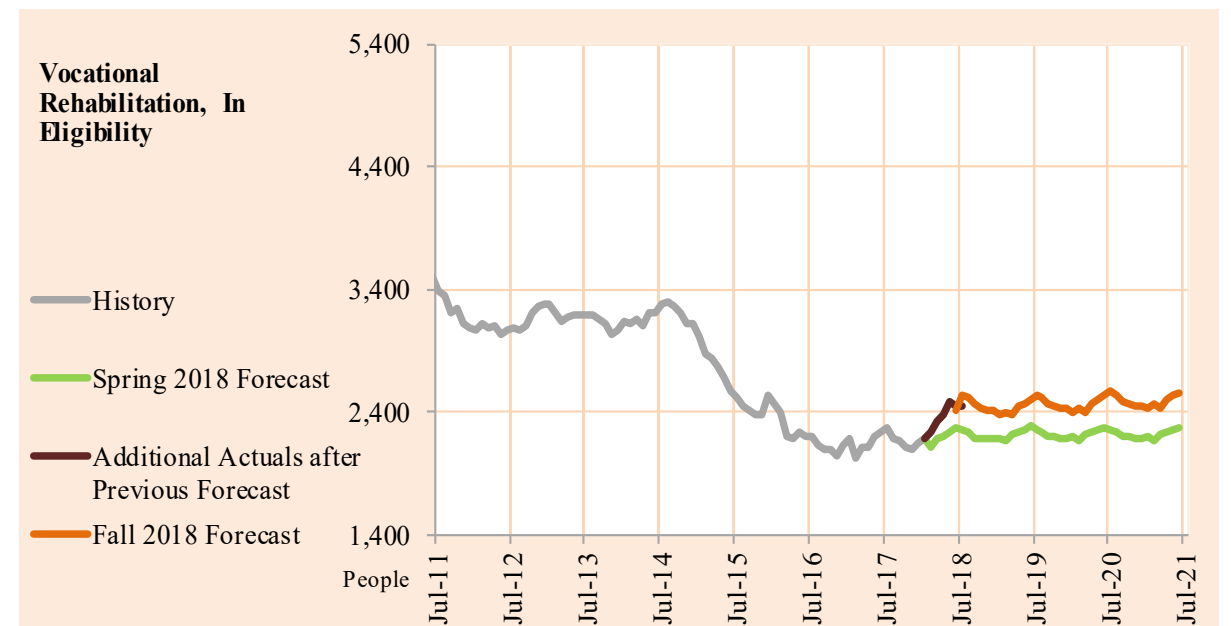
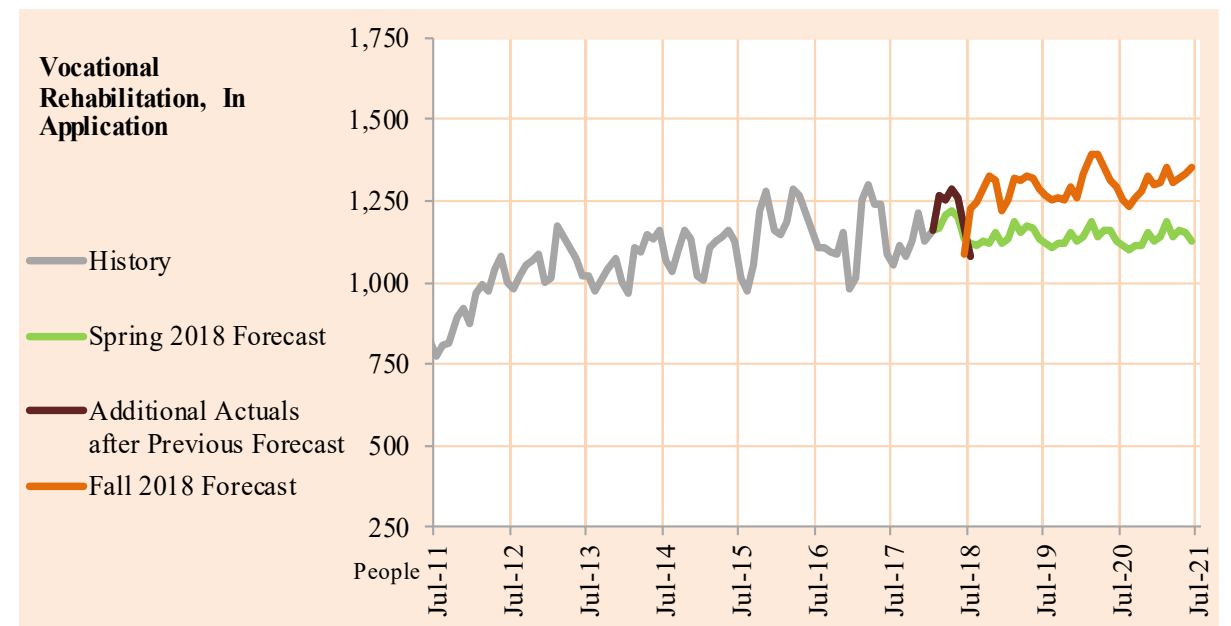
The Total Vocational Rehabilitation (Total VR) forecast is the sum of In Application, In Eligibility, In Plan, and Post-Employment Services. It can also be derived as a sum of total caseloads in all five disability-based caseload groups and Post-Employment Services.

Total Vocational Rehabilitation –The average count of clients in VR for the 2017-19 biennium is expected to be 10,536 clients per month, a 1.7 percent increase compared to the Spring 2018 forecast. Moderate growth is expected through the 2019-21 biennium, with an average of 11,197 clients per month, a 6.3 percent increase compared to the 2017-19 biennial average.

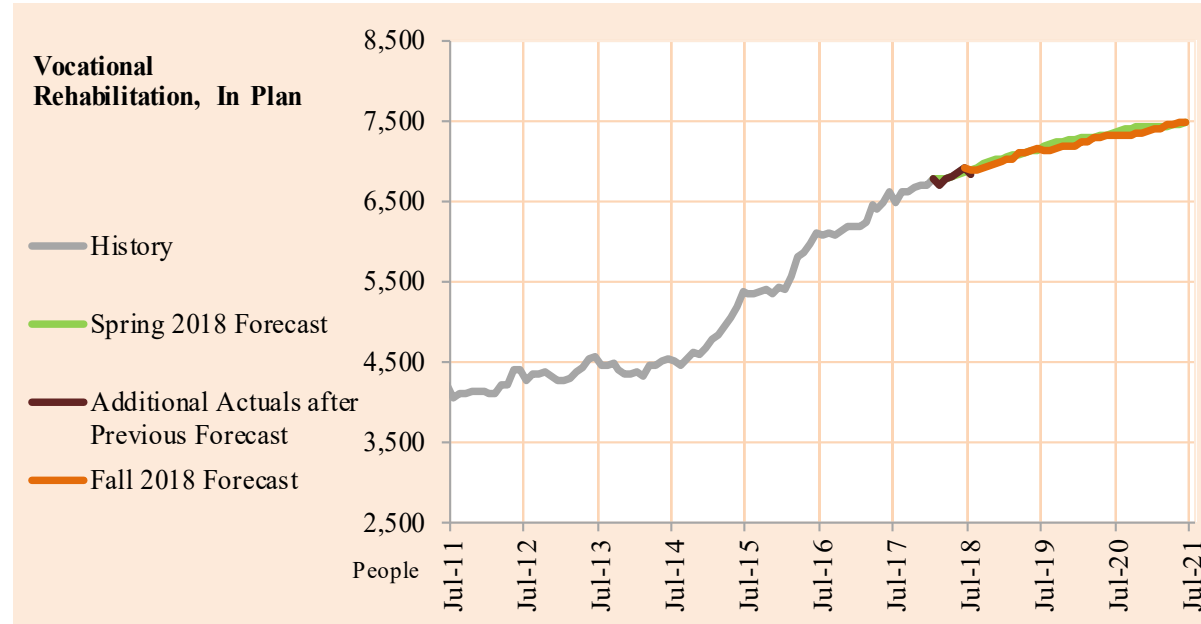


In Application – The average count of clients in the application stage for the 2017-19 biennium is anticipated to be 1,219 clients per month, a 6.4 percent increase compared to the Spring 2018 forecast. It is expected to average 1,304 for the 2019-21 biennium.

In Eligibility – The average count of clients in the eligibility stage for the 2017-19 biennium is anticipated to be 2,345 clients per month, a 6.4 percent increase compared to the Spring 2018 forecast. It is expected to grow through the forecast horizon and average 2,481 for the 2019-21 biennium.

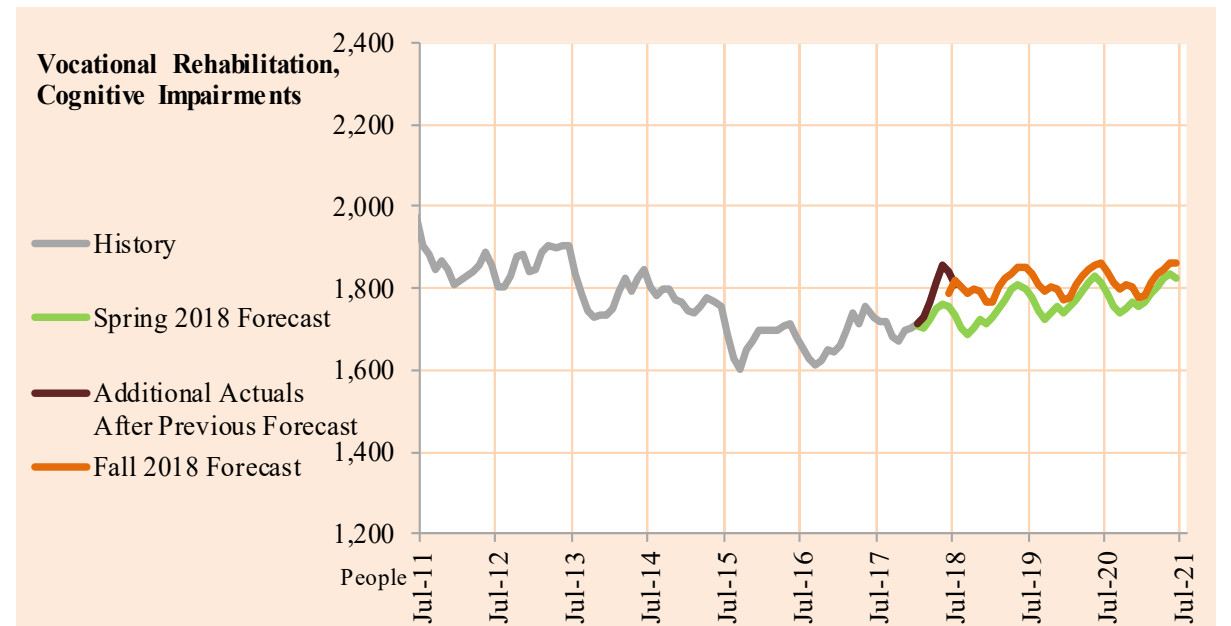
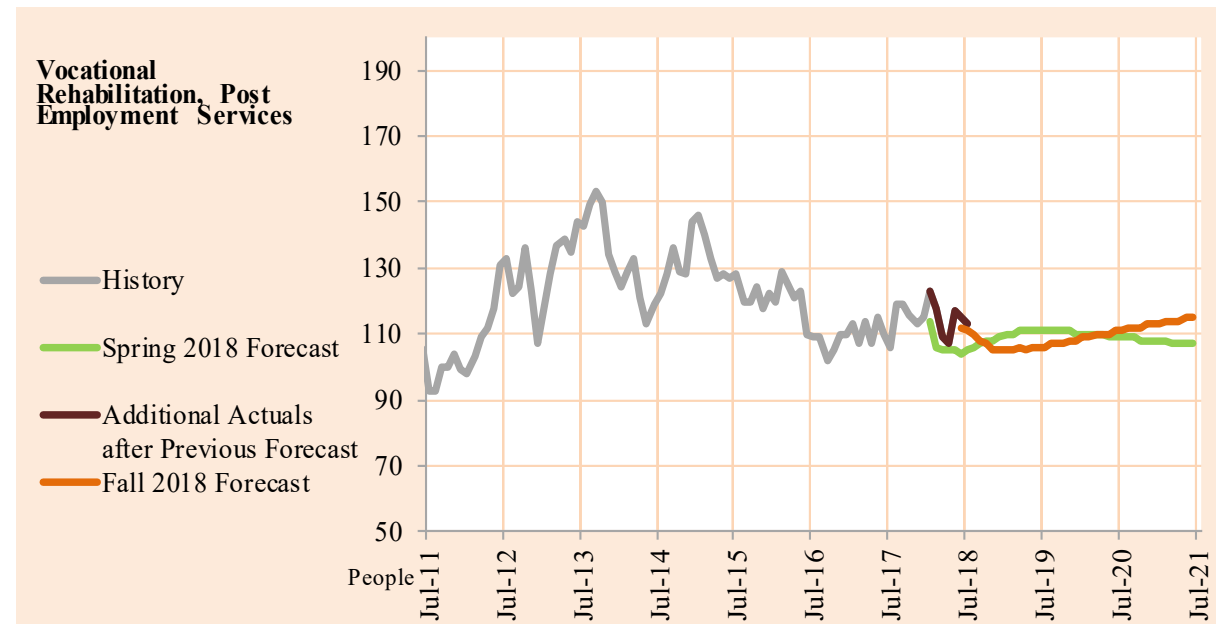


In Plan – The average count of clients in plan stage for the 2017-19 biennium is anticipated to be 6,863 clients per month, a 0.1 percent decrease compared to the Spring 2018 forecast. It is expected to grow moderately through the forecast horizon and average 7,301 for the 2019-21 biennium.

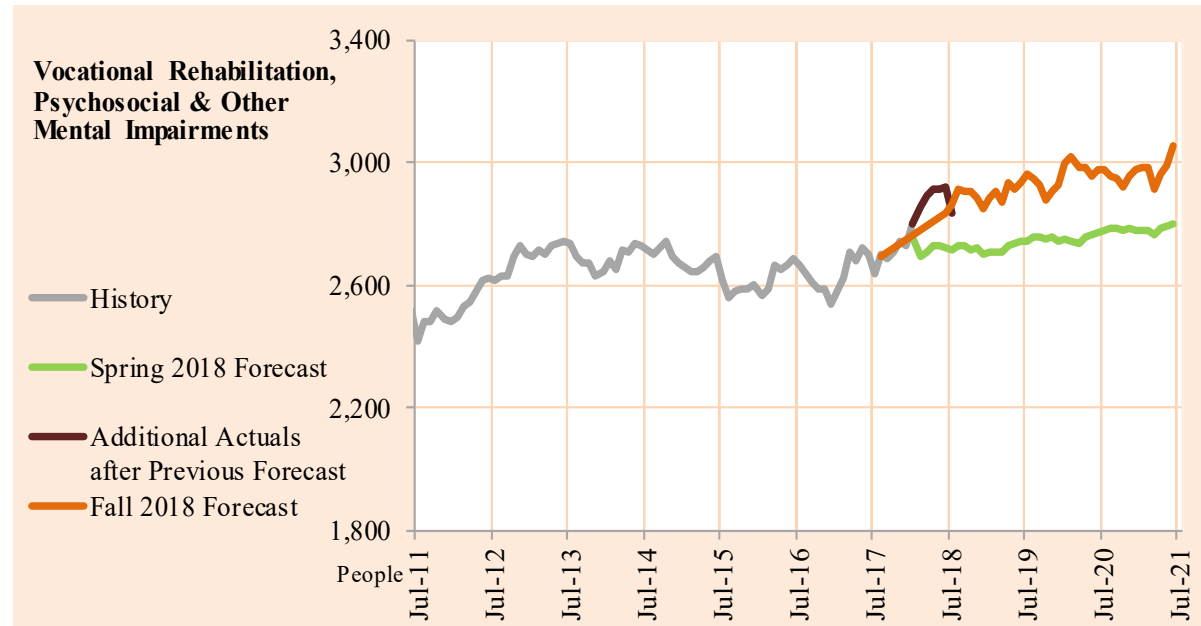


Post-Employment Services – The average count of clients in the Post-Employment Services stage for the 2017-19 biennium is anticipated to be 109 clients per month. This is unchanged from the Spring 2018 forecast. The average for the 2019-21 biennium is expected to be 111.

Cognitive Impairments – The average count of clients in this caseload group for the 2017-19 biennium is anticipated to be 1,757 clients per month, a 1.6 percent increase compared to the Spring 2018 forecast. It is expected to grow through the forecast horizon and average 1,818 for the 2019-21 biennium.

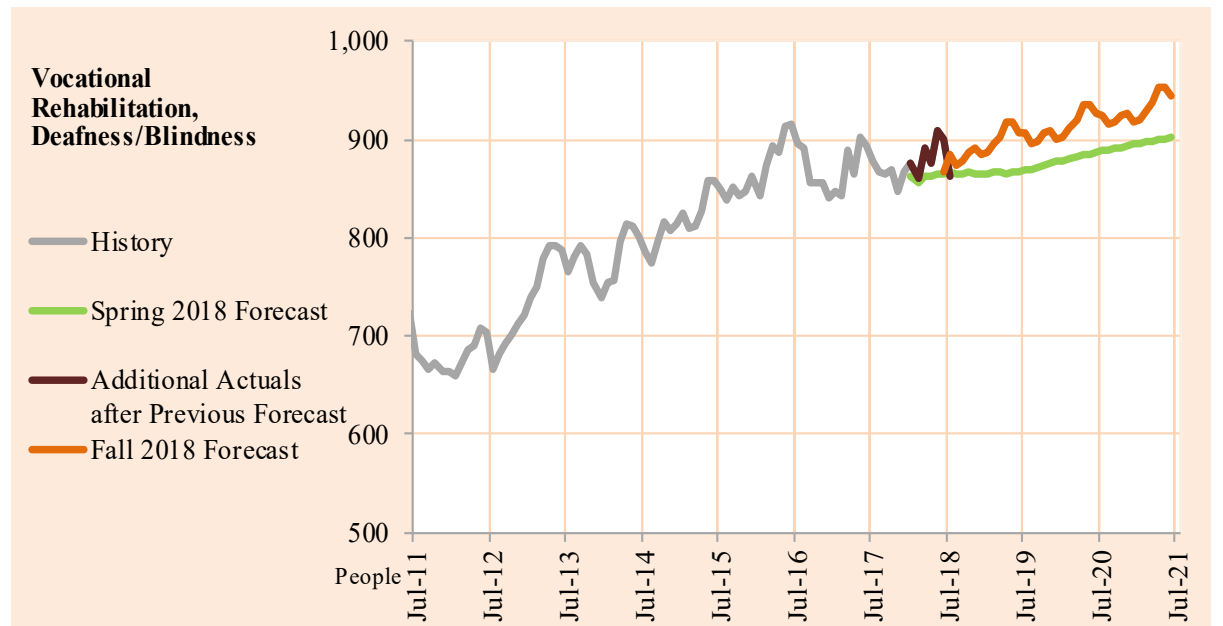
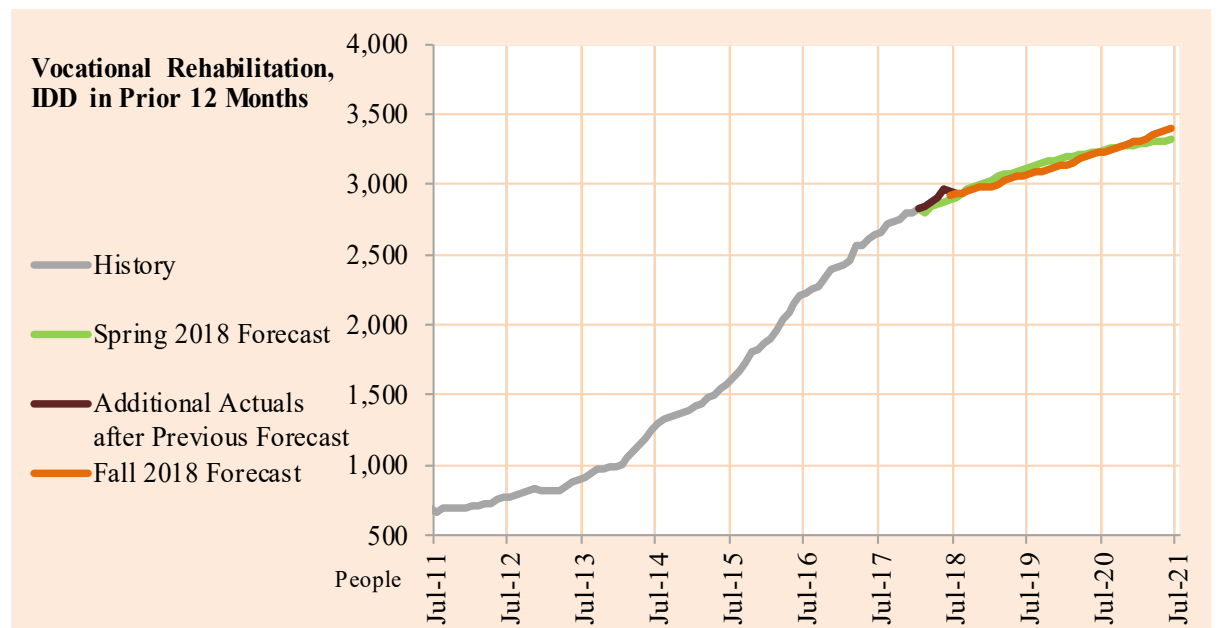


Psychosocial & Other Mental Impairments – The average count of clients in this caseload group for the 2017-19 biennium is anticipated to be 2,819 clients per month, a 3.8 percent increase compared to the Spring 2018 forecast. It is expected to grow through the forecast horizon and average 2,962 for the 2019-21 biennium.

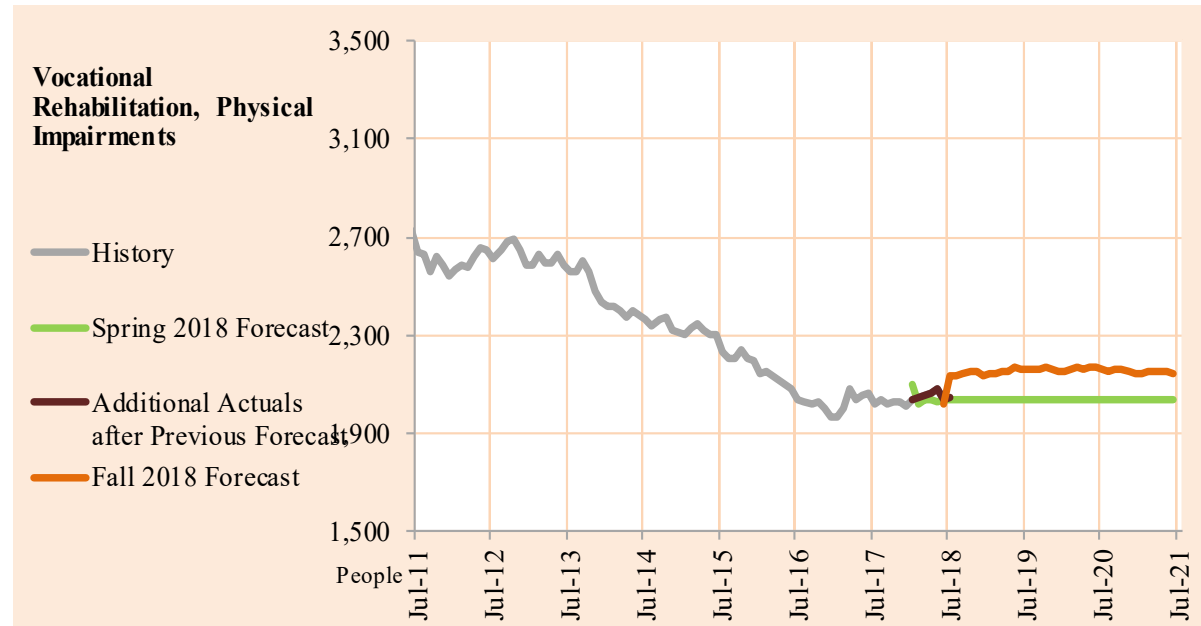


I/DD in Prior 12 Months – The average count of clients in this caseload group for the 2017-19 biennium is anticipated to be 2,893 clients per month, a 0.4 percent decrease compared to the Spring 2018 forecast. It is expected to grow through the forecast horizon and average 3,227 for the 2019-21 biennium.

Deafness/Blindness – The average count of clients in this caseload group for the 2017-19 biennium is anticipated to be 872 clients per month, a 0.9 percent increase compared to the Spring 2018 forecast. It is expected to grow slightly through the forecast horizon and average 921 for the 2019-21 biennium.



Physical Impairments – The average count of clients in this caseload group for the 2017-19 biennium is anticipated to be 2,086 clients per month, a 2.4 percent increase compared to the Spring 2018 forecast. It is expected to average 2,158 for the 2019-21 biennium.



The five core services are:

- Job exploration counseling
- Work-based learning experiences
- Counseling on opportunities for enrollment in comprehensive transition or postsecondary educational programs at institutions of higher education
- Workplace readiness training to develop social skills and independent living
- Instruction in self-advocacy

Forecast Environment and Risks

1. Budget limitations may push program into “order of selection”.
2. Changes in Economy.
3. Ongoing ORCA clean up.
4. Lane vs. Brown settlement.
5. Pre-employment Transition Services started in October 2014. This is a mandate of the Workforce Investment and Opportunity Act (W.I.O.A.) designed to help high school students with disabilities make the transition to employment or higher education. This mandate includes a 15 percent set aside of Federal dollars each year to be spent on specific services.

Vocational Rehabilitation Biennial Average Forecast Comparison

	2017-19 Biennium			% Change Between Forecasts	Fall 2018 Forecast			% Change Between Biennia
	Spring 18 Forecast	Fall 18 Forecast	Change		2017-19	2019-21	Change	
VOCATIONAL REHABILITATION								
Cognitive Impairments	1,729	1,757	28	1.6%	1,757	1,818	61	3.5%
Psychosocial & Other Mental Impairments	2,715	2,819	104	3.8%	2,819	2,962	143	5.1%
IDD in Prior 12 Months	2,905	2,893	-12	-0.4%	2,893	3,227	334	11.5%
Deafness/Blindness	864	872	8	0.9%	872	921	49	5.6%
Physical Impairments	2,036	2,086	50	2.5%	2,086	2,158	72	3.5%
Post Employment Services	108	109	1	0.9%	109	111	2	1.8%
Total Vocational Rehabilitation	10,357	10,536	179	1.7%	10,536	11,197	661	6.3%
In Application	1,146	1,219	73	6.4%	1,219	1,304	85	7.0%
In Eligibility	2,203	2,345	142	6.4%	2,345	2,481	136	5.8%
In Plan	6,870	6,863	-7	-0.1%	6,863	7,301	438	6.4%

Oregon Health Authority

Total Oregon Health Authority Biennial Average Forecast Comparison

	2017-19 Biennium			% Change Between Forecasts	Fall 2018 Forecast			% Change Between Biennia
	Spring 18 Forecast	Fall 18 Forecast	Change		2017-19	2019-21	Change	
Health Systems - Medicaid								
OHP								
Children's Medicaid	306,433	306,435	2	0.0%	306,435	297,767	-8,668	-2.8%
Children's Health Insurance Program	84,391	84,163	-228	-0.3%	84,163	90,039	5,876	7.0%
Foster, Substitute and Adoption Care	20,849	20,508	-341	-1.6%	20,508	20,523	15	0.1%
Aid to the Blind and Disabled	84,998	84,321	-677	-0.8%	84,321	84,205	-117	-0.1%
Old Age Assistance	45,104	45,499	395	0.9%	45,499	49,022	3,522	7.7%
Pregnant Women	10,357	10,428	71	0.7%	10,428	9,661	-767	-7.4%
Parent, Caretaker Relative	69,726	73,906	4,180	6.0%	73,906	77,299	3,393	4.6%
ACA Adults	353,497	356,589	3,092	0.9%	356,589	352,047	-4,542	-1.3%
Total OHP	975,355	981,849	6,494	0.7%	981,849	980,562	-1,287	-0.1%
Other Medical Assistance Total	67,237	66,533	-704	-1.0%	66,533	65,297	-1,236	-1.9%
Cover All Kids ¹	3,930	3,817	-113	-2.9%	3,817	6,162	2,345	61.4%
Total Medical Assistance	1,046,522	1,052,199	5,677	0.5%	1,052,199	1,052,020	-179	0.0%
Mental Health ²								
Under Commitment								
Total Forensic Care	830	850	20	2.4%	850	858	8	0.9%
Civilly Committed	998	1,056	58	5.8%	1,056	1,055	-1	-0.1%
Previously Committed	2,788	2,997	209	7.5%	2,997	3,130	133	4.4%
Never Committed	43,411	46,262	2,851	6.6%	46,262	48,041	1,779	3.8%
Total Served	48,027	51,165	3,138	6.5%	51,165	53,084	1,919	3.8%

1. Cover All Kids is a new non Medicaid caseload that started Jan 2018. It includes clients under age 19 who were previously in CAWEM as well as new entries entering the program directly. The 2017-2019 Biennium is the monthly average over 24 months, but the caseload was zero for the first 6 months of the biennium, from July to December 2017. Over the last 18 months of the 2017-19 Biennium, when the program is operational, the forecasted average monthly caseload will be 5,089.

2. Numbers reported represent adults only.

Health Systems Medicaid (HSM)

Starting with the ACA Expansion in January 2014, the caseload grew in fits and starts related to open enrollment and delayed redeterminations until March 2016. Then in March 2016, the backlog of redeterminations was restarted on a regular basis, leading to sharp steady declines. This continued until February 2017 when there was a two-month lull in the number of redeterminations related to the timing of the earlier restart of redeterminations. There was another burst of cleanup of older caseloads in June, July, and August 2017 that led to another three months of decline. More recently, the open enrollment period for the Health Exchange and the increase in referrals from the federal marketplace occurred mostly in November and December 2017, roughly one month earlier than the previous year. Automated Renewals started in February 2018, immediately decreasing exits, and caseloads that might have otherwise declined have been mostly flat since.

Automated Renewals

Starting with the renewals scheduled for the end of February 2018, Oregon transitioned to a system of automated renewals (sometimes called passive or ex-parte renewals). Automated Renewals is a system under which OHA automatically renews a client's Medicaid Eligibility if they have all the required information and the client is eligible. That information may be obtained from several databases, including the IRS, Social Security Administration, local Employment records or other Oregon data. This system is in place in most states and is required by CMS. This means, in cases where OHA already has access to the necessary information to make a positive eligibility determination, they will do so and send notice to the client. The client is not required to respond to maintain eligibility. If OHA cannot verify eligibility with the available data, the client will go through the normal, active renewal process that does require a response.

We can observe the impact of automated renewals in the data, particularly we see a decrease in the rate at which clients exit the caseload at the twelfth and twenty fourth month in certain programs when their cases are renewed. The largest impact turned out to be in the Parent, Caretaker, Relative (PCR) caseload. We also saw shifts in the ACA Adult caseload and smaller impacts in the CAWEM – Adult caseload and Children's Medicaid. We anticipated some shifts when we constructed the previous Spring 2018 forecast and we are using the new March to June 2018 exit data to further refine those estimates for the Fall 2018 forecast.

Cover All Kids

We now have actual data for the Cover All Kids program. It includes the recent entries, exits and transfers for Cover All Kids, which we use to build the forecast model. However, we only have about 6 months of program history to work with, increasing uncertainty.

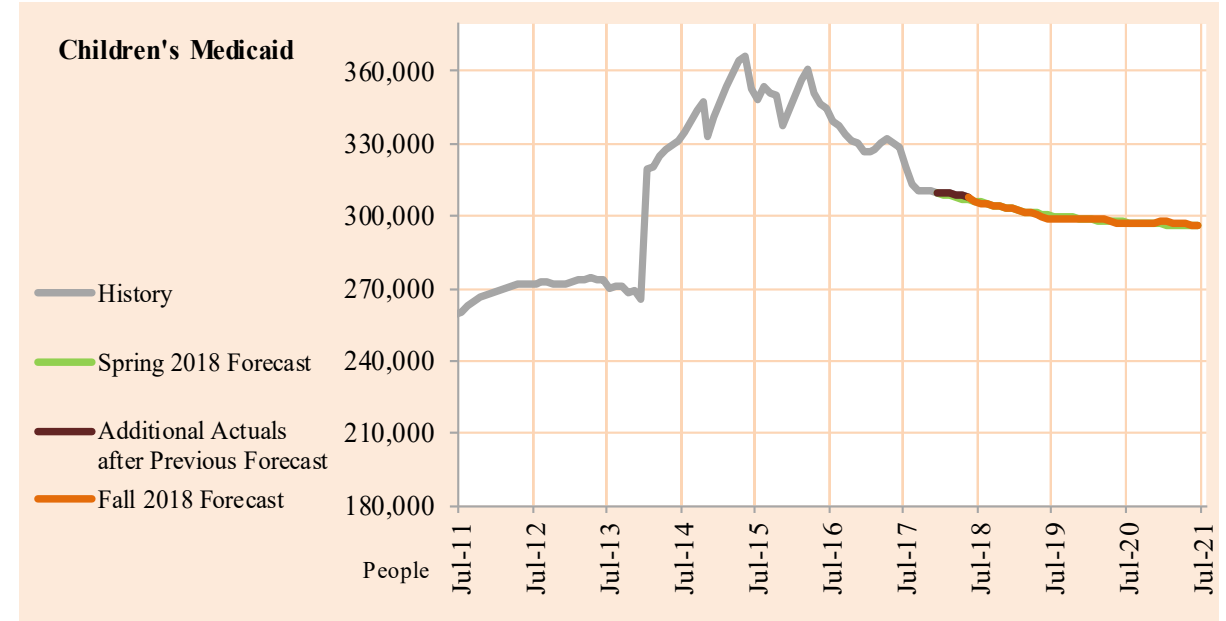
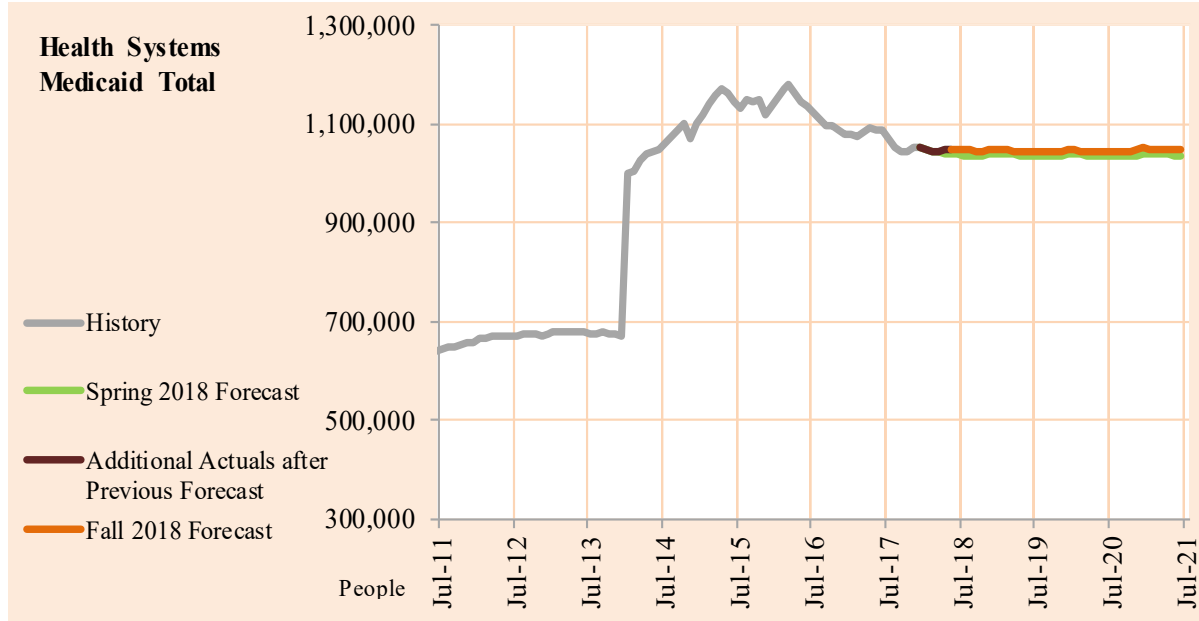
Overall, the Cover All Kids caseload has shown slow steady growth since January 2018. We believe there will be accelerated new entries for a limited time from October to December of 2018 when charity cases from Kaiser are transferred over.

Given the national environment regarding undocumented immigrants and the difficulty in reaching this population, we believe less than half the estimated potentially eligible children will be on the caseload even after 3 years. To be clear, we still think there is a pool of roughly 15,000 eligible children in the state of Oregon. Our forecast is an estimate of how many we think will be served under current circumstances.

This forecast does continue to have a lot of uncertainty. The key assumption is that children will continue to sign up at the rates in which they signed up during the first half of 2018. If more effective outreach causes more children to sign up in the long run, then caseloads will be higher than forecasted. If a worsening political climate causes fewer people to sign up, then caseloads will be lower than forecasted.

Caseload Actuals and Trends

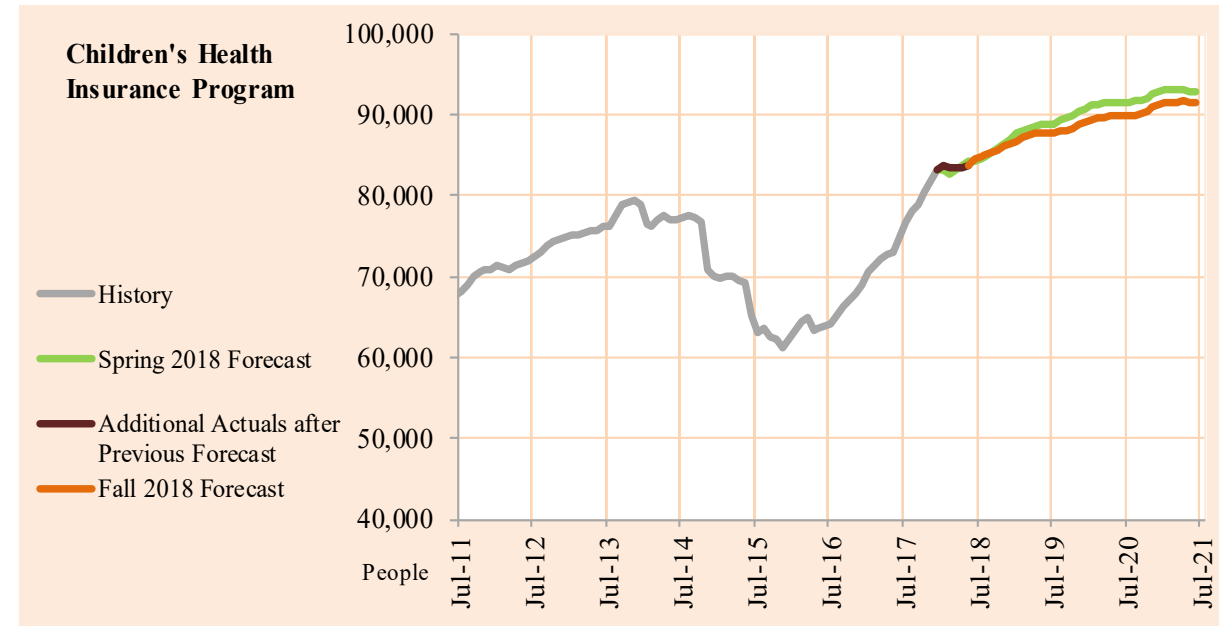
As of April 2018, the Medicaid caseload was 1,047,933 and the preliminary estimate for July 2018 is 1,046,360. In general, the caseloads will be mostly level with a very slight decline and smaller seasonal bumps related to open enrollment in the Federally-facilitated Marketplace. This will continue through the forecast horizon if the economy remains in its current state and there are no important policy changes.

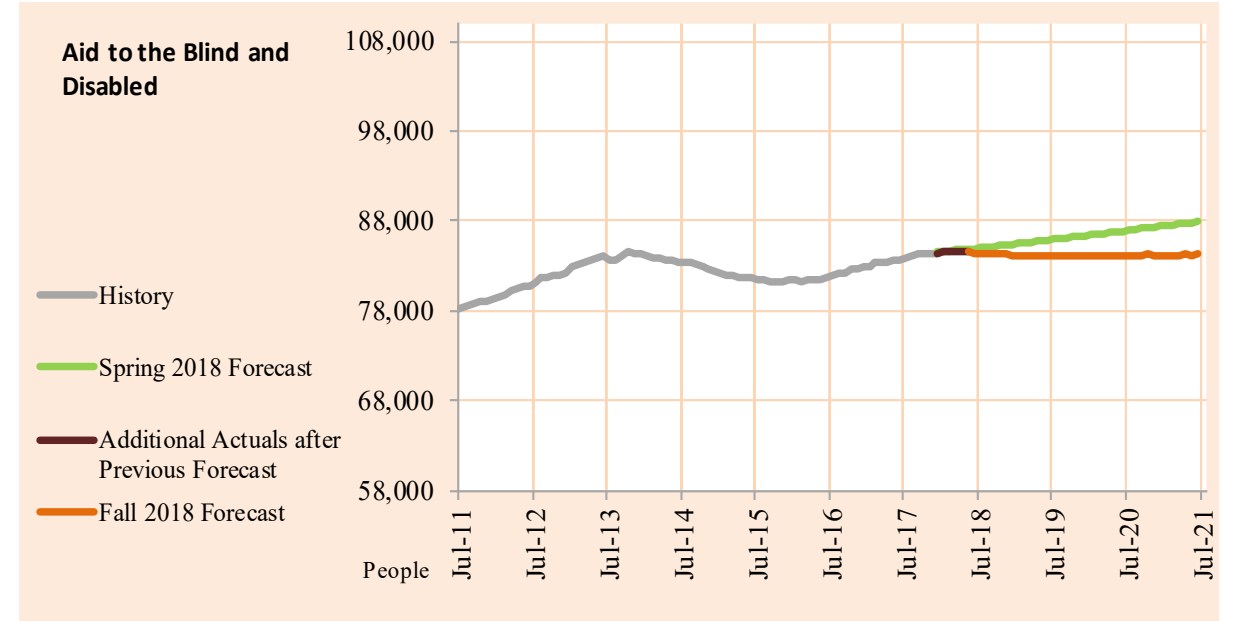
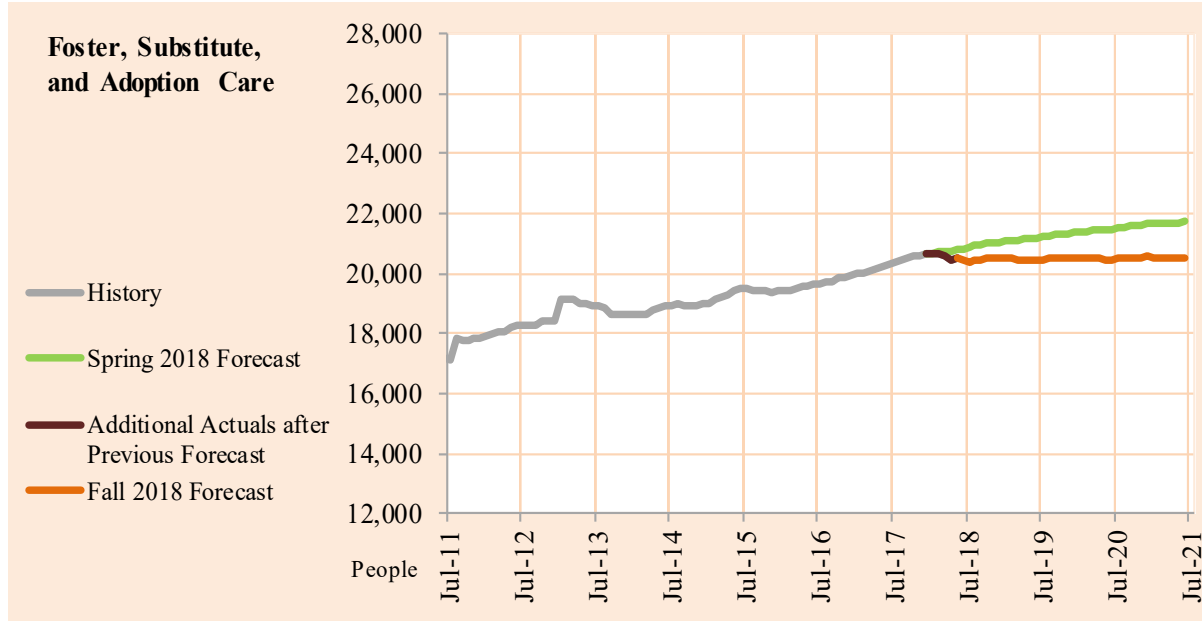


Children's Medicaid – This caseload shows a slight decline in recent months. The most recent preliminary estimate for July 2018 shows 305,008 clients on this caseload. By the end of 2017-2019 biennium there will be 299,162 clients on this caseload and it will account for about 28.7 percent of the total Medicaid caseload.

Children's Health Insurance Program (CHIP) – The most recent preliminary estimate for July 2018 shows 84,857 children on this caseload. Most of the growth in this program comes from transfers from Children's Medicaid, which shows a lot of recent variance and increases the uncertainty of this caseload forecast. The caseload is expected to continue to grow going forward, with 87,788 by the end of 2017-2019 biennium and by then it will account for 8.4 percent of the total Medicaid caseload.

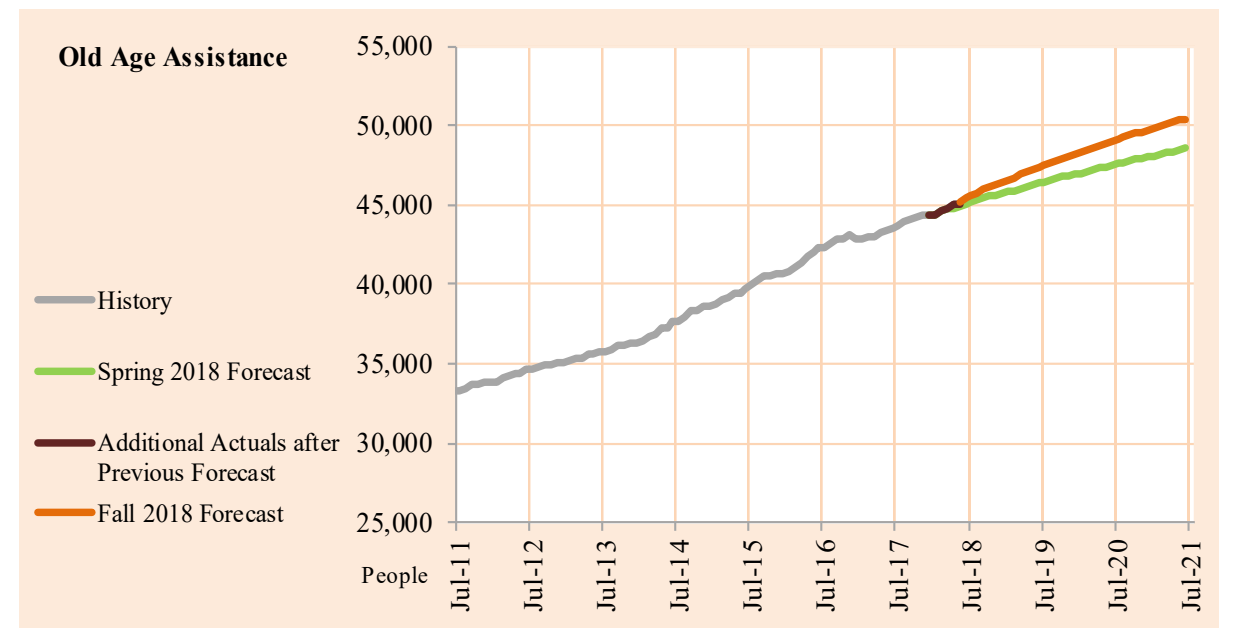
Foster, Substitute and Adoption Care – The most recent preliminary estimate for July 2018 shows 20,404 children on this caseload. This caseload has leveled off along with the Foster Care caseload. By the end of 2017-2019 biennium there will be 20,445 clients on this caseload and it will account for 2.0 percent of the total Medicaid caseload.





Aid to the Blind and Disabled (ABAD) – The most recent preliminary estimate for July 2018 shows 84,261 clients on this caseload. Historically, this caseload grew steadily, however, the ACA reform caused a temporary lull. First, the availability of health insurance to low income adults (ACA Adults caseload) and, second, the availability of K-Plan (access to long term care without having to obtain a federal designation of disability) reduced the number of new enters. New enters started increasing again after the ACA expansion in 2014, but from a new lower baseline. This shift in new Enters caused the caseload to dip at first and then in 2016 it started growing again. However, the slow steady growth in new enters appears to have leveled off around Jan 2018. The caseload is expected to be flat going forward, drifting to 84,119 by the end of 2017-2019 biennium and will account for 8.1 percent of the total Medicaid caseload.

Old Age Assistance (OAA) – The most recent preliminary estimate for July 2018 shows 45,605 clients on this caseload. The caseload is projected to grow slowly, but steadily in line with the elderly population growth through the foreseeable future. The caseload is expected to be 47,381 by the end of 2017-2019 biennium and will account for 4.5 percent of the total Medicaid caseload.

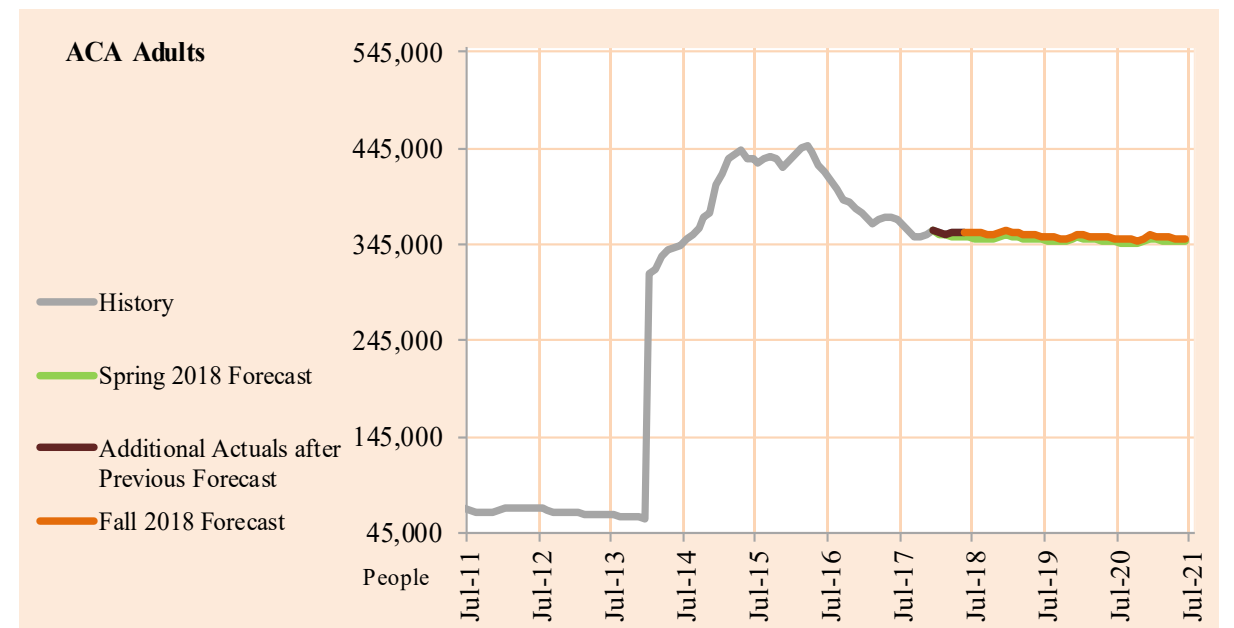
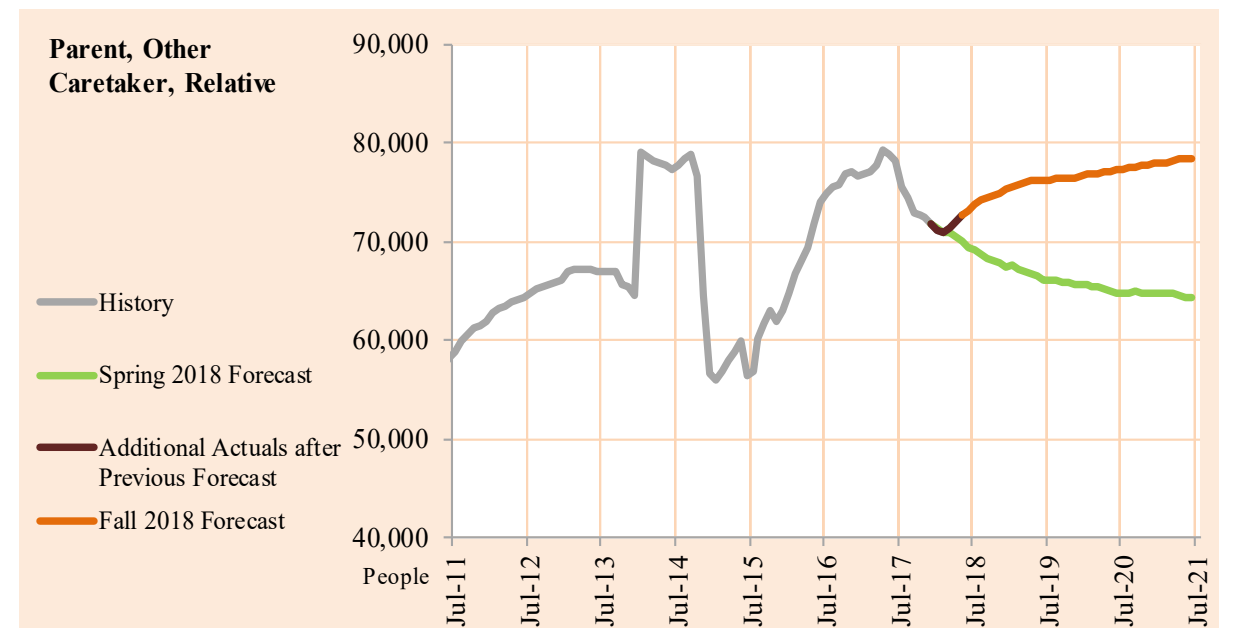


Pregnant Women – The most recent preliminary estimate for July 2018 shows 10,122 women on this caseload. The caseload has been declining steadily over the last year and a half as redeterminations were resumed. It showed a particularly steep drop during the “clean up”. It is too early to be certain, but the number of live births in the state of Oregon during 2017 also appeared to decline slightly. In addition, clients are staying on this caseload for shorter periods of time before transferring or exiting. The caseload is expected to be 9,839 at the end of 2017-2019 biennium and will account for 0.9 percent of the total Medicaid caseload.

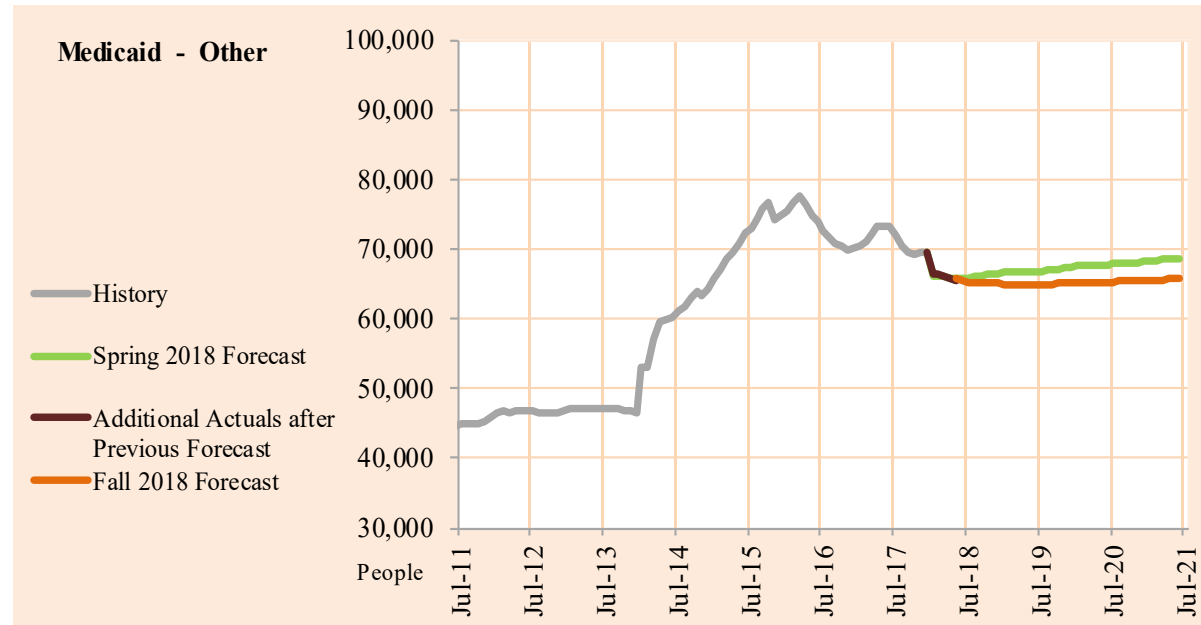


Parent, Other Caretaker, Relative (PCR) – This caseload showed the largest impact from the change to automated renewals. In the absence of automated renewals, the caseload would have been expected to decline, but instead it is showing moderate growth. The most recent preliminary estimate for July 2018 shows 73,739 clients on this caseload. The caseload is expected to grow to 76,215 by the end of 2017-2019 biennium and will account for about 7.3 percent of the total Medicaid caseload.

ACA Adults – This caseload was also impacted by automated renewals to a lesser extent. The most recent preliminary estimate for July 2018 shows 357,049 clients on this caseload. The caseload is expected to drop to 353,698 by the end of 2017-2019 biennium and will account for about 33.9 percent of the total Medicaid caseload.

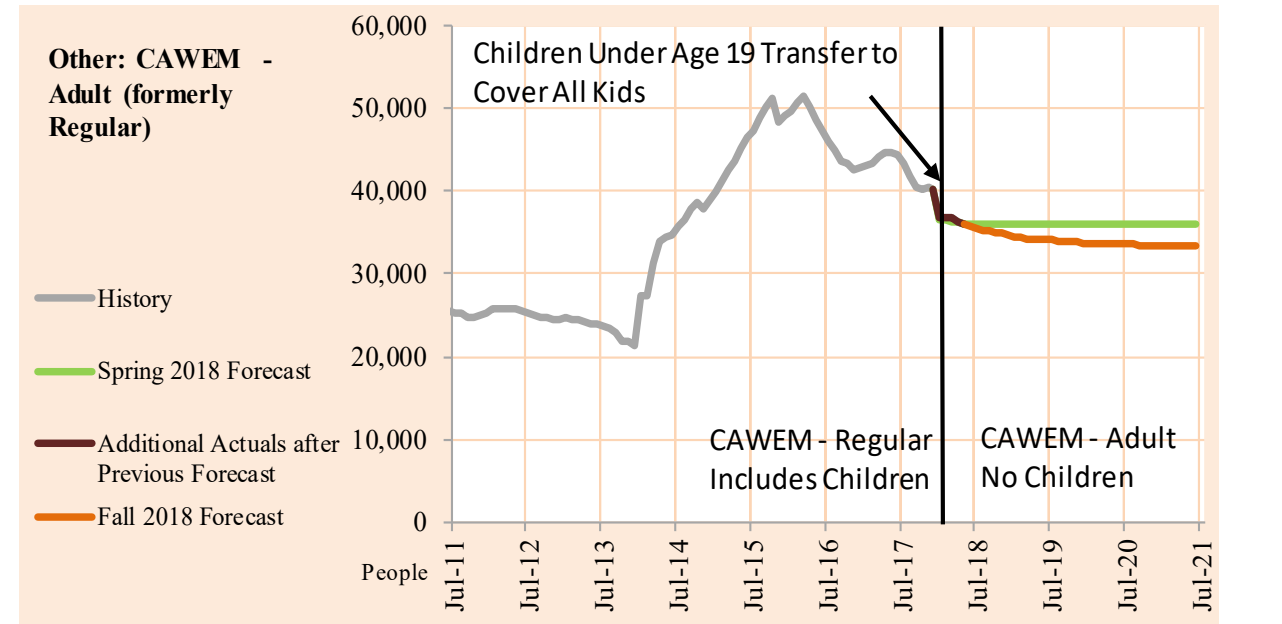
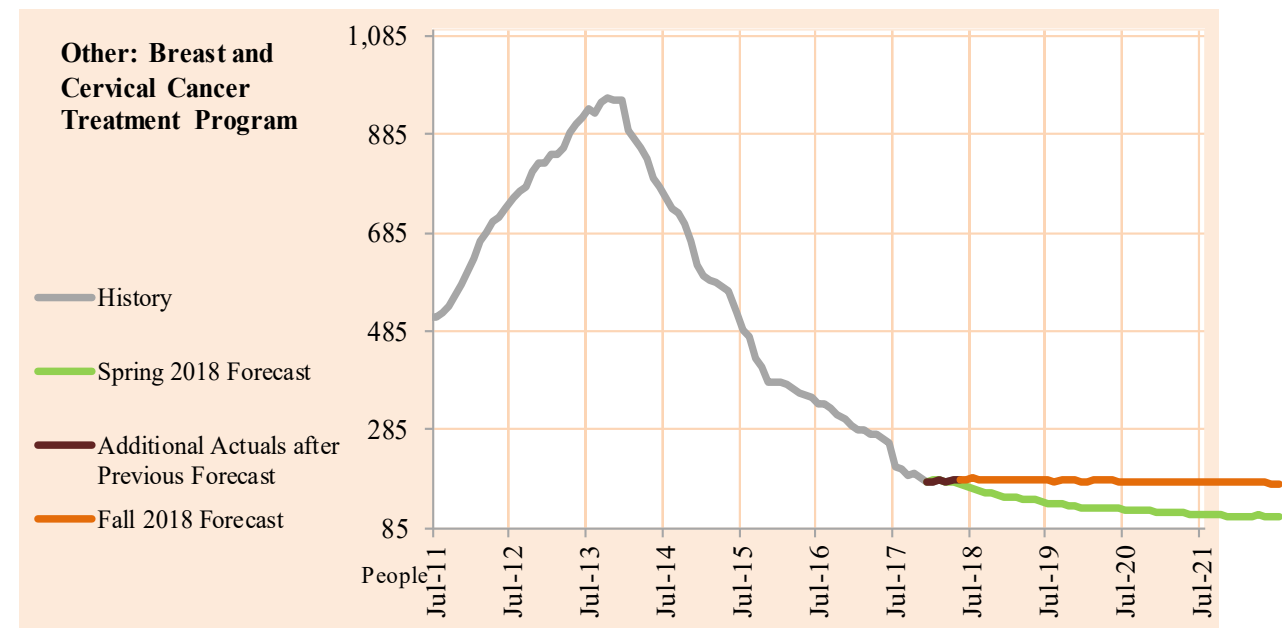


Other Medical Assistance Programs



Breast and Cervical Cancer Treatment Program (BCCTP) – The most recent preliminary estimate for July 2018 shows 186 clients on this caseload. The caseload dropped during the redetermination and clean-up that happened over the last few years, but it appears to have leveled off at a new floor during 2018. This caseload is expected to be 183 by the end of 2017-2019 biennium.

Citizen-Alien Waived Emergent Medical - Adult (CAWEMA) – This caseload was formerly known as CAWEM – Regular and contained both children and adults. However, in January 2018 all the children under age 19 in this caseload (roughly 3,600) moved to the new Cover All Kids caseload. This caused a level shift down. The most recent preliminary estimate for July 2018 shows 35,446 clients on this caseload. Other than the level shift down in January 2018, when the children moved to Cover All Kids, the caseload is expected to remain mostly flat, trending down slightly, reaching 34,069 at the end of 2017-2019 biennium.



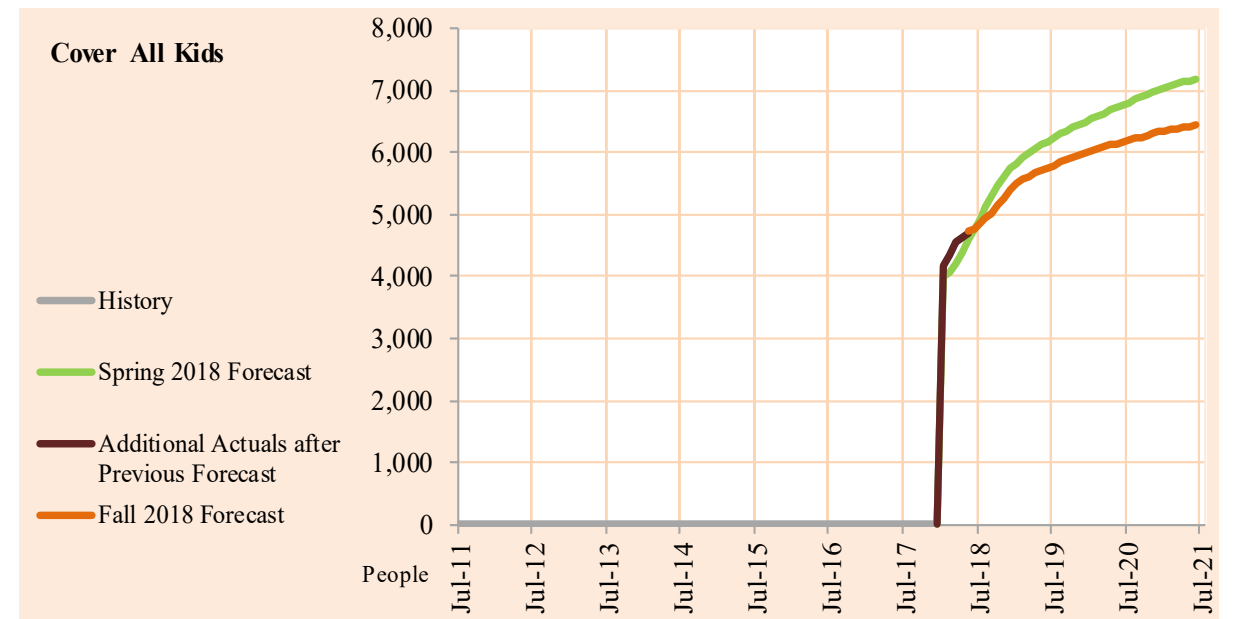
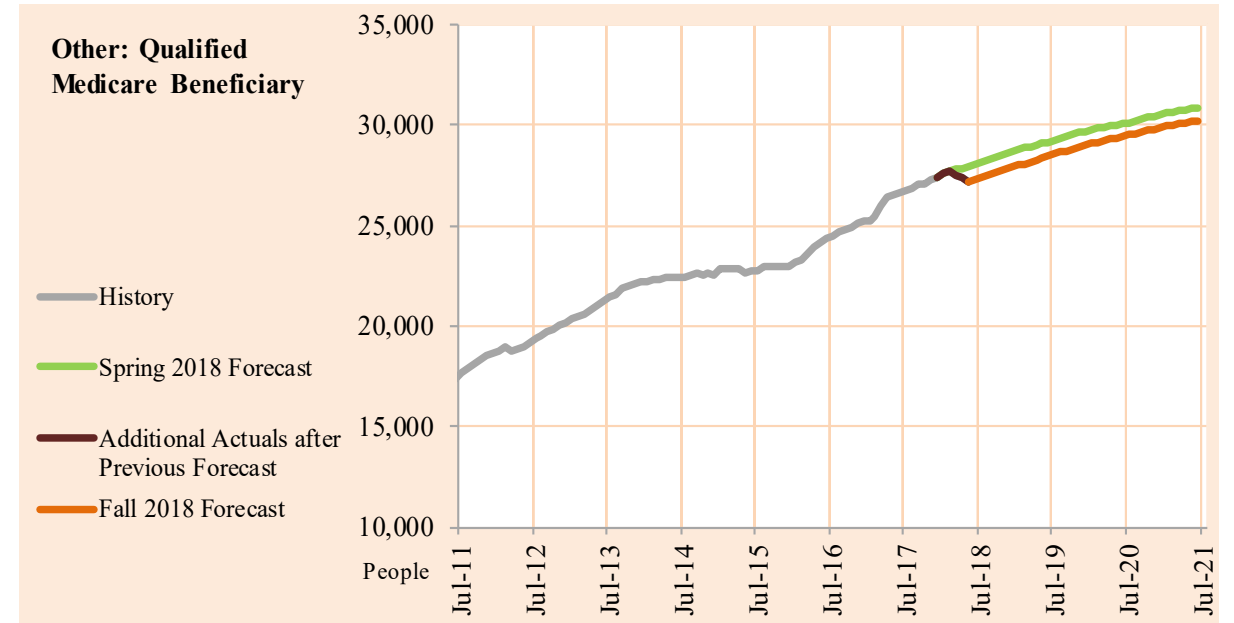
Citizen-Alien Waived Emergent Medical - Prenatal (CAWEMP) – The prenatal caseload has grown with the inclusion of an additional 2 months of post-partum care. The number of clients being served did not change significantly, but the additional length of care caused a significant level shift up in the caseload over April, May and June 2018. The most recent preliminary estimate for July 2018 shows 2,327 clients on this caseload. The caseload is expected to be 2,179 by the end of 2017-2019 biennium.



Qualified Medicare Beneficiary (QMB) – The most recent preliminary estimate for July 2018 shows 27,356 clients on this caseload. There was a small level shift down in March 2018 related to Cost of Living Adjustments (COLA) in Social Security payments. This caseload is expected to be 28,424 by the end of 2017-2019 biennium and will account for about 2.7 percent of the Medicaid caseload. This caseload has grown consistently since January of 2009 and is expected to continue growing through the forecast horizon.

Cover All Kids (CAK) – This is a new state funded program that began January 1, 2018. It provides medical assistance like the Oregon Health Plan to all children in Oregon under the age of 19, who are under 300% of the Federal Poverty Level (FPL), and are otherwise eligible for Medicaid except for U.S. Residency/Citizenship status. These clients are not counted in the Medicaid caseload, but would be part of Total Medical Assistance. The most recent preliminary estimate for July 2018 shows

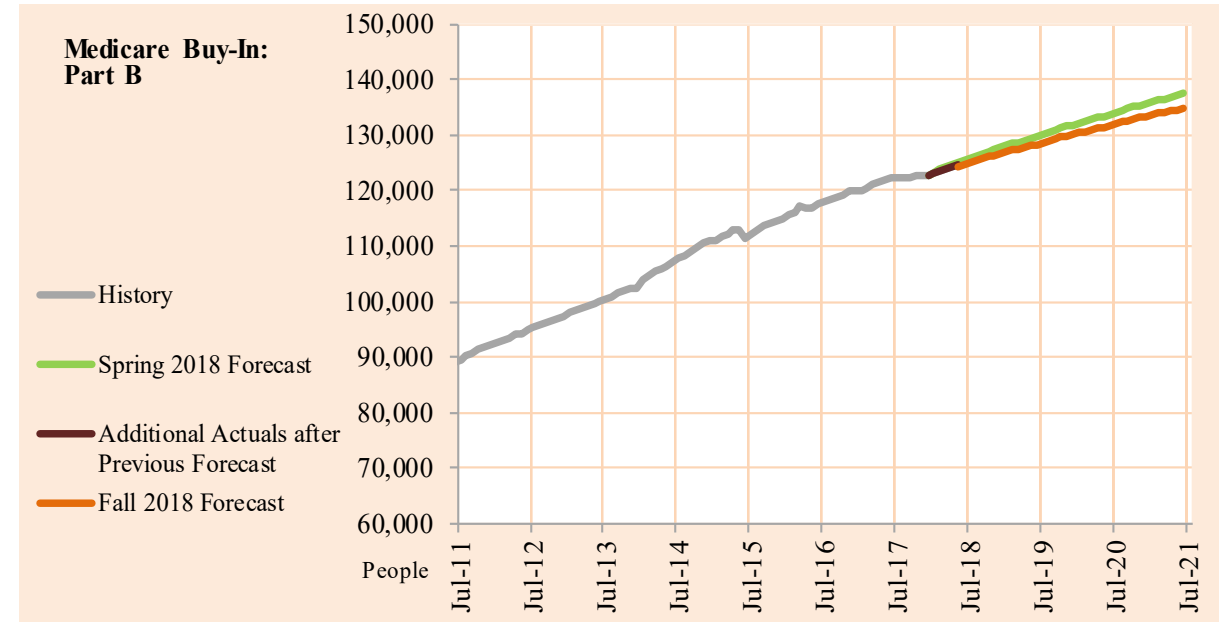
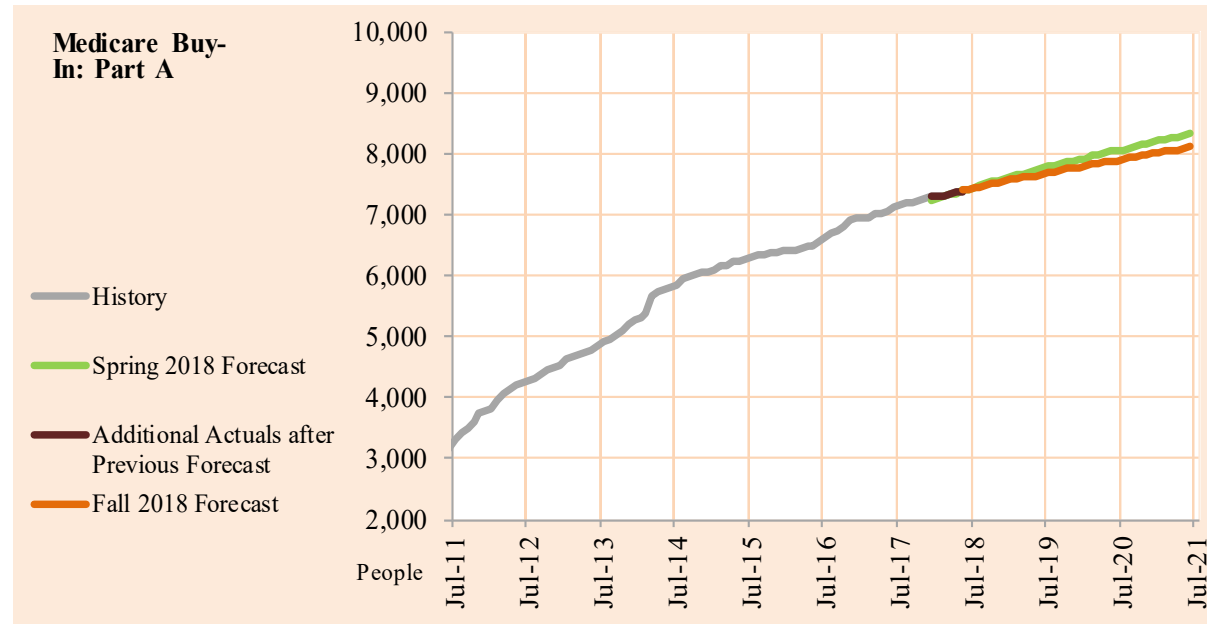
4,864 clients on this caseload. The entries and exits for this caseload were estimated for the first time using actual data from the first six months of the program, resulting in a slight shift down. This caseload is still expected to grow to 5,752 by the end of 2017-2019 biennium.



Medicare Part A/B Premium Assistance Programs

Medicare Part-A Premium Assistance – The most recent preliminary estimate for July 2018 shows 7,432 clients on this caseload. This caseload is expected to grow through the foreseeable future and is expected to be 7,672 by the end of 2017-2019 biennium.

Medicare Part B Premium Assistance – The most recent preliminary estimate for July 2018 shows 125,036 clients on this caseload. This caseload is projected to continue growing steadily, similar to the OAA and QMB caseloads. It is expected to be 128,272 by the end of 2017-2019 biennium. Twenty-Nine percent of those receiving Medicare Part-B assistance are in OAA caseload; 25% are in ABAD; 22% are in QMB; and most of the remaining 24% are in the Partial Dual eligible caseloads.



Forecast Environment and Risks

After a long period of instability that has made it difficult to detect the true trends underlying the data, we seem to be entering a period of more stability. The change to automated renewals and the yearly period of open enrollment will continue to create added uncertainty and individual programs will show variation with new policies, but overall, we expect the variation in caseloads to decrease.

There remain some specific risks to the forecast. The biggest known specific risks for the current forecast are: 1) the longer-term impact of Automated Renewals; 2) changes to the Public Charge rule; 3) Cover All Kids; 4) PCR entries, exits and transfers to ACA; 5) the next phase of Integrated Eligibility implementation and system changes; 6) the Minimum Wage increase; and 7) an Economic downturn.

We have 4 months of data, some of it preliminary, from after the implementation of Automated Renewals at the end of February. Those results were incorporated into the Fall 2018 forecast. However, the longer-term impacts, including the impact on clients returning during the open enrollment period have not been observed yet and represent some risk to the forecast.

There are also other risks associated with switching to automated renewals. Without the yearly verification of a known address, there is some risk of out of state clients not being detected. Changes in family circumstances might also go undetected, including additions or separations, although under the MAGI system, eligibility is determined by Tax Unit (those that file together) mitigating some of that risk. Clients are responsible for reporting any changes in their circumstances which could impact eligibility, but we would certainly not expect 100% compliance or for reported changes to always be timely.

The Public Charge rule details the possible impacts of receiving public benefits on immigration status. Those who receive public benefits can have that held against them in immigration rulings regarding status. In proposed rulemaking, the Trump administration is expanding this rule in several ways. It would expand to include more cash and non-cash benefits including Medicaid, SNAP and Housing vouchers. It would no longer require the benefit to be the primary means of support, instead holding any amount of benefit against the applicant through a complex formula that weighs many factors. Early drafts of the rule making included a provision which would have held benefits received by U.S. citizen children against the application

of their non-citizen parents, but this rule was not included in the currently proposed changes. This rule change has not been enacted yet but is in the 60-day comment period at the time of this writing. The State of Oregon's response to this rule is also not yet decided. Regardless, if enacted, we would expect it to have at least some chilling effect on caseloads with non-citizen family members. CAWEM and Cover All Kids would certainly be impacted, but even caseloads like Children's Medicaid and CHIP could be impacted. The possible magnitude of the impact is very uncertain. Some of the impact may already be baked in due to the current national rhetoric regarding immigrants. On the other hand, even the discussion, without any rule change, could have an additional chilling effect. This is a particularly unknown risk in both magnitude and scope.

The Cover All Kids was revised down slightly in this forecast. We have several months of data now, including exit rates which were slightly higher than anticipated and new enters, which were slightly lower. It is still very early in the program and additional data may shift estimates more. There is also some risk in the transfer of children from the Kaiser charity program to Cover All Kids, which is scheduled for October to December of 2018.

The Parent, Other Caretaker, Relatives (PCR) caseload has shown a sharp increase since the start of Automated Renewals. The previous Spring 2018 forecast underestimated the impact automated renewals would have on decreasing exits. The Fall 2018 forecast corrects that. However, if new enters continued at their current rate unchanged, the caseload would eventually reach new unprecedented heights. We believe over time, as the number of clients exiting the caseload declines, future new entries of returning clients will also decline. There is a risk that this will not occur, and the PCR caseload could end up being higher than forecast.

The operation of the ONE system has transferred from OHA to DHS and work on Integrated Eligibility continues. As a large technical IT project, being moved from one department while simultaneously undergoing major revisions, the ONE system creates a risk of technical issues. In a separate, but related issue, this forecast assumes that all clients are currently in the correct caseload category, have been renewed in the last year, and that there are no current unknown or hidden eligibility issues. If that is not true, it represents a risk to the forecast.

Increasing employment and increasing wages directly or indirectly related to an increasing minimum wage have the potential to decrease some caseloads.

To recap, specifically regarding Medicaid, the state minimum wage is scheduled to increase annually on July 1st, each year through 2022, after which it will increase with inflation. While the impact of a large minimum wage increase is hotly contested, the impact for Medicaid would most likely be felt in the ACA adult caseload, among 1 or 2-person households working full time. These are a relatively small portion of the total ACA adult caseload. While we do account for generally improving economic conditions in the forecast of new enters into the ACA adult caseload, we do not make a separate special adjustment for the minimum wage increase, and it remains a risk to the forecast. To date, we have not seen an observable change in caseloads that we can tie directly to the yearly increase in minimum wage.

Counterbalancing that, there is always the risk of an economic downturn. We have no reason to think it is greater or lesser than normal. However, this forecast covers a 3 ½ year span and assumes continuing economic growth for that whole period. It should also be noted that the new ACA Adults caseload and the CHIP and Children's Medicaid caseloads may be more sensitive to economic changes than other, older and more traditional, Medicaid caseloads.

Health Systems Medicaid Biennial Average Forecast Comparison

	2017-19 Biennium			% Change Between Forecasts	Fall 2018 Forecast			% Change Between Biennia
	Spring 18 Forecast	Fall 18 Forecast	Change		2017-19	2019-21	Change	
HEALTH SYSTEMS - MEDICAID								
OHP								
Children's Medicaid	306,433	306,435	2	0.0%	306,435	297,767	-8,668	-2.8%
Children's Health Insurance Program	84,391	84,163	-228	-0.3%	84,163	90,039	5,876	7.0%
Foster, Substitute and Adoption Care	20,849	20,508	-341	-1.6%	20,508	20,523	15	0.1%
Aid to the Blind and Disabled	84,998	84,321	-677	-0.8%	84,321	84,205	-117	-0.1%
Old Age Assistance	45,104	45,499	395	0.9%	45,499	49,022	3,522	7.7%
Pregnant Women	10,357	10,428	71	0.7%	10,428	9,661	-767	-7.4%
Parent, Caretaker Relative	69,726	73,906	4,180	6.0%	73,906	77,299	3,393	4.6%
ACA Adults	353,497	356,589	3,092	0.9%	356,589	352,047	-4,542	-1.3%
Total OHP	975,355	981,849	6,494	0.7%	981,849	980,562	-1,287	-0.1%
Other Medical Assistance								
Breast and Cervical Cancer Treatment Program	169	186	17	10.3%	186	181	-5	-2.8%
Citizen-Alien Waived Emergent Medical - Adult ¹	37,327	36,698	-629	-1.7%	36,698	33,585	-3,113	-8.5%
Citizen-Alien Waived Emergent Medical - Prenatal	1,672	2,062	390	23.3%	2,062	2,093	31	1.5%
Qualified Medicare Beneficiary	28,069	27,586	-483	-1.7%	27,586	29,437	1,851	6.7%
Other Subtotal	67,237	66,533	-704	-1.0%	66,533	65,297	-1,236	-1.9%
Total Medicaid	1,042,592	1,048,382	5,790	0.6%	1,048,382	1,045,859	-2,523	-0.2%
Cover All Kids ²	3,930	3,817	-113	-2.9%	3,817	6,162	2,345	61.4%
TOTAL MEDICAL ASSISTANCE	1,046,522	1,052,199	5,677	0.5%	1,052,199	1,052,020	-179	0.0%
Medicare Part A	7,436	7,418	-18	-0.2%	7,418	7,899	481	6.5%
Medicare Part B	125,636	124,977	-659	-0.5%	124,977	131,815	6,838	5.5%

1. CAWEM - Adult is a new caseload replacing CAWEM - Regular. Clients under age 19 were counted in CAWEM - Adult until Jan 2018 when they all (~3,600) moved over to Cover All Kids. After Jan 2018 there are no clients under age 19 in the CAWEM - Adult caseload.

2. Cover All Kids is a new non Medicaid caseload that started Jan 2018. It includes clients under age 19 who were previously in CAWEM as well as new entries entering the program directly. The 2017-2019 Biennium is the monthly average over 24 months, but the caseload was zero for the first 6 months of the biennium, from July to December 2017. Over the last 18 months of the 2017-19 Biennium, when the program is operational, the forecasted average monthly caseload will be 5,089.

Mental Health (MH)

This forecast includes adults who are receiving mental health services from the Oregon Health Authority. For budgeting purposes, the Mental Health caseload is divided between Mandated and Non-Mandated populations. Oregon law requires Mandated populations, including criminally and civilly committed patients, to receive mental health services. There are three Mandated populations: (1) Aid and Assist, served at the State Hospital; (2) Guilty Except for Insanity (GEI), served at the State Hospital and in the community; and (3) Civilly Committed, also served at both the State Hospital and in the community. The Non-Mandated populations include two groups: (1) Previously Committed individuals, served mostly in the community; and (2) Never Committed individuals, also served mostly in the community. As service providers have become more consistent in their use of the Measures and Outcomes Tracking System (MOTS), data for the Civilly Committed, Previously Committed, and Never Committed populations continue to be refined.

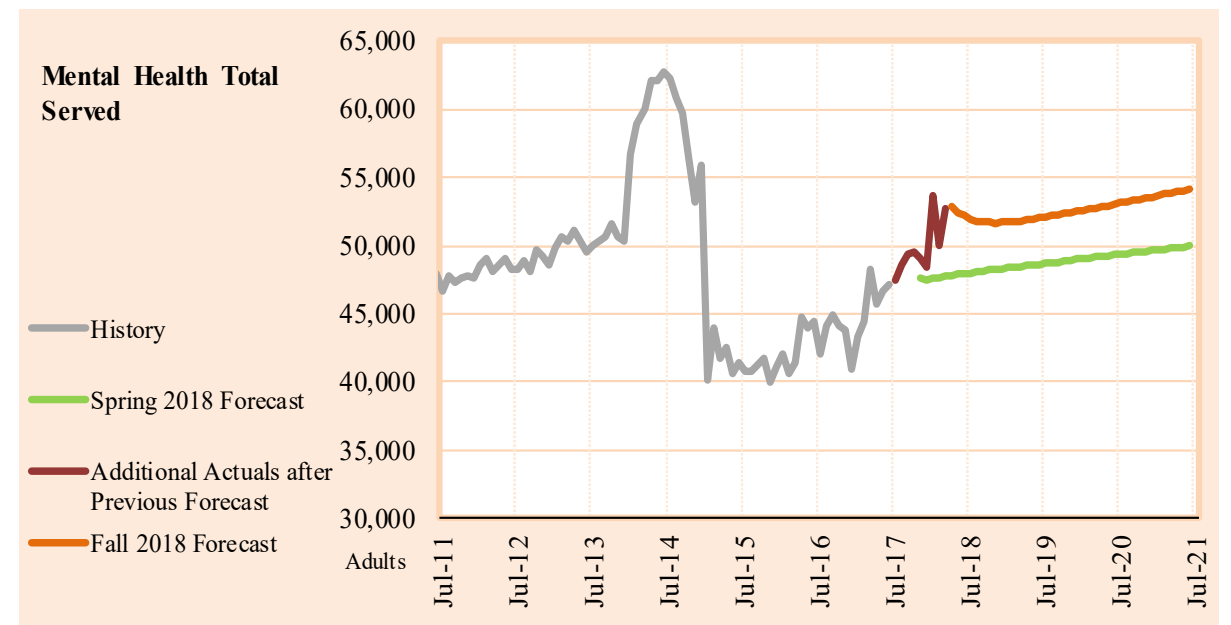
Mandated mental health services are provided through community programs, including residential care, and the Oregon State Hospital system. Non-Mandated services are primarily provided in community outpatient settings. Community programs provide outpatient services including intervention, therapy, case management, crisis, and pre-commitment services. The State Hospitals provide 24-hour supervised care to people with the most severe mental health disorders, including people who have been found guilty except for insanity.

Total Mandated Mental Health Services

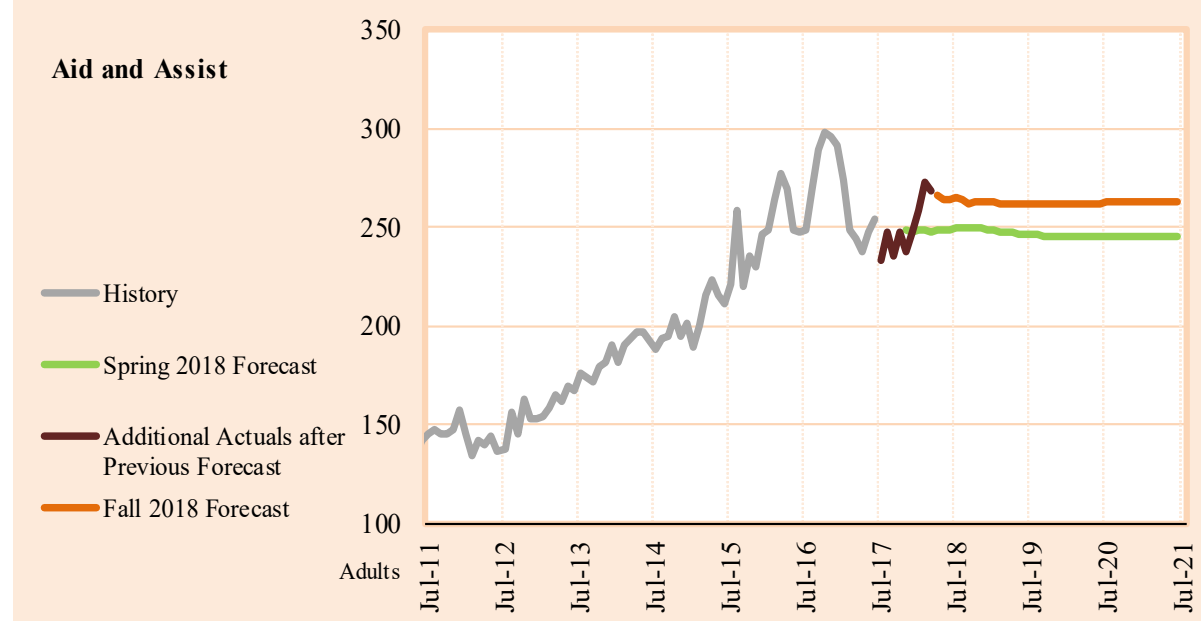
The mandated caseload encompasses the committed caseload (Aid and Assist, GEI, and Civilly Committed clients). The 2017-19 biennial average forecast is 1,906 clients. The 2019-21 biennial average is 1,912 clients, which is 0.3 percent higher than the 2017-19 biennial average. As with all MH categories forecasted in this report, the Mandated population includes only adults.

Total Forensic Mental Health Services

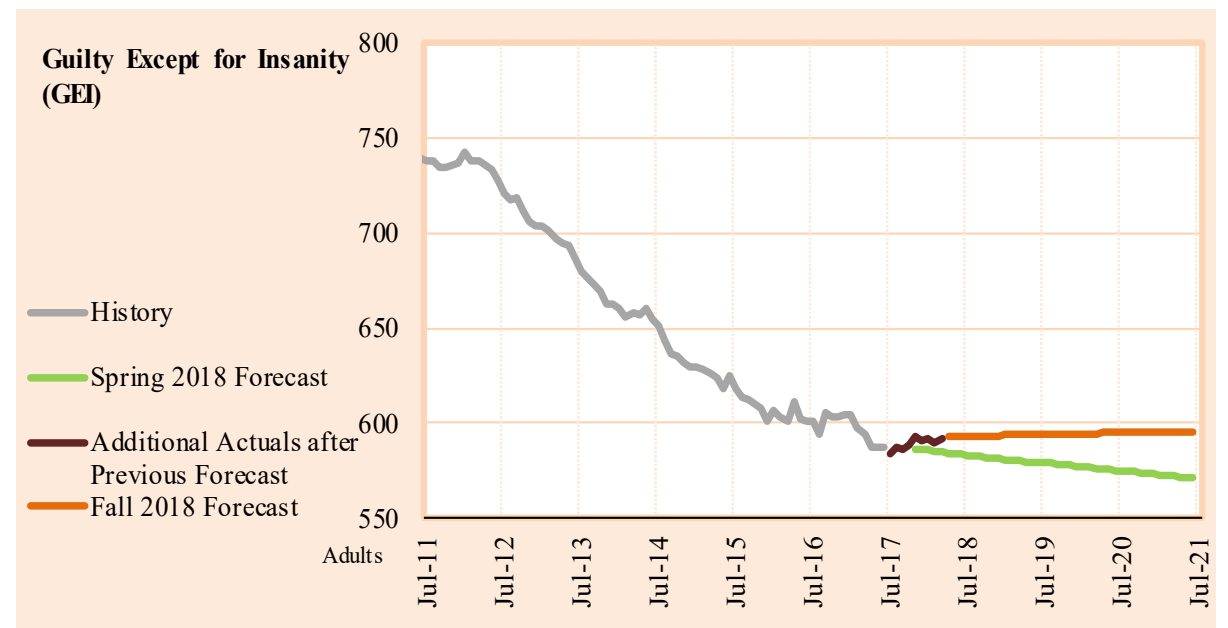
The forensic caseload encompasses the Aid and Assist and GEI clients. The 2017-19 biennial average forecast is 850 clients. The 2019-21 biennial average is 857 clients, which is 0.8 percent higher than the 2017-19 biennial average.



Aid and Assist – This caseload exhibited steady growth throughout 2013, 2014, 2015 and into 2016. There was a dip in the second half of 2016, followed by another jump, up to almost 300 clients in October 2016. After that time the caseload fell, fluctuating around 250. However, the caseload has been higher for the first few months of 2018. Aid and Assist currently counts only clients served at the State Hospital. The 2017-19 biennial average forecast is 258 clients. The 2019-21 biennial average is 263 clients, which is 1.7 percent higher than the 2017-19 biennial average forecast.



Guilty Except for Insanity (GEI) – These clients are under the jurisdiction of the Psychiatric Security Review Board and State Hospital Review Panel. Nationally, violent crimes are down despite population growth. For the past several years the Total GEI caseload in Oregon has steadily declined, and 2016 was especially high for end of jurisdictions. Recently, the caseload has leveled off, slightly under 600 clients per month. The 2017-19 biennial average forecast is 592. The 2019-21 biennial average is 595, which is 0.5 percent higher than the 2017-19 biennial average forecast.

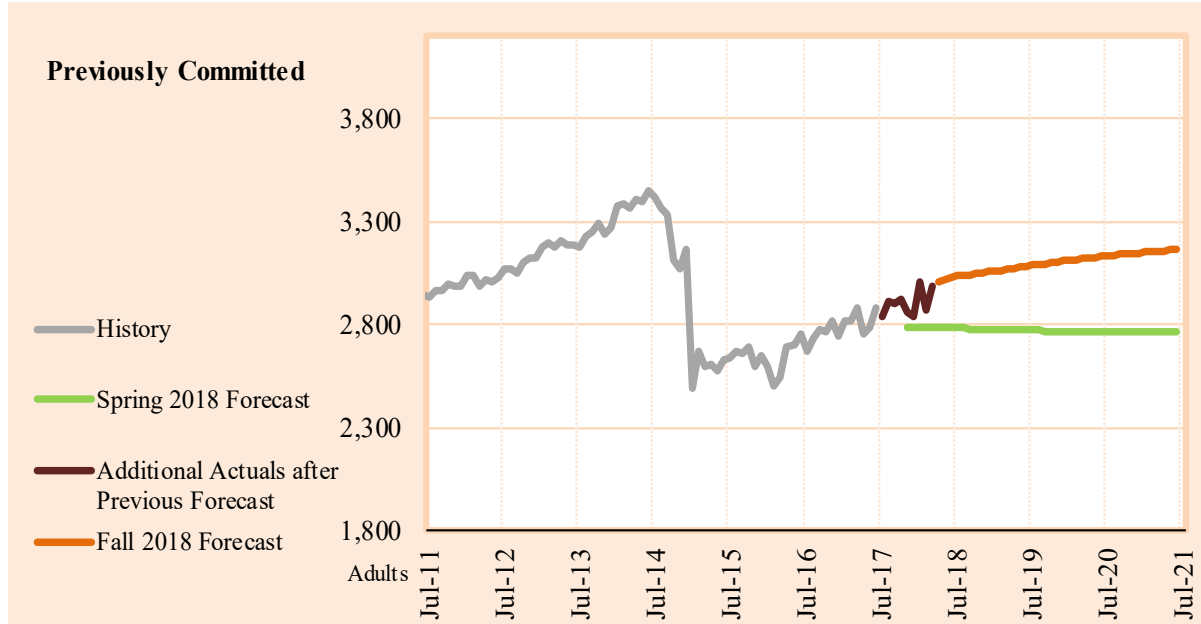


Civil Commitments – This caseload is subject to the interaction of reporting practices, data system changes, and data warehouse activities. There has been ongoing work to improve data accuracy. There has been ongoing work to improve data accuracy. Coincident with the expansion of Medicaid, such that more people were eligible for health insurance, the caseload declined from early 2014 until the end of 2017. The caseload was flat for the first part of 2018, with 1,055 served in March 2018. The 2017-19 biennial average forecast is 1,056 clients. The 2019-21 biennial average is 1,055 clients, which is 0.1 percent lower than the 2017-19 biennial average.



Previously Committed – This caseload captures clients receiving mental health services that had been civilly or criminally committed at some time since the year 2000. About 80 percent of these clients are served in non-residential settings, and the rest are served in residential settings, the State Hospital, or Acute Care hospital settings. The 2017-19 biennial average forecast is 2,997 clients. The 2019-21 biennial average is 3,130 clients, which is 4.4 percent lower than the 2017-19 biennial average.

Never Committed – This caseload captures clients receiving mental health services that have not been civilly or criminally committed since the year 2000. More than 99 percent of these clients are served in non-residential settings. The 2017-19 biennial average forecast is 46,262 clients. The 2019-21 biennial average is 48,041 clients, which is 3.8 percent higher than the 2017-19 biennial average.



Forecast Environment and Risks

The Aid and Assist caseload may be impacted by community level efforts to keep people out of the State Hospital. Program leadership has been promoting the idea that Aid and Assist can be provided locally, not just at the Oregon State Hospital. Resource development is under way, and funding is going to high-utilizing areas. If this is successful, the caseload is under counting the actual number served since data are not currently available for Aid and Assist clients served outside the State Hospital. Additionally, the Aid and Assist caseload is subject to variation at the county level. For example, differences in police training as well as local judges can affect the Aid and Assist caseload at the Oregon State Hospital.

The Guilty Except for Insanity caseload is subject to review by the Psychiatric Security Review Board and/or the State Hospital Review Panel. When clients are released by the Board/Panel prior to their end of jurisdiction date, the caseload is driven down.

A major risk to the Civilly Committed caseload is related to the timeliness of reporting. Provider input delays, especially concerning civil commitment data, can lead to artificially low caseload numbers.

Mental Health Biennial Average Forecast Comparison

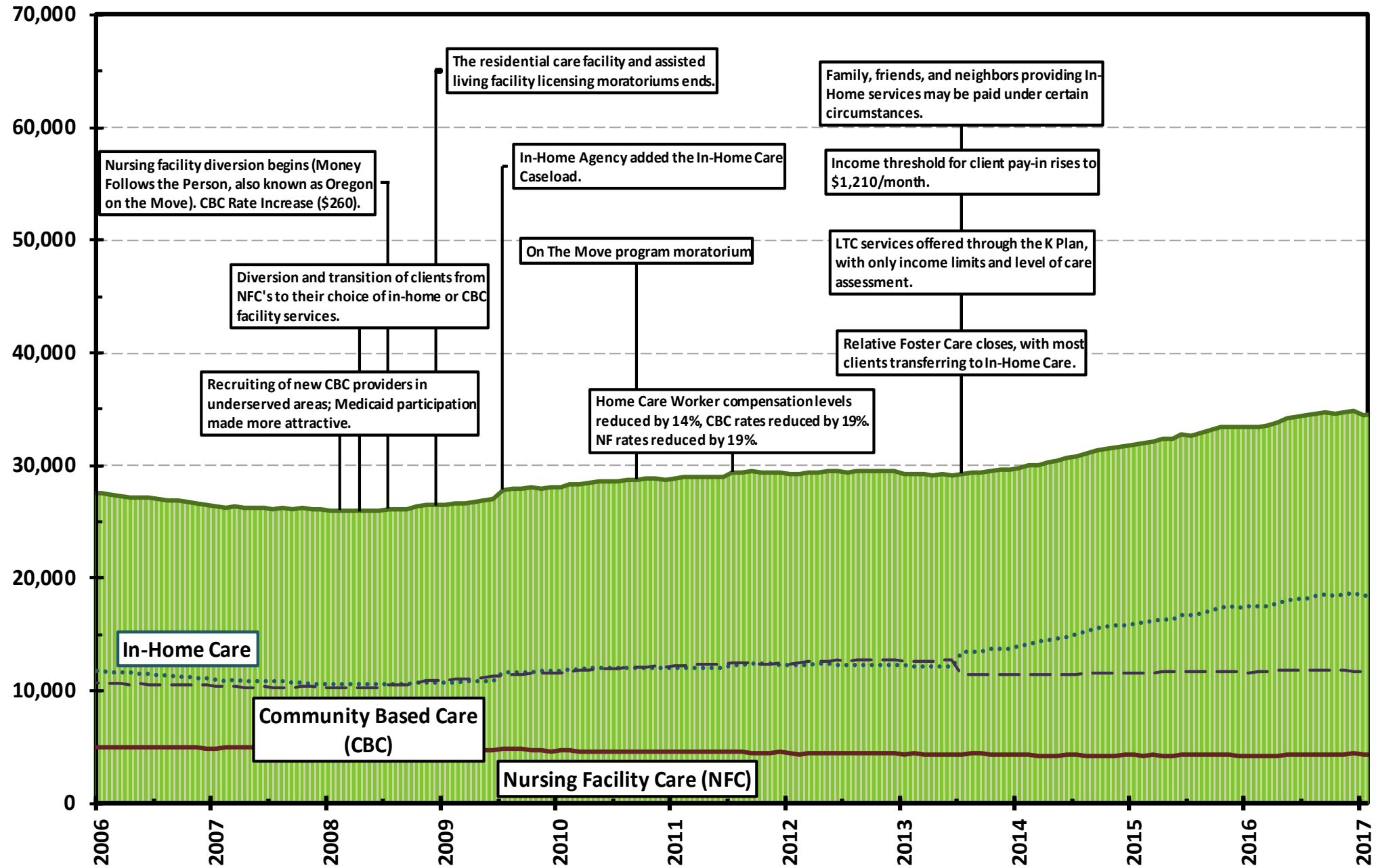
	2017-19 Biennium			% Change Between Forecasts	Fall 2018 Forecast			% Change Between Biennia
	Spring 18 Forecast	Fall 18 Forecast	Change		2017-19	2019-21	Change	
MENTAL HEALTH ¹								
Under Commitment								
Aid and Assist	247	258	11	4.5%	258	263	5	1.9%
Guilty Except for Insanity	583	592	9	1.5%	592	595	3	0.5%
Total Forensic Care	830	850	20	2.4%	850	858	8	0.9%
Civilly Committed	998	1,056	58	5.8%	1,056	1,055	-1	-0.1%
Previously Committed	2,788	2,997	209	7.5%	2,997	3,130	133	4.4%
Never Committed	43,411	46,262	2,851	6.6%	46,262	48,041	1,779	3.8%
Total Served	48,027	51,165	3,138	6.5%	51,165	53,084	1,919	3.8%

1. Numbers reported represent adults only.

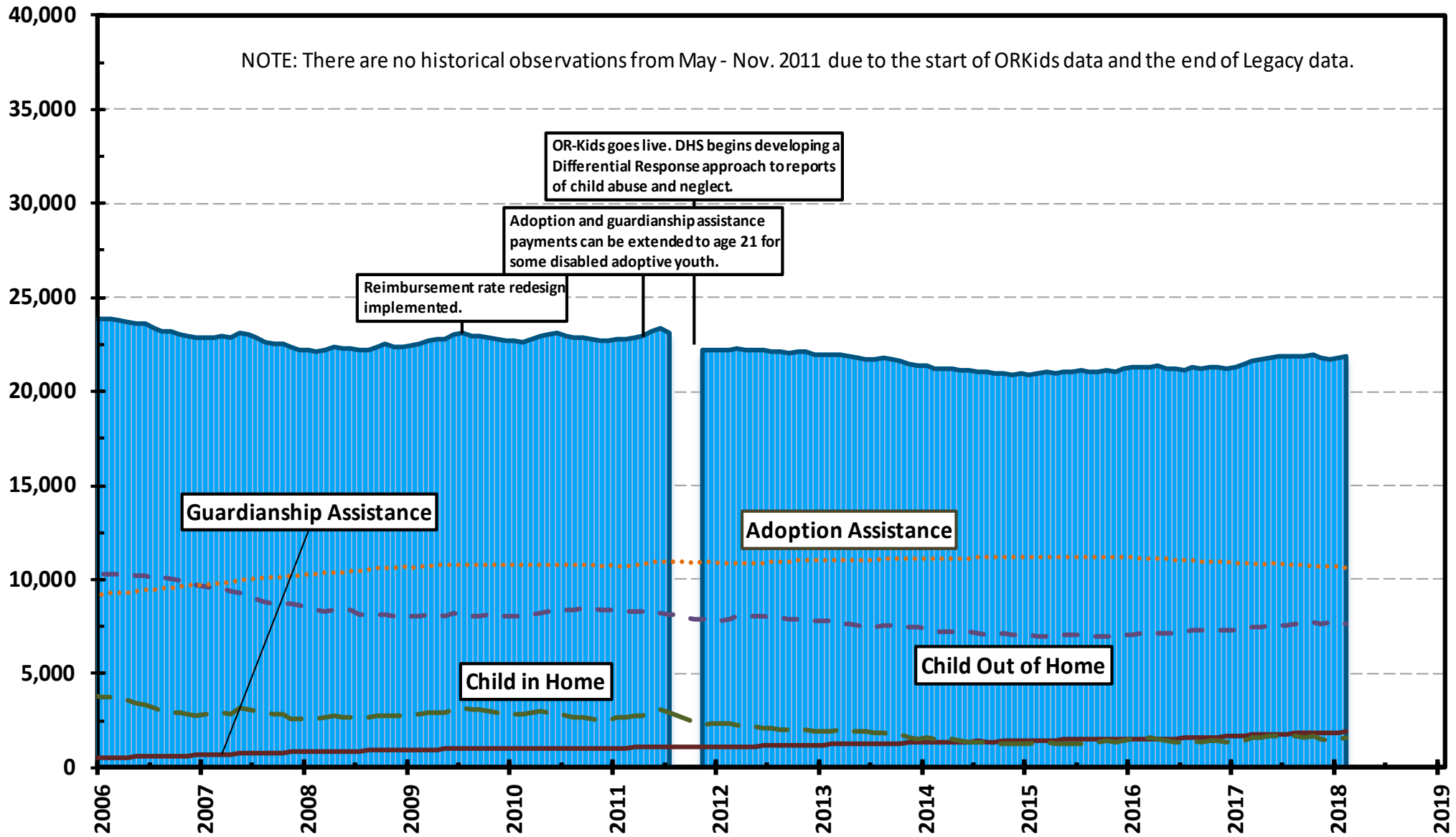
Appendix I

DHS Caseload History & Definitions

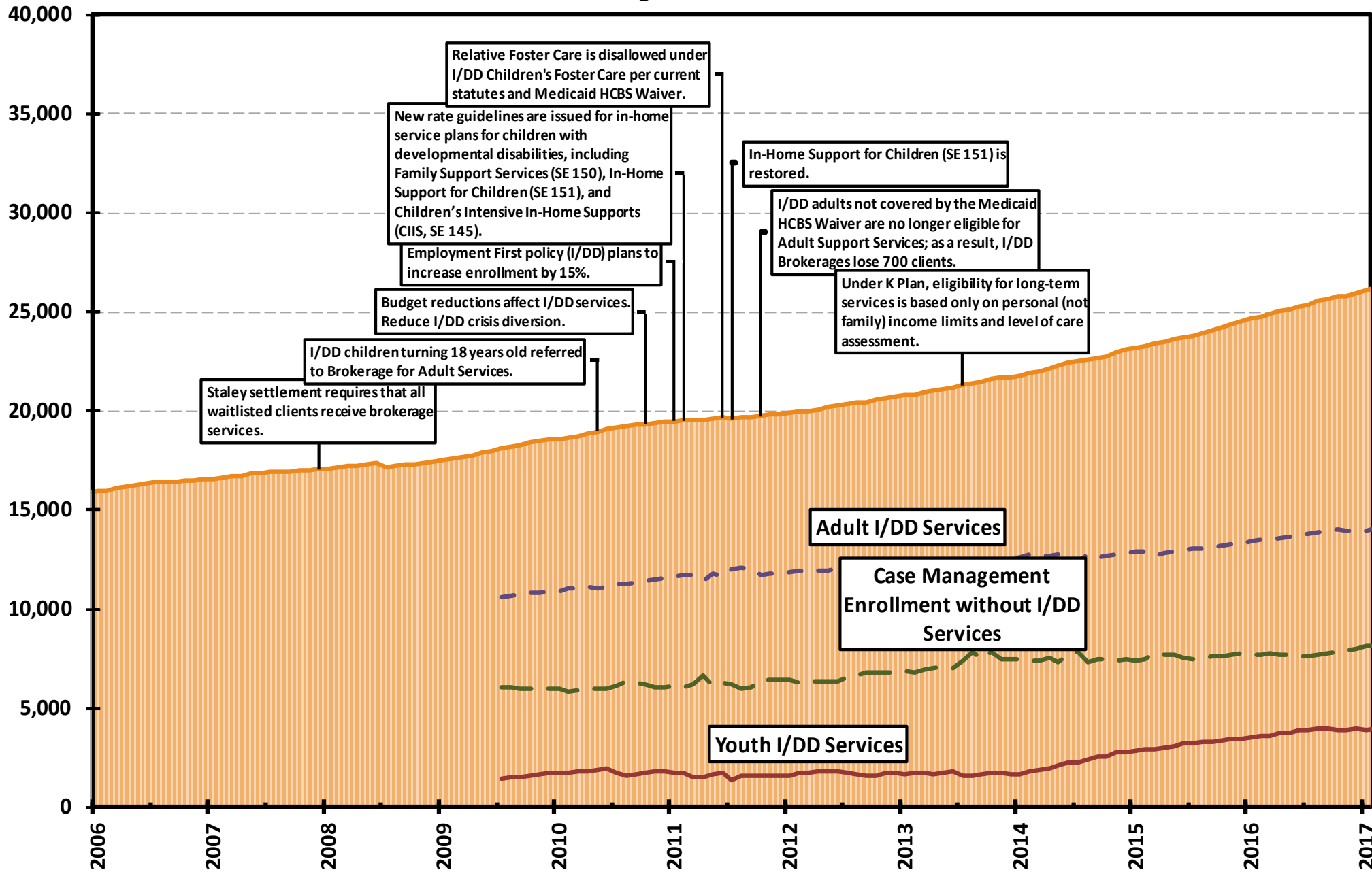
Aging and People with Disabilities (APD) Caseload



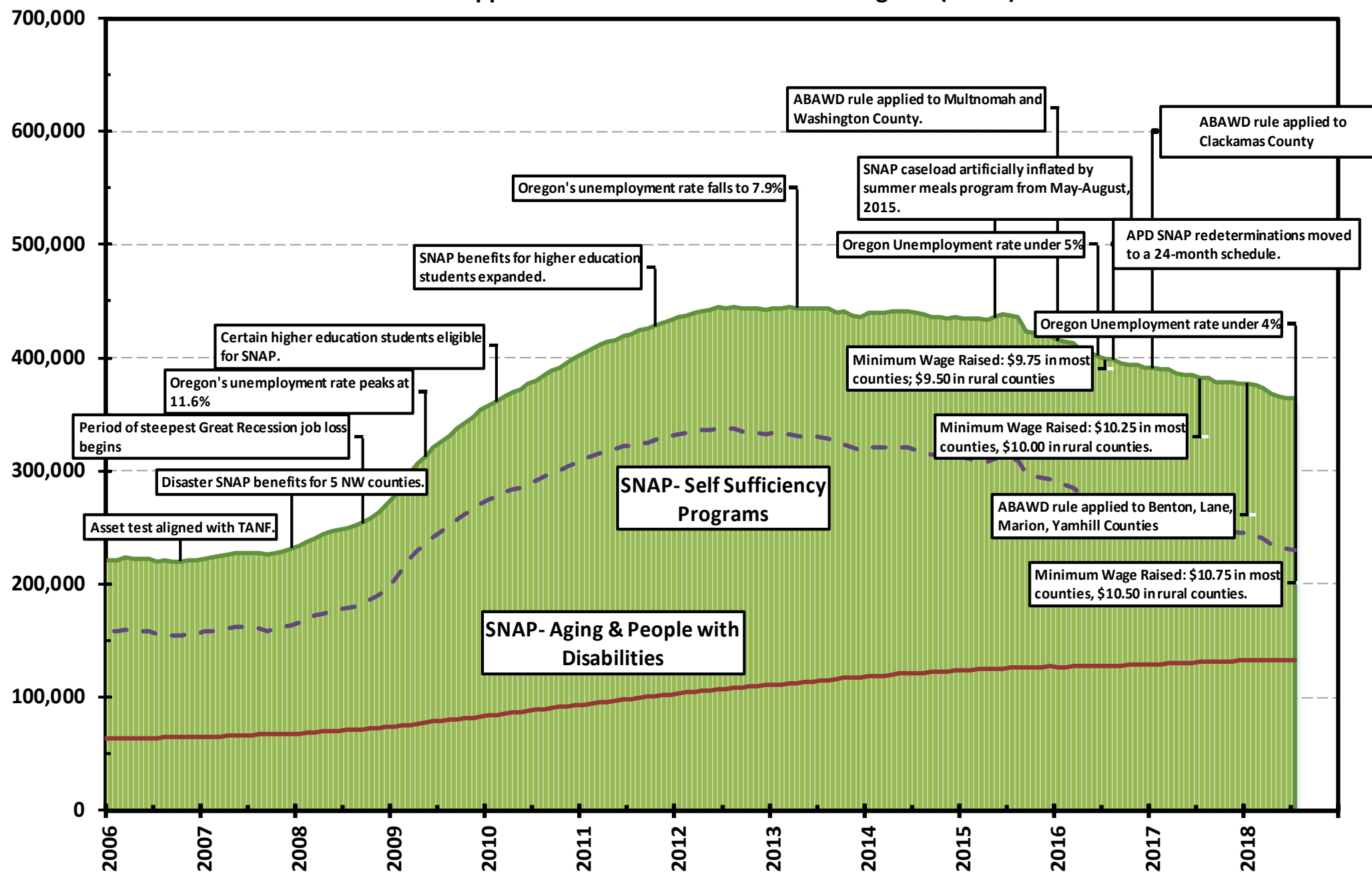
Child Welfare (CW) Caseload



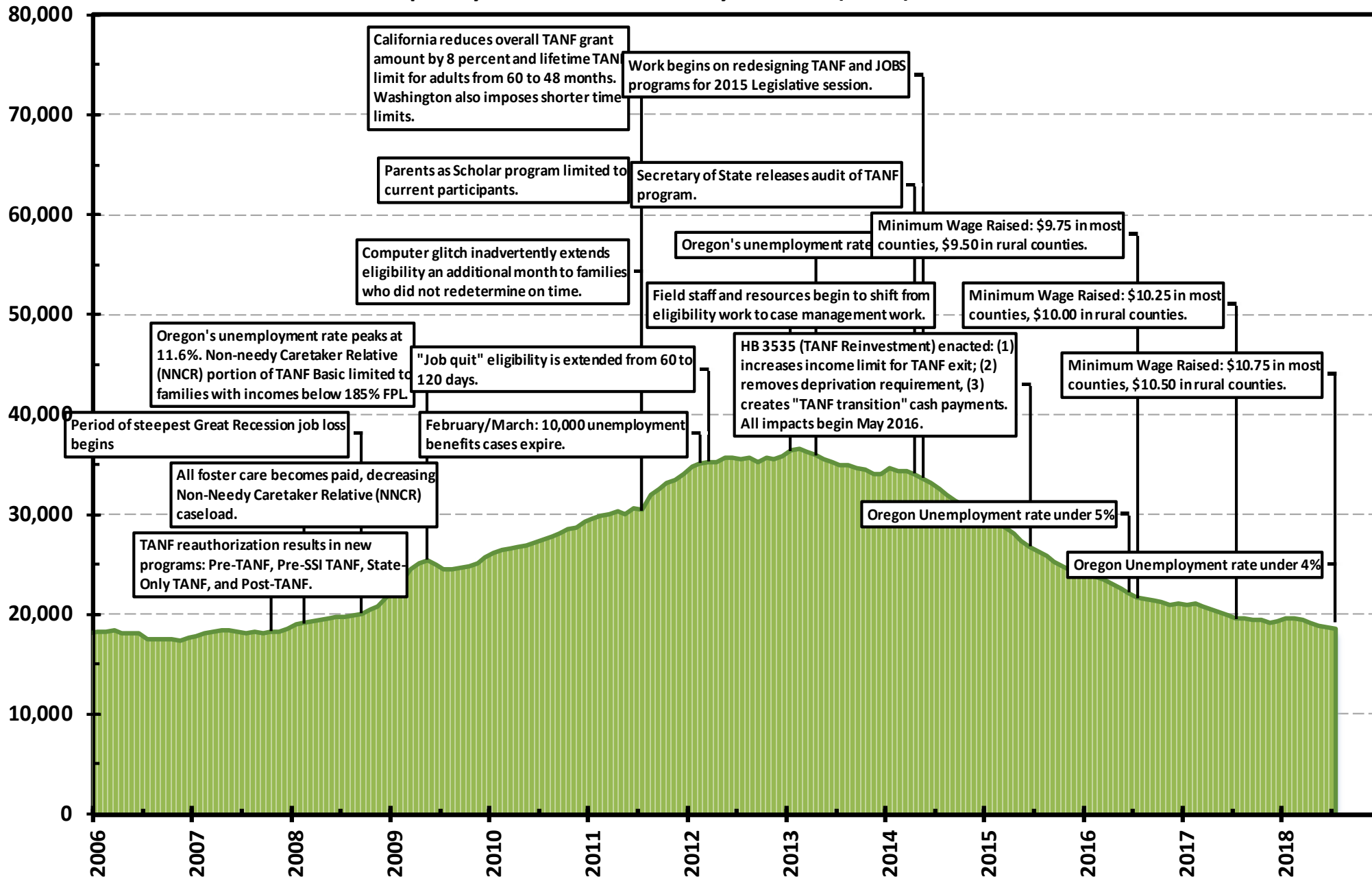
Intellectual & Developmental Disabilities (I/DD): Case Management Enrollment



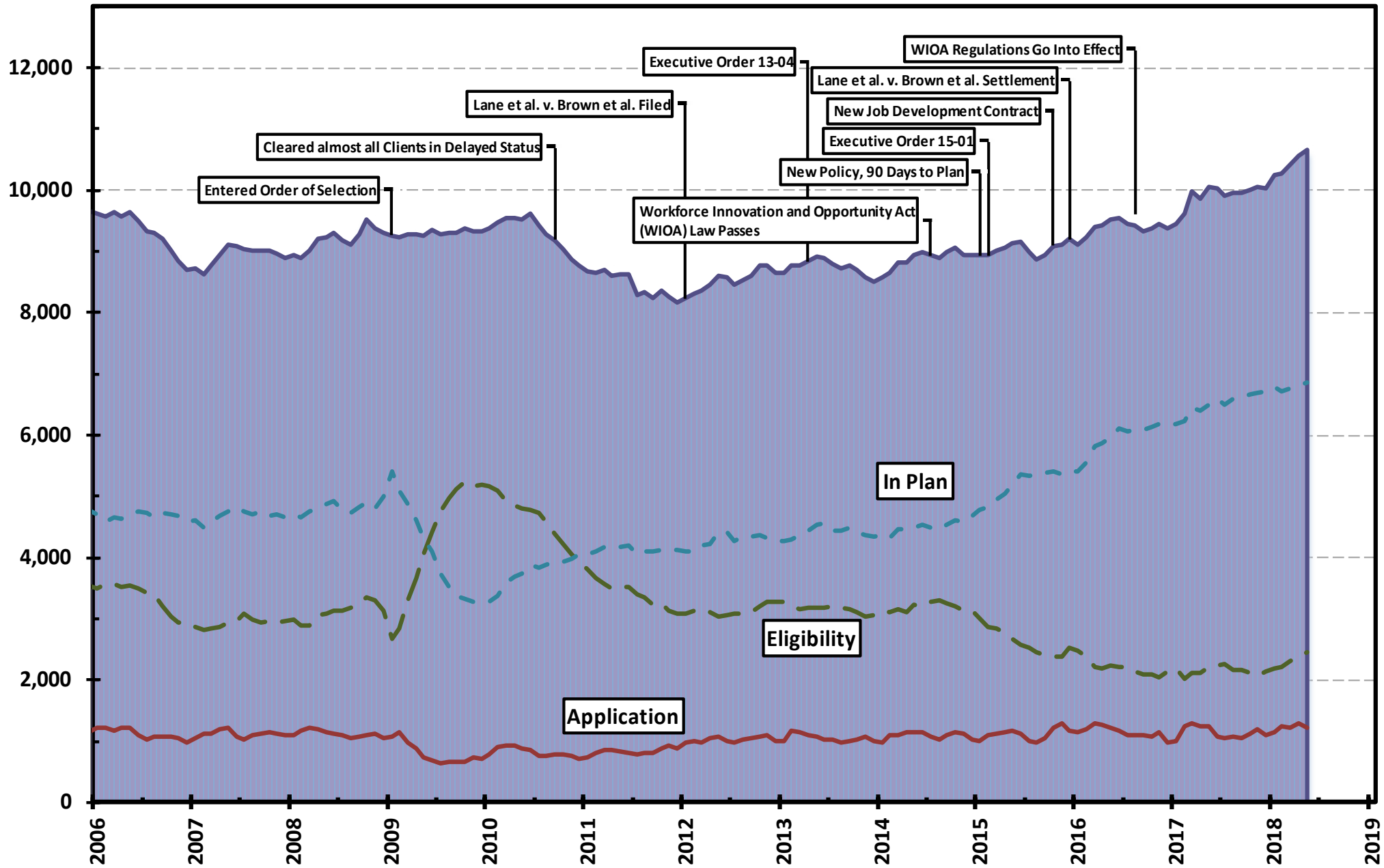
Self Sufficiency Programs (SSP): Supplemental Nutrition Assistance Program (SNAP) Caseload



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



Vocational Rehabilitation



DHS Caseload Definitions

Federal Poverty Level (FPL)

“The set minimum amount of gross income that a family needs for food, clothing, transportation, shelter and other necessities. In the United States, this level is determined by the Department of Health and Human Services. FPL varies according to family size. The number is adjusted for inflation and reported annually in the form of poverty guidelines. Public assistance programs, such as Medicaid in the U.S., define eligibility income limits as some percentage of FPL³.”

2018 Poverty Guidelines

Person in family/household	Poverty Guidelines
1	\$ 12,140
2	\$ 16,460
3	\$ 20,780
4	\$ 25,100
5	\$ 29,420
6	\$ 33,740
7	\$ 38,060
8	\$ 42,380

For families/households with more than 8 persons, add \$4,320 for each additional person.

3. Source: Annual Update of the HHS Poverty Guidelines; HHS Notice on January 18, 2018, 83 Fed. Reg. 2642. See: <https://www.federalregister.gov/documents/2018/01/18/2018-00814/annual-update-of-the-hhs-poverty-guidelines>

Aging and People with Disabilities (APD)

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

Area Agencies on Aging (AAA) and DHS staff help clients find the appropriate care settings to meet their needs and determine financial eligibility. To qualify, clients must meet financial and non-financial requirements which vary depending on whether the individual will be covered under K Plan or the HCBS Waiver.

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

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

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

In-Home Programs

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

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

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

Live-In caseload includes clients who hire a live-in home care worker to provide 24-hour care. This service is closed as of October 2017.

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

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

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

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

Community-Based Care (CBC)

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

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

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

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

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

Nursing Facilities (NF)

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

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

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

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

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

Child Welfare (CW)

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

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

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

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

Out of Home Care programs provide a safe, temporary home for abused or neglected children who cannot remain safely in their homes. Children in the program are placed with relatives, foster families, or in residential treatment care settings. The program aims to reunite children with their parents. Out of Home Care services can include financial support and/or medical help for costs associated with the child's needs.

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

Intellectual and Developmental Disabilities (I/DD)

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

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

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

Case Management Enrollment

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

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

Adult Services

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

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

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

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

can be accessed through CDDP or Brokerages.

I/DD Foster Care provides 24-hour care, supervision, provision of room and board, and assistance with activities of daily living for both adults and children (approximately 82 percent and 14 percent respectively).

Stabilization and Crisis Unit (previously called State Operated Community Programs) offers safety net services and support to the most vulnerable, intensive, medically and behaviorally challenged I/DD clients when no other community-based option is available to them. The program serves both adults and children (approximately 90 percent and 10 percent respectively).

Children's Services

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

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

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

Other I/DD Services

Employment and Attendant Care Services caseload (previously called Employment and Day Support) has been redefined and given a new title. This service provides out-of-home employment or community training services and related supports provided to individuals 14 or older, to improve the individual's productivity, independence, and integration in the community. Examples of services covered within this caseload include: discovery, employment path services, initial and on-going job coaching, individual and small group employment support, and certain types of attendant care.

Transportation services have been redefined to include all non-medical transportation services including services provided under Plan of Care (e.g. transit passes and non-medical community transportation).

Self Sufficiency Programs (SSP)

Self Sufficiency programs aids with low-income families to help them become healthy, safe, and economically independent. Except for SNAP, self-sufficiency program caseloads count the number of families receiving program benefits within the month. In the SNAP program, caseloads count the number of households receiving the benefit within the month.

Supplemental Nutrition Assistance Program (SNAP)

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

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

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

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

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

Recipients must meet basic TANF asset requirements (including a \$2,500 - \$10,000 resource limit and income less than 40 percent of FPL) to be eligible for the program. They must also meet non-financial eligibility requirements including dependent children in the case, Oregon residence, citizenship status, parental school attendance, pursuing assets, and pursuing treatment for drug abuse or mental health as needed. Proof of deprivation (death, absence, incapacity, or unemployment of a parent) will no longer be a requirement of TANF enrollment.

TANF Basic program has been renamed “**TANF One-Parent.**” In the past, TANF Basic included one-parent families and two-parent families where at least one parent is disabled and unable to care for children. TANF One-Parent now contains only one-parent families.

TANF UN program has been renamed “**TANF Two-Parent.**” It now includes families where both parents can care for their children, or one parent is able to care for the children and the other is disabled.

TANF Employment Payments (EP) are available to those families exiting TANF due to employment. These payments are for three months only. TANF EP was re-authorized for the 2017-19 biennium.

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

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

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

Vocational Rehabilitation (VR)

Vocational Rehabilitation assesses, plans, and coordinates services for people who have physical or mental disabilities and need assistance to obtain and retain employment that matches their skills, potential, and interest. VR Services are provided through local VR offices across the state. VR partners with community resources and local providers to deliver a wide range of services: counseling, training, job placement, assistive technology, and extended services and supports.

Total Vocational Rehabilitation

Count of all clients who had an active VR episode at any time in the given month. It is the sum of clients In Application, In Eligibility, In Plan, and Post-Employment Services.

In Application is a count of clients who were in application stage on the last day of the month or exited VR during the given month without advancing to the next stage. VR case is initiated by client submitting his/her application to VR. In this stage, the application is reviewed, and eligibility is assessed.

In Eligibility is a count of clients who were in eligibility stage on the last day of the month or exited VR during the given month without advancing to the next stage. Typically, clients in this stage are either waiting for the final eligibility determination or are in the process of plan developing.

In Plan is a count of clients who had an active plan at any time in a given month. After employment, and if all is going well, a case is normally closed after 90 days.

Post-Employment Services clients can receive Post-Employment Services after their VR case has been closed if they need help keeping their job or advancing within it. These services are intended for short periods of 2-3 months.

Cognitive Impairments caseload includes individuals who are in Application, Eligibility, or In Plan stage and have one of the following primary disability impairments: Cognitive Impairments. Except if counted in I/DD in Prior 12 Months caseload.

Psychosocial & Other Mental Impairments caseload includes individuals who are in Application, Eligibility, or In Plan stage and have one of the following primary disability impairments: psychosocial impairments and other mental impairments. Except if counted in I/DD in Prior 12 month caseload.

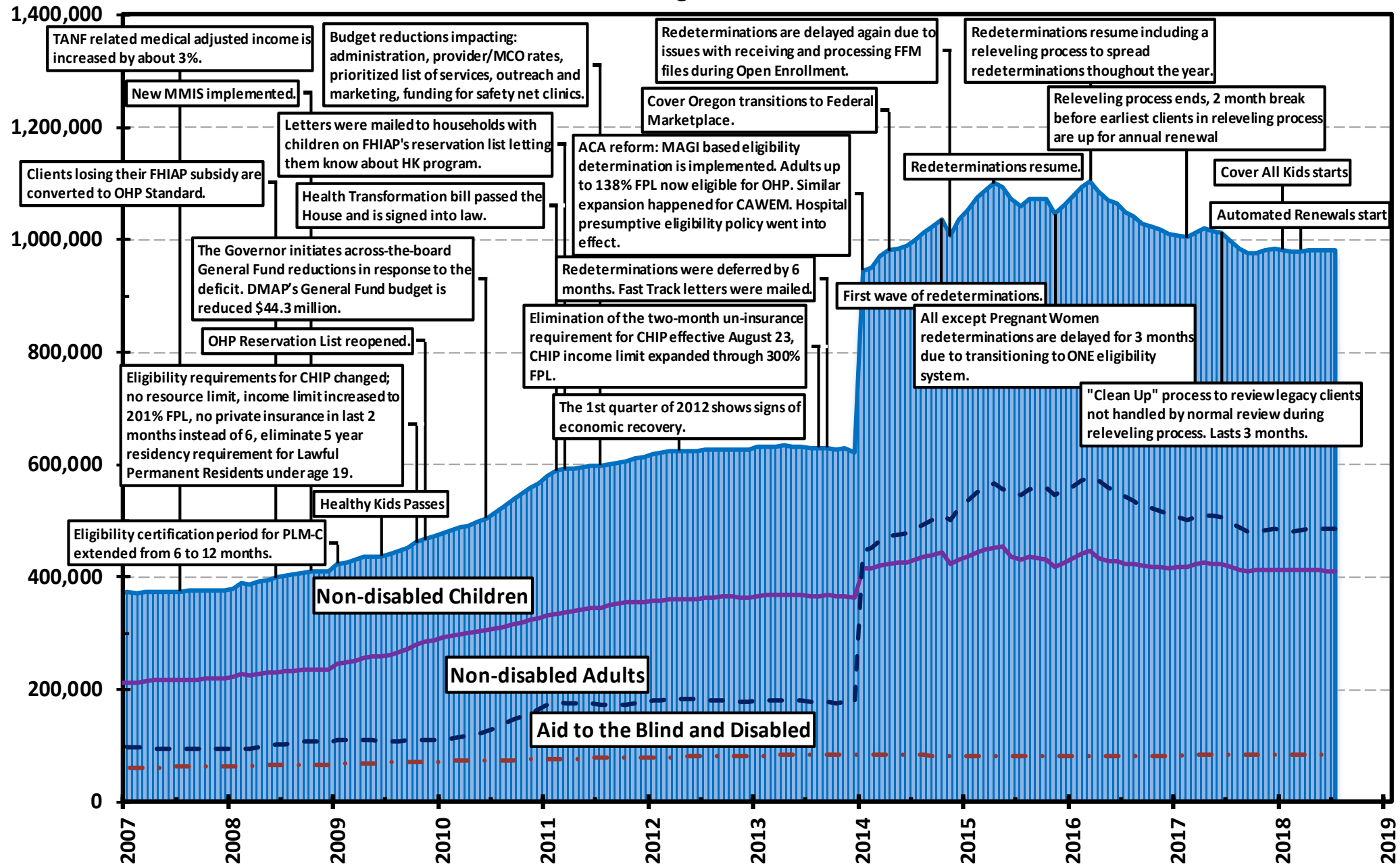
Deafness/Blindness caseload includes individuals who are in Application, Eligibility, or In Plan stage and have one of the following primary disability impairments: blindness; other visual impairments; deafness, communication visual; deafness, communication auditory; hearing loss, communication visual; hearing loss, communication auditory; other hearing impairments; deaf-blindness; and communicative impairments. Except if counted in I/DD in Prior 12 Month caseload.

Physical Impairments caseload includes individuals who are in Application, Eligibility, or In Plan stage and have one of the following primary disability impairments: mobility; manipulation; mobility and manipulation; other orthopedic impairments; respiratory impairments; general physical debilitation; other physical impairments not listed elsewhere; dexterity orthopedic/neurological impairments; and other (no impairment or missing impairment field). Except if counted in I/DD in Prior 12 Month caseload.

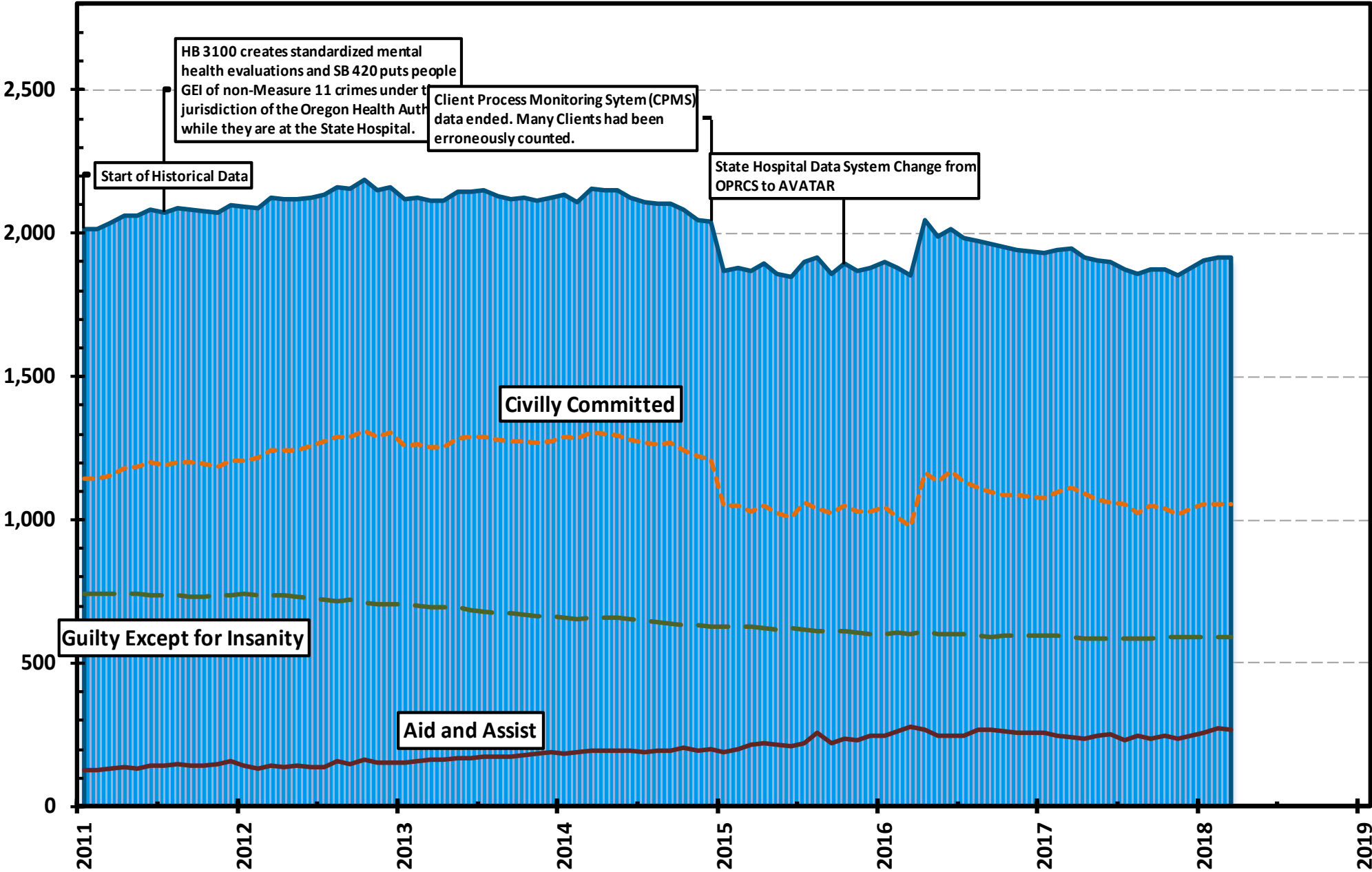
Appendix II

OHA Caseload History & Definitions

Health Systems - Medicaid, Total Oregon Health Plan



Mental Health (MH): Total Mandated Mental Health Caseload (Adults)



OHA Caseload Definitions

Federal Poverty Level (FPL)

“The set minimum amount of gross income that a family needs for food, clothing, transportation, shelter and other necessities. In the United States, this level is determined by the Department of Health and Human Services. FPL varies according to family size. The number is adjusted for inflation and reported annually in the form of poverty guidelines. Public assistance programs, such as Medicaid in the U.S., define eligibility income limits as some percentage of FPL⁴.”

2018 Poverty Guidelines

Person in family/household	Poverty Guidelines
1	\$ 12,140
2	\$ 16,460
3	\$ 20,780
4	\$ 25,100
5	\$ 29,420
6	\$ 33,740
7	\$ 38,060
8	\$ 42,380

For families/households with more than 8 persons, add \$4,320 for each additional person.

4. Source: Annual Update of the HHS Poverty Guidelines; HHS Notice on January 18, 2018, 83 Fed. Reg. 2642. See: <https://www.federalregister.gov/documents/2018/01/18/2018-00814/annual-update-of-the-hhs-poverty-guidelines>

Health Systems - Medicaid (HSM)

The Health Systems Division coordinates physical, oral, and behavioral health services funded by Medicaid.

Historically, pre-ACA, Medicaid programs were divided into three major categories based on benefit packages:

- Oregon Health Plan Plus (OHP Plus) – a basic benefit package.
- Oregon Health Plan Standard (OHP Standard) – a reduced set of benefits with additional premiums and co-payments for coverage.
- Other Medicaid – programs that provide medical benefits but are not considered part of OHP.

Since January 2014, there are only two major categories since OHP Standard was discontinued. At that time, all OHP Standard clients were moved to the new ACA Adults caseload group, where they became eligible for OHP benefits (what was previously called OHP Plus).

OHP Benefit Package

The OHP package offers comprehensive health care services to adults and children who are eligible under Medicaid and CHIP, or children otherwise eligible for Medicaid except U.S. Citizenship/Residency requirements under the Cover All Kids program. It was formerly known as OHP Plus to distinguish it from OHP standard.

Temporary Assistance for Needy Families (TANF) caseload has been replaced, with the clients transferred to two other caseloads. Adults are now included in the Parent, Other Caretaker, Relative caseload; and children are now included in the Children's Medicaid caseload.

Children's Medicaid offers OHP medical coverage to children from birth through age 18 living in households with income from 0 to 133 percent of Federal Poverty Level (FPL). This caseload is comprised of children who would previously have been included in three other older caseloads: children from the Poverty Level Medical Children caseload (PLMC), children from the TANF Medical caseloads (TANF-RM, TANF-EX), and children from lower income CHIP households.

Children's Health Insurance Program (CHIP) caseload covers uninsured children from birth through age 18 living in households with income from 134 to 300 percent

of FPL. Previously, this caseload covered children from households with income from 100 to 200 percent of FPL.

Foster, Substitute Care and Adoption Assistance provides medical coverage through Medicaid for children in foster or substitute care and children whose adoptive families are receiving adoption assistance services. Clients are served up to age 21, with the possibility of extending coverage to age 26 depending on client eligibility.

Aid to the Blind and Disabled Program (ABAD) provides medical coverage through Medicaid to individuals who are blind or disabled and eligible for federal Supplemental Security Income (SSI). The income limit is 100 percent of the SSI level (roughly 75 percent of FPL), unless the client also meets long-term care criteria, in which case the income limit rises to 300 percent of SSI (roughly 225 percent of FPL).

Old Age Assistance (OAA) provides medical coverage through Medicaid for individuals who are age 65 or over and eligible for federal SSI.

Pregnant Women (formerly known as Poverty Level Medical Women (PLMW)) program provides medical coverage to pregnant women with income levels up to 185 percent of the FPL. Coverage is extended for 60 days after childbirth.

Parent, Other Caretaker, Relative (PCR) caseload is comprised of adults who would previously have been included in the Temporary Assistance for Needy Families caseloads (TANF Related Medical and TANF Extended). Parent/Caretaker Relative offers OHP medical coverage to adults with children who have incomes not exceeding approximately 42 percent of Federal Poverty Level (FPL).

ACA Adults caseload represented the expansion of Medicaid under the United States Federal Patient Protection and Affordable Care Act of 2010 (ACA). This caseload includes citizens 18 to 64 years old with incomes up to 138 percent of FPL, who are not pregnant or disabled.

Other Medicaid (Non-OHP Benefit Package)

Breast and Cervical Cancer Treatment Program (BCCTP) historically provided medical benefits for women diagnosed with breast or cervical cancer through the Breast and Cervical Cancer Program administered by Public Health through county health departments and tribal health clinics. Since January 1, 2012, women have not needed to be enrolled for screening through the Breast and Cervical Cancer Program to access BCCTP. After determining eligibility, the client receives full

OHP benefits. Clients are eligible until either reaching the age of 65, obtaining other coverage, or ending treatment. This program is available for both citizens and non-citizens/aliens. Many women who would have been formerly enrolled in this program are not enrolled directly into ACA Adults.

Citizen/Alien Waived Emergent Medical (CAWEM) is a program that covers emergent medical care for individuals who would qualify for Medicaid if they met the U.S. Citizenship/Residency requirements. The program has two subcategories:

- Adult (CAWEMA) which provides only emergency medical care. This was formerly CAWEM – Regular, however the children under age 19 will leave this category and transfer to Non-Medicaid Covered Children and Teens in January 2018.
- Prenatal (CAWEMP) which also covers all pre-natal medical services (plus up to 2 months post-partum).

Up until January 1, 2018, children under the age of 19 were also enrolled in this program, but after that date all eligible children are now enrolled in the Cover All Kids program, which provides full OHP benefits.

Qualified Medicare Beneficiary (QMB) clients meet the criteria for both Medicare and Medicaid participation. Clients in this caseload have incomes from 100 percent of SSI (roughly 75 percent of FPL) to 100 percent of FPL, and do not meet the criteria for medical covered long-term care services. OHA pays for any Medicare Part A and Part B premiums as well as any applicable Medicare coinsurance and/or deductibles not exceeding the Department's fee schedule.

Cover All Kids (CAK) is a new state funded program that began on January 1, 2018. It provides medical assistance like the Oregon Health Plan to all children in Oregon under the age of 19, who are under 300% of the Federal Poverty Level (FPL) and are otherwise eligible for Medicaid except for U.S. Residency/Citizenship status.

Medicare Part A/B Premium Assistance Programs⁵

Medicare Part-A Premium Assistance coverage is for Inpatient services. This coverage is free for most Medicare eligible individuals, except for those who don't have sufficient work history. Medicare Part-A Premium Assistance program is designed to help low-income individuals (under 100 percent of FPL) pay for the premiums when they do not have sufficient work history to qualify for free coverage.

Medicare Part B Premium Assistance coverage is for Outpatient services. Medicare eligible individuals have an option to subscribe, but they are required to pay a premium. Medicare Part B Premium Assistance program is designed to help low-income individuals (under 133 percent of FPL) pay the premium.

5. Part A and Part B caseloads are not mutually exclusive. For the most part, those who receive Part A premium assistance also receive Part B premium assistance. Likewise, Medicare Part A/Part B caseloads are not grouped under OHP or Other caseloads, because most of the individuals with Part A/Part B premium assistance have already been counted in one of our traditional Medicaid caseloads (OAA, ABAD, and QMB). There is a segment that is not in the traditional Medicaid caseloads. They are in Specified Low Income Medicare Beneficiary (SLMB) or Qualified Individual (QI) groups that we track but do not formally forecast. Lastly, there is a slight discrepancy in counts between people on the Medicaid caseload who have Medicare, and those who receive premium assistance.

Mental Health (MH)

The Mental Health program provides prevention and treatment options for clients with mental illnesses. The MH caseload forecast is the total number of adult clients receiving government paid mental health services per month. MH provides both Mandated and Non-Mandated mental health services, some of which are residential.

Total Mandated Population caseloads include both criminal commitment and civil commitment caseloads. Mandated populations are required to receive mental health services by Oregon law through community settings and State Hospitals. The State Hospitals provide 24-hour supervised care to people with the most severe mental health disorders, many of whom have been committed because they are a danger to themselves or others, including people who have been found guilty except for insanity.

Criminal Aid and Assist - State Hospital (or "Fitness to Proceed") caseload serves clients who have been charged with a crime and are placed in the Oregon State Hospital for psychiatric assessment and treatment until they are fit to stand trial. "Fitness to Proceed" means that the client is able to understand and assist the attorney and stand trial.

Guilty Except for Insanity (GEI) caseload includes clients who are under the jurisdiction of the Psychiatric Security Review Board and clients at the State Hospital who are under the jurisdiction of the State Hospital Review Panel. Clients in GEI caseloads have been found "guilty except for insanity" of a crime by a court. OHA is required by Oregon law to provide treatment and supervision for these individuals, either in the community or in a State Hospital. Clients in this caseload receive a full range of counseling, medication, skills training, and supports to assist their progress toward recovery.

Civil Commitment caseload includes individuals currently under commitment (although a proxy rule is currently being used to estimate the end date for clients' mandated service). The Civilly Committed caseload includes people who are found through a civil court process to be dangerous to themselves and/or others or are unable to care for themselves as a result of mental illness, with the court mandating treatment for the individual. They may be served at the State Hospital or in the community.

Previously Committed caseload includes people who were previously either civilly or criminally committed but whose commitment period has ended. These clients continue to receive individual services, counseling, training, and/or living supports. About 80 percent of these clients are served in non-residential settings.

Never Committed caseload includes people who have never been either civilly or criminally committed but who are receiving mental health services either in the community or in a residential setting. About 99 percent of these clients are served in non-residential settings. Clients in the State Hospital are of a voluntary or voluntary by guardian status.



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

FALL 2018 DHS/OHA REGIONAL FORECASTS BY DISTRICT

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

January 2019

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Fall 2018 DHS/OHA Regional Caseload Forecast

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

This forecast presents county biennial averages for each DHS service district, as well as district totals. The result is a forecast for all 36 Oregon counties for 14 different caseloads within the Oregon Department of Human Services and the Oregon Health Authority.

The results of the DHS and OHA statewide biennial forecasts are also included in this document in order to provide a contrast to the county and district forecast values. For more information, see the Fall 2018 DHS/OHA Caseload Forecast.

Care must be taken in interpreting some of this forecast's results. Because county-by-county values are presented, small numerical values are forecast and published. As the number of cases in a caseload shrinks, the possibility of forecasting error grows. In general, the forecasts presented here are designed to illustrate the general magnitude of caseloads and trends for each county. They are not presented to conform to a highly specific numerical target for caseloads through June 2021. This is especially true for counties with small populations where a modest increase in caseload represents a major percentage increase.

Risks to Accuracy

Changes to the economy are a persistent risk to the accuracy of all forecasted caseloads. The State of Oregon's Office of Economic Analysis considers the state of the Oregon economy to be good in the near term but acknowledges that the rate of growth will moderate to a "sustainable rate" between now and 2021. A tight labor market caused by very low unemployment, higher energy costs, and increases in interest rates are among the reasons for a slow-growth future. All of this will increase uncertainty in the short to medium term, but incomes are up and there are no signs in any economic data of real trouble ahead.

The expansion has hit its maturity, but the spoils of it are not evenly distributed around the state. The economy of the Portland Metro area has expanded strongly, as it usually does in good times. In other parts of the state, expansion is more

uneven, and in some areas, expansion is modest at best. This is understandable given that different parts of the state have different economic and employment resources to draw on. These local differences add another level of risk to forecast accuracy at the county level.

The special section of this document is a celebration of a dubious milestone – the ten-year anniversary of the Lehman Brother's collapse. It looks at how caseloads were influenced from September 2008, when Lehman made global headlines, to September 2018.

Regional Forecast Methodology

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

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

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

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

- The U.S. Census Bureau, “American Community Survey” 5 year (2012-2016) estimates;
- The Oregon Employment Department’s “Oregon Labor Market Information System,” “Current Employment Statistics” and “Labor Force and Unemployment by Area” data, October 2018;
- The Portland State University Population Research Center, “Population Estimates for Oregon and Counties”: December 2017;
- Oregon Economic and Revenue Forecast December 2018, Volume XXXVIII, No.4.

Caseloads and Lehman Brothers

September 2018 was a milestone of sorts – it was the ten-year anniversary of the Lehman Brothers collapse. Although the federal government would eventually announce that the recession had officially begun in December 2007, the collapse of Lehman marked the moment everyone knew something very bad was going on with the economy.

Given this anniversary, I thought it would be a good idea to take a look back at what happened to our caseloads from the start of the “something very bad” – September 2008 – and contrast it to how things look at the ten-year anniversary. We’ve looked at how the Great Recession influenced caseloads before in this publication, but this time the point is to take stock in not only how things increased after the date Lehman died, but where they are now. So, caseloads by county will be presented in terms of:

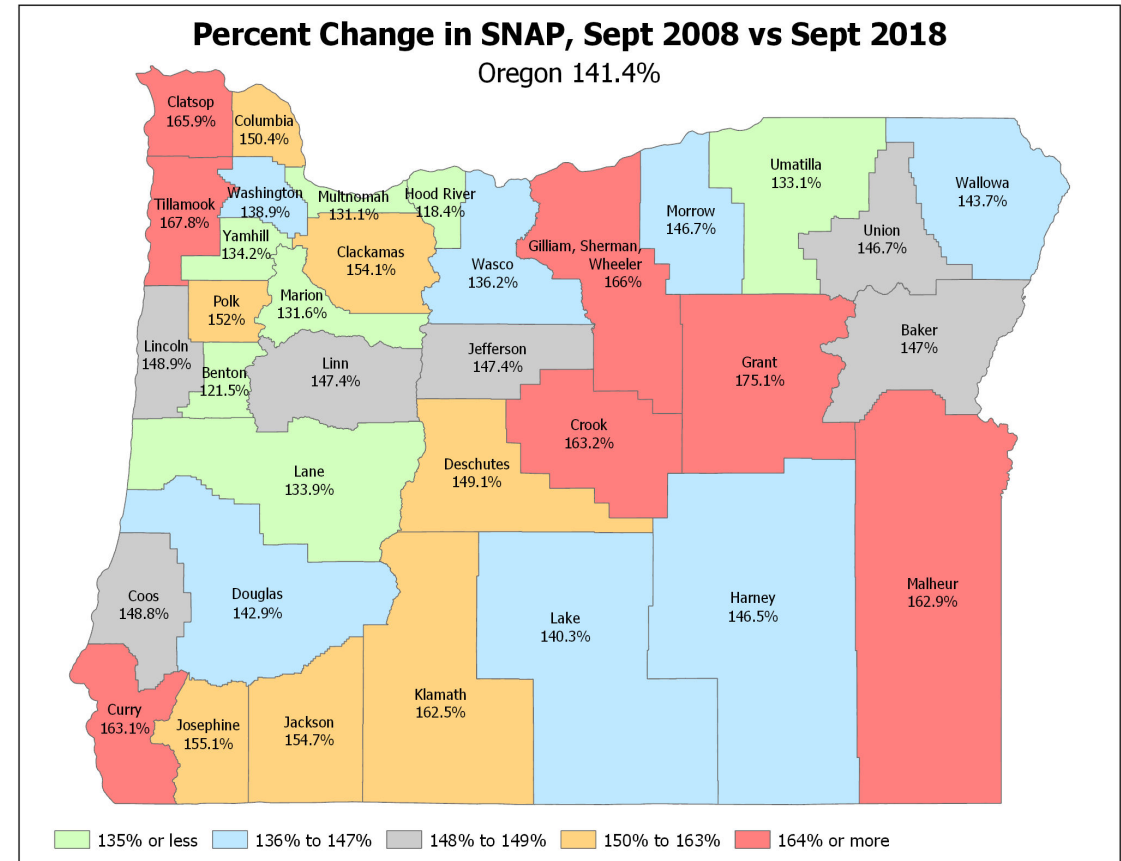
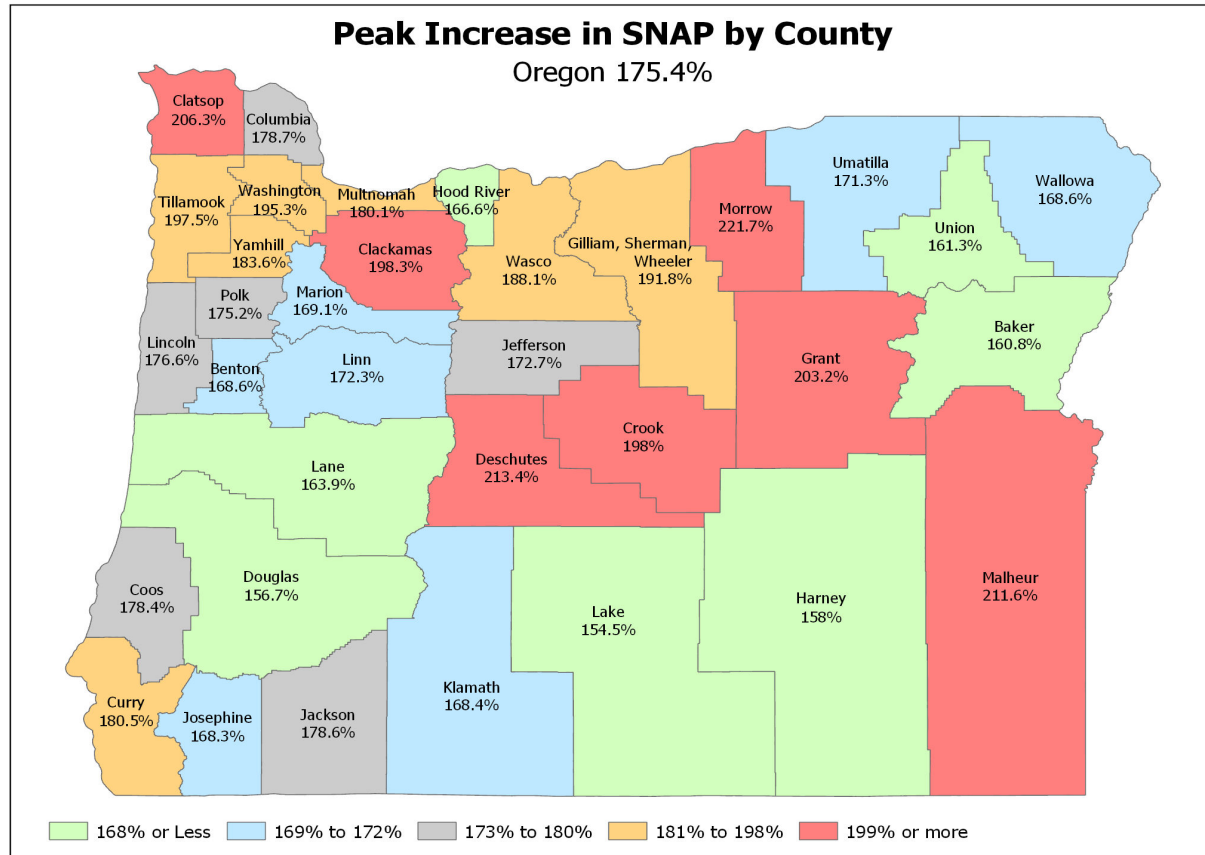
- 1) where things started in September 2008,
- 2) how high the caseload got at its peak, and
- 3) where it is ten years later.

Not every kind of case was impacted by the Great Recession, of course. Only the ones most sensitive to the economy and employment were really affected. This look back confines itself to the means-tested programs of SNAP, TANF, and parts of the Oregon Health Plan (OHP).

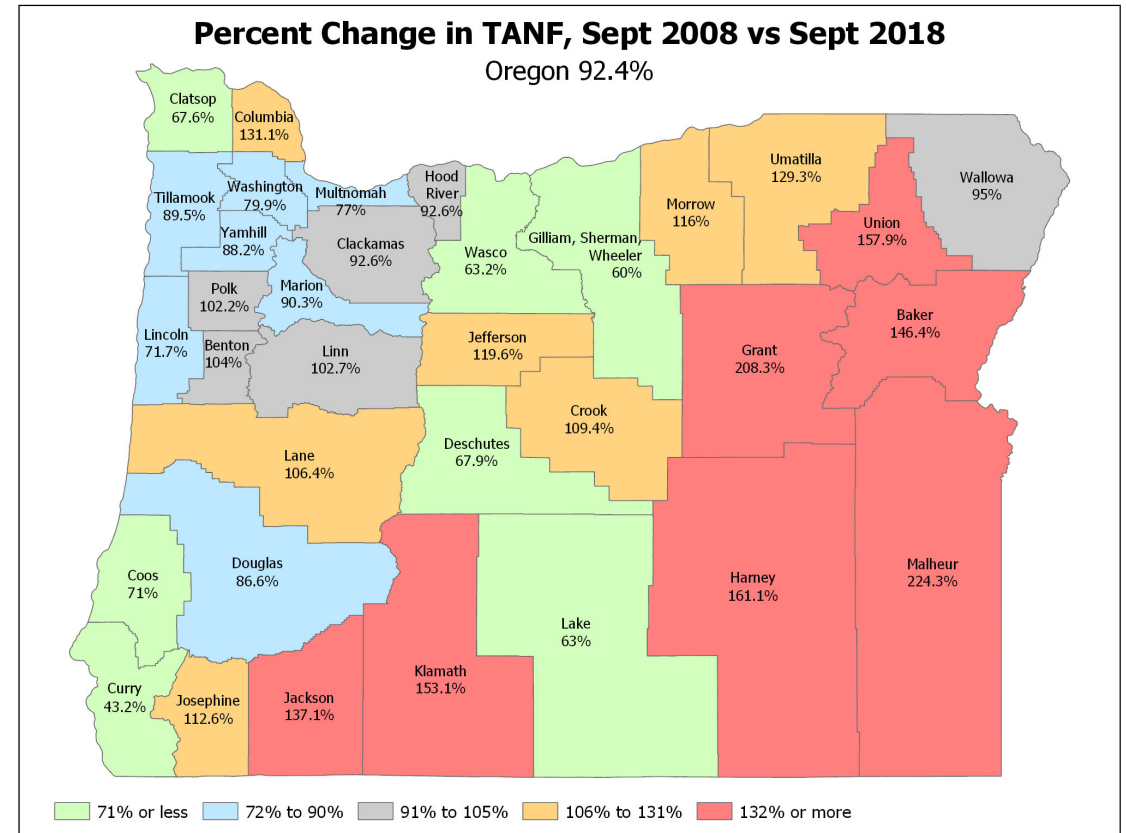
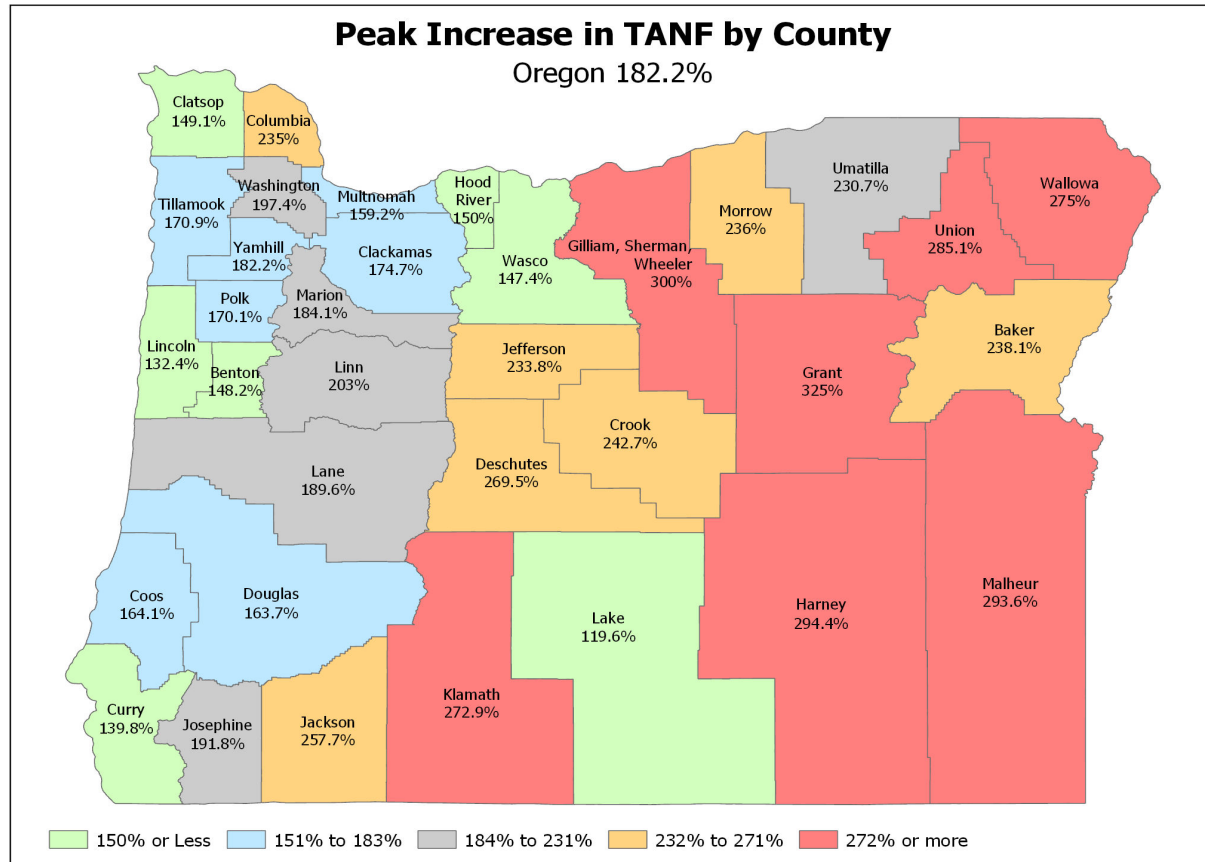
Not all OHP categories are as sensitive to economic changes. Some are defined by age or status (like being disabled). The ones most obviously sensitive to economic shocks are those that serve poor children (a program that used to be called Poverty Level Medical: Children) and families (a program that used to be called TANF-Related Medical). These programs no longer exist due to the sweeping changes to OHP contained in the Affordable Care Act (ACA), which was enacted in January 2014. People in these old categories still qualify for OHP, but the rules of eligibility have changed so much that an apples-to-apples comparison before and after the enactment of ACA isn’t really useful. Instead, these caseloads will be presented in terms of percent increase from the fall of Lehman to December 2013 (the last month before the conversion to ACA).

The tables at the end of this section and maps on the following pages show the percent change in SNAP and TANF by county. Each table shows the percent increase from September 2008 to the peak, and the month of peak. It also shows the percent change comparing September 2008 to ten years later. In these tables, 100 percent indicates a value equal to September 2008. Values lower than 100 percent are lower than recession-era values higher than 100 percent are still above where the state was when Lehman went under.

Increases and decreases were different in different places, and counties peaked at different times. This was especially true of SNAP. Marion County peaked in June of 2011, Lane County peaked 13 months later. Both counties had caseloads of about the same size, and grew in a similar way, but Marion grew first, and Lane later. For SNAP, neither size nor geography can predict how caseloads grew. Multnomah County, the most populous in the state, peaked in mid-2013, which was about the same time as Jefferson County. Both counties had a relatively equal percentage increase. Yet Jefferson County is one of the least populated counties in the state.

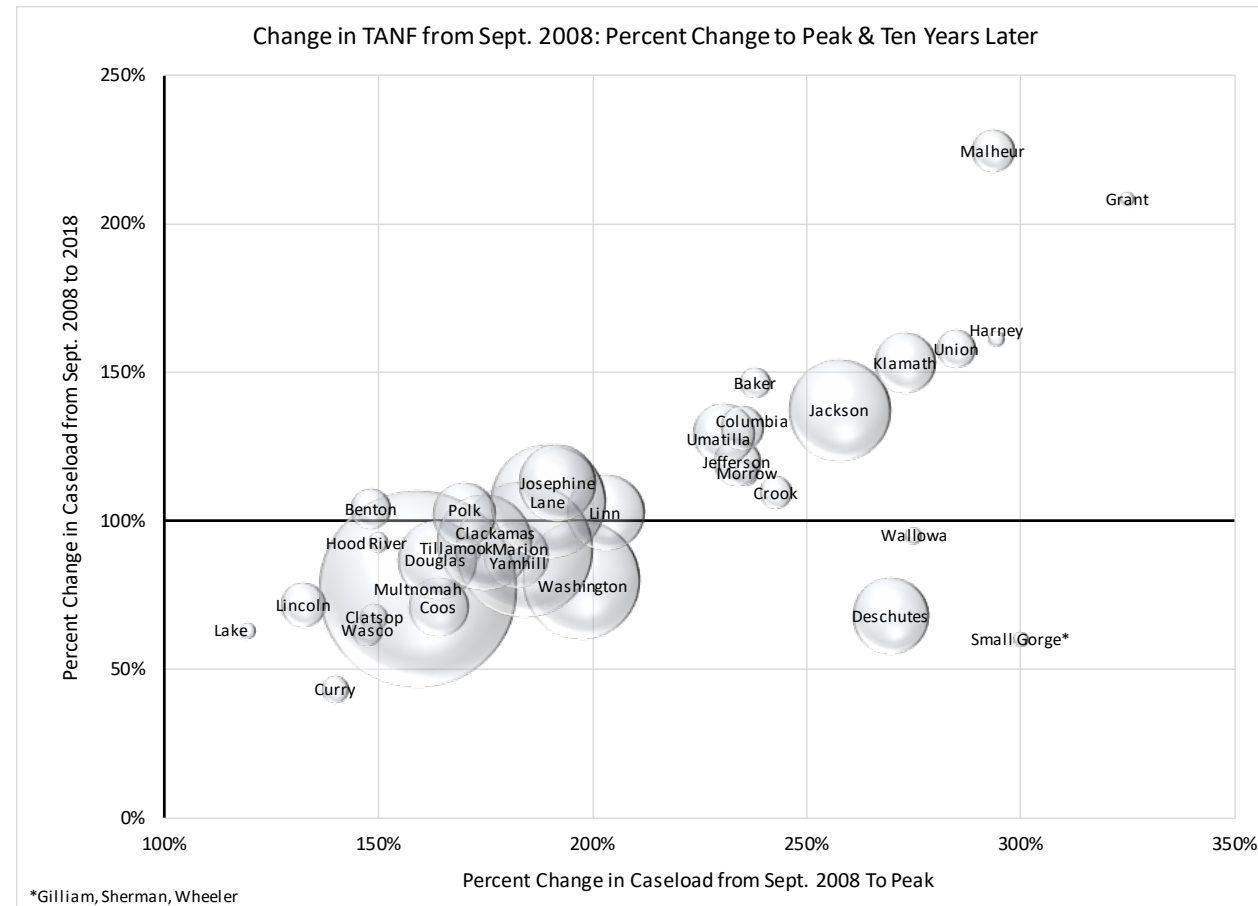


TANF was generally more uniform as to when things peaked. The overall state caseload peaked in February 2013. Most counties are clustered around that date. There are outliers, like Polk and Jackson counties, which peaked in 2009 and Washington County, which peaked in 2013.



While the “when” of caseload changes for TANF were generally similar in most places, the “how much” question was very different. Some counties had caseloads that, for lack of a better term, exploded after the Lehman Brothers collapse (not to say those two things were related. Using the date of the Lehman Brothers insolvency is, after all, a milestone in the history of the Great Recession, not something that influenced Oregon directly). Others grew, but not quite as alarmingly. And they fell in different patterns as well. This can be seen in Figure 1.

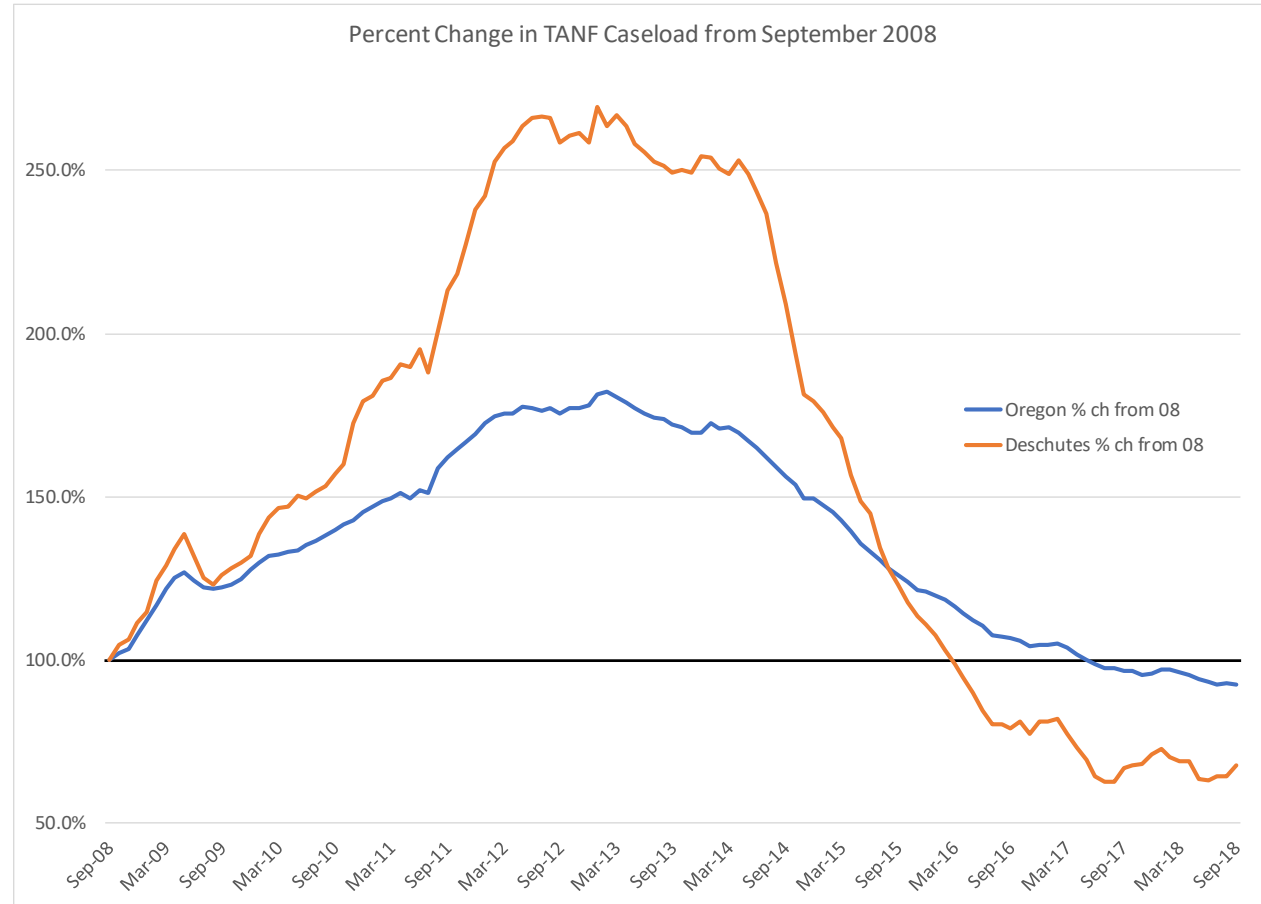
Figure 1:



In the figure, the X axis (left to right) shows the maximum increase in the caseload from September 2008, while the vertical axis (up and down) shows where things are ten years after the fact. The size of each bubble indicates the size of the county caseload in 2018. The farther to the right on this figure, the bigger the caseload increase during the Great Recession. The higher up the values, the bigger the caseload values are ten years later. There is a general progression in this graph, showing that if a county's caseload grew modestly during the Great Recession, it was also likely to fall back to pre-recession levels (at the horizontal "100%" line or below). But other counties still have caseloads well above the 100 percent mark. In fact, there seems to be a "200 percent threshold" apparent here. If a county's caseload exceeded 200 percent at its peak (that is, more than doubled), it is unlikely to get back to pre-recession levels. If it didn't exceed 200 percent, it's like to be equal to or even lower than 2008. There are exceptions – Wallowa County and the three "Small Gorge" counties of Sherman, Wheeler, and Gilliam have caseloads that are "far to the right," that is, they had a high percentage increase in caseload, but are also "low" in terms of current caseload – that is, lower than 100 percent in 2018. These kinds of swings happen in very low population counties. A modest change in caseload count can be a relatively big change in percentages.

But then there's Deschutes. The pattern of Deschutes County TANF was unique in all the state – it rose fast, and very high, and then fell very quickly.

Figure 2:



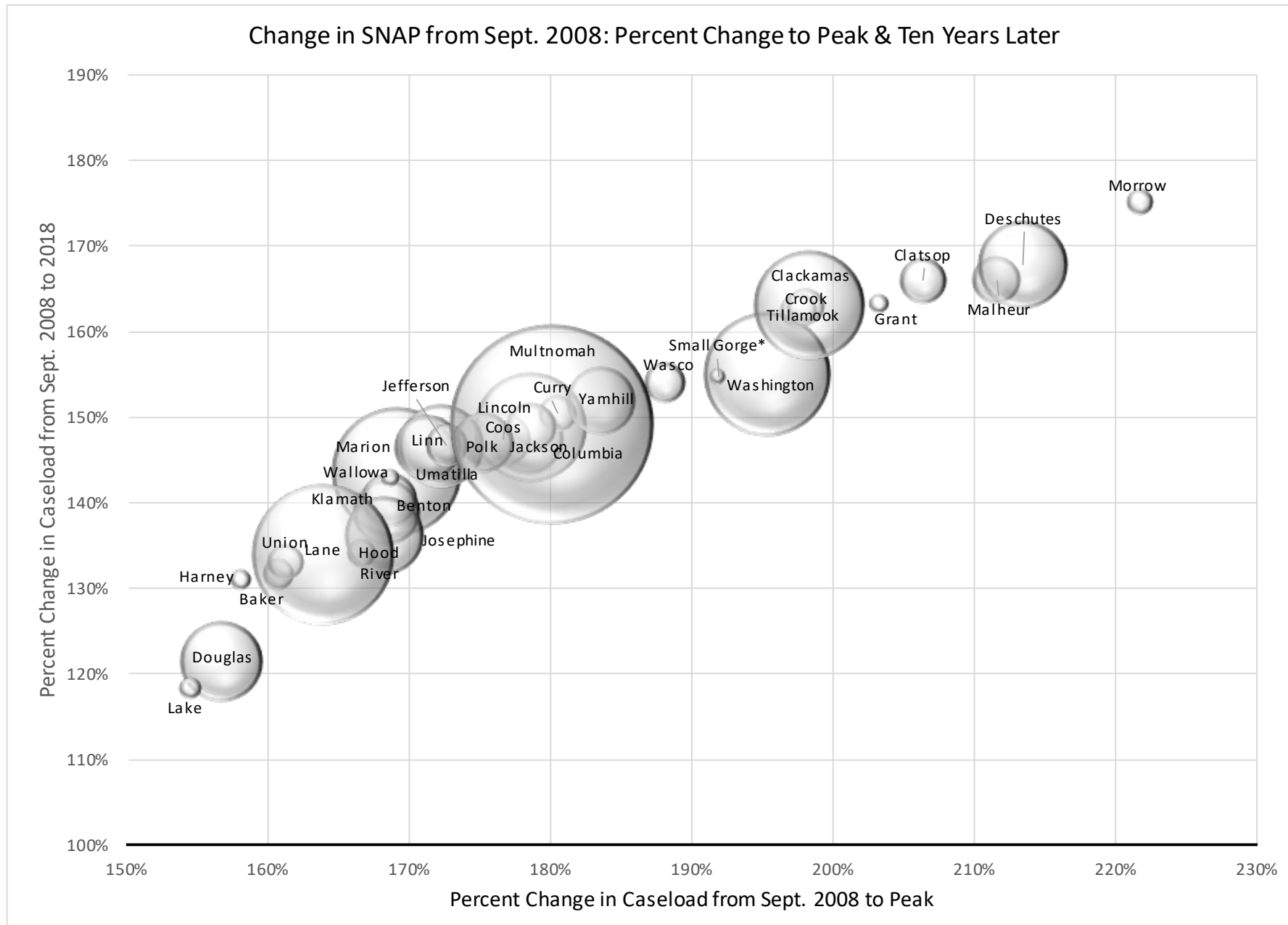
To illustrate this, see Figure 2, which shows the percent change in Deschutes County TANF compared to the state overall. Deschutes had a great deal of employment loss during the Great Recession, especially in the construction industry. Foreclosures were so high in Bend that they became national news. But Bend came roaring back, and during the recovery period (after mid-2013) it frequently led the state in jobs creation.

SNAP caseloads (Figure 3) still exceed pre-recession levels, despite very low unemployment and almost constant growth in the Oregon economy since mid-2009. Although TANF is only available to people who have no income or very little income, SNAP is provided to families and people over 60 who make as much as 130 percent of the federal poverty level (or higher if they are disabled).

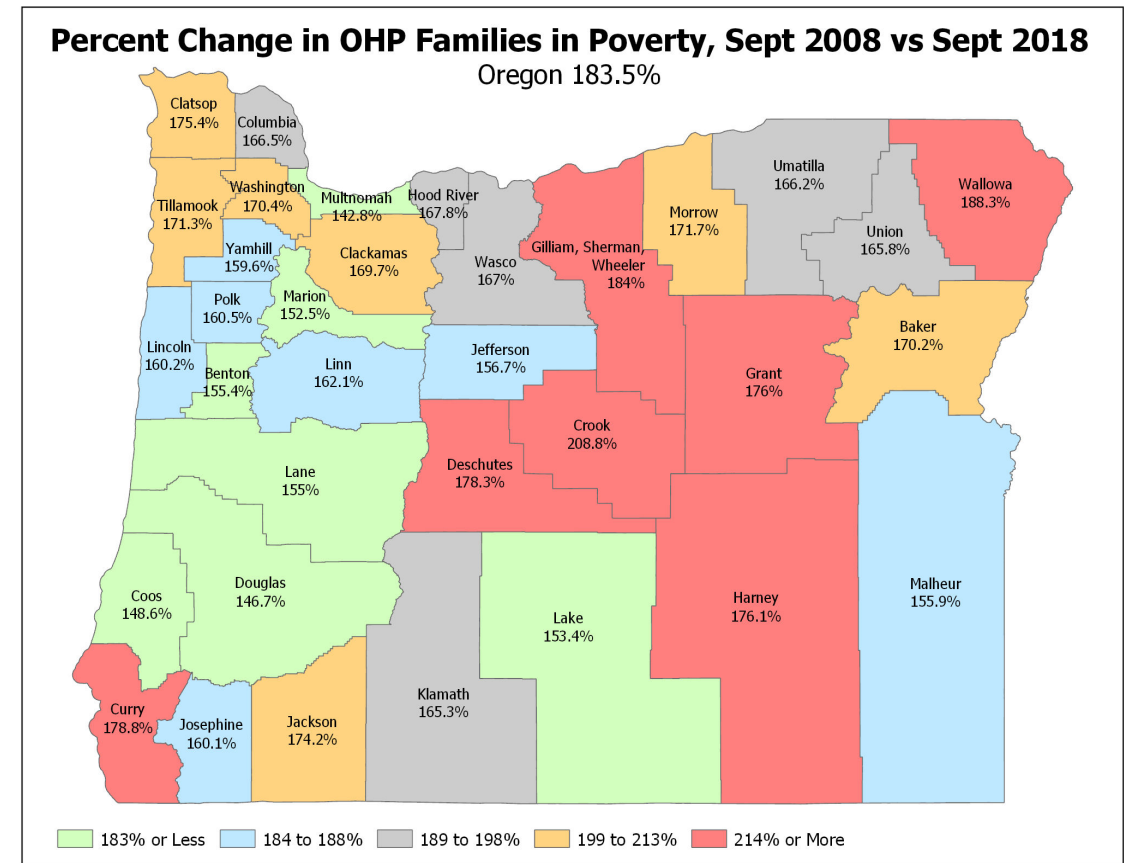
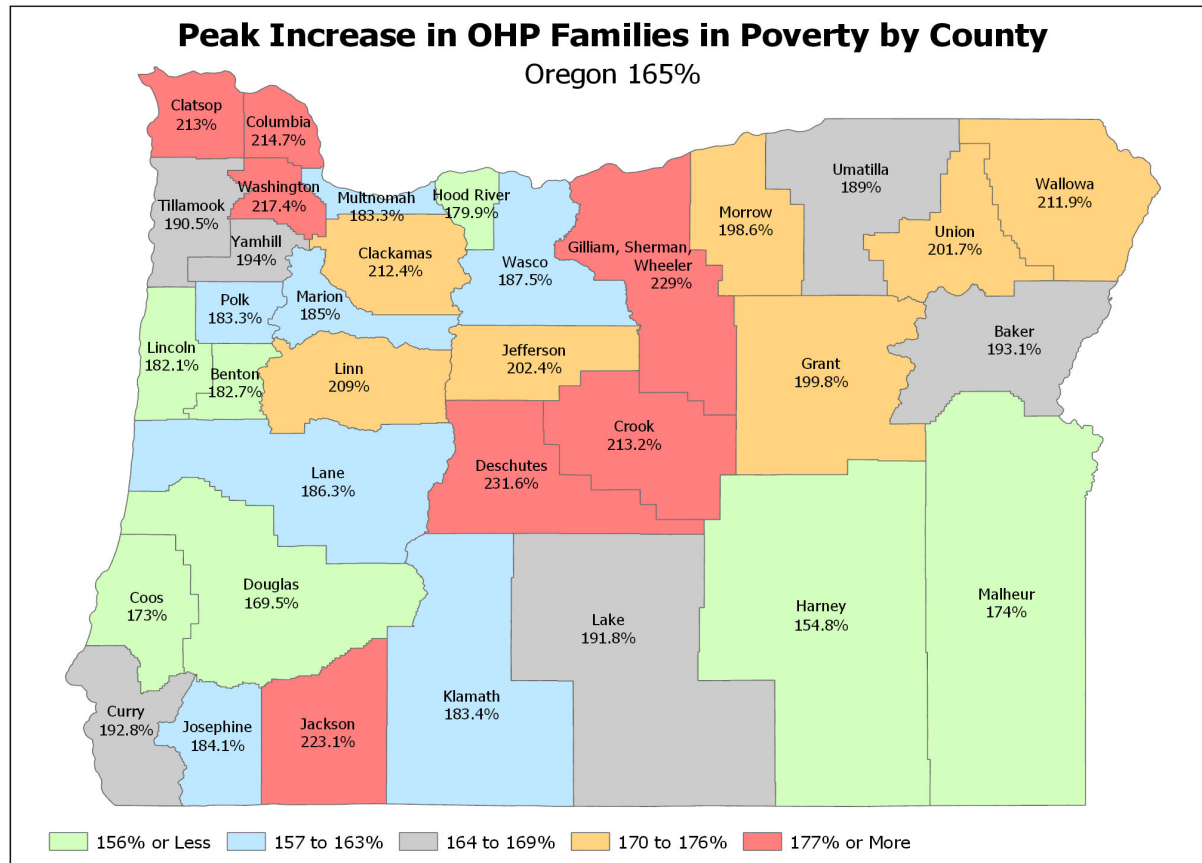
The fact that SNAP remains high is a sign that although jobs have been created in large numbers since September 2008, they are not necessarily full time or full-year jobs. People who have these jobs still need nutrition assistance, because although they're working, the work has not moved them out of poverty.

The pattern of growth and reduction is far more uniform in SNAP than TANF. Counties that grew modestly from September 2008 to a peak month are currently at the low end of the range, while counties that grew significantly are still high. SNAP also grew more uniformly in terms of percent change overall – as evidenced by the crowded “lump” of counties that share space left-of-center on the graph. It is interesting to note that Deschutes County is once again very high in rate of increase from 2008 to peak, but unlike TANF, SNAP has remained very high. The quick rise-and-fall pattern seen in TANF is absent in the SNAP caseload.

Figure 3:



The analysis of OHP caseloads is necessarily different from SNAP or TANF. As stated before, the Affordable Care Act changed the nature of means-tested caseload categories, making it difficult to chart the change in case volume after ACA implementation, on January 1, 2014. One thing that is apparent despite the limitations of the analysis, is that these OHP programs for poor families and children peaked in the spring or summer of 2013 and then started to fall. If left unchanged, it is likely these groups would have fallen somewhat like TANF and SNAP.



Anniversaries are a great time to look back and take stock, but they are also artificial. Long-term married couples would likely discuss the birth of their children as milestones in their marriage but not remember where they ate dinner on their seventh wedding anniversary. Still, we celebrate anniversaries as a way of noting the passage of time and the rate of change, so they can be useful. The ten-year anniversary of the Lehman collapse is a good milestone because it was memorable. This is also a good time to perhaps move beyond the Great Recession as the most important factor in understanding means-tested caseloads. A lot has happened since then, and it may be too removed from the current state of affairs to be useful. That is certainly true of TANF and OHP. SNAP, however, continues to operate at levels much higher than the history of the program before 2008. Ultimately, we may not be able to say goodbye to the Great Recession entirely, as much as we might like to.

Table 1: TANF Caseload Comparison

Region	Caseload in September 2008	Peak Month	Peak Caseload Value	Percent increase to Peak	Caseload in December 2013	Percent of 2008
Oregon	20,090	Feb-13	36,611	182%	18,572	92%
Baker	84	Apr-13	200	238%	123	146%
Benton	251	Feb-13	372	148%	261	104%
Clackamas	1,207	Apr-12	2,109	175%	1,118	93%
Clatsop	108	Feb-12	161	149%	73	68%
Columbia	177	Mar-14	416	235%	232	131%
Coos	496	Apr-12	814	164%	352	71%
Crook	96	Jan-14	233	243%	105	109%
Curry	118	Jan-12	165	140%	51	43%
Deschutes	502	Jan-13	1,353	270%	341	68%
Douglas	881	Mar-14	1,442	164%	763	87%
Grant	12	Apr-13	39	325%	25	208%
Harney	18	Feb-14	53	294%	29	161%
Hood River	54	Jan-12	81	150%	50	93%
Jackson	949	Jun-13	2,446	258%	1,301	137%
Jefferson	219	Apr-14	512	234%	262	120%
Josephine	730	Jan-13	1,400	192%	822	113%
Klamath	303	Jan-13	827	273%	464	153%
Lake	46	Jan-09	55	120%	29	63%
Lane	1,604	Feb-13	3,041	190%	1,706	106%
Lincoln	339	Dec-12	449	132%	243	72%
Linn	665	Sep-13	1,350	203%	683	103%
Malheur	140	Jan-14	411	294%	314	224%
Marion	2,361	Feb-13	4,347	184%	2,132	90%
Morrow	50	Feb-13	118	236%	58	116%
Multnomah	5,769	Feb-13	9,185	159%	4,443	77%
Polk	538	Nov-12	915	170%	550	102%
Small Gorge*	15	May-13	45	300%	9	60%
Tillamook	86	May-09	147	171%	77	90%
Umatilla	375	Feb-13	865	231%	485	129%
Union	114	Jun-13	325	285%	180	158%
Wallowa	20	Feb-13	55	275%	19	95%
Wasco	133	Jan-13	196	147%	84	63%
Washington	1,653	Feb-12	3,263	197%	1,321	80%
Yamhill	535	May-12	975	182%	472	88%

*Gilliam, Sherman, Wheeler

Table 2: SNAP Caseload Comparison

Region	Caseload in September 2008	Peak Month	Peak Caseload Value	Percent increase to Peak	Caseload in December 2013	Percent of 2008
Oregon	253,929	May-12	445,374	75%	359,077	41%
Baker	1,326	Nov-12	2,132	61%	2,676	32%
Benton	3,972	Mar-12	6,696	69%	39,560	40%
Clackamas	14,520	Mar-13	28,796	98%	2,574	63%
Clatsop	2,369	Nov-12	4,888	106%	9,602	66%
Columbia	3,205	Dec-12	5,726	79%	4,820	49%
Coos	6,452	Dec-11	11,513	78%	72,256	47%
Crook	1,577	Dec-12	3,123	98%	7,335	63%
Curry	1,734	May-12	3,130	81%	894	50%
Deschutes	8,762	Nov-12	18,699	113%	6,024	68%
Douglas	10,260	Nov-11	16,081	57%	4,825	21%
Grant	373	Dec-12	758	103%	22,376	63%
Harney	553	May-12	874	58%	7,959	31%
Hood River	1,087	May-12	1,811	67%	2,700	34%
Jackson	16,522	May-12	29,507	79%	26,882	49%
Jefferson	2,337	Apr-13	4,035	73%	3,931	47%
Josephine	8,719	Nov-12	14,672	68%	14,502	36%
Klamath	6,204	Feb-12	10,446	68%	7,740	39%
Lake	637	Nov-12	984	54%	999	18%
Lane	29,538	Jul-13	48,409	64%	653	34%
Lincoln	4,047	Jan-12	7,148	77%	31,221	47%
Linn	9,841	Jun-12	16,956	72%	559	47%
Malheur	2,507	May-12	5,304	112%	14,662	66%
Marion	23,716	Jun-11	40,104	69%	1,287	44%
Morrow	681	Jan-13	1,510	122%	13,519	75%
Multnomah	55,132	May-13	99,271	80%	2,489	49%
Polk	4,827	May-13	8,457	75%	425	47%
Small Gorge*	256	Feb-13	491	92%	4,085	55%
Tillamook	1,483	Nov-12	2,929	98%	3,445	62%
Umatilla	5,816	Feb-13	9,963	71%	10,080	46%
Union	1,824	Nov-12	2,942	61%	1,949	33%
Wallowa	389	Dec-12	656	69%	13,065	43%
Wasco	1,982	Jan-13	3,728	88%	25,567	54%
Washington	19,358	Aug-12	37,809	95%	810	55%
Yamhill	5,932	Mar-13	10,890	84%	2,828	52%

*Gilliam, Sherman, Wheeler

Table 3: OHP Caseload Comparison

Region	Caseload in September 2008	Peak Month	Peak* Caseload Value	Percent increase to Peak	Caseload in December 2013	Percent of 2008
Oregon	208,967	Apr-13	345,694	165%	382,374	183%
Baker	940	Apr-13	1,570	167%	1,878	200%
Benton	2,711	Feb-13	4,213	155%	4,952	183%
Clackamas	13,080	Jan-13	22,939	175%	25,971	199%
Clatsop	1,635	Jul-13	2,878	176%	3,472	212%
Columbia	2,224	Aug-13	3,966	178%	4,287	193%
Coos	4,213	Mar-13	6,262	149%	7,291	173%
Crook	1,146	Sep-12	2,018	176%	2,654	232%
Curry	974	Jul-12	1,622	167%	2,117	217%
Deschutes	6,919	Mar-13	14,448	209%	14,855	215%
Douglas	7,730	Aug-13	11,338	147%	13,104	170%
Grant	292	Apr-13	497	170%	622	213%
Harney	397	Jun-11	567	143%	846	213%
Hood River	1,297	Jun-12	1,989	153%	2,517	194%
Jackson	11,877	Sep-13	21,859	184%	25,172	212%
Jefferson	2,168	Jul-13	3,713	171%	3,974	183%
Josephine	6,239	Aug-13	9,986	160%	11,483	184%
Klamath	4,842	Mar-13	7,726	160%	9,150	189%
Lake	429	Jul-13	713	166%	772	180%
Lane	18,172	Apr-13	29,157	160%	33,085	182%
Lincoln	2,883	Aug-13	4,469	155%	5,334	185%
Linn	7,667	Aug-13	13,166	172%	14,377	188%
Malheur	2,985	Aug-13	4,551	152%	5,471	183%
Marion	25,051	Sep-13	40,124	160%	43,587	174%
Morrow	779	Jan-13	1,322	170%	1,628	209%
Multnomah	42,361	Mar-13	66,031	156%	65,595	155%
Polk	4,489	Aug-13	7,036	157%	8,365	186%
Small Gorge**	197	Sep-12	371	188%	440	223%
Tillamook	1,276	Aug-13	2,116	166%	2,583	202%
Umatilla	5,368	Aug-13	8,873	165%	10,296	192%
Union	1,614	May-13	2,751	170%	3,074	190%
Wallowa	287	Jan-13	500	174%	657	229%
Wasco	1,573	Aug-13	2,550	162%	3,037	193%
Washington	19,646	Apr-13	35,133	179%	39,632	202%
Yamhill	5,506	Mar-13	9,240	168%	10,098	183%

*"Peak" for OHP caseloads is calculated for December 2013, before the implementation of the Affordable Care Act.

The ACA changed the enrollment rules, making comparisons of before and after the recession impossible.

**Gilliam, Sherman, Wheeler

Total Department of Human Services Biennial Average Forecast comparison

	2017-19 Biennium			% Change Between Forecasts	Fall 2018 Forecast			% Change Between Biennia
	Spring 18 Forecast	Fall 18 Forecast	Change		2017-19	2019-21	Change	
Ageing & People with Disabilities								
Long-Term Care: In Home	19,172	18,754	-418	-2.2%	18,754	19,561	807	4.3%
Long-Term Care: Community Based	11,887	11,803	-84	-0.7%	11,803	12,040	237	2.0%
Long-Term Care: Nursing Facilities	4,348	4,347	-1	0.0%	4,347	4,331	-16	-0.4%
Child Welfare (children served)								
Adoption Assistance	10,676	10,671	-5	0.0%	10,671	10,651	-20	-0.2%
Guardianship Assistance	1,918	1,945	27	1.4%	1,945	2,201	256	13.2%
Out of Home Care ¹	7,717	7,697	-20	-0.3%	7,697	7,730	33	0.4%
Child In-Home	1,640	1,658	18	1.1%	1,658	1,647	-11	-0.7%
Intellectual and Developmental Disabilities								
Total Case Management Enrollment ²	27,946	27,780	-166	-0.6%	27,780	30,429	2,649	9.5%
Total I/DD Services ³	18,830	18,919	89	0.5%	18,919	19,519	600	3.2%
Self Sufficiency								
Supplemental Nutrition Assistance Program (Households)	364,346	365,997	1,651	0.5%	365,997	332,351	-33,646	-9.2%
Temporary Assistance for Needy Families (Families: Cash/Grants)	18,520	18,840	320	1.7%	18,840	17,538	-1,302	-6.9%
Vocational Rehabilitation	10,357	10,536	179	1.7%	10,536	11,197	661	6.3%

1. Includes residential and foster care.

2. Some clients enrolled in Case Management do not receive any additional I/DD services.

3. Total I/DD services will not include Brokerage Enrollment. Brokerage Enrollment caseload forecast was discontinued beginning Fall 2017.

Total Oregon Health Authority Biennial Average Forecast comparison

	2017-19 Biennium			% Change Between Forecasts	Fall 2018 Forecast			% Change Between Biennia
	Spring 18 Forecast	Fall 18 Forecast	Change		2017-19	2019-21	Change	
Health Systems - Medicaid								
OHP								
Children's Medicaid	306,433	306,435	2	0.0%	306,435	297,767	-8,668	-2.8%
Children's Health Insurance Program	84,391	84,163	-228	-0.3%	84,163	90,039	5,876	7.0%
Foster, Substitute and Adoption Care	20,849	20,508	-341	-1.6%	20,508	20,523	15	0.1%
Aid to the Blind and Disabled	84,998	84,321	-677	-0.8%	84,321	84,205	-117	-0.1%
Old Age Assistance	45,104	45,499	395	0.9%	45,499	49,022	3,522	7.7%
Pregnant Women	10,357	10,428	71	0.7%	10,428	9,661	-767	-7.4%
Parent, Caretaker Relative	69,726	73,906	4,180	6.0%	73,906	77,299	3,393	4.6%
ACA Adults	353,497	356,589	3,092	0.9%	356,589	352,047	-4,542	-1.3%
Total OHP	975,355	981,849	6,494	0.7%	981,849	980,562	-1,287	-0.1%
Other Medical Assistance Total	67,237	66,533	-704	-1.0%	66,533	65,297	-1,236	-1.9%
Cover All Kids ¹	3,930	3,817	-113	-2.9%	3,817	6,162	2,345	61.4%
Total Medical Assistance	1,046,522	1,052,199	5,677	0.5%	1,052,199	1,052,020	-179	0.0%
Mental Health ²								
Under Commitment								
Total Forensic Care	830	850	20	2.4%	850	858	8	0.9%
Civilly Committed	998	1,056	58	5.8%	1,056	1,055	-1	-0.1%
Previously Committed	2,788	2,997	209	7.5%	2,997	3,130	133	4.4%
Never Committed	43,411	46,262	2,851	6.6%	46,262	48,041	1,779	3.8%
Total Served	48,027	51,165	3,138	6.5%	51,165	53,084	1,919	3.8%

1. Cover All Kids is a new non Medicaid caseload that started Jan 2018. It includes clients under age 19 who were previously in CAWEM as well as new entries entering the program directly. The 2017-2019 Biennium is the monthly average over 24 months, but the caseload was zero for the first 6 months of the biennium, from July to December 2017. Over the last 18 months of the 2017-19 Biennium, when the program is operational, the forecasted average monthly caseload will be 5,089.

2. Numbers reported represent adults only.

Forecasted Biennial Average Totals by County

Counties	SNAP Total			TANF			Long Term Care Total			Oregon Health Plan Total		
	Fall 2018 Forecast 2017-19	Fall 2018 Forecast 2019-21	% Change between biennium	Fall 2018 Forecast 2017-19	Fall 2018 Forecast 2019-21	% Change between biennium	Fall 2018 Forecast 2017-19	Fall 2018 Forecast 2019-21	% Change between biennium	Fall 2018 Forecast 2017-19	Fall 2018 Forecast 2019-21	% Change between biennium
Baker	1,943	1,856	-4.5%	124	118	-4.8%	112	111	-0.9%	4,586	4,580	-0.1%
Benton	5,040	4,339	-13.9%	239	238	-0.4%	377	377	0.0%	14,260	14,208	-0.4%
Clackamas	22,336	20,408	-8.6%	1,054	1,012	-4.0%	2,901	2,973	2.5%	69,309	69,368	0.1%
Clatsop	4,000	3,571	-10.7%	76	73	-3.9%	337	346	2.7%	9,866	9,839	-0.3%
Columbia	4,810	4,460	-7.3%	207	195	-5.8%	384	404	5.2%	11,180	11,194	0.1%
Coos	9,596	8,611	-10.3%	345	313	-9.3%	1,068	1,075	0.7%	20,439	20,402	-0.2%
Crook	2,574	2,327	-9.6%	104	94	-9.6%	189	184	-2.6%	6,537	6,536	0.0%
Curry	2,807	2,739	-2.4%	64	61	-4.7%	270	271	0.4%	6,087	6,070	-0.3%
Deschutes	13,161	12,057	-8.4%	313	271	-13.4%	930	960	3.2%	39,880	39,788	-0.2%
Douglas	14,603	13,947	-4.5%	751	712	-5.2%	1,125	1,137	1.1%	33,588	33,759	0.5%
Gilliam	145	132	-9.0%	11	11	0.0%	17	16	-5.9%	384	392	2.1%
Grant	663	658	-0.8%	19	17	-10.5%	64	65	1.6%	1,581	1,577	-0.3%
Harney	820	761	-7.2%	27	24	-11.1%	58	57	-1.7%	2,213	2,233	0.9%
Hood River	1,371	1,333	-2.8%	47	47	0.0%	113	110	-2.7%	5,970	5,933	-0.6%
Jackson	25,466	23,698	-6.9%	1,270	1,086	-14.5%	1,687	1,601	-5.1%	64,308	64,575	0.4%
Jefferson	3,516	3,399	-3.3%	249	263	5.6%	180	176	-2.2%	8,811	8,823	0.1%
Josephine	13,498	13,264	-1.7%	820	791	-3.5%	864	851	-1.5%	30,220	30,509	1.0%

Forecasted Biennial Average Totals by County (continued)

Counties	SNAP Total			TANF			Long Term Care Total			Oregon Health Plan Total		
	Fall 2018 Forecast 2017-19	Fall 2018 Forecast 2019-21	% Change between biennium	Fall 2018 Forecast 2017-19	Fall 2018 Forecast 2019-21	% Change between biennium	Fall 2018 Forecast 2017-19	Fall 2018 Forecast 2019-21	% Change between biennium	Fall 2018 Forecast 2017-19	Fall 2018 Forecast 2019-21	% Change between biennium
Klamath	10,022	9,638	-3.8%	450	424	-5.8%	591	605	2.4%	22,056	22,103	0.2%
Lake	877	904	3.1%	22	25	13.6%	50	50	0.0%	1,977	1,985	0.4%
Lane	40,529	33,824	-16.5%	1,728	1,790	3.6%	3,738	4,016	7.4%	95,932	96,238	0.3%
Lincoln	6,107	5,378	-11.9%	249	243	-2.4%	589	583	-1.0%	14,289	14,303	0.1%
Linn	14,473	13,490	-6.8%	648	592	-8.6%	1,430	1,441	0.8%	35,310	35,259	-0.1%
Malheur	3,986	3,665	-8.1%	314	369	17.5%	311	310	-0.3%	11,375	11,487	1.0%
Marion	31,787	28,121	-11.5%	2,072	1,935	-6.6%	2,967	3,043	2.6%	95,290	95,018	-0.3%
Morrow	1,003	942	-6.1%	67	62	-7.5%	71	72	1.4%	3,165	3,198	1.0%
Multnomah	71,875	64,346	-10.5%	4,422	3,967	-10.3%	8,296	8,708	5.0%	187,368	185,773	-0.9%
Polk	7,299	6,520	-10.7%	533	509	-4.5%	725	738	1.8%	19,649	19,713	0.3%
Sherman	159	166	4.4%	3	3	0.0%	15	16	6.7%	384	393	2.3%
Tillamook	2,513	2,420	-3.7%	70	61	-12.9%	228	242	6.1%	6,682	6,769	1.3%
Umatilla	7,682	7,222	-6.0%	498	506	1.6%	655	666	1.7%	21,378	21,409	0.1%
Union	2,692	2,694	0.1%	197	187	-5.1%	237	229	-3.4%	7,107	7,094	-0.2%
Wallowa	585	564	-3.6%	27	25	-7.4%	82	84	2.4%	1,832	1,834	0.1%
Wasco	2,786	2,776	-0.4%	80	74	-7.5%	314	316	0.6%	7,695	7,636	-0.8%
Washington	26,886	24,939	-7.2%	1,264	1,000	-20.9%	3,010	3,159	5.0%	96,637	96,104	-0.6%
Wheeler	135	126	-6.7%	3	3	0.0%	20	22	10.0%	342	354	3.5%
Yamhill	8,250	7,058	-14.4%	474	437	-7.8%	899	911	1.3%	24,156	24,096	-0.2%

Regional Forecasts by District

District 1 Regional Forecast

The economy of the northwestern corner of Oregon has been growing, but not as fast as the state overall. Oregon employment increased 2.6 percent comparing August 2018 to August 2017, but in District One it increased by 1.2 percent. Some manufacturing jobs, especially paper and wood manufacturing jobs appear to be “lost” to the Great Recession. In their place are jobs in healthcare, leisure, hospitality, and food service. Construction jobs are back in Columbia County, an “x-burb” of Portland. They are still below pre-recession levels in the other two counties that make up the district.

Columbia County’s unemployment rate of 4.7 percent is higher than most counties, but unemployment under five percent is generally considered good economic news – so unemployment in Columbia County is only high in contrast to other places in the state. Clatsop County’s unemployment rate in August 2018 is 3.7 percent, lower than the state overall.

TANF has fallen new all-time lows in Clatsop and Tillamook counties. Columbia County TANF remains slightly above pre-recession levels and has stabilized there. The high proportion of seniors in District 1 is expected to cause the Long-Term Care population to grow faster than statewide, especially the Columbia County In-Home Care group.

DISTRICT 1	Population			Income		Unemployment	
Region	Total population	Percent under age 18	Percent age 65 and over	Median Household Income	Percent in poverty	August 2017	August 2018
Oregon	4,141,100	21.0%	17.2%	\$53,270	15.7%	4.1%	3.8%
Clatsop	38,820	19.5%	21.3%	\$47,492	14.0%	4.1%	3.7%
Columbia	51,345	21.0%	18.2%	\$55,146	13.4%	5.2%	4.7%
Tillamook	26,175	19.6%	25.0%	\$43,777	15.4%	4.3%	4.1%



District 1 Regional Forecast, Oregon Department of Human Services

Counties served: Clatsop, Columbia and Tillamook

	Spring 2018 Forecast 2017-2019	Fall 2018 Forecast 2017-2019	% diff. Spring 2018 vs. Fall 2017	Fall 2018 Forecast 2017-2019	Fall 2018 Forecast 2019-2021	Fall 2018 % diff. 2017-2019 to 2019-2021
Self Sufficiency (households)						
SNAP - Self Sufficiency						
Clatsop	2,267	2,259	-0.4%	2,259	1,803	-20.2%
Columbia	2,837	2,863	0.9%	2,863	2,493	-12.9%
Tillamook	1,452	1,467	1.0%	1,467	1,353	-7.8%
District 1 Total	6,556	6,589	0.5%	6,589	5,649	-14.3%
SNAP - Aid to People with Disabilities						
Clatsop	1,749	1,741	-0.5%	1,741	1,768	1.6%
Columbia	1,977	1,947	-1.5%	1,947	1,967	1.0%
Tillamook	1,048	1,046	-0.2%	1,046	1,067	2.0%
District 1 Total	4,774	4,734	-0.8%	4,734	4,802	1.4%
TANF						
Clatsop	81	76	-6.2%	76	73	-3.95%
Columbia	202	207	2.5%	207	195	-5.80%
Tillamook	76	70	-7.9%	70	61	-12.86%
District 1 Total	359	353	-1.7%	353	329	-6.8%



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

Counties served: Clatsop, Columbia and Tillamook

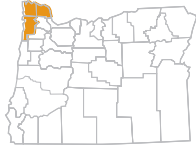
	Spring 2018 Forecast 2017-2019	Fall 2018 Forecast 2017-2019	% diff. Spring 2018 vs. Fall 2017	Fall 2018 Forecast 2017-2019	Fall 2018 Forecast 2019-2021	Fall 2018 % diff. 2017-2019 to 2019-2021
Aging and People with Disabilities, Long Term Care (clients)						
In-Home Care						
Clatsop	162	147	-9.3%	147	144	-2.0%
Columbia	213	207	-2.8%	207	224	8.2%
Tillamook	112	113	0.9%	113	127	12.4%
District 1 Total	487	467	-4.1%	467	495	6.0%
Community-Based Care						
Clatsop	156	161	3.2%	161	172	6.8%
Columbia	117	119	1.7%	119	121	1.7%
Tillamook	98	95	-3.1%	95	94	-1.1%
District 1 Total	371	375	1.1%	375	387	3.2%
Nursing Care						
Clatsop	29	29	0.0%	29	30	3.4%
Columbia	60	58	-3.3%	58	59	1.7%
Tillamook	19	20	5.3%	20	21	5.0%
District 1 Total	108	107	-0.9%	107	110	2.8%



District 1 Regional Forecast, Oregon Health Authority

Counties served: Clatsop, Columbia and Tillamook

	Spring 2018 Forecast 2017-2019	Fall 2018 Forecast 2017-2019	% diff. Spring 2018 vs. Fall 2017	Fall 2018 Forecast 2017-2019	Fall 2018 Forecast 2019-2021	Fall 2018 % diff. 2017-2019 to 2019-2021
Parents/Caretaker Relative						
Clatsop	679	678	-0.1%	678	700	3.2%
Columbia	930	1,010	8.6%	1,010	1,074	6.3%
Tillamook	437	476	8.9%	476	506	6.3%
District 1 Total	2,046	2,164	5.8%	2,164	2,280	5.4%
Children's Medicaid Program						
Clatsop	2,819	2,796	-0.8%	2,796	2,701	-3.4%
Columbia	3,286	3,278	-0.2%	3,278	3,183	-2.9%
Tillamook	2,060	2,126	3.2%	2,126	2,143	0.8%
District 1 Total	8,165	8,200	0.4%	8,200	8,027	-2.1%
Children's Health Insurance Program (CHIP)						
Clatsop	891	916	2.8%	916	994	8.5%
Columbia	812	841	3.6%	841	902	7.3%
Tillamook	564	536	-5.0%	536	560	4.5%
District 1 Total	2,267	2,293	1.1%	2,293	2,456	7.1%
Pregnant Women Program						
Clatsop	108	105	-2.8%	105	98	-6.7%
Columbia	119	111	-6.7%	111	100	-9.9%
Tillamook	71	69	-2.8%	69	67	-2.9%
District 1 Total	298	285	-4.4%	285	265	-7.0%
Foster Care & Adoption Services						
Clatsop	238	223	-6.3%	223	216	-3.1%
Columbia	324	323	-0.3%	323	320	-0.9%
Tillamook	109	111	1.8%	111	113	1.8%
District 1 Total	671	657	-2.1%	657	649	-1.2%



District 1 Regional Forecast, Oregon Health Authority (continued)

Counties served: Clatsop, Columbia and Tillamook

	Spring 2018 Forecast 2017-2019	Fall 2018 Forecast 2017-2019	% diff. Spring 2018 vs. Fall 2017	Fall 2018 Forecast 2017-2019	Fall 2018 Forecast 2019-2021	Fall 2018 % diff. 2017-2019 to 2019-2021
Aid to the Blind/Disabled						
Clatsop	903	896	-0.8%	896	890	-0.7%
Columbia	1,156	1,121	-3.0%	1,121	1,106	-1.3%
Tillamook	598	616	3.0%	616	646	4.9%
District 1 Total	2,657	2,633	-0.9%	2,633	2,642	0.3%
Old Age Assistance						
Clatsop	417	434	4.1%	434	468	7.8%
Columbia	450	452	0.4%	452	498	10.2%
Tillamook	268	276	3.0%	276	289	4.7%
District 1 Total	1,135	1,162	2.4%	1,162	1,255	8.0%
ACA Adults						
Clatsop	3,820	3,818	-0.1%	3,818	3,772	-1.2%
Columbia	3,986	4,044	1.5%	4,044	4,011	-0.8%
Tillamook	2,472	2,472	0.0%	2,472	2,445	-1.1%
District 1 Total	10,278	10,334	0.5%	10,334	10,228	-1.0%

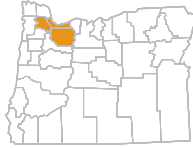
Portland Area Regional Forecast

Employment is slowing down in the Oregon counties that make up the greater Portland area. It's unlikely that the area will again experience the three percent per year increases seen in 2015 and 2016. The area is still growing its employment base, although at a more modest 1.5 percent comparing August 2017 to August 2018.

All three metro counties continue to enjoy very low unemployment (under 3.5 percent), so the economy continues to absorb new workers moving to the metro area. The downside of the continued popularity of Portland as a place to work and live is that it will almost certainly add to the housing shortage.

The strength of the Portland Metro economy has moved TANF caseloads for Multnomah and Washington counties to new all-time lows. Clackamas County is expected to reach pre-recession levels by 2021. Long-Term Care as well as the aged and disability-related portions of the Oregon Health Plan are expected to increase through 2021 in Washington County, part of a long-term trend. Multnomah SNAP is expected to return to pre-recession levels by 2021, however Washington County caseloads have apparently leveled off at a higher rate than before the Great Recession and are expected to remain there. Clackamas County SNAP is expected to continue to fall through mid-2021, but slowly.

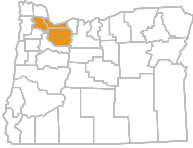
Portland Area		Population		Income		Unemployment	
Region	Total population	Percent under age 18	Percent age 65 and over	Median Household Income	Percent in poverty	August 2017	August 2018
Oregon	4,141,100	21.0%	17.2%	\$53,270	15.7%	4.1%	3.8%
Clackamas (District 15)	413,000	21.4%	17.9%	\$68,915	9.2%	3.8%	3.4%
Multnomah (District 2)	803,000	19.1%	12.7%	\$57,449	17.1%	3.6%	3.3%
Washington (District 16)	595,860	23.6%	12.8%	\$69,743	11.1%	3.5%	3.1%



Portland Area Regional Forecast, Department of Human Services

Counties served: Multnomah (District 2), Clackamas (District 15) and Washington (District 16)

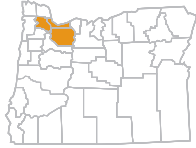
	Spring 2018 Forecast 2017-2019	Fall 2018 Forecast 2017-2019	% diff. Spring 2018 vs. Fall 2017	Fall 2018 Forecast 2017-2019	Fall 2018 Forecast 2019-2021	Fall 2018 % diff. 2017-2019 to 2019-2021
Self Sufficiency (households)						
SNAP - Self Sufficiency						
Multnomah (District 2)	44,225	43,102	-2.5%	43,102	34,844	-19.2%
Clackamas (District 15)	13,326	13,879	4.1%	13,879	11,901	-14.3%
Washington (District 16)	17,648	18,036	2.2%	18,036	15,905	-11.8%
SNAP - Aid to People with Disabilities						
Multnomah (District 2)	28,823	28,773	-0.2%	28,773	29,502	2.5%
Clackamas (District 15)	8,552	8,457	-1.1%	8,457	8,507	0.6%
Washington (District 16)	8,763	8,850	1.0%	8,850	9,034	2.1%
TANF						
Multnomah (District 2)	4,424	4,422	0.0%	4,422	3,967	-10.3%
Clackamas (District 15)	1,005	1,054	4.9%	1,054	1,012	-4.0%
Washington (District 16)	1,291	1,264	-2.1%	1,264	1,000	-20.9%



Portland Area Regional Forecast, Department of Human Services (continued)

Counties served: Multnomah (District 2), Clackamas (District 15) and Washington (District 16)

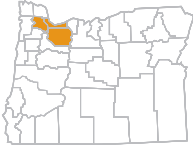
	Spring 2018 Forecast 2017-2019	Fall 2018 Forecast 2017-2019	% diff. Spring 2018 vs. Fall 2017	Fall 2018 Forecast 2017-2019	Fall 2018 Forecast 2019-2021	Fall 2018 % diff. 2017-2019 to 2019-2021
Aging and People with Disabilities, Long Term Care (clients)						
In-Home Care						
Multnomah (District 2)	4,571	4,587	0.4%	4,587	4,918	7.2%
Clackamas (District 15)	1,423	1,438	1.1%	1,438	1,470	2.2%
Washington (District 16)	1,452	1,427	-1.7%	1,427	1,507	5.6%
Community-Based Care						
Multnomah (District 2)	2,542	2,513	-1.1%	2,513	2,584	2.8%
Clackamas (District 15)	1,102	1,110	0.7%	1,110	1,149	3.5%
Washington (District 16)	1,171	1,181	0.9%	1,181	1,252	6.0%
Nursing Care						
Multnomah (District 2)	1,177	1,196	1.6%	1,196	1,206	0.8%
Clackamas (District 15)	357	353	-1.1%	353	354	0.3%
Washington (District 16)	395	402	1.8%	402	400	-0.5%



Portland Area Regional Forecast, Oregon Health Authority

Counties served: Multnomah (District 2), Clackamas (District 15) and Washington (District 16)

	Spring 2018 Forecast 2017-2019	Fall 2018 Forecast 2017-2019	% diff. Spring 2018 vs. Fall 2017	Fall 2018 Forecast 2017-2019	Fall 2018 Forecast 2019-2021	Fall 2018 % diff. 2017-2019 to 2019-2021
Parents/Caretaker Relative						
Multnomah (District 2)	11,758	12,497	6.3%	12,497	12,714	1.7%
Clackamas (District 15)	5,147	5,424	5.4%	5,424	5,756	6.1%
Washington (District 16)	6,241	6,538	4.8%	6,538	6,863	5.0%
Children's Medicaid Program						
Multnomah (District 2)	53,056	52,586	-0.9%	52,586	50,565	-3.8%
Clackamas (District 15)	20,559	20,473	-0.4%	20,473	19,804	-3.3%
Washington (District 16)	32,737	32,704	-0.1%	32,704	31,464	-3.8%
Children's Health Insurance Program (CHIP)						
Multnomah (District 2)	13,414	13,534	0.9%	13,534	14,544	7.5%
Clackamas (District 15)	7,047	7,006	-0.6%	7,006	7,478	6.7%
Washington (District 16)	11,335	11,341	0.1%	11,341	12,193	7.5%
Pregnant Women Program						
Multnomah (District 2)	1,749	1,798	2.8%	1,798	1,670	-7.1%
Clackamas (District 15)	724	739	2.1%	739	677	-8.4%
Washington (District 16)	995	1,013	1.8%	1,013	944	-6.8%
Foster Care & Adoption Services						
Multnomah (District 2)	3,208	3,131	-2.4%	3,131	3,083	-1.5%
Clackamas (District 15)	1,521	1,484	-2.4%	1,484	1,466	-1.2%
Washington (District 16)	1,660	1,675	0.9%	1,675	1,661	-0.8%



Portland Area Regional Forecast, Oregon Health Authority (continued)

Counties served: Multnomah (District 2), Clackamas (District 15) and Washington (District 16)

	Spring 2018 Forecast 2017-2019	Fall 2018 Forecast 2017-2019	% diff. Spring 2018 vs. Fall 2017	Fall 2018 Forecast 2017-2019	Fall 2018 Forecast 2019-2021	Fall 2018 % diff. 2017-2019 to 2019-2021
Aid to the Blind/Disabled						
Multnomah (District 2)	18,153	17,901	-1.4%	17,901	17,463	-2.4%
Clackamas (District 15)	5,834	5,788	-0.8%	5,788	5,756	-0.6%
Washington (District 16)	6,599	6,686	1.3%	6,686	6,925	3.6%
Old Age Assistance						
Multnomah (District 2)	11,341	11,462	1.1%	11,462	12,345	7.7%
Clackamas (District 15)	3,404	3,453	1.4%	3,453	3,786	9.6%
Washington (District 16)	4,764	4,860	2.0%	4,860	5,305	9.2%
ACA Adults						
Multnomah (District 2)	74,325	74,459	0.2%	74,459	73,389	-1.4%
Clackamas (District 15)	24,677	24,942	1.1%	24,942	24,645	-1.2%
Washington (District 16)	31,755	31,820	0.2%	31,820	30,749	-3.4%

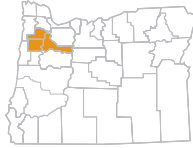
District 3 Regional Forecast

Some of the biggest employment gains over the past year have occurred in Yamhill, Marion and Polk counties. Employment in Marion and Polk counties began to take off in 2013, and now the Salem Metro Area employs over 18,000 more people than it did ten years ago.

Construction employment is now higher in Marion and Polk counties than it was before the Great Recession, and transportation, warehousing, and business services employment (which is populated by temp workers who may work their way into a permanent position) are all up sharply comparing August 2018 to August 2017.

Families are expected to continue to drop off the SNAP rolls quickly in Marion and Yamhill counties, but still not reach pre-recession levels. The drawdown in the TANF caseload is slowing in District 3, and caseloads are unlikely to return to pre-recession levels. TANF rolls in District 3 were rising before the official start of the Great Recession in December of 2007.

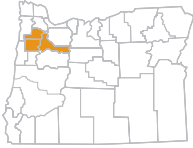
DISTRICT 3	Population			Income		Unemployment	
Region	Total population	Percent under age 18	Percent age 65 and over	Median Household Income	Percent in poverty	August 2017	August 2018
Oregon	4,141,100	21.0%	17.2%	\$53,270	15.7%	4.1%	3.8%
Marion	339,200	25.1%	15.4%	\$50,775	17.2%	4.5%	3.9%
Polk	81,000	23.6%	17.6%	\$54,010	15.5%	4.5%	4.0%
Yamhill	106,300	23.2%	16.8%	\$54,951	15.7%	3.9%	3.5%



District 3 Regional Forecast, Oregon Department of Human Services

Counties served: Marion, Polk and Yamhill

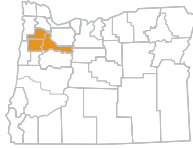
	Spring 2018 Forecast 2017-2019	Fall 2018 Forecast 2017-2019	% diff. Spring 2018 vs. Fall 2017	Fall 2018 Forecast 2017-2019	Fall 2018 Forecast 2019-2021	Fall 2018 % diff. 2017-2019 to 2019-2021
Self Sufficiency (households)						
SNAP - Self Sufficiency						
Marion	22,036	21,988	-0.2%	21,988	18,166	-17.4%
Polk	5,003	5,054	1.0%	5,054	4,242	-16.1%
Yamhill	5,505	5,506	0.0%	5,506	4,253	-22.8%
District 3 Total	32,544	32,548	0.0%	32,548	26,661	-18.1%
SNAP - Aid to People with Disabilities						
Marion	9,763	9,799	0.4%	9,799	9,955	1.6%
Polk	2,256	2,245	-0.5%	2,245	2,278	1.5%
Yamhill	2,753	2,744	-0.3%	2,744	2,805	2.2%
District 3 Total	14,772	14,788	0.1%	14,788	15,038	1.7%
TANF						
Marion	2,040	2,072	1.6%	2,072	1,935	-6.6%
Polk	531	533	0.4%	533	509	-4.5%
Yamhill	486	474	-2.5%	474	437	-7.8%
District 3 Total	3,057	3,079	0.7%	3,079	2,881	-6.4%



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

Counties served: Marion, Polk and Yamhill

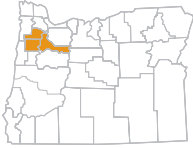
	Spring 2018 Forecast 2017-2019	Fall 2018 Forecast 2017-2019	% diff. Spring 2018 vs. Fall 2017	Fall 2018 Forecast 2017-2019	Fall 2018 Forecast 2019-2021	Fall 2018 % diff. 2017-2019 to 2019-2021
Aging and People with Disabilities, Long Term Care (clients)						
In-Home Care						
Marion	1,795	1,675	-6.7%	1,675	1,747	4.3%
Polk	382	381	-0.3%	381	397	4.2%
Yamhill	388	386	-0.5%	386	390	1.0%
District 3 Total	2,565	2,442	-4.8%	2,442	2,534	3.8%
Community-Based Care						
Marion	1,000	958	-4.2%	958	962	0.4%
Polk	279	264	-5.4%	264	262	-0.8%
Yamhill	397	395	-0.5%	395	403	2.0%
District 3 Total	1,676	1,617	-3.5%	1,617	1,627	0.6%
Nursing Care						
Marion	317	334	5.4%	334	334	0.0%
Polk	78	80	2.6%	80	79	-1.3%
Yamhill	121	118	-2.5%	118	118	0.0%
District 3 Total	516	532	3.1%	532	531	-0.2%



District 3 Regional Forecast, Oregon Health Authority

Counties served: Marion, Polk and Yamhill

	Spring 2018 Forecast 2017-2019	Fall 2018 Forecast 2017-2019	% diff. Spring 2018 vs. Fall 2017	Fall 2018 Forecast 2017-2019	Fall 2018 Forecast 2019-2021	Fall 2018 % diff. 2017-2019 to 2019-2021
Parents/Caretaker Relative						
Marion	6,388	6,868	7.5%	6,868	7,263	5.8%
Polk	1,586	1,713	8.0%	1,713	1,814	5.9%
Yamhill	1,791	1,870	4.4%	1,870	1,945	4.0%
District 3 Total	9,765	10,451	7.0%	10,451	11,022	5.5%
Children's Medicaid Program						
Marion	36,702	36,385	-0.9%	36,385	35,316	-2.9%
Polk	6,551	6,643	1.4%	6,643	6,479	-2.5%
Yamhill	8,154	8,142	-0.1%	8,142	7,873	-3.3%
District 3 Total	51,407	51,170	-0.5%	51,170	49,668	-2.9%
Children's Health Insurance Program (CHIP)						
Marion	9,495	9,396	-1.0%	9,396	9,998	6.4%
Polk	1,870	1,813	-3.0%	1,813	1,944	7.2%
Yamhill	2,596	2,628	1.2%	2,628	2,828	7.6%
District 3 Total	13,961	13,837	-0.9%	13,837	14,770	6.7%
Pregnant Women Program						
Marion	991	958	-3.3%	958	864	-9.8%
Polk	175	184	5.1%	184	170	-7.6%
Yamhill	295	284	-3.7%	284	262	-7.7%
District 3 Total	1,461	1,426	-2.4%	1,426	1,296	-9.1%
Foster Care & Adoption Services						
Marion	1,738	1,715	-1.3%	1,715	1,699	-0.9%
Polk	456	447	-2.0%	447	450	0.7%
Yamhill	410	398	-2.9%	398	393	-1.3%
District 3 Total	2,604	2,560	-1.7%	2,560	2,542	-0.7%



District 3 Regional Forecast, Oregon Health Authority (continued)

Counties served: Marion, Polk and Yamhill

	Spring 2018 Forecast 2017-2019	Fall 2018 Forecast 2017-2019	% diff. Spring 2018 vs. Fall 2017	Fall 2018 Forecast 2017-2019	Fall 2018 Forecast 2019-2021	Fall 2018 % diff. 2017-2019 to 2019-2021
Aid to the Blind/Disabled						
Marion	7,411	7,295	-1.6%	7,295	7,224	-1.0%
Polk	1,633	1,650	1.0%	1,650	1,658	0.5%
Yamhill	1,784	1,774	-0.6%	1,774	1,769	-0.3%
District 3 Total	10,828	10,719	-1.0%	10,719	10,651	-0.6%
Old Age Assistance						
Marion	3,828	3,866	1.0%	3,866	4,211	8.9%
Polk	800	792	-1.0%	792	859	8.5%
Yamhill	1,046	1,052	0.6%	1,052	1,124	6.8%
District 3 Total	5,674	5,710	0.6%	5,710	6,194	8.5%
ACA Adults						
Marion	28,725	28,807	0.3%	28,807	28,443	-1.3%
Polk	6,322	6,407	1.3%	6,407	6,339	-1.1%
Yamhill	7,980	8,008	0.4%	8,008	7,902	-1.3%
District 3 Total	43,027	43,222	0.5%	43,222	42,684	-1.2%

District 4 Regional Forecast

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

Employment is higher in Linn County, where manufacturing employment has finally returned to pre-recession levels. Employment recovery in Oregon started in 2010 but didn't start in Linn County until 2013. Now things are booming. There are 4,000 more jobs in Linn County than there were ten years before (comparing August 2018 to August 2008).

Lincoln County reached a milestone of sorts in 2017 when employment reached pre-recession levels. In the past 12 months there has been little growth, however. Although retail trade and tourism added jobs, an equal number were lost in other sectors. Benton has had a similar lack of growth in 2018, however it was spared much of the downturn in employment experienced elsewhere during the Great Recession and grew strongly in 2015 and 2016. Benton County has the lowest unemployment in the state. Both counties may be experiencing "peak employment," and may not increase their employment base much in the future.

The TANF caseloads in all three counties in District 4 are now at pre-recession levels, or lower. They are expected to remain at this relatively stable "floor" in Benton and Lincoln counties, but continue to fall to new all-time lows in Linn. SNAP is expected to fall at a faster rate than the state overall in Lincoln and Benton counties.

DISTRICT 4		Population		Income		Unemployment	
Region	Total population	Percent under age 18	Percent age 65 and over	Median Household Income	Percent in poverty	August 2017	August 2018
Oregon	4,141,100	21.0%	17.2%	\$53,270	15.7%	4.1%	3.8%
Benton	92,575	15.8%	16.5%	\$52,015	21.5%	3.5%	2.8%
Lincoln	47,960	16.2%	27.8%	\$41,303	18.6%	4.7%	4.4%
Linn	124,010	22.7%	18.4%	\$46,782	17.3%	5.0%	4.3%



District 4 Regional Forecast, Oregon Department of Human Services

Counties served: Benton, Lincoln and Linn

	Spring 2018 Forecast 2017-2019	Fall 2018 Forecast 2017-2019	% diff. Spring 2018 vs. Fall 2017	Fall 2018 Forecast 2017-2019	Fall 2018 Forecast 2019-2021	Fall 2018 % diff. 2017-2019 to 2019-2021
Self Sufficiency (households)						
SNAP - Self Sufficiency						
Benton	3,751	3,574	-4.7%	3,574	2,841	-20.5%
Lincoln	3,601	3,655	1.5%	3,655	2,883	-21.1%
Linn	9,519	9,549	0.3%	9,549	8,494	-11.0%
District 4 Total	16,871	16,778	-0.6%	16,778	14,218	-15.3%
SNAP - Aid to People with Disabilities						
Benton	1,457	1,466	0.6%	1,466	1,498	2.2%
Lincoln	2,445	2,452	0.3%	2,452	2,495	1.8%
Linn	4,940	4,924	-0.3%	4,924	4,996	1.5%
District 4 Total	8,842	8,842	0.0%	8,842	8,989	1.7%
TANF						
Benton	229	239	4.4%	239	238	-0.4%
Lincoln	251	249	-0.8%	249	243	-2.4%
Linn	640	648	1.3%	648	592	-8.6%
District 4 Total	1,120	1,136	1.4%	1,136	1,073	-5.5%



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

Counties served: Benton, Lincoln and Linn

	Spring 2018 Forecast 2017-2019	Fall 2018 Forecast 2017-2019	% diff. Spring 2018 vs. Fall 2017	Fall 2018 Forecast 2017-2019	Fall 2018 Forecast 2019-2021	Fall 2018 % diff. 2017-2019 to 2019-2021
Aging and People with Disabilities, Long Term Care (clients)						
In-Home Care						
Benton	204	197	-3.4%	197	195	-1.0%
Lincoln	431	396	-8.1%	396	391	-1.3%
Linn	852	831	-2.5%	831	846	1.8%
District 4 Total	1,487	1,424	-4.2%	1,424	1,432	0.6%
Community-Based Care						
Benton	138	141	2.2%	141	145	2.8%
Lincoln	158	151	-4.4%	151	149	-1.3%
Linn	423	414	-2.1%	414	413	-0.2%
District 4 Total	719	706	-1.8%	706	707	0.1%
Nursing Care						
Benton	44	39	-11.4%	39	37	-5.1%
Lincoln	42	42	0.0%	42	43	2.4%
Linn	196	185	-5.6%	185	182	-1.6%
District 4 Total	282	266	-5.7%	266	262	-1.5%



District 4 Regional Forecast, Oregon Health Authority

Counties served: Benton, Lincoln and Linn

	Spring 2018 Forecast 2017-2019	Fall 2018 Forecast 2017-2019	% diff. Spring 2018 vs. Fall 2017	Fall 2018 Forecast 2017-2019	Fall 2018 Forecast 2019-2021	Fall 2018 % diff. 2017-2019 to 2019-2021
Parents/Caretaker Relative						
Benton	879	953	8.4%	953	1,008	5.8%
Lincoln	1,048	1,113	6.2%	1,113	1,163	4.5%
Linn	2,791	2,964	6.2%	2,964	3,114	5.1%
District 4 Total	4,718	5,030	6.6%	5,030	5,285	5.1%
Children's Medicaid Program						
Benton	4,007	3,987	-0.5%	3,987	3,843	-3.6%
Lincoln	4,153	4,173	0.5%	4,173	4,067	-2.5%
Linn	11,400	11,402	0.0%	11,402	11,085	-2.8%
District 4 Total	19,560	19,562	0.0%	19,562	18,995	-2.9%
Children's Health Insurance Program (CHIP)						
Benton	1,201	1,185	-1.3%	1,185	1,238	4.5%
Lincoln	1,035	1,001	-3.3%	1,001	1,074	7.3%
Linn	2,795	2,827	1.1%	2,827	3,030	7.2%
District 4 Total	5,031	5,013	-0.4%	5,013	5,342	6.6%
Pregnant Women Program						
Benton	110	101	-8.2%	101	88	-12.9%
Lincoln	136	137	0.7%	137	131	-4.4%
Linn	370	378	2.2%	378	351	-7.1%
District 4 Total	616	616	0.0%	616	570	-7.5%
Foster Care & Adoption Services						
Benton	278	293	5.4%	293	297	1.4%
Lincoln	340	320	-5.9%	320	312	-2.5%
Linn	702	699	-0.4%	699	699	0.0%
District 4 Total	1,320	1,312	-0.6%	1,312	1,308	-0.3%



District 4 Regional Forecast, Oregon Health Authority (continued)

Counties served: Benton, Lincoln and Linn

	Spring 2018 Forecast 2017-2019	Fall 2018 Forecast 2017-2019	% diff. Spring 2018 vs. Fall 2017	Fall 2018 Forecast 2017-2019	Fall 2018 Forecast 2019-2021	Fall 2018 % diff. 2017-2019 to 2019-2021
Aid to the Blind/Disabled						
Benton	1,181	1,184	0.3%	1,184	1,180	-0.3%
Lincoln	1,268	1,225	-3.4%	1,225	1,200	-2.0%
Linn	3,439	3,444	0.1%	3,444	3,431	-0.4%
District 4 Total	5,888	5,853	-0.6%	5,853	5,811	-0.7%
Old Age Assistance						
Benton	460	453	-1.5%	453	476	5.1%
Lincoln	736	741	0.7%	741	824	11.2%
Linn	1,477	1,428	-3.3%	1,428	1,456	2.0%
District 4 Total	2,673	2,622	-1.9%	2,622	2,756	5.1%
ACA Adults						
Benton	5,970	6,104	2.2%	6,104	6,078	-0.4%
Lincoln	5,552	5,579	0.5%	5,579	5,532	-0.8%
Linn	12,023	12,168	1.2%	12,168	12,093	-0.6%
District 4 Total	23,545	23,851	1.3%	23,851	23,703	-0.6%

Southwestern Oregon Regional Forecast

Lane County is something of a microcosm of the state as a whole: some costal/tourism employment, some agriculture, some manufacturing, and a large white-collar workforce in Eugene. Unemployment is a bit higher in Lane County than the state overall, although there are 7,600 more people working in Lane County than there were ten years ago. There has been broad-based improvement in most employment sectors over the past 24 months.

Unemployment in Douglas County stands at five percent, higher than the state overall but low by the county's historical standards. Douglas County has always had higher unemployment than the state overall and is one of the few regions where employment still lags behind pre-recession levels.

There are a thousand fewer manufacturing jobs in Douglas County than there were in 2007, and construction is still below pre-recession levels. Both employment sectors, however, have been adding jobs since 2014.

SNAP caseloads are forecast to drop more slowly in Douglas County than statewide, due to a fairly rapid increase in APD SNAP (food assistance for people over the age of 60). Lane County SNAP was dropping slowly – much like Douglas County – until the second half of 2017, when it began to fall quickly. That pattern is expected to continue. Lane County Long-Term Care, as well as the Oregon Health Plan categories that serve the aged and disabled are expected to grow more quickly in the region than in the rest of the state. This is part of a long-term trend.

Southwestern Oregon	Population			Income		Unemployment	
Region	Total population	Percent under age 18	Percent age 65 and over	Median Household Income	Percent in poverty	August 2017	August 2018
Oregon	4,141,100	21.0%	17.2%	\$53,270	15.7%	4.1%	3.8%
Lane (District 5)	370,600	17.9%	19.3%	\$45,222	19.7%	4.7%	4.2%
Douglas (District 6)	111,180	18.7%	25.9%	\$42,052	18.6%	5.3%	5.0%



Southwestern Oregon Regional Forecast, Department of Human Services

Counties served: Lane (District 5) and Douglas (District 6)

	Spring 2018 Forecast 2017-2019	Fall 2018 Forecast 2017-2019	% diff. Spring 2018 vs. Fall 2017	Fall 2018 Forecast 2017-2019	Fall 2018 Forecast 2019-2021	Fall 2018 % diff. 2017-2019 to 2019-2021
Self Sufficiency (households)						
SNAP - Self Sufficiency						
Lane (District 5)	24,709	24,956	1.0%	24,956	17,675	-29.2%
Douglas (District 6)	8,751	8,770	0.2%	8,770	7,783	-11.3%
SNAP - Aid to People with Disabilities						
Lane (District 5)	15,579	15,573	0.0%	15,573	16,149	3.7%
Douglas (District 6)	5,842	5,833	-0.2%	5,833	6,164	5.7%
TANF						
Lane (District 5)	1,652	1,728	4.6%	1,728	1,790	3.6%
Douglas (District 6)	732	751	2.6%	751	712	-5.2%
Aging and People with Disabilities, Long Term Care (clients)						
In-Home Care						
Lane (District 5)	2,296	2,187	-4.7%	2,187	2,421	10.7%
Douglas (District 6)	637	630	-1.1%	630	634	0.6%
Community-Based Care						
Lane (District 5)	1,031	1,058	2.6%	1,058	1,106	4.5%
Douglas (District 6)	358	368	2.8%	368	374	1.6%
Nursing Care						
Lane (District 5)	507	493	-2.8%	493	489	-0.8%
Douglas (District 6)	123	127	3.3%	127	129	1.6%



Southwestern Oregon Regional Forecast, Oregon Health Authority

Counties served: Lane (District 5) and Douglas (District 6)

	Spring 2018 Forecast 2017-2019	Fall 2018 Forecast 2017-2019	% diff. Spring 2018 vs. Fall 2017	Fall 2018 Forecast 2017-2019	Fall 2018 Forecast 2019-2021	Fall 2018 % diff. 2017-2019 to 2019-2021
Parents/Caretaker Relative						
Lane (District 5)	6,801	7,183	5.6%	7,183	7,496	4.4%
Douglas (District 6)	2,789	2,969	6.5%	2,969	3,129	5.4%
Children's Medicaid Program						
Lane (District 5)	25,841	25,795	-0.2%	25,795	25,022	-3.0%
Douglas (District 6)	10,000	10,062	0.6%	10,062	9,835	-2.3%
Children's Health Insurance Program (CHIP)						
Lane (District 5)	7,353	7,333	-0.3%	7,333	7,823	6.7%
Douglas (District 6)	1,716	1,758	2.4%	1,758	1,880	6.9%
Pregnant Women Program						
Lane (District 5)	1,064	1,094	2.8%	1,094	1,030	-5.9%
Douglas (District 6)	342	328	-4.1%	328	300	-8.5%
Foster Care & Adoption Services						
Lane (District 5)	2,810	2,647	-5.8%	2,647	2,592	-2.1%
Douglas (District 6)	1,068	1,123	5.1%	1,123	1,326	18.1%



Southwestern Oregon Regional Forecast, Oregon Health Authority (continued)

Counties served: Lane (District 5) and Douglas (District 6)

	Spring 2018 Forecast 2017-2019	Fall 2018 Forecast 2017-2019	% diff. Spring 2018 vs. Fall 2017	Fall 2018 Forecast 2017-2019	Fall 2018 Forecast 2019-2021	Fall 2018 % diff. 2017-2019 to 2019-2021
Aid to the Blind/Disabled						
Lane (District 5)	10,080	10,007	-0.7%	10,007	10,314	3.1%
Douglas (District 6)	3,334	3,243	-2.7%	3,243	3,219	-0.7%
Old Age Assistance						
Lane (District 5)	4,394	4,458	1.5%	4,458	4,938	10.8%
Douglas (District 6)	1,318	1,324	0.5%	1,324	1,392	5.1%
ACA Adults						
Lane (District 5)	37,165	37,415	0.7%	37,415	37,023	-1.0%
Douglas (District 6)	12,618	12,781	1.3%	12,781	12,678	-0.8%

District 7 Regional Forecast

Curry county has still not recovered from employment losses incurred during the Great Recession, although Coos County employment is now well above 2007 levels. A vigorous growth in construction has helped Coos county, along with Business Services employment (which is dominated by temp jobs). It is possible that some of this work is related to reclamation efforts after the wildfire season of 2017.

According to the Oregon Employment Department, the area can only expect modest jobs growth in the mid to long term. Population in Southwestern Oregon is not expected to increase enough through 2030 to stimulate much economic activity.

TANF caseloads in Coos and Curry counties have fallen to all-time lows, well below pre-recession levels. In Coos County, SNAP is expected to fall much faster than the state overall, in response to the uptick in hiring.

DISTRICT 7	Population			Income		Unemployment	
Region	Total population	Percent under age 18	Percent age 65 and over	Median Household Income	Percent in poverty	August 2017	August 2018
Oregon	4,141,100	21.0%	17.2%	\$53,270	15.7%	4.1%	3.8%
Coos	63,310	18.6%	25.6%	\$39,110	18.1%	5.4%	4.9%
Curry	22,805	13.9%	33.0%	\$38,661	15.2%	5.9%	5.5%



District 7 Regional Forecast, Oregon Department of Human Services

Counties served: Coos and Curry

	Spring 2018 Forecast 2017-2019	Fall 2018 Forecast 2017-2019	% diff. Spring 2018 vs. Fall 2017	Fall 2018 Forecast 2017-2019	Fall 2018 Forecast 2019-2021	Fall 2018 % diff. 2017-2019 to 2019-2021
Self Sufficiency (households)						
SNAP - Self Sufficiency						
Coos	5,339	5,465	2.4%	5,465	4,405	-19.4%
Curry	1,429	1,448	1.3%	1,448	1,355	-6.4%
District 7 Total	6,768	6,913	2.1%	6,913	5,760	-16.7%
SNAP - Aid to People with Disabilities						
Coos	4,112	4,131	0.5%	4,131	4,206	1.8%
Curry	1,364	1,359	-0.4%	1,359	1,384	1.8%
District 7 Total	5,476	5,490	0.3%	5,490	5,590	1.8%
TANF						
Coos	345	345	0.0%	345	313	-9.3%
Curry	67	64	-4.5%	64	61	-4.7%
District 7 Total	412	409	-0.7%	409	374	-8.6%
Aging and People with Disabilities, Long Term Care (clients)						
In-Home Care						
Coos	688	668	-2.9%	668	676	1.2%
Curry	149	144	-3.4%	144	147	2.1%
District 7 Total	837	812	-3.0%	812	823	1.4%
Community-Based Care						
Coos	303	295	-2.6%	295	295	0.0%
Curry	113	104	-8.0%	104	101	-2.9%
District 7 Total	416	399	-4.1%	399	396	-0.8%
Nursing Care						
Coos	107	105	-1.9%	105	104	-1.0%
Curry	22	22	0.0%	22	23	4.5%
District 7 Total	129	127	-1.6%	127	127	0.0%



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

Counties served: Coos and Curry

	Spring 2018 Forecast 2017-2019	Fall 2018 Forecast 2017-2019	% diff. Spring 2018 vs. Fall 2017	Fall 2018 Forecast 2017-2019	Fall 2018 Forecast 2019-2021	Fall 2018 % diff. 2017-2019 to 2019-2021
Parents/Caretaker Relative						
Coos	1,544	1,641	6.3%	1,641	1,714	4.4%
Curry	463	477	3.0%	477	497	4.2%
District 7 Total	2,007	2,118	5.5%	2,118	2,211	4.4%
Children's Medicaid Program						
Coos	5,558	5,610	0.9%	5,610	5,487	-2.2%
Curry	1,648	1,634	-0.8%	1,634	1,575	-3.6%
District 7 Total	7,206	7,244	0.5%	7,244	7,062	-2.5%
Children's Health Insurance Program (CHIP)						
Coos	1,244	1,212	-2.6%	1,212	1,296	6.9%
Curry	363	348	-4.1%	348	366	5.2%
District 7 Total	1,607	1,560	-2.9%	1,560	1,662	6.5%
Pregnant Women Program						
Coos	226	213	-5.8%	213	195	-8.5%
Curry	63	62	-1.6%	62	58	-6.5%
District 7 Total	289	275	-4.8%	275	253	-8.0%
Foster Care & Adoption Services						
Coos	642	633	-1.4%	633	622	-1.7%
Curry	100	113	13.0%	113	120	6.2%
District 7 Total	742	746	0.5%	746	742	-0.5%



District 7 Regional Forecast, Oregon Health Authority

Counties served: Coos and Curry

	Spring 2018 Forecast 2017-2019	Fall 2018 Forecast 2017-2019	% diff. Spring 2018 vs. Fall 2017	Fall 2018 Forecast 2017-2019	Fall 2018 Forecast 2019-2021	Fall 2018 % diff. 2017-2019 to 2019-2021
Aid to the Blind/Disabled						
Coos	2,369	2,352	-0.7%	2,352	2,337	-0.6%
Curry	602	586	-2.7%	586	584	-0.3%
District 7 Total	2,971	2,938	-1.1%	2,938	2,921	-0.6%
Old Age Assistance						
Coos	1,124	1,117	-0.6%	1,117	1,172	4.9%
Curry	368	365	-0.8%	365	387	6.0%
District 7 Total	1,492	1,482	-0.7%	1,482	1,559	5.2%
ACA Adults						
Coos	7,659	7,661	0.0%	7,661	7,579	-1.1%
Curry	2,464	2,502	1.5%	2,502	2,483	-0.8%
District 7 Total	10,123	10,163	0.4%	10,163	10,062	-1.0%

District 8 Regional Forecast

Employment contraction in the Medford area during the Great Recession was pronounced, but the Rogue Valley has shown steady improvement over the past few years, and the region has recovered all the jobs lost since the Great Recession. Employment growth in Jackson and Josephine counties has been among the highest in the state over the past twelve months (comparing August 2018 to the previous year).

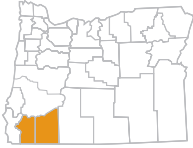
Although unemployment is higher in Jackson and Josephine counties than the state overall, this is a long-term trend for these counties. Currently, unemployment in the Rogue Valley is lower than it was before the start of the Great Recession.

SNAP caseloads have been dropping slowly since the recovery from the Great Recession started in the Rogue Valley, and that is likely to continue in Jackson County. Josephine County SNAP has essentially stopped falling and has stabilized at a rate much higher than pre-recession levels.

Although many other counties have reached pre-recession levels for TANF, Jackson and Josephine counties still have a way to go. Jackson County had a greater TANF increase (in terms of percent change) than any county in the state, and is expected to continue falling, albeit slowly, through the forecast horizon. Caseload reductions in Josephine County have essentially stalled out. The county is expected to still have a TANF caseload higher than before the Great Recession through the forecast horizon.

Long-Term Care in Josephine County is expected to continue a downward trend that started in 2014, as caseload counts for Nursing Facility Care and In-Home Care continue to fall. Josephine County is expected to continue to reduce its number of Community Based Care cases, which is also a long-term trend.

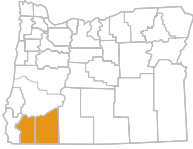
DISTRICT 8	Population			Income		Unemployment	
Region	Total population	Percent under age 18	Percent age 65 and over	Median Household Income	Percent in poverty	August 2017	August 2018
Oregon	4,141,100	21.0%	17.2%	\$53,270	15.7%	4.1%	3.8%
Jackson	216,900	20.3%	21.8%	\$46,343	18.0%	5.1%	4.4%
Josephine	85,650	18.7%	26.6%	\$37,867	19.5%	5.9%	5.4%



District 8 Regional Forecast, Oregon Department of Human Services

Counties served: Jackson and Josephine

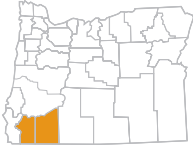
	Spring 2018 Forecast 2017-2019	Fall 2018 Forecast 2017-2019	% diff. Spring 2018 vs. Fall 2017	Fall 2018 Forecast 2017-2019	Fall 2018 Forecast 2019-2021	Fall 2018 % diff. 2017-2019 to 2019-2021
Self Sufficiency (households)						
SNAP - Self Sufficiency						
Jackson	16,648	17,191	3.3%	17,191	15,500	-9.8%
Josephine	8,917	9,042	1.4%	9,042	8,721	-3.6%
District 8 Total	25,565	26,233	2.6%	26,233	24,221	-7.7%
SNAP - Aid to People with Disabilities						
Jackson	8,268	8,275	0.1%	8,275	8,198	-0.9%
Josephine	4,438	4,456	0.4%	4,456	4,543	2.0%
District 8 Total	12,706	12,731	0.2%	12,731	12,741	0.1%
TANF						
Jackson	1,186	1,270	7.1%	1,270	1,086	-14.5%
Josephine	805	820	1.9%	820	791	-3.5%
District 8 Total	1,991	2,090	5.0%	2,090	1,877	-10.2%
Ageing and People with Disabilities, Long Term Care (clients)						
In-Home Care						
Jackson	941	872	-7.3%	872	843	-3.3%
Josephine	443	426	-3.8%	426	416	-2.3%
District 8 Total	1,384	1,298	-6.2%	1,298	1,259	-3.0%
Community-Based Care						
Jackson	637	643	0.9%	643	593	-7.8%
Josephine	316	307	-2.8%	307	303	-1.3%
District 8 Total	953	950	-0.3%	950	896	-5.7%
Nursing Care						
Jackson	185	172	-7.0%	172	165	-4.1%
Josephine	117	131	12.0%	131	132	0.8%
District 8 Total	302	303	0.3%	303	297	-2.0%



District 8 Regional Forecast, Oregon Department of Human Services (continued)

Counties served: Jackson and Josephine

	Spring 2018 Forecast 2017-2019	Fall 2018 Forecast 2017-2019	% diff. Spring 2018 vs. Fall 2017	Fall 2018 Forecast 2017-2019	Fall 2018 Forecast 2019-2021	Fall 2018 % diff. 2017-2019 to 2019-2021
Parents/Caretaker Relative						
Jackson	4,786	5,111	6.8%	5,111	5,377	5.2%
Josephine	2,532	2,686	6.1%	2,686	2,816	4.8%
District 8 Total	7,318	7,797	6.5%	7,797	8,193	5.1%
Children's Medicaid Program						
Jackson	19,769	20,021	1.3%	20,021	19,781	-1.2%
Josephine	8,693	8,845	1.7%	8,845	8,925	0.9%
District 8 Total	28,462	28,866	1.4%	28,866	28,706	-0.6%
Children's Health Insurance Program (CHIP)						
Jackson	5,330	5,278	-1.0%	5,278	5,659	7.2%
Josephine	1,921	2,004	4.3%	2,004	2,203	9.9%
District 8 Total	7,251	7,282	0.4%	7,282	7,862	8.0%
Pregnant Women Program						
Jackson	748	771	3.1%	771	715	-7.3%
Josephine	346	362	4.6%	362	341	-5.8%
District 8 Total	1,094	1,133	3.6%	1,133	1,056	-6.8%
Foster Care & Adoption Services						
Jackson	1,407	1,351	-4.0%	1,351	1,330	-1.6%
Josephine	608	614	1.0%	614	612	-0.3%
District 8 Total	2,015	1,965	-2.5%	1,965	1,942	-1.2%



District 8 Regional Forecast, Oregon Health Authority

Counties served: Jackson and Josephine

	Spring 2018 Forecast 2017-2019	Fall 2018 Forecast 2017-2019	% diff. Spring 2018 vs. Fall 2017	Fall 2018 Forecast 2017-2019	Fall 2018 Forecast 2019-2021	Fall 2018 % diff. 2017-2019 to 2019-2021
Aid to the Blind/Disabled						
Jackson	4,747	4,723	-0.5%	4,723	4,754	0.7%
Josephine	2,492	2,468	-1.0%	2,468	2,327	-5.7%
District 8 Total	7,239	7,191	-0.7%	7,191	7,081	-1.5%
Old Age Assistance						
Jackson	2,381	2,369	-0.5%	2,369	2,499	5.5%
Josephine	1,239	1,264	2.0%	1,264	1,336	5.7%
District 8 Total	3,620	3,633	0.4%	3,633	3,835	5.6%
ACA Adults						
Jackson	24,482	24,684	0.8%	24,684	24,460	-0.9%
Josephine	11,775	11,977	1.7%	11,977	11,949	-0.2%
District 8 Total	36,257	36,661	1.1%	36,661	36,409	-0.7%

District 9 Regional Forecast

District 9 is the largest service district in the state in terms of number of counties but contains some of the least populated counties in the state. It contains three counties (Gilliam, Sherman, and Wheeler) that have a very limited, farm-based economy and two (Hood River and Wasco) that are relatively more populated and serve as the economic drivers for the region.

Unlike most places in the state, District 9 has seen a contraction in employment comparing the summer 2018 to the previous year. Gilliam, Wasco, Sherman and Wheeler have all experienced reductions in employment. Only Hood River is growing.

On the other hand, unemployment is extremely low in all the counties of the region. Only one county in the area has unemployment above four percent (Sherman, at 4.2 percent). The contrast between a shrinking number of people employed and very low unemployment suggests less an economic weakness than the volatility in statistics coming from sparsely populated counties.

Most SNAP and TANF caseloads in District 9 have reached a “floor,” with no further room to fall. APD SNAP (nutrition assistance for people over age 60) in most counties of the district is expected to continue to grow relatively quickly. A large proportion of area residents are age 65 and over.

DISTRICT 9		Population		Income		Unemployment	
Region	Total population	Percent under age 18	Percent age 65 and over	Median Household Income	Percent in poverty	August 2017	August 2018
Oregon	4,141,100	21.0%	17.2%	\$53,270	15.7%	4.1%	3.8%
Gilliam	1,995	17.3%	28.2%	\$40,556	11.2%	4.5%	3.5%
Hood River	25,145	23.7%	15.1%	\$56,581	13.3%	3.6%	3.0%
Sherman	1,800	18.7%	25.9%	\$41,389	17.7%	5.1%	4.2%
Wasco	27,100	22.3%	21.1%	\$46,814	14.5%	4.1%	3.6%
Wheeler	1,480	17.4%	32.6%	\$33,400	20.2%	3.9%	3.1%



District 9 Regional Forecast, Oregon Department of Human Services

Counties served: Gilliam, Hood River, Wasco and Wheeler

	Spring 2018 Forecast 2017-2019	Fall 2018 Forecast 2017-2019	% diff. Spring 2018 vs. Fall 2017	Fall 2018 Forecast 2017-2019	Fall 2018 Forecast 2019-2021	Fall 2018 % diff. 2017-2019 to 2019-2021
Self Sufficiency (households)						
SNAP - Self Sufficiency						
Gilliam	79	71	-10.1%	71	53	-25.4%
Hood River	876	934	6.6%	934	858	-8.1%
Sherman	87	89	2.3%	89	89	0.0%
Wasco	1,584	1,648	4.0%	1,648	1,558	-5.5%
Wheeler	62	62	0.0%	62	47	-24.2%
District 9 Total	2,688	2,804	4.3%	2,804	2,605	-7.1%
SNAP - Aid to People with Disabilities						
Gilliam	74	74	0.0%	74	79	6.8%
Hood River	428	437	2.1%	437	475	8.7%
Sherman	67	70	4.5%	70	77	10.0%
Wasco	1,148	1,138	-0.9%	1,138	1,218	7.0%
Wheeler	69	73	5.8%	73	79	8.2%
District 9 Total	1,786	1,792	0.3%	1,792	1,928	7.6%
TANF						
Gilliam	13	11	-15.4%	11	11	0.0%
Hood River	43	47	9.3%	47	47	0.0%
Sherman	4	3	-25.0%	3	3	0.0%
Wasco	70	80	14.3%	80	74	-7.5%
Wheeler	3	3	0.0%	3	3	0.0%
District 9 Total	133	144	8.3%	144	138	-4.2%



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

Counties served: Gilliam, Hood River, Wasco and Wheeler

	Spring 2018 Forecast 2017-2019	Fall 2018 Forecast 2017-2019	% diff. Spring 2018 vs. Fall 2017	Fall 2018 Forecast 2017-2019	Fall 2018 Forecast 2019-2021	Fall 2018 % diff. 2017-2019 to 2019-2021
Aging and People with Disabilities, Long Term Care (clients)						
In-Home Care						
Gilliam	6	5	-16.7%	5	4	-20.0%
Hood River	44	45	2.3%	45	45	0.0%
Sherman	8	9	12.5%	9	9	0.0%
Wasco	119	124	4.2%	124	127	2.4%
Wheeler	8	12	50.0%	12	15	25.0%
District 9 Total	185	195	5.4%	195	200	2.6%
Community-Based Care						
Gilliam	13	11	-15.4%	11	11	0.0%
Hood River	34	31	-8.8%	31	30	-3.2%
Sherman	4	4	0.0%	4	4	0.0%
Wasco	78	80	2.6%	80	80	0.0%
Wheeler	8	8	0.0%	8	7	-12.5%
District 9 Total	137	134	-2.2%	134	132	-1.5%
Nursing Care						
Gilliam	1	1	0.0%	1	1	0.0%
Hood River	39	37	-5.1%	37	35	-5.4%
Sherman	1	2	100.0%	2	3	50.0%
Wasco	114	110	-3.5%	110	109	-0.9%
Wheeler	0	0	0.0%	0	0	0.0%
District 9 Total	155	150	-3.2%	150	148	-1.3%



District 9 Regional Forecast, Oregon Health Authority

Counties served: Gilliam, Hood River, Wasco and Wheeler

	Spring 2018 Forecast 2017-2019	Fall 2018 Forecast 2017-2019	% diff. Spring 2018 vs. Fall 2017	Fall 2018 Forecast 2017-2019	Fall 2018 Forecast 2019-2021	Fall 2018 % diff. 2017-2019 to 2019-2021
Parents/Caretaker Relative						
Gilliam	25	31	24.0%	31	33	6.5%
Hood River	320	331	3.4%	331	363	9.7%
Sherman	24	26	8.3%	26	29	11.5%
Wasco	473	501	5.9%	501	529	5.6%
Wheeler	26	23	-11.5%	23	27	17.4%
District 9 Total	868	912	5.1%	912	981	7.6%
Children's Medicaid Program						
Gilliam	121	128	5.8%	128	128	0.0%
Hood River	2,185	2,178	-0.3%	2,178	2,083	-4.4%
Sherman	119	125	5.0%	125	128	2.4%
Wasco	2,514	2,506	-0.3%	2,506	2,417	-3.6%
Wheeler	103	101	-1.9%	101	111	9.9%
District 9 Total	5,042	5,038	-0.1%	5,038	4,867	-3.4%
Children's Health Insurance Program (CHIP)						
Gilliam	39	43	10.3%	43	51	18.6%
Hood River	837	799	-4.5%	799	849	6.3%
Sherman	19	21	10.5%	21	20	-4.8%
Wasco	792	793	0.1%	793	847	6.8%
Wheeler	13	17	30.8%	17	17	0.0%
District 9 Total	1,700	1,673	-1.6%	1,673	1,784	6.6%
Pregnant Women Program						
Gilliam	4	2	-50.0%	2	1	-50.0%
Hood River	56	62	10.7%	62	62	0.0%
Sherman	3	3	0.0%	3	4	33.3%
Wasco	95	97	2.1%	97	86	-11.3%
Wheeler	5	4	-20.0%	4	2	-50.0%
District 9 Total	163	168	3.1%	168	155	-7.7%



District 9 Regional Forecast, Oregon Health Authority (continued)

Counties served: Gilliam, Hood River, Wasco and Wheeler

	Spring 2018 Forecast 2017-2019	Fall 2018 Forecast 2017-2019	% diff. Spring 2018 vs. Fall 2017	Fall 2018 Forecast 2017-2019	Fall 2018 Forecast 2019-2021	Fall 2018 % diff. 2017-2019 to 2019-2021
Foster Care & Adoption Services						
Gilliam	9	7	-22.2%	7	9	28.6%
Hood River	93	98	5.4%	98	106	8.2%
Sherman	18	17	-5.6%	17	17	0.0%
Wasco	183	186	1.6%	186	187	0.5%
Wheeler	8	6	-25.0%	6	6	0.0%
District 9 Total	311	314	1.0%	314	325	3.5%
Aid to the Blind/Disabled						
Gilliam	36	38	5.6%	38	40	5.3%
Hood River	250	252	0.8%	252	252	0.0%
Sherman	27	30	11.1%	30	31	3.3%
Wasco	650	653	0.5%	653	653	0.0%
Wheeler	21	20	-4.8%	20	19	-5.0%
District 9 Total	984	993	0.9%	993	995	0.2%
Old Age Assistance						
Gilliam	22	22	0.0%	22	22	0.0%
Hood River	173	164	-5.2%	164	163	-0.6%
Sherman	12	15	25.0%	15	16	6.7%
Wasco	381	380	-0.3%	380	394	3.7%
Wheeler	27	27	0.0%	27	28	3.7%
District 9 Total	615	608	-1.1%	608	623	2.5%
ACA Adults						
Gilliam	104	113	8.7%	113	108	-4.4%
Hood River	2,070	2,086	0.8%	2,086	2,055	-1.5%
Sherman	145	147	1.4%	147	148	0.7%
Wasco	2,583	2,579	-0.2%	2,579	2,523	-2.2%
Wheeler	140	144	2.9%	144	144	0.0%
District 9 Total	5.042	5.069	0.5%	5.069	4.978	-1.8%

District 10 Regional Forecast

The Central Oregon economy has been growing fast, especially in the Bend/Redmond Metro area (Deschutes County), which employs over 3,000 more people now (August 2018) than the year before. The Bend area has a rapidly growing population, as people move there to work or retire. The population in Deschutes County grew 3.6 percent from 2016 to 2017, the fastest growth in the state. All of the counties in District 10 are exceeding the statewide growth rate.

Crook County was among the worst hit during the Great Recession, receiving the one-two punch of losing both construction and wood-products jobs when the housing boom went bust. It still has one of the highest unemployment rates in the state. Total employment is still almost 13 percent lower than pre-recession levels.

Jefferson County has mostly recovered from the Great Recession, and unemployment is finally below five percent.

A vigorous economy has pushed TANF rolls down to all-time lows Deschutes County. Crook County SNAP is falling slowly, something that is likely to continue. SNAP in Jefferson County is not expected to change through mid-2021. Long-Term Care caseloads are rising a bit faster in Deschutes County than in the state overall, mostly due to increases in Community Based Care, a long-term trend.

DISTRICT 10		Population		Income		Unemployment	
Region	Total population	Percent under age 18	Percent age 65 and over	Median Household Income	Percent in poverty	August 2017	August 2018
Oregon	4,141,100	21.0%	17.2%	\$53,270	15.7%	4.1%	3.8%
Crook	22,105	18.8%	26.6%	\$39,583	17.7%	6.1%	5.4%
Deschutes	182,930	21.9%	18.2%	\$54,211	13.9%	4.2%	3.7%
Jefferson	23,190	22.3%	18.9%	\$47,063	20.3%	5.4%	4.8%



District 10 Regional Forecast, Oregon Department of Human Services

Counties served: Crook, Deschutes and Jefferson

	Spring 2018 Forecast 2017-2019	Fall 2018 Forecast 2017-2019	% diff. Spring 2018 vs. Fall 2017	Fall 2018 Forecast 2017-2019	Fall 2018 Forecast 2019-2021	Fall 2018 % diff. 2017-2019 to 2019-2021
Self Sufficiency (households)						
SNAP - Self Sufficiency						
Crook	1,481	1,576	6.4%	1,576	1,305	-17.2%
Deschutes	8,403	8,745	4.1%	8,745	7,477	-14.5%
Jefferson	2,530	2,534	0.2%	2,534	2,388	-5.8%
District 10 Total	12,414	12,855	3.6%	12,855	11,170	-13.1%
SNAP - Aid to People with Disabilities						
Crook	1,001	998	-0.3%	998	1,022	2.4%
Deschutes	4,392	4,416	0.5%	4,416	4,580	3.7%
Jefferson	980	982	0.2%	982	1,011	3.0%
District 10 Total	6,373	6,396	0.4%	6,396	6,613	3.4%
TANF						
Crook	105	104	-1.0%	104	94	-9.6%
Deschutes	301	313	4.0%	313	271	-13.4%
Jefferson	228	249	9.2%	249	263	5.6%
District 10 Total	634	666	5.0%	666	628	-5.7%



District 10 Regional Forecast, Oregon Department of Human Services

Counties served: Crook, Deschutes and Jefferson

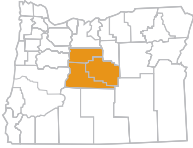
	Spring 2018 Forecast 2017-2019	Fall 2018 Forecast 2017-2019	% diff. Spring 2018 vs. Fall 2017	Fall 2018 Forecast 2017-2019	Fall 2018 Forecast 2019-2021	Fall 2018 % diff. 2017-2019 to 2019-2021
Aging and People with Disabilities, Long Term Care (clients)						
In-Home Care						
Crook	113	114	0.9%	114	113	-0.9%
Deschutes	400	399	-0.3%	399	398	-0.3%
Jefferson	95	91	-4.2%	91	88	-3.3%
District 10 Total	608	604	-0.7%	604	599	-0.8%
Community-Based Care						
Crook	57	55	-3.5%	55	52	-5.5%
Deschutes	465	470	1.1%	470	502	6.8%
Jefferson	77	75	-2.6%	75	74	-1.3%
District 10 Total	599	600	0.2%	600	628	4.7%
Nursing Care						
Crook	24	20	-16.7%	20	19	-5.0%
Deschutes	67	61	-9.0%	61	60	-1.6%
Jefferson	14	14	0.0%	14	14	0.0%
District 10 Total	105	95	-9.5%	95	93	-2.1%



District 10 Regional Forecast, Oregon Health Authority

Counties served: Crook, Deschutes and Jefferson

	Spring 2018 Forecast 2017-2019	Fall 2018 Forecast 2017-2019	% diff. Spring 2018 vs. Fall 2017	Fall 2018 Forecast 2017-2019	Fall 2018 Forecast 2019-2021	Fall 2018 % diff. 2017-2019 to 2019-2021
Parents/Caretaker Relative						
Crook	505	553	9.5%	553	558	0.9%
Deschutes	2,866	3,014	5.2%	3,014	3,184	5.6%
Jefferson	719	791	10.0%	791	856	8.2%
District 10 Total	4,090	4,358	6.6%	4,358	4,598	5.5%
Children's Medicaid Program						
Crook	2,020	2,093	3.6%	2,093	2,037	-2.7%
Deschutes	11,694	11,781	0.7%	11,781	11,446	-2.8%
Jefferson	3,155	3,179	0.8%	3,179	3,116	-2.0%
District 10 Total	16,869	17,053	1.1%	17,053	16,599	-2.7%
Children's Health Insurance Program (CHIP)						
Crook	614	606	-1.3%	606	649	7.1%
Deschutes	4,690	4,600	-1.9%	4,600	4,804	4.4%
Jefferson	687	656	-4.5%	656	716	9.1%
District 10 Total	5,991	5,862	-2.2%	5,862	6,169	5.2%
Pregnant Women Program						
Crook	87	97	11.5%	97	96	-1.0%
Deschutes	537	534	-0.6%	534	495	-7.3%
Jefferson	98	113	15.3%	113	112	-0.9%
District 10 Total	722	744	3.0%	744	703	-5.5%
Foster Care & Adoption Services						
Crook	132	133	0.8%	133	134	0.8%
Deschutes	700	703	0.4%	703	703	0.0%
Jefferson	324	304	-6.2%	304	299	-1.6%
District 10 Total	1,156	1,140	-1.4%	1,140	1,136	-0.4%



District 10 Regional Forecast, Oregon Health Authority (continued)

Counties served: Crook, Deschutes and Jefferson

	Spring 2018 Forecast 2017-2019	Fall 2018 Forecast 2017-2019	% diff. Spring 2018 vs. Fall 2017	Fall 2018 Forecast 2017-2019	Fall 2018 Forecast 2019-2021	Fall 2018 % diff. 2017-2019 to 2019-2021
Aid to the Blind/Disabled						
Crook	564	550	-2.5%	550	589	7.1%
Deschutes	2,592	2,587	-0.2%	2,587	2,580	-0.3%
Jefferson	660	639	-3.2%	639	635	-0.6%
District 10 Total	3,816	3,776	-1.0%	3,776	3,804	0.7%
Old Age Assistance						
Crook	207	215	3.9%	215	218	1.4%
Deschutes	1,147	1,159	1.0%	1,159	1,262	8.9%
Jefferson	279	277	-0.7%	277	298	7.6%
District 10 Total	1,633	1,651	1.1%	1,651	1,778	7.7%
ACA Adults						
Crook	2,276	2,290	0.6%	2,290	2,255	-1.5%
Deschutes	14,907	15,502	4.0%	15,502	15,314	-1.2%
Jefferson	2,787	2,852	2.3%	2,852	2,791	-2.1%
District 10 Total	19,970	20,644	3.4%	20,644	20,360	-1.4%

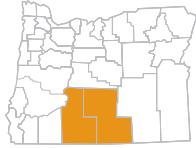
District 11 Regional Forecast

Klamath and Lake counties have higher unemployment than the rest of the state – but that’s been historically true since before the Great Recession. Drought concerns have returned to the Klamath Basin, which may impact farmers and ranchers as well as the businesses that provide goods and services to them.

It took until 2016 before Klamath County saw any sustained growth in employment. Nondurable goods manufacturing, retail sales, and leisure/hospitality employment are on the rise. The Lake County employment picture improved through 2013-2014, then stabilized below pre-recession employment levels. Klamath County employment has yet to return to pre-recession levels, but appears to be improving steadily, if slowly.

The SSP SNAP caseload is expected to remain relatively unchanged in Klamath County through mid-2021. Unlike most counties, Lake County is expected to see SNAP rolls increase, mostly due to an increase in APD SNAP (for people over age 60). APD SNAP is expected to grow faster in both counties than it will statewide, fueled by a high percentage of seniors.

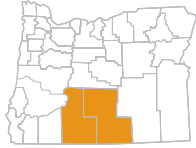
DISTRICT 11	Population			Income		Unemployment	
Region	Total population	Percent under age 18	Percent age 65 and over	Median Household Income	Percent in poverty	August 2017	August 2018
Oregon	4,141,100	21.0%	17.2%	\$53,270	15.7%	4.1%	3.8%
Klamath	67,690	20.2%	21.6%	\$41,951	18.6%	5.6%	5.7%
Lake	8,120	16.5%	25.1%	\$33,453	17.6%	5.6%	5.0%



District 11 Regional Forecast, Oregon Department of Human Services

Counties Served: Klamath and Lake

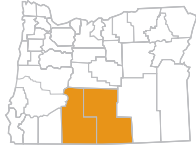
	Spring 2018 Forecast 2017-2019	Fall 2018 Forecast 2017-2019	% diff. Spring 2018 vs. Fall 2017	Fall 2018 Forecast 2017-2019	Fall 2018 Forecast 2019-2021	Fall 2018 % diff. 2017-2019 to 2019-2021
Self Sufficiency (households)						
SNAP - Self Sufficiency						
Klamath	6,504	6,531	0.4%	6,531	5,838	-10.6%
Lake	460	473	2.8%	473	451	-4.7%
District 11 Total	6,964	7,004	0.6%	7,004	6,289	-10.2%
SNAP - Aid to People with Disabilities						
Klamath	3,450	3,491	1.2%	3,491	3,800	8.9%
Lake	403	404	0.2%	404	453	12.1%
District 11 Total	3,853	3,895	1.1%	3,895	4,253	9.2%
TANF						
Klamath	438	450	2.7%	450	424	-5.8%
Lake	19	22	15.8%	22	25	13.6%
District 11 Total	457	472	3.3%	472	449	-4.9%
Aging and People with Disabilities, Long Term Care (clients)						
In-Home Care						
Klamath	362	375	3.6%	375	390	4.0%
Lake	32	32	0.0%	32	33	3.1%
District 11 Total	394	407	3.3%	407	423	3.9%
Community-Based Care						
Klamath	183	173	-5.5%	173	172	-0.6%
Lake	4	3	-25.0%	3	2	-33.3%
District 11 Total	187	176	-5.9%	176	174	-1.1%
Nursing Care						
Klamath	45	43	-4.4%	43	43	0.0%
Lake	15	15	0.0%	15	15	0.0%
District 11 Total	60	58	-3.3%	58	58	0.0%



District 11 Regional Forecast, Oregon Health Authority

Counties Served: Klamath and Lake

	Spring 2018 Forecast 2017-2019	Fall 2018 Forecast 2017-2019	% diff. Spring 2018 vs. Fall 2017	Fall 2018 Forecast 2017-2019	Fall 2018 Forecast 2019-2021	Fall 2018 % diff. 2017-2019 to 2019-2021
Parents/Caretaker Relative						
Klamath	1,934	1,987	2.7%	1,987	2,058	3.6%
Lake	146	163	11.6%	163	176	8.0%
District 11 Total	2,080	2,150	3.4%	2,150	2,234	3.9%
Children's Medicaid Program						
Klamath	6,971	7,092	1.7%	7,092	6,973	-1.7%
Lake	617	618	0.2%	618	602	-2.6%
District 11 Total	7,588	7,710	1.6%	7,710	7,575	-1.8%
Children's Health Insurance Program (CHIP)						
Klamath	1,174	1,179	0.4%	1,179	1,216	3.1%
Lake	94	98	4.3%	98	105	7.1%
District 11 Total	1,268	1,277	0.7%	1,277	1,321	3.4%
Pregnant Women Program						
Klamath	249	229	-8.0%	229	203	-11.4%
Lake	13	13	0.0%	13	12	-7.7%
District 11 Total	262	242	-7.6%	242	215	-11.2%
Foster Care & Adoption Services						
Klamath	603	592	-1.8%	592	586	-1.0%
Lake	61	70	14.8%	70	71	1.4%
District 11 Total	664	662	-0.3%	662	657	-0.8%



District 11 Regional Forecast, Oregon Health Authority (continued)

Counties Served: Klamath and Lake

	Spring 2018 Forecast 2017-2019	Fall 2018 Forecast 2017-2019	% diff. Spring 2018 vs. Fall 2017	Fall 2018 Forecast 2017-2019	Fall 2018 Forecast 2019-2021	Fall 2018 % diff. 2017-2019 to 2019-2021
Aid to the Blind/Disabled						
Klamath	2,065	2,076	0.5%	2,076	2,078	0.1%
Lake	185	184	-0.5%	184	182	-1.1%
District 11 Total	2,250	2,260	0.4%	2,260	2,260	0.0%
Old Age Assistance						
Klamath	826	847	2.5%	847	955	12.8%
Lake	85	90	5.9%	90	93	3.3%
District 11 Total	911	937	2.9%	937	1,048	11.8%
ACA Adults						
Klamath	7,854	8,054	2.5%	8,054	8,034	-0.2%
Lake	710	741	4.4%	741	744	0.4%
District 11 Total	8,564	8,795	2.7%	8,795	8,778	-0.2%

District 12 Regional Forecast

Information systems jobs have Morrow County booming, with employment now over 50 percent higher than in 2008. Many of the new jobs have attracted people with specialized skills, growing the population. Employment in most industrial sectors has improved comparing August 2018 to the previous year, with a growth of 6.3 percent employment – the highest rate of growth in the state. Umatilla County has fully recovered the jobs lost during the Great Recession.

District 12 has had a long history of very slow reductions in SNAP since the recovery began, a pattern that will likely persist. Long Term Care is expected to increase very little over the next few years.

Umatilla County has had a certain volatility in its In-Home Care population, with a pattern of ups and downs not seen in most counties. The current forecast assumes greater stability, and a very gradual increase through 2021. However, it is perhaps riskier than most Long-Term Care forecasts, given the county’s caseload history.

DISTRICT 12		Population		Income		Unemployment	
Region	Total population	Percent under age 18	Percent age 65 and over	Median Household Income	Percent in poverty	August 2017	August 2018
Oregon	4,141,100	21.0%	17.2%	\$53,270	15.7%	4.1%	3.8%
Morrow	11,890	25.3%	16.2%	\$54,441	15.2%	4.8%	3.9%
Umatilla	80,500	25.5%	15.1%	\$49,287	18.0%	4.8%	4.4%



District 12 Regional Forecast, Oregon Department of Human Services

Counties Served: Morrow and Umatilla

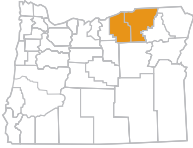
	Spring 2018 Forecast 2017-2019	Fall 2018 Forecast 2017-2019	% diff. Spring 2018 vs. Fall 2017	Fall 2018 Forecast 2017-2019	Fall 2018 Forecast 2019-2021	Fall 2018 % diff. 2017-2019 to 2019-2021
Self Sufficiency (households)						
SNAP - Self Sufficiency						
Morrow	657	680	3.5%	680	601	-11.6%
Umatilla	5,153	5,184	0.6%	5,184	4,699	-9.4%
District 12 Total	5,810	5,864	0.9%	5,864	5,300	-9.6%
SNAP - Aid to People with Disabilities						
Morrow	329	323	-1.8%	323	341	5.6%
Umatilla	2,521	2,498	-0.9%	2,498	2,523	1.0%
District 12 Total	2,850	2,821	-1.0%	2,821	2,864	1.5%
TANF						
Morrow	68	67	-1.5%	67	62	-7.5%
Umatilla	490	498	1.6%	498	506	1.6%
District 12 Total	558	565	1.3%	565	568	0.5%
Aging and People with Disabilities, Long Term Care (clients)						
In-Home Care						
Morrow	52	50	-3.8%	50	50	0.0%
Umatilla	353	346	-2.0%	346	349	0.9%
District 12 Total	405	396	-2.2%	396	399	0.8%
Community-Based Care						
Morrow	12	12	0.0%	12	13	8.3%
Umatilla	233	226	-3.0%	226	234	3.5%
District 12 Total	245	238	-2.9%	238	247	3.8%
Nursing Care						
Morrow	8	9	12.5%	9	9	0.0%
Umatilla	76	83	9.2%	83	83	0.0%
District 12 Total	84	92	9.5%	92	92	0.0%



District 12 Regional Forecast, Oregon Department of Human Services (continued)

Counties Served: Morrow and Umatilla

	Spring 2018 Forecast 2017-2019	Fall 2018 Forecast 2017-2019	% diff. Spring 2018 vs. Fall 2017	Fall 2018 Forecast 2017-2019	Fall 2018 Forecast 2019-2021	Fall 2018 % diff. 2017-2019 to 2019-2021
Self Sufficiency (households)						
SNAP - Self Sufficiency						
Morrow	657	680	3.5%	680	601	-11.6%
Umatilla	5,153	5,184	0.6%	5,184	4,699	-9.4%
District 12 Total	5,810	5,864	0.9%	5,864	5,300	-9.6%
SNAP - Aid to People with Disabilities						
Morrow	329	323	-1.8%	323	341	5.6%
Umatilla	2,521	2,498	-0.9%	2,498	2,523	1.0%
District 12 Total	2,850	2,821	-1.0%	2,821	2,864	1.5%
TANF						
Morrow	68	67	-1.5%	67	62	-7.5%
Umatilla	490	498	1.6%	498	506	1.6%
District 12 Total	558	565	1.3%	565	568	0.5%
Aging and People with Disabilities, Long Term Care (clients)						
In-Home Care						
Morrow	52	50	-3.8%	50	50	0.0%
Umatilla	353	346	-2.0%	346	349	0.9%
District 12 Total	405	396	-2.2%	396	399	0.8%
Community-Based Care						
Morrow	12	12	0.0%	12	13	8.3%
Umatilla	233	226	-3.0%	226	234	3.5%
District 12 Total	245	238	-2.9%	238	247	3.8%
Nursing Care						
Morrow	8	9	12.5%	9	9	0.0%
Umatilla	76	83	9.2%	83	83	0.0%
District 12 Total	84	92	9.5%	92	92	0.0%



District 12 Regional Forecast, Oregon Health Authority

Counties Served: Morrow and Umatilla

	Spring 2018 Forecast 2017-2019	Fall 2018 Forecast 2017-2019	% diff. Spring 2018 vs. Fall 2017	Fall 2018 Forecast 2017-2019	Fall 2018 Forecast 2019-2021	Fall 2018 % diff. 2017-2019 to 2019-2021
Aid to the Blind/Disabled						
Morrow	214	212	-0.9%	212	213	0.5%
Umatilla	1,621	1,579	-2.6%	1,579	1,561	-1.1%
District 12 Total	1,835	1,791	-2.4%	1,791	1,774	-0.9%
Old Age Assistance						
Morrow	96	93	-3.1%	93	111	19.4%
Umatilla	848	853	0.6%	853	860	0.8%
District 12 Total	944	946	0.2%	946	971	2.6%
ACA Adults						
Morrow	796	813	2.1%	813	813	0.0%
Umatilla	6,014	6,123	1.8%	6,123	6,066	-0.9%
District 12 Total	6,810	6,936	1.9%	6,936	6,879	-0.8%

District 13 Regional Forecast

After a long, slow climb out of the hole, Northeastern Oregon is poised to recover all the jobs lost due to the Great Recession.

Unemployment in Wallowa County remains among the highest in the state, despite the fact that employment levels have returned to pre-recession levels. This suggests that population increases – and therefore the number of people looking for work – is fueling unemployment, rather than a weak job market. Unemployment in Union and Baker counties is at or below five percent, which is essentially an all-time low for the region.

The employment picture in Northeast Oregon is hampered by demographics. Prime working age is generally defined as ages 25 to 54, and there are fewer workers in Eastern Oregon that fall into that category than anywhere else in the state.

TANF caseloads are expected to fall very little in District 13 through the forecast horizon, leaving the caseload higher than pre-recession levels. APD SNAP is expected to rise fast in District 13, due to the high percentage of people in Northeastern Oregon aged 65 and older. Long-Term Care is expected to go down a bit in the district, especially in Union County. Reductions in Nursing Facility Care are part of a long term-trend in the county.

DISTRICT 13		Population		Income		Unemployment	
Region	Total population	Percent under age 18	Percent age 65 and over	Median Household Income	Percent in poverty	August 2017	August 2018
Oregon	4,141,100	21.0%	17.2%	\$53,270	15.7%	4.1%	3.8%
Baker	16,750	18.9%	26.7%	\$41,722	15.1%	5.1%	5.0%
Union	26,900	22.5%	20.8%	\$45,564	18.6%	4.9%	4.7%
Wallowa	7,195	19.4%	29.5%	\$42,349	14.6%	5.1%	5.7%



District 13 Regional Forecast, Oregon Department of Human Services

Counties Served: Baker, Union and Wallowa

	Spring 2018 Forecast 2017-2019	Fall 2018 Forecast 2017-2019	% diff. Spring 2018 vs. Fall 2017	Fall 2018 Forecast 2017-2019	Fall 2018 Forecast 2019-2021	Fall 2018 % diff. 2017-2019 to 2019-2021
Self Sufficiency (households)						
SNAP - Self Sufficiency						
Baker	1,149	1,190	3.6%	1,190	1,057	-11.2%
Union	1,678	1,710	1.9%	1,710	1,642	-4.0%
Wallowa	303	302	-0.3%	302	257	-14.9%
District 13 Total	3,130	3,202	2.3%	3,202	2,956	-7.7%
SNAP - Aid to People with Disabilities						
Baker	754	753	-0.1%	753	799	6.1%
Union	982	982	0.0%	982	1,052	7.1%
Wallowa	275	283	2.9%	283	307	8.5%
District 13 Total	2,011	2,018	0.3%	2,018	2,158	6.9%
TANF						
Baker	125	124	-0.8%	124	118	-4.8%
Union	200	197	-1.5%	197	187	-5.1%
Wallowa	27	27	0.0%	27	25	-7.4%
District 13 Total	352	348	-1.1%	348	330	-5.2%



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

Counties Served: Baker, Union and Wallowa

	Spring 2018 Forecast 2017-2019	Fall 2018 Forecast 2017-2019	% diff. Spring 2018 vs. Fall 2017	Fall 2018 Forecast 2017-2019	Fall 2018 Forecast 2019-2021	Fall 2018 % diff. 2017-2019 to 2019-2021
Aging and People with Disabilities, Long Term Care (clients)						
In-Home Care						
Baker	56	54	-3.6%	54	55	1.9%
Union	112	112	0.0%	112	111	-0.9%
Wallowa	56	55	-1.8%	55	58	5.5%
District 13 Total	224	221	-1.3%	221	224	1.4%
Community-Based Care						
Baker	59	56	-5.1%	56	54	-3.6%
Union	105	106	1.0%	106	106	0.0%
Wallowa	23	23	0.0%	23	22	-4.3%
District 13 Total	187	185	-1.1%	185	182	-1.6%
Nursing Care						
Baker	0	2	#DIV/0!	2	2	0.0%
Union	19	19	0.0%	19	12	-36.8%
Wallowa	5	4	-20.0%	4	4	0.0%
District 13 Total	24	25	4.2%	25	18	-28.0%



District 13 Regional Forecast, Oregon Health Authority

Counties Served: Baker, Union and Wallowa

	Spring 2018 Forecast 2017-2019	Fall 2018 Forecast 2017-2019	% diff. Spring 2018 vs. Fall 2017	Fall 2018 Forecast 2017-2019	Fall 2018 Forecast 2019-2021	Fall 2018 % diff. 2017-2019 to 2019-2021
Parents/Caretaker Relative						
Baker	386	393	1.8%	393	410	4.3%
Union	555	591	6.5%	591	626	5.9%
Wallowa	138	135	-2.2%	135	141	4.4%
District 13 Total	1,079	1,119	3.7%	1,119	1,177	5.2%
Children's Medicaid Program						
Baker	1,498	1,484	-0.9%	1,484	1,441	-2.9%
Union	2,483	2,462	-0.8%	2,462	2,397	-2.6%
Wallowa	503	515	2.4%	515	501	-2.7%
District 13 Total	4,484	4,461	-0.5%	4,461	4,339	-2.7%
Children's Health Insurance Program (CHIP)						
Baker	302	309	2.3%	309	340	10.0%
Union	577	565	-2.1%	565	605	7.1%
Wallowa	227	193	-15.0%	193	191	-1.0%
District 13 Total	1,106	1,067	-3.5%	1,067	1,136	6.5%
Pregnant Women Program						
Baker	54	48	-11.1%	48	41	-14.6%
Union	69	66	-4.3%	66	60	-9.1%
Wallowa	9	8	-11.1%	8	9	12.5%
District 13 Total	132	122	-7.6%	122	110	-9.8%
Foster Care & Adoption Services						
Baker	98	104	6.1%	104	105	1.0%
Union	139	141	1.4%	141	143	1.4%
Wallowa	11	10	-9.1%	10	10	0.0%
District 13 Total	248	255	2.8%	255	258	1.2%



District 13 Regional Forecast, Oregon Health Authority (continued)

Counties Served: Baker, Union and Wallowa

	Spring 2018 Forecast 2017-2019	Fall 2018 Forecast 2017-2019	% diff. Spring 2018 vs. Fall 2017	Fall 2018 Forecast 2017-2019	Fall 2018 Forecast 2019-2021	Fall 2018 % diff. 2017-2019 to 2019-2021
Aid to the Blind/Disabled						
Baker	433	427	-1.4%	427	433	1.4%
Union	618	616	-0.3%	616	614	-0.3%
Wallowa	159	154	-3.1%	154	152	-1.3%
District 13 Total	1,210	1,197	-1.1%	1,197	1,199	0.2%
Old Age Assistance						
Baker	167	170	1.8%	170	173	1.8%
Union	273	271	-0.7%	271	275	1.5%
Wallowa	95	96	1.1%	96	105	9.4%
District 13 Total	535	537	0.4%	537	553	3.0%
ACA Adults						
Baker	1,625	1,651	1.6%	1,651	1,637	-0.8%
Union	2,413	2,395	-0.7%	2,395	2,374	-0.9%
Wallowa	698	721	3.3%	721	725	0.6%
District 13 Total	4,736	4,767	0.7%	4,767	4,736	-0.7%

District 14 Regional Forecast

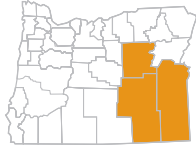
District 14 continues to struggle with relatively high unemployment. Grant county has the highest unemployment in the state, and is the only county where unemployment exceeds six percent, while Harney County unemployment exceeds five percent. Still, relatively high unemployment has been a general trend in District 14, and current unemployment levels are lower than the previous low-point, in the summer of 2007.

Employment in Malheur County is growing in the traditionally higher-paying natural resource extraction and construction areas.

The employment picture in Northeast Oregon is hampered by demographics. Prime working age is generally defined as ages 25 to 54, and there are fewer workers in Eastern Oregon that fall into that category than anywhere else in the state. Grant and Harney counties will likely see an increase in APD SNAP (nutrition assistance for people over 60) at a faster pace than in other counties, due to an aging population.

TANF has reached a caseload “floor” beyond which the caseload is unlikely to fall for Grant and Harney counties. After modest reductions during the economic recovery of 2014-2016, TANF in Malheur County began to rise again, and is expected to continue to do so through the forecast horizon. Malheur County has the highest percentage of residents in poverty in the state.

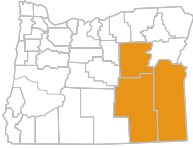
DISTRICT 14		Population		Income		Unemployment	
Region	Total population	Percent under age 18	Percent age 65 and over	Median Household Income	Percent in poverty	August 2017	August 2018
Oregon	4,141,100	21.0%	17.2%	\$53,270	15.7%	4.1%	3.8%
Grant	7,415	15.6%	32.2%	\$40,193	14.9%	6.3%	6.2%
Harney	7,360	20.2%	24.2%	\$38,431	16.4%	5.7%	5.6%
Malheur	31,845	23.9%	17.7%	\$34,720	24.8%	4.7%	4.1%



District 14 Regional Forecast, Oregon Department of Human Services

Counties Served: Grant, Harney and Malheur

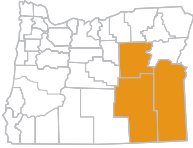
	Spring 2018 Forecast 2017-2019	Fall 2018 Forecast 2017-2019	% diff. Spring 2018 vs. Fall 2017	Fall 2018 Forecast 2017-2019	Fall 2018 Forecast 2019-2021	Fall 2018 % diff. 2017-2019 to 2019-2021
Self Sufficiency (households)						
SNAP - Self Sufficiency						
Grant	356	364	2.2%	364	330	-9.3%
Harney	434	436	0.5%	436	370	-15.1%
Malheur	2,475	2,552	3.1%	2,552	2,196	-13.9%
District 14 Total	3,265	3,352	2.7%	3,352	2,896	-13.6%
SNAP - Aid to People with Disabilities						
Grant	298	299	0.3%	299	328	9.7%
Harney	390	384	-1.5%	384	391	1.8%
Malheur	1,427	1,434	0.5%	1,434	1,469	2.4%
District 14 Total	2,115	2,117	0.1%	2,117	2,188	3.4%
TANF						
Grant	21	19	-9.5%	19	17	-10.5%
Harney	26	27	3.8%	27	24	-11.1%
Malheur	297	314	5.7%	314	369	17.5%
District 14 Total	344	360	4.7%	360	410	13.9%



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

Counties Served: Grant, Harney and Malheur

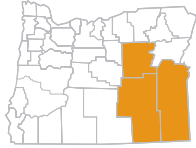
	Spring 2018 Forecast 2017-2019	Fall 2018 Forecast 2017-2019	% diff. Spring 2018 vs. Fall 2017	Fall 2018 Forecast 2017-2019	Fall 2018 Forecast 2019-2021	Fall 2018 % diff. 2017-2019 to 2019-2021
Aging and People with Disabilities, Long Term Care (clients)						
In-Home Care						
Grant	28	25	-10.7%	25	27	8.0%
Harney	31	32	3.2%	32	32	0.0%
Malheur	156	161	3.2%	161	162	0.6%
District 14 Total	215	218	1.4%	218	221	1.4%
Community-Based Care						
Grant	27	27	0.0%	27	27	0.0%
Harney	27	25	-7.4%	25	24	-4.0%
Malheur	139	141	1.4%	141	145	2.8%
District 14 Total	193	193	0.0%	193	196	1.6%
Nursing Care						
Grant	13	12	-7.7%	12	11	-8.3%
Harney	2	1	-50.0%	1	1	0.0%
Malheur	8	9	12.5%	9	3	-66.7%
District 14 Total	23	22	-4.3%	22	15	-31.8%



District 14 Regional Forecast, Oregon Health Authority

Counties Served: Grant, Harney and Malheur

	Spring 2018 Forecast 2017-2019	Fall 2018 Forecast 2017-2019	% diff. Spring 2018 vs. Fall 2017	Fall 2018 Forecast 2017-2019	Fall 2018 Forecast 2019-2021	Fall 2018 % diff. 2017-2019 to 2019-2021
Parents/Caretaker Relative						
Grant	142	136	-4.2%	136	141	3.7%
Harney	168	176	4.8%	176	184	4.5%
Malheur	864	924	6.9%	924	976	5.6%
District 14 Total	1,174	1,236	5.3%	1,236	1,301	5.3%
Children's Medicaid Program						
Grant	471	484	2.8%	484	469	-3.1%
Harney	643	672	4.5%	672	664	-1.2%
Malheur	4,553	4,514	-0.9%	4,514	4,399	-2.5%
District 14 Total	5,667	5,670	0.1%	5,670	5,532	-2.4%
Children's Health Insurance Program (CHIP)						
Grant	91	91	0.0%	91	105	15.4%
Harney	153	152	-0.7%	152	169	11.2%
Malheur	702	761	8.4%	761	852	12.0%
District 14 Total	946	1,004	6.1%	1,004	1,126	12.2%
Pregnant Women Program						
Grant	12	14	16.7%	14	13	-7.1%
Harney	22	20	-9.1%	20	19	-5.0%
Malheur	117	114	-2.6%	114	107	-6.1%
District 14 Total	151	148	-2.0%	148	139	-6.1%
Foster Care & Adoption Services						
Grant	38	35	-7.9%	35	36	2.9%
Harney	79	80	1.3%	80	78	-2.5%
Malheur	275	271	-1.5%	271	271	0.0%
District 14 Total	392	386	-1.5%	386	385	-0.3%



District 14 Regional Forecast, Oregon Health Authority

Counties Served: Grant, Harney and Malheur

	Spring 2018 Forecast 2017-2019	Fall 2018 Forecast 2017-2019	% diff. Spring 2018 vs. Fall 2017	Fall 2018 Forecast 2017-2019	Fall 2018 Forecast 2019-2021	Fall 2018 % diff. 2017-2019 to 2019-2021
Aid to the Blind/Disabled						
Grant	140	141	0.7%	141	140	-0.7%
Harney	216	215	-0.5%	215	215	0.0%
Malheur	966	989	2.4%	989	1,034	4.6%
District 14 Total	1,322	1,345	1.7%	1,345	1,389	3.3%
Old Age Assistance						
Grant	89	87	-2.2%	87	87	0.0%
Harney	95	92	-3.2%	92	92	0.0%
Malheur	465	474	1.9%	474	503	6.1%
District 14 Total	649	653	0.6%	653	682	4.4%
ACA Adults						
Grant	616	593	-3.7%	593	586	-1.2%
Harney	770	806	4.7%	806	812	0.7%
Malheur	3,219	3,328	3.4%	3,328	3,345	0.5%
District 14 Total	4,605	4,727	2.6%	4,727	4,743	0.3%



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Human Services, Department of

Annual Performance Progress Report

Reporting Year 2018

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KPM #	Approved Key Performance Measures (KPMs)
1	OVRs CLOSED - EMPLOYED - The percentage of Office of Vocational Rehabilitation Services (OVRs) consumers with a goal of employment who are employed.
2	TANF FAMILY STABILITY - Rate per 1,000 of TANF recipient children entering child welfare (foster care or in home)
3	TANF RE-ENTRY - The percentage of Temporary Assistance for Needy Families (TANF) cases who have not returned within 18 months after exit due to employment.
4	SNAP (Supplemental Nutrition Assistance Program) UTILIZATION - The ratio of Oregonians served by SNAP to the number of low-income Oregonians.
5	SNAP (Supplemental Nutrition Assistance Program) ACCURACY - The percentage of accurate SNAP payments
6	ENHANCED CHILD CARE - The percentage of children receiving care from providers who are receiving the enhanced or licensed rate for child care subsidized by DHS
7	ABSENCE OF REPEAT MALTREATMENT - The percentage of abused/neglected children who were not subsequently victimized within 6 months of prior victimization.
8	TIMELY REUNIFICATION - The percentage of foster children exiting to reunification within 12 months of foster care entry.
9	TIMELINESS OF ADOPTION ONCE LEGALLY FREE - Percent of Legally free children adopted in less than 12 months
10	LTC NEED PREVENTION - Percentage of seniors (65+) needing publicly-funded long term care services.
11	LTC RECIPIENTS LIVING OUTSIDE OF NURSING FACILITIES - The percentage of Oregonians accessing publicly-funded long-term care services who are living outside of nursing facilities.

KPM #	Approved Key Performance Measures (KPMs)
12	DEVELOPMENTAL DISABILITY SUPPORT SERVICES - The percentage of eligible adults who are receiving adult support services within 90 days of request.
13	PEOPLE WITH DISABILITIES LIVING AT HOME - The percentage of individuals enrolled in the Intellectual/Developmental disabilities program who are receiving services in their own home.
14	SUPPORTED EMPLOYMENT - Increase the number of individuals who receive developmental disability services in supported employment.
15	ABUSE OF PEOPLE WITH DEVELOPMENTAL DISABILITIES - The percentage of people with developmental disabilities experiencing abuse.
16	Abuse Investigation Timeliness - Percent of abuse reports assigned for field contact that meet policy timelines.
17	CUSTOMER SERVICE - Percentage of customers rating their satisfaction with DHS above average or excellent: overall, timeliness, accuracy, helpfulness, expertise, availability of information.
18	Disparity in foster youth achieving permanency within 2 years by race/ethnicity - Disparity is calculated by taking the ratio of two percentages: Percent of Non-White & Hispanic children achieving permanency goals / Percent of Non-Hispanic White children achieving permanency goals. The permanency goal is the percent of foster youth achieved permanency within 24 months (of those that entered 24 months ago)
19	CHILDREN SERVED BY CHILD WELFARE RESIDING IN PARENTAL HOME - The percent of children served in Child Welfare on an average daily basis (In Home and Foster Care) who were served while residing in their parent's home.
20	TANF JOBS PLACEMENTS - The percentage of clients who achieve job placement each month compared to those anticipated to achieve placement.

Performance Summary	Green	Yellow	Red
	= Target to -5%	= Target -5% to -15%	= Target > -15%
Summary Stats:	57.89%	21.05%	21.05%

KPM #1	OVRS CLOSED - EMPLOYED - The percentage of Office of Vocational Rehabilitation Services (OVRS) consumers with a goal of employment who are employed.
	Data Collection Period: Oct 01 - Sep 30

* *Upward Trend = positive result*

Report Year	2014	2015	2016	2017	2018
OVRS CLOSED - EMPLOYED					
Actual	60%	62.44%	62.34%	60.20%	57%
Target	66%	66%	66%	66%	63%

How Are We Doing

We have missed this target since Federal Fiscal Year 2013. The state target is optimistic for our program.

Factors Affecting Results

In preparation for implementing the sizable increase in data reporting required for the Workforce Innovation and Opportunity Act (WIOA), which began July 1, 2017, we asked staff to review cases in plan who were not progressing. This resulted in a sizable increase in case closures from plan during State Fiscal Year 2018(SFY). Since the denominator of this KPM is based on the number of clients closing from plan, this decreased our performance on this KPM considerably, dropping it from 60% to 57% from SFY17 to 18. From SFY17-18, the clients rehabilitated declined 3.56% versus a 2.9% increase in the number of cases closed from plan.

KPM #2	TANF FAMILY STABILITY - Rate per 1,000 of TANF recipient children entering child welfare (foster care or in home)
	Data Collection Period: Jul 01 - Jun 30

* Upward Trend = negative result

Report Year	2014	2015	2016	2017	2018
TANF FAMILY STABILITY					
Actual	No Data	3.40	3.70	4.30	3.40
Target	TBD	TBD	TBD	TBD	TBD

How Are We Doing

This measure tracks children living in extreme poverty who are receiving Temporary Assistance to Needy Families (TANF) and have child welfare involvement in the final month of a three-month timeframe. Our objective is to decrease the percentage of child TANF recipients needing to be placed in foster care. However, in State Fiscal Year (SFY) 2015, 3.4 per 1,000 of child TANF recipients had been receiving TANF cash assistance prior to entering foster care. In SFY 2016 there was an increase to 3.7 per 1,000 children, and an increase to 4.3 per 1,000 children in SFY 2017. In the most recent year, SFY 2018, the rate was 3.4, down almost a full percentage point from 4.3 the previous year.

Factors Affecting Results

There may be multiple child abuse risk factors present in families such as, domestic violence, alcohol or drug abuse, parental involvement with law enforcement, homelessness, previous child welfare involvement and unemployment. Often there are several of these factors in families of child abuse/neglect victims. While Oregon's overall economy is improving, the recovery has been

inconsistent across the state, and some populations, accounting for both geographic and demographic factors, are still experiencing high rates of unemployment and poverty.

The Self-Sufficiency programs are intended to provide a safety net, family stability, and a connection to careers that guide Oregonians out of poverty. Part of the TANF service array includes Family Support and Connections which provides supports to prevent children in at-risk TANF families from entering the child welfare system. Home and community-based services are used to guide interventions that build on family strengths and address family functioning issues. The services are designed to strengthen and support families by increasing parental protective factors and addressing risk factors related to child abuse. Temporary Assistance for Domestic Violence Survivors (TA-DVS) provides temporary financial assistance and support services to families with children who need to flee and stay free from domestic violence.

KPM #3	TANF RE-ENTRY - The percentage of Temporary Assistance for Needy Families (TANF) cases who have not returned within 18 months after exit due to employment.
	Data Collection Period: Jan 01 - Dec 31

* *Upward Trend = negative result*

Report Year	2014	2015	2016	2017	2018
TANF RE-ENTRY					
Actual	61.40%	68.10%	65.10%	63.46%	62.51%
Target	65%	65%	65%	65%	66%

How Are We Doing

Our objective with this measure is to increase the number of former TANF participants who do not require future TANF cash assistance after leaving the program due to unsubsidized employment. In State Fiscal Year 2016 (SFY), 63.5 percent of TANF participants did not return to TANF in the 18 months after leaving TANF due to employment. This is slightly below the target and is a small decrease from the previous year of 65.1 percent. In State Fiscal Year 2017 (SFY) the re-entry rate was 63.46% but dropped almost a full percentage point to 62.51% for State Fiscal year 2018 (SFY).

Factors Affecting Results

This measure may be affected by several things, including the status of the economy, the availability of jobs, and industry or employment sector factors. It can also be affected by the structure of the Job Opportunity and Basic Skills (JOBS) program and the effectiveness of other agency and community partnerships that help connect TANF recipients into jobs. The effects of the TANF program reinvestment in 2015 have begun to impact this measure, particularly the focus on early family assessment and working

with families on plans that are driven by their own goals. Though the overall TANF caseload has slightly reduced with the improved economy, those on the current caseload come with complex needs and higher levels of acuity. In turn, this may impact the ability to both secure and retain employment. The recent data shows the agency is meeting its target which may be due in part to a strong, stable economy.

KPM #4	SNAP (Supplemental Nutrition Assistance Program) UTILIZATION - The ratio of Oregonians served by SNAP to the number of low-income Oregonians.
	Data Collection Period: Jan 01 - Dec 31

* *Upward Trend = positive result*

Report Year	2014	2015	2016	2017	2018
SNAP UTILIZATION					
Actual	96.40%	93.20%	94.20%	98%	No Data
Target	90%	90%	85%	85%	90%

How Are We Doing

Due to the recession, SNAP participation had increased during the past decade, however, it has steadily, yet slowly declined over the most recent four years. In July 2016, 703,552 people received SNAP benefits in Oregon and that number decreased to 664,402 people by July 2017. This trend continued in July 2018 with 626,038 people receiving SNAP benefits.[\[1\]](#) The decline in the program is likely due to the slowly improving economy in Oregon (1 in 7 state residents are SNAP participants[\[2\]](#)). The DHS SNAP program has received twelve federal participation bonuses for ranking in the top states nation-wide.

In 2016, the most recent federal data available, Oregon was ranked number 3 in SNAP participation according to the Program Access Index (PAI).[\[3\]](#) In 2008, 2009 and 2012, Oregon was ranked second in the nation in SNAP participation based on the PAI and has remained one of the highest ranked states. This FNS ranking is based on the number of potentially eligible people compared to the number receiving benefits.

[1] Oregon Department of Human Services (DHS), Supplemental Nutrition Assistance Program (SNAP) July 2018 available at: <https://www.oregon.gov/DHS/ASSISTANCE/Branch%20District%20Data/SNAP%20Flash%20Figures%20for%20July%202018.pdf>

[2] United States Census Bureau, Oregon population estimates, July 1, 2017 available at: <https://www.census.gov/quickfacts/fact/table/or/PST045217>

[3] United States Department of Agriculture (USDA), Food and Nutrition Service (FNS), “Calculating the Supplemental Nutrition Assistance Program (SNAP) Program Access Index available at: <https://www.fns.usda.gov/ops/supplemental-nutrition-assistance-program-snap-research>

Factors Affecting Results

Oregon has had great success in easing access to SNAP benefits. One effort has been encouraging the use of the on-line application. Another has been serving clients within the same or next work day after they apply for benefits. Oregon continues to expand outreach efforts to reach difficult to serve populations by providing information on the benefits of qualifying for and maintaining SNAP eligible,

dispelling myths, providing application assistance, advocating on behalf of participants, and numerous other strategies to reach vulnerable populations which include identifying and removing barriers to the SNAP program across all populations. We currently collaborate with 15 different community agencies who serve as Oregon SNAP outreach partners.

The recession created critical need for necessities, such as food, in households which never expected to ask for help. During the recession we saw a rise in our caseload. As the economy has been improving the number of people receiving SNAP benefits in July 2018 has decreased to 77% of the highest number in 2012. The number of people receiving SNAP benefits continues to be

more than before the recession hit. The number of people receiving benefits during July 2018 is 143% of the number during July 2007.

*Note: Actual data has a two-year lag from the USDA FNS.

KPM #5	SNAP (Supplemental Nutrition Assistance Program) ACCURACY - The percentage of accurate SNAP payments
	Data Collection Period: Oct 01 - Sep 30

* *Upward Trend = positive result*

Report Year	2014	2015	2016	2017	2018
SNAP Accuracy					
Actual	95.83%	96.56%	94.50%	93.87%	92.23%
Target	98%	98%	98%	96.60%	95%

How Are We Doing

The most recently completed federal fiscal year is FFY 2017 where Oregon reported a payment accuracy rate of 94.08%. FFY 2018 reviews are ongoing. Oregon has reported a 92.23% payment accuracy rate through April 2018. The error rate is currently above the national average and a plan is being developed by the Accuracy Committee to improve accuracy. The plan involves internal measures to improve staff performance as well as measures to reduce client caused errors.

Factors Affecting Results

During FFY 2018 agency caused errors increased. The most common agency error causes are failing to act on reported information or failing to follow up on inconsistent or incomplete information. Client caused errors continue to contribute to the overall error rate and most often are due to information not being reported to DHS.

KPM #6	ENHANCED CHILD CARE - The percentage of children receiving care from providers who are receiving the enhanced or licensed rate for child care subsidized by DHS
	Data Collection Period: Oct 01 - Oct 31

* *Upward Trend = positive result*

Report Year	2014	2015	2016	2017	2018
Enhanced Child Care					
Actual	61.80%	64.70%	63.70%	70.90%	77.60%
Target	60%	60%	65%	65%	65%

How Are We Doing

There has been a major swing in the percentage of children receiving care from license-exempt enhanced providers and licensed providers from the two-year period covering 2016 to 2018. The average increase is just under 7% per year. Policy changes and increased regulation for license-exempt providers had a direct impact on the percentage of children in licensed care.

DHS offers a higher payment rate to license-exempt providers who complete additional training as a way of incentivizing higher quality care. Subsidy rates for providers were increased in January 2018 based in the 2016 Oregon Child Care Market Price Study; however, limited funding meant DHS was unable to maintain the 75th percentile for all provider types in statewide. Additional payments to star rated Spark providers were added to the full-time monthly rate in April of 2016 as a way of incentivizing high-quality providers to serve DHS subsidy families. Since September 2016, families opting to use a Spark provider received a lower copay. This offered a parent incentive to choose quality care. A pilot began in July 2018 to pay certified child care centers in advance to help increase capacity for DHS subsidized families.

DHS continues to partner with 211Info, Child Care Resource & Referral Agencies (CCR&R), Service Employees International Union Local 503 (SEIU), American Federation of State, County and Municipal Employees Local 132 (AFSCME) and the Oregon Registry. 211Info provides consumer education and helps parents with child care referrals. CCR&R's address provider quality through required trainings to become DHS listed, meet regulated subsidy standards, secure qualify for the DHS enhanced rate, become licensed with the Office of Child care and receive a Spark star rating. Provider unions offer guidance and training to home based license-exempt (SEIU) and licensed (AFSCME) family providers. Oregon Registry documents provider training records and maintains online trainings such as Introduction to Child Care Health and Safety, and DHS Provider Requirements. DHS coordinates with partners to publicize training and resources available.

A child care orientation is required for all new license-exempt providers. Provider requirements changed in November 2017 for non-relative license-exempt providers (a.k.a. regulated subsidy) to complete trainings that must be taken before they are approved to provide care. These include an online Introduction to Child Care Health and Safety, and Recognizing and Reporting Child Abuse and Neglect. In addition, providers must have a current Infant/Toddler First Aid and CPR certificate. Regulated subsidy providers must have a pre-service site visit to verify the safety of the home where care is provided. Relative providers are required to take the pre-service Introduction to Child Care Health and Safety training only. Relative providers include grandparents, great grandparents, aunts, uncles and adult siblings who live outside the home of the child in care.

DHS collaborates with the Early Learning Division (ELD) on Early Head Start Child Care Partnerships to build stronger provider networks and increase quality. Increasing quality and gaining a Spark star rating is a priority for Partnership providers.

Informing parents and providers of the importance of high-quality child care and training continues to be a priority. DHS will continue to work with partners to promote provider training and the professional development continuum for exempt providers. This will foster greater access to required trainings to earn the enhanced rate, qualify for licensing and elevate their Spark star ratings.

Factors Affecting Results

The 2015 Legislature (HB 2015) made a significant investment into the child care program to support state's efforts to meet new requirements of the Child Care Development Fund reauthorization of 2014. This provided funding for rate increases in 2016, incentives to Spark rated providers, lower copays for subsidy families choosing a Spark rated provider, and increased training requirements for license-exempt regulated subsidy providers.

There has been a steady increase in the percentage of children receiving care from providers that receive the enhanced or licensed rate. *Actuals* have significantly surpassed *Targets* for the past two years and will be adjusted accordingly. Policy decisions and resources have focused toward increasing quality of care and consumer education. Both parents and DHS field workers consistently receive information regarding the two-generation approach of the child care program. This multigenerational approach place strives to stabilize employment for adults and keep children in stable, high-quality, educational settings. Rate increases in 2013, 2016 and 2018 helped keep provider rates more in line with current market rate studies and supports the goal of a child care subsidy system that is child-focused, family friendly and equitable for providers. Incentives for accessing Spark rated providers have encouraged providers to increase the quality of care and prompted parents to choose quality care.

KPM #7	ABSENCE OF REPEAT MALTREATMENT - The percentage of abused/neglected children who were not subsequently victimized within 6 months of prior victimization.
	Data Collection Period: Oct 01 - Sep 30

* *Upward Trend = positive result*

Report Year	2014	2015	2016	2017	2018
ABSENCE OF REPEAT CHILD MALTREATMENT					
Actual	95.50%	95%	94.60%	93.87%	92%
Target	96%	96%	96%	96%	96%

How Are We Doing

The outcome of 92% is Federal Fiscal Year 2017 data, for Report Year 2018. Over the past two years of this measurement Oregon has seen an overall decrease of 2.6%, however this falls short of the 96% target. Oregon continues its commitment to not only ensure the number remains consistent moving forward, but to make continued efforts to improve.

Factors Affecting Results

The Child Safety Program is currently in process of developing focused efforts (training, case reviews, group supervision, safety plan sufficiency reviews, etc) with targeted districts that have struggled to meet both the state and federal standard for recurrence of maltreatment over a consistent period of time. Child Safety Consultants continue to closely monitor data and provide monthly reports to leadership in all 16 districts on areas needing improvement to impact this measurement. Root cause analysis continues to identify insufficient safety planning during trial home visits, inaccurate safety decisions at the close of assessments and lack of comprehensive information gathering and safety planning on cases involving domestic violence. One additional factor that may also

impact this measurement is high turnover in Child Protective Services (CPS) and lack of casework experience for a large population of our workforce. Due to the large number of new casework staff, Oregon's Executive Leadership team is committed to ensuring all caseworkers receive regular one on one clinical supervision to ensure safety outcomes improve and new staff have the support necessary to make sound child safety decisions.

Recent Appellate Court decisions have also impacted caseworkers ability to seek legal intervention which may result in closing cases prematurely resulting in recurrence of maltreatment in some instances. Full representation for casework staff is hoped to result in better support in ensuring cases have the legal sufficiency when court intervention is necessary.

Much work continues in the Child Safety Program surrounding Continuous Quality Improvement. Child Safety Consultants are nearing completion of CPS Fidelity Reviews and have completed 13 of 16 districts statewide with a goal of completing all districts by end of 2018. Action Plans are developed following each review and while each district is able to individualize their plans, all districts have similar elements of focus including but not limited to: ensuring all required interviews are completed, making sufficient collateral contacts, gathering comprehensive safety related information and accurately applying the safety threshold criteria. All of these identified efforts should positively impact this measurement.

KPM #8	TIMELY REUNIFICATION - The percentage of foster children exiting to reunification within 12 months of foster care entry.
	Data Collection Period: Oct 01 - Sep 30

* *Upward Trend = positive result*

Report Year	2014	2015	2016	2017	2018
Timely Reunification					
Actual	66%	62.90%	66.10%	73.70%	71.60%
Target	TBD	66%	70.60%	75.20%	75%

How Are We Doing

The outcome of 71.6% is Federal Fiscal Year 2017 data, for Report Year 2018. Oregon decreased in performance by 2.1% percentage points on this measure this past federal fiscal year. Oregon is 3.4 percentage points short of the target for this year

Factors Affecting Results

There are multiple systemic factors that affect this result. Availability of targeted services and community resources to assist in children safely reunifying varies by area across the state. Additionally, reunification for this measure is defined by the DHS custody case being dismissed; in cases where children are returned and the agency is continuing to work with the family, the foster care episode does not close until the children have been in home for six months.

Over the last year, permanency caseworkers and supervisors across the state have participated in training that focused on fidelity to the Oregon Safety Model (OSM). The training focused on honing staffing skills in all elements of the model, including protective capacity assessments (PCAs) and creating and monitoring conditions for return. These two elements are important in timely

reunification. PCAs identify protective capacities that need to change from diminished to enhanced in order for parents to be able to ensure their children's safety. Conditions for return outline what needs to be in place in a home, with some combination of a willing parent and/or safety service providers, in order for children to reunify with their parent(s). When these pieces of work are done to fidelity, children can reunify in a safe and timely way. Over the course of the next year, continued focus on training and coaching to fidelity of the OSM should continue to impact this measure in a positive direction.

KPM #9	TIMELINESS OF ADOPTION ONCE LEGALLY FREE - Percent of Legally free children adopted in less than 12 months
	Data Collection Period: Oct 01 - Sep 30

* *Upward Trend = positive result*

Report Year	2014	2015	2016	2017	2018
Timeliness of Adoption Once Legally Free					
Actual	42.60%	44.30%	46.10%	48.50%	42.10%
Target	TBD	42.70%	48.20%	53.70%	53.70%

How Are We Doing

The outcome of 42.1% is Federal Fiscal Year 2017 data, for Report Year 2018. Oregon decreased in performance by 6.4% percentage points on this measure this past federal fiscal year. Oregon is 11.6 percentage points short of the target for this year.

Factors Affecting Results

There are multiple factors affecting the results of this measure - staff turnover, the crisis nature of casework that often puts paperwork lower in priority, field manager's focus on timeliness, and additional time for supervision and finalization for children placed out of state. With the additional staff that has been allocated, along with the implementation of the Program Improvement Plan that has several interventions directed at increasing timeliness, Oregon expects to see a positive impact on this measure moving forward.

KPM #10	LTC NEED PREVENTION - Percentage of seniors (65+) needing publicly-funded long term care services.
	Data Collection Period: Jan 01 - Dec 31

* *Upward Trend = negative result*

Report Year	2014	2015	2016	2017	2018
LTC NEED PREVENTION					
Actual	3.13%	3.07%	3.09%	3.12%	3.05%
Target	TBD	5%	5%	3.10%	3.10%

How Are We Doing

In 2018, only 3.05% of Oregonians 65 or older needed assistance with publicly funded long term care. This is a noticeable downward trend that exceeds legislative targets. Oregon is generally meeting the legislatively established targets. APD believes the targets will continue to be met in the future due to programmatic modifications made in the 2017-2019 biennium.

Factors Affecting Results

Oregon has adopted the Community First Choice Model, also known as the K Plan. This is a big driver in these results as the K Plan has numerous tools that are designed to keep people independent. Additionally, the success of the Area Agencies on Aging (AAA) network administering Oregon Project Independence, Older Americans Act programs and the Aging and Disability Resource Connection contribute towards keeping older adults independent. More preventative programs should be considered to ensure targets continue to be met, ultimately resulting in system sustainability.

KPM #11	LTC RECIPIENTS LIVING OUTSIDE OF NURSING FACILITIES - The percentage of Oregonians accessing publicly-funded long-term care services who are living outside of nursing facilities.
	Data Collection Period: Jul 01 - Jul 31

* *Upward Trend = positive result*

Report Year	2014	2015	2016	2017	2018
LTC RECIPIENTS LIVING OUTSIDE OF NURSING FACILITIES					
Actual	85.10%	86.10%	86.90%	87.20%	87.40%
Target	84.09%	85.96%	85.96%	87%	88%

How Are We Doing

APD is generally meeting the legislative targets established. However, recent programmatic changes designed to promote sustainability have resulted in increased acuity levels of individuals served. As a result, continued progress towards decreasing the number of individuals served outside of nursing facilities will be challenging. APD exceeded the legislative target of 87%. APD is making steady, continued progress at serving seniors and people with disabilities in settings less restrictive than nursing facilities. This is a key outcome in ensuring Oregon’s system of long term care.

Factors Affecting Results

Hospitals continue to discharge patients “sicker and quicker”. In many cases, hospitals prefer to discharge older adults needing additional care to nursing facilities. Institutional care may be appropriate for certain individuals for short periods of time. DHS must continue to aggressively ensure that seniors are appropriately transitioned from nursing facilities when their care can be supported in less restrictive and costly settings. Doing this will allow DHS to continue meeting our targets.

KPM #12	DEVELOPMENTAL DISABILITY SUPPORT SERVICES - The percentage of eligible adults who are receiving adult support services within 90 days of request.
	Data Collection Period: Jun 01 - Jul 31

* *Upward Trend = positive result*

Report Year	2014	2015	2016	2017	2018
DD Adult Support Services					
Actual	56%	43.93%	61.84%	55.22%	72.16%
Target	98%	98%	98%	98%	86%

How Are We Doing

Services were designed differently when this measure was proposed, but with changes in K plan and how services are now delivered, it is no longer relevant. New performance measures have been designed that are more relevant to track people getting services in a timely fashion.

Factors Affecting Results

While this is important, the strategy for collecting the data was limited to people that experienced this event within a very narrow timeframe AND were part of a statewide sample the ODDS Quality Assurance (QA) team pulled. For instance, only 24 instances across the state were reviewed for Q3 2017. The lack of a centralized electronic system is a factor in not being able to review 100% of people who received a service within 90 days of being notified of their eligibility for I/DD services.

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

KPM #13	PEOPLE WITH DISABILITIES LIVING AT HOME - The percentage of individuals enrolled in the Intellectual/Developmental disabilities program who are receiving services in their own home.
	Data Collection Period: Jan 01 - Dec 31

* *Upward Trend = positive result*

Report Year	2014	2015	2016	2017	2018
PEOPLE WITH DISABILITIES LIVING AT HOME					
Actual	No Data	72.14%	73.52%	74.32%	75.26%
Target	TBD	80%	80%	80%	80%

How Are We Doing

Nationally, Oregon continues to be a leader in serving people with Intellectual and Developmental Disabilities (I/DD) in their homes in the community. By comparison, research available to us through the Institute on Community Integration, through the University of Minnesota (data provided was for fiscal year 2014) indicates the following:

For FY 2014, 46 states responded. The numbers reflect individuals that received one or more long term support services (LTSS) where the residence type was known:

Total number of people receiving one or more LTSS (nation-wide): 1,167,384 total recipients

Living in home of family member: 661,442 individuals (56.66%)

Living in home they own or lease: 133,584 individuals (11.44%)

Factors Affecting Results

The measure reflects the fact that the majority of adults and children with I/DD live with their families or own home in Oregon. Each individual receiving services in Oregon has the choice of location and setting where they receive their I/DD services. Case Managers review these choices annual and inform each recipient of all of the alternative options available to them.

KPM #14	SUPPORTED EMPLOYMENT - Increase the number of individuals who receive developmental disability services in supported employment.
	Data Collection Period: Oct 01 - Sep 30

* *Upward Trend = positive result*

Report Year	2014	2015	2016	2017	2018
INTEGRATED EMPLOYMENT SETTINGS					
Actual	No Data	1,947	2,971	3,007	3,012
Target	TBD	TBD	0	3,000	3,020

How Are We Doing

For Fiscal Year 2019 we provided supported employment services to 3,012 individuals and continue to be in compliance with Lane v. Brown. DHS continues to grow competitive integrated and supported employment for individuals who have I/DD as required by Lane v. Brown, as well as state initiatives. Although we came close to the target for 2018, the growth indicates that DHS continues to move in the right direction around supported employment service.

Factors Affecting Results

Supported employment providers in the state are continuing to make significant changes as they transform from traditional facility based services to community services. Additionally, many individuals who have had job coaching supports have moved to natural supports or other supports on the job. This likely contributes to the plateau currently being reflected in the data. However, DHS is on target to continue to grow supported employment services for those with I/DD. Executive Order 15-01 and the Lane v. Brown Settlement Agreement require DHS to provide employment services to at least 7,000 individuals by 2022. This means that by 2017

at least 3,000 individuals should have received an employment service; by 2018 3,800; 2019 4,600; 2020 5,400; 2021 6,200; and 2022 7,000. DHS continues to be in compliance with this requirement.

KPM #15	ABUSE OF PEOPLE WITH DEVELOPMENTAL DISABILITIES - The percentage of people with developmental disabilities experiencing abuse.
	Data Collection Period: Jan 01 - Dec 31

* *Upward Trend = negative result*

Report Year	2014	2015	2016	2017	2018
ABUSE OF SENIORS AND ADULTS WITH DISABILITIES - b) people with developmental disabilities					
Actual	2.47%	2.11%	1.83%	2.10%	2%
Target	2.20%	2.20%	2.20%	2.20%	1.80%

How Are We Doing

The abuse rate of people with intellectual/development disabilities (I/DD) enrolled in services has continued to trend downward. This is particularly noteworthy given that the number of people enrolled for services has increased 7.4% since the last reporting year and a policy change in March 2017 that greatly increased the number of investigations assigned.

Prior to March 2017 a trust relationship needed to exist between the alleged victim and the alleged perpetrator for an incident to be assigned for investigation. Following the policy change, such a relationship ceased to be required; if an incident met the definition of abuse, it was assigned for investigation. This resulted in an 18% increase in the number of allegations investigated.

Because of a lack of national abuse data it is a challenge drawing comparisons to the IDD abuse rate targets. Targets are currently based on trends of historical data.

Oregon is in the process of developing a Centralized Abuse Management (CAM) information system that will allow for enhanced tracking and monitoring of abuse referrals and investigations. IDD service cases will be included in the second phase of implementation scheduled for 2019/2020. The implementation of CAM will enhance access and availability of information across the state and greatly improve the ability to make data informed decisions. Strategies to maintain and improve performance on this measure includes continued and enhanced prevention initiatives, increased training opportunities, and coordination with partners and stakeholders. The development of centralized abuse data will also provide opportunity for proactive data driven actions and greater ability to analyze risk factors associated with abuse.

Strategies attributed to the decreased abuse rate include:

- Diligence in monitoring and promoting safety in licensed settings for people with intellectual/developmental disabilities.
- Continued coordination between licensing, abuse investigation and program staff to better identify areas of concern and respond effectively.
- Ongoing outreach to increase public awareness of abuse issues facing individuals with intellectual/developmental disabilities.
- Ongoing collaboration with community partners, including brokerages serving people with intellectual/developmental disabilities living in their own homes.
- Enhanced training to abuse investigators, service coordinators, personal agents, direct service providers and facility staff.

Factors Affecting Results

Abuse rates for people with intellectual/developmental disabilities can be affected by many factors, including:

- The high acuity and service needs of residents being served in community-based care settings.
- High turnover rate of treatment and support staff in all settings.
- An adult's right to make decisions about their living situation, companions, etc.

- Barriers to the reporting of abuse by cognitively impaired clients.
- Limited resources available to respond and support people with intellectual/developmental disabilities who are abused (e.g. domestic violence shelters, counseling resources, etc.).
- Current data systems do not have the capacity to clearly identify risks associated with reports of abuse.

What needs to be done in this area includes:

- Ongoing training for service coordinators, personal agents, personal support workers, direct support providers, service providers and facility staff in recognizing, reporting, and preventing abuse.
- Research and collaboration with community response systems and resources, including domestic violence interventions, sexual assault response, mental health services, housing, etc.
- Coordination and participation with local area multidisciplinary teams and coordinated care organizations.
- Increased investigator access to content experts such as forensic nurses, psychologists and other health care professionals.

KPM #16	Abuse Investigation Timeliness - Percent of abuse reports assigned for field contact that meet policy timelines.
	Data Collection Period: Jan 01 - Dec 31

* *Upward Trend = positive result*

Report Year	2014	2015	2016	2017	2018
Abuse Investigation Timeliness					
Actual	No Data	No Data	No Data	97.70%	97.82%
Target	TBD	TBD	TBD	TBD	95%

How Are We Doing

We have met the KPM target and have exceeded last year's performance by a very slight percentage. This measure applies to over 16,000 investigations during the reporting period.

This measure is related to how quickly Adult Protective Service (APS) Specialists respond or intervene to protect people when they receive a report of abuse. The specific response times are governed by the nature and severity of the complaint and rules that apply. APS investigators take the responsibility to assure the safety of the reported victim within the assigned timeline extremely seriously and this is reflected in the percentage being reported this year.

Factors Affecting Results

This is a blended rate of abuse investigations in both facility and community (non-facility) settings. Since there are different timelines for response in these settings and community investigations are double the number of facility investigations, it is difficult to universally apply the reported percentage across all cases. In addition, current data systems make it difficult to assess the

response time applied to each individual investigation. Therefore, certain default assumptions need to be utilized. The legislative investment in a statewide abuse data management and report writing program is now in the implementation phase and will result in a higher level of case specific data and a greater ability to report on this measure.

KPM #17	CUSTOMER SERVICE - Percentage of customers rating their satisfaction with DHS above average or excellent: overall, timeliness, accuracy, helpfulness, expertise, availability of information.
	Data Collection Period: Jan 01 - Jan 31

Report Year	2014	2015	2016	2017	2018
Timeliness					
Actual	76%	74%	74%	79%	73.80%
Target	75%	75%	75%	75%	75%
Accuracy					
Actual	No Data	85%	84%	89%	78.80%
Target	75%	75%	75%	75%	85%
Overall					
Actual	86%	83%	82%	88%	75.70%
Target	75%	75%	75%	75%	82%
Helpfulness					
Actual	84%	No Data	83%	No Data	No Data
Target	75%	75%	75%	75%	85%
Expertise					
Actual	No Data	85%	84%	88%	78.50%
Target	75%	75%	75%	75%	85%
Availability of Information					
Actual	No Data	86%	No Data	90%	No Data
Target	75%	75%	75%	75%	88%

How Are We Doing

DHS experienced a decrease among all elements from our Customer Service survey, most notably around Accuracy, Expertise and Overall Satisfaction. No data are available for Helpfulness and Availability of Information.

Factors Affecting Results

We are currently refining our survey efforts to ensure we're reaching an adequate number of customers that are representative across the various DHS programs, and getting a satisfactory response rate. We will also ensure we're asking all the required questions and potentially including additional follow-up questions to help provide more context and inform actions to be taken.

KPM #18	Disparity in foster youth achieving permanency within 2 years by race/ethnicity - Disparity is calculated by taking the ratio of two percentages: Percent of Non-White & Hispanic children achieving permanency goals / Percent of Non-Hispanic White children achieving permanency goals. The permanency goal is the percent of foster youth achieved permanency within 24 months (of those that entered 24 months ago)
	Data Collection Period: Oct 01 - Sep 30

Report Year	2014	2015	2016	2017	2018
Disparity of Non-Hispanic African American Youth					
Actual	No Data	No Data	No Data	0.80	0.70
Target	TBD	TBD	TBD	TBD	1
Disparity of Non-Hispanic Asian/Pacific Islander Youth					
Actual	No Data	No Data	No Data	1.30	0.90
Target	TBD	TBD	TBD	TBD	1
Disparity of Non-Hispanic White Youth (always=1)					
Actual	No Data	No Data	No Data	1	1
Target	TBD	TBD	TBD	TBD	1
Disparity of Non-Hispanic Native American/Alaska Native Youth					
Actual	No Data	No Data	No Data	1	1
Target	TBD	TBD	TBD	TBD	1
Disparity of Hispanic (any race) Youth					
Actual	No Data	No Data	No Data	1	1
Target	TBD	TBD	TBD	TBD	1

How Are We Doing

Factors Affecting Results

KPM #19	CHILDREN SERVED BY CHILD WELFARE RESIDING IN PARENTAL HOME - The percent of children served in Child Welfare on an average daily basis (In Home and Foster Care) who were served while residing in their parent's home.
	Data Collection Period: Oct 01 - Sep 30

* *Upward Trend = positive result*

Report Year	2014	2015	2016	2017	2018
CHILDREN RESIDING AT HOME IN LEAST RESTRICTIVE SETTING					
Actual	25.80%	25.20%	23.90%	25.40%	23.80%
Target	TBD	27%	30%	33%	33%

How Are We Doing

The outcome of 23.8% is Federal Fiscal Year 2017 data, for Report Year 2018. From 2015 to 2016, Oregon saw a slight increase in this performance measure of 1.5 percent. Then a decrease from 2016 to 2017 of 1.6%.

The state child welfare program has been working toward the vision of Safe Equitable Foster Care Reduction. One way to achieve this vision is through serving children safely in their own home. Several strategies have been involved to help achieve this vision.

One of these strategies is the continued practice of the Oregon Safety Model (OSM). OSM requires workers to determine if a child is safe through a larger lens than incident based investigations and necessitates a comprehensive examination of the family. This comprehensive assessment process provides valuable information that informs the case worker how best to serve the family by identifying what is making the child(ren) unsafe and thus ameliorate these issues through adequate safety planning, and referrals to appropriate interventions.

As a part of assuring DHS Child Welfare is practicing OSM consistently, statewide fidelity reviews are being conducted. These reviews are led by Consultants with the inclusion of Child Welfare managers. In addition leadership has implemented an intentional facilitation of group supervision throughout districts that allows local leadership to focus on key safety concepts.

Following these reviews, debriefing sessions with District Managers and Consultants are utilized to create action plans geared at improving identified gaps in OSM fidelity. By continuing to provide fidelity reviews, Consultants then aim to improve case workers consistency in practice and decision making, identify gaps in knowledge and provide updated training, and identify skills and tools to support an engagement model of family centered practice.

Determination of support systems and services to keep children safe is key in Strengthening, Preserving and Reunifying Families (SPRF). DHS Child Welfare works with an extensive network of community providers which have been contracted to specifically address the needs of children and families in order to maintain a child safely in their home or allow for a child to exit the foster care system sooner. Each county regularly assesses their SPRF service array, to determine gaps in service provision and use of current services. In an effort to assure these contracts are effective in the keeping children safe with their parents, or allowing children to leave foster care sooner, DHS has implemented the first step toward a system of Performance-Based Contracting, in collaboration with our SPRF contractors. Current SPRF contracts now include performance-based contract language and outcomes. Upon execution of the contracts, the contractor submits reports through the invoicing process which identifies one of three outcomes for each client: 1) Achieved 2) Partially Achieved 3) Not Achieved.

Oregon continues to work collaboratively with Portland State University to implement updated curriculum and hands-on training for new case workers and supervisors. These updates will include more real life experiences through the use of a mock court room, mock interview process that are recorded and reviewed, increased oversight of new employees, and continued reinforcement of the OSM.

Factors Affecting Results

The assessment of a child abuse/neglect report requires time in order to fully engage and understand a family. The issues affecting families of abused and neglected children include dynamics of drug/alcohol abuse, domestic violence, parental involvement with law enforcement, and mental health issues. Frequently these are co-occurring in families and fully understanding how these issues impact child safety is complicated. Staffing and issues related to retention of staff is one of the largest issues affecting the ability to adequately assess safety of children. As a result workers may miss key information or not have time to provide the family with needed safety interventions. The hiring of MAPS (Mentoring, Assisting and Promoting Success) and development of consistent onboarding practices statewide are a priority.

KPM #20	TANF JOBS PLACEMENTS - The percentage of clients who achieve job placement each month compared to those anticipated to achieve placement.
	Data Collection Period: Jan 01 - Dec 31

* *Upward Trend = positive result*

Report Year	2014	2015	2016	2017	2018
TANF JOBS PLACEMENTS					
Actual	No Data	126.50%	122.40%	122.70%	110.40%
Target	TBD	100%	100%	100%	100%

How Are We Doing

Our objective is to maintain the percentage of Temporary Assistance to Needy Families (TANF) participants successfully obtaining unsubsidized employment. However, factors described below may have a negative impact on this measurement.

Factors Affecting Results

Oregon's economy has continued to improve over the past several years. Oregon's seasonally adjusted unemployment rate remains low, over the past few months the rate has fallen slightly, decreasing by 0.2% from 4.1 in May 2018 to 3.9 in July 2018.

Over the past six years, the number of TANF cases has significantly decreased. Those who were ready or near ready for employment have found jobs in the stronger economy. Those remaining on assistance have more significant challenges to becoming employed. The percentage of individuals with mental health, substance use, and physical health records is significantly

higher than it was just a few years ago. These individuals will need greater supports, additional services, and increased case management to help reduce the impact of the challenges they are facing.

The need to access more intensive stability focused services may have an impact on the percentage of those finding employment, and this measure may be affected by this situation. There may also be an impact due to the availability of jobs as the economy growth levels out. Changes made to the TANF program over the 2017-19 biennium are beginning to help assess and determine strategies for assisting individuals to find appropriate employment. These programmatic changes may cause the length of time needed to move an individual into employment to increase.

The Self-Sufficiency programs are intended to provide a safety net, family stability, and a connection to careers that guide Oregonians out of poverty. With respect to this KPM, the programs will work in partnership with other workforce system agencies and community partners to help Oregonians connected to our programs exit poverty along a career path. The program will continue to monitor the measure and targets. The targets this measure compares to are updated as needed during program planning processes.

Department of Human Services IT Related Projects/Initiatives														
Program Area	Agency	Project Name	Project Description	Estimated Start Date	Estimated End Date	Project cost to date	Estimated 19-21 Costs	All biennia total project cost	Base or POP	Project Phase: I=Initiation P=Planning E=Execution C=Close-out	If Continuing project - has it been rebaselined for either cost, scope or schedule? Y/N - If Y, how many times	Purpose L=Lifecycle Replacement; U=Upgrade existing system; N=New System	What Program or line of business does the project support	Comments
Aging and People with Disabilities	DHS	Provider Time Capture (PTC)	Enable DHS/OHA time capture system for HCW and PSW. Implement a shared time capture solution for the APD and HSD programs for their Home Care Workers (HCW) to include time, attendance and travel. Bring DHS/OHA in compliance with the Department of Labor's FLSA regarding employee record keeping and overtime. The Department of Human Services (DHS) and Oregon Health Authority (OHA) in-home care programs have a need for a system that will increase program integrity and comply with the federal 21st Century CURES Act for Electronic Visit Verification System and the U.S. Department of Labor (U.S. DOL) Fair Labor Standards Act (FLSA). This will be done with the implementation of a time, attendance and payment system for the program's Home Care Workers and Personal Support Workers (HCW/PSW). The drivers for this work include a need for: 1. Improved timeliness and accuracy of data 2. Improved compliance with federal, state, and bargaining requirements 3. Increased efficiency and internal controls 4. Decreased duplication of efforts across agencies 5. HCW/PSW to accurately and timely report services provided across programs 6. Decrease dependency on outdated legacy systems	1-Sep-14	31-Oct-21	\$ 5,814,185	\$ 6,904,104	\$ 15,189,980	Base	P	Y, 6	N	APD/HSD	Pop not approved. Estimated and projected costs will be updated after planning for project reboot is completed.
Vocational Rehabilitation	DHS	ORCA VR Alliance	Alliance Enterprises, the software vendor for the AWARE COTS case management system used by Vocational Rehabilitation (VR), is written to support the U.S. Department of Education Rehabilitation Services Administration (RSA) rules and reporting requirements, as well as the RSA and Americans with Disabilities Act (ADA) policy requirements. Since Vocational Rehabilitation (VR) implemented ORCA (the Oregon version of AWARE) in 1996, Alliance has been responsible for developing, maintaining, and enhancing the core AWARE coding that spans across 37 states, while OIS and VR have been responsible for developing, maintaining, and enhancing the Xtend code for ORCA. Multiple entities revising the same product at least 2 times per year for approximately 20 years has resulted in a variety of issues. VR is requesting an Alliance hosted SaaS to mitigate the issues.	21-Jun-18	29-Sep-19	\$ 83	\$ 250,003	\$ 1,000,000	Base	E	N	N	VR	Project formerly known as "VR Alliance Software as a Service SaaS"
Oregon Developmental and Disability Services	DHS	ODDS Case Management	ODDS is requesting a case management system to help manage and standardize information, to align to regulatory standards, and improve workflow. The result will allow ODDS to stay in compliance with federal regulations, and improve outcomes for individuals by creating efficiencies that will allow case managers to spend less time managing documents and more time serving individuals.	TBD	TBD	\$ -	\$ 3,462,592	TBD	Base	I	N	N	ODDS	POP not approved. Project queued to begin in late 2019 when business side resources and funding are available.
Aging and People with Disabilities	DHS	Effective Communication Accommodation Scheduling Tool	To improve and provide equitable services for people who identify as D/deaf, deaf-blind and Hard of Hearing, the Advocacy and Development Unit is pursuing a scheduling tool for communication accommodation requests.	1-Jul-19	30-Jun-20	\$ -	\$ 150,000	TBD	Base	I	Y, 1	N	APD	This project has been put on hold due to lack of business resources. It is still prioritized on the APD ISMC but no work is being done at the moment. Once resources can be replaced it will be in the initiation phase again.
Child Welfare	DHS	SACWIS to CCWIS	The Oregon Department of Human Services Child Welfare Program (Oregon DHS) will transition OR-Kids, its system of record, from a Statewide Automated Child Welfare Information System (SACWIS) to a Comprehensive Child Welfare Information System (CCWIS) designation pursuant to the CCWIS Final Rule at 1355.56 and 1355.52 (i)(1). Transition SACWIS system to CCWIS while undertaking a comprehensive effort to address issues related to compliance, enhance the application for end-users, and move toward modernization and modularity.	1-Mar-19	TBD	\$ -	TBD	TBD	Base	I	N	U	CW	
Office of Information Services	Enterprise	Host Explorer	Current enterprise PC desktop emulation software enabling connection to the mainframe is Open Text's Host Explorer 6.0 software. This software allows access to the mainframe and supports Transport Layer Security (TLS) 1.0 level encryption. Before the close of 2017, ETS will be upgrading the mainframe to TLS 1.2 level encryption. OHA/DHS need emulation software that can support this upgrade.	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	Project queued to begin in late 2019 once the maintenance work is completed.
Health Systems Division	Enterprise	MMIS Medicaid Modularity Planning	This POP requests state funds to secure 90% federal financial participation funds to: align to CMS mandates for states to modularize their Medicaid portfolio. These funds will be used to define Oregon's Medicaid Service Delivery strategic plan, assess other states modularization approaches, identify options for modular solutions, define certification requirements as required by CMS, and begin procurement activities to secure modular solution components.	1-Jan-17	TBD	\$ 128,529	\$ 415,802	\$ 3,468,003	POP	P	N	L	HSD	Planning phase only
Shared Background Check Unit	Enterprise	CRIMS	Replace the existing background check software with one approved by CMS and CJIS compliant. BCU is seeking approval and support to implement the NBCP BCS system. Implementation is inclusive of an interface to LEDS and data migration from CRIMS.	10-Aug-18	31-Dec-19	\$ 200,704	\$ 676,499	\$ 912,203	POP	I	N	N	BCU	
Shared	Enterprise	Integrated Eligibility (IE)	Quick, correct and efficient eligibility determinations for Medicaid (MAGI and Non-MAGI), SNAP, TANF, and Child Care. Extend the Oregon Eligibility (ONE) to include eligibility determination for the Non-Modified Adjusted Gross Income (Non-MAGI) Medicaid, Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), and Employment Related Day Care (ERDC) programs. The system will include an on-line portal for applicants, better support for eligibility workers, and it will integrate with other Department of Human Services (DHS), Oregon Health Authority (OHA), and external systems.	1-Jul-15	30-Nov-20	\$ 108,605,026	\$ 177,512,265	\$ 385,840,367	POP	E	Y,3	U/N	SS/HSD	Project formerly known as "ONE Intergrated Eligibility & Medicaid Eligibility"
Shared	Enterprise	Office 365 Implementation	Implement Office 365 (Phase 1 Functionality) throughout OHA and DHS.	24-Apr-17	30-Aug-19	\$ 187,648	TBD	\$ 450,356	Base	I	Y	U	Shared	Project scheduled completion in 19-21 biennium.
Aging and People with Disabilities	Enterprise	Centralized Abuse Management (CAM)	Implementation of a Centralized Abuse Management System to allow OAAPI and its program partners to monitor abuse screenings and investigations occurring around the state in real time, provide critical and accurate abuse data and performance metrics to internal and external partners, connect the dots' statewide to protect vulnerable Oregonians and prevent abusers from moving from one system or region to another undetected, and protect DHS and OHA programs from the risk of abuse referrals or investigations 'falling through the cracks' or going unaddressed without detection.	1-Jul-15	31-Mar-20	\$ 6,289,970	\$ 2,574,007	\$ 13,530,447	POP	E	Y, 8	U	OTIS, APD, DD, HSD	Project schedule extended into 19-21 biennium

Department of Human Services Audit Response Report

1. DHS and OHA: Statewide Single Audit Including Selected Financial Accounts and Federal Awards for the Year Ended June 30, 2015, audit #2016-09 (dated April 2016)

- Recommend department management ensure that adequate documentation is retained to demonstrate controls are operating as intended to ensure that expenditures are paid at proper rates.

The Office of Financial Services has developed a “System Update Tracking Sheet” as documentation when federal funding split codes rate changes are updated or modified in systems. The tracking sheet was implemented with the federal rate changes effective October 1, 2015.

- Recommend department management consider the financial statement impact resulting from adjustments or entries made in underlying coding to ensure amounts are properly reported.

To ensure the agency receives the accrual transaction information timely; the Statewide Financial Reporting unit has updated its accrual procedure to include instructions to request the accrual information before July 1 with the year-end task list, and then to check back for this information no later than August 1. To ensure the accrual review will include an analysis of the financial impact, a section has been added to accrual procedures to include review at the comptroller and rollup GAAP object level.

- Recommend department management review OR-Kids transaction processing and make system modifications as appropriate to ensure proper financial reporting of program expenditures. We also recommend department management review prior year and current year transactions and reimburse the federal agency for grant expenditures claimed inappropriately.

A report has been developed to identify adjustments that impacted a state grant rather than the federal grant and is in the final validation stage. Once the report is validated, the report will be used going forward to accurately report federal expenditures. The report will first be used for the reporting period ending September 30, 2018. Questioned costs in the amount of \$107,200 were adjusted on CB-496 for quarter ending March 31, 2018.

A change request for a system fix has been written. However, the date for the system fix is not yet determined.

- Recommend department management implement system changes to OR-Kids to prevent transactions from reimbursing outside the period of performance. Recommend management make appropriate corrections and adjustments to the accounting records to prevent the department from requesting federal reimbursement for expenditures incurred outside the period of performance.

A report has been developed that will allow DHS to analyze increasing and decreasing adjustments, isolating increasing adjustments that fall outside the period of performance. DHS is no longer netting increases and decreases beginning with the filing of the June 30, 2018 CB-496 report.

Additionally, resources are currently working on reviewing all activity back to September 30, 2011 to evaluate if any federal funds were improperly claimed beyond the two-year limit. Any necessary repayment from this analysis will be reported on the December 31, 2018 CB-496 report.

- Recommend department management ensure all required documentation is completed, reviewed, and maintained and ensure client eligibility is terminated timely, as well as clarify and document whether the home study must be signed by the supervisor for a provider to be certified. Also, recommend that department management reimburse the federal agency for costs paid related to the ineligible child and provider.

The significant design change to OR-Kids provider module was implemented in OR-Kids on March 1, 2017. The OR-Kids provider module was changed to require that the home study and all background (safety) checks be completed with an approval date prior to the foster care home becoming fully certified. Any new foster care homes full certifications must have these new pages completed, and upon any renewal or demographic update on current foster care homes the system will require the new pages be completed. The title IV-E specialist is required to review the provider record in OR-Kids to ensure home meets certification requirements prior to determining a child eligible for title IV-E foster care maintenance.

- Recommend department management ensure its methodology for allocating administrative costs to the Title IV-E Foster Care program is documented and adequately supported and ensure that coding is correct and up-to-date in the accounting system. We also recommend department management reimburse the federal agency for unallowable costs.

In June 2016, the department changed the funding structure for all Adoptions Unit contracts to be consistent. All the contracts now report to the Child Welfare design cost allocation funding structure. Adjustments to federal expenditures were made in February 2016 to address match rates and in March 2016 to address the \$508 in questioned costs. In June 2017, adjustments to the funding methodology were made for the period July 1, 2013 through June 30, 2016.

- Recommend department management ensure payments are reviewed and approved properly to ensure appropriate payments to providers. Also, recommend department management reimburse the federal agency for unallowable costs.

The OR-Kids team reviewed the transactions for the manual placement correction in the finding and identified a systemic issue. This issue was addressed with a system update in January 2017.

The adjustment of \$28 was completed and was reported on CB-496 for Quarter ending March 31, 2018.

Federal Policy, Planning and Resources (FPPR) and OR-Kids changed the transportation services and sent a transmittal to the field that effective July 1, 2018, the OR-Kids system would calculate the mileage reimbursement based on the current mileage reimbursement rate. Unfortunately, OR-Kids cannot accept a three-decimal reimbursement amount and rounding up would cause over claiming and rounding down would create an under payment, therefore the change was rescinded. FPPR will be working with field operations and OR-Kids to develop a mechanism to ensure proper processing until an OR-Kids fix can be implemented.

- Recommend department management document the methodology used to review maintenance payment rates for continuing appropriateness, including a specific, time-limited schedule for review.

The department filed a new Oregon Administrative Rule which was officially adopted on July 5, 2017. The new rule states that the department shall review the established foster care payment rates every two years (odd years) in conjunction with the department budget preparation processes for Governor's Recommended Budget. The purpose of this review is to consider the rates the state is providing in comparison to USDA Cost of Raising a Child or similar reports.

- Recommend department management ensure all required documentation is completed, reviewed, and maintained. Also recommended is that department management reimburse the federal agency for costs paid to the ineligible provider.

The department was required to complete our Program Improvement Plan (PIP). The final report was submitted July 22, 2016. The PIP is the result of a Federal Title IV-E Foster Care review in July 2014, in which Oregon was found not to be in substantial compliance with Title IV-E Foster Care regulations. The majority of the PIP is regarding how to improve the documentation of background check information and implementing a quality assurance process for monitoring certification.

The department submitted a significant design change to the OR-Kids provider module that requires all background checks have an approval date prior to the foster care home becoming fully certified. Another part of the design is an enhancement to the Foster Care Certification check list in which the OR-Kids functionality on this page will support rule and policy, which will help drive appropriate certification practice. As part of the PIP, the department developed a training plan to ensure successful implementation of the changes in OR-Kids and the certification rules.

The OR-Kids changes were deployed at the end of 2016. In order to be in compliance with the Title IV-E and close Child Welfare's Title IV-E Program Improvement Plan, DHS Child Welfare implemented an interim plan to ensure background checks are completed and approved prior to claiming Title IV-E foster care maintenance. Effective June 15, 2016 the background check approvals must be scanned and uploaded to OR-Kids. The Title IV-E eligibility specialist will review the background check approval documentation and will not determine a child eligible for Title IV-E prior to the approval dates. An Action Transmittal was sent out to the field on June 15, 2016 with detailed processes the field and other agencies must follow until the OR-Kids modifications are implemented. The Title IV-E specialists received a training (via a conference call) in which the Action Transmittal was reviewed on June 16, 2016.

The questioned cost was adjusted on March 17, 2017 and the CB-496 report for 2017 Quarter 2 reflected these adjustments.

- Recommend department management continue to correct known "applicable child" eligibility data issues in OR-Kids to ensure data used to estimate the savings in state expenditures is complete and accurate.

Federal Policy, Planning and Resources (FPPR) and the OR-Kids Business unit completed an analysis of why new cases continue to show up with this error. The OR-Kids Business analyst found a bug in OR-Kids that was clearing the boxes that indicated why the child was eligible for Title IV-E Adoptions Assistance. A bug fix was implemented in January 2018. The OR-Kids Business team has run one subsequent report and it

appears the bug fix implemented in January has worked and no new cases are being created. FPPR must complete a manual analysis and correct all the cases effected by the bug.

- Recommend department management strengthen controls to ensure documentation supporting a provider's eligibility determination is retained. For current providers with missing documentation, recommend the department verify they are eligible to provide services.

The department has completed the database checks on the eleven providers mentioned in the finding. The department also verified the eligibility of the five providers identified with missing provider enrollment agreements. The department has taken the necessary steps to revalidate or close the associated provider numbers. Three of these providers have current provider agreements and are eligible to provide services. Two other providers are no longer providing services. Adjustments have been made in the accounting system to return the federal funds for these two providers for the enrollment period.

The Provider Relations Unit has participated in multiple education and outreach sessions addressing the provider enrollment validation process including program manager meetings, licenser trainings, and ODDS plan of care conference calls reminding local staff and managers of the need to retain the provider eligibility documentation within their provider files.

- Recommend department and authority management strengthen controls to ensure sufficient documentation is maintained to demonstrate compliance with federal requirements and the client liability is calculated accurately.

Aging and People with Disabilities (APD) has obtained missing applications from all clients except those that were determined to be deceased. For those individuals, APD followed up with the Estate Recovery Unit to ensure that they were aware of the clients' passing and were filing an estate claim if appropriate. APD has continued to remind managers and staff of the importance of maintaining complete files through

meetings and “In the Loop” newsletter articles. For the clients who experienced eligibility-coding errors, the state has returned the federal funds. All corrective actions are complete.

- Recommend management strengthen controls to ensure only allowable costs are paid for at appropriate federal funding participation rates.

The Office of Financial Services has a process to cross check the documentation provided by program staff to ensure the appropriate transfer has been completed. The agency also has a process to automate this transfer within the MMIS system. A coding matrix was developed to allow users to select the correct coding for the allowable expenditures.

For noted transaction errors, corrective action was developed and is in operation at this time. A new agreement has been negotiated. The payments are recovered, and the federal share associated with the payment has been returned to the federal government.

- We recommend management develop a security plan that addresses all federally required components, develop and implement a formalized risk analysis program, and ensure system security reviews are conducted timely for all applicable systems involved in the administration of the Medicaid program.

The Information Security & Privacy Office (ISPO) has embarked on a multi-tiered process that will result in an information security plan for the Department of Human Services (DHS) and the Oregon Health Authority (OHA). In alignment with the state’s Enterprise Security Office, ISPO is using the Center for Internet Security’s (CIS) Top 20 Critical Security Controls as our roadmap to identify and mitigate risks and compliance findings.

We are using Tenable Nessus to perform vulnerability assessments of our enterprise to identify vulnerabilities and develop an asset inventory. The vulnerability management process, including regularly scheduled scanning and patching, has been implemented. The asset inventory will inform the information security plan.

We have developed our information security risk assessment policy and process and have initiated an aggressive risk assessment schedule. Seven risk assessments have been accomplished in 2017 and more are scheduled. Like the vulnerability assessments, the risks (vulnerabilities and threats) and gaps identified from these assessments will inform the information security plan.

These are the CIS Critical Security Controls prerequisites for accomplishing an information security plan. ISPO recruited a Senior Information Security Advisor in May 2017 and have assigned the information security plan to him to complete no later than December 2017.

The Information Security and Privacy Office (ISPO) is continuing to develop a plan to implement a framework for conducting the required security assessments on the Automatic Data Processing (ADP) systems which support the Medicaid program in Oregon. Vulnerability assessment scans of the MMIS system software are now performed monthly or whenever major changes are made to the system.

A Vulnerability Management policy has been developed, approved and was published in September 2017. In support of this policy, ISPO already began scanning in excess of 15,000 devices utilizing the states vulnerability assessment solution, Tenable Security Center (TSC). ISPO is concurrently working with OSCIO to determine how TSC will access and scans the remaining Medicaid systems residing on the mainframe.

The Information Security & Privacy Office (ISPO) is in the process of developing a risk analysis process that will establish the roles and responsibilities of the different parties for contracting all required types of independent assessments, as required by Federal Regulations.

Revisions to parent policy DHS/OHA 090-006 Risk Assessment to be submitted for review to Office of Information Services (OIS) Policy, Standards and Processes (PSP) Committee by September 1, 2017.

Revisions to widen the scope to encompass all security assessments required by 45 CFR 95.621 (iii) Periodic risk analyses and (3) ADP System Security Reviews. Policy revisions and process will be based on CMS Risk Management Handbook (RMH) Chapter 12: Security and Privacy Planning, Version 1.0, January 31, 2017; Appendix E. ARS Standards – Planning (PL); Control PL-01.

The ISPO Risk Assessment Analyst is a member of a chartered advisory group within the Enterprise Security Office which acts in an advisory capacity to the ESO Risk Program Committee. In the course of that work, tools are under development to ensure that risk mitigation plans are established with state agencies. These tools will be leveraged to develop the “Risk Triage” process, to establish and implement a plan of action “Develop a Plan of Action (POA)” (see Attachment A). The Risk Triage process will be a sub-process of the DRAFT ISPO Independent Security Risk Assessment (ISRA) Process and will be submitted to the PSP Committee by September 1, 2017 with the policy revisions and parent process. The ISPO Risk Assessment Analyst meets monthly with OIS ISPO Audit Coordinator to coordinate risk mitigation efforts throughout DHS/OHA.

The OR-Kids system underwent an independent security risk assessment from March 2017 to May 2017. Tests included:

- *Information Security Web Application Penetration Test*
- *Application and Server Infrastructure Penetration Test*
- *Internal Technical Test (workstations)*
- *NIST Cybersecurity Framework Assessment*
- *OWASP Secure Coding Practices Assessment*

The final report was received at the end of June. Agreement has been reached between ISPO and the Director of Development Disability Services to commence with an independent security risk assessment of the eXPRS system in third quarter of 2017.

- Recommend management develop a plan based on current resources to ensure the timely completion of provider health and safety standard surveys for nursing facilities.

Oregon has a long history of meeting the Centers for Medicare and Medicaid Services (CMS) performance standards related to surveying facilities in fewer than 15.9 months. The Nursing Facility Licensing Unit is dedicated to bringing our CMS performance standard back into compliance and we anticipate reaching compliance in early 2016.

Implementation of the CMS Quality Indicator Survey (QIS) process also contributed to our failure to meet the CMS performance standards. In addition to the general difficulties inherent in a new process and system, it increased our required survey team size (particularly for small facilities) for a period, increased training requirements, and lengthened total survey time during the implementation period.

Over the past few years, we have implemented several continuous improvement activities that have resulted in efficiency gains to the survey process, in turn reducing the amount of time it takes to survey facilities. Those efficiencies have resulted in a significant reduction in new surveyor training time. We have made efforts to minimize survey-related travel and made reductions in report writing time. We have implemented an electronic document workflow process, streamlined our report review process to facilitate a faster turnaround time between surveys, and provided provider training on how they can prepare for and assist with the survey process. Since January 2013 we have hired 19 new surveyors. However, we have had 16 surveyors leave in the same time due to retirements, promotional opportunities, competition with private industry related to salary, and surveyors not demonstrating skills needed to make it through trial service.

As of August 15, 2015, all surveys conducted were less than 15.9 months and will continue to be less than 15.9 months going forward.

- Recommend department management ensure a client’s monthly copay is correctly calculated and a client’s application, income and special needs rate documentation is maintained. Additionally, department management should develop a process to identify when the copay is not being met when multiple providers are used.

A business change request was submitted on April 25, 2016 relating to audit finding on the co-pay not met report and multiple providers. An “Uncollected Copay Report” is currently on hold due to the One/Integrated Eligibility project. To ensure the successful delivery and implementation of this new system, prior work being conducted by programmers in the Legacy system has been suspended. The report will be re-evaluated once the ONE/IE system has been successfully rolled out in 2020.

Tools were developed and shared with field staff during the year in efforts to improve co-pay calculations and documentation. An Employment Related Day Care (ERDC) mini-training was held in June 2018 to address such topics as ERDC copays and ERDC coding. On June 15, 2018, Child Care Policy reissued a transmittal to department staff as a reminder to reinforce the importance of increased accuracy in the ERDC program.

Quality Assurance also in collaboration with the policy team published another edition of an “Accuracy in Action” newsletter focusing on ERDC budgeting and child care hours. This issue which was sent to field staff on March 15, 2018, included information referring to verifying income and hours, ERDC hours, marginal income, two parent working families, child support and ERDC, prospective eligibility and budgeting and transitioning TANF to ERDC.

- Recommend department management strengthen controls to ensure adherence to department policy and procedure regarding documentation of participation and projection of hours of participation, and to ensure data entered into the automated data processing system is accurate and complete.

TANF, Quality Control and Quality Assurance are now conducting monthly JOBS Audits. The audits help TANF to address concerns as they arise. The reviews include verification of hours, updated attendance and document location. The Work Verification email continues to be sent monthly along with newsletter reminders for field staff.

- Recommend department management ensure the report accurately reflects the activity of the reporting period.

DHS is in the process of conducting a major system change from prior Legacy systems to the new ONE/Integrated Eligibility system. To ensure the successful delivery and implementation of this new system, prior work being conducted by programmers in the Legacy system has been suspended. The report will be re-evaluated once the ONE/IE system has been successfully rolled out in 2020.

- Recommend the department comply with the directive from DHHS and work with DHHS to resolve the different interpretations of the federal requirements for the TANF program.

The department is still awaiting further guidance and clarification from ACF to fully implement all changes.

- Recommend management ensure staff receive training regarding the proper coding for expenditures and allow ability of expenditures. Additionally, management should ensure documentation is maintained to support expenditures paid. Further, for the specific items identified, management should correct the coding errors and ensure the expenditures are billed to the appropriate program and/or source of funds.

Agency management understands the importance of ensuring staff are trained on proper account coding, documentation, and allowable cost principles. Management worked with the Office of Financial Services to develop tools to assist staff in choosing the proper codes and develop additional quality assurance processes to review for unallowable costs. The identified transactions have been corrected as of August 2016.

- Recommend management update the cost allocation plans for the department and authority to reflect current practices and ensure future changes are communicated timely.

The agency has continued to submit annual cost allocation plan updates and interim updates when there are major changes to allocation methodologies. Due to changes in the organizational structure of OHA, our update of the OHA PACAP was delayed until July 2016. The current biennium cost allocation plan was submitted for review in July 2016 and is awaiting a response from the federal DHHS Cost Allocation Services CAS, formerly DCA.

A formal change log was created in March of 2017 to ensure all updates are included in each subsequent submission. The most recent cost allocation plan was submitted on June 30, 2017.

- Recommend department management implement a process to verify that branch offices implement the training and follow the established procedures for securing EBT cards.

In 2015, DHS developed a Financial Desk Training for Aging and People with Disabilities (APD) and Self Sufficiency Program (SSP) staff, whose duties involve financial business process and field managers. The Financial Desk Training includes a section on the established procedures for Electronic Benefit Transfer (EBT) card security. The Field Business Procedures Manual and the Business Review Tools are used as a basis for the training curriculum. Office leadership communicated the importance of securing EBT cards and following the policy outlined in the Field Business Procedures Manual for monthly inventory.

The Department has continued to offer the Financial Desk training for staff during the current year. In addition, the material for those trainings is available to staff as an online resource at:

<https://inside.dhsoha.state.or.us/dhs/self-sufficiency-training-unit/4457-training-courses-financial-training.html>

2. DHS: To Better Achieve its Mission, Vision and Goals, DHS Must Increase Efforts to Address Employees' Concerns, audit # 2016-24 (dated October 2016)

- Recommend DHS management develop and implement a plan to address the seven areas needing improvement: tools and resources, compensation, hiring practices, recognition, professional development, stress and workload, and communication. We recommend DHS management administer a work environment survey at least annually that includes the factors we identified that influence engagement. We recommend management use the future survey results to revise the plan, as needed.

DHS will prioritize recommended actions based on those which are most "in our control" and those which will achieve the greatest positive impact on DHS culture. DHS plans to continue to utilize the workforce related measures in the DHS management system that overlap with the Work Environment Survey (Employee Engagement, Performance Feedback, and Diversity) and determine in what ways the "unique elements" of the Work Environment Survey may augment our established processes.

3. DHS and OHA: Statewide Single Audit Including Selected Financial Accounts and Federal Awards for the Year Ended June 30, 2016, audit #2017-08 (dated March 2017)

- Recommend management review the coding that points transactions to rebates and recoveries and other revenues to ensure proper classification of these transactions.

The agency has updated its year-end close procedure to ensure the Rebate & Recovery revenue is appropriately coded for proper classification. The close procedure now includes a review of Other Revenue account transactions.

- Recommend department management ensure the proper application of established accrual methodologies and that accrual efforts are not resulting in duplicate expenditures or revenues.

The agency updated its close procedures to include additional reviews to avoid duplication of estimated accrual amounts.

- Recommend department management establish controls to ensure program activity is eliminated from the internal service fund for financial reporting purposes.

The agency has updated the year-end close procedures to ensure that only shared service funding will be contained in the D23 fund 3470. The new D23 fund 3478 has been set up for the start of the new biennium. Going forward, the only activity in D23 fund 3470 will be shared service activity.

- Recommend department management correct the payroll system coding for identified employees and reimburse the federal agency for unallowable costs.

Federal Policy, Planning and Resources (FPPR) and the Office of Financial Services (OFS) corrected the payroll system coding to reimburse federal dollars for the employees that were being reported as direct-funded by Title IV-E in error. A manual adjustment was completed in SFMA on June 21, 2017 for a total shift of approximately \$1 million Title IV-E funds to general funds.

FPPR and OFS developed a methodology to monitor employee payroll to ensure accurate funding reimbursement. The Office of Child Welfare Program hired a Program Analyst specific for tracking Child Welfare positions and the funding. This position will be significant for the methodology being developed.

The Office of Child Welfare Programs Position Management Coordinator and Cost Allocation administrative assistant has created a new labor cost code specifically for Title IV-E specialists. The Position Management Coordinator will provide a report quarterly to FPPR to review to ensure only IV-E specialists are using the new labor cost code. The new labor cost code will also eliminate the need for the Cost Allocation administrative assistance from having to manually exclude the Title IV-E specialists from

the Random Moment Time Study. The quarterly report provided to FPPR will include all employees that are direct charged to Title IV-E (i.e., OR-Kids trainers and IV-E waiver LIFE positions).

- Recommend department management review OR-Kids transaction processing and make system modifications as appropriate to ensure proper financial reporting of program expenditures. We also recommend department management review prior year and current year transactions and reimburse the federal agency for grant expenditures claimed inappropriately.

A report has been developed to identify adjustments that impacted a state grant rather than the federal grant and is in the final validation stage. Once the report is validated, the report will be used going forward to accurately report federal expenditures. The report will first be used for the reporting period ending September 30, 2018. In addition, questioned costs of \$103,130 were adjusted on the CB-496 report for June 30, 2018.

A change request for a system fix has been written. However, the date for the system fix is not yet determined.

- Recommend department management ensure all required documentation is completed timely, reviewed, and maintained and ensure eligibility is determined appropriately. We also recommend department management reimburse the federal agency for costs paid related to the ineligible providers.

Federal Policy, Planning and Resources (FPPR) completed all the following corrections:

- *Questioned costs of \$10,700 resulted in actual costs adjusted on July 7, 2017 of \$15,117.54. The final adjustment was reported on Qtr. 4 FFY2017 CB 496.*
- *Questioned costs of \$1,500 resulted in actual costs adjusted on August 4, 2017 of \$950.58. The final adjustment was reported on Qtr. 4 FFY2017 CB496.*

- *Questioned costs \$1,900 resulted in actual costs adjusted on July 20, 2017 of \$5,234.89. The final adjustment was report on Qtr. 4 FFY 2017 CB496.*

FPPR and the Foster Care Unit have completed the one-page reference guide. The final transmittal was sent to the field on June 4, 2018.

- Recommend department management ensure its methodology for allocating administrative costs to the Title IV-E Foster Care program is documented and adequately supported.

In June 2016, the department changed the funding structure for all Adoptions Unit contracts including Foster Care administrative services to be consistent. All the contracts now report to the Child Welfare design cost allocation funding structure. In June 2017, total adjustments of \$25,648.82 were made to the funding methodology for the period June 1, 2013 through June 30, 2016.

- Recommend department management document the methodology used to review maintenance payment rates for continuing appropriateness, including a specific, time-limited schedule for review.

The department filed a new Oregon Administrative Rule (413-090-005) in June 30, 2017, which was officially adopted on July 5, 2017.

“The department shall review the established foster care payment rates every two years in conjunction with the department budget preparation processes for submission of the Agency Request Budget to the Governor. The purpose of this review is to consider the rates the state is providing in comparison to the USDA Cost of Raising a Child or similar reports”.

- Recommend department management ensure a client’s monthly copay is correctly calculated, hours are correctly calculated, income support is retained, and a client’s special needs rate documentation is

maintained. We also recommend department management reimburse the federal agency for unallowable costs.

A business change request was submitted on April 25, 2016 relating to audit finding on the co-pay not met report and multiple providers. An “Uncollected Copay Report” is currently on hold due to the One/Integrated Eligibility project. To ensure the successful delivery and implementation of this new system, prior work being conducted by programmers in the Legacy system has been suspended. The report will be re-evaluated once the ONE/IE system has been successfully rolled out in 2020.

Tools were developed and shared with field staff during the year in efforts to improve co-pay calculations and documentation. An Employment Related Day Care (ERDC) mini-training was held in June 2018 to address such topics as ERDC copays and ERDC coding. On June 15, 2018, Child Care Policy reissued a transmittal to department staff as a reminder to reinforce the importance of increased accuracy in the ERDC program.

Quality Assurance also in collaboration with the policy team published another edition of an “Accuracy in Action” newsletter focusing on ERDC budgeting and child care hours. This issue which was sent to field staff on March 15, 2018, included information referring to verifying income and hours, ERDC hours, marginal income, two parent working families, child support and ERDC, prospective eligibility and budgeting and transitioning TANF to ERDC.

- Recommend management strengthen controls to verify applications exist upon client eligibility redeterminations, perform eligibility redeterminations timely, identify any other clients that may have been impacted due to the override of system controls, and reimburse the program for unallowable costs.

On March 21, 2017, federal funds in the amount of \$1,329 that the department was unable to locate to support the costs charged to Medicaid, were returned. The department's Aging and People with Disabilities Office discussed with managers and staff the policies, appropriate documentation, and retention of

applications needed to determine eligibility for our program. These reminders were included in the March 2017 "In the Loop" newsletter article and will be included as agenda items in future quarterly meetings. The department has returned the federal funds for the client whose determination was not completed timely.

In addition, beginning in January 2016 and concluding August 31, 2017, OHA has worked to process redeterminations for the entire MAGI population and for those individuals who were part of an ACA–related deferred renewal population.

- Recommend department management strengthen its controls over the reviews of monthly employee cell phone invoices.

In March of 2017, The Office of Information Services (OIS) Collaborative Communications generated a communication to all coordinators to remind them of their responsibility to review/acknowledge the monthly billing data and that their acknowledgement is recorded and audited.

Further, OIS Collaborative Communications has developed a process and automated email notification system to alert the coordinator(s) and the manager if the monthly review is not completed timely. The first distribution of this message was sent out automatically beginning on June 28, 2017 to all MCD Coordinators that have unacknowledged billing records. This notice will continue monthly.

- Recommend department management correct the identified cases in the child welfare system and reimburse the federal agency for costs paid on behalf of the ineligible children.

The department has corrected the eligibility of the two cases identified in the audit, which resulted in a total adjustment of \$32,830 for one child and \$33,637 for the sibling. The adjustment resulted in a title IV-E federal reimbursement of \$44,107 in May 2017. This adjustment was reported on the 3rd quarter 496 report.

- Recommend department management ensure all required documentation is completed timely, reviewed, and maintained. We also recommend department management reimburse the federal agency for costs paid related to the ineligible provider.

The child abuse and neglect registry checks were completed and uploaded to OR-Kids on May 15, 2017 and the adjustment of title IV-E federal reimbursement was completed in March of 2018.

- Recommend department management continue to correct known applicable child eligibility data issues in OR-Kids to ensure data used to estimate the savings in state expenditures is complete and accurate.

Federal Policy, Planning and Resources (FPPR) and the OR-Kids Business unit completed an analysis of why new cases continue to show up with this error. The OR-Kids Business analyst found a bug in OR-Kids that was clearing the boxes that indicated why the child was eligible for Title IV-E Adoptions Assistance. A bug fix was implemented in January 2018 and the OR-Kids Business team ran one subsequent report and it appears the bug fix implemented in January worked and no new cases are being created. FPPR completed a manual analysis and corrected all the cases effected by the bug which were reported on quarter 4 (CB 496).

- Recommend management develop a formal tracking mechanism to ensure all changes to the plans are tracked for the inclusion in future updates communicated to the federal oversight agency. We also recommend management strengthen controls to ensure the cost allocation process follows the plans submitted for approval and interim changes, and all costs entering the cost pools are reviewed for allowability.

The agency currently submits the cost allocation plans on an annual basis to the federal DHHS Cost Allocation Services (CAS), formerly DCA. A formal change log was created in March of 2017 to ensure all updates are included in each subsequent submission. The most recent cost allocation plan was submitted on June 30, 2017.

4. DHS: Consumer-Employed Provider Program Needs Immediate Action to Ensure In-Home Care Consumers Receive Required Care and Services, audit #2017-23 (dated October 2017)

- Train case managers to recognize when consumers need additional assistance in completing employer responsibilities.

The Department will convene a workgroup in the coming months to develop training to:

- *Develop criteria to standardize assessment of individuals who are not completing their employer responsibilities;*
- *Identify individuals who are not, or who may be at risk of not, completing their employer responsibilities; and*
- *Identify interventions for consumers who are not completing their employer responsibilities.*

Once completed, the Aging and People with Disabilities Program (APD) will require the training for all case managers. We will also implement this requirement into our "Case Manager Essentials Training."

- Develop and implement procedures for taking action when consumers are no longer able or willing to perform necessary employer duties.

OAR 411-030-0040 (8) already contains the requirements and remedies for consumers who cannot perform necessary employer duties.

In addition to the training referenced above, APD will strengthen standard protocols and procedures for case managers. APD sent out an Action Request reminding our field structure of this responsibility on December 28, 2017.

- Monitor consumer care to ensure direct and indirect contacts are occurring according to the Center for Medicare and Medicaid Services requirements and Oregon Administrative Rules.

APD's Medicaid Long Term Services and Supports Unit is regularly monitoring this requirement via reports. APD agrees that we can always work toward 100 percent compliance. We follow up with local offices that have an unacceptable level of non-compliance and require action plans for increasing compliance. As an example, in the aggregate our data shows contacts reviewed against the frequency documented in the service plan to determine if appropriate case manager contact was made based on the frequency listed in the plan. For the past 6 months, we have ranged between 94-96 percent compliant. This is the information that will go to CMS around our federal assurances.

- Utilize APD's current risk assessment tool to identify clients most at risk for fraud, neglect, and abuse.

APD has been requiring case managers to do this consistently since July 2012. Case managers are expected to perform enhanced follow-up on these clients. We will be developing a tracking system to monitor compliance.

- Track compliance with risk-based monitoring in accordance with current APD policies.

Because of the additional risk associated with these consumers, we are going to build new tracking reports that will facilitate enhanced monitoring of this population. This will require system changes, which is the cause of the timeline being pushed to September 30, 2018.

- In coordination with the Oregon Home Care Commission and SEIU, establish minimum homecare worker training requirements and develop refresher courses for topics covered in orientation.

In response to requirements contained in SB774 (2015), APD commissioned a "Workforce Development Strategic Plan." The contractor, Thomas P. Miller & Associates, worked with a wide variety of stakeholders and state staff in the development of this plan.

We intend to work with SEIU, the OHCC, and the legislature to establish minimum training requirements and refresher courses in alignment with the strategic plan.

- In coordination with the Oregon Home Care Commission and SEIU, implement a new model for managing the Homecare Worker program that lessens the workload of APD staff working in the CEP program.

APD recognizes that the continued management of more than 20,000 unique home care workers each month is not sustainable. This is especially true in light of the demographics and consumer preferences that will consistently grow this workforce. We believe there are better, more efficient ways to monitor this workforce and are committed to long-term efforts to overhaul it.

APD will be initiating broad stakeholder meetings (in collaboration with SEIU and the OHCC) and conducting legislative discussions on alternate models for managing and supporting this workforce on behalf of consumers.

This is a large undertaking that potentially results in a complete transformation of how this program is administered by both APD and the Office of Developmental Disability Services at DHS.

- Establish a skills assessment for homecare workers to assure that they have the skills, knowledge, and abilities to provide consumer care.

In response to requirements contained in SB774 (2015), APD commissioned a "Workforce Development Strategic Plan." The Contractor, Thomas P. Miller & Associates, worked with a wide variety of stakeholders and state staff in the development of this plan. The very first recommendation from the plan follows:

- *Pre-employment testing will provide the OHCC with benchmarking data for the quality of the workforce upon entry, allow for better guidance on professional development, and inform others who may refer individuals to the OHCC as potential candidates for the occupation.*
- *An assessment will need to be developed or adapted from an existing one developed elsewhere. SEIU and the OHCC should jointly develop and evaluate the testing tool. Once developed and approved, the initial year or two should be used for benchmarking and professional development guidance. In later years, the assessment should be evaluated as a potential screening tool.*

We intend to implement this action in accordance with the above plan. The anticipated completion date is December 31, 2019.

- Take steps to ensure that case managers have the time to perform all necessary person-centered planning activities, including reassign financial eligibility determinations for medical programs and SNAP to other staff.

APD had already begun a process to reassign financial eligibility determinations for Medicaid programs and SNAP to other staff. Additionally, we are separating the responsibility for service assessment and eligibility from ongoing case management in order to promote efficiency, effectiveness, and program integrity.

This work is being governed by the Balancing Case Manager Responsibilities Steering Committee. The pilot is scheduled to begin in January 2018. The results of that pilot will drive the final decisions on program design.

- Work with the Legislature to ensure case managers are staffed at the level funded.

The Department regularly presents workload reports to the Legislature and the Legislative Fiscal Office. These reports identify "gaps" where staffing levels are insufficient to complete all required work. APD and

other invested stakeholders often advocate for adequate staffing and funding. Ultimately, difficult funding decisions need to be made by the Legislature in consideration of all the priorities they face on a statewide basis.

- Track and use data to improve the CEP program and inform decision making, including:
 - CEP abuse and neglect data separately from other settings,
 - CEP consumer direct and indirect monitoring frequency separately from all other care settings, and
 - CEP consumers who are considered high risk and whether they are getting the required risk-based monitoring

In 2016, APD initiated a process to procure a new adult protective services system referred to as the Centralized Abuse Management (CAM) system. The CAM system is scheduled to be active in mid-2018 in that we will have better APS data across all systems.

We have analyzed the costs/benefits of modifying our methods for monitoring direct and indirect monitoring. Ultimately, while there are some potential benefits, we have decided not to pursue this recommendation at this time. The purpose of the tracking report is to monitor compliance with critical federal regulations. The existing reports accomplish that requirement effectively. Additionally, we maintain the option to order ad-hoc reports to track this if determined necessary.

Because of the additional risk associated with these consumers, we are going to build new tracking reports that will facilitate enhanced monitoring of the high-risk population which will require system changes.

5. DHS: Foster Care in Oregon: Chronic Management Failures and High Caseload Jeopardize the Safety of Some of the State’s Most Vulnerable Children, audit #2018-05 (dated January 2018)

- Review and address the four foundational recommendations outlined in the Public Knowledge report:

- Improve the DHS culture
- Focus the whole DHS Agency and Child Welfare on Safety
- Adopt data-driven decision making; and
- Increase staffing resources for Child Protective Services and other DHS entities.

a. Improve the DHS Culture

We are making positive movement toward changing the DHS culture. My first step was hiring a new Child Welfare Director, Marilyn Jones, in October 2017. Under Marilyn's leadership, Child Welfare has established the following:

New Vision, Mission and Action Statements

Vision: Every child and family have a safe and positive environment in which to live and develop.

Mission: Every child and family are empowered to live independent, safe and healthy lives.

Action: Promote exceptional and equitable service by embracing opportunity for growth and providing innovative resources and support to our staff.

A Clearly Defined Action Plan

Many of the efforts underway through the Unified Child and Youth Safety Implementation Plan, The Child and Family Services Review/Program Improvement Plan, The Governor's Foster Care Commission and the Three Branch Initiative, have been pulled together in one clear Child Welfare Action Plan, which describes how DHS is aligning the child safety system's vision, mission and goals with the project work.

The Action Plan identifies the 'Keys to Success' as Data-Informed Decisions, Valued Professional Discretion, Implementation with a Focus on Service to Children and Families, and Leadership Commitment to Positive Personal Development.

The Statewide Goals are Child/Family Safety and Well-Being, System Alignment, Service Intervention Effectiveness and Community Engagement; and key elements of the Action Plan include:

- Children are safe and healthy in their own families and communities.*
- The child and family serving system is "right-sized" and operates effectively, efficiently, and uses data and research to inform decision-making.*
- A competent, engaged, supported and valued workforce further strengthens DHS as a caring and supportive organization.*
- DHS employs a connected and collective community-based approach to ensure children and families receive the best services.*

Statewide Community Forums

Marilyn and I are visiting areas throughout the state during the months of January, February and March 2018. During these visits, we are engaging with stakeholders about what can be done better in Child Welfare. Stakeholders include local Child Welfare staff, foster/adoptive parents, youth who have experienced foster care, attorneys, elected officials, CASAs, Tribal representatives, law enforcement, service providers, educators, and interested community members.

Employee Suggestions

We are asking staff to engage and work together to improve the Child Welfare system. An email address was recently established for staff to submit ideas for follow up by agency leadership.

Process Mapping

We are currently working to develop a mapping process that will help describe the work we do, how we do it, and how we know we are doing it well. This will help everyone in the program clearly see how they contribute to the overall work of Child Welfare and will help inform the program's quality assurance efforts.

b. Focus the Whole DHS Agency and Child Welfare on Safety

In the fall of 2016, following the release of the Final Assessment & Review Report for the Child Safety in Substitute Care Independent Review from Public Knowledge, Nathan Rix, Director of Executive Projects, and his team of six project managers, were hired by the DHS Director's Office to help assure DHS is focused on safety. The Executive Projects Team developed the Unified Child and Youth Safety Implementation Plan focused on the safety of children across DHS divisions. The Plan can be found at:

<http://wwwv.oregon.gov/DHS/ABOUTDHS/Child-Safety-Plan/Pages/index.aspx>.

The Unified Child and Youth Safety Implementation Plan aims to achieve five strategic goals:

- 1) Ensure swift, safe and comprehensive response to reports of child abuse and neglect.*
- 2) Build trust between DHS, certified families, licensed child caring agency providers, and those receiving DHS services.*
- 3) Ensure child and youth needs are considered when delivering services, especially substitute care placement decisions.*
- 4) Cultivate a youth-centered, safety-first culture within DHS.*
- 5) Retain, train, develop and recruit certified families and licensed child caring agency providers that meet or exceed the applicable standards for substitute care providers.*

The Plan is advised and directed by a community-based steering team. The steering team prioritized ten projects to make safety-focused system improvements across the department. All ten projects focus on responsibility for child and youth safety, and over 100 community members are involved in these projects.

Each of the projects is listed below as Tasks A-J, and we have also provided a link to more information about each specific project. <http://www.oregon.gov/DHS/ABOUTDHS/Child-Safety-Plan/Pages/projects.aspx>

Task A. Enhancing Community Engagement

Task B. Recruitment and Retention of Child Welfare Caseworkers

Task C. Supervisor Training

Task D. Fidelity to the Oregon Safety Model (OSM): Quality Review, Accountability, and Training

Task E. Continuum of Care

Task F. Coordinated Child Safety-Centered Response to Abuse

Task G. Centralize Hotline Operations

Task H. Aligning Policy, Procedure and Best Practice for Caseworkers and Supervisors

Task I. Certification Safety and Well-Being Review Standardization (formerly Foster Home Reviews)

Task J. Foster Parent Recruitment, Retention Support and Training

c. Adopt Data-Driven Decision Making

In the fall of 2017, we created the Office of Reporting, Research, Analytics, and Implementation (ORRAI) under the leadership of Dr. Paul Bellatty. This office will use the work from reporting and research to

inform decision making and improve outcomes while ensuring the support of the field to improve outcomes for children and families.

d. Increase Staffing Resources for Child Protective Services and Other DHS Entities

The department's workload modeling has been recently moved under ORRAI. Our Office of Child Welfare Programs commits to working closely with this team to develop a workload model that accurately reflects the tasks and time required to do the work. We will present our findings to the Legislature and will seek their consideration in aligning resources and staffing with workload.

The anticipated completion date for all activities is July 1, 2019.

- Cultivate a culture of transparency, responsibility, respectful communication, and professionalism using an array of leadership tools and measurable through an independent work environment survey.

Child Welfare Director, Marilyn Jones, will use an array of tools to build high-functioning Child Welfare leadership teams. Casey Family Program consultants are working closely with her to build a team who understand that high-functioning leaders make stronger decisions together to create a successful organization. These teams will understand the need for transparency, strong and open communication, and offering high levels of support while asking for high levels of accountability. This work has already begun with the listening tours across the state to identify areas of improvement. ORRAI is helping to establish baseline data and creating the optimal measuring tools for success. In addition, beginning this year, 16 hours of professional development training will be provided to district and program managers to continue building a high-functioning leadership team. The anticipated completion date is January 1, 2019 and ongoing.

- Review the structure and organization of key child welfare programs to identify and understand long-standing issues and system weaknesses; set policy and communicate expectations to ensure appropriate implementation of changes; and ensure that changes are not simply reorganizations or movement of employees but help management to address root problems.

Stabilizing Leadership Changes Made

- *Child Welfare Director Jones started on October 9, 2017. This provided stability for Child Welfare.*
- *Stabilized the district structure by filling vacant district manager positions across the state. We established a quality assurance function to help streamline Child Welfare QA efforts and align existing/future improvement plans into one focused plan moving forward. This position is also responsible for managing the federally required Program Improvement Plan, Child and Family Services Plan, and the Annual Progress and Service Reports.*
- *Rebuilt the field support structure to help better bridge the gap between central and field staff that was left with the elimination of 'Field Operations' in late spring of 2016. This will ensure communication of expectations to ensure appropriate implementation of changes.*
- *In addition, Tim Sinatra has been hired as Director of Transformational Change to complete an assessment of the field and central office structures of all DHS programs to assure that our structures support the best service delivery model to meet our clients' needs. Final recommendations will be reviewed in May 2018 and will help inform additional improvements.*

Structural Changes Currently Underway

- *A mobile Certification and Training Team is being developed. The supervisor has been hired, and we are in the process of hiring five certification and training specialists to provide*

assistance wherever there is a backlog throughout the state. This will help stabilize the foster care program by assuring that foster care certification and training are completed timely.

- *Centralization of referrals for behavioral rehabilitation services. This central team will be responsible for securing appropriate placements for children and youth with high needs and assuring timely discharge. This will reduce workload for caseworkers during times of crisis. This work will be centralized effective May 1, 2018.*
- *Centralization of federal program eligibility determinations (Title IV-E, TANF and Title XIX). Eligibility determinations must be completed on every child that enters foster care to maximize federal reimbursement to the state. This process currently occurs at the branch level throughout Oregon. By centralizing eligibility determinations, we expect to improve accuracy and gain efficiencies. The centralization has already begun, and positions are being brought to Central Office through attrition to minimize impact to staff currently working in the Child Welfare field offices.*
- *Centralized screening for child abuse and neglect reports. There are currently 15 child abuse hotlines throughout the state. They will be centralized to assure that all reports of abuse and neglect receive the same level of response and are screened the same way. This project will begin phasing the 15 hotlines into one centralized location in December 2018.*

The anticipated completion date for all activities is January 1, 2019.

- **To advocate more effectively for program and staffing needs to the Legislature, use clear and accurate data to support budget requests and show the effects of under budgeting on program stability.**

DHS Child Welfare will work with the Office of Reporting, Research, Analytics and Implementation (ORRAI) to establish an effective workload model and actively apply it to better understand staffing needs.

This, along with the information gained through the Child Welfare Research Priorities, will be used to develop a data-informed request to the Legislature for adequate program staffing and funding. The anticipated completion date is January 1, 2019.

- Implement a thorough and ongoing evaluation process for agency programs and initiatives, including the following actions:
 - a. Consider overhauling or replacing the OR-Kids case management system and continue to apply lessons learned from this and other projects to future information systems projects;
 - b. Review the Oregon Safety Model to ensure that staff fully understand and can apply key concepts and more effectively safeguard child safety;
 - c. Assess the true impact of the move to centralized screening on statewide staffing resources and the consistency of the screening function; and
 - d. Assess the two-track investigative model used by CPS and OAPPI to ensure all identified gaps are addressed and consistency of response to reports of child abuse and neglect.

a. Consider overhauling or replacing the OR-Kids case management system.

Recently, federal rules changed child welfare data systems from statewide automated child welfare information systems (SACWIS) to comprehensive child welfare information systems (CCWIS). Under the new CCWIS rules, states are required to share their system 'code' with other states. We feel strongly that waiting to review other state's CCWIS systems, seeing how successful they are and benefiting from their lessons learned, will inform Oregon's decision on whether to overhaul or replace OR-Kids.

Our OR-Kids business analyst team will work closely with the Department's Office of Information Systems (OIS) technical team to establish a shared team that includes OR-Kids business analysts, OIS technicians, and field end users to prioritize changes that will improve the end-user experience with OR-Kids. This team will conduct branch visits and interviews with end users to help guide decisions to make OR-Kids more user friendly and to help improve data quality.

Continue to apply lessons learned from this and other projects to future information systems projects.

Over the past three years, OIS has had a focus on improving processes for delivering IT projects. Changes made have incorporated lessons learned from previous projects, including the implementation of Child Welfare's statewide automated child welfare information system, OR-Kids.

b. Review the Oregon Safety Model to ensure that staff fully understand and can apply key concepts and more effectively safeguard child safety.

We have made significant efforts over the past year to provide child safety consultant support in all 16 districts to improve practice and fidelity to Oregon's Safety Model (OSM). The Child Safety Program is leading efforts to complete OSM Model fidelity reviews in all 16 districts with a goal of full completion by December 2018. Approximately fifty-percent of the state has already received the first-level review and is in line for the six-month follow-up review to measure progress.

- The Child Safety Program works in collaboration with each district to develop branch level action plans following each fidelity review to identify goals and areas needing heightened focus. These plans are monitored and adjusted as needed by the Child Safety Program coordinators.*
- Child safety consultants currently provide ongoing case reviews, training and coaching in all 16 districts. In addition, the consultants hold monthly debriefing meetings with district leadership to discuss data elements, practice concerns, and goals.*
- A quality assurance manager has been hired to assist in streamlining Child Welfare's QA efforts, including those of the Child Safety Program.*

- *Newly redesigned caseworker training started for all new caseworkers in September 2017. The practice model is incorporated throughout the training courses and new caseworkers are required to complete computer-based training on the Oregon Safety Model as a prerequisite to entering their new worker Essential Elements training co-hort.*

c. Assess the true impact of the move to centralized screening on statewide staffing resources and the consistency of the screening function.

The centralized screening project team is currently assessing the impact of centralizing screening functions on statewide staffing resources and the consistency of the screening function as part of the staged implementation plan. A subcommittee kick-off meeting was held January 17, 2018, with approximately 75 staff and community partners from across the state attending, to help plan for issues related to: workforce; continuity of operations; quality assurance and continuous quality improvement; communication and community engagement; rules and procedures; training and coaching; and technology. In addition, Action for Child Protection and Casey Family Programs are providing consultation and support. The research reviewed thus far, and discussions with several other states, indicates that centralizing screening positively affects consistency in screening decisions.

d. Assess the two-track investigative model used by CPS and OAPPI to ensure all identified gaps are addressed and consistency of response to reports of child abuse and neglect.

We agree that safety assessments should center on the child and the child's setting. We are reviewing how best to do this. Programs within the department that are involved in the oversight of licensed child caring agencies (CCA's) have each undergone significant leadership and personnel changes since this audit was completed. New leadership in these program areas used the internal audit findings to guide process improvement efforts, including but not limited to, establishing regular opportunities to share child safety information, increasing oversight requirements in Oregon administrative rules and procedures, and aligning rules and procedures between different child abuse investigatory units within the department. Department leadership has directed the Office of Adult Abuse Prevention and Investigations (OAAPI) to provide

documentation that all previously identified gaps have been addressed by December 31, 2018. The Child Safety Program and OAAPI have increased communication efforts and partnership to ensure consistency of response to reports of child abuse and neglect. In addition, a monthly Licensing and Safety Review meeting takes place and includes representatives from every division in the department, to escalate concerns related to licensed CCA's. The anticipated completion date for all activities is January 1, 2019.

- Establish safe mechanisms for staff to provide input, and develop a transparent process for reporting concerns, tracking them, and ensuring top management takes action to resolve them.

We recently established (CW-Staff.Suggestions@dhs.ohio.state.us) for staff to submit ideas for follow-up by agency leadership. A tracking mechanism will be established to assure appropriate action is taken on all input received. Field Services staff is monitoring and responding to suggestions for improvements.

In addition, the Executive Projects Office established an email box for staff and community partners to submit ideas to improve child safety: child.safety@state.ohio.us. The team has been collecting staff and community ideas for DHS child safety system improvement since Spring 2017.

A Child Welfare (CW) staff engagement survey has been developed by ORRAI and will be deployed quarterly, starting July 1, 2018, to staff who have been employed with Child Welfare for three years or less. The survey will also be sent annually to all CW staff employed with the agency for three years or more. Data gathered will be used to analyze points in time for new caseworkers to determine areas in need of support.

- Develop and implement a statewide strategic plan to increase foster care capacity that includes using data analytics and tracking to target the recruitment of foster care placements for every district in the state. The strategy should include targeted recruitment of specific types of placements (career foster parents, therapeutic foster beds and culturally appropriate placements).

We acknowledge the need to develop a statewide strategic plan to increase family foster care capacity and agree that a statewide strategic plan is necessary to improve the recruitment, retention, and support of foster families caring for children in Oregon. DHS Child Welfare worked closely with the Administration for Children and Families throughout the summer and fall of 2017 to include strategies in the Program Improvement Plan to address these very issues. A proposal outlining those needs was submitted to the Child Welfare Director by March 31, 2018.

As the statewide strategic plan is developed, it will incorporate the statewide plan for expansion of the “Every Child” model. In addition, the Oregon Foster Family Recruitment Retention and Support Diligent Recruitment planning tool (developed through the GRACE project) will be utilized to create recruitment and retention plans at the statewide level.

The statewide strategic plan, which will be complete by June 30, 2018, will be informed by strong data analytics. We will strategically place staff with the knowledge, skills and abilities to bring families forward and review various other states’ strategies as part of this planning.

The anticipated completion date is June 30, 2019.

- Collect and use data to improve the foster care system, including:
 - a. the availability of foster home and the true capacity of available beds in the system;
 - b. the rate of foster parent turnover and the number of foster parents trained per year; and
 - c. a statewide dashboard to compare district performance on key metrics.

a. Collect and use data to improve the foster care system, including the availability of foster home beds and the true capacity of the system.

We are continuously making efforts to right-size the capacity of care to help assure safety, wellbeing and permanency for children/youth experiencing foster care. Data analytics is an essential tool in the effective utilization and development of foster care and other substitute care resources. The department gathers a tremendous amount of data through its information systems but has not had an effective way to assure the accuracy of data entered or had access to timely and effective analysis of the data. Timely, accurate, and appropriately analyzed data is critical to making good data-informed decisions. The newly formed Office of Reporting, Research, Analytics, and Implementation (ORRAI) will play a critical role in our ability to use data to improve the foster care system.

ORRAI is working on the development of data-informed tools including capacity and service matching. The placement of children/youth in Oregon has been primarily dictated by bed availability, with limited recognition of a child's specific needs and/or foster parent capabilities. Knowing the number and type of placements needed (foster care, kinship care, treatment/proctor foster care, behavioral rehabilitation services psychiatric residential treatment services, sub-acute, etc.), and which child/youth should be placed into what type of setting, will help improve outcomes for children and families.

The placement capacity research will estimate the number and type of placements needed to optimally serve children's needs through a two-step process. First, an ideal service level will be determined using a random sample of children/youth, then statistical analysis will be used to identify the best outcomes of similar individuals placed in various service levels. The differences in these two results will refine estimates of what capacity is needed to create an optimal continuum of care.

Through a Federal grant opportunity, DES Child Welfare created the GRACE (Growing Resources and Alliances through Collaborative Efforts) project in Oregon. This program developed a Diligent Recruitment Practice Model informed by data and using a customer service approach to recruit and retain resource/foster families who reflect the culture and characteristics of the children in foster care and to

develop and sustain thriving community partnerships. We are currently evaluating how to sustain the positive impacts of GRACE as the grant funding ends in the fall 2018.

b. Collect and use data to improve the foster care system, including the rate of foster parent turnover and the number of foster parents trained per year.

The department will conduct a review of the historic turnover rate of foster parents in Oregon, along with a scan of literature and national surveys to assist in creating a baseline turnover rate for foster parents in Oregon. This review and the results will help inform the Statewide Strategic Plan for Recruitment, Retention and Support at the district level.

The department will address the need to track foster parent training. By the end of April 2018, the Foster Care and Youth Transitions program area will add a foster care coordinator focused solely on caregiver training for both foster parents and relative caregivers and will have a caregiver training strategic plan developed by October 2018.

c. Collect and use data to improve the foster care system, including statewide dashboard to compare district performance on key metrics.

ORRAI is currently using geographic information systems technology to create mapping statewide that will provide data about how many children are in care by county/community, including demographic information, and how many current foster homes are certified by county/community, identifying which are kith/kin and which are general applicants. This information will inform the statewide strategic plan and help track performance across districts.

The anticipated completion date for all activities is October 31, 2018.

- Remove unnecessary barriers that impede timely recruitment of foster families. Track certification of career foster parents from inquiry through certification, and keep foster parents engaged during the entire process to increase the likelihood of certification.

We will work to remove unnecessary barriers that impede timely recruitment and to improve the retention of good foster families. Utilization of data analytics is one necessary element to help identify the specific barriers.

DHS Child Welfare has identified the need for a workload model analysis to be completed for all staff identified as Foster Care Certification workers. This is one area that has not received a thorough workload analysis in the past, and with the number of significant changes over the past 5-7 years, a workload analysis is necessary.

The foster care program began using a Structured Analysis Family Evaluation (SAFE) approach to completing home studies as a critical piece of the certification process of foster families. While this tool has been identified as very thorough and helpful, it is also time consuming and was not considered in the existing workload model. We will consider this as we develop our new workload model.

The department will initiate a relative caregiver review utilizing national standards, literature and other states' models to learn how other states work with and/or certify relatives who care for children being served by Child Welfare in those states. This review included recommendations to the Child Welfare Director by May 31, 2018 for consideration regarding modifying and continuing the current model or movement toward a new model.

DHS Child Welfare developed a Mobile Certification and Training Team to test a model that will allow more flexibility of staff to meet the needs of potential foster families within communities throughout the state. This team is not dedicated to any one county but will be deployed according to need. This is a small team—

three foster home certifiers and two trainers to test the intervention. This team is projected to be up and running by March 2018. The anticipated completion date for all activities was May 2018.

- *Build a robust support system to retain career foster parents and reduce placement instability. This should include a foster care payment that fully covers the cost of caring for a foster child options for respite care providers and encouraging foster families to use respite care, and ongoing training and support to foster parents so they can continue to meet the challenges of fostering.*

During the last legislative session, the Legislature authorized increased reimbursement rates for family foster care effective January 1, 2018.

The Legislature also set aside \$750,000 for Foster Parent Supports. The department worked with the Legislative Fiscal Office during the fall of 2017 to prepare the legislative request which was submitted on January 12, 2018. This plan includes developing the following programs to support foster parents:

- *Respite Care — Approximately 65% of the funding (\$487,500) will be used to provide two conservative models of respite care for foster parents—a 'general respite' model and a 'child specific' model;*
- *Mentoring — Approximately 20% of the funding (\$150,000) will be used to develop mentoring programs to help support new foster parents; and*
- *Immediate Needs — Approximately 15% of the funding (\$112,500) will be used flexibly to meet the immediate needs of foster parents (i.e., purchasing a crib, car seat, etc.) so they are able to more immediately care for a child or sibling group.*

In addition, we have prioritized providing a child care stipend to offset the cost of child care for working foster parents. This will be achieved by reinvesting general funds 'saved' through the Federal Adoption and Safe Families Act of 2008 (Public Law 110-351). This law changed Title IV-E adoption assistance eligibility

requirements to allow federal funds to be claimed where they couldn't be before. In return, the state is required to reinvest the 'savings' into Child Welfare services not currently offered (i.e., supplement not supplant existing services). A letter was submitted on January 12, 2018, to the Interim Joint Ways and Means Committee requesting permission to implement a Child Care Stipend Program that would allow a \$375 per child/per month stipend to be provided to working foster parents who care for children 0 through 5 years of age.

Both requests — for the foster parent supports and the child care stipend — require action by the Legislature during the February session before we can move forward. Program development for foster parent supports will begin approximately 30 days following legislative approval, and the Child Care Stipend Program is ready to begin within 60 days of legislative approval.

A sustainability proposal supported by data showing the successful work conducted through the GRACE project was submitted to the Child Welfare director by March 30, 2018. This sustainability proposal will identify staffing resources necessary to help increase recruitment, retention, and support of caregivers through a customer service, data-informed approach. The GRACE project is currently supported by a federal grant, set to expire in the fall, and is only available in five districts throughout the state. More information can be found at: http://www.nrcdr.org/diligent-recruitment/dr-grantees/story?k=dr_grace

- Create and maintain a culture of respectful communication between foster parents and DHS caseworkers and allow staff time for caseworkers to build relationships with foster parents. Use foster parent satisfaction and exit surveys to measure the quality of the program over time to understand and address foster parents' concerns.

The audit has identified significant staffing needs for Child Welfare caseworkers. Addressing the staffing needs is essential to providing capacity for workers to engage in more quality time with children and foster parents. This will allow caseworkers to build necessary relationships. Meanwhile, the new leadership in

Child Welfare is communicating a set of expectations for respectful communications and interactions. Anticipation completion date is December 31, 2018.

- Design a robust internal policy to reduce the risks of hoteling children by providing district caseworkers and office staff with clear protocols and operational support.

DHS worked with the Service Employees International Union (SEIU) to develop the Oregon DHS Statewide Protocol for Children in Need of Placement. In addition to the development of this protocol, a supplemental training was developed and posted on iLearn, the state's on-line employee education system. All Child Welfare employees providing supervision of a child in a hotel setting were required to read this protocol and take the online training, prior to August 1, 2017. Thereafter, all new Child Welfare employees providing supervision of children in a hotel must read the protocol and complete the training prior to supervising a child.

- Commit to building foster placement capacity across the whole system for children with a range of behavioral, health-related, and cultural needs.

Audit Recommendations have identified the need for a statewide strategic plan to increase foster care capacity. This will help address one area of need in a continuum of care. Developing a comprehensive continuum of care model in Oregon will require a public/private solution-based approach. DHS Child Welfare cannot create the solution alone.

In July 2017, DHS Child Welfare made a significant investment to expand capacity in the DHS Behavioral Rehabilitation Services system (BRS). This investment is projected to yield an increase of 90 BRS Shelter/Basic Residential/Intensive Residential placements and an additional 150 BRS treatment foster care placements in the 17-19 biennium.

To help address the gaps in other child-serving systems and assist in the development of a true continuum of care model, the DHS Unified Child and Youth Safety Implementation Plan —Continuum of Care Project was created.

Continuum of Care Project Status and Updates

Task E, Continuum of Care creates a service array and placement structure based on the individual needs of the child/youth, aligns policies and procedures across state agencies, and improves state agency coordination and service delivery. OHA Director Allen and I (DHS Director Pakseresht) gave this group a joint mandate to work cooperatively and to propose solutions directly to them. This service array will be developed by the end of December 2018.

DHS and OHA are co-sponsoring a youth system improvement effort.

A small group of subject matter experts from both agencies, including representatives from Child Welfare, I/DD and OHA's children's mental health system, worked on a proposal for the directors to review.

DHS commits to continuing to work with its partners to develop a sustainable, full continuum of care that begins with the availability of comprehensive supports to help children remain in their own homes whenever possible. With an effective continuum of care model, many of the children currently requiring care by DHS Child Welfare would instead receive care and support within their communities with or without DIIS Child Welfare involvement.

In January 2018, Child Welfare Director Jones called together a team, including representatives from OHA, Coordinated Care Organizations, and DHS, to discuss developing a strong continuum of care for Oregon's children. Several partners have committed to work with us to address providing comprehensive services for behavioral, medical and cultural needs of our children.

The anticipated completion date for all activities is July 1, 2019.

- Develop a strategy for ending the practice of placing children in hotels.

Most often, children placed temporarily in hotel settings are not there due to a lack of family foster homes, but rather due to a lack of appropriate services and supports that should be available through other child-serving systems. DHS is addressing this recommendation directly by focusing on what we can be doing differently in the short term and partnering with system partners for long-term solutions. This is a child-serving systems problem that will only be resolved through the development of a true continuum of care that can meet the needs of children requiring high-level services to address extreme mental health or I/DD issues. Please refer to the information provided above, under Audit Recommendation 13, for a description of the efforts of DHS Child Welfare in helping to develop a true continuum of care for Oregon's children. The anticipated completion date is July 1, 2019.

- Understand and clearly communicate child welfare field staffing needs to the legislature.

DIJS' Office of Child Welfare Programs is working closely with the Office of Reporting, Research, Analytics and Implementation (ORRAI) team to develop a workload model that accurately reflects the work associated with practicing the Oregon Safety Model to fidelity and building strong relationships with children and families to improve outcomes. Please see the responses included in Audit Recommendation 1.c., 1.d, and 4. This information will be collected and used to present the 2019 Legislature with a well-informed request to increase staffing to what the workload model indicates is needed to do the work properly, with manageable caseloads, and necessary Central Office supports. The anticipated completion date is January 1, 2019.

- Review, revise, and update the current workload model to reflect recent policy and procedure changes and field staffing needs.

Our Office of Child Welfare Programs is working closely with the ORRAI team to develop a workload model that accurately reflects the work associated with practicing the Oregon Safety Model to fidelity and building strong relationships with children and families to improve outcomes.

- Work with the legislature to increase child welfare field staffing according to the revised workload model and reduce the number of field positions held vacant to balance the budget, to reduce child welfare caseloads to manageable levels.

DHS Child Welfare commits to being transparent and having open communication with the Legislature about the need to be fully staffed to improve outcomes for Oregon's children and families, and to ask for relief from the legislatively required position vacancy hold. The anticipated completion date is July 1, 2019.

- Monitor caseworker caseloads, district staffing allocations, and the impact of turnover, overtime use, lack of experience, and FMLA use on caseloads to support equitable staffing allocations across the state.

Caseload and workload will be measured by the ORRIA. District staffing allocations will be determined using caseload and workload information in conjunction with the number of positions allocated by the Legislature, and will take into consideration turnover, overtime needs, lack of experienced staff and FMLA.

We have a number of initiatives aimed at improving the quality and quantity of training to increase the knowledge, skills, and abilities of the Child Welfare workforce.

- Develop and implement strategies to reduce and mitigate workload stress factors, reduce staff turnover, and reduce the use of paid and unpaid overtime by child welfare field staff.

Appropriate staffing levels will assist the department in mitigating and reducing workload stress factors, reduce staff turnover, and the use of overtime. We commit to working with the Legislature to reach the level of staffing required to do the work.

A true continuum of care is necessary to meet children's needs and reduce the need for overtime to provide the direct supervision of children and youth. The department is taking steps to help develop a true continuum of care for children across child serving systems.

Placing youth in optimal settings increases the probability of success in placement, which directly impacts workload and overtime. To accomplish this, research will estimate the number of service-level beds needed to optimally serve the substitute care population through a two-step process. An ideal service level will be identified using a random sample of children/youth, then statistical analysis will be used to identify the best outcomes of individuals with similar attributes in various service levels. The differences between the two results will refine the estimates of what capacity is needed to create an optimal continuum of care.

The Legislature provided the department with 50 positions to assist with the retention and support of front-line staff. These positions have been allocated and are currently being onboarded throughout the state. The anticipated completion date for all activities is July 1, 2019.

- Take the following actions to improve caseworker staffing and training:
 - a. Work with DAS to review the Social Service Specialist 1 classification and consider separating casework positions into separate classes;
 - b. Consider developing a career ladder for skilled caseworkers, supervisors, and support staff; and
 - c. Continue to develop and review training and professional development of casework staff and supervisors in conjunction with community partners.

- a. Work with DAS to review the Social Service Specialist 1 classification and consider separating casework positions into separate classes.*

DHS commits to working with DAS to review the Social Service Specialist 1 classification and will consider separating casework positions into separate classifications.

b. Consider developing a career ladder for skilled caseworkers, supervisors, and support staff.

DHS commits to considering developing a career ladder for skilled caseworkers, supervisors and support staff and taking an associated request to the Legislature if appropriate.

c. Continue to develop and review training and professional development of casework staff and supervisors in conjunction with community partners.

The department currently uses employee development plans, allows people to shadow positions across divisions, and allows for job rotations to give employees the opportunity to try different jobs. In addition, we have a number of initiatives aimed at improving the quality and quantity of training to increase the knowledge, skills, and abilities of Child Welfare workforce.

The anticipated completion date for all activities is January 1, 2019.

- Ensure adequate facility space and technological support throughout the state to absorb needed child welfare staffing increases and support quality casework.

The Office of Child Welfare Programs commits to working closely with the Office of Information Systems (OIS) and Facilities to assure adequate facility space and technological support to support quality casework. This is contingent upon receiving additional staffing allocation from the Legislature. Anticipated completion date is January 1, 2019 and ongoing.

- Work with the department of Justice and the Legislature to improve caseworker access to legal representation and legal case management support.

The Legislature prioritized statewide legal representation for Child Welfare caseworkers, and DHS was awarded \$6.9 million in its budget for this purpose. An associated budget note (in HB 5006) requires the of

Justice (DOJ), DHS, Oregon Judicial Department (OJD) and the Oregon State Office of Public Defense Services (OPDS) to work together to ensure system efficiencies and effectiveness, and requires reports to the Legislature on progress, with the first report due October 2018.

In addition, HB 3470 extended the sunset for caseworkers appearing in court without representation to June 30, 2020.

As a result, DHS and DOJ have been working together over the past several months to develop a statewide, phased roll-out plan for legal representation of Child Welfare caseworkers in each county. Phase 1, which included legal representation by DOJ in 15 counties, was completed January 1, 2018. Phase 2, which includes hiring additional attorneys by DOJ, communications with staff and stakeholders, and legal representation by DOJ in 12 additional counties, was completed July 1, 2018; and Phase 3 which includes legal representation by DOJ in the remaining nine counties, is scheduled to be completed by the end of June 2019.

In addition to the above-mentioned legislation, HB 2500 passed during the 2017 session mandating updated legal representation training for caseworkers every four years regarding their legal role in juvenile cases. DHS Child Welfare is currently planning with DOJ regarding the ongoing training they will provide as part of their 'technical legal assistance and contact' with Child Welfare staff. We are also working together to assure that legal representation training in the new worker training, and a more advanced five-day legal training, stay in alignment with the legal representation phase-in schedule. The anticipated completion date for all activities is June 30, 2020.

- Consider implementing casework teams for responding to potentially dangerous calls and managing unusually complex or difficult cases.

We agree that this is best practice and having casework teams would be ideal. Currently, supervisors support their caseworkers by going out on calls, caseworkers partnering with law enforcement, and in some

cases two caseworkers going out together. The department commits to considering what it would take to implement casework teams across all disciplines. Additional staffing will be required to implement this recommendation. The anticipated completion date is July 1, 2019.

- Ensure that the central and district offices are in regular communication with field offices throughout the state and provide the necessary support and resources to field offices when requested.

In addition to the efforts outlined above, effective January 2018, we rebuilt the field support structure to help better bridge the gap between central and field staff that was left with the elimination of 'Field Operations' in late Spring of 2016. This will ensure communication of expectations to ensure appropriate implementation of changes. The anticipated completion date is June 2018 and ongoing.

6. DHS and OHA: Statewide Single Audit Including Selected Financial Accounts and Federal Awards for the Year Ended June 30, 2017, audit #2018-11 (dated April 2018)

- Recommend management ensure the transaction review process includes examination of proper coding and accounting periods.

The agency updated their transaction review procedures with additional process steps to ensure that coding is correct and that transactions are posted to the correct fiscal year. These additional processes include reviewing the account balances after entries are posted to ensure the transaction had the correct effect, ensuring pass-through accounts are zero at the object level and not just at the fund level, and specifically noting when payroll transactions occur in two different fiscal years. The agency will continue to refine year-end procedures to ensure they are complete, reducing coding issues and errors.

- Recommend department management continue to pursue system changes to OR-Kids to prevent transactions from reimbursing outside the period of performance. In the meantime, the department should develop a

process to better identify transactions that are appropriate to net and transactions that should not be netted to ensure adjustments are reported appropriately.

A report has been developed that will allow DHS to analyze increasing and decreasing adjustments, isolating increasing adjustments that fall outside the period of performance. DHS is no longer netting increases and decreases beginning with the filing of the June 30, 2018 CB-496 report. Additionally, resources are currently working on reviewing all activity back to September 30, 2011 to evaluate if any federal funds were improperly claimed beyond the two-year limit. Any necessary repayment from this analysis will be reported on the December 31, 2018 CB-496 report.

- Recommend department management ensure adequate contract monitoring processes are in place to provide assurance that the department is receiving the services provided for in these waiver-based contracts. We also recommend department management seek clarification regarding allocation of equal monthly payments among clients served and verify that startup costs, camp services, and pre-paid flexible funds are appropriate waiver expenditures.

In December 2017, the Child Welfare Program authored a Contract Consistency Proposal as the basis for a project currently underway with the support of the Office of Continuous Improvement. The goal of the project is to develop consistent understanding and application of contract-related rules and language and put into place practices to address and eliminate issues raised by both this audit finding and findings in a 2018 internal audit report related to DHS Child Welfare contract administration. Work accomplished so far includes the development of standard recommended language for inclusion in contracts regarding acceptance criteria/reporting requirements and invoicing/payment terms, to increase consistency and ensure that services invoiced have been received. One expected outcome of the project will address oversight and coordination of contracts with providers that serve multiple districts, to ensure consistent rates and terms across the state. Completion of the Contract Consistency Project is anticipated by December 31, 2018.

The agency will obtain clarification from Children’s Bureau on any limitations for states to create flexible payment methodology for services allowable under Title IV-E or Title IV-B. This clarification is expected by December 31, 2018.

- Recommend department management ensure all required documentation is completed timely, reviewed, and maintained, and that eligibility is determined appropriately. We also recommend department management reimburse the federal agency for costs paid related to ineligible providers.

A correcting adjustment was entered ORKIDS on March 28, 2018 to change the status to ineligible for the time September 2016 – March 2017. This was reported on the 2018 Quarter 2 (January 1, 2018 –March 31, 2018) CB-496 report on the following lines:

- *Decreasing Line 44 (Phase 16): \$198*
- *Decreasing Line 45 (Phase 17): \$2,224*

A correcting adjustment was entered ORKIDS on April 25, 2018 to change the status of children residing in the home to ineligible from March 14, 2016 – April 26, 2016. This was reported on the 2018 Quarter 3 (April 1, 2018–June 30, 2018) CB-496 report on the following line:

- *Decreasing Line 1 (Phase 16): \$1,065*

The agency is on track to create the exception reports by October 31, 2018.

- Recommend department management review OR-Kids transaction processing and make system modifications as appropriate to ensure proper financial reporting of program expenditures. We also recommend department management review prior year and current year transactions and reimburse the federal agency for grant expenditures claimed inappropriately.

A report has been developed to identify adjustments that impacted a state grant rather than the federal grant and is in the final validation stage. Once the report is validated, the report will be used going forward to accurately report federal expenditures. The report will first be used for the reporting period ending September 30, 2018.

Adjustments for previous quarters reported incorrectly will be reported on the federal report for the period ending December 31, 2018. The disallowance of \$103,130 was repaid to the federal agency, reported on 6/30/18 CB-496 report.

A change request for a system fix has been written. However, the date for the system fix is not yet determined.

- Recommend management strengthen controls to verify applications exist during client eligibility redeterminations, perform timely eligibility redeterminations and verification of client resources, close benefits for clients no longer eligible, and ensure eligible clients are enrolled in both Medicare and Medicaid. We also recommend management correct all identified issues and reimburse the federal agency for unallowable costs.

In response to the individual who was enrolled in a correctional facility, the agency has reviewed the identified issue and has taken partial action. Eligibility and related payments have been reversed from the MMIS system. Procedures and system updates are still being reviewed and implemented and the return of unallowable costs is being confirmed. The anticipated completion date is December 31, 2019.

- Recommend management strengthen controls to ensure documentation supporting a provider's eligibility determination is retained. For current providers with missing documentation, we recommend the department verify they are eligible to provide services and obtain the necessary documentation.

The Office of Developmental Disability Services (ODDS) has begun the process of amending the contract with PPL, the Fiscal Intermediary, to validate the I9's prior to paying providers. We anticipate the completion of this amendment by December 31, 2018. In addition, questioned cost of \$5,573 has been reimbursed as of September 30, 2018.

The management of the Oregon Health Authority (OHA) Provider Support Services conducted specific database check training for enrollment staff between December 2017 and February 2018. The state will provide additional database check training beginning July 2018 as part of a second enrollment quality improvement plan and continues to pull quarterly, a missing database check report, to ensure all missing database checks are completed.

For the one provider that was the responsibility of the Aging and People with Disabilities program (APD), the Department obtained a current completed I-9 form and confirmed the provider's eligibility; therefore, there are no questionable costs remaining for the APD program.

- Recommend department management ensure a client's monthly copay is correctly calculated and applications are retained. We also recommend department management reimburse the federal agency for unallowable costs.

DHS completed the reimbursement to the federal agency for the known questioned costs of \$1,939 on June 21, 2018.

A business change request was submitted on April 25, 2016 relating to audit finding on the co-pay not met report and multiple providers. An "Uncollected Copay Report" is currently on hold due to the One/Integrated Eligibility project. To ensure the successful delivery and implementation of this new system, prior work being conducted by programmers in the Legacy system has been suspended. The report will be re-evaluated once the ONE/IE system has been successfully rolled out in 2020.

Tools were developed and shared with field staff during the year in efforts to improve co-pay calculations and documentation. An Employment Related Day Care (ERDC) mini-training was held in June 2018 to address such topics as ERDC copays and ERDC coding. On June 15, 2018, Child Care Policy reissued a transmittal to department staff as a reminder to reinforce the importance of increased accuracy in the ERDC program.

Quality Assurance also in collaboration with the policy team published another edition of an “Accuracy in Action” newsletter focusing on ERDC budgeting and child care hours. This issue which was sent to field staff on March 15, 2018, included information referring to verifying income and hours, ERDC hours, marginal income, two parent working families, child support and ERDC, prospective eligibility and budgeting and transitioning TANF to ERDC.

- Recommend department management strengthen its controls to ensure appropriate expenditures are charged to the federal program and that timely reviews of client payments, monthly employee timesheets, and cell phone invoices are performed.

The timeframe requirements for issuing Authorization for Purchase (AFP’s) was reviewed with Branch Management Staff and Leadership in May 2018 and the specific cases identified by the audit were individually reviewed. Both identified discrepancies that had been identified in the IEP. Business audits of the field will be conducted in all branches on an ongoing basis (these started in August of 2017), reviewing both issues and requiring corrective action plans and follow-up reviews to ensure the issues are addressed. The review of future audits will determine if this discrepancy continues.

The client payment identified in the finding was for medical records and is an acceptable practice to issue the payment after the records and appropriate invoice is received. This discrepancy was discussed at May Leadership and will be addressed again at the August Leadership Meeting.

The unsigned timesheets were due to personnel coverage issues at the time and was brought up with Branch Leadership Staff at the May Leadership meeting. A new timekeeping process – Workday- is about to be implemented and a new review process will be initiated. We will wait until the new process is in place to train all responsible staff on the new time keeping system and review process.

The Cell Phone Bill review has been with Business Integrity Consultants, and the systems access issue that initiated the problem has been rectified.

- Recommend department management submit accurate RSA-2 reports and strengthen its controls over RSA-2 reports to ensure the reports are properly prepared, adequately supported, and properly reviewed.

The Grant Accounting unit in the Office of Financial Services has adopted a new methodology for reporting hours and dollars based on payroll actuals. This was approved by the federal oversight agency, Rehabilitation Services Administration (RSA, in July 2017. Additionally, the query used for the report has been adjusted to exclude the second payroll run for the prior fiscal year and include the second payroll run for the current fiscal year (example: 10/16/15 to 10/15/16). Grant Accounting will retain the data queries used to construct the report and review these with the Business Operations Manager for Vocational Rehabilitation prior to submission.

The Grant Unit revised the FFY2016 RSA 2 report in June 2017. The RSA 2 report was corrected June 2017, and new payroll reporting methodology implemented in July 2017.

- Recommend department management strengthen controls to ensure all procurement procedures are followed, including the verification of suspension and debarment for all contracts, and maintain supporting evidence for procedures performed. We further recommend department management create and implement review procedures over its new CSTAT system to ensure controls over procurement procedures are operating effectively.

The Office of Contracts and Procurement (OC&P) has developed and implemented new electronic standards that require OC&P support to conduct the checks and make the initial entry in CSTAT and then the contract specialist is required to check the information for accuracy. In addition, the OC&P Compliance Manager has completed a review of 2037 contract files and will continue to review a sampling of the contracts moving forward.

- Recommend management resolve the inconsistencies between the planned funding sources communicated to the Contracts and Procurement Unit and the actual funding sources used to make contract payments.

The Department contract had the correct funding source when it was submitted to the Office of Contracts and Procurement (OC&P) on the original request form. Subsequently, there was an invoice miscoded by Adult and People with Disabilities (APD) program staff. APD will emphasize to their staff the need to verify that coding matches the correct funding stream prior to submitting an invoice for payment.

The authority contract was originally requested utilizing General Funds. Six months after the request, OHA Public Health Division (PHD) found a federal funding source to apply toward the contract. Upon changing funding sources, PHD should have submitted a request to OC&P to amend the contract to include the new funding source. In the future when programs need to change funding sources, a contract amendment request to identify the new funding source is required to allow OC&P to add pertinent information such as CFDA numbers and appropriate terms and conditions to the contract. OC&P has contacted the PHD contract administrator to alert them to this requirement for future requests. In addition, OC&P included language in the June contract administration update under the “Did You Know” section to remind all contract administrators if the funding changes, an amendment will need to be requested.

PROGRAM PRIORITIZATION FOR 2019-21

Agency Name: Department of Human Services																			Agency Number: 10000				
2019-21 Biennium																							
Agency-Wide Priorities for 2019-21 Biennium																							
1	2	3	4a	4c	4d	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
Priority (ranked with highest priority first)	Agency Initials	Program or Activity Initials	Program or Activity Initials (DCR)	Sub-DCR	Program Unit/Activity Description	Identify Key Performance Measure(s)	Primary Purpose Program-Activity Code	GF	LF	OF	NL-OF	FF	NL-FF	TOTAL FUNDS	Pos.	FTE	New or Enhanced Program (Y/N)	Included as Reduction Option (Y/N)	Legal Req. Code (C, D, FM, FO, S)	Legal Citation	Explain What is Mandatory (for C, FM, and FO Only)	Comments on Proposed Changes to CSL included in Agency Request	
Agcy	Prgm/Div																						
		CW	Foster Care	Foster Care Prevention	Provides services to safely support children in their own homes and support family stability.	Timeliness and permanency of child reunification	12	1,082,143		91,282		2,549,411		\$ 3,722,836			N	Y	FM	ORS 419A and 419B	All - see program unit/activity description		
		CW	Foster Care	Foster Family Shelter Care	A limited term payment provided to a certified family when a child or young adult in the legal or physical custody of the Department moves to a certified family's home from a placement with a BRS provider and there is no current level of care determination - paid for the first 20 days to allow time for the CANS to be administered.	Timeliness and permanency of child reunification	12	3,885,469		389,142		2,570,466		\$ 6,845,077			N	Y	FM	ORS 418.015	All - see program unit/activity description		
		CW	Foster Care	Regular Foster Care	Temporary out-of-home care provided by a relative caregiver or general applicant foster parent who has been authorized to provide care to a child or young adult in the legal or physical custody of the Department.	Timely adoption, Absence of repeat maltreatment, Timeliness and permanency of child reunification	12	80,566,553		10,865,732		65,529,209		\$ 156,961,494			N	N	FM	ORS 418.015	All - see program unit/activity description		
		CW	Foster Care	Enhanced Supervision	Additional support, direction, observation and guidance necessary to promote and ensure the safety and well-being of a child or young adult when they qualify for a level of care payment.	Timely adoption, Absence of repeat maltreatment, Timeliness and permanency of child reunification	12	1,011,069		0		0		\$ 1,011,069			N	Y	FM	ORS 418.015	All - see program unit/activity description		
		CW	Community Based Domestic Violence Services		DHS makes grants available to domestic violence and sexual assault service providers throughout Oregon. These providers offer crisis lines, crisis response, emergency shelter and other related services to survivors of sexual assault, survivors of domestic violence, and their children, in a culturally and linguistically appropriate manner.	Absence of repeat maltreatment	12	467,078		3,370,819		3,045,067		\$ 6,882,964			N	Y		ORS 409.290 to 409.300			
		CW	Residential Care	Residential Treatment	Behavioral Rehabilitation Services (BRS) and therapeutic foster care for children with high needs.	Timely adoption, Absence of repeat maltreatment, Timeliness and permanency of child reunification	12	57,886,724		6,652,968		64,132,355		\$ 128,672,047			N	Y	FM	ORS 418.015	All - see program unit/activity description		
		CW	Residential Care	FOCUS	Child specific contracts for out-of-state placements and additional supports to assure children's needs are being met while they are in care.	Timely adoption, Absence of repeat maltreatment, Timeliness and permanency of child reunification	12	25,250,456		1,055,838		1,499,906		\$ 27,806,200			N	Y	FM	ORS 418.015	All - see program unit/activity description		
		CW	Foster Care	Personal Care	Specific services provided to a child with a chronic medical condition, with medical needs requiring specialized care, or with a physically handicapping condition requiring care and assistance in most domains of daily functioning.	Teen suicide, Absence of repeat maltreatment	12	3,312,362		271,978		4,088,349		\$ 7,672,689			N	Y	FM	ORS 418.015	All - see program unit/activity description		
		SSP	TA Domestic Violence Survivors		The TA-DVS program provides temporary financial assistance and support to families affected by domestic violence during crisis or emergent situations when other resources are not available. TA-DVS is used to help the domestic violence survivor and the children address their safety concerns and stabilize their living situation, reducing the likelihood of the survivor returning to the abuser. The TA-DVS Benefits are 100% federally funded by the TANF Program.	TANF re-entry, TANF family stability, Absence of repeat maltreatment	12	1,352				8,205,557		\$ 8,206,909			N	N	FO	45 CFR 260.31 (b) & ORS 411.117 (1) (e)			
		SSP	TA-DVS Advocates		DHS contracts with local Domestic Violence Sexual Assault agencies to provide co-located Certified Domestic Violence (DV) Advocates in Self-Sufficiency and Child Welfare offices. The goal of the Co-located DV Advocates Program is to improve outcomes and stability for families experiencing domestic violence through services including but not limited to: safety planning, risk and fatality assessment, shelter services, support in referrals to other community resources such as housing, mental health services, counseling, peer support groups, etc.		12	4,113,109						\$ 4,113,109			N	N	S	ORS 411.117 (1) (c)			
		CW	Community Based Sexual Assault Victims Fund		DHS makes grants available to domestic violence and sexual assault service providers throughout Oregon. These providers offer crisis lines, crisis response, emergency shelter and other related services to survivors of sexual assault, survivors of domestic violence, and their children, in a culturally and linguistically appropriate manner.		12	82,282				533,332		\$ 615,614			N	Y		ORS 409.273 to 409.285			
		CW	Other Tribal Programs		General Fund portion of foster care maintenance payments and payment for BRS placements for children in Tribal custody.		12	841,365				32,824		\$ 5,819,884			N	N		ORS 418.015			
		APD	APD Program	Oregon Supplemental Income Program (OSIP)	OSIP offers cash and medical assistance to eligible clients who qualify by meeting means tested income and resource requirements. Other prerequisites such as residency and citizen/alien status must also be considered prior to granting benefits. In general the Oregon Supplemental Income Program Medical (OSIPM) is provided to two groups of individuals. First are those eligible for Supplemental Security Income (SSI), as provided for under Section XVI of the Social Security Act. This group is assumed eligible for Medicaid due to age or disability, as long as they also meet specific Medicaid requirements such as residency, pursuing health care coverage and cash medical support, the resource limit for a couple determined through a resource assessment, etc. These individuals receive the basic SSI standard from the Social Security Administration and OSIPM (OHP plus benefit package) from the Department. Second are eligible for medical coverage as an OSIPM client either when the individual receives home or community based services or when they reside in a nursing facility or state institution. The income standard for this group is based on 300% of the SSI standard for an individual. Those with income above the standard can be eligible by means of an income cap trust. Both OSIPM groups can receive cash payments called "special needs" if the client meets the requirements of the rules. The client may receive a one-time special need payment for a home repair or a monthly, ongoing special need payment for a laundry allowance, for example. This program is the basis under which Medicaid is granted under the Old Age Assistance, Aid to the Disabled and Aid to the Blind Programs whereby the client receives medical assistance through a managed care provider. Depending on the client's living arrangement, case management responsibilities are provided either by the Department, AAA or county mental health or developmental disabilities programs. Eligible OSIP and OSIPM clients can be qualified for other programs while receiving cash or medical benefits. These programs include the Qualified Medicare Beneficiary Program (QMB) or the the Specified Low Income Medicare Beneficiary Program (SMB).		12	12,992,220							\$ 12,992,220			N	N	FO	ORS 410.070	All - see program unit/activity description	

			APD	APD Program	In-home Program	In-home services are the cornerstone of Oregon's community-based care system. For older adults or people with physical disabilities, the ability to live in their own homes is compromised by the need for support in regular activities of daily living. For more than 25 years, Oregon has created options to meet people's needs in their own homes. All options are funded with support of the Medicaid program through home- and community-based waivers or state plan options. Oregon has been able to create cost-effective programs that meet people's needs in their homes and other community settings using these options and spared Oregonians from the unnecessary use of much higher cost services, primarily offered in nursing facilities. Services to older adults and people with physical disabilities are designed to support assistance with fundamental activities of daily living (ADLs), such as mobility, cognition, eating, personal hygiene, dressing, toileting and bathing. To receive in-home services, an individual must be financially eligible for Medicaid. A case manager works with the client and together they identify needs and develop a plan for the in-home services.		12	349,857,196	4,338,775	741,575,273	1,095,771,244			Y	N	FO	ORS 410.070	All - see program unit/activity description	POP 140 - APD Consumer Community Integration Package
			APD	APD Program	Community-Based Care Facilities	These include a variety of 24-hour care settings and services to provide an alternative to nursing facilities. Services include assistance with activities of daily living, medication oversight and social activities. Services can include nursing and behavioral supports to meet complex needs. State and federal guidelines related to health and safety of these facilities have to be met.		12	330,321,302	15,030,952	650,523,573	995,875,827			Y	Y	FO	ORS 410.070	All - see program unit/activity description	POP 121 - Community Based Care Medicaid Access Package, POP 140 Consumer Community Integration Package
			APD	APD Program	Nursing Facilities	Institutional services for older adults and people with physical disabilities are provided in nursing facilities licensed and regulated by DHS. Nursing facilities provide individuals with skilled nursing services, housing, related services and ongoing assistance with activities of daily living. Oregon has led the nation since 1881 in the development of lower cost alternatives to institutional (nursing facility) care. Home- and community-based alternatives to nursing facility services emphasize independence, dignity and choice and offer needed services and supports at lower costs than medical models.		12	243,628,237	165,895,182	693,878,627	1,103,402,046			N	Y	FM	ORS 410.070	All - see program unit/activity description	
			I/DD	I/DD Program	K Plan Services (Includes community living supports (CLS))	K-Plan or Community First Choice Option (CFCO) provides a broad range of home and community-based services and supports for people with disabilities, including those with I/DD. Most used service under the K-Plan is Attendant Care which provides support for people to perform activities of daily living and instrumental activities of daily living (ADL/IADL), which may include skills training in those areas. With CFCO, this is the primary service available to people with I/DD. Attendant care services and are generally categorized based on the setting in which the person lives. Services that now fall under attendant care include: • In-home supports for children and adults • Children's intensive in-home services • 24-hour services • Group home for children and adults • Adult and child foster care • Supported living (adults only) • Day supports • Stabilization and Crisis Unit (SACU) Other services provided under the K-plan include environmental safety modifications, assistive technology, behavioral consultation, transportation.	People with disabilities in community settings	12	749,271,660	7,909,899	1,541,361,206	2,298,542,765			Y	Y	FO	42 CFR 441 subp	All - see program unit/activity description	POP 126 - Workforce & Expansion Development POP 129- Expanded Supports for Kids with Significant Needs POP 133- Intensive Employment Supports (Day Supports)
			I/DD	I/DD Program	Waiver Services - Employment First (no CSL)	These services have been strengthened and improved as part of the important Employment First initiative. I/DD has restructured employment services to encourage integrated, competitively paid employment for people with I/DD. Employment services are no longer bundled with attendant care services, they have been broken out into discrete services to support people as they learn about, find and maintain employment. Employment services are not offered through the CFCO, they remain available through the Medicaid waiver. Employment services include: Employment path; job discovery; Job development; Job coaching and Small-group supported employment.	People with disabilities in community settings	12	42,958,084	0	66,557,934	109,516,018			Y	Y	FO	EO 15-01 https://www.oregon.gov/DHS/EMPLOYMENT/EMPLOYMENT-FIRST/Document/Executive%20Order%2015-01.pdf	All - see program unit/activity description	POP 133- Intensive Employment Supports
			I/DD	I/DD Program	Waiver Services - No Employment	1915c Waivers include Adult HCBS Waiver, Children's HCBS Waiver and three model Waivers for children under 18 with complex needs: Medically Involved Children's Model Waiver, Medically Fragile Model Waiver, and Behavioral Model Waiver. These waivers primary service is case management that is furnished to assist individuals in gaining access to needed medical, social, educational and other services. Waiver Case Management includes the following assistance: assessment and periodic reassessment of individual needs, development (and periodic revision) of a specific care plan, referral and related activities, and monitoring and follow-up activities. Other 1915c Waiver services include environmental safety modifications, vehicle modifications, family training, specialized medical supplies, and direct nursing services (for adults only).	People with disabilities in community settings	12	16,835,675	8,535,364	23,200,341	48,571,380			Y	Y	FO	42 CFR 441 Subpart G https://www.ecfr.gov/cgi-bin/text-id?SID=ee1d5a7b4341f1514069eca301e17436&mc=true&node=p42.4.441&rgn=div5	All - see program unit/activity description	POP 102 - 100% Workload Model POP 118 - I/DD Data Management System POP 126 -Workforce Expansion & Development POP 129 - Expanded Supports for Kids with Significant Needs (CIS) POP 138 - Improve Health & Safety for People with I/DD
			I/DD	I/DD Program	Stabilization and Crisis Unit (k plan group homes)	SACU is a 24-hour service provided under the CFCO. SACU provides a safety net for Oregon's most vulnerable, intensive, medically and behaviorally challenged people with I/DD. SACU provides services when no other community-based option is available for a person. This includes persons with I/DD coming out of the Oregon State Hospital, corrections systems, and from crisis situations where counties and private providers cannot meet the needs of the person to ensure their health and safety. SACU focuses on supporting people in community-based settings and enabling them to return to less intensive service levels as quickly as possible. SACU provides 24-hour residential and day supports to people with I/DD from across the state who have significant medical or behavioral needs. The services are provided in licensed five-bed group homes.	People with disabilities in community settings	12	44,673,828	1,466,880	85,627,051	131,767,759	745	721.00	N	Y	FO	42 CFR 441 subp	All - see program unit/activity description	N/A
			CW	Foster Care	Independent Living Services	Helps youth who are, or were, in foster care to become self-sufficient adults. Gives an opportunity for youth to learn valuable skills necessary to make a successful transition from state or tribal care to living independently.	Timely adoption, Absence of repeat maltreatment, Timeliness and permanency of child reunification	12	10,919,562	131,642	5,938,290	16,989,494			Y	Y	FM	ORS 419A and 419B	All - see program unit/activity description	POP 142 to increase services to current and former foster youth
			CW	Foster Care	Nursing Assessments	Every child receives an intake nursing assessment by a DHS contracted nurse shortly after entering foster care. This assessment assures the child has all prescribed medication and assistive devices and is second set of eyes assuring safety. The contracted nurse also works with the foster/relative care provider to assure they have a clear understanding of the child's needs and can expedite referral to a physical, dental or mental health assessment when necessary.	Timely adoption, Absence of repeat maltreatment, Timeliness and permanency of child reunification	12	537,950	6,879	942,413	1,487,242			Y	Y	FM	ORS 419A and 419B	All - see program unit/activity description	POP 137 to provide nursing assessments for young children with an in home case and for children going home on a trial reunification.
			CW	Foster Care	Other Medical	Other Medical is used to pay for services to help guide good case planning when the services are not covered by Medicaid or private health insurance, such as: Parent/Child Interaction, Sibling Interaction, Urinalysis Drug Testing, Psychosexual Evaluations, etc.	Timely adoption, Absence of repeat maltreatment, Timeliness and permanency of child reunification	12	5,256,683	24,706		5,281,389			N	Y	FM	ORS 419A and 419B	All - see program unit/activity description	

			CW	Foster Care	Client Transportation	Client Transportation is used to fund transportation related to visitation, medical appointments, court hearings, etc.	Timeliness and permanency of child reunification	12	4,951,861	975,427	2,157,017	8,084,305			Y	Y	FM	ORS 419A and 419B	All - see program unit/activity description	POP 144 PLACEHOLDER for Family First Legislation, which will impact all services and their funding sources across child welfare.	
			CW	Foster Care	IV-E Waiver Care	Title IV-E Waiver project is Leveraging Intensive Family Engagement (LIFE). LIFE services include intensive family finding efforts to create and strengthen relationships with kin and kin, structured case planning meetings that are strengths based; trauma informed; culturally responsive, and family driven, and referrals to parent mentors who can facilitate the family's navigation through the system to help shorten the lengths of stay for children predicted to stay in the system for more than 3 years.	Timeliness and permanency of child reunification	12	2,515,866	37,291		2,553,157			Y	N	FO	ORS 419A and 419B	All - see program unit/activity description	POP 143 to restore lost FF due to the ending of the IV-E Waiver Program to support the LIFE Program in its current state. POP 145 Expand the LIFE Program statewide.	
			CW	Foster Care	Contracted Foster Care Svc	Contracted services to support the recruitment and retention of good foster families.	Timely adoption, Absence of repeat maltreatment, Timeliness and permanency of child reunification	12	4,855,699	24,836	5,189,907	10,070,442			Y	Y	FO	ORS 419A and 419B	All - see program unit/activity description	POP 139 to provide continuing education for caregivers.	
			CW	Foster Care	Interstate Compacts	The Interstate Compact for the Placement of Children (ICPC) Program processes requests for placement across state lines in the context of dependency cases and in private placements, ensuring that legal and administrative requirements are met so that children are placed in safe and appropriate permanent homes. In addition, field-based specialized ICPC workers complete home studies for Oregon families across the state who are seeking placement of their relative children from another state's foster care program.	Timely adoption, Absence of repeat maltreatment, Timeliness and permanency of child reunification	12	506,072	17,117	320,337	843,526			N	N	FO	ORS 419A and 419B	All - see program unit/activity description		
			CW	In-Home Safety and Reunification Services		This program provides culturally appropriate intensive, short term services to families with children who can remain safely in their homes, and to children and families who are safely reunited. ISRS provides a combination of safety and strengths-based services that lead to lasting safety changes within the family. These services are time limited and are complemented by SPRF services for families in need of longer term or more intensive services.		12	1,439,676	204,338	18,407,605	20,051,619			N	Y	FO	ORS 419A and 419B	All - see program unit/activity description		
			CW	Recovering Families Mutual Homes		Services in Washington, Clackamas and Lane counties that allow parents who have just completed residential treatment for their addiction to stabilize in their communities in settings that are alcohol and drug free and staff supported. Decreases foster care costs as children stay with their parents. Family Support Teams are a combination of contracted staff with expertise in addiction treatment and intervention and Child Welfare caseworkers responding to parents with substance use disorders. Service providers include addictions counselors and peer level supports known as 'outreach workers' housed in Child Welfare branches for immediate access by caseworkers and families.	Timely adoption, Absence of repeat maltreatment, Timeliness and permanency of child reunification	12	313,756	159	219,409	533,324			N	Y	FO	ORS 419A and 419B	All - see program unit/activity description		
			CW	Family Support Teams			Absence of repeat maltreatment	12	1,797,998	300,510	4,700,894	6,799,402			N	Y	FO	ORS 419A and 419B	All - see program unit/activity description		
			CW	System of Care		System of Care funds support Oregon's most vulnerable children by providing local child welfare offices with the flexibility to purchase specific services to meet a family's specific needs to assure the safety, permanency and well-being of their child(ren). Services are identified and planned for through family engagement and involvement in case planning. Whenever possible, shared funding of custom-designed services is achieved through collaboration with community partners.	Absence of repeat maltreatment	12	3,936,981	345,243	8,843,787	13,126,011			N	Y	FO	ORS 418.015	All - see program unit/activity description		
			CW	Strengthen, Presrv & Reunf Families (SPRF)		The Strengthening Preserving and Reunifying Families law (ORS 418.575-418.598) allows funding for an array of services for families through collaboration between DHS and local community partners. The Department has developed outcome-based contracts for services to specifically address the needs of children and families who come to the attention of child welfare through a screened in report of abuse or neglect. These outcome based contracts are foundational for an overall ability to report on results associated with SPRF services and funding.		12	14,516,616	0	0	14,516,616			Y	Y	FO	ORS 418.575 th	All - see program unit/activity description	POP 143 to restore lost FF due to the ending of the IV-E Waiver Program.	
			CW	Guardianship Assistance		Guardianship Assistance is intended to help prevent a child from remaining in foster care when reunification with parents and adoption are not appropriate permanency options. Guardianship assistance supports relatives assuming legal guardianship by providing financial and medical assistance until the child/young adult is 18 years of age, to guardians who are not able to meet their child's needs without assistance.	Timely adoption, Absence of repeat maltreatment, Timeliness and permanency of child reunification	12	9,975,392	995,693	20,637,614	31,608,699			N	N	FO	Social Security Act, Section 473; ORS 418.330; ICWA	All - see program unit/activity description		
			CW	Adoption Assistance		Adoption Assistance is intended to help prevent a child from remaining in foster care when they cannot be safely returned to parent(s), and provides financial and medical assistance until the child/young adult is 18 years of age, to adoptive parents who are not able to meet the child/young adult's needs without assistance.	Timely adoption, Timeliness and permanency of child reunification	12	72,466,055	205,341	69,359,769	142,031,165			N	N	FM	Public Law 96-272; Public Law 105-89; Social Security Act, Section 473; ICWA	All - see program unit/activity description		
			CW	Post Adoption-Services		Post Adoption Services support adoptive parents and guardians through training, specialized support, mentoring, etc.	Timely adoption, Timeliness and permanency of child reunification	12	320,014	3,073,764	795,366	4,189,144			N	Y	FO	ORS 419A and 419B	All - see program unit/activity description		
			SSP	Supplemental Nutrition Asst. Program	EBT SNAP	SNAP offers food assistance to low-income individuals and families to help meet their nutritional needs. Benefits to participants are 100 percent federally funded; however, the administration of the program requires a 50 percent state match. Approximately one in five Oregonians receive food assistance through SNAP. SNAP is an important and constantly growing anti-poverty program. Recent research has shown that SNAP benefits reduce the depth and severity of poverty, and have a particularly strong effect on reducing child poverty. SNAP benefits add about \$1.1 billion dollars per year to the Oregon Economy including rural Oregon. Self-Sufficiency offices across the state serve the majority of the SNAP population. Elderly persons (60 and older) plus persons with disabilities who require services are assisted by Aging and People with Disabilities (APD) Program offices and their contracted: Area Agencies on Aging, Disability Services Offices and Councils of Government.	Food stamp utilization, Food stamp accuracy	12				2,122,011,827	2,122,011,827			N	N	FM	SNAP is guided by federal legislation found in the "Farm Bill" authorized by the Agricultural Act of 2014 (P.L. 113-79, Feb. 7,2014). Program policy is reauthorized every five years through the Farm Bill.	All - see program unit/activity description	
			SSP	Supplemental Nutrition Asst. Program	SNAP Cashout	SNAP offers food assistance to low-income individuals and families to help meet their nutritional needs. Benefits to participants are 100 percent federally funded; however, the administration of the program requires a 50 percent state match. Approximately one in five Oregonians receive food assistance through SNAP. SNAP is an important and constantly growing anti-poverty program. Recent research has shown that SNAP benefits reduce the depth and severity of poverty, and have a particularly strong effect on reducing child poverty. SNAP benefits add about \$1.1 billion dollars per year to the Oregon Economy including rural Oregon. Self-Sufficiency offices across the state serve the majority of the SNAP population. Elderly persons (60 and older) plus persons with disabilities who require services are assisted by Aging and People with Disabilities (APD) Program offices and their contracted: Area Agencies on Aging, Disability Services Offices and Councils of Government.	Food stamp utilization, Food stamp accuracy	12				92,333,504	92,333,504			N	N	FM	SNAP is guided by federal legislation found in the "Farm Bill" authorized by the Agricultural Act of 2014 (P.L. 113-79, Feb. 7,2014). Program policy is reauthorized every five years through the Farm Bill.	All - see program unit/activity description	
			APD	Disability Determination Services Program		People with disabilities may be able to qualify for one of two federal disability programs: Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI). These programs are governed by the federal Social Security Administration (SSA). Oregon performs this work on behalf of the Social Security Administration under contract. DDS employs over 200 employees and has a budget of over \$60M.					19,813,867	19,813,867			N	N	FM	N/A			

		SSP	Supplemental Nutrition Asst. Program	SNAP Employment and Training	Oregon is federally required to offer a limited companion employment and training program. SNAP participants may be enrolled in one of the following programs: Oregon Food Stamp Employment Transition (OFSET) program and the Able-Bodied Adults Without Dependents (ABAWD) program. More comprehensive services are provided through the 50/50 employment and training program, referred to in Oregon as SNAP Training and Employment Program (STEP).	Food stamp utilization, Food stamp accuracy	12	755,556			11,241,573	11,997,129		N	N	FM	This program is mandated by federal legislation found in the Food and Nutrition Act of 2008, authorized by the 2008 Farm Bill.	All - see program unit/activity description	
		SSP	Supplemental Nutrition Asst. Program	SNAP Ed	SNAP Ed provides direct education services to SNAP participants in every county in Oregon. Through its Hub model, Oregon reached 371,220 participants (combination of direct education, social marketing and PSE interventions). SNAP-Ed's social marketing initiative "Food Hero" has an evidence-based website, recipes and PSE interventions that support low-income audiences in making healthy choices on a limited budget. SNAP-Ed is 100% Federal Funds.						7,923,257	7,923,257		N	N	FM	This program is mandated by federal legislation found in the Food and Nutrition Act of 2008, authorized by the 2008 Farm Bill.	All - see program unit/activity description	
		SSP	Supplemental Nutrition Asst. Program	SNAP Outreach 50%	SNAP Outreach to potentially eligible household who are not currently accessing SNAP benefits is part of Oregon's plan. priorities include messaging the need to complete and return necessary paperwork and retention of their Oregon Trail Cards (Oregon's EBT card). The education component of the plan also includes stretching food budgets, utilizing locally available resources and assist by educating people about reporting changes. Currently there are 15 Outreach contracted partners that work closely with local DHS offices. This State Plan has a 50% Federal reimbursement for contractors.						739,712	739,712		N	N	FM	This program is mandated by federal legislation found in the Food and Nutrition Act of 2008, authorized by the 2008 Farm Bill.	All - see program unit/activity description	
		SSP	Food Assistance	TEFAP, CSFP, OHRF, OHTF	The Emergency Food Assistance Program (TEFAP) is a federally funded program that helps supplement the diets of low-income Americans, including elderly people, by providing them with emergency food assistance at no cost. The Oregon Food Bank is primary grantee in Oregon and works with the Oregon Food Bank network to deliver services across Oregon. The Commodity Supplemental Food Program (CSFP) provides nutritious commodities to help meet the nutritional needs of low-income elderly persons (aged 60 or older) in Oregon. Through local agencies, each participant receives a monthly package of commodities. There are currently 7 Regional Food Banks who contract with roughly 100 pantries that distribute the food boxes. The Oregon Hunger Response Fund is an allocation from the Legislature to the Oregon Food Bank to help build infrastructure and transport food to food pantries and other important efforts to support the Food Bank and Food Bank Networks. Oregon Housing and Community Services, with legislative approval, transferred the Oregon Hunger Response Fund (OHRF) to the Department of Human Services effective 10/1/2015. Oregon Hunger Task Force (OHTF) is a 28-seat task force that is directed to "serve as an advocate for hungry persons," studying the problem of hunger, making recommendations, and helping local communities implement changes. Working with partners throughout Oregon, the task force has since worked to promote community awareness, compile research, develop proposals for government action, and conduct outreach to expand participation in nutrition programs.	Food stamp utilization, Food stamp accuracy	12	4,263,931			2,381,769	6,645,700		N	N	FM	7 CFR Part 247 and 250; Emergency Food Assistance Act of 1983; FNS Instructions 716-3, 410-1, and 113-1; Oregon Revised Statutes 458.530; Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d et seq.)	All - see program unit/activity description	
		SSP	Family Support and Connections		Provides supports to prevent children in the TANF program from entering the child welfare system. Home visiting and community-based services are some of the interventions used to build on family strengths and address family functioning issues.	TANF re-entry, TANF family stability	12	286,196			4,222,871	4,509,067		N	N	FO	Title II of the Child Abuse Prevention and Treatment Act (CAPTA), as amended by P.L. 111-320, authorizes grant funds to be released to the states and names the program Community-Based Grants for the Prevention of Child Abuse and Neglect (CBCAP).	All - see program unit/activity description	
		SSP	Cash Assistance	TANF Basic	TANF is a collection of programs directed at improving the lives of very low-income Oregon families with children. It is a critical safety net program for families with children living in extreme poverty and helps families from a variety of diverse backgrounds to address their most basic needs. TANF provides eligible families with cash assistance, connections to support and community resources, case management, and employment and training services. Families typically use TANF funds to prevent homelessness and to help with other factors contributing to family instability. The goal of the program is to help families address barriers, gain skills and access employment opportunities to become self-sufficient.	TANF re-entry, TANF family stability	12	26,515,596	358,400		138,230,617	165,104,613		Y	Y	FO	The TANF program is authorized under Title IV-A of the Social Security Act, as amended by the Personal Responsibility and Work Opportunity Act, as amended by the Work Opportunity Reconciliation Act of 1999 (PRWORA), and the Deficit Reduction Act of 2005. State Statute chapters are 411 and 412.	All - see program unit/activity description	Pkg 70 TANF revenue shortfall
		SSP	Cash Assistance	TANF UN	TANF is a collection of programs directed at improving the lives of very low-income Oregon families with children. It is a critical safety net program for families with children living in extreme poverty and helps families from a variety of diverse backgrounds to address their most basic needs. TANF provides eligible families with cash assistance, connections to support and community resources, case management, and employment and training services. Families typically use TANF funds to prevent homelessness and to help with other factors contributing to family instability. The goal of the program is to help families address barriers, gain skills and access employment opportunities to become self-sufficient.	TANF re-entry, TANF family stability	12	31,120,617	640		12,509,308	43,630,565		N	Y	FO	State Statutes Chapters 411 and 412.	All - see program unit/activity description	

			SSP	Cash Assistance	State Family Pre SSI/SSDI	The State Family Pre-SSI/SSDI (SFPSS) Program is designed to assist TANF-eligible individuals with disabilities obtain Social Security disability benefits through the Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) programs. The program serves individuals who are not required to participate in the JOBS program. The program provides families with a cash grant, professional assistance with Social Security Administration (SSA) applications and appeals as well as case management services. Once a client is awarded SSI benefits, the department recovers a portion of the payments it made to the family during the application process from the client's initial SSI lump-sum payment. Most adults must meet additional requirements to receive TANF services. The JOBS program provides employment, education, skill-building and family stability services to individuals of families receiving TANF assistance. Individuals participate in JOBS to gain skills necessary to join the workforce and retain employment.	TANF re-entry, TANF family stability	12	2,907,389	1,688,072	265,519	4,860,980			N	Y	FO	State Statutes Chapters 411 and 412.	All - see program unit/activity description		
			SSP	JOBS Contracts/Support Services Activities	TANF Programs		TANF re-entry, TANF family stability	12	45,889,660	451,439	40,564,946	86,906,045			Y	N	FO	State Statutes Chapters 411 and 412.	All - see program unit/activity description	POP 122 - Emergency Housing Assistance; POP 127 - ED Attainment Support for TANF & SNAP Parents	
			IDD	IDD Program	Other Services (Includes Housing)	The I/DD Community Housing Program assists persons with developmental disabilities to live successfully in community housing that is affordable and safe and contributes to their independence and quality of life. I/DD Community Housing supports services to persons with developmental disabilities by overseeing the property management of homes developed for the former Fairview State Training Center residents, develops and manages funds eligible for home modification for IDD individuals, coordinating the operation of the Fairview Community Housing Trust that was established with revenue from the sale of Fairview and providing technical assistance to individuals, families, brokerages, and counties regarding housing issues faced by persons with developmental disabilities and best practices to implement solutions.	People with disabilities in community settings	12	1,816,655	9,822,334	3,187	11,642,176			N	Y	FO	42 CFR 441 subp	All - see program unit/activity description	N/A	
			VR	VR - Basic Rehabilitative Services		These are basic services provided to individuals whose disabilities present a potential barrier to employment. A rehabilitation counselor conducts a comprehensive assessment to evaluate vocational potential, including diagnostic and related services necessary for the determination of eligibility for services as well as the nature and scope of services to be provided. Vocational counseling and guidance builds on this assessment and helps the client identify a vocational goal. The counselor, in partnership with the client, develops an individualized plan for employment and authorizes appropriate services in support of the plan while maintaining a counseling relationship with the client. This program has a mandated set aside for providing students with Pre-employment Transition Services as well as a set aside to serve youth with the most significant disabilities in supported employment.	Vocational rehabilitation services employment	12	17,110,877	2,004,349	38,362,989	57,478,215			Y	Y	FO	29 U.S.C. 796c and 29 U.S.C 796e-2	All - see program unit/activity description	POP 135 - VR Career Technical	
			VR	State Independent Living Council (SILC)		This funding supports the seven Centers for Independent Living through out the state of Oregon. Centers for Independent Living are designed to help individuals who experience disabilities achieve personal goals for independence and participation in their families and communities.	Vocational rehabilitation services employment	12	1,908,516		534,362	2,442,878			N	Y	FO	29 U.S.C. 796d	All - see program unit/activity description		
			APD	APD Program	Other Services	The Centers for Medicare and Medicaid Services (CMS) requires DHS to coordinate with Medicare in many areas and clients need help accessing other programs for which they are eligible. The federal Medicare program is the most common program clients need assistance with. APD determines client eligibility and submits client data to CMS for two Medicare-related programs: Medicare buy-in and Medicare Part D low-income subsidy. APD served more than 130,000 clients in these two programs over one year. These programs help low-income beneficiaries with their cost-sharing requirements. Securing this coverage also ensures Medicare remains in a "first payor" status, ultimately saving the state's Medicaid program significant money.		12	5,855,130	3,821,204	11,896,217	21,572,551			Y	Y	FO	ORS 410.070	All - see program unit/activity description	POP 128 - Family Caregiver & Community Support Initiative, POP 132 Deaf and Hard of Hearing Services	
			APD	APD Program	Older Americans Act	Services and supports provided to individuals under the Older Americans Act (OAA) provide vital assistance designed to prevent or delay entry into Medicaid-funded long-term care such as In-Home or 24-hour residential services. The OAA is a Federal law that set out a national aging network structure consisting of the U.S. Administration on Aging (AoA) now part of the Administration for Community Living, State Units on Aging (DHS/Aging and People with Disabilities program), and Area Agencies on Aging (AAAs). The OAA authorizes funding and services through this network to serve older individuals in their homes and communities, through local entities. All individuals, aged 60 or older, regardless of income are eligible to receive services but the programs are targeted towards those in greatest social or economic need. A specific focus on how to better serve diverse populations of older adults across race/ethnicity, sexual orientation, gender, veteran status, and other intersecting categories are essential with the continually changing demographics of Oregon.		12	2,235,831		33,427,805	35,663,636			N	Y	FO	ORS 410.070	All - see program unit/activity description		
			APD	APD Program	Oregon Project Independence	This is a state-funded program offering in-home services and related supports to individuals 60 years of age and older or people who have been diagnosed with Alzheimer's or a related dementia disorder. Approximately 5,000 Oregonians are served in this program. It represents a critical element in Oregon's strategy to prevent or delay individuals from leaving their own homes to receive services in more expensive facility-based settings, or depleting their personal assets sooner than necessary and accessing more expensive Medicaid health and long-term service benefits. The program was expanded by the 2005 Oregon Legislature to include younger adults with disabilities. In 2014 and 2015 a pilot program was funded expanding the program to adults ages 19-59 with physical disabilities. Through this pilot more than 500 individuals have been served. OPI is administered statewide by local Area Agencies on Aging (AAAs). Many areas have waiting lists due to high demand and limited program funding. Client eligibility is determined by an assessment of functional ability and natural supports related to activities of daily living. Typical services include assistance with housekeeping, bathing, grooming, health care tasks, meal preparation, caregiver respite, chore services, adult day services and transportation. The OPI program has no financial asset limitations for clients. A sliding fee scale is applied to clients with net monthly income between 100 and 200 percent of the federal poverty level (FPL) to pay toward the cost of service. A small group with income above 200 percent of FPL pays the full rate for services provided. Generally, this is because they benefit from the case management; ongoing support and monitoring, in addition to the actual purchased services.		12	28,106,710				28,106,710			N	Y	S	ORS 410.410		

		SSP	Employment Related Daycare		ERDC assists low-income families in obtaining child care so they can work and attend training or education needed to advance in their employment. The ability to go to work and not worry about child care assists parents in gaining economic stability. Parents receive a sliding subsidy amount based on income toward their child care allowing them more options in connecting to reliable, quality providers. Quality providers can help improve school readiness during the critical learning years of birth to five. The program has a higher rate of payment available for working families who need child care and have a child with special needs. Providers approved by DHS meet a set of health and safety standards, attend training, submit to monitoring visits and pass required background checks before they can receive payment on behalf of the family.	Enhanced child care	12	74,640,480		95,922,857									Y	N	FO	ORS 409.010(2)(c), 411.141 and 418.485	All - see program unit/activity description	POP 125 - Expand ERDC	
		SSP	Refugee Program		The program serves individuals and families who fled persecution in their country of origin and were legally admitted for resettlement by the United States government. Refugees and people who have been granted asylum access the program for financial, employment-related and acculturation services. The program guides refugees toward economic stability through employment as early as possible. The program serves only those persons in immigration categories approved by the Federal Office of Refugee Resettlement (ORR).		12					13,645,633		13,645,633					N	N	FM	ORS 411.060, 409.010(2)(c), 409.010(2)(h)	All - see program unit/activity description		
		SSP	Cash Assistance	TANF Transition	Services are available to families who transition from TANF cash benefits to employment. These programs include allowing families to make more money before closing the TANF grant, a reduced copay for childcare, and three months of supportive cash benefits once the TANF has closed. These services are intended to provide a glide path for families as they transition to employment and help ease the burden of the costs related to this change.	TANF re-entry, TANF family stability	12	3,353,140						3,353,140					N	N	FO	State Statutes Chapters 411 and 412.	All - see program unit/activity description		
		SSP	Youth Services		My Future - My Choice program is an age-appropriate, medically accurate, sexual health education program. This service supports community prevention efforts to help families break the generational connection to public assistance. The program expands on the historical teen pregnancy prevention program to provide education and tools for youth to resist multiple risk-taking behaviors. DHS partners with the Oregon Department of Education and the My Future - My Choice Advisory Committee to develop and implement the program.		12	2,554,375				1,397,335		3,951,710					N	N	FO	The Title V Federal Abstinence Education Program Grant	All - see program unit/activity description		
		SSP	Teen Parent Child-Care		Teen parent contracted child care services are administered through the DHS Child Care Program. The program assists teen parents with income below 185% FPL in accessing child care to allow them to participate in an approved education program leading to graduation from high school or a general education diploma (GED) completion program. The goal of the teen parent program is to support teens in education to help this vulnerable population out of poverty. The contracts were transferred from the Early Learning Division to DHS beginning January 1, 2018. There are currently 32 contracts in all DHS districts except 7 and 13. The contracted child care services are paid through the Child Care Development Funds (CCDF). Due to federal funding limitations the child care program cannot pay child care services for teen parents who are eligible for TANF (teen parents must pursue TANF first).		12			2,708,000					2,708,000					N	N	FO	ORS 409.010(2)(c), 411.141 and 418.485		
		SSP	SUD Childcare		The Department of Education, Early Learning Division (ELD) supported contracts with Substance Use Disorder (SUD) treatment clinics to cover child care for parents in treatment for several years. Due to changes in the funding source, 2014 Reauthorization of the Child Care Development Block Grant, ELD was no longer able to leverage these funds to support the contracts. Department of Human Services (DHS) worked closely with the SUD facilities, ELD, Child Welfare, and Oregon Health Authority to create the DHS SUD child care program to allow for continued support for the SUD facilities and the families they serve. DHS leveraged TANF Federal funding to support the contracts to cover child care needs for families in SUD treatment. The TANF funding allows DHS to cover the cost of care for up to 4 months while the families apply for a TANF grant and work with their local DHS worker to create a case plan that includes SUD treatment. Once a case plan is in place the child care is covered through the local DHS JOBS support service payment budgets.		12						900,000		900,000					N	N	FO	45 CFR 260.31 (b) & ORS 411.117 (1) (e)		
		CW	Private Adoption Services		Adoptions finalized in an Oregon court for a child who is not in the custody of the Department of Human Services. DHS provides background checks and files petitions and provides adoption assistance for eligible private adoptions.	Timely adoption, Timeliness and permanency of child reunification	12	570,310				683,761		1,254,071					N	Y	FO	ORS 109.309	All - see program unit/activity description		
		CW	Contracted Adoption Services		Contractors provide adoption committee presentation, placement, adoption supervision and finalization services.	Timely adoption, Timeliness and permanency of child reunification	12	2,343,551				2,127,602		4,471,153					N	Y	FO	ORS 419A and 419B	All - see program unit/activity description		
		CW	Independent Adoption Services		Contracted adoption agencies provide placement reports for independent adoptions as assigned by DHS. They also complete home studies when assigned by DHS.	Timely adoption, Timeliness and permanency of child reunification	12			256,442				256,442					N	N	FO	ORS 109.309	All - see program unit/activity description		
		CW	Assisted Search Services		Contractors provide assisted search services for the Adoption Search & Registry Program, search for eligible birth and adoptive persons.	Timely adoption, Timeliness and permanency of child reunification	12			93,318				93,318					N	N	FO	ORS 109.309	All - see program unit/activity description		
		CW	Youth Investment Programs		State only funding for Homeless, Runaway Youth programs and funding for the Early Learning Division for Relief Nurseries, etc.	Timely adoption, Absence of repeat maltreatment, Timeliness and permanency of child reunification	12	216,663				8,370,317		8,586,980					N	Y	S	ORS 418.015			
		CW	Child Care for Foster Parents		\$375 per month per child reimbursement to foster parents when all foster parents work outside of the home.		12			7,171,980		4,610,089		11,782,069					N	N	FM	ORS 418.015			
								2,355,799,528	0	357,082,948	0	4,460,655,164	2,214,345,331	9,377,882,971	745	721.00									



Oregon

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January 18, 2019

The State CFO Required Department of Human Services 10% Reduction Options for the Agency Request Budget – updated to Include GB actions

The reduction options presented in this document are not intended to reflect the policy or program recommendations of the agency. The Oregon Department of Human Services (DHS) is acutely aware that the reduction options on this list have significant consequences for Oregonians and the communities in which they live. The agency is -- and has been -- engaged in ongoing search for efficiencies that allow us to reduce costs and maximize resources with minimal impact to clients.

Guiding Principles

In approaching these reductions, DHS was guided by a set of priorities in making proposed reductions. However, to reach the targeted reduction levels for the Department – which totals more than \$373 million in General Fund – it was not possible to reflect all of the following principles and priorities in the reduction list:

- For all programs, the agency looked closely at client safety and stability, preserving the infrastructure of programs and the provider-systems that serve clients, maintenance of effort (MOE) issues, legal risk, cross-program impact, cost shifting, and what the reduction would mean in terms of the loss of federal matching funds.
- DHS looked closely at whether repeated reductions to programs no longer made sense, and whether it was time to consider the elimination of some programs in order to preserve others.
- In Child Welfare programs, DHS prioritized prevention activities and services to keep children safe at home and out of foster care over those deeper cuts into the child welfare system, such as adoption and guardianship.
- In Intellectual and Developmental Disabilities programs, DHS prioritized continuing programs and services for those clients in long-term care. DHS also made every effort to consider reductions that would not move people into higher cost settings but could keep them at home and in their communities.
- In Self Sufficiency, Intellectual and Developmental Disability and Vocational Rehabilitation programs, DHS prioritized services and programs that helped support and preserve family stability and to maintain employment outcomes for Oregonians.
- In Aging and People with Disabilities programs, DHS prioritized keeping as much of Oregon's high-quality system in place as possible – that is, prioritizing home and community-based services.

“Assisting People to Become Independent, Healthy and Safe”
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Detail of Reductions to 2019-21 Current Service Level Budget

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
Priority (ranked most to least preferred)	Agency	SCR or Activity Initials	Program Unit/Activity Description	GF	LF	OF	NL-OF	FF	NL-FF	TOTAL FUNDS	Pos.	FTE	Used in Gov. Budget Yes / No	Impact of Reduction on Services and Outcomes		
Dept	Prgm/ Div															
1	DHS	All	Additional Vacancy Savings	(15,141,999)		(2,566,701)				\$ (17,708,700)	0	0.00	Y	Additional 5% vacancy savings except for CW which is 2.5%. This number will be adjusted in spring reshoot due to excess being taken in Central		
2	DHS	All	Remove pkg 31 inflation for S&S	(4,822,105)		(489,015)		(5,251,840)		\$ (10,562,960)	0	0.00	Y	Std inflation in S& S removed. This number will be adjusted down in spring reshoot due to excess being taken in Central		
3	DHS	All	Reduce Charges for Svc/Vehicles	(5,739,851)		(147,695)		(5,044,012)		\$ (10,931,558)	0	0.00	Y	While DAS may reduce the agency budget for services that DAS provides, if the agency was not budgeted for those types of expenditures originally or if they were services not used (for example DAS Printing), then reductions may not come to fruition. Or in DHS's case, a reduction in fleet budget does not mean agency will provide less transportation to clients, they will just be required to provide alternate fleet options (Enterprise rentals or reimbursement for personal vehicle use for required state travel).		
4	DHS	All	Reduce AG by 5.95%	(1,399,616)		(69,146)		(2,080,936)		\$ (3,549,698)	0	0.00	Y	This reduction will limit the agency's ability to seek AG council.		
5	DHS	Shared/SAEC	Implement fees for BCU	(1,676,112)		1,000,000				\$ (676,112)	0	0.00	Y	Assumes collection of \$1.5M of fees and reduction of \$500K in S&S		
6	DHS	Central	Reduce S&S by an additional \$1M GF	(1,000,000)						\$ (1,000,000)	0	0.00	Y	This will reduce an already limited S&S budget mainly in OBIS, Director's Office and ORRAI.		
7	48	DHS	CW Delivery	Delay hiring of staff earned in Package 40 by 12 months	(14,050,694)			(3,170,110)		\$ (17,220,804)	0	(112.00)	Y	Delay the hiring of 224 CW Delivery staff until July 2020. This could negatively impact the children and families we serve.		
8	1	DHS	APD	Reduce the complex medical add-on for nursing facilities by 50% (Assumes that rates are paid at the current statutory level)	(11,371,067)	0		0	(18,450,763)	0	\$ (29,821,830)	0	0.00	N	This reduction would eliminate half of the 40% premium paid to nursing facilities that serve individuals with certain complex medical conditions. Taking this reduction will require a statutory change to implement.	
9	2	DHS	APD Delivery	Eliminate Mental Health Funding	(3,045,524)	0	0	0	0	\$ (3,045,524)	0	0.00	N	This would eliminate the funding for Area Agencies on Aging and Centers for Independent Living to provide evidence-based mental health services to Oregonians.		
10	3	DHS	APD	Eliminate Evidence Based Health promotion	(1,296,250)	0	0	0	0	\$ (1,296,250)	0	0.00	N	This would eliminate funding for Area Agencies on Aging to provide evidence based health promotion programs.		
11	4	DHS	APD	Eliminate OPI for people with disabilities.	(6,000,000)	0	0	0	0	\$ (6,000,000)	0	0.00	N	Approximately 300 individuals per month will lose access to the OPI people with disabilities program if funding is eliminated.		
12	5	DHS	APD	Eliminate Sequestration to AAA's	(2,235,831)	0	0	0	0	\$ (2,235,831)	0	0.00	N	This would eliminate the sequestration funding given to AAAs to offset the effects of sequestration on Older Americans Act programs.		

Detail of Reductions to 2019-21 Current Service Level Budget

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Priority (ranked most to least preferred)	Agency	SCR or Activity Initials	Program Unit/Activity Description	GF	LF	OF	NL-OF	FF	NL-FF	TOTAL FUNDS	Pos.	FTE	Used in Gov. Budget Yes / No	Impact of Reduction on Services and Outcomes	
Dept	Prgm/ Div														
13	1	DHS	SS	TANF - Time Limit 60 Months -Full Family Sanction (No Hardship Exemptions)	(2,643,344)	0	0	0	(34,819,691)	0	\$ (37,463,035)	0	0.00	N	This action establishes a 60 month time limit for TANF receipt for the entire family allowing no exemptions. The current Oregon time limit is 60 months and state statute allows for only the adults needs to be removed from TANF once the 60 month limitation has been reached and the family has no hardship exemption. Oregon's policy provides for the children in the home to continue to receive TANF. For families who have reached the new time-limit, the entire case would close. Some families may see an increase in SNAP benefits as cash benefits end. Ending TANF cash benefits for the entire family may result in family instability and homelessness. Families would have to rely on other community based safety net programs which have already experienced increased demand. During the biennium an average of 4,202 families per month are expected to be impacted. Families will also be impacted if they come from another state and the accrued time (alone or in combination with Oregon accrued time) equals to or exceeds 60 months. This action requires an amendment to ORS 412.079. * (This includes the reduction of 50% and 100% SSI Children, as they are included in the timelimit reductions already, and we didn't want to double count them) This reduction will reduce the amount of state expenditures that count toward its MOE obligations.
14	2	DHS	SS	Admin Portion for TANF Time Limits 60 Months (18 month reduction)	(4,837,273)	0	0	0	(6,094,416)	0	\$ (10,931,689)	0	(66.00)	N	If we reduced the Time Limit to 60 Months, we would be losing 4,202 Cases. Calculation assumptions: Reduce TANF caseload by 3,952 cases from ongoing and case maintenance categories. Assumed 26% of clients are JOBS MANDATORY and do equal reductions to coaching and home visits category as well with approx. 2.64 clients per case. PHASE OUT 18 Mos, positions phase out in 2019-21. This reduction will reduce the amount of state expenditures that count toward its MOE obligations.
15	3	DHS	SS	NNCR Families: Counting their income towards eligibility	(754,297)	0	0	0	(6,788,672)	0	\$ (7,542,969)	0	0.00	N	By counting the Non-Needy Caretaker Relative Income, this will affect 95% of current NNCR cases, in that they would be over income, and the case would close. The remaining 5% would result in a lower payment amount, as the income they count would be counted dollar for dollar, and reduce their TANF payment by that amount, which also results in a savings. This reduction will reduce the amount of state expenditures that count toward its MOE obligations.

Detail of Reductions to 2019-21 Current Service Level Budget

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Priority (ranked most to least preferred)	Agency	SCR or Activity Initials	Program Unit/Activity Description	GF	LF	OF	NL-OF	FF	NL-FF	TOTAL FUNDS	Pos.	FTE	Used in Gov. Budget Yes / No	Impact of Reduction on Services and Outcomes	
Dept	Prgm/ Div														
16	4	DHS	SS	Adult Count 50% of SSI Income for TANF Eligibility (Adults Only)	(1,654,341)	0	0	0	(14,889,065)	0	\$ (16,543,406)	0	0.00	N	This action establishes counting 50% of the SSI Adult's SSI Payment as income towards the TANF grant, which could make them ineligible due to the TANF income limit. 50% of the standard payment for SSI recipients is \$367 which is more than the TANF payment standard for most SSI adult situations with two or fewer children. There could be a small percentage (5%) or so that would be eligible due to special circumstances. Estimated cases closed due to being over the income limit would be 2,151, and approximately 131 cases would be reduced to a lower TANF grant amount. This reduction will reduce the amount of state expenditures that count toward its MOE obligations.
17	1	DHS	VR	Reduce Client Service by 5%	(1,781,490)	0	(121,840)	0	(4,150,743)	0	\$ (6,054,073)	0	0.00	N	The proposed reduction would result in a 5% decrease in case services forcing the creation of a waitlist. 2,063 individuals would not get services including youth served under third-party agreements with local school districts. This would jeopardize the match dollars that these agreements provide thus further reducing the program budget. Small specialized vendors who rely on the program for revenue would experience a sharp drop in income. Additionally this will impact the ability of the program to meet the required Maintenance of Effort resulting in a reduction in federal funds available, and resulting in the program reinstating the Order of Selection. OVRs with out an investment above the Current Service level is at risk of reinstating the Order of Selection, and is at risk for failure to meet the level of services set forth in Executive Order 15-04 and in the settlement agreement for Lane V Brown regarding employment for persons with Intellectual and Developmental Disabilities.
18	1	DHS	I-DD	Enhanced Medicaid Match for eXPRS system work	(3,000,000)	0	0	0	3,000,000	0	\$ -	0	0.00	Y	Starting July 1, 2020; enhanced match for work and staff costs associated with eXPRS system; contingent on CMS approval.
19	2	DHS	I-DD	One time use of Fairview Housing Trust Fund of \$6.0 million.	(6,000,000)	0	0	0	0	0	\$ (6,000,000)	0	0.00	Y	Effective 7/1/19 significantly reduces options to help families and individuals with I/DD remove housing barriers by funding things such as ramps, accessible bathing options, and other housing modifications. Requires a statute change. Balance of account will be about \$100k after this action.
20	3	DHS	I-DD	Eliminate Elliott homes at SACU, staff and home/client expenses	(1,810,569)	0	0	0	(3,934,933)	0	\$ (5,745,502)	0	(24.00)	Y	By 7/1/2020 funding for thirty (30) positions will be removed and essentially abolished as the program will close all three Elliott homes, this equals 24.00 FTE in 19-21. All positions will be fully abolished for the 21-23 biennium. If approved it would take one year to fully close home; effective phase out date starting with Eliot 2 to be completed by 1/1/20 and then Eliot 1 on 7/1/20.

Detail of Reductions to 2019-21 Current Service Level Budget

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Priority (ranked most to least preferred)	Agency	SCR or Activity Initials	Program Unit/Activity Description	GF	LF	OF	NL-OF	FF	NL-FF	TOTAL FUNDS	Pos.	FTE	Used in Gov. Budget Yes / No	Impact of Reduction on Services and Outcomes	
Dept	Prgm/ Div														
21	4	DHS	I-DD	Reduce PSW Wages by reducing OT	(1,912,251)	0	0	0	(3,951,751)	0	\$ (5,864,002)	0	0.00	N	Effective 7/1/19 ongoing throughout biennium. This reduction reduces bargained PSW hours by not allowing PSWs to work overtime or limit the amount of overtime worked. (Implemented int 17-19). Accomplished by continued management of overtime usage.
22	5	DHS	I-DD	Reduce the Family to Family Network Program	(583,950)	0	0	0	0	0	\$ (583,950)	0	0.00	N	Effective 10/1/2019 Reduce funding to Family to Family Networks by 50%. This program began in 2012 after 2011 made significant reductions in the Family Support Program. The funding (\$1.3M) supports up to eight networks. The work already accomplished by these groups includes family training, identification of local resources, and general support from one family to another. The networks leverage parent time and local resources in an effort to provide support at no cost to DHS/DD.
23	6	DHS	I-DD	Remove inflation increases from Rent Subsidy.	(57,000)	0	0	0	0	0	\$ (57,000)	0	0.00	N	Effective 7/1/2019 this program provides small rent subsidies for individuals living in residential settings. This is a long standing program, ODDS is not adding new people to it at this time.
24	5	DHS	SS	Adult Count 100% of SSI Income for TANF Eligibility	(224,990)	0	0	0	(2,024,913)	0	\$ (2,249,903)	0	0.00	N	This action establishes counting 100% of the SSI Adult's Standard Payment as income towards the TANF grant, which would make them ineligible due to the income limit. The standard payment for SSI recipients is \$735, which is more than most TANF grants. There would be a small percentage (5%) or so that would be eligible due to special circumstances. Cases closed due to over-income limit would be approximately 2,151 and about 113 cased would be reduced to the lower payment standard. This reduction will reduce the amount of state expenditures that count toward its MOE obligations.
25	6	DHS	SS	Count 50% of children's SSI income for eligibility and benefit calculation	(1,000,519)	0	0	0	(9,004,669)	0	\$ (10,005,188)	0	0.00	N	This action establishes counting 50% of the SSI Child Standard Payment as income towards the TANF grant, which would make them ineligible due to the income limit. The standard payment for SSI recipients is \$735, which is more than most TANF grants. There would be a small percentage (5%) or so that would be eligible due to special circumstances. This reduction will reduce the amount of state expenditures that count toward its MOE obligations.

Detail of Reductions to 2019-21 Current Service Level Budget

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Priority (ranked most to least preferred)	Agency	SCR or Activity Initials	Program Unit/Activity Description	GF	LF	OF	NL-OF	FF	NL-FF	TOTAL FUNDS	Pos.	FTE	Used in Gov. Budget Yes / No	Impact of Reduction on Services and Outcomes	
Dept	Prgm/ Div														
26	7	DHS	SS	Count 100% of children's SSI income for eligibility and benefit calculation	(136,071)	0	0	0	(1,224,635)	0	\$ (1,360,706)	0	0.00	N	This action establishes counting 100% of the SSI Child Standard Payment as income towards the TANF grant, which would make them ineligible due to the income limit. The standard payment for SSI recipients is \$735, which is more than most TANF grants. There would be a small percentage (5%) or so that would be eligible due to special circumstances. This reduction will reduce the amount of state expenditures that count toward its MOE obligations.
27	1	DHS	CW Well Bein	Enhanced Foster Care - \$2.3 million GF reduction	(2,292,741)	0	0	0	0	0	\$ (2,292,741)	0	0.00	Y	Reduce this budget by \$2.3 million, this was originally a \$3.3 million investment meant as a one time pass-through for the applicable child savings from the 15-17 biennium. However, just over 1 million was needed to fund the first year of applicable child savings and that amount will be phased out in 21-31.
28	2	DHS	CW Child Safe	Sexual Assault Victims Fund 15%	(12,342)	0	0	0	0	0	\$ (12,342)	0	0.00	N	Sexual Assault Victims Services is funding that is specifically designed to adult sexual assault survivors with shelter and support services. These services are provided to the community at large, not just Child Welfare involved families. In 2016, Oregon domestic and sexual violence programs answered 139,580 calls for help, a 3.1 percent increase over 2015. This included calls about domestic violence, sexual assault, stalking and other issues with 1,720 adult sexual assault survivors receiving services. An elimination of these services would leave many adult victims of sexual assault unable to find safety and support.
29	3	DHS	CW Child Safe	Domestic Violence Services 15%	(70,062)	0	0	0	0	0	\$ (70,062)	0	0.00	N	Domestic Violence Services is funding that is specifically designed to assist victims of domestic violence and their children in accessing safe shelter, community based services such as hospital accompaniment and support groups, and in an effort to end violence before it begins, programs provide education and awareness events. In 2016, Oregon domestic and sexual violence programs answered 139,580 calls for help, a 3.1 percent increase over 2015. This included calls about domestic violence, sexual assault, stalking and other issues. These services are provided to the community at large, not just Child Welfare involved families. In 2016 there were 9,019 requests for shelter unmet with no reduction. An elimination of these services would leave many adult victims of domestic violence and their children unable to find safety and support.

Detail of Reductions to 2019-21 Current Service Level Budget

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Priority (ranked most to least preferred)	Agency	SCR or Activity Initials	Program Unit/Activity Description	GF	LF	OF	NL-OF	FF	NL-FF	TOTAL FUNDS	Pos.	FTE	Used in Gov. Budget Yes / No	Impact of Reduction on Services and Outcomes	
Dept	Prgm/ Div														
30	4	DHS	CW Child Safe	Recovering Family Mutual Homes – 15% reduction	(47,064)	0	(24)	0	0	0	\$ (47,088)	0	0.00	N	A cut of 15% is larger than appears as these budgets have a Federal match. These services currently provide payment directly to housing for child welfare parents, with their children, coming out of residential A&D treatment settings in three counties. Any cut in these services leads directly to the elimination of housing for individual parents with small children. This reduction will create immediate instability for families whose parent has recently completed A&D treatment. Cutting these services will result in increased barrier to children remaining with their parents which means increases in foster care. Additionally, it will increase length of stay in foster care.
31	6	DHS	APD Delivery	Eliminate funding for Options Counseling Services.	(3,339,852)	0	0	0	(406,477)	0	\$ (3,746,329)	0	0.00	N	This reduction would eliminate funding for the Area Agencies on Aging and Centers for Independent Living to provide options counseling services.
32	7	DHS	APD Delivery	Eliminate Oregon Care Partners	(4,511,000)	0	0	0	(2,429,000)	0	\$ (6,940,000)	0	0.00	N	This would eliminate the program of free training to direct care givers in Oregon.
33	8	DHS	APD	Remove General Assistance (HB4042).	(1,540,120)	0	(1,795,880)	0	0	0	\$ (3,336,000)	0	0.00	N	House Bill 4042 funded the General Assistance Project, beginning July 1, 2016. It serves individuals enrolled in the medical assistance program, who have disabilities that meet Presumptive Medicaid disability criteria, and who are experiencing homelessness. The program provides clients up to \$545 per month for housing, up to \$90 per month for utilities, and \$60 per month for personal incidental funds (PIF). Pursuit of Social Security benefits is a condition of eligibility. Housing payments, utility payments, and PIF expenditures are recovered from clients' Supplemental Security Income (SSI) lump sum payments when and if benefits are awarded.
34	9	DHS	APD Delivery	Remove General Assistance (HB4042).	(268,602)	0	0	0	0	0	\$ (268,602)	(2)	(2.00)	N	House Bill 4042 funded the General Assistance Project, beginning July 1, 2016. It serves individuals enrolled in the medical assistance program, who have disabilities that meet Presumptive Medicaid disability criteria, and who are experiencing homelessness. These positions were awarded to help support this program
35	10	DHS	APD	Eliminates the complex medical add-on for nursing facilities from 20% above the basic rate, to the same as the basic rate. (Assumes that rates are paid at the current statutory level)	(5,685,534)	0	0	0	(9,225,382)	0	\$ (14,910,916)	0	0.00	N	This reduction would eliminate the 40% premium paid to nursing facilities that serve individuals with certain complex medical conditions. Taking this reduction will require a statutory change to implement.

Detail of Reductions to 2019-21 Current Service Level Budget

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Priority (ranked most to least preferred)	Agency	SCR or Activity Initials	Program Unit/Activity Description	GF	LF	OF	NL-OF	FF	NL-FF	TOTAL FUNDS	Pos.	FTE	Used in Gov. Budget Yes / No	Impact of Reduction on Services and Outcomes	
Dept	Prgm/ Div														
36	8	DHS	SS	TANF - Time Limit 48 Months - Removing Adult Only	(62,638)	0	0	0	(563,745)	0	\$ (626,383)	0	0.00	N	This action would remove the Adult only on the case which would put the child in a TANF no-adult pay standard table, which would lower their grant, the caseload wouldn't be affected. This reduction will reduce the amount of state expenditures that count toward its MOE obligations.
37	9	DHS	SS	TANF - Time Limit 48 Months -Full Family Sanction (No Hardship Exemptions) This is additional of the 60 month	(1,654,341)	0	0	0	(14,889,065)	0	\$ (16,543,406)	0	0.00	N	This action establishes a 60 month time limit for TANF receipt for the entire family allowing no exemptions. The current Oregon time limit is 48 months and state statute allows for only the adults needs to be removed from TANF once the 48 month limitation has been reached and the family has no hardship exemption. Oregon's policy provides for the children in the home to continue to receive TANF. For families who have reached the new time-limit, the entire case would close. Some families may see an increase in SNAP benefits as cash benefits end. Ending TANF cash benefits for the entire family may result in family instability and homelessness. Families would have to rely on other community based safety net programs which have already experienced increased demand. During the biennium an average of 4,809 families per month are expected to be impacted. Families will also be impacted if they come from another state and the accrued time (alone or in combination with Oregon accrued time) equals to or exceeds 48 months. This action requires an amendment to ORS 412.079. This reduction will reduce the amount of state expenditures that count toward its MOE obligations.
38	10	DHS	SS	Admin Portion for TANF Time Limits 48 Months (18 month reduction)	(1,197,390)	0	0	0	(1,508,583)	0	\$ (2,705,973)	0	(15.75)	N	If we reduced the Time Limit to 48 Months, we would be losing 1,624 Cases. Calculation assumptions: Reduce TANF caseload by 3,952 cases from ongoing and case maintenance categories. Assumed 26% of clients are JOBS MANDATORY and do equal reductions to coaching and home visits category as well with approx. 2.64 clients per case. PHASE OUT 18 Mos, positions phase out in 2019-21. This reduction will reduce the amount of state expenditures that count toward its MOE obligations.
39	7	DHS	I-DD	Reduce Community Housing contract by 10% (CIP homes maintenance)	(320,083)	0	(320,083)	0	0	0	\$ (640,166)	0	0.00	N	Effective 7/1/2019, this program provides funding for maintenance and repairs of CIP homes. Bonds on 5 homes are ending in the next biennium.

Detail of Reductions to 2019-21 Current Service Level Budget

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Priority (ranked most to least preferred)	Agency	SCR or Activity Initials	Program Unit/Activity Description	GF	LF	OF	NL-OF	FF	NL-FF	TOTAL FUNDS	Pos.	FTE	Used in Gov. Budget Yes / No	Impact of Reduction on Services and Outcomes	
Dept	Prgm/ Div														
40	8	DHS	I-DD	Eliminate the Family Support Program	(1,080,075)	0	0	0	0	0	\$ (1,080,075)	0	0.00	N	Effective 7/1/2019 This program provides a small amount of support that goes a long way to helping family with care of child with developmental disability. Approximately 1,000 children and their families will lose service as a result of this program elimination. This program keeps children from entering formal Medicaid K-plan services.
41	9	DHS	I-DD	Eliminate the Family to Family Network Program	(583,950)	0	0	0	0	0	\$ (583,950)	0	0.00	N	Effective 10/1/19 reduce another 50%, which would eliminate Family to Family Networks. This program began in 2012 after 2011 made significant reductions in the Family Support Program. The funding (\$1.3M) supports up to eight networks. The work already accomplished by these groups includes family training, identification of local resources, and general support from one family to another. The networks leverage parent time and local resources in an effort to provide support at no cost to DHS/DD.
42	10	DHS	I-DD	Eliminate ancillary services from Waivers (excluding case management and employment services)	(432,077)	0	0	0	(892,907)	0	\$ (1,324,984)	0	0.00	N	Effective Jan 1, 2020; eliminate all ancillary services from all ODDS Waivers including Environmental Safety Modifications, Family Training - Conferences and Workshops, Specialized Medical Supplies, Vehicle Modifications. Elimination of these services may have potential ADA/Olmstead legal ramifications
43	11	DHS	I-DD	Reduce transportation benefit limit from \$500 to \$300 / month	(397,723)	0	0	0	(821,911)	0	\$ (1,219,634)	0	0.00	N	7/1/2019, Reduction of monthly benefit limit for non-medical transportation services from \$500 per month to \$300 per month. Elimination of these services may have potential ADA/Olmstead legal ramifications
44	12	DHS	I-DD	Reduce PSW overtime from 50 hours to 45 hours	(1,194,562)	0	0	0	(2,468,614)	0	\$ (3,663,176)	0	0.00	N	Start January 1, 2020; reduce overtime allowance from 50 total hours per week to 45 total hours per week. This reduction will need to go through collective bargaining process.
45	13	DHS	I-DD	T&TA Employment Contracts	(850,000)	0	0	0	(850,000)	0	\$ (1,700,000)	0	0.00	N	These contracts support employment first initiative and Lane settlement agreement and ending them will have a negative impact on those efforts.
46	14	DHS	I-DD	Lower than anticipated usage of Job Coaching hours	(2,000,000)	0	0	0	(4,000,000)	0	\$ (6,000,000)	0	0.00	Y	The amount of hours used in the Job Coaching service have been less than anticipated.
47	15	DHS	I-DD	Eliminate two homes at SACU in Eugene area, staff and home/client expenses	(1,772,842)	0	0	0	(3,873,062)	0	\$ (5,645,904)	0	(32.50)	N	By 7/1/2020 funding for fifty-two (52) positions will be removed and essentially abolished as the program will close two of the three homes in Eugene, this equals 32.50 FTE in 19-21. All positions will be fully abolished for the 21-23 biennium. If approved it would take one year to fully close home; effective phase out date starting with Forsythia to be completed by 1/1/20 and then River on 7/1/20.

Detail of Reductions to 2019-21 Current Service Level Budget

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Priority (ranked most to least preferred)	Agency	SCR or Activity Initials	Program Unit/Activity Description	GF	LF	OF	NL-OF	FF	NL-FF	TOTAL FUNDS	Pos.	FTE	Used in Gov. Budget Yes / No	Impact of Reduction on Services and Outcomes	
Dept	Prgm/ Div														
48	16	DHS	I-DD	Eliminate ability to disregard parental income (CAP Children Waiver)	(686,886)	0	0	0	(1,419,480)	0	\$ (2,106,366)	0	0.00	N	Effective 1/1/20 CAP Waiver; Waitlist any child not qualifying due to parental income for children with IDD under age 18 who live with family. Waitlist those reaching the cap that qualify. (APD) Contingent on Integrated Eligibility (code freeze on MMIS for IE implementation). Due to this reduction, kids already in services will remain in services, only children entering services will be impacted. This reduction will require CMS approval and may have ADA/Olmstead legal implications. These estimates may be high. 1,010 kids are estimated to go on a waiting list during 19-21 biennium.
49	17	DHS	I-DD	Eliminate ability to disregard parental income	(8,060,264)	0	0	0	(16,723,062)	0	\$ (24,783,326)	3	1.50	N	Effective 1/1/2020 Eliminate the ability to disregard parental income for children with IDD under age 18 who live with family. This could impact numbers above. Pricing includes the cost of 3 OPA3s for a 12 month period. (APD) Contingent on Integrated Eligibility (code freeze on MMIS for IE implementation). Under this reduction, children that require parental income disregard to meet Medicaid financial eligibility requirements will lose Medicaid eligibility and Medicaid funded services. This reduction will require CMS approval and may have ADA/Olmstead legal implications. These estimates may be high. 758 children are estimated to lose eligibility due to this change during 19-21 biennium.
50	2	DHS	VR	Reduce VR Personal Service Expense by 2.5%	(890,745)	0	(60,920)	0	(2,073,272)	0	\$ (3,024,937)	0	0.00	N	The proposed reduction would result in a 2.5% decrease in personal service expense, through lay offs reducing the VR workforce by 8.5% and forcing the creation of a waitlist. 3,059 individuals would not get services including youth served under third-party agreements with local school districts. This would jeopardize the match dollars that these agreements provide thus further reducing the program budget. Small specialized vendors who rely on the program for revenue would experience a sharp drop in income. Additionally this will impact the ability of the program to meet the required Maintenance of Effort resulting in a reduction in federal funds available, and resulting in the program reinstating the Order of Selection. OVRs with out an investment above the Current Service level is at risk of reinstating the Order of Selection, and is at risk for failure to meet the level of services set forth in Executive Order 15-04 and in the settlement agreement for Lane V Brown regarding employment for persons with Intellectual and Developmental Disabilities.
51	11	DHS	APD	Eliminate Adult Day Services	(817,632)	0	(11,250)	0	(1,727,118)	0	\$ (2,556,000)	0	0.00	N	This reduction would eliminate Medicaid funding for Adult Day Services in Oregon.

Detail of Reductions to 2019-21 Current Service Level Budget

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Priority (ranked most to least preferred)	Agency	SCR or Activity Initials	Program Unit/Activity Description	GF	LF	OF	NL-OF	FF	NL-FF	TOTAL FUNDS	Pos.	FTE	Used in Gov. Budget Yes / No	Impact of Reduction on Services and Outcomes	
Dept	Prgm/ Div														
52	12	DHS	APD	Reduce OPI by \$10M.	(10,000,000)	0	0	0	0	\$ (10,000,000)	0	0.00	N	We estimate that approximately 1,000 of the over 2,100 individuals currently being served per month by the traditional OPI program will no longer have access to these services if OPI is reduced by this amount.	
53	13	DHS	APD	Eliminate Services for Individuals with SPL's of 13 or higher	(10,510,446)	0	0	0	(17,054,322)	\$ (27,564,768)	0	0.00	N	We estimate that 854 fewer individuals will receive services through APD if this reduction is taken.	
54	14	DHS	APD	Eliminate Services for Individuals with SPL's of 12	(725,412)	0	0	0	(1,177,058)	\$ (1,902,470)	0	0.00	N	We estimate that an additional 54 fewer individuals will receive services through APD if this reduction is taken.	
55	15	DHS	APD	Eliminate Services for Individuals with SPL's of 11	(13,777,986)	0	0	0	(22,356,254)	\$ (36,134,240)	0	0.00	N	We estimate that an additional 960 fewer individuals will receive services through APD if this reduction is taken.	
56	18	DHS	I-DD	Eligibility IQ Requirement	(5,901,225)	0	0	0	(12,175,117)	\$ (18,076,343)	0	0.00	N	Effective 7/1/2020 Change the Eligibility requirement for individuals with IDD to a diagnosis of an IQ below 70. This could impact figures above. This reduction will require CMS approval and may have ADA/Olmstead legal implications. These estimates may be high. 2320 individuals are estimated to lose eligibility due to this change in 19-21 biennium.	
57	19	DHS	I-DD	Increase LOC Requirements	(11,380,362)	0	0	0	(23,677,304)	\$ (35,057,666)	3	1.50	N	Effective 7/1/2020 Increase LOC requirements to three areas of significant impairment in adaptive behavior for individuals who qualify due to a Developmental Disability. This could impact figures above. Pricing includes the cost of 3 OPA3s for a 12 month period. This reduction will require CMS approval and may have ADA/Olmstead legal implications. These estimates may be high. 1335 individuals are estimated to lose eligibility due to this change in 19-21 biennium.	
58	20	DHS	I-DD	Reduce Supported Living Rates by 20%	(5,855,267)	0	0	0	(11,734,086)	\$ (17,589,353)	0	0.00	N	Effective 10/1/19 This reduction proposes to reduce provider rates by 20% for Supported Living services (Service Element 51).	
59	20	DHS	I-DD	Reduce all non-bargained Provider Rates by 4%-Employment & Non-Medical Transportation excluded. (Reduction includes DSA services)	(10,723,196)	0	0	0	(21,597,954)	\$ (32,321,150)	0	0.00	N	Effective 10/1/2019 Reduce all non-bargained provider rates by 4%. This would be an across the board reduction of non-bargained rates for all DD service providers who provide services both children and adults, excludes Employment First & Non-Medical Transportation services. (Priced SE50 Adult Group Homes, SE142 Kids Group Homes and Kids Foster Care Services)	
60	20	DHS	I-DD	Reduce Employment rates by 4%-DSA excluded	(1,573,533)	0	0	0	(2,469,528)	\$ (4,043,061)	0	0.00	N	Effective 10/1/2019 Reduce Employment provider rates by 4%. This would be an across the board reduction of non-bargained rates for all DD service providers who provide employment services, excludes DSA services.	
61	20	DHS	I-DD	Reduce Brokerage and CDDP Equity by 2% (93% equity)	(2,361,135)	0	0	0	(2,837,988)	\$ (5,199,123)	0	0.00	Y	Effective 10/1/2019 Reduces the operating funding to CDDPs and Brokerages by another 2%--Overall reduction of 4%.	
62	21	DHS	I-DD	Reduce Supported Living Rates by an additional 5% - Overall: 25%	(1,463,817)	0	0	0	(2,933,522)	\$ (4,397,339)	0	0.00	N	Effective 10/1/19 This reduction proposes to reduce Supported Living (Service Element 51) provider rates by an additional 5%, Overall reduction of 25%.	

Detail of Reductions to 2019-21 Current Service Level Budget

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Priority (ranked most to least preferred)	Agency	SCR or Activity Initials	Program Unit/Activity Description	GF	LF	OF	NL-OF	FF	NL-FF	TOTAL FUNDS	Pos.	FTE	Used in Gov. Budget Yes / No	Impact of Reduction on Services and Outcomes	
Dept	Prgm/ Div														
63	5	DHS	CW Child Safe	Recovering Family Mutual Homes – additional 15% reduction off of new basis.	(40,004)	0	(20)	0	0	0	\$ (40,024)	0	0.00	N	A cut of 15% is larger than appears as these budgets have a Federal match. These services currently provide payment directly to housing for child welfare parents, with their children, coming out of residential A&D treatment settings in three counties. Any cut in these services leads directly to the elimination of housing for individual parents with small children. This reduction will create immediate instability for families whose parent has recently completed A&D treatment. Cutting these services will result in increased barrier to children remaining with their parents which means increases in foster care. Additionally, it will increase length of stay in foster care.
64	6	DHS	CW Permaner	Private Adoptions: 15% Cut Description of Services: Payment for placement and supervision services for DHS foster children in in-state and out-of-state adoptive families studied and supervised by private agencies.	(85,546)	0	0	0	(101,538)	0	\$ (187,084)	0	0.00	N	15% Cut Reduce the number of in-state private agency placements but keep out-of-state private placements at the current level. General applicant Oregon families can get home studies through their local DHS offices (although waiting times will increase), but out-of-state general applicants (non-relatives) would have no means to get a study through their local child welfare office for Oregon children, as ICPC covers home studies with relatives only. Reductions impact the number of adoptive families overall and reduces the overall number of adoptive placements being made.
65	7	DHS	CW Permaner	Contracted Adoption Services - 15% Reduction	(351,534)	0	0	0	(124,784)	0	\$ (476,318)	0	0.00	N	15% Reduction The Multnomah County District Attorney contract, Whitney Investigations contract, and Black Helterline Attorney contract are all essential legal services that will be deferred to the Department of Justice if these contracts are cut or eliminated (see explanation below in the 100% elimination section), so cuts to these contracts in contracted adoption services would result in a cost shift to the DOJ budget. Of the remaining contracted adoption services, leave Oregon Adoption Resource Exchange and Northwest Adoption Resource Exchange intact
66	8	DHS	CW Permaner	Permanency: 15% Reduction Post Adoption Services program, impacting supports for adoptive and guardianship families each year. (IV-B portion of budget)	(36,470)	0	(9)	0	0	0	\$ (36,479)	0	0.00	N	15% Reduction Reduce training, library purchases, support group start-up, and reduce FTE for information and referral, advocacy and support, and crisis intervention.

Detail of Reductions to 2019-21 Current Service Level Budget

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Priority (ranked most to least preferred)	Agency	SCR or Activity Initials	Program Unit/Activity Description	GF	LF	OF	NL-OF	FF	NL-FF	TOTAL FUNDS	Pos.	FTE	Used in Gov. Budget Yes / No	Impact of Reduction on Services and Outcomes	
Dept	Prgm/ Div														
67	9	DHS	CW Permaner	Contracted Adoption Services - additional 15% Reduction off of new basis.	(298,803)	0	0	0	(106,066)	0	\$ (404,869)	0	0.00	N	Additional 15% reduction - 30% total BGAID: Leave the foster adopt inquiry line and monthly training for private adoption agencies. Further reduce the child specific recruiters. The Multnomah County District Attorney contract, Whitney Investigations contract, and Black Helterline Attorney contract are all essential legal services that will be deferred to the Department of Justice if these contracts are cut or eliminated, resulting in a cost shift to the DOJ budget. Of the remaining contracted adoption services, Oregon Adoption Resource Exchange and Northwest Adoption Resource Exchange would remain intact. Mediation: This cut would reduce again the number of mediated post adoption communication referrals.
68	10	DHS	CW Permaner	Permanency: additional 15% Reduction Post Adoption Services program, impacting supports for adoptive and guardianship families each year. (IV-B portion of budget)	(30,999)	0	(8)	0	0	0	\$ (31,007)	0	0.00	N	Additional 15% reduction - 30% total Eliminate training, library purchases, support group start-up, and reduce FTE to information and referral, and crisis intervention only
69	11	DHS	CW Well Bein	Well Being: Reduce Client Transportation Program by 15%.	(742,780)	0	(146,314)	0	(110,951)	0	\$ (1,000,045)	0	0.00	N	Any reduction to funding for Client Transportation will have a negative impact on direct services for children, negatively impact their education outcomes, and potentially delay child and family reunification. A 15% reduction would result in fewer visits between children and their parents, negatively impacting the child's well-being and causing unnecessary delays in reunification. Any delay in reunification could cause the department to fail the Adoptions and Safe Families Act (AFSA – Public Law 105-89) requirements of moving to terminate parental rights for children who have been in foster care for 15 out of the past 22 months, or cause the department to move toward termination of parental rights without proper and consistent visitation having occurred between a child and their parents.
70	12	DHS	CW Child Safe	Child Safety: Family Support Teams/Addiction Recovery Teams reduce by 15%	(273,470)	0	(45,077)	0	0	0	\$ (318,547)	0	0.00	N	A cut of 15% in General Fund is misleading in terms of the actual size of the cut these GF budgets produce a large Federal match. This level cut would reduce service hours and in larger branches the contractor staff reductions would reduce both the number of parents served and total service hours.

Detail of Reductions to 2019-21 Current Service Level Budget

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Priority (ranked most to least preferred)	Agency	SCR or Activity Initials	Program Unit/Activity Description	GF	LF	OF	NL-OF	FF	NL-FF	TOTAL FUNDS	Pos.	FTE	Used in Gov. Budget Yes / No	Impact of Reduction on Services and Outcomes	
Dept	Prgm/ Div														
71	13	DHS	CW Child Safe	Child Safety: Foster Care Prevention reduce by 15%	(161,094)	0	(13,692)	0	0	0	\$ (174,786)	0	0.00	N	15% reduction (ALL ARE IDENTICAL DESCRIPTIONS OF IMPACT FOR FCP) Foster Care Prevention (FCP) is funding that is specifically designed to prevent children from entering foster care or allowing them to return home more quickly. A reduction of FCP will result in more children coming into foster care and it would impact the ability of staff to maintain children in their homes or to get them home more quickly. A reduction of FCP will likely cause an overutilization of other services or flexible funding sources like System of Care. This is likely to affect Oregon Tribes and members of minority groups who are already overrepresented as there will be fewer financial resources to assist children in remaining safely in their homes.
72	14	DHS	CW Well Bein	Well Being: Reduce Court Ordered Other Medical Program by 15%.	(788,502)	0	(3,706)	0	0	0	\$ (792,208)	0	0.00	N	Other Medical funds are used by DHS to obtain services to assist the caseworker in making good case planning decisions for the child and family and to better inform the Courts. These services include case consultation services with licensed experts to review case information accumulated over time and assist in developing a timely well-focused case plan; and psychological evaluations and other testing of parents (including drug testing), used to inform case planning. Other Medical funding also allows the department to request medical records for a child in care and to request formally supervised parent/child, and sibling interactions.
73	15	DHS	CW Well Bein	Well Being: Reduce System of Care (SOC) by 15% - flexible fund resource dollars to meet the individual needs of foster children and their families.	(590,547)	0	(51,786)	0	(272,231)	0	\$ (914,564)	0	0.00	N	System of Care flexible funds are used by local offices to address not only the individualized service needs of children and parents, but also and more recently payments that promote a parent's ability to maintain housing while working toward reunification with their children. Cutting SOC by 15% will likely result in reduced ability to meet the unique needs of children and families through client specific services.

Detail of Reductions to 2019-21 Current Service Level Budget

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Priority (ranked most to least preferred)	Agency	SCR or Activity Initials	Program Unit/Activity Description	GF	LF	OF	NL-OF	FF	NL-FF	TOTAL FUNDS	Pos.	FTE	Used in Gov. Budget Yes / No	Impact of Reduction on Services and Outcomes	
Dept	Prgm/ Div														
74	3	DHS	VR	Reduce VR Personal Service Expense by an additional 2.5%	(890,745)	0	(60,920)	0	(2,073,272)	0	\$ (3,024,937)	0	0.00	N	The proposed reduction would result in an additional 2.5% decrease in personal service expense, through lay offs reducing the VR workforce by 8.5% and forcing the creation of a waitlist. resulting in an additional 3,059 individuals would not get services including youth served under third-party agreements with local school districts. This would jeopardize the match dollars that these agreements provide thus further reducing the program budget. Small specialized vendors who rely on the program for revenue would experience a sharp drop in income. Additionally this will impact the ability of the program to meet the required Maintenance of Effort resulting in a reduction in federal funds available, and resulting in the program reinstating the Order of Selection. OVRs with out an investment above the Current Service level is at risk of reinstating the Order of Selection, and is at risk for failure to meet the level of services set forth in Executive Order 15-04 and in the settlement agreement for Lane V Brown regarding employment for persons with Intellectual and Developmental Disabilities.
75	16	DHS	APD	Reduce Nursing Facility Rates to the 60th Percentile from the statutory rate (unaudited adjusted rates as of May 2018).	(1,431,562)	0	0	0	(4,144,143)	0	\$ (5,575,705)	0	0.00	N	This would require a statutory change. No impact on consumers or access is anticipated with this reduction. Nursing facilities could likely absorb this without much consequence.
76	17	DHS	APD	REDUCE CBC rates by 2.5%.	(8,381,442)				(16,870,258)	0	\$ (25,251,700)	0	0.00	N	Reducing CBC rates may result in decreased access for Medicaid consumers. Medicaid rates are already substantially below rates facilities may secure from private pay consumers.
77	18	DHS	APD	Reduce Nursing Facility Rates to the 55th Percentile from 60th Percentile (unaudited adjusted rates as of May 2017)	(3,763,414)	0	0	0	(6,392,871)	0	\$ (10,156,285)	0	0.00	N	This would require a statutory change. No impact on consumers or access is anticipated with this reduction. Nursing facilities could likely absorb this without much consequence.
78	19	DHS	APD	Reduce OPI by another \$6M.	(7,106,710)	0	0	0	0	0	\$ (7,106,710)	0	0.00	N	Reducing the OPI budget below \$18 Million GF may begin to jeopardize the current need for the DSHP program in OHA; and could encroach on MOE for the Older American's Act.
79	17	DHS	SS	Eliminate the TANF UN program	(33,470,942)	0	0	0	0	0	\$ (33,470,942)	0	0.00	N	This action eliminates the TANF UN program beginning 10/19 which is estimated to impact 2,552, cases monthly. This estimate assumes approx. 10% of the cases transition to the TANF BASIC program due to one parent leaving the family.
80	20	DHS	APD	Reduce CBC rates by an additional 2.5% (5% total)	(8,381,466)				(16,870,378)	0	\$ (25,251,844)	0	0.00	N	Reducing CBC rates may result in decreased access for Medicaid consumers. Medicaid rates are already substantially below rates facilities may secure from private pay consumers.

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Priority (ranked most to least preferred)	Agency	SCR or Activity Initials	Program Unit/Activity Description	GF	LF	OF	NL-OF	FF	NL-FF	TOTAL FUNDS	Pos.	FTE	Used in Gov. Budget Yes / No	Impact of Reduction on Services and Outcomes	
Dept	Prgm/ Div														
81	21	DHS	I-DD	Reduce all non-bargained Provider Rates by 3%-Employment excluded (Overall Reduction of 7%)	(8,042,396)	0	0	0	(16,198,465)	0	\$ (24,240,861)	0	0.00	N	Effective 10/1/2019 Reduce all non-bargained provider rates by and additional 3%. This would be an across the board reduction of non-bargained rates for all DD service providers who provide services both children and adults, excludes Employment First & Non-Medical Transportation services. (Overall reduction = 7% if this option is selected) (Priced SE50 Adult Group Homes, SE142 Kids Group Homes and Kids Foster Care Services)
82	21	DHS	I-DD	Reduce Employment rates by another 4%-DSA excluded (Overall 8% reduction)	(1,573,533)	0	0	0	(2,469,528)	0	\$ (4,043,061)	0	0.00	N	Effective 10/1/2019 Reduce Employment provider rates by another 4%. This would be an across the board reduction of non-bargained rates for all DD service providers who provide employment services, excludes DSA services.
83	21	DHS	I-DD	Reduce Brokerage and CDDP Equity by additional 2% (91% equity)	(2,361,135)	0	0	0	(2,837,988)	0	\$ (5,199,123)	0	0.00	N	Effective 10/1/19 Reduces the operating funding to CDDPs and Brokerages by another 2%--Overall reduction of 4%.
84	22	DHS	I-DD	Reduce Supported Living Rates by an additional 5%--Overall 30%	(1,463,817)	0	0	0	(2,933,522)	0	\$ (4,397,339)	0	0.00	N	Effective 10/1/19 This reduction proposes to reduce Supported Living (Service Element 51) provider rates by an additional 5%, Overall reduction of 30%.
85	16	DHS	CW Permaner	Private Adoptions: Additional 15% Cut Description of Services: Payment for placement and supervision services for DHS foster children in in-state and out-of-state adoptive families studied and supervised by private agencies.	(72,715)	0	0	0	(86,308)	0	\$ (159,023)	0	0.00	N	An additional 15% reduction - 30% total Cut all in-state private agency placements but keep out-of-state private placements at the current level. See reduction impact statement above
86	17	DHS	CW Well Bein	Well Being: Further reduce Court Ordered Other Medical Program by an additional 15%.	(670,227)	0	(3,150)	0	0	0	\$ (673,377)	0	0.00	N	An additional 15% reduction - 30% total Reducing and or eliminating this funding will impact outcomes for children and families, increase length of stay in foster care, increase caseloads, and will likely jeopardize the department's ability to access federal funding regarding providing services to children and families based on reasonable and/or active efforts.
87	18	DHS	CW Well Bein	Well Being: Further reduce Client Transportation Program by an additional 15%.	(631,362)	0	(124,367)	0	(94,308)	0	\$ (850,037)	0	0.00	N	An additional 15% reduction would result in even fewer visits between children and their parents, negatively impacting the child's well-being and causing unnecessary delays in reunification.

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Priority (ranked most to least preferred)	Agency	SCR or Activity Initials	Program Unit/Activity Description	GF	LF	OF	NL-OF	FF	NL-FF	TOTAL FUNDS	Pos.	FTE	Used in Gov. Budget Yes / No	Impact of Reduction on Services and Outcomes	
Dept	Prgm/ Div														
88	19	DHS	CW Child Safe Child Safety: Family Support Teams/Addiction Recovery Teams reduce by an additional 15%	(232,449)	0	(38,315)	0	0	0	\$ (270,764)	0	0.00	N	An additional 15% reduction - 30% total This level cut would likely eliminate some of the smaller contracts as the amount left would be insufficient to maintain staffing in the tightly balanced budgets of our contractors. It would dramatically reduce service hours. In larger branches the contractor staff reductions would reduce both the number of parents served and total service hours, and some service categories, therefore eliminating the ability of DHS staff to properly refer and tracks clients with addiction issues. This cut will create more stress on caseworkers as determining safety is directly linked to determining sobriety. The ability to support clients in beginning and completing treatment as well as sustaining their recovery would be severely diminished. This would also result in eliminating jobs at local employers. Cutting these services will result in increased barrier to children remaining with their parents which means increases in foster care. Additionally, it will increase length of stay in foster care.	
89	20	DHS	CW Child Safe Child Safety: Eliminate Family Support Teams / Addiction Recovery Teams (ART) program	(1,317,215)	0	(217,118)	0	(3,263,894)	0	\$ (4,798,227)	0	0.00	N	A 70% reduction would eliminate the statewide program. Elimination of these services will mean more and longer foster care placements; higher re-abuse rates, a decline in parents entering treatment quickly, and an increase in the number of parents who struggle with sustaining their recovery. It will also increase caseworker workload, including A&D referral, treatment monitoring, transport, client tracking and case management, making it more difficult for caseworkers to meet other state and federal mandates. This would eliminate any ability of DHS to respond to clients in relapse, require more children remain in foster care, and eliminate the majority of personnel who serve as DHS liaison to local treatment providers. Longer stays in foster care will increase costs to the state, result in poorer outcomes for children and poorer treatment outcomes for their parents. This would also result in eliminating approximately 50-55 contracted jobs at local employers. Cutting these services will result in increased barrier to children remaining with their parents which means increases in foster care. Additionally, it will increase length of stay in foster care.	

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Priority (ranked most to least preferred)	Agency	SCR or Activity Initials	Program Unit/Activity Description	GF	LF	OF	NL-OF	FF	NL-FF	TOTAL FUNDS	Pos.	FTE	Used in Gov. Budget Yes / No	Impact of Reduction on Services and Outcomes	
Dept	Prgm/ Div														
90	21	DHS	CW Child Safe	Child Safety: Further reduce Foster Care Prevention by an additional 15%	(136,930)	0	(11,639)	0	0	0	\$ (148,569)	0	0.00	N	15% more reduction (30% total) Foster Care Prevention (FCP) is funding that is specifically designed to prevent children from entering foster care or allowing them to return home more quickly. An elimination of FCP will result in more children coming into foster care and it would impact the ability of staff to maintain children in their homes or to get them home more quickly. It will also cause an overutilization of other services or flexible funding sources like System of Care. This is likely to affect Oregon Tribes and members of minority groups who are already overrepresented as there will be fewer financial resources to assist children in remaining safely in their homes.
91	22	DHS	CW Child Safe	Child Safety: Reduce ISRS budget by 15%, eliminating in-home supports for abused children.	(257,531)	0	(30,651)	0	0	0	\$ (288,182)	0	0.00	N	15% reduction In-Home Safety and Reunification Services (ISRS) provides services to help manage the safety threats within the family, stabilize the family and provide for the immediate safety of children at risk of maltreatment or when children have been placed in protective custody or foster care this service is to help them return to their parents. A 15% reduction to In-Home Safety and Reunification Services will impact child welfare's ability to: 1) safely keep children at home; 2) return children home in a timely manner; and 3) provide the family supports and services to ensure children aren't re-abused and don't re-enter the foster care system. This reduction is estimated to impact children who will now need to enter or remain in foster care rather than safely remain in the home with their parents or safely reunify with their parents. This reduction will impact the department's ability to meet Indian Child Welfare Act and other court-ordered requirements. This reduction will also mean more "no reasonable efforts" or "failure to meet active efforts for ICWA children" findings by the courts, which would impact federal funding for Oregon's foster care (out-of-home care) program. In addition to increased costs in foster care, there will be an increase in costs to courts, defense attorneys, Citizen Review Boards, and others involved in the dependency system. Finally, contractors who provide these services will be impacted and may lay off staff.

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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Priority (ranked most to least preferred)	Agency	SCR or Activity Initials	Program Unit/Activity Description	GF	LF	OF	NL-OF	FF	NL-FF	TOTAL FUNDS	Pos.	FTE	Used in Gov. Budget Yes / No	Impact of Reduction on Services and Outcomes	
Dept	Prgm/ Div														
92	23	DHS	CW Child Safe	Child Safety: Reduce Strengthening, Preserving, & Reunifying Families (SPRF) budget by 15%.	(2,177,492)	0	0	0	0	0	\$ (2,177,492)	0	0.00	N	15% more reduction Strengthening, Preserving and Reunifying Families (SPRF) programs provide a broad array of services that are designed to maintain children safely at home with their parents or caregivers, safely and equitably reduce the number of children in the foster care system, reduce child trauma, reduce the length of stay in foster care, and to reduce the referral or reentry rates of families in the Child Welfare system. SPRF also provides services to families with safe children and moderate to high needs and this is the only way these families would be able to access Child Welfare services. A further reduction in these services will result in more children coming into foster care, staying longer periods of time in foster care or coming back to the attention of child welfare. This reduction will also impact the department's ability to meet Indian Child Welfare Act and other court-ordered requirements. This reduction will also mean more "no reasonable efforts" or "failure to meet active efforts for ICWA children" findings by the courts, which would impact federal funding for Oregon's foster care (out-of-home care) program. In addition to increased costs in foster care, there will be an increase in costs to courts, defense attorneys, Citizen Review Boards, and others involved in the dependency system. Finally, contractors who provide these services will be impacted and may lay off staff.

Detail of Reductions to 2019-21 Current Service Level Budget

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Priority (ranked most to least preferred)	Agency	SCR or Activity Initials	Program Unit/Activity Description	GF	LF	OF	NL-OF	FF	NL-FF	TOTAL FUNDS	Pos.	FTE	Used in Gov. Budget Yes / No	Impact of Reduction on Services and Outcomes	
Dept	Prgm/ Div														
93	24	DHS	CW Child Safe	Child Safety: Reduce ISRS budget by another 15%, eliminating in-home supports for abused/neglected children and their families each year (second reduction to this program).	(218,902)	0	(26,053)	0	0	0	\$ (244,955)	0	0.00	N	15% reduction (30% total) In-Home Safety and Reunification Services (ISRS) provides services to help manage the safety threats within the family, stabilize the family and provide for the immediate safety of children at risk of maltreatment or when children have been placed in protective custody or foster care this service is to help them return to their parents. A 15% reduction to In-Home Safety and Reunification Services will impact child welfare's ability to: 1) safely keep children at home; 2) return children home in a timely manner; and 3) provide the family supports and services to ensure children aren't re-abused and don't re-enter the foster care system. This reduction is estimated to impact children who will now need to enter or remain in foster care rather than safely remain in the home with their parents or safely reunify with their parents. This reduction will impact the department's ability to meet Indian Child Welfare Act and other court-ordered requirements. This reduction will also mean more "no reasonable efforts" or "failure to meet active efforts for ICWA children" findings by the courts, which would impact federal funding for Oregon's foster care (out-of-home care) program. In addition to increased costs in foster care, there will be an increase in costs to courts, defense attorneys, Citizen Review Boards, and others involved in the dependency system. Finally, contractors who provide these services will be impacted and may lay off staff.
94	25	DHS	CW Child Safe	Recovering Family Mutual Homes – Additional 70% reduction (100% elimination)	(226,688)	0	(115)	0	(219,409)	0	\$ (446,212)	0	0.00	N	An additional 70% reduction would eliminate these housing options. Elimination of these services will mean more and longer foster care placements; higher re-abuse rates, a decline in parents entering their communities post treatment, and an increase in the number of parents who struggle with sustaining their recovery. It will also increase caseworker workload, including client tracking and case management, making it more difficult for caseworkers to meet other state and federal mandates. This cut would eliminate transitional housing options for some clients and the ability of DHS to respond to clients in relapse. It would result in poorer outcomes for children and poorer treatment outcomes for their parents

Agency Name (Acronym) DHS															
2019 - 2021 Biennium															
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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Priority (ranked most to least preferred)	Agency	SCR or Activity Initials	Program Unit/Activity Description	GF	LF	OF	NL-OF	FF	NL-FF	TOTAL FUNDS	Pos.	FTE	Used in Gov. Budget Yes / No	Impact of Reduction on Services and Outcomes	
Dept	Prgm/ Div														
95	26	DHS	CW Permanent	Contracted Adoption Services - An additional 70% reduction (100% elimination)	(1,693,214)	0	0	0	(1,122,305)	0	\$ (2,815,519)	0	0.00	N	<p>1. Oregon Adoption Resource Exchange: This would eliminate Oregon's electronic adoption recruitment system. Adoption recruitment would revert back to manual recruitment; central office shipping child bulletins and photographs to each branch office, putting bulletins into a recruitment book, and adoptive families visiting branch offices to look at waiting children as opposed to doing so on-line and from home. Reverting to a manual paper recruitment process would considerably slow the matching process, and would increase workload both in central office and the field because central office staff and field adoption workers would be required to maintain branch recruitment books and meet with prospective families as they come into the offices.</p> <p>2. Northwest Adoption Resource Exchange: This would completely eliminate any national recruitment opportunities for Oregon's waiting children. All children eligible for national recruitment are harder to place; higher special needs, older, or large sibling groups. These harder to place children would no longer have the benefit of a 50 state recruitment pool.</p> <p>3. Post Adoption Mediation: Elimination of mediation services would increase the number of cases requiring termination of parental rights litigation. This both decreases the timeliness to adoption for children and increases the costs of DOJ services. Mediation, which allows birth parents and relatives to be assured of post adoption contact or communication with their birth child, increases the number of voluntary relinquishments. Most importantly, mediation is beneficial to children as research is clear that most adopted children do better when they maintain a connection to their identity, family, and culture.</p> <p>4. Boys and Girls Aid Society (adoption support): Elimination of this contract eliminates Oregon's foster and adoption inquiry line. BGAID fields thousands of calls per biennium from prospective foster and adoptive parents, sends out</p>
96	21	DHS	APD	Reduce Nursing Facility Rates to the 50th Percentile from the 55th Percentile (unaudited adjusted rates as of May 2017)	(3,716,307)	0	0	0	(6,312,870)	0	\$ (10,029,177)	0	0.00	N	This would require a statutory change. No impact on consumers or access is anticipated with this reduction.
97	22	DHS	APD	Reduce CBC rates by an additional 2.5% (7.5% total)	(8,381,526)				(16,870,426)	0	\$ (25,251,952)	0	0.00	N	Reducing CBC rates may result in decreased access for Medicaid consumers. Medicaid rates are already substantially below rates facilities may secure from private pay consumers.
98	23	DHS	APD	Reduce CBC rates by an additional 2.5% (10% total)	(8,381,658)				(16,870,786)	0	\$ (25,252,444)	0	0.00	N	Reducing CBC rates may result in decreased access for Medicaid consumers. Medicaid rates are already substantially below rates facilities may secure from private pay consumers.

Detail of Reductions to 2019-21 Current Service Level Budget

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Priority (ranked most to least preferred)	Agency	SCR or Activity Initials	Program Unit/Activity Description	GF	LF	OF	NL-OF	FF	NL-FF	TOTAL FUNDS	Pos.	FTE	Used in Gov. Budget Yes / No	Impact of Reduction on Services and Outcomes	
Dept	Prgm/ Div														
99	22	DHS	I-DD	Reduce all non-bargained Provider Rates by additional 3%-Employment excluded (Overall 10% Reduction)	(8,042,396)	0	0	0	(16,198,465)	0	\$ (24,240,861)	0	0.00	N	Effective 10/1/2019 Reduce all non-bargained provider rates by and additional 3%. This would be an across the board reduction of non-bargained rates for all DD service providers who provide services both children and adults, excludes Employment First & Non-Medical Transportation services. (Overall reduction =10% if this option is selected) (Priced SE50 Adult Group Homes, SE142 Kids Group Homes and Kids Foster Care Services)
100	22	DHS	I-DD	Reduce Employment rates by another 4%-DSA excluded (Overall 12% reduction)	(1,573,533)	0	0	0	(2,469,528)	0	\$ (4,043,061)	0	0.00	N	Effective 10/1/2019 Reduce Employment provider rates by another 4%. This would be an across the board reduction of non-bargained rates for all DD service providers who provide employment services, excludes DSA services.
101	22	DHS	I-DD	Reduce Brokerage and CDDP Equity by another additional 2% (89% equity)	(2,361,135)	0	0	0	(2,837,988)	0	\$ (5,199,123)	0	0.00	N	Effective 10/1/19 Reduces the operating funding to CDDPs and Brokerages another 2%, overall reduction of 6%.
102	23	DHS	I-DD	Reduce Supported Living Rates by an additional 5%--Overall 35%	(1,443,647)	0	0	0	(2,972,783)	0	\$ (4,416,429)	0	0.00	N	Effective 10/1/19 This reduction proposes to reduce Supported Living (Service Element 51) provider rates by an additional 5%, Overall reduction of 35%.
103	23	DHS	I-DD	Reduce all non-bargained Provider Rates by additional 3%-Employment excluded (Overall 13% Reduction)	(8,042,396)	0	0	0	(16,198,465)	0	\$ (24,240,861)	0	0.00	N	Effective 10/1/2019 Reduce all non-bargained provider rates by and additional 3%. This would be an across the board reduction of non-bargained rates for all DD service providers who provide services both children and adults, excludes Employment First & Non-Medical Transportation services. (Overall reduction =10% if this option is selected) (Priced SE50 Adult Group Homes, SE142 Kids Group Homes and Kids Foster Care Services)
104	23	DHS	I-DD	Reduce Employment rates by another 4%-DSA excluded (Overall 12% reduction)	(1,573,533)	0	0	0	(2,469,528)	0	\$ (4,043,061)	0	0.00	N	Effective 10/1/2019 Reduce Employment provider rates by another 4%. This would be an across the board reduction of non-bargained rates for all DD service providers who provide employment services, excludes DSA services.
105	23	DHS	I-DD	Reduce Brokerage and CDDP Equity by another additional 5% -total reduction of 11% (84% equity)	(5,902,837)	0	0	0	(7,094,971)	0	\$ (12,997,808)	0	0.00	N	Effective 10/1/19 Reduces the operating funding to CDDPs and Brokerages another 5%, overall reduction of 11%. (84% equity)
106	24	DHS	I-DD	Reduce Supported Living Rates by an additional 5%--Overall 40%	(1,443,647)	0	0	0	(2,972,783)	0	\$ (4,416,429)	0	0.00	N	Effective 10/1/19 This reduction proposes to reduce Supported Living (Service Element 51) provider rates by an additional 5%, Overall reduction of 40%.

Detail of Reductions to 2019-21 Current Service Level Budget

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Priority (ranked most to least preferred)	Agency	SCR or Activity Initials	Program Unit/Activity Description	GF	LF	OF	NL-OF	FF	NL-FF	TOTAL FUNDS	Pos.	FTE	Used in Gov. Budget Yes / No	Impact of Reduction on Services and Outcomes	
Dept	Prgm/ Div														
107	27	DHS	CW Permaner	Permanency: Another 70% reductions (100% elimination) Post Adoption Services program, impacting supports for adoptive and guardianship families each year.	(175,663)	0	(42)	0	(1,041,833)	0	\$ (1,217,538)	0	0.00	N	100% elimination Eliminating the post adoption services program is a potential disincentive for families to adopt special needs children and it will potentially increase the number of children returning to foster care or residential treatment because families in crisis will be unable to receive the support and advocacy they need within their homes. In addition, families who use ORPARC services each biennium will be deferred to branch offices who neither have the staff to respond, nor the expertise and competency to provide the needed services and advocacy for these families. Federal "applicable child" dollars must be spent on post adoption services at a rate of 30% of total general fund savings, so post adoption services cannot be completely eliminated.
108	28	DHS	CW Well Bein	Well Being: Reduce System of Care (SOC) by another 15% - flexible fund resource dollars to meet the individual needs of foster children and their families (second reduction to this program budget).	(501,966)	0	(44,019)	0	(231,396)	0	\$ (777,381)	0	0.00	N	System of Care flexible funds are used by local offices to address not only the individualized service needs of children and parents, but also and more recently the payments that promote a parent's ability to maintain housing while working toward reunification with their children. Cutting SOC by and additional 15%, totaling 30% reduction, will likely result in reduced ability to meet the unique needs of children an families through client specific services thus resulting in longer stays in foster care for hundreds of children.
109	29	DHS	CW Well Bein	Well Being: Eliminate remaining Client Transportation Program.	(3,577,720)	0	(704,746)	0	(1,951,758)	0	\$ (6,234,224)	0	0.00	N	Total elimination of this budget will significantly impact the department's ability to provide for the safety, permanency and well-being of children in its care. In addition, it will likely result in 'no-reasonable efforts' or 'no active efforts' findings by the judiciary and impact the department's ability to request federal Title IV-E reimbursement for substitute care services. The department will have a significant burden in meeting state and federal requirements regarding visitation of children and with families and for meeting a child's educational needs resulting in penalties in Title IV-B funding.
110	30	DHS	CW Well Bein	Well Being: Eliminate another 15% of Court Ordered Other Medical Program.	(569,693)	0	(2,678)	0	0	0	\$ (572,371)	0	0.00	N	Eliminating this funding will impact outcomes for children and families, increase length of stay in foster care, increase caseloads, and will likely jeopardize the department's ability to access federal funding regarding providing services to children and families based on reasonable and/or active efforts.

Detail of Reductions to 2019-21 Current Service Level Budget

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Priority (ranked most to least preferred)	Agency	SCR or Activity Initials	Program Unit/Activity Description	GF	LF	OF	NL-OF	FF	NL-FF	TOTAL FUNDS	Pos.	FTE	Used in Gov. Budget Yes / No	Impact of Reduction on Services and Outcomes	
Dept	Prgm/ Div														
111	31	DHS	CW Well Bein	Well Being: Cut another 70% (100% elimination) of System of Care (SOC). This eliminates the program fully and moves the SSBG federal revenues freed up due to the elimination of SOC to Personal Services in the Field to achieve GF savings.	(2,844,468)	0	(249,438)	0	(8,340,160)	0	\$ (11,434,066)	0	0.00	N	System of Care flexible funds are used by local offices to address not only the individualized service needs of children and parents, but also and more recently, the payments that promote a parent's ability to maintain housing while working toward reunification with their children. Cutting SOC by and additional 70%, totaling 100% reduction, will result in a substantial increase in foster care based on the unmet needs of children and parents.
112	32	DHS	CW Child Safe	Child Safety: Further Reduce Strengthening, Preserving, & Reunifying Families (SPRF) by another 15% of the budget.	(1,850,869)	0	0	0	0	0	\$ (1,850,869)	0	0.00	N	15% more reduction (30% total) Strengthening, Preserving and Reunifying Families (SPRF) programs provide a broad array of services that are designed to maintain children safely at home with their parents or caregivers, safely and equitably reduce the number of children in the foster care system, reduce child trauma, reduce the length of stay in foster care, and to reduce the referral or reentry rates of families in the Child Welfare system. SPRF also provides services to families with safe children and moderate to high needs and this is the only way these families would be able to access Child Welfare services. A further reduction in these services will result in more children coming into foster care, staying longer periods of time in foster care or coming back to the attention of child welfare. This reduction will also impact the department's ability to meet Indian Child Welfare Act and other court-ordered requirements. This reduction will also mean more "no reasonable efforts" or "failure to meet active efforts for ICWA children" findings by the courts, which would impact federal funding for Oregon's foster care (out-of-home care) program. In addition to increased costs in foster care, there will be an increase in costs to courts, defense attorneys, Citizen Review Boards, and others involved in the dependency system. Finally, contractors who provide these services will be impacted and may lay off staff.

Detail of Reductions to 2019-21 Current Service Level Budget

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Priority (ranked most to least preferred)	Agency	SCR or Activity Initials	Program Unit/Activity Description	GF	LF	OF	NL-OF	FF	NL-FF	TOTAL FUNDS	Pos.	FTE	Used in Gov. Budget Yes / No	Impact of Reduction on Services and Outcomes	
Dept	Prgm/ Div														
113	33	DHS	CW Child Safe	Child Safety: Remove another 70% (100% Elimination) from ISRS.	(1,240,443)	0	(147,634)	0	(18,407,605)	0	\$ (19,795,682)	0	0.00	N	70% reduction (100% Total - elimination) In-Home Safety and Reunification Services (ISRS) provides services to help manage the safety threats within the family, stabilize the family and provide for the immediate safety of children at risk of maltreatment or when children have been placed in protective custody or foster care this service is to help them return to their parents. A 15% reduction to In-Home Safety and Reunification Services will impact child welfare's ability to: 1) safely keep children at home; 2) return children home in a timely manner; and 3) provide the family supports and services to ensure children aren't re-abused and don't re-enter the foster care system. This reduction is estimated to impact children who will now need to enter or remain in foster care rather than safely remain in the home with their parents or safely reunify with their parents. This reduction will impact the department's ability to meet Indian Child Welfare Act and other court-ordered requirements. This reduction will also mean more "no reasonable efforts" or "failure to meet active efforts for ICWA children" findings by the courts, which would impact federal funding for Oregon's foster care (out-of-home care) program. In addition to increased costs in foster care, there will be an increase in costs to courts, defense attorneys, Citizen Review Boards, and others involved in the dependency system. Finally, contractors who provide these services will be impacted and may lay off staff.

Detail of Reductions to 2019-21 Current Service Level Budget

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Priority (ranked most to least preferred)	Agency	SCR or Activity Initials	Program Unit/Activity Description	GF	LF	OF	NL-OF	FF	NL-FF	TOTAL FUNDS	Pos.	FTE	Used in Gov. Budget Yes / No	Impact of Reduction on Services and Outcomes	
Dept	Prgm/ Div														
114	34	DHS	CW Child Safe	Child Safety: Remove another 70% (100% Elimination) of Strengthening, Preserving, & Reunifying Families (SPRF) program budget.	(10,488,255)	0	0	0	0	0	\$ (10,488,255)	0	0.00	N	70% more reduction (100% total - elimination) Strengthening, Preserving and Reunifying Families (SPRF) programs provide a broad array of services that are designed to maintain children safely at home with their parents or caregivers, safely and equitably reduce the number of children in the foster care system, reduce child trauma, reduce the length of stay in foster care, and to reduce the referral or reentry rates of families in the Child Welfare system. SPRF also provides services to families with safe children and moderate to high needs and this is the only way these families would be able to access Child Welfare services. A further reduction in these services will result in more children coming into foster care, staying longer periods of time in foster care or coming back to the attention of child welfare. This reduction will also impact the department's ability to meet Indian Child Welfare Act and other court-ordered requirements. This reduction will also mean more "no reasonable efforts" or "failure to meet active efforts for ICWA children" findings by the courts, which would impact federal funding for Oregon's foster care (out-of-home care) program. In addition to increased costs in foster care, there will be an increase in costs to courts, defense attorneys, Citizen Review Boards, and others involved in the dependency system. Finally, contractors who provide these services will be impacted and may lay off staff.

Detail of Reductions to 2019-21 Current Service Level Budget

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Priority (ranked most to least preferred)	Agency	SCR or Activity Initials	Program Unit/Activity Description	GF	LF	OF	NL-OF	FF	NL-FF	TOTAL FUNDS	Pos.	FTE	Used in Gov. Budget Yes / No	Impact of Reduction on Services and Outcomes	
Dept	Prgm/ Div														
115	35	DHS	CW Well Bein	Nursing Assessments: 15% reduction This is closely tied to the reduction of Personal Care services.	(83,359)	0	(1,032)	0	0	0	\$ (84,391)	0	0.00	N	This is closely tied to the reduction of Personal Care services. Nursing Assessments are required in the Medicaid State Plan (Attachment 3.1-A, page 9f) in order for a child with medical needs to receive Personal Care services in a foster home setting. A contracted Registered Nurse (RN) assesses the child and develops a care plan to address the child's specific medical needs; then reassesses the child on an annual basis. The RN provides appropriate training and delegation of medical care to the foster care provider in accordance with the Oregon Nurse Practice Act. Any reduction will result in children not being able to remain safely in a foster home setting and require hospital level of care on a long-term basis to have their medical needs met. The 19-21 biennium forecasts shows 229 children in DHS care will be receiving Personal Care services in a foster home setting. A 15% reduction will result in 34 of these children needing care in a hospital like setting and no capacity to assess the needs of additional children entering the child welfare system.
116	36	DHS	CW Well Bein	Personal Care: 15% reduction This is closely tied to the reduction of Nursing Assessments. Personal Care is a Medicaid State Plan option in Oregon that allows us to maintain children with medical needs safely in a home-like setting.	(496,854)	0	(40,797)	0	(458,156)	0	\$ (995,807)	0	0.00	N	This is closely tied to the reduction of Nursing Assessments. Personal Care is a Medicaid State Plan option in Oregon that allows us to maintain children with medical needs safely in a home-like setting. Payment is made under this state plan option to compensate the foster care provider for the delegated medical services they perform for the child in their care. These services are matched at the Federal Medical Assistance Percentage (FMAP) rate of 61.87% in June 2018. A 15% reduction = a loss of \$470,799 GF and a total fund loss of \$945,172 in direct medical services provided to children in their foster home. Resulting in the need for these children to be placed, and remain, in a hospital like setting.

Detail of Reductions to 2019-21 Current Service Level Budget

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Priority (ranked most to least preferred)	Agency	SCR or Activity Initials	Program Unit/Activity Description	GF	LF	OF	NL-OF	FF	NL-FF	TOTAL FUNDS	Pos.	FTE	Used in Gov. Budget Yes / No	Impact of Reduction on Services and Outcomes	
Dept	Prgm/ Div														
117	37	DHS	CW Well Bein	Youth Investment Program: 15% Runaway and Homeless Youth programs provide Street Outreach, Drop-in Center, and Shelter services which improve the safety and wellbeing of unaccompanied youth under the age of 18.	(32,499)	0	0	0	0	0	\$ (32,499)	0	0.00	N	Runaway and Homeless Youth programs provide Street Outreach, Drop-in Center, and Shelter services which improve the safety and wellbeing of unaccompanied youth under the age of 18. In a year, Street Outreach and Drop-in services have resulted in the majority of youth accessing food, shelter, educational, job and life skills services. Shelter services have resulted in over 80% of youth exiting to a safe home, 60% of those reuniting with family; over half accessing medical and dental services, and most getting connected to educational services. A reduction in funding will result in fewer youth being served by these effective programs resulting in an increase of unaccompanied youth in our State and potentially result in upstream costs, in Child Welfare, Self Sufficiency, and/or the Juvenile Justice and Adult Corrections systems.
118	38	DHS	CW Well Bein	Enhanced Foster Care - 15% Reduction. The Department reimburses a level of care payment to a certified family on behalf of a child or young adult when the child's behaviors require additional supervision to keep them placed at this lowest level of care	0	0	0	0	0	0	\$ -	0	0.00	N	The Department reimburses a level of care payment to a certified family on behalf of a child or young adult when the child's behaviors require additional supervision to keep them placed at this lowest level of care. The department uses process controls of allowing this enhanced supervision only after the 20th day in foster care, requires an annual review and use of a standardized screening instrument tool CANS to determine which level of care for the enhanced supervision needs. Approximately 17% of the children have an enhanced level of supervision needs. The current daily rates are \$7.90, \$15.39 and \$31.58 per day based on the level. A 15% reduction in this program will likely increase the negative attitude toward the department in supporting foster families for children when the department rates are so low to start with any reduction will be seen as a negative toward foster parents.

Detail of Reductions to 2019-21 Current Service Level Budget

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Priority (ranked most to least preferred)	Agency	SCR or Activity Initials	Program Unit/Activity Description	GF	LF	OF	NL-OF	FF	NL-FF	TOTAL FUNDS	Pos.	FTE	Used in Gov. Budget Yes / No	Impact of Reduction on Services and Outcomes	
Dept	Prgm/ Div														
119	39	DHS	CW Well Bein	Shelter Foster Care: 15% The Department reimburses a certified family a shelter care payment on behalf of a child or young adult during the first twenty days of substitute care in a certified family home	(582,820)	0	(58,371)	0	(385,570)	0	\$ (1,026,761)	0	0.00	N	The Department reimburses a certified family a shelter care payment on behalf of a child or young adult during the first twenty days of substitute care in a certified family home. This is the only source of funding support to the foster family in the first 20 days. The daily rate is \$30.66, \$31.97, or \$34.03 per day based on the age of the child. These funds cover the food, clothing, shelter, school supplies, hygiene supplies, transportation, additional supervision and other incidentals that are necessary when coming into foster care. The department has process controls in place to allow this service for only the first placement into foster care and for a maximum of 20 days.
120	40	DHS	CW Well Bein	Contracted Foster Care Services: 15% The Department provides an array of services through Contracted Foster Care Services that cannot be paid for in any other way	(251,600)	0	(3,725)	0	(62,760)	0	\$ (318,085)	0	0.00	N	The Department provides an array of services through Contracted Foster Care Services that cannot be paid for in any other way. Services such as when placing a child through Interstate Compact for Placement of Children in another state and that state does not provide courtesy supervision. The department will contract with a community social service agency in the other state to monitor the child in Oregon's legal custody. This service program has also provided contractual services for legislatively approved initial start-up funds for Lane County Shelter, and for foster care pilot projects. A reduction of 15% will significantly impact the array of services the department can provide to the supervision of the children placed out of state for permanency reasons. It will not impact the legislatively dedicated funding for Lane County or Foster Care Pilots so the direct services to children supervision will be the primary reduction point.

Detail of Reductions to 2019-21 Current Service Level Budget

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Priority (ranked most to least preferred)	Agency	SCR or Activity Initials	Program Unit/Activity Description	GF	LF	OF	NL-OF	FF	NL-FF	TOTAL FUNDS	Pos.	FTE	Used in Gov. Budget Yes / No	Impact of Reduction on Services and Outcomes	
Dept	Prgm/ Div														
121	41	DHS	CW Well Bein	<p>FOCUS Program: 15%</p> <p>The purpose of the Target Program is help children/youth remain within their communities if possible to address any debilitating psychosocial, emotional, and behavioral disorders by providing an array of services that cannot otherwise be provided through traditional contracted services through this department, OHA or other community social and safety nets</p>	(3,784,419)	0	(158,376)	0	(224,987)	0	\$ (4,167,782)	0	0.00	N	<p>The purpose of the FOCUS Program is help children/youth remain within their communities if possible to address any debilitating psychosocial, emotional, and behavioral disorders by providing an array of services that cannot otherwise be provided through traditional contracted services through this department, OHA or other community social and safety nets. A 15% program reduction will require the department to reduce specialized contracts for mentoring, skill building, and support services. This would impact youth across the state as they would not have access to needed services and supports to maintain them in the homes of their families of origin, or community foster home. In turn this would increase the likelihood of BRS placement, and reduce placement stability.</p>
122	42	DHS	CW Well Bein	<p>Independent Living Services: 15%</p>	525,569	0	(19,746)	0	(876,198)	0	\$ (370,375)	0	0.00	N	<p>The department is required by federal regulations and state statute to develop and implement comprehensive transition planning with and providing services to a Youth in foster care to obtain personal and emotional support and promote healthy relationships; personal life management skills necessary to function independently; receive education, training, and services necessary to lead to employment; attain academic or vocational education and prepare for post-secondary education or training; and transition to successful adulthood. The department does this work with the assistance of federal grants which require a match of approximately 20%. Eliminating the General Funds \$324,000 removed over three times the amount in Federal funds.</p>

Detail of Reductions to 2019-21 Current Service Level Budget

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Priority (ranked most to least preferred)	Agency	SCR or Activity Initials	Program Unit/Activity Description	GF	LF	OF	NL-OF	FF	NL-FF	TOTAL FUNDS	Pos.	FTE	Used in Gov. Budget Yes / No	Impact of Reduction on Services and Outcomes	
Dept	Prgm/ Div														
123	43	DHS	CW Well Being	Residential Treatment: 15% The purpose of the Behavior Rehabilitation Services (BRS) Program is help children/youth remain with community services to remediate the BRS client's debilitating psychosocial, emotional, and behavioral disorders by providing such services as behavioral intervention, counseling, and skills-training	(8,207,098)	0	(933,445)	0	(8,880,765)	0	\$ (18,021,308)	0	0.00	N	The purpose of the Behavior Rehabilitation Services (BRS) Program is help children/youth remain with community services to remediate the BRS client's debilitating psychosocial, emotional, and behavioral disorders by providing such services as behavioral intervention, counseling, and skills training. Failure to remediate these behaviors with a child/youth will only increase their need for higher level of services and hospitalization with psychiatric care. The department has already experienced a significant reduction in the overall service capacity in this program by a lawsuit by the providers regarding the lack of an adequate rate and some programs ending their contracts with the state due to the low rates of payment. A budget reduction of 15% will impact this program area for children by either further reducing the numbers of beds available or the costs provided to the providers potentially bringing back the issue of a lawsuit against the state. It should be noted the BRS program is also an OYA and OHA program so impacts are across the board in three different state agencies.
124	44	DHS	CW Permanen	Enhanced Foster Care - 59% Reduction. (100% elimination) The Department reimburses a level of care payment to a certified family on behalf of a child or young adult when the child's behaviors require additional supervision to keep them placed at this lowest level of care	0	0	0	0	0	0	\$ -	0	0.00	N	The Department reimburses a level of care payment to a certified family on behalf of a child or young adult when the child's behaviors require additional supervision to keep them placed at this lowest level of care. The department uses process controls of allowing this enhanced supervision only after the 20th day in foster care, requires an annual review and use of a standardized screening instrument tool CANS to determine which level of care for the enhanced supervision needs. Approximately 17% of the children have an enhanced level of supervision needs. The current daily rates are \$7.90, \$15.39 and \$31.58 per day based on the level. A 15% reduction in this program will likely increase the negative attitude toward the department in supporting foster families for children when the department rates are so low to start with any reduction will be seen as a negative toward foster parents.
125	45	DHS	CW Permanen	Reduce the General Fund in Permanency if #26 and #27 program eliminations occur, replacing it with SSBG, IV-B Type 1, IV-B Type 2, and TANF FF that is freed up with the elimination of entire programs within Permanency	(1,563,095)	0	0	0	1,563,095	0	\$ -	0	0.00	N	Reduce the General Fund in Safety, replacing it with SSBG, IV-B Type 1, IV-B Type 2, and TANF FF that is freed up with the elimination of entire programs within Safety - NOTE that there may be some requirements on what these funds are spent on. For example, TANF FF will need to be spent on program costs, not staff costs. Other Federal block grants have other requirements.

Detail of Reductions to 2019-21 Current Service Level Budget

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Priority (ranked most to least preferred)	Agency	SCR or Activity Initials	Program Unit/Activity Description	GF	LF	OF	NL-OF	FF	NL-FF	TOTAL FUNDS	Pos.	FTE	Used in Gov. Budget Yes / No	Impact of Reduction on Services and Outcomes	
Dept	Prgm/ Div														
126	46	DHS	CW Child Safe	Reduce the General Fund in Safety if lines 20, 25, 33 program eliminations take place, replacing it with SSBG, IV-B Type 1, IV-B Type 2, and TANF FF that is freed up with the elimination of entire programs within Safety	(21,890,908)	0	0	0	21,890,908	0	\$ -	0	0.00	N	Reduce the General Fund in Safety, replacing it with SSBG, IV-B Type 1, IV-B Type 2, and TANF FF that is freed up with the elimination of entire programs within Safety - NOTE that there may be some requirements on what these funds are spent on. For example, TANF FF will need to be spent on program costs, not staff costs. Other Federal block grants have other requirements.
127		DHS	All	Forego Other Funds used for local match and/or Reduce DHS programs			(49,308,746)				\$ (49,308,746)			N	DHS is statutorily required to provide reduction options totaling 10% of CSL for each fund type. This reduction would be accomplished through a series of action including eliminating local match of federal funds and reductions to programs across DHS that are funded by Other Funds. This is not specific as it will depend on which Other Fund funding sources would be reduced as to the exact reduction. Loss of local match would reduce local provider programs who have expenditures that are legally matched with federal funds. This assumes there is no General Fund backfill available.
128		DHS	All	Forego Federal Funds and Reduce DHS programs					(88,557,728)		\$ (88,557,728)			N	DHS is statutorily required to provide reduction options totaling 10% of CSL for each fund type. This reduction would be accomplished through a series of program reductions depending on which federal funding sources are being reduced. This is a real possibility based on the current federal sequestration rules. However, this action is not specific as it will depend on which Federal funding sources would be reduced as to the program needing reduction. This reduction assumes there is no general fund backfill for these reductions.
					(404,596,459)	0	(57,028,289)	0	(575,291,685)	0	\$ (1,036,916,433)	4	(249.25)		

UPDATED OTHER FUNDS ENDING BALANCES FOR THE 2017-19 & 2019-21 BIENNIA

Agency: **Department of Human Services**
 Contact Person (Name & Phone #): **Angela Long 503-945-5689**

(a) Other Fund Type	(b) Program Area (SCR)	(c) Treasury Fund #/Name	(d) Category/Description	(e) Constitutional and/or Statutory reference	(f) 2017-19 Ending Balance		(g) 2019-21 Ending Balance		(j) Comments
					In LAB	Revised	In CSL	Revised	
Limited	060-09-00-00000	1029 DD COMMUNITY HOUSING FUND	DD Community Housing Maintenance Account	ORS 427.340 and OAR 411-315-0010 through 411-315-0090	550,000	650,000	650,000	650,000	Oregon Housing and Community Service Department (OHCDSD) agreement requires \$500,000 be kept in reserve to assure the maintenance of assets purchased with GO bonds.
Limited	060-09-00-00000	1112 COMMUNITY HOUSING FUND 95% SALE	Fairview Trust for DD Community Housing Fund	ORS 427.340 and OAR 411-315-0010 through 411-315-0090	5,112,741	5,159,371	5,159,371	5,159,371	At least 95% of all Fairview State Training Center sale proceeds shall remain in this account in perpetuity.
Limited	060-09-00-00000	1113 COMMUNITY HOUSING FUND 5% & INT	Fairview Trust for DD Community Housing Interest Account	ORS 427.340 and OAR 411-315-0010 through 411-315-0090	941,988	1,021,647	1,021,647	1,021,647	PER ORS 427.340 DHS may expend, for the purposes of ORS 427.330 to 427.345 any earnings credited to the account, including any income from the lease of surplus property and any interest earned on monies deposited in the account, and up to 5% of any sale or transfer proceeds initially credited to the account by DAS.
Limited	060-09-00-00000	N/A	Local Match-Non Medical Transportation	CFR 42, Chap 4, Subchapter C, Part 433.51	-	-	-	-	Dedicated funds for operations, transit systems that chose to contribute for federal fund match.
Limited	060-09-00-00000	Grants 411350& 411400	Care of State Wards		-	-	-	-	Dedicated funds for operations. Children's Trust Care of State Wards Trust Accounts are balanced to expenditures prior to the final close of the biennium.
Limited	060-09-00-00000	Grant 400073	SACU Client Contributions		-	-	-	-	Dedicated funds for operations. Client Contributions is a rent subsidy paid to the state for services rendered by SACU. These funds are immediately expended against SACU expenditures, such as; rent, utilities, food, and other medical supplies.
Limited	060-09-00-00000	Grant 411400	Local Match - CDDP Case Management and Administrative services	CFR 42, Chap 4, Subchapter C, Part 433.51	-	-	-	-	Dedicated funds for operations, counties that chose to contribute for federal fund match.
Limited	060-08-00-00000	0401-General Fund	Nursing Facilities Provider Tax	ORS 2003 Chapter 736 Section 15	13,854,831	15,896,666	15,896,666	15,896,666	Dedicated funds generally expended within the biennium, however, carry over is allowed within statute and such funds should be moved to the Long Term Care Facility Quality Assurance Fund. 12% revised balance reflects a proposal to roll one payment forward from 17-19 to 19-21 biennium.
Limited	060-02-00-00000	0401-General Fund	Fees Related to CFAA & Marriage License Tax	409.300 & 409.273	141,071	141,071	141,071	141,071	Marriage License Tax revenue and CFAA revenue are projected and do not have funds available at the start of the Biennium so we carry forward enough money to fund contracts for Community Based Domestic Violence and Sexual Assault Victims contracts for the first quarter of the new biennium allowing the contracts to continue until revenue is received.
Limited	060-02-00-00000 060-03-00-00000 060-04-00-00000	0401-General Fund	Children's Trust Accounts	ORS 416.820, 416.030, 418.032, and 419B.400 through 419B.406	190,747	190,747	190,747	190,747	Dedicated Funds. Children's Trust Care of State Wards Trust Accounts are balanced to expenditures prior to the final close of the biennium. Any remaining funds are the property of the child.
Limited	060-03-00-00000 060-04-00-00000	1798: #100/ADOPTION APPLICABLE CHILD SAV FUND	Adoptions Appl. Child Savings Fund	418.345 Adoption Applicable Child Savings Fund	8,081,413	8,081,413	6,000,000	6,000,000	Dedicated funds. Moneys received by the Department of Human Services from the General Fund for adoption assistance payments under ORS 418.330 (Payments to adoptive parents or guardians) that have been calculated as General Fund applicable child savings in accordance with 42 U.S.C. 673(a)(8); Moneys in the fund shall be used to supplement existing funds used for child welfare services and may not be used in lieu of these existing funds
Limited	060-04-00-00000	0401-General Fund	Adoptions Program OF	109.506 Adoption Search fee 109.495 Adoption Registration fee 109.309 Independent Adoption Placement Report fee	120,120	120,120	120,120	120,120	Dedicated funds. Fees are charged to those requesting Adoption Search services, who want to register in the Oregon Adoption Registry, and who for those who want the Department to prepare a homestudy for a nonagency adoption. The funding is used to provide the services.
Limited	060-02-00-00000	0401-General Fund	CAF DRIVERS ED	336.807 - Reimbursement to Department of Human Services	-	-	-	-	Dedicated funds. Transfer of General Fund from the Department of Transportation to provide traffic safety education to children in the legal custody of DHS under ORS B.
Limited	060-04-00-00000	0401-General Fund	CAF Miscellaneous OF	ORS 418.005 and ORS 293.250 through 293.260	8,580,660	8,580,660	-	-	Dedicated funds. Comprised of ORKIDS activity that needs to be researched and redistributed to a multitude of other grants, the majority of which will be to refund Federal fund grants.
Limited	060-01-00-00000		CHILD CARE/DEVELOPMENT FUND, MAND/MATCH		-	-	-	-	Dedicated Funds. Comprised of ERDC Matching Funds. This is federal Childcare Funds that are transferred from DOE quarterly.
Limited	060-01-00-00000		CHILD CARE/DEVELOPMENT FUND, DISCRETION		-	-	-	-	Dedicated Funds. Comprised of ERDC Discretionary Funds. This is federal Childcare Funds that are transferred from DOE quarterly.
Limited	060-01-00-00000		CAF Miscellaneous OF	ORS 418.005 and ORS 293.250 through 293.260	-	-	-	-	Pre-SSI overpayment recoveries
Limited	060-01-00-00000		OF REV FROM A/R'S DUE TO OVERPAYMENTS		-	-	-	-	Revenue for Overpayments which can only be deposited as Other Funds
Limited	060-07-00-00000	0401-General Fund	Matching funds for YTP provided by school districts	CFR 34 Part 74.24 Program Income	2,820,112	2,820,112	2,549,557	2,436,795	School districts do not bill for the final payment against the contract until after the close of the biennium. These funds allow us to make those payments with out impacting the new bienniums budget. These are dedicated funds as the Interagency Agreement requires the school district to provide matching funds to OVRs making the dollars Program Income and can only be used for rehabilitation services expenditures.

Objective: Provide updated Other Funds ending balance information for potential use in the development of the 2019-21 legislatively adopted budget.

Instructions:

- Column (a): Select one of the following: Limited, Nonlimited, Capital Improvement, Capital Construction, Debt Service, or Debt Service Nonlimited.
- Column (b): Select the appropriate Summary Cross Reference number and name from those included in the 2017-19 Legislatively Approved Budget. If this changed from previous structures, please note the change in Comments (Column (j)).
- Column (c): Select the appropriate, statutorily established Treasury Fund name and account number where fund balance resides. If the official fund or account name is different than the commonly used reference, please include the working title of the fund or account in Column (j).
- Column (d): Select one of the following: Operations, Trust Fund, Grant Fund, Investment Pool, Loan Program, or Other. If "Other", please specify. If "Operations", in Comments (Column (j)), specify the number of months the reserve covers, the methodology used to determine the reserve amount, and the minimum need for cash flow purposes.
- Column (e): List the Constitutional, Federal, or Statutory references that establishes or limits the use of the funds.
- Columns (f) and (h): Use the appropriate, audited amount from the 2017-19 Legislatively Approved Budget and the 2019-21 Current Service Level at the Agency Request Budget level.
- Columns (g) and (i): Provide updated ending balances based on revised expenditure patterns or revenue trends. Do not include adjustments for reduction options that have been submitted unless the options have already been implemented as part of the 2017-19 General Fund approved budget or otherwise incorporated in the 2017-19 LAB. The revised column (i) can be used for the balances included in the Governor's budget if available at the time of submittal. Provide a description of revisions in Comments (Column (j)).
- Column (j): Please note any reasons for significant changes in balances previously reported during the 2017 session.

Additional Materials: If the revised ending balances (Columns (g) or (i)) reflect a variance greater than 5% or \$50,000 from the amounts included in the LAB (Columns (f) or (h)), attach supporting memo or spreadsheet to detail the revised forecast.



PROPOSED SUPERVISORY SPAN OF CONTROL REPORT

In accordance with the requirements of ORS 291.227, the Department of Human Services presents this report to the Joint Ways and Means Committee regarding the agency's Proposed Maximum Supervisory Ratio for the 2019-2021 biennium.

Supervisor Ratio based on CHRO data:

The agency actual supervisory ratio as of is 1: 10 as of August 2018.

The Agency actual supervisory ratio is calculated using the following calculation;

$$\underline{870} = \underline{809} + \underline{62} - (\underline{1})$$

(Total supervisors) (Employee in a supervisory role) (Vacancies that if filled would perform a supervisory role) (Agency head)

$$\underline{8698} = \underline{7787} + \underline{911}$$

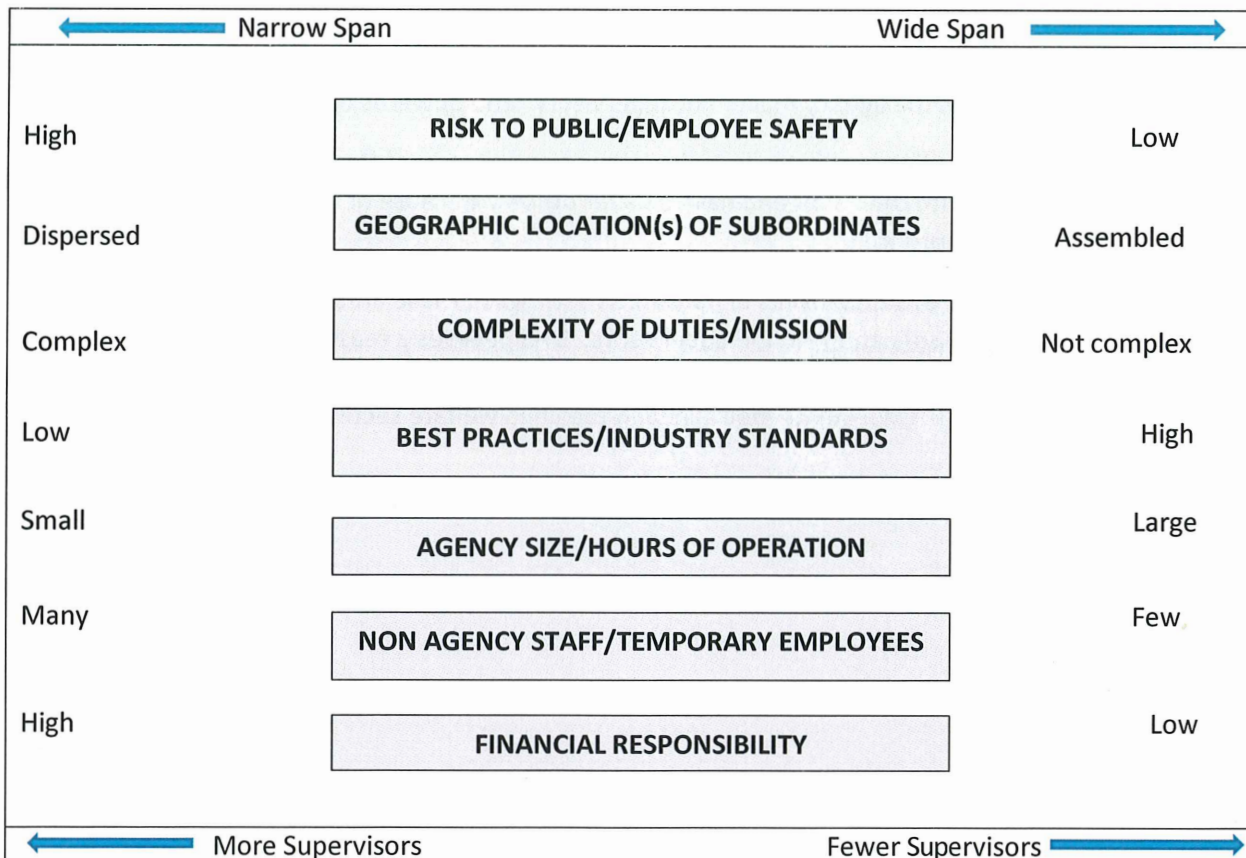
(Total non-supervisors) (Employee in a non-supervisory role) (Vacancies that if filled would perform a non-supervisory role)

The agency has a current actual supervisory ratio of-

$$1: \underline{10} = \underline{8698} / \underline{870}$$

(Actual span of control) (Total non - Supervisors) (Total Supervisors)

When determining an agency maximum supervisory ratio all agencies shall begin of a baseline supervisory ratio of 1:11, and based upon some or all of the following factors may adjust the ratio up or down to fit the needs of the agency.



Ratio Adjustment Factors

Is safety of the public or of State employees a factor to be considered in determining the agency maximum supervisory ratio?
Y/N

Explain how and why this factor impacts the agency maximum supervisory ratio upwards or downward from 1:11-

DHS is responsible for the safety of many vulnerable Oregonians in Child Welfare, Self Sufficiency, Aging and People with Disabilities, Individuals with Intellectual Disabilities and Vocational Rehabilitation programs. Due to safety concerns and industry best practices in both Child Protective and Adult Protective Services a higher than 1:11 MSR is appropriate. DHS has many supervisors that are working clinical supervisors responsible for the supervision of case managers that have an industry standard much higher ratio than 1:11 in order to maintain the safety of Oregonians and keep reasonable workloads.

DHS houses the Stabilization and Crisis Unit (SACU) a series of 24/7 homes for people with developmental or intellectual disabilities who are in crisis. Currently the staff to supervisor ratio is below the 1:11 ratio. This is not an ideal ratio to begin with due to the acuity of the clients in the homes and the fact that currently DHS has supervisors that cover more than one house. 1:7 is a more reasonable target for a supervisory ratio and DHS is using this as its "target" ratio for SACU employees who are now all in the police and fire designation due to difficulty, stress and potential danger of the positions working with difficult clients.

Is geographical location of the agency's employees a factor to be considered in determining the agency maximum supervisory ratio? Y/N

Explain how and why this factor impacts the agency maximum supervisory ratio upwards or downward from 1:11-

DHS has over 180 offices statewide including many smaller offices in very rural parts of Oregon. Many supervisors must travel long distances to interact with their staff and have smaller offices. Because of these geographic limitations a higher than 1:11 MSR is appropriate.

DHS has, without double counting staff, 879 employees in non-urban settings of these areas the ratio ranges from 1:5 and 1:13.67, this includes 86 supervisors and 793 non-supervisors. DHS believes a reasonable target ratio for these rural areas should be 1:8. The remaining urban employees are proposed to be 1:11 where they are currently running at 1:11.75. This does not include CW staffing mentioned in the child welfare section of the "industry standards" section.

Is the complexity of the agency's duties a factor to be considered in determining the agency maximum supervisory ratio? Y/N

Explain how and why this factor impacts the agency maximum supervisory ratio upwards or downward from 1:11-

DHS is comprised of 5 major programs the smallest of which is over \$100 million TF. The largest is over \$3.5 billion TF. In addition to Central Services DHS also houses Shared Services that support both DHS and OHA. In each major program area there are multiple sub programs that must be managed each with its own set of complexities from federal reporting to limitations on how grants can be spent to complex eligibility determinations. In addition, each of these programs have impacts on each other making the interaction and complexity of DHS much higher than most agencies. In many parts of the agency Supervisors are responsible not just for the management of staff but also for policy and procedure questions and providing final guidance on how cases are managed. In other words, they are working supervisors not just supervisors. This is the case in most of DHS as there are very few supervisory positions that don't also do policy or technical work in addition to their supervisory duties. There is also a concerted effort to work across programs to become more focused on wrapping services around families for better outcomes at the lowest level. For DHS working across programs is like working across agencies due to the size and complexity of the current 5 major program areas. The smallest "program area" in DHS is larger than most state agencies. DHS also houses Shared Services that support both DHS and OHA this means juggling the needs of each organization for tasks like accounting and overpayment recovery. This adds to the complexity of the organization. These two factors justify a higher MSR than one to eleven.

Are there industry best practices and standards that should be a factor when determining the agency maximum supervisory ratio? Y/N

Explain how and why this factor impacts the agency maximum supervisory ratio upwards or downward from 1:11-

Child Welfare working supervisors, based on a January 2018 Casey Family Programs issue brief entitled *Healthy Organizations* (citing both Child Welfare League of America. (n.d.) *Standards of excellence for child welfare services*. Retrieved from <http://www.cwla.org/our-work/cwla-standards-of-excellence/standards-of-excellence-for-child-welfare-services> and the Council on Accreditation. (n.d.) *Standards for public agencies: PA-PDS 3: Leadership support of supervisors*. Retrieved from <http://coanet.org/standard/pa-pds/3/>, para. 7), have an industry best practice of 1:5/7 for supervisors providing clinical support to caseworkers. This is in addition to their supervisory duties. DHS is using 1:5 as the target ratio.

Adult Protective services, based on a 2017 National Adult Protective Services Association nationwide survey the average ratio of caseworkers to supervisors in Adult Protective Service programs is 1:5.65. While this has not yet been published, according to H. Ramsey-Klawnsnik, Ph.D., NAPSA Director of Research, NAPSA is planning to publish it as findings from the 2017 National Survey of State APS Programs at their next NAPSA conference.

Vocational Rehabilitation also has working supervisors that provide clinical supervision.

In all three cases these managers are also doing case worker clinical type supervision of the actual work not just "supervising" employees. All three cases justify a higher ratio than 1:11 due to clinical supervision duty needs that help with the overall safety of these vulnerable populations.

Is size and hours of operation of the agency a factor to be considered in determining the agency maximum supervisory ratio?
Y/N

Explain how and why this factor impacts the agency maximum supervisory ratio upwards or downward from 1:11-

While not yet fully implemented, DHS is moving towards a fully staffed 24-hour child welfare hotline which will justify a higher MSR than 1:11. DHS is also reviewing its field structure and footprint and may be moving to more smaller locations across the state which may change the geographic footprint of the agency.

In addition, DHS runs a 24/7 crisis service through the Stabilization and Crisis Unit (SACU). This provides services to those with Intellectual and/or developmental disabilities in crisis. There are over 750 positions at SACU with some supervisors having to cover multiple houses and as necessary providing direct services to clients to ensure proper staff to client ratios based on the needs of the client. Staffing ratios have been below 1:11 which is not a reasonable ratio considering the acuity of clients and the 24/7 nature of the business. SACU should be at a higher ratio such as 1:7 to be more appropriately staffed in a 24/7 environment.

Are there unique personnel needs of the agency, including the agency's use of volunteers or seasonal or temporary employees, or exercise of supervisory authority by agency supervisory employees over personnel who are not agency employees a factor to be considered in determining the agency maximum supervisory ratio? Y/N

Explain how and why this factor impacts the agency maximum supervisory ratio upwards or downward from 1:11-

On average DHS has over 300 volunteers than need some level of supervision. These positions are not in the "system" per se, at this point but do require some level of supervision. This justifies a higher ratio than 1:11.

In addition, all supervisors but the director have supervisors and supervisors should be included as supervised employees in the denominator of the calculation. This would also justify a higher than 1:11 MSR. This should be taken into consideration on the ASR calculation but is not currently part of the calculation of the ASR.

Is the financial scope and responsibility of the agency a factor to be considered in determining the agency maximum supervisory ratio? Y/N

Explain how and why this factor impacts the agency maximum supervisory ratio upwards or downward from 1:11-

DHS is responsible for serving over 1 million Oregonians per year encompassing over \$11.5 billion-dollar total fund budget. This comes with more than 126 funding streams each with their own limitations, rules and reporting requirements. There are 5 major program areas each bigger than most agencies. Within each program are multiple sub programs again each with their own rules, funding sources and complexities. Most of this funding is spent in the community through hundreds of contracts, thousands of providers and multiple interagency agreements. Each program comes with its own eligibility criteria, usually having multiple different factors. Each sub program usually has its own set of eligibility criteria and there is not continuity between program eligibility due to federal regulations. Employees must know each separate sub program and their supervisor must also be able to guide the employee or answer questions they may have as to how to apply the criteria etc. In addition, the central office staff for each program must keep up with ever changing federal regulations and state changes that must then be distributed out to our many field offices. These changes can be weekly or even daily sometimes meaning employees and managers need to keep up with a myriad of process or policy changes every day. This justifies a higher ratio than 1:11.

Based upon the described factors above the agency proposes a Maximum Supervisory Ratio of 1: 8.39.

Unions Requiring Notification: SEIU; AFSCME; ONA

Date unions notified: SEIU 10/11/18; AFSCME 12/12/18; ONA 12/17/18 _____


Submitted by: Eric Moore, CFO

Date: January 2019

Signature Line 


Date 1/8/19

Print Name: Fariborz Pakseresht, Director

Signature Line 

Date 1/8/2019

Print Name: Eric Moore, CFO

Signature Line 

Date 01/9/2019

Print Name: Michelle Johnson, DHS/OHA HR Shared Services Administrator