2023-25

Agency Request Budget (ARB)

Section 3

DHS | Oregon Department of Human Services

2023-25 Oregon Department of Human Services — Agency Request Budget Policy Packages (POPs)

POP #	LC#	All Program Areas	Official Title (45 Character Limit)	Description	General Fund	Other Funds	Federal Funds	Total Funds	POS	FTE
101		APD	Infrastructure, Access and Emergency	A fully staffed and supported workforce ensures that services and supports are delivered to Oregonians in ways that achieve the respective missions of Oregon Department of Human Services (ODHS) and the Office of Aging and People with Disabilities (APD). Without a fully staffed workforce, Oregonians, including older adults and people with disabilities, may face barriers to services, resulting in poor health and life outcomes. The infrastructure requests in this policy option package would allow services and supports to become more accessible, and culturally and linguistically responsive to Oregon's diverse communities, ensure that APD can respond in emergency situations and natural disasters, and support a stable long-term care delivery system. Over a long period of time, these investments would create the foundation for older adults, people with disabilities, their families and their communities to realize their ideals of well-being.	$ 97,401,189	$-	$ 144,367,410	$ 241,768,599	113	98.75
102		APD	Homecare Workforce	The homecare workforce helps ensure that older adults and people with disabilities can achieve well-being through opportunities that protect, empower, respect choice and preserve dignity. Without strong foundational supports in place through the Oregon Home Care Commission (OHCC), homecare providers – including homecare workers, personal support workers, and personal care attendants – may disengage from the workforce, which would negatively affect the consumers of these services. Conversely, when people feel supported in the work they do, they are more invested in positive outcomes, leading to improved job satisfaction and role retention. The purpose of this policy option package is to strengthen human resources and training support through OHCC by establishing a permanent Provider Time Capture (PTC) team within the Office of Aging and People with Disabilities (APD) and creating an online service and dedicated phone number with live assistance to expand consumer/client access to information and resources. The overall package helps eliminate systemic barriers that adversely affect consumers, advocates and providers; strengthens ODHS foundations; and builds toward a better future for the homecare workforce, consumers and local office staff.	$ 2,750,496	$-	$ 642,128	$ 3,392,624	16	12.00
103		APD	Addressing Systemic Poverty Issues	The cycle of poverty is often passed from one generation to the next. This means that children who grow up in impoverished households are more likely to live in poverty as adults. Beyond poverty, this intergenerational cycle often extends to access to resources such as education and healthcare. At ODHS, we understand that when people can access the services they need, when they need them, they are more likely to experience positive health and well-being outcomes. This policy option package will create and support policy changes that conserve the financial resources of individuals in ways that promote dignity, equity, independence and reduce intergenerational poverty. The proposed policy changes allow the department to disregard tribal, commission and council income when determining eligibility for Medicaid based on age, blindness or disability; increase the Medicaid resource limit to reflect inflation that has not been updated since 1987 and index this resource limit to future inflation; increase the General Assistance housing assistance payment by connecting it to a percentage of the SSI payment standard; and by improve parity between Medicare Savings programs and the MAGI medical program income standard.	$ 8,120,329	$ 974,849	$ 13,603,875	$ 22,699,053	2	2.00
104	10000-021	APD	Equitable Access and Wellbeing	Everyone in Oregon deserves to access services that align with their personal, cultural and ethnic identities and linguistic preferences. When people cannot access such services, they may avoid seeking help with things like health care, food security and other basic supports. Without these supports, individual and community well-being are put at risk of unmanaged health conditions, and insecurities in food, housing and finance. This comprehensive policy option package assists ODHS/APD on achieving well-being and equity for older adults and people with disabilities with several component parts, each of which is interdependent with the others. It supports well-being by ensuring that individuals in Oregon have access to services that meet their cultural, ethnic, and linguistic needs through an intersectional lens that recognizes the various identities that comprise our aging and disability network.	$ 12,810,269	$ -	$ 7,422,761	$ 20,233,030	67	33.50
105		APD , IDD & SSP	Healthier Oregon Program (HOP)	Everyone in Oregon deserves access to the services they need, when they need them, to achieve well-being. More importantly, access to services needs to remain uninterrupted as people move through each stage of life and regardless of identity or place. Oregon Department of Human Services is requesting funding to provide long-term services and supports to eligible children and adults with disabilities regardless of their immigration status as directed by HB 3352, formerly called Cover All People and renamed "Healthier Oregon". This POP includes continuation of funding for population enrolled during 2022 through initial implementation of the program (ages 19 to 26 and 55+) and expansion of the services to the remainder of the age groups, including children, starting July 1, 2023. It also asks for ongoing funding for staff to help individuals access these services and supports, including case managers, and related staff who are critical to serving this population.	$ 77,817,335	-	$ -	$ 77,817,335	79	61.00

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106		Central	Chief Data Office	Accurate and reliable data can improve quality of life for the people we serve. Accurate and easily available data can direct services to where they are needed. Accurate data can offer solutions to problems. Data even have the ability to address inequities and disproportionalities, given the resources necessary to identify, gather and maintain them. Data inconsistency negatively and disproportionately impact people and communities of color, Tribal members and communities, people with disabilities and members of the LGBTQIA2S+ community. On the ground level, data give our case workers access to accurate information so they can spend more time in direct service to people. Currently one limited duration employee is the data expert for the Oregon Department of Human Services – a complex agency serving one in three Oregonians. This policy package creates a data office of three FTE and budget for contract services. The data office will: 1.Set and lead vision and standards for data collection, use, management, governance, ethics and justice. 2. Manage compliance with Open Data mandates (ORS 276A.350-276A.371). 3. Lead the development of tools and culture to enable ODHS to better use data to plan, make decisions and deliver service. 4. Implement data quality, management and integration practices to create the future of human services, reduce disproportionality and inequity, respond better to emergencies and disasters and adopt REALD/SOGIE (Race, Ethnicity, Language and Disability/Sexual Orientation, Gender Identity and Gender Expression) standards. If this POP is not funded, adverse effects include: first and foremost slow service delivery, missed opportunities to focus services where they are needed most and the perpetuation of health inequities. If not funded it will also adversely affect compliance with Open Data mandates; diminish the ability to identify and correct disproportionalities and inequities; and miss opportunities to streamline technology implementations due to continued siloed organization of data and related decision making. Lack of comprehensive data affects our ability to equitably serves Oregonians.	$ 541,637	$-	$ 361,092	$ 902,729	3	3.00
107		Central	Program Integrity (OPI)	It is vitally critical that the Oregon Department of Human Services ensures services and benefits are provided to Oregonians with the highest level of accuracy and quality. It is also important that there are not overpayments and that those not eligible do not receive benefits, ensuring that people who do qualify receive benefits and supports. This Office of Program Integrity (OPI) is responsible for this work. The office creates quality control reviews that are shared with federal partners to fulfill the federal mandate and to internal ODHS programs for improvements in service to those populations in Oregon that have the most need. However, due to increased federal requirements, which has increased staff work time significantly, federal and internal reporting is at risk of not meeting required deadlines and could cause reporting errors. Inadequate staffing could lead to not meeting federal requirements and higher error rates which could cause sanctions and penalties, including program defunding. This could seriously impact the people ODHS serves – those most in need. The primary objective of the policy package is to maintain the Office of Program Integrity's (OPI) federally mandated quality control reviews for federal partners – (Children's Bureau, Food and Nutrition Services, Centers for Medicare and Medicaid) as well as internal partners – (Child Welfare, Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance to Needy Families (TANF), Employment-Related Day Care (ERDC), Home and Community-Based Service (HCBS), and Medical Programs including Long-Term Care for APD). This also includes, reviews to measure the efficiencies of each program and provide the Oregon Department of Human Services (ODHS) programs with current statistical information.	$ 710,871		$ 710,871	$ 1,421,742	8	6.00

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108		Central	Strengthening Chief Financial Office	Organizations need strong financial, budget, positions management and forecasting offices to be able to run effectively. During the past several years, the size and complexity of ODHS' work has increased, to ODHS Operations and budget has grown significantly. The changes have only been exacerbated by the pandemic and the influx of one-time funding. For example, ODHS is unique in that it has a very complicated financial structure; with more than 100 unique budget areas and more than 800 unique Labor Cost Codes, and thousands of other invoice codes. Further, impacts of new programs and/or positions through the POP process, additional new or changed programs proposed in POPS (if funded), and/or changes to federal policy and/or changes to reporting requirement for the numerous federal fund sources will have a additional impact on complexity and level of work expected from the ODHS CFO Office. ODHS is unique, mainly due to the scale of positions it manages. This includes managing over 10,000 budgeted positions and over $17 billion in Total Funds. Further, due to the complexity of funding, tracking, forecasting and position management requests have continually become more complex and details. New changes/programs will also not just have an OIS impact. CFO offices will also be impacted by these changes. However, the ODHS Office of the Chief Financial Officer (CFO) resources have remained practically unchanged for years. This Policy Option Package proposes an investment in new positions to oversee ODHS position management, financial revenue planning, clear several non-budgeted positions, enhance support for the Integrated Client Services database to keep up with changes in source systems and advance the work related to REALD and better harness the power of Geographic Information System (GIS) data (housed in ODHS ORRAI). This request would also help ODHS forecasts to be more easily understood by Legislators, Legislative Fiscal Office, our partners and the public. This request addresses three ODHS priorities: Strengthening Foundations, Responding to Emergencies, Creating the Future of Human Services. Improve upon Race/Ethnicity identity information.	$ 1,963,062	$ 538,569	$ 1,308,722	$ 3,810,353	14	11.50
109		Central	Ofc of Resiliency and Emergency Management Staffing	The Office of Resiliency and Emergency Management (OREM) provides disaster services to all Oregonians. OREM was created in response to the 2020 wildfires but its charge involves preparing for and responding to all types of emergencies, including the Cascadia Subduction Zone Earthquake, refugee crises, extreme weather events, and drought. OREM helps people be safe, resilient, and eventually self-sustaining. In the last two years OREM has responded to help people affected by excessive heat events, an ice storm, lack of safe drinking water, and a chemical leak. OREM has sheltered more than 4,400 wildfire survivors in over 60 hotels from Portland to Ashland; delivered more than 2 million hot meals, three times a day, seven days a week to wildfire survivors, sourced and delivered 500-gallon tanks to 200 people whose wells ran dry due to the recent drought in Klamath County; the list goes on. While Oregon Department of Human Services is identified in state statute as the primary agency for providing Mass Care during disasters, OREM has been operating without legislatively approved funding since the wildfires of September 2020. In order to fulfill our statutory responsibilities and help Oregonians successfully prepare for and recover from disasters, OREM is requesting additional funding. The funds will allow us to continue program operations while expanding our efforts to partner with communities, Tribes and community-based organizations to improve local disaster preparedness across the state. The policy package requests funding the existing staff to maintain as well as grow this essential program.	$ 7,722,411		$ 5,148,257	$ 12,870,668	48	48.00

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110		Central	Human Resources Staffing Stabilization	Oregon Department of Human Services is committed to becoming an antiracist organization that actively dismantles discriminatory systems and prioritizes equity in our work. ODHS Office of Human Resources (HR) plays a critical role in helping the agency realize these aims. From recruitment and onboarding to training and compensation, HR is building a diverse human services workforce that is highly qualified, well supported at work, and representative of Oregon's communities. Every day, HR works to advance these and other agency priorities through effective services to customers, clients and partners across all of ODHS' programs. Yet current staffing levels are not sufficient to fully support agency strategy. Our training and development staff-to-employee ratio, for example, is approximately 1:1,660, while 1:350 is considered the industry standard. Meanwhile, staffing shortages across our Rapid Talent Acquisition, Recruitment, and Classification and Compensation teams have resulted in service delivery delays and are causing important strategic and analytical work to be postponed. The purpose of this request is to create permanent positions in HR's Operations/Organizational & Professional Development (Central Training), Rapid Talent Acquisition, Recruitment, and Classification & Compensation Teams and to provide HR with a Project Manager. These positions will: • Support the long-term growth and development of agency managers and management teams through a robust professional development program that aligns with the Department of Administrative Services (DAS) Management Competency model; • Improve efficiency and effectiveness related to recruitment, hiring, and onboarding while developing meaningful workforce analytics to inform future work; • Meet the agency' operational and program goals; and • Advance the HR Strategic Plan through intentional and effective project management.	$ 3,608,496	$ 2,405,719	$ 6,014,215	33	24.75
111		Central	Local Leadership	Because ODHS serves Oregon communities, those communities should have meaningful input into the designs and delivery of our services. But ODHS currently lacks the community engagement capacity we need to make this a reality, which has significant equity and efficiency implications for our work. This policy package will provide the staffing and other resources necessary to enable greater direct engagement with the communities served by ODHS, which will provide multiple opportunities to further the ODHS Equity North Star vision; lead with intersectionality to address the roots of systemic oppression; and make services, supports and well-being accessible to all. In addition, this policy package will deliver policies and programs that are equitable and improve community conditions.	$ 5,659,062	$ 4,090,720	$ 3,682,094	$ 13,431,876	53	39.75
112		Central	Ofc of Resiliency and Emergency Mgt 211	Imagine your home was just destroyed by a wildfire. You would need to know where to call to get help, to connect to resources, where to go for shelter, food, water. The community-based call center, 2-1-1, is a vital resources for people experiencing a disaster or needing human services. The Office of Resiliency and Emergency Management (OREM) is legally obligated to provide disaster services to all Oregonians. One of the most critical points of contact for OREM as an arm of ODHS is the 2-1-1.During and immediately after the September 2020 wildfires there was a significant increase in 2-1-1 capacity to provide information about resources to those directly and indirectly impacted by the disaster. This policy package would provide funding to continue and expand the services offered by 2-1-1 to support the continued safety and security of emergency services and information through communications, outreach and quality assurance. Disasters such as wildfires, floods, extreme heat and cold are only increasing. Children, families, the elderly, and people with disabilities need to be able to call one central phone number to get help. This call center is also a trusted resources of communities most impacted by inequities. 2-1-1 needs to have increased capacity to help, especially in emergencies.	$ 5,923,219	$ 82,148	$ 6,005,367	1	0.75
113		Central	Maintaining Critical Staffing	ODHS is leading an agency-wide shift toward more collaborative, community- and person-centered human services. Encompassing change across our programs and at every level of our nearly 10,000-employee agency, the shift requires strategic and dedicated leadership, improved communication and transparency with partners, and a diverse, well-trained human services workforce. At the same time, the COVID-19 pandemic and other crises have contributed to historic demand for human services. To meet these compounding needs, ODHS has added key positions to agency offices. Without these positions, ODHS cannot effectively and efficiently carry out its three strategic priorities. To ensure that Oregonians will continue see needed and global improvements in our human services systems, ODHS is requesting position authority and funding for 56 non-budgeted positions. These positions will continue mission-critical work including leading our enterprise-wide Building Well-being Together initiative; leading programs for people with intellectual and developmental disabilities; providing timely and transparent communication to elected officials, the media, partners, and the public; as well as employee recruitment, professional development, retention, and management.	$ 9,279,058	$ 6,275,324	$ 15,554,382	56	56.00

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114		Central	Emergency Shelter and Feeding	No one in Oregon should go even one day without shelter, food and water. Since the 2020 wildfires, the ODHS Office of Resilience and Emergency Management (OREM) has sheltered more than 4,400 survivors in over 60 motels and delivered more than two million hot meals to survivors, three times a day, seven days a week. There remain over 200 wildfire survivors who have lost their homes and are currently being sheltered through OREM services. The last two years have been the most disaster-filled times in Oregon's history with ice storms, floods, drought, a chemical leak and expansive wildfires. When a disaster hits Oregon, OREM must be there to provide shelter, food and water. Funding this Policy Option Package (POP) would allow the ODHS Office of Resilience and Emergency Management (OREM) to provide emergency shelter and feeding to people in Oregon displaced by disaster, through the next biennium.	$ 35,000,000			$ 35,000,000		
115		Central	Refugee Program	Oregon has a long tradition of welcoming refugees. Since 1975, nearly 70,000 forcibly displaced people have arrived in the state from all over the world. After resettling here, refugees contribute greatly to Oregon's economic vitality, cultural life and social fabric. Today, Oregon is as committed as ever to welcoming refugees and helping them safely and successfully rebuild their lives – a commitment that's increasingly critical as the world's refugee population continues to grow to record numbers. Oregon Department of Human Services' Office of Resilience and Emergency Management (OREM) provides a comprehensive array of services to people in Oregon who are impacted by disasters and emergencies, including the sheltering and feeding of refugees. While we are currently supporting refugees through our existing infrastructure, the recent raising of the federal refugee admissions cap, coupled with the war in Ukraine and other crises around the world, translate into growing numbers of refugees who need our help. In addition to anticipated fiscal shortfall, these trends pose considerable risk to our ability to provide current levels of service. The funding provided by this policy package will facilitate food, shelter, and aid for displaced refugees who come to Oregon.	$ 8,639,164	$ 1,200,599	$ 9,839,763	8	7.00
201		Central	Medicaid Waiver Placeholder	We all want a state in which everyone has access to good health and well-being. This policy option package will allow the state to meaningfully improve health outcomes in communities who face historic and contemporary injustices, in alignment with Oregon Health Authority's goal of eliminating health inequities by 2030. ODHS is responsible for determining eligibility for state medical services, for the operation and maintenance of the ONE eligibility system, and for the delivery of long-term services and supports related to Medicaid. This policy package would fund ODHS for related costs if OHA-HPA-05 is approved, which will enable the Oregon Health Authority (OHA) to execute and implement the policy and program changes outlined in 1115 Medicaid demonstration waiver and approved by the Centers for Medicare and Medicaid Services (CMS). These demonstrations occur within a specific time horizon and can be extended if necessary. This package would allow ODHS to fulfill the implementation obligation necessary to review eligibility as required by the waiver. OHA is currently negotiating the next five-year 1115 waiver with the Centers for Medicare and Medicaid Services (CMS) and expects that negotiations will likely not conclude until September 30, 2022. Therefore, precise outcomes of the negotiation are uncertain and placeholder language regarding this waiver POP is needed for now.	$ 2,481,243	$ 3,384,508	$ 5,865,751	32	12.80
301		Central	ERDC Expansion - DELC Companion	All children deserve supportive and nurturing places to learn and play while their parents are at work. Research indicates that quality child care has a significant and positive impact on children's brain development, setting the stage for success later in life. But disparities persist when it comes to accessing quality child care, with low-income families and families of color bearing most of the burden. We have a shared obligation to make sure that every child has the supports they need to reach their potential, and that means directly addressing this kind of disparity and promoting equitable access to child care for all families. Employment Related Day Care (ERDC) is a federal program, partially funded by the Child Care Development Block Grant (CCDG), that helps mitigate these disparities by providing low-income working families with child care subsidies. In Oregon, ERDC represents the largest child care subsidy program and was enhanced through House Bill 3073 (2021) which expanded program eligibility to include families with student parents and children who are documented. The ERDC program has also capped co-pays at no more than 7 percent of a family's income, as well as waived the co-pays of families at 100 percent of the federal poverty level to $0. To continue our progress toward addressing longstanding inequities, the Early Learning Division (ELD) is introducing legislation in the 2023 Legislative Session to ensure that children at risk of involvement or involved in Oregon's foster care and child welfare systems, children from families experiencing domestic violence, and houseless families have access to quality, affordable care. This expanded eligibility will allow more families to access critical child care supports, promoting both healthy development for children and uninterrupted employment for parents.	$ 967,659	$ 1,099,439	$ 2,067,098	4	3.00

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202		Central	Basic Health Program	Oregon recognizes that health care is fundamental to people's and families' well-being. This shared value was a key driver behind the Oregon Health Plan (OHP), which prior to the pandemic covered approximately 1 million people. During the pandemic, federal rule changes allowed hundreds of thousands of additional Oregonians to access health care coverage through OHP, and today the plan covers one in three Oregonians. Without state action, many of these newly covered Oregonians will lose their health coverage when the federal public health emergency (PHE) expires, erasing the important gains in coverage Oregon achieved during the PHE. In 2022, the Oregon Legislature passed House Bill 4035 to fund the federally-mandated redeterminations process and preserve short-term coverage for people who earn too much income for Medicaid, but not enough to afford other coverage. The bill also authorized the development of a sustainable, long-term solution in the form of a Basic Health Program (BHP). This policy package would direct necessary funding to Oregon Department of Human Services to finish the work of implementing the BHP and allow us to move forward with an effective redetermination process. Together, these actions will help ensure that eligible Oregonians have uninterrupted access to critical medical benefits for themselves and their families.	$ 24,336,717		$ 25,021,780	$ 49,358,497	288	216.00
116	10000-007	Central	Grant Pgm for Community-Based Organizations	An effective, resilient human services ecosystem is comprised of both government and community-based partners working collaboratively to provide the supports and systems necessary for everyone in Oregon to thrive. During the pandemic and recent weather events, communities clamored for a more comprehensive response that was driven by communities rather than by centralized government structures, making clear a pressing need to empower communities to shape their own, custom-tailored solutions. Oregon Department of Human Services is requesting $26 million and 17 staff positions to establish a grants program to community-based organizations (CBOs). These resources will be used for grant awards and will support data, technical and program supports to CBOs. The investment will allow ODHS to strategically grow the human services infrastructure through local partnerships, supporting the emergence of new and more effective service delivery models and increasing equity within human services statewide.	$ 25,070,146	$ -	$ 1,066,706	$ 26,136,852	19	14.25
117		Central	Tribal Liaisons	To respect and uphold the sovereignty of U.S. Tribal Nations, required consultation and engagement should occur in a consistent, coordinated, and equitable way. Effective consultation and engagement will provide Tribal children, families and elders the access they need to services and supports from the Oregon Department of Human Services (ODHS). Lacking a formal structure, current engagement and collaborative efforts are often confusing and ineffective. Currently ODHS does not have a formal structure, uniform process or supports to do this work. ODHS is requesting this policy option package to (1) adequately resource the ODHS Tribal Consultation Policy implementation structure and (2) add Self-Sufficiency Programs Tribal Liaisons positions. This request aligns with ODHS' strategic goals of strengthening foundations and creating the future of human services. Without the requested resources, members of Oregon's Nine Federally Recognized Tribes as well as Tribal members from out-of-state Tribal Nations will continue to be underrepresented in ODHS supports and services and disproportionally represented in its Child Welfare systems, where they face higher rates of family separation than the non-Tribal population. This proposal adequately resources ODHS Tribal Consultation Policy efforts, supports all ODHS programs and brings ODHS into compliance with State and Federal requirements. Without the resources requested in this package, ODHS Self-Sufficiency Programs (SSP) will continue to lack the necessary staffing to carry out consistent engagement with Oregon Tribes at the local level. Tribal Leaders requested SSP hire or designate Tribal Liaisons who they can connect with regularly to ensure coordination happens in a way that supports Tribal families in accessing needed benefits and services. This proposal creates infrastructure for Tribal Engagement by funding eight Tribal Liaison positions and a manager.	$ 2,343,419		$ 503,737	$ 2,847,156	15	11.25
118	CW	Child Safety	Children thrive when they have safe and supportive family structures in which to grow up. According to Oregon's May Child Welfare Progress Report, about 4,000 times every month Child Protective Services staff engage with families to identify whether children are being exposed to an unmanaged safety threat. Key ingredients in achieving our Child Welfare Division's Vision for Transformation are accurate assessments of child safety and in-home support to prevent placements away from family and community, but Child Welfare needs more staff to ensure that every family receives in-depth assessment and that safety threats are accurately identified. Current staffing levels make it difficult for staff to meaningfully engage with families, understand their specific needs, and develop customized safety plans – all tasks that require time, care, and skill. Without the staffing necessary to carry out these labor-intensive tasks, we may fail to identify safety issues and support families appropriately in addressing them, thus increasing the likelihood that a child will enter foster care – an often traumatizing outcome that disproportionately affects Black and Native American families. A staffing investment is necessary to meet the goal in the Oregon Caseload Ratio Standards that each CPS caseworker is assigned no more than 7 new assessments per month (1:7 ratio). The investment will ensure critical caseworker capacity for family engagement, assessment, safety planning, and ongoing support – helping to make sure that children have the best chance of growing up in a safe and nurturing family.	$ 37,538,083	$-	$ 12,514,099	$ 50,052,182	401	200.50

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119		CW	Parent Alcohol & Drug Support Services	Children do best when they grow up in a family within their community. However, substance use disorder (SUD) among parents is one of the greatest challenges to keeping children safe and healthy at home. This POP aligns with recommendations from the Oregon Alcohol and Drug Policy Commission that aim to reduce Oregon's substance use disorder rate and increase Oregon's recovery rate.It builds capacity for the agency to better respond to the growing complexity of substance use disorder (SUD) among child welfare parents and creates capacity for building more consistent and efficient relationships with community partners and SUD treatment providers. When parents in the ODHS child welfare system can access treatment quicker, be supported in achieving recovery, and be assisted in sustaining their recovery from addiction, there will be fewer foster placements and improved child safety and family stability. ODHS will also increase the internal expertise to respond to a variety of issues that combine with parental and adolescent SUD, including various mental health challenges and the need for clean and sober housing. This proposal will also grow expertise on drug testing, engaging parents and partners, and sustaining community treatment relationships that work with parents and adolescents. These positions will also provide ODHS with needed consultation regarding resource family applicants who may have SUD histories or current use concerns. Estimated need: reclass 25 SSS-1s to SSS-2s and add 8 new positions.	$ 1,088,443	$-	$ 362,841	$ 1,451,284	8	6.00
120		CW	CIRT and Safety System Analysis	Preventing the maltreatment of children is core to the work of Child Welfare and to community well-being. Oregon created a Child Fatality Prevention & Review Program (CFPRP) to facilitate statutorily required reviews of child fatalities – conducted by Critical Incident Review Teams (CIRTs). Legislative changes to the criteria for conducting these reviews have led to an increase in the number of CIRTs assigned. And with many CIRTs involving parental substance abuse, focused prevention strategies are critical to making system-wide improvements. This proposal enhances the infrastructure and capacity of the CFPRP to develop and implement prevention strategies using qualitative and quantitative data from our most tragic outcomes in Child Welfare. This POP also would support the continued work around the federal Comprehensive Addiction and Recovery Act via and continuation of infant safety, maltreatment and fatality prevention.	$ 1,110,809	$-	$ 370,293	$ 1,481,102	8	6.00
121	LC10000-031	CW	Family Preservation & Engagement	Children do best growing up in a family that can provide love, support, cultural continuity and cherished memories. For these reasons, ODHS Child Welfare Division's Vision for Transformation prioritizes supporting families and children at home and in their communities. While foster care is sometimes the only option for child safety, family separation is a traumatizing event. Child Welfare is actively building out its Family Preservation system, which is designed to spare children and families from the trauma of separation by incorporating the correct supports to manage safety in the home. To move our Family Preservation efforts forward, Child Welfare needs additional staffing. New staff positions will be focused on family engagement, co-creation with families of case plans, and ongoing support to meet the goals identified in the case plan. These efforts will reduce the need for foster care and can help families stay –and thrive – together. Unless Family Preservation efforts are fully implemented across Child Welfare's 16 districts, we risk the continued overreliance on foster care as a means of managing safety, which translates into unnecessary family trauma and ongoing disproportionate impacts to Tribes and communities of color.	$ 18,260,864	$-	$ 6,087,630	$ 24,348,494	193	96.50
122		CW	FOCUS Expansion	Children deserve to grow up in their own communities, where their established connections with family, friends, teachers and others can support their well-being. But children with complex needs are more likely to be placed outside their communities in order to receive specialized services. This proposal seeks to strengthen the well-being of Oregon families through intensive community-based support services for children with complex needs, allowing them to remain in their own communities in a resource home, relative care or parent's home. These services will provide coaching, training and support to caregivers and individualized services specific to the child's needs to help keep the child in stable, community-based and familial placements as well as reduce the risk of placement disruption, Temporary Lodging and the use of higher levels of care, including residential treatment. This proposal, if approved, will allow for services to be developed throughout the state, including in rural communities. In the long term, these services will prevent unnecessary foster care placements, support families, improve the retention of resource parents, and ultimately save the state money through effective early intervention and partnerships with other systems. The services included in this proposal are Child Specific Caregiver Services, Response and Support Network (RSN), Community-based supports for Commercial Sexually Exploited Children (CSEC) youth and Multidimensional Transition Services. This proposal requests funding and resources necessary to implement, oversee and audit these services.	$ 16,480,000	$ -	$ -	$ 16,480,000	-	-

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POP #	LC#	All Program Areas	Official Title (45 Character Limit)	Description	General Fund	Other Funds	Federal Funds	Total Funds	POS	FTE
123		CW	FC/Resource Parent Reimbursement Rates	All children deserve to grow up in a family. If a child is not able to remain in their own home, we need resource families who are diverse and affirming and can provide the support a child needs within their communities. Resource families receive a monthly payment, but the rates for Foster Care have not been adjusted since 2018. In 2018, the rates were based on 56.5% of the cost of raising a child at the USDA rate. Cost of living and inflation rates have continued to climb. The rate is intended to cover costs of food, shelter, clothing, school supplies, extracurricular activities, etc. for children in ODHS foster care. Resource Families have voiced to ODHS that the current rate does not cover the actual cost of caring for a child. The policy option package would bring the basic family foster care rate up to 80%-100% of the cost of care to raise a child. The rate would change at each biennium to include regular inflation and additionally, medical, and professional inflation. This would allow for increases every biennium. Increasing the rates could help attract and retain more resource families and help current resource families cover the cost of care.	$ 70,328,175	$ -	$ 42,206,045	$ 112,534,220	-	
124		CW	SSB & Child Support Payments Package	Child Support, Social Security Benefits (SSB), and Supplemental Security Income (SSI) provide valuable social insurance to children and families. However, children in foster care are not able to use those funds because they are used to supplement foster care costs. This makes it more difficult for families to overcome poverty and it perpetuates inequities. This POP proposes to conserve SSI, SSB and child support funds for youth in foster care and make the funds available in a savings account when they exit foster care. These funds will support reunification and help youth better support themselves as they transition into adulthood.	$ 6,282,923	$ (8,871,551)	$ 2,588,628	$ -	-	-
125		IDD	ARPA Positions	Services provided by the Oregon Department of Human Services (ODHS) need to be reliable so those who depend upon them are not thrown into crisis by service disruptions. Funding from the American Rescue Plan Act (ARPA) allowed the Office of Developmental Disabilities Services (ODDS) to secure 57 temporary positions to meet the program's needs in the critical areas of program management and improvement. The expiration of all of these positions would result in the discontinuation of critical efforts related to ODDS' strategic work across programs, agencies and community organizations that ensure high-quality services and supports for individuals with intellectual and developmental disabilities (I/DD). ODDS proposes that14 of the 57 ARPA-funded limited duration (LD) positions be made permanent. These 14 full-time employees (FTE) will continue to provide ongoing support to the ODDS Policy, Training, Case Management Support Services, Operations and Portfolio Management units. This will allow ODDS to maintain the level of care and quality for services that people have come to depend upon over the past two years and also free managers of administrative work empowering them to better engage with community partners and move the needle on our strategic efforts instead of just trying to keep up.	$ 1,501,711	$ -	$ 1,501,711	$ 3,003,422	14	14.00
126	10000-005	IDD	Model Employer	All people deserve equal access to employment opportunities that allow them to thrive as valued members of their communities. The state of Oregon is committed to fair employment practices and non-discrimination. Less than 1% of the state's workforce is comprised of people with intellectual and developmental disabilities (I/DD), because this population faces common, disability-based barriers when trying to access state employment. The Model Employer program is designed to hire people with I/DD into state service. This policy option package (POP) requests dedicated full-time equivalent (FTE) for positions for the Model Employer program. Providing this opportunity for people with I/DD to have access to state employment by removing common barriers faced by people with I/DD in the state hiring process and incentivizing hiring managers to utilize this process will increase access to state employment for people with I/DD.	$ 2,034,856	$ -	$ 2,034,856	$ 4,069,712	29	24.09
127		IDD	ODDS-OTIS Joint Quality Improvement	The Office of Developmental Disabilities Services' (ODDS) top priority is to ensure quality services for adults and children with intellectual and developmental disabilities (I/DD) that empower these individuals to live rich, full lives in their communities while providing for their health and safety. Timely and quality licensing practices and abuse investigations are critical in supporting the well-being, health and safety of the vulnerable Oregonians we serve. The quality of foster home compliance has progressively decreased over the years as investigators have struggled with timeliness and quality screening of investigations conducted at the local level. As a result, individuals receiving services are at greater risk for abuse and neglect. Licensing is a large component to reducing risk and assuring providers are doing their important work in a high-quality way. By providing additional resources, ODDS and the Office of Training, Investigations and Safety (OTIS) will be able to provide meaningful and sustainable support to local offices and the communities they serve. We will be able to better focus on the important work of advancing the Oregon Department of Human Service's (ODHS) Building Well-being Together Initiative.	$ 2,480,898	$ -	$ 1,325,380	$ 3,806,278	20	16.79

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POP #	LC#	All Program Areas	Official Title (45 Character Limit)	Description	General Fund	Other Funds	Federal Funds	Total Funds	POS	FTE
128	10000-003	IDD	Child Welfare and IDD Parents	Our communities are stronger when parents are able to raise their children as independently as possible in their own or family homes. Parents with intellectual and developmental disabilities (I/DD) have long faced overwhelming challenges and have endured discrimination, while being failed by various systems that are intended to support them to have full lives with their children and families in their communities. ODDS proposes a new set of innovative services intended to support parents with I/DD more effectively and keep families together. These new services, "supported parenting" would provide person-centered support for parents with I/DD to raise their children independently in their communities. ODDS requests to maintain permanent 2.0 FTEs that are currently temporary American Rescue Plan Act-funded positions for cross-systems coordination with Child Welfare (CW) and other systems to ensure optimal services to parents with I/DD and children involved in the CW system.	$ 387,997	$ -	$ 564,445	$ 952,442	2	1.50
129		IDD	ODDS Systems	In the 2020s, the ability to quickly, transparently and effectively collect, share, analyze and communicate data is an essential component of providing equitable and accessible human services. The Office of Developmental Disabilities Services (ODDS) lacks a centralized data system to manage the case management services and supports it provides to roughly 32,000 people across Oregon. ODDS seeks position authority and funding to secure a case management system, a universal provider portal, and a robust agency provider system to improve provider reporting capabilities and to replace ODDS' antiquated ASPEN system that will be shut down in one year. These system upgrades will improve ODDS' service delivery on many levels, some of which include communications, quality assurance, licensing, data collection and equitable access to case management services and supports.	$ 889,698	$ -	$ 8,007,245	$ 8,896,943	29	29.00
130		IDD	CME Service Equity and Capacity	All people with intellectual and developmental disabilities (I/DD) should have equitable access to the services and supports provided by the Office of Developmental Disabilities Services (ODDS) and its statewide partners. Under the umbrella of the Oregon Department of Human Services' (ODHS) Equity North Star vision and in its strategic plan, ODDS and its partners have committed to ensuring service equity throughout the service-delivery system. Case management entities (CMEs) serve a cornerstone function in the I/DD service-delivery system. CMEs serve as the front door to the system, perform eligibility assessments, provide adult protective services (APS) and foster care licensing functions, and connect people to services and resources through case management services. Because of the way CMEs are currently funded, they don't have sufficient resources to fully implement ODHS' service equity vision and to take local actions to ensure equitable access and services to individuals with I/DD and their families. To ensure adequate resources for these critical functions and initiatives, ODDS requests CMEs be made whole by bringing their funding up to 100% of the full-time equivalent (FTE) allocation and funding identified in the workload model prior to Oregon Legislative Fiscal Office (LFO) consideration of 23–25 biennial funding or allocated FTE. ODDS also requests additional resources for the development and implementation of service equity strategies at the local level. This funding will ensure CMEs are resourced to meet the needs of the diverse communities they serve in an equitable and culturally agile way.	$ 39,739,037	$ -	$ 39,794,953	$ 79,533,990	-	-
131		IDD	Children's Foster Care Rates	All people, especially those who are most vulnerable, such as children with intellectual and developmental disabilities (I/DD), should have equitable access to the services offered by the Office of Developmental Disabilities Services (ODDS). ODDS is working to improve equity and access across all services and settings. Historically, children placed in ODDS-certified children's foster homes have not been able to access home-modification services that would allow for a foster home to be made more accessible, better meet the needs of the child and ensure compliance with federal home- and community-based settings requirements. This policy option package (POP) addresses this inequity and will implement a fair and equitable reimbursement strategy for children's foster care (CFC) providers based on a valid and reliable assessment tool. The new reimbursement strategy is aimed at increasing the provider network's capacity to meet the needs of children who cannot be served safely in their family home.	$ 3,086,303	$ -	$ 5,459,423	$ 8,545,726	1	1.00
132		IDD	Targeted Rate Increases	All people with intellectual and developmental disabilities (I/DD) deserve to live full lives as valued members in their communities and have access to the quality services and supports that empower them to do so. I/DD service providers have been severely impacted by workforce shortages, which have been exacerbated by the COVID-19 pandemic and other economic and inflationary pressures. Providers have been struggling to meet the needs of individuals they serve, because they are unable to offer competitive living wages to sufficiently recruit and retain workers during a time of extraordinary wage hikes and inflation. This policy option package (POP) implements targeted updates to the service rates assumptions with the most recent published data sources, such as the latest Bureau of Labor (BLS) data and Internal Revenue Service (IRS) mileage rate. Ensuring provider rates remain updated to the most current cost information will ensure that Oregon's provider network remains robust and capable of attracting and retaining direct workforce, pay living wages to direct care workers and providing other supports to the workers that ultimately result in better quality and continuity of services for people with I/DD.	$ 162,144,945	$ -	$ 294,067,672	$ 456,212,617	-	-

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POP #	LC#	All Program Areas	Official Title (45 Character Limit)	Description	General Fund	Other Funds	Federal Funds	Total Funds	POS	FTE
133		IDD	Children's Residential/CIIS Workload Model	All people who depend upon services provided by the Oregon Department of Human Services deserve equitable access to quality support services, especially children with the highest level of care needs. Over the last several years, the Office of Developmental Disabilities Services (ODDS) children's case management programs – Children's Intensive In-home Services (CIIS) and Children's Residential (CR) – have delivered services to children with the highest level of care needs in Oregon's intellectual and developmental disabilities (I/DD) system. Case managers in these units faced the added stressors of the pandemic and supporting critical program improvements while operating at a lower full-time equivalent (FTE) percentage than county-based contracted I/DD case management programs. This request is to fund CIIS and CR at a rate in alignment with the FTE% at county I/DD case management programs which equates to 10 additional positions as determined by the most recent workload model. Staffing that is more in alignment with the workload model will help ensure the high level of services necessary for children with most complex needs, compliance with Medicaid and state standards, and equitable person-centered services.	$ 794,225	$ -	$ 794,225	$ 1,588,450	10	7.50
134		Shared	Total Worker Health (OHSE)	Every Oregon Department of Human Services and Oregon Health Authority employee has a right to work in a place free from recognized hazards as outlined in OSHA's General Duty Clause (OHSA 29 USC 651). The overall mission of this department is to provide life safety and life sustaining services for employees and ensure they work in a healthy and safe work environment. Keeping our workforce safe, healthy and ensuring well-being encourages less turnover, enhances work product and can reduce the impact and cost of injuries and illness. Staffing of safety, health and wellness professionals with knowledge on total worker health concepts is vital in providing safety and well-being to employees and all Oregonians by assisting with design/development and implementation of occupation health, safety and employee well-being activities. While safety is a core value of both agencies, employees continually cite health and safety as challenges in meeting their job duties. Internal data metrics show that the agencies have experienced an increase in threats, workers compensation claims, and job burnout. This Policy Option Package would apply a Total Worker Heath model which will further our compliance with OSHA regulations and further our compliance with the Governor's Executive Order on Wellness.	$ 1,045,327	$ 1,713,278	$ 626,807	$ 3,385,412	8	6.25
203		Shared	Mainframe Migration/Provider & Client Payment Sytem	Everyone in Oregon deserves uninterrupted access to needed supports and to the income they earn at work. More than one million Oregonians count on the state's current mainframe platform to receive their benefit and provider payments. The COBOL programming code on the mainframe system dates to the 1970s and is increasingly unsupported. Mainframe-proficient staff are shrinking in number and hard to replace, resulting in a variety of service and payment bottlenecks. If these problems are not resolved, there is increasing risk that the agency will be unable to make timely payments to Oregonians, potentially for an extended period. Oregon Department of Human Services and the Oregon Health Authority are therefore jointly requesting the resources necessary to upgrade our mainframe platform and ensure continuity of payments and benefits for the people we serve. It is critical that we migrate all current mainframe functions to more modern, ideally cloud-based solutions. Doing so will help avoid the risk of service breakdowns caused by old software, bring ODHS and OHA technology into alignment with peer agencies, improve flow across interfacing information systems, and allow Oregon to achieve full benefit from its investments in the ONE eligibility system. This investment proposes a strategy to plan for and implement a new payment system, move all remaining benefits currently determined on the mainframe to the ONE system, and develop a plan to decommission or archive remaining mainframe programs and data.	$ 9,253,492	$ 1,208,969	$ 5,444,561	$ 15,907,022	10	7.14
135	10000-008	SSP	TANF Redesign	Every child is filled with tremendous promise – and we have a shared obligation to foster that promise. That means supporting families in ways that maximize their capacity for strong, caring relationships, and reducing the financial stressors that can contribute to child neglect, involvement with child welfare systems, and other forms of childhood adversity. This policy option package, developed with the TANF Redesign Partnership and the Poverty Relief Task Force, is an important step in that direction, helping families access more of the resources and financial flexibility they need to achieve well-being and economic stability. By increasing the monthly Temporary Assistance to Needy Families (TANF) cash grant to 50 percent of the Federal Poverty Limit, ending TANF time limits, and expanding program eligibility, the package represents a data-informed strategy for preventing child neglect and improving long-term outcomes for children. At a time when Oregon families are facing rapidly rising costs of living and ongoing housing challenges, this upstream solution is needed more than ever.	$ 118,887,918	$ -	$ 25,000,000	$ 143,887,918	$ -	$ -

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POP #	LC#	All Program Areas	Official Title (45 Character Limit)	Description	General Fund	Other Funds	Federal Funds	Total Funds	POS	FTE
136		SSP	Youth Experiencing Homelessness Pgm Expansion	Every young person deserves safe, stable housing. And yet every night in Oregon, thousands of unaccompanied young people go to sleep in tents, abandoned buildings, makeshift shelters, or on the couches of friends or strangers – all without the security of a home or family. We have a shared obligation to support youth who are experiencing homelessness, helping them not only to find housing, but also to access the wider array of services they need to achieve well-being and reach their full potential. Oregon Department of Human Services' Youth Experiencing Homelessness Program (YEHP) partners with impacted youth, community organizations, and state agencies in an effort to provide these services, help youth secure housing, and prevent homelessness among youth across the state. To do this work effectively, ODHS is requesting the staff and other resources necessary to (1) enhance youth-homelessness programming and maintain recent investments, (2) continue a Direct Cash Transfer pilot project for youth experiencing homelessness, (3) support the Statewide Youth Advisory Board, and (4) provide paid internships for youth with lived experience in homelessness. Together, these program investments will expand YEHP's reach to rural and Tribal communities, increase impacted youths' involvement in service design, and build a continuum of services that effectively meets the unique and often complex needs of the individuals we serve.	$ 13,342,228			$ 13,342,228	4	3.25
137		SSP	Housing Stabilization Program Expansion	Housing is a key social determinant of health. Safe, stable and affordable housing gives families a strong foundation and improves their chances of achieving their employment, education, health and parenting goals. But families in Oregon regularly relay to Self-Sufficiency Programs staff that the existing network of subsidies and resources are insufficient to achieve housing stability. Communities of color, moreover, face disproportionate barriers to affordable housing access, which increases disparities in well-being outcomes. Oregon's Housing Stabilization Program (HSP), in operation since 1999, contracts with Community Action Agencies to provide short-term housing benefits to families. This program could be substantially more effective in housing intervention and as a tool to achieve equitable outcomes. This policy option package proposes to expand HSP to be more effective and culturally responsive. It entails increasing funding available to community-based organizations to build a network of housing navigators and provide financial housing assistance dollars to Oregonians experiencing low income; expanding eligibility criteria for HSP to include any Self-Sufficiency Programs participant; creating a Landlord Incentive Fund to increase affordable housing inventory; and creating new contracting opportunities for HSP in ways that prioritize culturally specific organizations. This package also proposes the transfer of HSP from Oregon Housing and Community Services to Oregon Department of Human Services, where more capacity exists for administering an expansion of this scale.	$ 83,972,130			$ 83,972,130	4	3.52
138		SSP	Survivor Investment Partnership	Everyone deserves to be safe from violence in their homes and communities. But in Oregon and nationally, domestic violence is an ongoing threat to people's well-being – particularly in communities that have been subject to historic oppressions and disproportionate economic stress. Research and community input tell us that we can provide better domestic violence advocacy, prevention and support services to survivors in these populations by creating more culturally responsive local service arrays and by providing the financial supports necessary for them to exit violent situations. By addressing the current gaps, we can ensure that survivors of domestic violence and sexual assault (DVSA) have access to these critical supports no matter where they live or what community they belong to. Oregon Department of Human Services is proposing an expansion of the Survivor Investment Partnership (SIP) to address these gaps. SIP was developed in partnership with Tribes and communities of color, DVSA service providers and survivors of DVSA, and established by the Legislature in 2021. But current funding constraints prevent us from providing survivors with equitable supports statewide. This package requests funding to enable the delivery of culturally responsive advocacy services and impactful financial support, as well as expanded resourcing for the co-located domestic violence advocates program that serves people through Self-Sufficiency Programs and Child Welfare offices throughout the state.	$ 32,236,635			$ 32,236,635	2	1.76

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POP #	LC#	All Program Areas	Official Title (45 Character Limit)	Description	General Fund	Other Funds	Federal Funds	Total Funds	POS	FTE
139		SSP	Local Food Purchasing Infrastructure	No one in Oregon should go hungry. But data shows that one in four Oregonians need to use a food bank each quarter to get enough food for themselves and their families. And Black- and Latinx-headed households are twice as likely to be hungry as white families. Since the COVID-19 pandemic there have been food shortages due to supply chain issues, labor shortages and now increases in the cost of foods. The ongoing disruption in federal food assistance is deepening the crisis for Oregon's food bank network, hindering their ability to provide enough food for people who are seeking assistance but don't always qualify for federal food programs. With strategic investments, we can provide enough food so our neighbors don't go hungry – and we can support our local farmers and communities in the process. ODHS is seeking a $10,172,796 investment over the biennium to help create a more flexible Local Food Purchasing Infrastructure through the Oregon Food Bank network that will stabilize and supplement federal food dollars. General Fund dollars would give the current network greater flexibility to invest in local economies for the purchase of fresh, nutritious culturally-specific foods. The network includes 20 regional food banks in Oregon and more than 1,400 food assistance sites. The current federal funding is not able to reach all food sites in the larger statewide network and some federal funding is capped at levels that cannot be amended. The rapid cancelations of federally purchased foods during the last two years has caused hardship and gaps in Oregon's food infrastructure. As part of the reinvestment in locally grown food and use of general funding, the program will be able to increase the number of sites and customers that cannot be served through current federal food programming.	$ 10,086,400		$ 86,396	$ 10,172,796	1	0.75
140		SSP	Restaurant Meals Program	Everyone should have access to the food they need. Supplemental Nutrition Assistance Program (SNAP) food benefits help ensure that families have enough food – a critical ingredient in reducing health disparities and helping families achieve economic stability. Nearly two-thirds of SNAP participants are children, older adults or people with disabilities. But having a SNAP card to use at groceries doesn't remove all barriers to food access; older adults, people with disabilities and people who are houseless may not have a place to store, prepare or cook food. In March 2022, the Supplemental Nutrition Assistance Program (SNAP) served 704,068 people. Of those, 156,432 reported living with a disability and 117,240 were aged 60 or older. The SNAP program is nationally anticipating an increase in older adults accessing food benefits. As ODHS continues its efforts to improve food access and diet-related health conditions for priority populations, we must also prepare to meet the increased need triggered by that coming demographic shift. The Restaurant Meal Program (RMP) option for states allows ODHS to partner with restaurants to become authorized retailers for Electronic Benefit Transfer (EBT), which means that EBT card holders can use their card at participating restaurants to purchase hot meals at a lower cost than the general public. The program addresses needs of priority populations, including people with disabilities, older adults, and people experiencing homelessness, by offering a broader range of options to address food needs in communities. Funding new positions to run this program is critical for Oregon to launch and maintain the program. We have no ability to support the federal and local development of this program without the position investment. The Restaurant Meal Program takes dedicated time and effort to work with districts, vendors, retailers, community partners and SNAP participants.	$ 418,973		$ 418,955	$ 837,928	4	3.50
141		SSP	Jackson County Demonstration	When disasters strike, we need to make sure that families and communities have the supports they need to recover and rebuild their lives. These critical supports must extend beyond the food, shelter, and medical care provided in the immediate aftermath of disasters to include services that facilitate survivors' transitions to long-term well-being. Oregon Department of Human Services Self-Sufficiency Programs is requesting the resources necessary to sustain and further develop a comprehensive, integrated health and human services delivery system at four sites in Jackson County that are currently serving families impacted by the 2020 wildfires. Investments will be made in four areas: continued onsite services and property management; local ODHS staffing resources; a lead organization to identify service needs, manage projects, collect data and coordinate local CBOs; and a tailored service array to meet resident needs.	$ 14,984,885			$ 14,984,885	8	7.04

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POP #	LC#	All Program Areas	Official Title (45 Character Limit)	Description	General Fund	Other Funds	Federal Funds	Total Funds	POS	FTE
142		SSP OEP	Combined Eligibility Worker	We all want a state in which everyone can access the supports they need to thrive. In Oregon, the ONE eligibility system is key in making this a reality. As of May 2022, 1.5 million Oregonians access critical medical, food, cash, and child care benefits through the ONE system – representing a historic level of need triggered in large part by the COVID-19 pandemic. We need to make sure that ONE operations has the necessary resources to process applications and administer benefits in a timely manner, because people can't thrive when they are facing interruptions in their ability to see a doctor, choosing between paying bills or buying food, losing paid work in order to care for a child or are unable to afford necessities for their families. Since its initial launch in 2020, the Oregon Eligibility Partnership has made significant improvements to business practices and computer systems in order to boost efficiency and maximize existing staff resources. Still, we don't have the staffing levels necessary to make sure everyone who is eligible gets what they need when they need it. Without these resources, vulnerable Oregonians may experience longer delays in applications processing, delays that can mean the difference between going hungry and having enough food for their families. Additionally, local businesses may see decreases in consumer spending stemming from delays in getting Supplemental Nutrition Assistance Program (SNAP) benefits out to families, and parents may face interruptions in their employment due to lack of needed child care benefits. In this policy option package, Oregon Department of Human Services is requesting position authority and funding for additional eligibility staff who will answer calls, assist people in person who are applying for or receiving benefits, process applications on a timely basis, and provide support to community partners who assist people in applying for benefits. These resources will help move the ONE system toward its goal of processing applications same day/next day and ensure Oregonians' timely access to benefits.	$ 53,889,008	$-	$ 38,789,711	$ 92,678,719	615	461.25
143		SSP OEP	ONE Ongoing Maintenance	Oregon implemented the ONE system to help process eligibility applications for food, housing, cash, childcare and medical benefits for nearly 1.5 million Oregonians, the largest caseload in Oregon's history. With ONE we have created an opportunity for Oregonians to apply online, over the phone, through the mail or in person at any of our offices. Oregon has continued to invest in the ONE system since the initial release. But, like any system, there needs to be continued maintenance and then investment to meet the ever-changing needs of Oregonians and programs. The ONE system needs to continue to evolve our operating system to support a more integrated effort. ONE is a new system that individuals and community are still learning about. Engagement with community is critical to our success as we move from a siloed to an equality approach and then shift to an equity framework and person-centered, outcome-based system. Dedicated staffing is critical to connect with community and partners. Improved and sustainable ONE system operational support helps ensure constituents will see accurate and timely eligibility determinations, which will result in better access to basic food, health, cash, and childcare benefits in some of the most critical individual and family situations. This proposal would provide one-time funding for paying off the final deliverables from the contract related to the Integrated Eligibility Project, closing out the largest IT project's obligations from the history of Oregon. Funding would also support ongoing maintenance and operations services, staffing and service dollars for needed system modifications to more quickly meet consumers' needs, support training, system changes and building better equitable practices based on feedback we have had from partners across Oregon. This POP also pays for the additional licenses and support for the Centralized Abuse Management system that is supported by OEP.	$ 15,888,633	$ 840,000	$ 21,700,404	$ 38,429,037	34	26.00
144		VR	Pay Equity for CILs	All workers deserve to earn a wage that meets their basic needs for housing, food and family life. Yet, Oregon's seven Centers for Independent Living (CILs) have been unable to provide livable wages for its employees, many of whom have disabilities. As a result, turnover and vacancies are high, and CILs struggle to fulfill their federally mandated role in supporting Oregonians with disabilities. This policy package requests $2,616,0005 to allow all seven CILs across Oregon to adopt and implement salary and benefit standards that create pay equity for staff who play a vital role in their communities — helping Oregonians with disabilities to gain greater self-sufficiency and ability to participate in community life.	$ 2,616,005		$	$ 2,616,005	-	-
145		VR	RCDHH & VRCs	Everyone benefits from the independence, self-sufficiency and fulfillment that employment brings. Vocational Rehabilitation helps people with all disabilities find jobs that match their skills and interests so they can enjoy this benefit. Yet our reporting shows we are underserving part of the population we serve — people of color who are deaf or hard of hearing. This policy package will add 46 full-time positions so VR can provide linguistically and culturally responsive employment services to better serve people of color who are deaf and hard of hearing throughout the state.	$ 6,944,825	$ -	$	$ 6,944,825	46	34.50

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POP #	LC#	All Program Areas	Official Title (45 Character Limit)	Description	General Fund	Other Funds	Federal Funds	Total Funds	POS	FTE
146		VR	Work Incentives Network (WIN)	Through benefits planning services, the Work Incentives Network (WIN) empowers Oregonians with disabilities to make informed decisions about how employment may affect their public benefits. However, current demand for services far exceeds capacity, and Oregonians cannot get these comprehensive benefits planning services. This means people cannot confidently moving forward with employment goals due to the uncertainty of how that work may impact their benefits. The problem is amplified because wages have remained stagnant in the past decade. As a result, WIN struggles to recruit and retain Work Incentive Coordinators (WIC) who deliver these benefit services. This policy package is designed to improve timeliness of benefits planning services for all Oregonians with disabilities, with a specific focus on improving services to historically underserved groups — youth, tribal communities, Spanish-speaking communities and rural communities. To this end, Vocational Rehabilitation (VR) is requesting position authority and funding for 12 non-budgeted, full-time WIC positions. In addition, VR is requesting an increase in the base rates for current and proposed contracted positions to keep up with increased cost of living and operational expenses.	$ 3,211,060	$ -	$ -	$ 3,211,060	1	0.75
147		VR	Business/Contracts Unit	Every person with disabilities deserves access to employment opportunities. Oregon Department of Human Services Vocational Rehabilitation (VR) helps Oregonians with disabilities find jobs through contracting with hundreds of local service providers around the state. However, the VR Business Operations team does not have enough staff to maintain current contracts and keep up with the increased demand for new contracts, particularly in rural and Tribal communities. As a result, VR is not able to offer full services to all Oregonians with disabilities, particularly those who live in historically underserved communities. This policy option package requests three FTE positions — two to administer contracts and one to support the Business Operations Manager in covering five program areas.	$ 461,616			$ 461,616	3	2.25
148		VR	RSA Audit Report	Placeholder. Early in 2022 the Rehabilitation Services Administration (RSA), VR's federal funders, came to Oregon to conduct a monitoring visit of Oregon Vocational Rehabilitation (VR). Two programs, the Youth Transition Program (YTP) and the Pre-Employment Transition Program (Pre-ETS), were evaluated in this monitoring process with RSA. YTP is a VR administrated program throughout the state. This program establishes contracts between local school districts and the VR program to deliver transition and employment related services to students with disabilities. Currently there are more than 220 schools participating in YTP. And the Pre-ETS Program is available and working with every school district in the state through contracts with local Education Service Districts and other Community Based Organizations. The goal of YTP and Pre-ETS is to assist students with disabilities to successfully transition from secondary school into postsecondary education or into competitive integrated employment. Although VR is still awaiting the final audit report from RSA, they indicated there are issues with how the YTP and Pre-ETS programs are operated. For instance, they indicated that VR has inappropriately sub-delegated some of its authority through a contract. Therefore, new VR positions will be needed to do the functions previously paid for through contract funding. This issue will be cost neutral but will require position authority. This PLACEHOLDER is included to allow for this and other corrective actions required by the audit to be addressed. Once the final audit report is received, the POP will be updated.	$ 1			$ 1		
TOTAL					**$ 1,064,533,885**	**$ 494,834**	**$ 728,033,450**	**$ 1,793,062,169**	**2,314**	~~1,622.14~~

Oregon Department of Human Services
2023-25 Policy Package

Division: Aging and People with Disabilities
Program:
Policy package title: Infrastructure, Access, and Emergency
Policy package number: POP 101
Related legislation: N/A

Summary statement:

A fully staffed and supported workforce ensures that services and supports are delivered to Oregonians in ways that achieve the respective missions of Oregon Department of Human Services (ODHS) and the Office of Aging and People with Disabilities (APD). Without a fully staffed workforce, Oregonians, including older adults and people with disabilities, may face barriers to services, resulting in poor health and life outcomes. The infrastructure requests in this policy option package would allow services and supports to become more accessible, and culturally and linguistically responsive to Oregon's diverse communities, ensure that APD can respond in emergency situations and natural disasters, and support a stable long-term care delivery system. Over a long period of time, these investments would create the foundation for older adults, people with disabilities, their families, and their communities to realize their ideals of well-being

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	**$97,401,189**	**$0**	**$144,367,410**	**$241,768,599**	**113**	**98.75**

Oregon Department of Human Services
2023-25 Policy Package

Purpose

1. Why does ODHS propose this policy package and what issue is ODHS trying to fix or solve?

As we move out of COVID-19 response work into resilience and recovery of our system, we have critical staffing gaps and functions within our existing scope of work that must we filled. This proposal is not intended to offer new programming, but to identify our highest priority needs to address gaps in our system, continue provider rate increases established during the public health emergency and request staffing and resources to make our team whole to stabilize Oregon Department of Human Services' (ODHS) Office of Aging and People with Disabilities (APD) to ensure access to services are available to the consumers we serve and to meet the missions of both APD and ODHS.

Our aging population is growing and our preparations and infrastructure for our delivery system have not kept pace with this growth. APD staff know what it's like to do more with less and staff take pride in working hard to achieve the program's goals. . But with the global pandemic, heat waves, wildfires and major ice storms, the past two years have truly taken a toll on our staff. The pace and level of work has become unsustainable and is contributing to burnout. We need to find a way to support the core work of APD while also allowing everyone to thrive personally and professionally. This is the culture change we must lead and is the reason we are requesting investment in staffing to meet the current needs of the program.

The Office of Aging and People with Disabilities and its local and community partners have witnessed the gaps

the system has in serving consumers and has identified unmet needs that prevent individuals from living their best lives possible. These gaps have several causes, but many exist because of a low capacity to provide consumers with information and resources; few established relationships with communities who have experienced systemic racism; lack of responsive services and policy guidance and other forms of social discrimination; and less than adequate tools to serve consumers who have more intensive physical and behavioral health needs. Our experience and data show that our system has gaps in providing information, serving consumers from communities of color, immigrant communities, and LGBTQIA2S+ communities, and in providing individualized services to consumers with great personal care needs.

A December 2021 Secretary of State Audit Report advised ODHS and OHA of these staffing and infrastructure shortcomings and recommended staffing and hiring actions to improve interagency coordination and emergency response planning.

> "The need for the response and recovery unit to pull staff from other crucial areas also highlights previous low investment in responding staff and a lack of planning around staffing needs. We learned that personnel in ODHS and OHA are working long hours and on weekends for the response. That workload is neither healthy for workers nor sustainable for a long-term response. Projecting staffing needs prior to an emergency can help prevent delays to response activities and burnout among responders."

Over the past decade there has been a significant increase in the Medicaid population served by APD. The following information is provided in the in the FALL 2021 ODHS/OHA CASELOAD FORECAST,

> "Between 2013 and 2016, the average annual caseload grew by 5.3 percent due to factors such as the implementation of K-Plan, expansion of Medicaid, policy changes to make in-home care more attractive, and continued growth in the number of Oregon seniors. From 2016 to 2019, the caseload growth was stable, with an annual average growth rate of 0.9 percent. A total of 34,380 clients received long-term care[1] services in June 2021, a decrease of 1,164 clients compared to a year ago. All three major services felt the impact of the fall 2020 COVID-19 surge. The LTC caseload is expected to average 34,461 cases per month over the 2021-23 biennium, which is 4.5 percent lower than the Spring 2021 forecast. The caseload is expected to average 35,009 cases per month over the 2023-25 biennium, an increase of 1.6 percent compared to the 2021-23 biennium."

Not currently captured in the forecast is the growing number of consumers who are eligible for services but have been unable to find paid supports. This lack of paid caregivers intensifies the work that case managers and others must perform to ensure that the individual is as safe as possible.

The 2016 Oregon Long Term Care State Report, highlights the following projections for the aging population in Oregon,

> "Oregon's population is aging at a record pace. In 2015, 645,031 Oregonians were 65 years of age or older, and, of that, 84,668 were 85 or older—the age group most likely to need care. By 2035, there will be an estimated 173,634 Oregonians over the age of 85.9. The changing demographic profile of Oregon presents great opportunity as well as a need for the state to better prepare for the challenges that an older population presents."

[1] The LTC forecast is divided into three major categories: In-Home, Community-Based Care (CBC), and Nursing Facilities.

In addition to the impact that COVID-19 has had on our caregiving workforce in both facility and in-home settings, the aging population in Oregon is growing. In Who Will Care for Us? Addressing the Long-Term Care Workforce Crisis, The Urban Institute and the American Association of Homes and Services for the Aging provide a broad overview of the long-term care frontline workforce issues and highlights how the "…future availability of frontline workers does not look promising…" and how the "…future of the frontline long-term care worker is, in many ways, a barometer for the health of our aging communities."

In addition, the Legislature adopted several temporary rates increases for community-based care facilities that are set to expire on June 30, 2023. These investments were made using American Rescue Plan Act (ARPA) dollars intended to assist states in stabilizing their delivery systems with one-time supports. Without a continuation of those increases, providers will feel the impacts of losing these increases. The outcomes of this perceived rate decrease will be disastrous if this were to proceed. Even with rates as they are today, providers are under intense financial pressure with inflation and providing workers a livable wage.

This proposal aims to support **all three ODHS Agency priorities:**

ODHS Agency priorities include:

1. Strengthening ODHS foundations
2. Responding to emergencies and disasters
3. Creating the Future of human services in Oregon

APD has two strategic objectives with this proposal:

- ***To ensure ODHS/ APD can properly respond to emergencies and serious incidents involving older adults and people with disabilities.***

- ***To establish the infrastructure necessary to support the high-quality administration of services and the continued growth of the APD program.***

    - ***This objective will 1) strengthen foundations necessary to 2) create the future of human services aligning with the ODHS priorities.***

2. What would this policy package buy and how and when would it be implemented?

- Authorize position authority and staffing support to support local office and Area Agencies on Aging (AAA) service delivery and program administration.
- Build systems and data collection infrastructure to track patients/residents during emergencies and establish a bed tracker for long term care facilities. Financial investment.
- Ensure all-hazards team regional safety team in APD to coordinate emergency management and facility closures with the Office of Resilience and Emergency Management (OREM).
- Continue emergency-related Provider Rate increases to ensure adequate availability of community-based care facilities.

Oregon Department of Human Services
2023-25 Policy Package

Infrastructure and Emergency Planning Proposals in Priority Order:

- Fund AAAs for ongoing work related to the new 1115 Demonstration Waiver (OPIM/FCAP) - $12,781,981 GF; $15,271,603 FF; $28,053,584 TF
- Make ARPA/home and community-based services (HCBS)/Workforce/Quality LDs permanent –**23 positions**
- Fund new positions for existing core work that is not resourced: **20 positions**
- Clearing non-budgeted (double-fills) positions – **19 positions**
- Adjust local office workload staffing model for manageable caseloads and person-centered planning
- Ensure all-hazards team regional safety team in APD to coordinate emergency management and facility closures with OREM – **5 positions**
- Positions to support serious incident functions to comply with CMS – **8 positions**
- Fund systems and data collection infrastructure to track patients/ residents during emergencies and establish a bed tracker for long term care facilities. Financial investment.
- **Expand General Assistance program and Disability Benefits Liaison Services.**

Provider Rates Proposals in Priority Order:

- Make 5% COVID rate permanent for community-based care facilities
- Adopt new "wage add-on" criteria with 10% rate increase when direct care wages meet certain criteria for community-based care facilities
- Implement a new rate methodology for adult foster homes

3. How does this policy package help, or potentially hinder, populations that are disproportionately underserved? How does this policy package further ODHS's 3 strategic goals, and both the program and ODHS missions?

This policy package aligns with the ODHS priorities of strengthening foundations, responding to emergencies, and creating the future of human services.

By developing a strong workforce, APD will be well positioned to meet the needs of needs of Oregon's growing population of older adults and people with disabilities now and into the future. Adequate staffing also ensures that APD is well equipped to quickly respond to emergencies and natural disasters that affect our consumers without losing momentum among other initiative and projects.

With a bolstered infrastructure, APD will have the team, resources and most importantly – the time – to implement linguistically and culturally responsive service delivery systems.

We propose to further expand the efficacy of the department's General Assistance program by removing the upper and lower age limits. This will allow the department to serve all Oregonians with severe physical and mental health impairments who are houseless and meet the program's financial and non-financial eligibility criteria. In addition, we propose to expand the department's Disability Benefits Liaison Services to all Oregonians, regardless of age, housing, and program status. Disability Benefits Liaisons (DBLs) provide professional level assistance with the arduous Social Security disability benefits application and appeals process. This includes acting as individuals' Appointed Representatives with the Social Security Administration when legal representation is not in place. DBLs

would also serve as benefits navigators, connecting individuals across ODHS programs, with community partners, and with other state agencies to support and enhance whole well-being.

4. Is this policy package being requested because of an Oregon Secretary of State or internal audit? If so, provide further information.

Yes. A December 2021 Secretary of State Audit Report advised ODHS and Oregon Health Authority (OHA) of these staffing and infrastructure shortcomings and recommended staffing and hiring actions to improve interagency coordination and emergency response planning.

Quantifying results

5. How will ODHS measure the success of this policy package?

By having staff to serve our programs and staff committees, continued access to community-based care in lieu of more expensive nursing facility services, and provision data collection for emergencies, we can better

engage partners, serve consumers, and support local community with regional emergency and ongoing service delivery.

6. Is this policy package tied to a legislative Key Performance Measure (KPM) and/or an ODHS performance measure? If yes, identify the performance measure(s).

Yes: KPM 1: Older Adults Needing Long Term Care Services; KPM 2: Long Term Care Recipients Living Outside Nursing Facilities; KPM 3: Timely APD Abuse Investigations.

7. What are the long-term desired outcomes?

This proposal would invest in infrastructure to provide services and supports to meet the needs of Oregon's growing population of older adults and people with disabilities. The services and supports would become more culturally and linguistically responsive to Oregon's diverse communities, allowing them to receive the services they need when they need them and how they need them. The array of services would have a positive effect on consumers seeking only information all the way to consumers who need specialized services and supports as they discharge from hospitals, require intensive and unique behavioral supports, or caregiving, employment and meal programs that meet their cultural needs. Implementing this POP will also increase the likelihood of community-based care options being available in the future. Over a long period of time, these investments would create the foundation for older adults, people with disabilities, their families, and their communities to realize their ideals of well-being.

8. What would be the adverse effects of not funding this policy package?

ODHS and APD will be unable to provide critical services and allocate funds for consumers in need of services as our consumer population grows.

The risks to consumers, communities, intergovernmental partners, and the state would be substantial. Without substantial investment in staffing, APD and its partners may not be able to adequately serve the growing number of older adults and people with disabilities who rely on all that we provide, from basic information and referral services through the most intensive supports for people with the highest physical and behavioral health needs. Additionally, without staff, APD's delivery system will stay locked in a system of service authorization rather than true person-centeredness. Along with APD, our community partners such as Area Agencies on Aging and the Tribes would continue to have fewer resources to meet the needs of members in their communities and jurisdictions. The risks of not resolving these issues would exacerbate and widen the service equity gaps – both access to services and outcomes such as achieving well-being – for older adults and people with disabilities in communities of color, immigrant communities, and in the LGBTQ2IAS+ communities.

Without continuation of the emergency-related provider rate increases, Oregon may lose significant access to community-based care facilities with some facilities potentially going out of business. When a facility goes out of business, it puts consumer placements at risk and has ripple effects in the local economy affecting employment, suppliers, property taxes. We cannot allow this to occur.

Finally, without a comprehensive plan for achieving well-being, the state would need to marshal more resources in the future to serve consumers who were not able to access preventative, person-centered, and culturally responsive services to help them live and thrive in their own communities.

How achieved

9. What actions have occurred to resolve the issue prior to requesting a policy package?

APD has reprioritized projects, shifted staff and resources, canceled projects, and engaged contactor and consultant support to meet basic needs. Yet, overall, APD staff report that we are delayed in administering programs and conducting basic surveyor and case management support due to workloads.

10. What alternatives were considered and what were the reasons for rejecting them?

If APD continues to operate with current staffing levels and capacity to serve people in their communities at current provider rates, the system would weaken, and consumers may be at greater risk of hospitalization, institutionalized care, and more intrusive services that lessen their independence and well-being. This policy package addresses this risk by making key investments in infrastructure, staff, provider rates and overall capacity.

11. Does this policy package require any changes to existing statute(s) or require a new statute? If yes, identify the statute and the legislative concept.

No.

12. What other state, tribal, and/or local government agencies would be affected by this policy package? How would they be affected?

This policy package would enhance our work with other state agencies, tribal and local government agencies with increased staffing, enhanced emergency response, and greater coordination. Specifically, this would affect the nine Tribal Governments in Oregon, the local AAAs, and our collaboration with OHA and OREM.

13. What other agencies, programs or stakeholders are collaborating on this policy package?

APD would recommend engaging with ODHS Human Resources to compare staffing levels across other programs to inform ratios of caseload to central office supports. Additionally, APD will collaborate with SEIU to ensure that staffing plan addresses long standing issues.

APD has engaged with OREM to understand what work and support OREM will provide to APD. From this discussion, we believe that our proposal to hire 5 safety/emergency management staff that will serve as a liaison to OREM and technical lead for systems to coordinate with OIS, HSPRS, and OREM is appropriate investment.

APD has engaged with OHA healthcare-associated infections (HAI) team to discuss how both ODHS and OHA will coordinate to offer POPs to build out the Secretary of State recommendations.

For Provider Rates, APD will engage with SEIU, Oregon Health Care Association (OHCA), and Leading Age.

14. How does this policy package help, or potentially hinder, populations impacted by inequities or disproportionalities from achieving health, well-being, and independence?

A fully staffed workforce ensures provision of services and supports to achieve ODHS and APD mission. Additionally, facilities with the highest Medicaid census levels are those that would be most severely impacted by the failure of this POP proceeding. High Medicaid census facilities tend to be in poorer areas and are populated by more people of color. It is a moral imperative that access continue to be maintained.

Staffing and fiscal impact

Implementation date(s): July 1, 2023

End date (if applicable): _____

15. What assumptions affect the pricing of this policy package?

The two main assumptions for pricing are staffing costs and provider rate increases.

16. Will there be new responsibilities for ODHS? Specify which programs and describe their new responsibilities.

New responsibilities include making ARPA funded staff permanent, growing the capacity for emergency response within the APD program and increasing the staff necessary to expand GA and to support individuals applying for SSD or SSI.

17. Will there be new responsibilities for or an impact on Shared Services? If so, describe the impacts and indicate whether additional funding is necessary.

Yes. We are recommending that we invest in sustainable IT infrastructure to collect data across OHA and ODHS for emergency preparedness and monitor patient movement and monitor health and safety of the programs we serve. These recommendations are aligned with the Secretary of State report which identified gaps in develop data collection and analysis:

"One lesson is for agencies to better use the data they already collect to monitor long-term care facilities. Better monitoring would give a ready assessment of the status of long-term care facilities across the state

during a future emergency. It would also help inform routine compliance work outside of emergencies. Interagency processes and tools could be developed for this purpose. For example, ODHS could take the lead on compiling Lessons Learned For future emergencies:

- Develop an organizational structure that can be quickly scaled up for a joint response
- Ensure personnel are trained on emergency management roles and responsibilities
- Project staffing needs for various-sized events"

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

There will be enhanced services for emergency response, strengthened capacity for case management, and increased individuals served through General Assistance and the Social Security Disability process but overall, this will build staffing and infrastructure to support current caseload and services.

19. Describe the staff and positions needed to implement this policy package, including whether existing positions would be modified and/or new staff would be needed.

Below is the base package of staffing needs in APD to optimize operations and service delivery without consideration for new programming.

- Make the ARPA/HCBS limited duration positions permanent to ensure recovery programming is maintained for future years (23 positions, below)
  - ARPA/HCBS Positions: 1 ESS1, 1 OS2, 5 OPA3, 2 PEMD, 2 TDS1, 3 TDS2,
  - Workforce Quality Improvement Positions: 1 PA3, 1 AS2, 5 OPA3, 1 Epidemiologist 3, 1 PEME

- Make Preadmission Screening Specialists received as LD positions during Feb 2022 Leg Session Permanent (11 positions)
  - 11 Preadmission Screening Specialists
- Provide position authority/ funding for APD double fills (19 positions, retrospective, below)
  - 1 PEMD, 2 OPA1, 1 OPA2, 5 OPA3, 1 PEME, 2 PSR4, 2 TDS1, 3 TDS2, 1 PEMD, 1 PEME
- Provide positions to support emergency management and safety functions (5 positions)
  - (4 OPA2s + 1 OPA 3 systems integration lead)
- Provide positions to support serious incident functions to comply with CMS (8 positions)
  - (4 PA3s and 4 OS2)
- Fully fund the workload model: APD and its local Area Agencies on Aging (AAA) partners have only received half of earned workload staffing in previous budgets. A fully funded workload model would provide manageable caseloads, more person-centered services and planning, better community access, and staff and management capacity for greater community engagement. (5 positions)
  - 3 OPA1 to provide TA to local offices
  - 2 TDS1 to train all of the new CMs
  - Funding for Case managers and related staff for Type B AAAs
- Fund the following positions to support core work that is not resourced (25 positions):
  - Dementia policy and program analyst – OPA 3
  - Medicaid fiscal and rates-setting analysts (OPA 4 + OPA 3: AFH, CBC, in-home)
  - Workforce/Quality Improvement analysts – 1 OPA 4 + 1 OPA3
  - Field office operations support management – PEM E
  - Field office contract administration (3 PA2s)
  - APD regional equity positions – 4 PA3s

  - Dedicated staff for advisory committees – Governor's Commission on Senior Services, Oregon Disabilities Commission, Medicaid LTC Quality Reimbursement Advisory Council – 4 PA 3s
  - Three deputies reporting to Director – PEM G
  - APD Director Office Project Management Support – (3) OPA 3s
  - Manager of deaf and hard of hearing – PEM E
  - Employment specialist – 1 OPA3
- Enhance program providing Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) in applying for that assistance. (17 Positions)
  - 1 OPA3
  - 1 PEMD
  - 3 AS1
  - 12 DA2

20. What are the start-up and one-time costs?

Start-up costs include staffing and provider rate increases as well as infrastructure supporting better data collection.

21. What are the ongoing costs?

The ongoing costs will include the new level of staffing, ongoing provider rates, ongoing costs to maintain emergency management technology. Including staffing information above, here are the ongoing costs:

- Fund AAAs for ongoing work related to the new 1115 Demonstration Waiver (OPIM/FCAP) - $12,781,981 GF; $15,271,603 FF; $28,053,584 TF
- Make ARPA/HCBS/Workforce/Quality LDs permanent –**23 positions**
- Fund new positions for existing core work that is not resourced: **19 positions**
- Clearing non-budgeted (double-fills) positions – **19 positions**
- Adjust local office workload staffing model for manageable caseloads and person-centered planning
- Ensure all-hazards team regional safety team in APD to coordinate emergency management and facility closures with OREM – **5 positions**
- Positions to support serious incident functions to comply with CMS – **8 positions**
- Fund systems and data collection infrastructure to track patients/ residents during emergencies and establish a bed tracker for long term care facilities. Financial investment.

Provider Rates Proposals in Priority Order:

- Make 5% COVID rate permanent for community-based care facilities
- Adopt new "wage add-on" criteria with 10% rate increase when direct care wages meet certain criteria for community-based care facilities
- Implement a new rate methodology for adult foster homes

22. What are the potential savings?

Potential savings include better emergency response, stronger community-based care and home care provider base, and the measures in place so that consumers can live in their own home and community and achieve well-

being. These supports will assist people so that they do not need more costly services, such as hospitalization and acute long term care services.

23. What are the sources of funding and the funding split for each one?

50% GF/ 50% FF:

- APD State Staff, 95 POS/ 85.00 FTE
- Establish LTC facilities bed tracker. Fund data collection infrastructure to track patients/ residents during emergencies.

46% GF/ 54% FF:

- Fund 1115 Demonstration Waiver- AAAs

35% GF/ 65% FF:

- Provider Rate increases
- Implement new rate methodology for Adult Foster homes.

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	$11,499,306	$0	$9,288,358	$20,787,664	113	98.75
Services & Supplies	$2,982,797	$0	$2,450,882	$5,433,679		
Capital Outlay	$0	$0	$0	$0		
Special Payments	$82,919,086	$0	$132,628,170	$215,547,256		

Other	$0	$0	$0	$0		
Total	**$97,401,189**	**$0**	**$144,367,410**	**$241,768,599**	**113**	**98.75**

Fiscal impact by program

	Program 1	Program 2	Program 3	Program 4	**Total**
General Fund	$97,401,189				**$97,401,189**
Other Funds	$0				**$0**
Federal Funds	$144,367,410				**$144,367,410**
Total Funds	$241,768,599				**$241,768,599**
Positions	113				**113**
FTE	98.75				**98.75**

Oregon Department of Human Services
2023-25 Policy Package

Division:	Aging and People with Disabilities
Program:	All
Policy package title:	Homecare Workforce Sustainability
Policy package number:	POP 102
Related legislation:	N/A

Summary statement:

The homecare workforce helps ensure that older adults and people with disabilities can achieve well-being through opportunities that protect, empower, respect choice and preserve dignity. Without strong foundational supports in place through the Oregon Home Care Commission (OHCC), homecare providers – including homecare workers, personal support workers, and personal care attendants – may disengage from the workforce, which would negatively affect the consumers of these services. Conversely, when people feel supported in the work they do, they are more invested in positive outcomes, leading to improved job satisfaction and role retention. The purpose of this policy option package is to strengthen human resources and training support through OHCC by establishing a permanent Provider Time Capture (PTC) team within the Office of Aging and People with Disabilities (APD) and creating an online service and dedicated phone number with live assistance to expand consumer/client access to information and resources. The overall package helps eliminate systemic barriers that adversely affect consumers, advocates and providers; strengthens ODHS foundations; and builds toward a better future for the homecare workforce, consumers and local office staff.

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	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	**$2,750,496**	**$0**	**642,128**	**$3,392,624**	**16**	**12.00**

Purpose

1. Why does ODHS propose this policy package and what issue is ODHS trying to fix or solve?

Critical problems facing the homecare workforce:

1. **The homecare workforce needs a "Human Resources" Unit.** Oregon Home Care Commission (OHCC) as the "Employer of Record" for collective bargaining purposes, already provides some of the human resource functions, but will need additional staff to fully support the workforce in this area.

   As of May 4, 2022, there were 37,433 active homecare workers, personal support workers and personal care attendants in Oregon. Daily OHCC receives online service requests, emails and phone calls requesting verifications of employment and income, difficulty of care exclusion requests, workers' compensation claim requests, accommodation requests and worker safety reports. OHCC also assists with U.S. Equal Employment Opportunity Commission (EEOC) claims and responds to Oregon Bureau of Labor & Industries (BOLI) claims. All complaints, pay issue concerns and grievances are addressed through the OHCC.

   The resolution of this problem will strengthen ODHS/APD and OHCC foundations for the homecare workforce and will create a pathway to the future of human services in Oregon.

2. **Providers are paid through a claims management system.** A modern robust payroll system is a high priority because of late payments and processing failures under the current system, as well as frustrated providers and consumers, media inquiries, and calls from legislators and others. In one incident alone 10,000 providers were paid late. These late payments affect both provider trust in ODHS and the financial instability of providers. Although funding is not being requested to resolve this problem, it is included because it is the number one problem facing the homecare workforce. We have heard from consumers, the union and providers that this is a high priority.

   The resolution of this problem will strengthen ODHS/APD and OHCC foundations and will create a pathway to the future of human services in Oregon.

3. ***Currently the Provider Time Capture Support Team is not a permanent resource.*** The implementation of the Provider Time Capture System has been challenging and we have learned many lessons from the experience. The Provider Time Capture Support Team supports newly enrolled homecare workers and personal care attendants, and any provider or consumer who is challenged with using the PTC technology. Because PTC is a permanent resource, we must have a permanent dedicated Provider Time Capture Support Team to provide ongoing support to APD and Area Agencies on Aging (AAA) local offices and OHA-HSD's contactor Comagine. This team will include a manager and five Regional Readiness Coordinators.

   The additional staffing resources requested will help in resolving this problem and with strengthening ODHS/APD and OHCC foundations and will create a pathway to the future of human services in Oregon.

4. **Increase user friendly technology to support the needs of providers and consumers**. The OHCC's Prioritized Modernization Road Map and the OHCC Business & Technology Initiatives are tied to the OHCC Workforce Development Strategic and serves a guide to all OHCC technology projects.

During the height of the COVID-19 season OHCC received approval through the exception process to obtain a cloud-based Twilio texting solution license. The text messaging solution continues to be a critical communication solution. It has been used to communicate information about COVID-19 vaccine and booster clinics, inclement weather, office closures, personal protective equipment (PPE) availability reminders, training reminders and more.

We received positive feedback from providers and consumers. Texting provides choice and allows providers to select their preferred communication tool. The need for this tool has been expressed by ODHS/APD programs who will benefit from using the Twilio text messaging solution to communicate with providers. This experience highlighted the need to implement all outstanding OHCC Business & Technology Initiatives.

The resolution of this problem will strengthen ODHS/APD and OHCC foundations and will create a pathway to the future of human services in Oregon. Technology support will be vital in emergencies and disasters.

5. **Workforce Development over the past two years the pandemic has taken a toll on the homecare workforce.** The number of providers looking for work in pre-pandemic times was usually about 2,000+ and as of May 6, 2022, there were 1,198 providers available for referral on the OHCC Registry. The Workforce Development Pilot Project OHCC is planning this year will bring together a Chatbot Virtual Recruiter, Workforce Readiness Assessment and an Online Application through DocuSign.

   The additional staff included in this policy option package combined with the cloud-based resources will help in resolving the identified problems, while strengthening ODHS/APD and OHCC foundations to create a pathway to the future of human services in Oregon.

6. **Service equity.** Although OHCC is committed to service equity, there is a need to increase the number of bilingual/multilingual staff to better serve immigrant/refugee communities. Senate Bill 855 requires OHCC to provide a clear pathway for immigrant and refugee community members to access OHCC certifications.

   The additional staffing resources requested will help in improving access to OHCC Certifications and will strengthen ODHS/APD and OHCC foundations, along with creating a pathway to the future of human services in Oregon.

7. **ODHS/APD consumers have requested an online support and a dedicated phone number with a live assistance representative.** The Oregon Home Care Commission has nine commissioners and five of them are people who receive in-home services and supports from providers. The Consumer-Commissioners have expressed frustration and confusion when attempting to access information and answers to their questions. Their preference is to have one place to get connected to receive the information they are seeking and to access PPE when the supplies received through their medical plan are not sufficient.

   The additional staffing resources requested will better support in-home consumers and will strengthen ODHS/APD and OHCC foundations and will create a pathway to the future of human services in Oregon.

2. What would this policy package buy and how and when would it be implemented?

ODHS/APD, and OHCC are proposing expansion of the OHCC team to fully support the Human Resources needs for the homecare workforce and additional training supports, creating a permanent Provider Time Capture Support Unit, and a new Consumer Online Service with a live assistance representative.

Below are the positions and estimated funding to support this proposal:

A. Permanent 6 FTE to expand the OHCC's Customer Relations to enhance support to provide the needed HR functions for the homecare workforce.
B. Permanent 2 FTE to expand the OHCC Training team to support processing training stipend payments and to offer technical assistance to providers who need assistance joining webinars.
C. Permanent 6 FTE for the Provider Time Capture Support team, which includes a manager and 5 Regional Readiness Coordinators. This support is needed as planning for Phase 2 is underway and will be launched in late 2023 or early 2024.
D. Permanent 2 FTE to support an Online and Toll-Free number for APD/AAA in-home consumers to use for assistance.

3. How does this policy package help, or potentially hinder, populations that are disproportionately underserved? How does this policy package further ODHS's 3 strategic goals, and both the program and ODHS missions??

This policy package aligns with the ODHS priorities of strengthening foundations, responding to emergencies, and creating the future of human services.

This policy package highlights our efforts to reduce inequities and disproportionality by sharing power with community-based organizations and prioritizing supporting consumers who receive in-home services, consumer advocates, and the homecare workforce. This policy package aligns with ODHS priorities by strengthening the homecare workforce, providing new consumer supports and improved communication during emergencies, which will create a pathway to the future of human services in Oregon.

The homecare workforce helps older adults, people with disabilities and their families experience person-centered services that help maintain independence, promote safety and well-being, respect choice and honor cultural preferences. As such, the homecare workforce deserves a system that supports them in their work, future goals and individual needs. Providing comprehensive and modern communication systems will improve recruitment and retention of new providers to the homecare workforce.

Improved communication tools such as 24/7 online assistance, live phone assistance and the Twilio text messaging platforms will facilitate communication with the homecare workforce in real time, alerting them to emergency situations, providing resources and quickly resolving challenges related to payroll, training and other concerns. Additional staff to support these initiatives to support the homecare workforce and consumers is crucial to ensuring strong foundations for the future of human services in Oregon.

We will share power with community-based organizations who are not always at the table and solicit their feedback and their desired level of participation.

This will include, but is not limited to:

- Federally recognized Tribal Nations.
- Immigrants and refugees' community members.
- Resettlement agencies
- Black, Indigenous, Latino/a/x, Asian, and/or Pacific Islander community members.
- LGBTQIA2S+ communities

- Deaf and Hard of Hearing community members.
- Blind and Low Vision community members.
- High School Students/Health Care Program with interest in joining the homecare workforce.

4. Is this policy package being requested because of an Oregon Secretary of State or internal audit? If so, provide further information.

No.

Quantifying results

5. How will ODHS measure the success of this policy package?

We will use the following tools to collect data to measure the success of this policy package:

- LaborSoft, a human resources and employee relations online platform
- OHCC SharePoint Customer Service online service trackers.
- Oregon State University (OSU) Professional and Continuing Education (PACE) Learning Management System (LMS).
- Twilio text messaging solution.
- Provider and Consumer surveys.
- OHCC Workforce Development website traffic report.

6. Is this policy package tied to a legislative Key Performance Measure (KPM) and/or an ODHS performance measure? If yes, identify the performance measure(s).

Yes: KPM 1: Older Adults Needing Long Term Care Services; KPM 2: Long Term Care Recipients Living Outside Nursing Facilities.

7. What are the long-term desired outcomes?

Key long-term desired outcomes:

A. Improved provider and consumer services and supports and system navigation.
B. Homecare Worker and APD/AAA local office Provider Time Capture Support.

Additional long-term desired outcomes:

- Improved technology communication solutions for providers and consumers.
- Improved access to resources, supports, and answers to questions.
- The ability to submit requests and complaints online 24/7.
- Online 24/7 and live assistance representative for APD consumers.
- Improved access to in person, on demand, and online training opportunities.
- Expanded access to OHCC training certifications that lead to a pathway of higher wages and homecare workforce job opportunities.
- Immigrants and refugees have access to training certifications.
- Partnering with WorkSource and Self-Sufficiency to provide people with low incomes with an opportunity to join the homecare workforce.

- Partnering with high school healthcare programs to provide high school seniors with an opportunity to join the homecare workforce.
- Improved community awareness through workforce development activities.

8. What would be the adverse effects of not funding this policy package?

Without this funding, it would be more difficult to achieve the ODHS priorities of strengthening foundations, responding to emergencies, and creating the future of human services.

Below are the risks ODHS/APD and OHCC will face if the identified problems are not resolved:

- Insufficient support for this essential homecare workforce.
- Consumers and providers experiencing trauma, fatigue, fears, and stress due to insufficient support and system failures.
- Decrease in provider workforce retention
- Violations to the OHCC-SEIU collective bargaining agreement.
- Late and partial payment penalty fees due to State administrative errors paid eligible providers.
- Complaints from the Governor's Office, Union and Providers, Department of Administrative Services, and Legislators.
- Negative media reports from news outlets and on social media.

How achieved

9. What actions have occurred to resolve the issue prior to requesting a policy package?

The following initiatives have occurred or are currently being implemented. The initiatives/actions will strengthen ODHS and OHCC foundations and create a pathway to a stronger future for providers and consumers. We continue to implement additional OHCC Workforce Development strategies.

The Oregon Home Care Commission's Prioritized Modernization Road Map includes all the OHCC Business & Technology Initiatives. This allows OHCC to provide OIS with an overview of all technology projects and identify projects that impact other programs within ODHS and Oregon Health Authority – Health Services Division (OHA-HSD). OHCC's technology vision is to have a system of modern robust solutions that offer the user access to user friendly accessible tools for providers and consumers.

The Oregon Home Care Commission has taken the following actions to resolve issues prior to requesting a policy option package:

- Developed a OHCC Workforce Development Strategic Plan.
- Established partnerships across ODHS programs and OHA-HSD, including OIS.
- Established the OHCC Customer Relations Unit with bilingual staff.
- Developed and implemented the OHCC Customer Relations Online Service (24/7) available in other languages and accessible using smartphones smart devices, and computers. Phone and email support available.

- Twilio Text messaging solution. Messaging can be sent in other languages.
- Strengthened Labor-Management partnerships and communication.
- Created the Oregon Home Care Commission's Prioritized Modernization Road Map includes all the OHCC Business & Technology Initiatives. This tool allows OHCC to provide the Office of Information Services (OIS) with an overview of all technology projects and identify projects that impact other programs within ODHS and OHA-HSD.
- Established and maintained intergovernmental agreements with Oregon Health & Science University (OHSU) and OSU.

The use of cloud-based technology is vital as we look to the future of human services in Oregon. Unfortunately, some of the OHCC technology solutions below have not been implemented due to lack of technology resources or because the project has not been prioritized.

The solutions below are operational or in progress:

1. ***Twilio Texting Solution.***
   OHCC received an exception to contract with Twilio texting solution. This allows OHCC to text messages to providers and consumers. OHCC has sent text messages regarding upcoming changes, training, COVID-19 vaccine clinics, emergencies, inclement weather, and the implementation of new tools, resources, and systems.

   The Microsoft Canvas Application for OHCC Message Project is being developed to allow OHCC to send our own SMS Messages. Project to be completed by July 2022.

2. ***OHCC Customer Relations Online Service (M365) – Cloud Based Technology.***
   The online service is available to providers 24/7 to file requests and complaints has been implemented. The online service is available in multiple languages. We are working to improve the functionality of the OHCC Customer Relations online service to easily share information with the SEIU Member Assistance Center and to send automated responses to providers who submit requests. This solution would include a live representative phone line. We are also in the development phase of creating a Union Pay Issue online service that will be accessible to providers and the SEIU Member Assistance Center.

3. ***LaborSoft Cloud Based Technology.***
   OHCC has had a contract with LaborSoft which is a tool that will allow us to track all human resource complaints and grievances, grievance timelines, and report statuses. This will reduce the time managing and creating reports and will streamline our processes. OHCC has had a license for LaborSoft for two years. OHCC has not been unable to use this tool because of the lack of technology resources to build the system to transfer the provider data to LaborSoft. This is due to other ODHS priority projects.

4. ***OIS JV System.***
   A new lean process is being reviewed to pay training stipends and provider late or partial payment penalty fees payable to the provider through the JV system, which will reduce the time it takes to process training stipends and late payment penalty fees. This will reduce the processing times for OHCC and the Office of Financial Services.

5. ***DocuSign – Cloud Based Technology.***
   OHCC has DocuSign licenses, and the licenses are currently used to support providers who submit requests for parking reimbursements, Difficulty of Care, and ADA accommodations.

6. ***Social Media paid ads, Chatbot Virtual Recruiter, Workforce Readiness Assessment, and DocuSign online application.*** Recruitment of homecare workers through social media ads that will lead potential applicants to the OHCC Workforce Development website and to the Chatbot Virtual Recruiter and a Workforce Readiness Assessment to assess the applicants' soft skills. Applicants will complete applications and other required documents through DocuSign. Paid marketing and promotion to recruit providers

7. ***University Partnership.*** Oregon State University (OSU)– Professional and Continuing Education (PACE) Learning Management System (LMS)

   PACE LMS will manage the voluntary OHCC training certifications that lead to a pathway of higher wages for providers. OHCC's certifications include Professional Development Certification, Provider Enhanced Certification, Personal Support Worker - Exceptional Certification, and Homecare Worker - Ventilator Dependency Quadriplegia Certification. A new Homecare Worker - Exceptional Certification is currently being developed. *This does not include Carwell SEIU 503 required pre-employment orientation or required Core training.*

   The PACE LMS includes a dashboard with the following information:
   - Up-to-date progress of their current Oregon Home Care Commission (OHCC) certifications.
   - Certification start and end dates.
   - List of completed courses as the learner navigates the renewal or certification process.
   - Uploading of certificates and other documents.
   - Ability to view all certifications in progress.

Additional functionality:

- Auto class reminders.
- Direct links to Webinar/Zoom meetings.
- Direct links to assessments, completion certificates and material associated with the course.

8. ***Carina Registry and Webservice.***
   This modern robust technology solution will be available 24/7 to Medicaid and OPI consumers and Homecare Workers, Personal Care Attendants, and Personal Support Workers. We are currently working to identify an ODHS system that can create a webservice to validate that the individual registering in Carina is an Oregon Medicaid or Oregon Project Independence (OPI) consumer. We are considering MMIS, One System and Mainframe. We continue to face delays related to technology resources and ODHS projects that have a higher priority. Currently the OHCC Registry remains in place for consumers and providers.

9. ***Equity and Inclusion.***
   Expansion of OHCC's Customer Relations Unit to include Human Resource functions for the homecare workforce will need additional bilingual/multilingual staff to speak with a live person in the unit. We desire to add Southeast Asian, Asian, or Russian speaking staff. Language support is currently available in Spanish, Somali, and Arabic when consumers or providers contact OHCC. For ASL or other languages, OHCC supports callers with the use of interpreters.

   Training courses are currently offered in Spanish, Russian, Somali, and Arabic. OHCC is actively seeking contract trainers from immigrant and refugee communities and other communities in Oregon who have experienced inequities.

10. **Provider Time Capture (PTC) Support** is currently a temporary solution staffed with individuals on a job rotation from an APD Local Office. A permanent solution is needed to support the homecare workforce and APD/AAA local offices through the implementation phases of PTC.

10. What alternatives were considered and what were the reasons for rejecting them?

The only alternative is to stay the course with current processes and resources. This means we would not be strengthening our foundations. Below are the risks ODHS/APD and OHCC will face if the identified problems are not resolved:

- Insufficient support for this essential homecare workforce.
- Consumers and providers experiencing trauma, fatigue, fears, and stress due to insufficient support and system failures.
- Violations to the OHCC-SEIU collective bargaining agreement.
- Late and partial payment penalty fees incurred by the State and paid to providers.
- Complaints from the Governor's Office, Union, Department of Administrative Services, and Legislators.
- Negative media reports from news outlets and on social media.

11. Does this policy package require any changes to existing statute(s) or require a new statute? If yes, identify the statute and the legislative concept.

No.

12. What other state, tribal, and/or local government agencies would be affected by this policy package? How would they be affected?

This policy package would enhance working relationships with local Area Agencies on Aging as well as the Nine Tribal Governments in Oregon.

13. What other agencies, programs or stakeholders are collaborating on this policy package?

Consumers and advocates, self-advocates, ODDS, OHA-HSD, SEIU 503, Carewell 503 Benefits, Oregon State University, Case Management Entities, APD/AAA local offices. Some of our partners are already engaged and others will be soon.

14. How does this policy package help, or potentially hinder, populations impacted by inequities or disproportionalities from achieving health, well-being and independence?

This policy package can improve our efforts with community partners to reduce inequities and disproportionality by enhancing our ability to share power with community groups. We will continue our focus on consumers who receive in-home services, consumer advocates, and providers.

We will share power with community members who are not always at the table and solicit their feedback and their desired level of participation.

This will include, but is not limited to:

- Federally recognized Tribal Nations.
- Immigrants and refugees' community members.
- Resettlement agencies.
- Black, Indigenous, Latino/a/x, Asian, and/or Pacific Islander community members.
- LGBTQIA2S+ communities
- Deaf and Hard of Hearing community members.
- Blind and Low Vision community members.
- High School Students/Health Care Program with interest in joining the homecare workforce.

Staffing and fiscal impact

Implementation date(s): July 1, 2023

End date (if applicable):

15. What assumptions affect the pricing of this policy package?

The pricing is assumed with increase staffing to support the OHCC Customer Relations Team, the Provider Time Capture team and the consumers who use home care services.

16. Will there be new responsibilities for ODHS? Specify which programs and describe their new responsibilities.

The new responsibilities would be with the OHCC, including the Provider Time Capture team and Online Consumer Customer Service team, for enhanced services and supports to homecare workers, the consumers, and APD/AAA local offices.

17. Will there be new responsibilities for or an impact on Shared Services? If so, describe the impacts and indicate whether additional funding is necessary.

There would be associated costs with supporting the increase in staff.

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

No, this would enhance services to homecare workers and the consumers who employ them. This will also provide continued Provider Time Capture support for APD/AAA local offices and providers.

19. Describe the staff and positions needed to implement this policy package, including whether existing positions would be modified and/or new staff would be needed.

Below are the positions and estimated funding to support this proposal.

A. Permanent 6 FTE to expand the OHCC's Customer Relations to enhance support to provide the needed HR functions for the homecare workforce.
B. Permanent 2 FTE to expand the OHCC Training team to support processing training stipend payments and to offer technical assistance to providers who need assistance joining webinars.
C. Permanent 6 FTE for the Provider Time Capture Support team, which includes a manager and 5 Regional Readiness Coordinators. This support is needed as planning for Phase 2 is underway and will be launched in late 2023 or early 2024.
D. Permanent 2 FTE to support an Online and Toll-Free number for APD/AAA in-home consumers to use for assistance.

20. What are the start-up and one-time costs?

The start up costs would entail the hiring of new staff.

21. What are the ongoing costs?

The ongoing costs would be funding for these positions in future biennia.

22. What is the potential savings?

The savings include a robust homecare workforce, workforce retention, and reduced risk to costs associated with current issues facing the provider payments and other issues.

23. What are the sources of funding and the funding split for each one?

Primarily, General Funds and certain positions will be matched. Includes $900,000.00 in GF for Workforce Development. The numbers have now been run through PMU and use the December (August) 1, 2022, COLA for the salary calculations.

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	$1,635,318	$0	$570,275	$2,205,593	16	12.00
Services & Supplies	$1,115,178	$0	$71,853	$1,187,031		
Capital Outlay						
Special Payments						
Other						
	$2,750,496	**$0**	**$642,128**	**$3,392,624**	**16**	**12.00**

Fiscal impact by program

	APD Delivery	Program 2	Program 3	Program 4	Total
General Fund	**$2,750,496**				**$2,750,496**
Other Funds	**$0**				**$0**
Federal Funds	**$642,128**				**$642,128**

Total Funds	**$3,392,624**				**$3,392,624**
Positions	**16**				**16**
FTE	**12.00**				**12.00**

Oregon Department of Human Services
2023-25 Policy Package

Division:	Aging and People with Disabilities
Program:	
Policy package title:	Address Systemic Poverty Issues
Policy package number:	POP 103
Related legislation:	N/A

Summary statement:

The cycle of poverty is often passed from one generation to the next. This means that children who grow up in impoverished households are more likely to live in poverty as adults. Beyond poverty, this intergenerational cycle often extends to access to resources such as education and healthcare. At ODHS, we understand that when people can access the services they need, when they need them, they are more likely to experience positive health and well-being outcomes. This policy option package will create and support policy changes that conserve the financial resources of individuals in ways that promote dignity, equity, independence and reduce intergenerational poverty. The proposed policy changes allow the department to disregard tribal, commission and council income when determining eligibility for Medicaid based on age, blindness or disability; increase the Medicaid resource limit to reflect inflation that has not been updated since 1987 and index this resource limit to future inflation; increase the General Assistance housing assistance payment by connecting it to a percentage of the SSI payment standard; and by improve parity between Medicare Savings programs and the MAGI medical program income standard.

Oregon Department of Human Services
2023-25 Policy Package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	**$8,120,329**	**$974,849**	**$13,603,875**	**$22,699,053**	**2**	**2.00**

Purpose

1. Why does ODHS propose this policy package and what issue is ODHS trying to fix or solve?

The critical issues we are proposing to address are related to the historical and ongoing systematic impoverishment of older adults and people with disabilities who live in Oregon. Among other benefits, our program provides medical assistance (MA) and long-term services and supports (LTSS) to some of the most vulnerable individuals that ODHS serves throughout the state. For older adults and people with disabilities, Oregon uses many of the same federal rules as the Social Security Administration's Supplemental Security Income (SSI) program to determine eligibility for medical assistance (including LTSS) as required by the Centers for Medicare and Medicaid Services. Our basic medical assistance program is referred to as Oregon Supplemental Income Program-Medical (OSIPM).

These rules and eligibility practices have undergone very little change over the decades to account for the economic and political world we find ourselves in today. The federal poverty level income limits for our programs are considerably lower than what is provided to adults and children through the Affordable Care Act (ACA)

Medicaid expansion (i.e., Modified Adjusted Gross Income ([MAGI] programs). Our programs also have strict resource limits and additional barriers when compared to the types of medical assistance that most Oregonians receive based on tax filing and family size.

Our medical assistance programs are the traditional Medicaid benefit for adults and children and those who also receive long-term services and supports through Aging and People with Disabilities (APD), the Office of Developmental Disabilities Services (ODDS) and the Oregon Health Authority/Health Systems Division-Behavioral Health.

We wish to reduce financial barriers to Medicaid eligibility for older adults and people with disabilities and expand access to these programs. We do not wish to perpetuate income, resource and other program limitations that require Oregonians to become so impoverished, they are unable to meet basic living needs *before* they can even benefit from our related programs.

2. What would this policy package buy and how and when would it be implemented?

This policy package would provide funding for the following priorities with minimal staffing:

Disregard tribal-based income. We propose to exclude all Tribal payments received by American Indians and Alaska Natives in OSIPM eligibility determinations. Payments would be excluded when considering both income and resource program requirements. By excluding all Tribal income for OSIPM eligibility determinations, we anticipate increased enrollment of Tribal members into these programs.

- **Raise program resource limits and index to future inflation.** The current OSIPM resource limit is essentially $2,000 for a single individual and $3,000 for a couple. These limits have not changed since 1987. We propose to adjust these resource limits to account for the inflation that has occurred since that time and indexed accordingly for the future. With this change, individuals will be able to retain more personal savings to address anticipated and unanticipated costs.

- **Disregard Commission/ Council income.** Currently, these payments for individuals who serve on state , boards, and commissions a receive the state mandated stipend. Unfortunately, this increase has unintended consequences on needs-based programs , we propose to exclude stipend income from all boards and commissions. . Individuals would be able to participate on such boards and commissions in their communities without fear of the compensation affecting their medical benefits.

- **General Assistance (GA) maximum housing benefit tied to the SSI standard**. We propose that the GA maximum housing benefit in respect of rent be 75% (rounded to the nearest whole dollar amount) of the SSI payment standard, and that it be adjusted every year to keep pace with inflation. The personal incidental funds and utilities allowance components would share the remaining 25%.

  For further perspective, the reader may wish to consult the following:
  https://www.huduser.gov/portal/sites/default/files/pdf/2021-AHAR-Part-1.pdf

- **Apply a 4% disregard to effectively "increase" SMF income standard to 138% of FPL.** We propose applying a 4% income disregard to financial groups being evaluated for Qualifying Individual (SMF) benefits. This 4% disregard applied to the SMF income determination will allow many Medicare beneficiaries to receive Medicare Part B premium assistance that would otherwise be cost prohibitive.

Proposals to address systemic poverty in priority order:

- Disregard Commission / Council income
- Raise program resource limits and index to future inflation
- Disregard tribal-based income
- General Assistance (GA) maximum housing benefit tied to the SSI standard
- Apply a 4% disregard to effectively "increase" SMF income standard to 138% of FPL

3. How does this policy package help, or potentially hinder, populations that are disproportionately underserved? How does this policy package further ODHS's 3 strategic goals, and both the program and ODHS missions?

Older adults, people with disabilities and their families are often faced with barriers to services during times that may be the most stressful, traumatizing, and difficult to navigate. By reducing barriers to health services and LTSS and allowing individuals and families to retain financial resources without the risk of benefits denial, they are more

likely to get the help they need to achieve well-being. By retaining resources, individuals and families are better prepared for daily and emergency expenses related to housing, healthcare, and other basic needs.

Additionally, the cycle of poverty can be diminished for future generations as access to financial resources, health care and other services improves. This creates stronger foundations that extend into the future.

This policy package aligns with the ODHS priorities of strengthening foundations, responding to emergencies, and creating the future of human services.

4. Is this policy package being requested because of an Oregon Secretary of State or internal audit? If so, provide further information.

No.

Quantifying results

5. How will ODHS measure the success of this policy package?

We anticipate fewer denials of benefits and increased participation in services by communities who have been disproportionately underserved from these programs. We will use strategic evaluation of eligibility and program data through Oregon Eligibility (ONE) and Office of Reporting, Research, Analytics, and Implementation (ORRAI)-Pioneer.

6. Is this policy package tied to a legislative Key Performance Measure (KPM) and/or an ODHS performance measure? If yes, identify the performance measure(s).

Yes - KPM 1: Older Adults Needing Long Term Care Services; KPM 2: Long Term Care Recipients Living Outside Nursing Facilities

7. What are the long-term desired outcomes?

This program package intends to have positive impacts of changing policy to prevent forced impoverishment; less dependence on services; and increasing the stability of families by removing barriers for families to get and maintain family wealth.

8. What would be the adverse effects of not funding this policy package?

Adverse effects include the continuation of policy that perpetuates intergenerational poverty, especially for groups who have disproportionately been impacted by forced impoverishment to qualify for programs and services.

How achieved

9. What actions have occurred to resolve the issue prior to requesting a policy package?

Oregon has been at the forefront of expanding access to health coverage and home and community-based services; this policy package takes this work a step further.

10. What alternatives were considered and what were the reasons for rejecting them?

Maintaining the current policies have been considered, but they are rejected as this policy package proposes achievable policy changes to mitigate and address disproportionate effects of poverty. Status quo continues to subject vulnerable individuals and their families to individual and intergenerational poverty based on outdated eligibility requirements. Individuals with very low income and resources may not be able to meet their other financial obligations or purchase basic need items when experiencing unanticipated events.

11. Does this policy package require any changes to existing statute(s) or require a new statute? If yes, identify the statute and the legislative concept.

No.

12. What other state, tribal, and/or local government agencies would be affected by this policy package? How would they be affected?

The work of this policy proposal would be with Tribal partners and with Oregon Health Authority, as well as local Area Agencies on Aging.

13. What other agencies, programs or stakeholders are collaborating on this policy package?

Efforts would be made to recruit community partners and advocates for rules advisory committees.

14. How does this policy package help, or potentially hinder, populations impacted by inequities or disproportionalities from achieving health, well-being, and independence?

This policy package will help populations impacted by disproportionalities by providing them with earlier access to assistance and services while allowing individuals and their families to retain and build upon their wealth.

Staffing and fiscal impact

Implementation date(s): January 1, 2025

End date (if applicable): _____

15. What assumptions affect the pricing of this policy package?

The fiscal impact includes the minimal impact of policy change and two positions.

16. Will there be new responsibilities for ODHS? Specify which programs and describe their new responsibilities.

The new responsibilities will be implementing rule changes and technical assistance for implementing the new rules and policies related to household assets.

17. Will there be new responsibilities for or an impact on Shared Services? If so, describe the impacts and indicate whether additional funding is necessary.

Related changes will be necessary in the ONE system when considering eligibility requirements for these Types of Assistance (TOAs).

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

There should be little change to caseloads and no change to services.

19. Describe the staff and positions needed to implement this policy package, including whether existing positions would be modified and/or new staff would be needed.

This policy package requests two OPA 3 positions at 2.0 FTE.

20. What are the start-up and one-time costs?

Staffing costs.

21. What are the ongoing costs?

Effects of policy changes, with minimal long-term impact.

22. What are the potential savings?

Less administrative burden with simplified rules for asset and income verification, access to programs for consumers before their conditions decline and they need more intense and more costly services.

23. What are the sources of funding and the funding split for each one?

40% GF/ 60% FF:

- Raise program resource limits and index to future inflation
- Disregard tribal-based income

50% GF/ 50 FF: Staff, 2 OPA3

Oregon Department of Human Services
2023-25 Policy Package

100% GF:

- Disregard Commission / Council income
- General Assistance (GA) maximum housing benefit tied to the SSI standard
- Ability to Improve or expand hardship

100% FF: Apply a 4% disregard to effectively "increase" SMF income standard to 138% of FPL

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	$232,046	$0	$232,046	$464,092	2	2.00
Services & Supplies	$22,024	$0	$22,024	$44,048		
Capital Outlay	$0	$0	$0	$0		
Special Payments	$7,866,259	$974,849	$13,349,805	$22,190,913		
Other	$0	$0	$0	$0		
Total	**$8,120,329**	**$974,849**	**$13,603,875**	**$22,699,053**	**2**	**2.00**

Fiscal impact by program

	Program 1	Program 2	Program 3	Program 4	Total
General Fund	$8,120,329				**$8,120,329**
Other Funds	$974,849				**$974,849**

Federal Funds	$13,603,875				**$13,603,875**
Total Funds	$22,699,053				**$22,699,053**
Positions	2				**2**
FTE	2.00				**2.00**

Oregon Department of Human Services
2023-25 Policy Package

Division: Aging and People with Disabilities
Program:
Policy package title: Equitable Access and Well-being
Policy package number: POP 104
Related legislation: N/A

Summary statement:

Everyone in Oregon deserves to access services that align with their personal, cultural, and ethnic identities and linguistic preferences. When people cannot access such services, they may avoid seeking help with things like health care, food security and other basic supports. Without these supports, individual and community well-being are put at risk of unmanaged health conditions, and insecurities in food, housing, and finance. This comprehensive policy option package assists ODHS/APD on achieving well-being and equity for older adults and people with disabilities with several component parts, each of which is interdependent with the others. It supports well-being by ensuring that individuals in Oregon have access to services that meet their cultural, ethnic, and linguistic needs through an intersectional lens that recognizes the various identities that comprise our aging and disability network.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	**$12,810,269**	**$0**	**$7,422,761**	**$20,233,030**	**67**	**33.5**

Oregon Department of Human Services
2023-25 Policy Package

Purpose

1. Why does ODHS propose this policy package and what issue is ODHS trying to fix or solve?

While ODHS' Office of Aging and People with Disabilities (APD) service delivery system is robust and strives to be equitable, our system continues to create barriers for consumers in need of long-term care services and supports. First, the service needs of individuals who do not qualify for Medicaid or long-term services and supports are unmet through our current systems. Second, data collection continues to be a challenge, as is ensuring that data systems meet the state mandate to capture race, ethnicity, language, and disability (REALD) and sexual orientation and gender identity/expression (SOGIE)data and that staff who collect this data are adequately trained. Third, the need for timely and accurate translations of digital and print material is critical to operationalizing our equity goals. There is an urgent need for infrastructural supports to advance this work across APD.

People who are Deaf, DeafBlind, Deaf with additional disabilities, and Hard of Hearing (hereafter referred to as "Deaf and Hard of Hearing") experience significant and long-standing inequities in accessing and navigating the human services system, and there are insufficient resources (staffing, program resources) available to assist them. These issues were described in a Community Needs Assessment (CNA) commissioned by the Oregon state legislature and conducted in 2016. While individuals who are Blind have a specific commission and support, individuals who are DeafBlind do not. This limits their ability to full participate in the community – including an inability to easily access voting opportunities, travel within their communities and actively engage. Because eligibility for long term services and supports does not capture the needs of DeafBlind individuals, there is no government funded support system.

Through the LGBTQIA2S+ Survey of Older Adults conducted in 2021, APD has identified significant needs of LGBTQIA2S+ individuals and communities. Through a collaborative process with communities, a list of prioritized needs and projects has been developed that require funding to support the system changes that need to occur.

The Office of Aging and People with Disabilities and its local and community partners see other gaps the system has in serving consumers and have identified unmet needs that prevent individuals from living their best lives possible. These gaps have several causes, but many exist because of a low capacity to provide consumers with information and resources; few established relationships with communities who have experienced systemic racism; lack of responsive services and policy guidance, other forms of social discrimination; and less than adequate tools to serve consumers who have more intensive physical and behavioral health needs. APD"s experience and data show that the system has gaps in providing information, serving consumers from communities of color, immigrant communities, and LGBTQIA2S+ communities, and in providing person-centered services to consumers with great personal care needs.

To ensure that Oregonians have access to services that meet their cultural, ethnic, and linguistic needs through an intersectional lens that recognizes the various identities that comprise our aging and disability network, and to support individuals in achieving well-being, the following multi-strategy approach is proposed, in priority order:

1. Funding to support translation efforts
    a. APD recommends that this be part of an agency wide strategy, but the need is significant for APD consumers
2. Funding to support implementation of REALD/SOGIE and data collection
    a. APD recommends that this be part of an agency wide strategy, but the need is significant for the APD due to the legacy systems

3. Provide funding to Tribes (Title VI Service providers) to match state funds provided to the Area Agencies on Aging
4. Fund, through performance-based contracting, culturally appropriate meal programs through the AAAs to increase access and service equity
5. Seven new population specific Navigator Programs including LGBTQIA2S+ populations
6. Enhance Senior Health Insurance Benefits Assistance (SHIBA) program funding for local contractors to increase volunteers and access for older adults and people with disabilities to quality information about Medicare
7. Create a Person-centered Case Management Pilot to move towards a more holistic, supportive process
8. Funding to expand Oregon Deaf and Hard of Hearing Services (ODHHS) staff to better serve and advocate for Deaf, Hard of Hearing, DeafBlind and Deaf, plus other disabilities
9. Create network of community-based organizations (CBO) to increase non-Medicaid Support Services Professional payments to serve DeafBlind individuals who need assistance but cannot qualify for long-term services and supports (LTSS)
10. Through a contract to create a Good Day/Bad Day Program & Training to support case managers well-being and build resiliency in weathering trauma

2. What would this policy package buy and how and when would it be implemented?

This comprehensive plan on achieving well-being and equity for older adults and people with disabilities is several-fold, with each element interdependent with the others. The comprehensive plan includes:

- Enhance SHIBA funding for local contractors: SHIBA is a network of volunteers that help older adults and people with disabilities navigate Medicare and other health benefits. The volunteer network has shrunk from a high of over 400 to less than 150 with severely inadequate funding from the federal government. A

reinvestment would support a regrowth of the network to meet the growing number of consumers who need these services throughout Oregon.

- Additionally, Options Counseling is a vital component of the system however, through multiple biennia, the federal Medicaid Match has not been realized due to federal restrictions on what services can be matched. Additional General Funds are needed to support the Area Agencies on Aging (AAA) and the Centers for Independent Living (CIL) to stabilize Options Counseling.
- Create new navigator programs for underserved communities: Building upon the success of the Tribal Navigator initiative, this proposal includes funding for navigator programs and staff for many Oregon communities who do not access services and supports relative to their population in the state. Navigator programs would be established to build relationships with Black, Latino/a/x/e, Asian American and Pacific Islander, Russian and Slavic, immigrant/refugee, and LGBTQIA2S+ communities in Oregon. Navigators would break down barriers and historical fear of government programs to help individuals access supports.
- Enhance person-centered service planning based on individual needs: Case managers in the system currently have limited time and resources to engage consumers in individualized service planning in the way intended by Centers for Medicare & Medicaid Services (CMS) and ODHS. The system focuses on eligibility assessments and service authorization, often missing critical steps in identifying the individual's goals and developing a service plan that helps the individual meet their goals. This proposal creates a Person-Centered Service Case Management Pilot in three local offices. It includes training for case managers, resources to build an adequate workload model, and staffing, to implement person-centered and person-directed service in the pilot areas. This will improve consumer and Case Manager satisfaction, and quality assurance measures.
- Provide Title VI programs comparable funding to Older Americans Act (OAA) sequestration: AAAs received state funds to support OAA programs and services after federal budget cuts some years ago. Oregon's Tribal governments and entities are limited to providing certain services under the OAA programs and have never received comparable state funding. This proposal includes equitable funding to Oregon's

Tribes providing Title VI services so that they can provide more robust services and supports to Tribal Elders in their programming.

- Establish funding for a "post-Acute" activities of daily living (ADL) support benefit study: The post-acute ADL support benefit is for consumers who are discharged from the hospital and need a more intensive level of support than typically available in alternatives to nursing facilities.. The intent of this proposal is to invest into a study in collaboration with Oregon health Authority (OHA) and hospitals to identify predictors to enhance these supports so consumers can discharge to a home or community-based setting rather than a nursing facility if they do not need 24-hour nursing level of care.
- Fund culturally appropriate meal programs expansion: This proposal would invest funds through the AAAs to provide culturally responsive meal and nutrition programs statewide, building capacity for meeting consumer needs from diverse cultures in urban, rural, and frontier communities. These meal programs would be available through Medicaid and the OAA programs. Funding would be contingent on meeting performance expectations.
- Funding to expand ODHHS staff to support the most pressing needs, advocate for individuals who are Deaf, DeafBlind or Hard of Hearing, especially in employments and access to justice systems.
- Creating a network of CBOs to increase direct supports for DeafBlind individuals who do not qualify for Medicaid. Funding would need to be provided to the CBOs for both program administration and training for and payments to Support Services Professionals who in turn would directly support DeafBlind individuals.
- Funding to cover costs associated with:
    - Examination of REALD/ SOGIE implementation.
    - Training and evaluation supports to ensure the full integration of REALD/ SOGIE into our information systems; and
    - Training and supports for internal and external partners to aid in the collection of this data in ways that are trauma informed.
- Funding to cover:
    - A minimum of five .5 FTE dedicated to internal translations reviews;

- Contracts with one or more vendors to ensure accurate and timely translations;
- Costs associated with information system modifications;
- Translation of all public facing forms and documents used as part of our business operations; and
- Establishment of a dedicated translations budget to cover all costs associated with translations.

How does this policy package help, or potentially hinder, populations that are disproportionately underserved? How does this policy package further ODHS's 3 strategic goals, and both the program and ODHS missions?

This policy package helps underserved communities, including older adults, people with disabilities, the LGBTQIA2S+ community, Tribal nations, and Communities of color by ensuring that individuals in Oregon have access to services that meet their cultural, ethnic, and linguistic needs. By ensuring equitable access to services, Oregonians are more likely to access the services they need to achieve their ideal well-being.

This policy package aligns with the ODHS priorities of strengthening foundations and creating the future of human services.

3. Is this policy package being requested because of an Oregon Secretary of State or internal audit? If so, provide further information.

No.

Quantifying results

4. How will ODHS measure the success of this policy package?

We will track services provided, including individual services, participation in outreach, town halls and focus groups, and collect consumer feedback. The outcomes above can be documented and analyzed using surveys, community meetings, consumer feedback, contact counts, website traffic analysis, and utilization data for APD services and health services through OHA.

5. Is this policy package tied to a legislative Key Performance Measure (KPM) and/or an ODHS performance measure? If yes, identify the performance measure(s).

Yes:
KPM 1: Older Adults Needing Long Term Care Services;
KPM 2: Long Term Care Recipients Living Outside Nursing Facilities;

6. What are the long-term desired outcomes?

Individuals would receive support to improve their quality of life. Outreach would increase community awareness of available services. Staff would expand access to needed services among key populations including people of color to reduce racial disparities in services.

The outcomes and measurable effects of this proposal include:

- Reduced service access disparities for consumers in rural communities, communities of color, immigrant communities, and LGBTQIA2S+ communities;

- Greater community and public awareness of Oregon's services and supports for older adults and people with disabilities;
- Reduced hospitalization and nursing facility admissions due to preventative services and appropriate services for consumers outside of institutions;
- More people served in Title VI programs, meal programs, and through ADRC, SHIBA;
- Higher consumer satisfaction through person centered case management, support and advocacy;
- Lower rates of malnutrition among older adults; and
- A higher self-assessment of well-being on annual consumer

7. What would be the adverse effects of not funding this policy package

If these problems are not resolved with this investment in a comprehensive strategy to achieve well-being and address equity, then the risks to consumers, communities, intergovernmental partners, and the state would be substantial. Without substantial investment in staffing, APD and its partners would not be able to adequately serve the growing number of older adults and people with disabilities who rely on all that we provide, from basic information and referral services through the most intensive supports for people with the highest physical and behavioral health needs. Along with APD, our community partners such as AAAs and the Tribes would continue to have fewer resources to meet the needs of members in their communities and jurisdictions. The risks of not resolving these issues would exacerbate and widen the service equity gaps – both access to services and outcomes such as achieving well-being – for older adults and people with disabilities in communities of color, immigrant/refugee communities, and in the LGBTQIA2S+ communities. Finally, without a comprehensive plan for

achieving well-being, the state would need to acquire more resources in the future to serve consumers who were not able to access preventive, individualized and culturally responsive services to help them live and thrive in their own communities.

In addition to the issues above, the following address specific risks.

Deaf, DeafBlind and Hard of Hearing Risks: Oregon is currently behind other states in its services for Deaf and Hard of Hearing people. Advocates and leaders of Oregon's Deaf and Hard of Hearing communities have long pressed for Oregon to expand services to meet the many unmet needs of these communities. The greatest risk to not resolving this problem is the ongoing trauma resulting from lack of opportunity and access to many needed services, and further frustration and anger from these communities at what they see as unresponsiveness and indifference to their needs. Also, we struggle sufficient staffing to recruit more American Sign Language (ASL) interpreting and Communication Access Realtime Translation (CART) resources, limiting our ability to meet current demand, let alone the needs of others yet to be served.

DeafBlind Risks: DeafBlind consumers' autonomy in their communities is limited by Oregon's lack of a Support Service Provider program. Deaf children in foster care may not get their language needs supported. Parents of Deaf and Hard of Hearing babies and young children need full, unbiased guidance that is often lacking. Hard of Hearing adults may not have options to treat their hearing loss, which has been shown to lead to more falls, hospitalizations, depression, and faster mental decline.

READL/SOGIE Related Risks: If we do not resolve these issues, we risk a poor rollout of READL/ SOGIE, which would jeopardize our ability to 1: Understand who we are and are not reaching with regards to services; and 2: Make data-informed system-level policy and practice decisions and quality improvements.

Translation Services Related Risks: This work is critical, not just important. Some translations have taken years to complete, and others have inadvertently included grossly inaccurate translations and even culturally offensive

terminology. . The need for accurate and timely translation is anticipated to increase in the years ahead. Achieving the most important goals and values of our system such as equity, person-centeredness, and community engagement hinge on our ability to offer information and resources in consumers' preferred language. Furthermore, as a system, APD needs to improve the accessibility of our draft rules and engage communities in our processes before the completion of policies and rules. Effectively engaging communities in our processes can only be achieved by making information available in multiple languages in a timeframe that doesn't hinder the work but enriches it through the opportunity to engage people as we are developing or writing**.** If we do not strengthen translations policies, processes and infrastructure, individuals, their families, and community partners will not have access to critical information about the services we provide, how they can access the services and how such services will benefit them. We will also continue to have staff asked to do translations, which goes against APD policies.

How achieved

8. What actions have occurred to resolve the issue prior to requesting a policy package?

For Deaf and Hard of Hearing Services, APD has expanded from one staff person primarily assigned to assist state agencies in obtaining ASL and CART services, to four staff supporting multiple efforts to improve the State of Oregon's ability to address the needs of Deaf, DeafBlind and Hard of Hearing Oregonians. Lean strategies have been applied, influencing the adoption of an automated scheduling tool to reduce workload involved in coordinating ASL interpreting and CART services. However, expansion of available ASL interpreters and CART

providers would require additional staffing even with this savings of time and effort. Even with these additional staff and strategies, systems change is a slow process, and community members have immediate needs that would be addressed by the addition of staffing in this proposal.

In the 2021-2023 biennium, APD has invested funding to provide Support Service Professionals for DeafBlind individual. Based on recommendations from the Oregon Deaf and Hard of Hearing Services Advisory Committee, 50 percent of the funds has been dedicated to Medicaid service expansion and 50 percent to a new general fund program. All agree that the available funding will not be sufficient to ensure that DeafBlind individuals can access their community and to live their life in the most beneficial manner possible.

READL and SOGIE training has been developed and provided to APD Adult Protective Services (APS) staff as well as AAAs and community partners. Feedback from staff who have undergone the training indicate a need for a need to 1: Devote more time to training; 2: Explore and address the challenges associated with the additional time workers are spending collecting this data; 3: Examine the appropriateness of asking these questions as a whole and determine a strategy for collecting this information in the least destructive way possible; and 4: Address worker concerns about the trauma some are experiencing as a result of asking certain questions. With additional resources, we would be able to strengthen the training and engage more intentionally with those collecting the data to identify and address areas of concern.

Almost 10 years ago, APD made a commitment to translate all public facing documents — those intended for consumers and their families — in the top eight languages. Today, APD has an informal policy and practice of translating all public facing forms, documents, and materials in 10 different languages; however, this is not consistently done. Challenges include 1: Time – it can take months to complete translations, which results in us posting or making materials in English available, while awaiting translations of the other languages to occur; 2: Resources – translations are costly and anecdotally, staff have complained about requests being denied due to costs; 3: Quality: After translations are completed, they often need to undergo an additional review for accuracy;

and 4: Staff are sometimes asked to translate materials, which falls outside of their duties; violating HR rules and potentially decreasing quality and consistency of the translations, There are additional challenges as well. To address these issues, APD needs to institute a translations policy that includes the infrastructural supports needed to ensure timely and quality translations. The policy alone will not get us there; we need dedicated resources.

Over the past several years, APD and its local and community partners have initiated key groundwork to fill many of the gaps. The State Plan K option has provided new supports and services, such as home modifications, to allow consumers to live independently in their own homes. APD expanded the definition of "home" to allow individuals to receive Medicaid supports while living in their family's home, which is especially beneficial to non-dominant culture individuals and their families. APD and its local government partners have created intentional service equity plans so that our work is embedded in addressing current service gaps with communities of color, immigrant/refugee communities, and LGBTQIA2S+ consumers. The Tribal Navigator program is a model of supporting individuals and removing barriers in them accessing the services that are available. Our information, referral and options counseling infrastructure has been addressing the needs of older adults, people with disabilities and their family members in increasing numbers over the past ten years. However, a comprehensive investment in well-being would create a unified set of services, supports, staffing and infrastructure to meet the growing needs of consumers while being person-centered, culturally, and linguistically responsive, and community focused.

9. What alternatives were considered and what were the reasons for rejecting them?

Addressing these issues of access and well-being were considered with existing resources, but these considerations were rejected because absent this policy package, our current level of staffing and resources will not adequately reduce the barriers to access to services and meet the outcomes of greater well-being for consumers, including consumers who have been disproportionately underrepresented in being served in our programs.

10. Does this policy package require any changes to existing statute(s) or require a new statute? If yes, identify the statute and the legislative concept.

No.

11. What other state, tribal, and/or local government agencies would be affected by this policy package? How would they be affected?

This policy package would enhance our relationships with Tribal governments, the local AAAs, and other state agencies such as OHA in reducing barriers to access and helping consumers achieve well-being.

12. What other agencies, programs or stakeholders are collaborating on this policy package?

As mentioned earlier, we aim to move beyond transactional to transformational approaches to engagement, wherein 1: Communities are engaged in rules and policy making discussions earlier and in languages that they can understand so they can provide input into the process, not just the product; 2: Culturally specific organizations are invited to apply for funding to initiate, improve, or expand innovative services and supports to the communities they serve; and 3: Community members that identify as Deaf and Hard of Hearing and LGBTQIA2S+ communities are involved in not only identifying the issues they confront, but also in solutions or ways that our system can adjust to ensure safe, appropriate and equitable access to our services.

This proposal would not succeed unless APD builds relationships that invite communities to advise and direct how these services can be provided in a more person-centered, culturally responsive and community focused manner. This proposal's emphasis on person-centered practice, knowledge and options as consumer power, and intentional

relationship building with underserved communities, Tribal governments and organizations, local governments, health systems, and volunteers is predicated on sharing power with communities so that Oregon's older adults and people with disabilities can achieve what they define as their life goals and their own sense of well-being.

13. How does this policy package help, or potentially hinder, populations impacted by inequities or disproportionalities from achieving health, well-being, and independence?

The entire POP is focused on addressing inequities for all the populations impacted by inequities and disproportionalities. There are no potential negative outcomes. The initiatives will improve community access, honor the role of Tribes as sovereign nations, and better serve individuals. This solution challenges assumptions and dominant cultural practices by focusing on innovative models and approaches to serving diverse communities.

Staffing and fiscal impact

Implementation date(s): July 1, 2023

End date (if applicable):

14. What assumptions affect the pricing of this policy package?

The two major pieces for pricing this policy package are staffing costs and program costs.

15. Will there be new responsibilities for ODHS? Specify which programs and describe their new responsibilities.

Yes, there will be enhanced services and supports. APD will be required to amend contracts, provide new training for APD and AAA staff, work closely with Tribes and CBOs, development of new programs and administrative rules.

16. Will there be new responsibilities for or an impact on Shared Services? If so, describe the impacts and indicate whether additional funding is necessary.

Contracting staff and HR. Staffing to support shared services is included.

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

Minimal effect on caseloads though there will be new services such as dietician services.

18. Describe the staff and positions needed to implement this policy package, including whether existing positions would be modified and/or new staff would be needed.

We propose the following requests:

Staff Requests to begin 7/1/2024

- One Operations and Policy Analyst 3 (OPA3) to administer and oversee Community based Organizations in creation of a statewide network of advocacy and SSPs to support the autonomy of Oregonians who are DeafBlind in their communities

- Two Public Service Representative 2(PSR2) positions to provide information and referral and light case management to assist Deaf and Hard of Hearing people in access to medical, educational, legal, workplace, and other settings
- One Research Assistant 4(RA4) to engage in much needed data collection and reporting regarding Deaf and Hard of Hearing communities in Oregon, and to research other states' approaches to services and programs
- One Administrative Assistant 1 (AS1) to support the work of the ODHHS staff
- One OPA3 to coordinate statewide LGBTQIA2S+ older adults work including policy review to ensure that biases and disparities are eliminated, LGBTQIA2S+ contract oversight and implementation of the APD wide project plan including outreach and coordination with community partners, other state agencies and the public.
- One OPA2 to work with ongoing LGBTQIA2S+ advisory committees, public information and web development, ongoing community outreach and oversee service delivery contractors.
- One OPA2 to support training of LTSS providers and manage training contractors.
- Two Procurement and Contracts Specialist to support contract development work.
- Five .5 FTEs at PA2 to support internal translations reviews.
- Enhance person-centered service planning.
    - Develop pilot with additional CMs decreasing caseload to <40 consumers
        - 3 regions including 1 Type B AAA
    - IT system changes to support separation of duties
    - One TDS2
    - One TDS1
    - One PEMC to support the expanded training unit
- Navigator Program
    - Six OPA3s

- Two PA1s
- Two TDS2
- Two OCP Staff

19. What are the start-up and one-time costs?

No start up or one-time costs have been identified.

20. What are the ongoing costs?

Ongoing costs are cost for staff and for program in future biennia.

- Funding for multiple vendor contracts for translation services.
- Funding to contract with an evaluator for both the Innovation Fund and other APD projects, including REALD/SOGIE implementation.
- Funding for community contracting with community-based organizations.
- Provide funding for ongoing research and data collection to track community needs and trends over time and measure if efforts are effective in reducing disparities and discrimination.
- Funding for provider and staff training.
- Enhance SHIBA funding for local contractors.
    - $2,000,000 for local community-based organizations
- Increase GF to enhance options counseling to back fill unrealized Medicaid match
- Create new navigator programs for underserved communities.
    - Focus on Populations: Black, Latino/a/x/e, Asian American, Pacific Islander, Russian and Slavic, and LGBTQIA2S+ communities

  - 7 organizations per population (7x6x$150,000 per year x2=$6.3 million GF/ $6.3 million FF)
- Creation of Good day/Bad day programing and training
  - Contractor to develop program, materials, curriculum, and training $300,000 TF = 150,000 GF/150,000 FF
- Provide Title VI programs comparable funding to OAA sequestration funding received by the AAAs
  - Provide the 8 Tribes that deliver Title VI services funding for a total of $1,500,000 GF
- Fully fund culturally appropriate meal programs through the AAAs.
  - AAA Planning - $50,000 per AAA
  - Base increase for meals- $1,456,114
  - Incentive payments not to exceed $485,371
- Funding for "Post-Acute" ADL support benefit contract to develop recommendations on how to implement such a program
  - $250,000 GF, $250,000 FF = $500, 000 TF

21. What are the potential savings?

Savings include more robust and less costly services, such as information, referral, and prevention services so that people can access services early and not need to access services when their needs are more acute, and they require a higher level and higher cost of services. More accessible services mitigate risk to the program, too.

22. What are the sources of funding and the funding split for each one?

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	$3,184,379	$0	$2,995,759	$6,180,138	67	33.5
Services & Supplies	$9,625,890	$0	$4,427,002	$14,052,892		
Capital Outlay	$0	$0	$0	$0		
Special Payments	$0	$0	$0	$0		
Other	$0	$0	$0	$0		
Total	**$12,810,269**	**$0**	**$7,422,761**	**$20,233,030**	**67**	**33.5**

Fiscal impact by program

	Program 1	Program 2	Program 3	Program 4	Total
General Fund	$12,810,269				**$12,810,269**
Other Funds	$0				**$0**
Federal Funds	$7,422,761				**$7,422,761**
Total Funds	$20,233,030				**$20,233,030**
Positions	67				**67**
FTE	33.50				**33.50**

Oregon Department of Human Services
2023-25 Policy Package

Division:	ODHS
Program:	APD, I/DD, SSP
Policy package title:	Healthier Oregon Program – Long-Term Services and Supports
Policy package number:	POP 105
Related legislation:	SB 558 and HB 3352

Summary statement:

Everyone in Oregon deserves access to the services they need, when they need them, to achieve well-being. More importantly, access to services needs to remain uninterrupted as people move through each stage of life and regardless of identity or place. Oregon Department of Human Services is requesting funding to provide long-term services and supports to eligible children and adults with disabilities regardless of their immigration status as directed by HB 3352, formerly called Cover All People, and renamed "Healthier Oregon". This POP includes continuation of funding for population enrolled during 2022 through initial implementation of the program (ages 19 to 26 and 55+) and expansion of the services to the remainder of the age groups, including children, starting July 1, 2023. It also asks for ongoing funding for staff to help individuals access these services and supports, including case managers, and related staff who are critical to serving this population.

Oregon Department of Human Services:
2023-25 Policy Package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	**$77,817,335**	**$0**	**$0**	**$77,817,335**	**79**	**61.00**

Purpose

1. Why does ODHS propose this policy package and what problem is ODHS trying to fix or solve?

One of the pillars of ODHS Equity North Star states: we are dedicated to make services, supports and well-being accessible to all. Healthier Oregon program is an important equity milestone for long-term services and supports (LTSS) in Oregon.

Oregon has made significant gains in advancing health care coverage, with 94 percent of Oregonians covered. However, health inequities in coverage and access persist, and will continue to until all Oregonians are able to access affordable health care, including access to long-term services and supports for older adults and people with disabilities. Communities of color are more likely to be uninsured, and the uninsured rate for Latino/Latina/Latinx Oregonians is twice the rate of the general population (12 percent compared to 6 percent) (Oregon Health Insurance Survey, 2019). COVID-19 has only worsened these inequities; Latino/Latina/Latinx Oregonians are 13 percent of the population but suffered 26 percent of COVID-19 cases.

Prior to July 1, 2022, older adults, and individuals with disabilities, who due to their legal/immigration status in the United States do not qualify for Medicaid, could not access state, or federally funded long-term services and supports. This created a barrier in Oregon that prevented certain populations from accessing needed supports, straining families, and the ability of family caregivers to earn a living while caring for the loved ones experiencing disabilities, destabilizing families, potentially leading to negative outcomes or crisis that had to be addressed through other costly and less appropriate settings, such as hospital emergency departments.

Initial roll out of Healthier Oregon in July 2022 includes individuals ages 19-25 and 55 and older and will cover both health care costs and access to LTSS programs administered by Aging and People with Disabilities (APD) and Office of Developmental Disabilities Services (ODDS) programs. In July 2023, ODHS is planning to add the remaining age groups into services. Department of Administrative Services (DAS) and Legislative Fiscal Office (LFO) determined that the LTSS costs would not be in current service level, so this POP provides the funding to both maintain the services authorized in 2021-2023 and expand LTSS to all potentially eligible populations.

This POP also includes the costs tied to the increase in population and coverage for HOP that is part of the CSL within Oregon Health Authority (OHA). The expansion of HOP eligibility beyond these age groups will increase thousands of potential eligible individuals that will need eligibility done on initial application, renewals, support hearings and ongoing changes.

2. What would this policy package buy and how and when would it be implemented?

Funding will be used to provide long term services and supports, including nursing facility care (for APD) and home and community-based services (for APD and ODDS), to all eligible individuals regardless of their immigration status (this will include individuals enrolled in Healthier Oregon and Cover All Kids) who qualify and need these services.

Funding will also be used to ensure individuals enrolled through this program have access to case management services.

Funding and position authority will be used to ensure we have staffing to determine eligibility, process applications, redeterminations, support requests around hearings and update cases. The support for these cases is critical to ensure we have ongoing work to meet State and Federal compliance standards and provide timely and accurate services.

These resources will also be used to ensure that ODHS and its contracted partners have sufficient resources to operationalize the program, provide protective services and respond to the additional administrative needs of new enrollment. These costs will be determined through workload models currently in place accounting for additional caseload through Healthier Oregon program.
Resources will also be used to implement a robust communication campaign to promote program awareness, develop communication tools, and build partnerships with community organizations working with immigrant and refugee populations impacted by Healthier Oregon.

3. **How does this policy package help, or potentially hinder, populations that disproportionately or underserved? How does this policy package further ODHS's 3 strategic goals, and both the program and ODHS missions?**

☒ Strengthening foundations
☒ Responding to emergencies
☒ Creating the future of human services

The Healthier Oregon program significantly reduces disparities within Oregon that exist in access to health care and long-term services and supports for older adults and people with disabilities. By applying a universal design lens, this effort increases access for everyone and eliminates intentional and unintentional segregation of certain groups. This effort lays the foundation for more equitable systems of support that will have long lasting positive impacts on both health and social outcomes for people affected by the program and for the entire population of Oregon. At the core of this process is an intentional shift towards inclusive and equitable culture that values all human life and benefits the entire community.

Some of the extended benefits of this program include helping families stay together; better emergency response when needed; improved health, education, and employment outcomes so that people with disabilities and their families can experience more stability, less trauma, and better lives. Additionally, this effort will lead to improved awareness of availability of supports to the whole community; building trust and better outreach with diverse communities across Oregon.

Quantifying results

4. What are the long-term desired outcomes?

- Reduced inequities based on immigration/legal status
- Reduced racial inequities
- Improved health and wellbeing
- Improved family stability
- Equitable access to supports: the same as for individuals who are eligible for Medicaid.

5. How will ODHS measure the impact on system and access inequities and/or impact disproportionality in accessibility and services in ODHS programs through this policy package?

Data will be collected in the same way it is gathered for Medicaid eligible populations through existing systems, enrollment and eligibility processes, prior-authorization and billing processes, and case management processes.

How achieved

6. What actions have occurred to resolve the issue prior to requesting a policy package?

Based on SB 558, also known as Cover All Kids, starting January 1, 2018, the Oregon Health Plan (OHP) became available to more children and teens younger than 19, regardless of immigration status. This coverage did not include long-term services and supports. In 2021, the Oregon Legislature funded HB 3352, formerly called Cover All People, and renamed "Healthier Oregon," to ensure more Oregon adults can access comprehensive OHP benefits, including long-term services and supports. HB 3352 set a $100 million General Fund budget for the 2021-2023 biennium. The vast majority of the funding will go to services, while a portion of that $100 million will go towards outreach, education, and engagement efforts, and administrative and system costs. OHA expects to draw down federal Medicaid match for the portion of services that are allowable under federal rule, primarily for emergency services and services during pregnancy. There will be no Medicaid match for LTSS services.

Beginning July 1, 2022, approximately 12,000 adults will transition to Healthier Oregon and the program will be open to new enrollments – this means that more than 12,000 people in Oregon will newly have access to full medical assistance. Hundreds of these adults will have access to long terms services and supports for the first time, allowing them to remain comfortably in their homes and communities, and prevent costly and difficult emergency department visits and hospital stays.

Even with this significant progress, children up to age 19 and adults 26-55 with disabilities will still be without coverage and disability related supports, for those who need them, with activities of daily living. OHA

estimates that more than 55,000 people could become eligible for coverage under an expanded version of Healthier Oregon covering all ages in 2023-2025. This total is an estimate of the number of individuals in Oregon who are 19 and older not eligible for Medicaid due to their immigration status, and whose income qualifies them for OHP benefits. ODHS is responsible to complete the applications for each of these individuals and determine their eligibility, provide notification of the decision around eligibility, support any hearing requests, and perform ongoing case maintenance for their eligibility along with annual redeterminations.

In July 2019, ODDS opened a pilot project for interested Case Management entities to open case management services to intellectual and developmental disabilities (I/DD) eligible individuals who do not qualify for Medicaid due to their immigration status. Multnomah and Benton Counties piloted the program providing case management and resource referral supports to individuals with I/DD and their families. The pilot did not provide access to direct services and supports. Supports have proven to be successful and became more critical during the COVID-19 pandemic in referring to vaccination and other resources. ODDS was in the planning process of expanding the pilot statewide when Healthier Oregon program became known. Effective July 1, 2022, ODDS will open case management services to all I/DD eligible individuals regardless of their legal status and Medicaid eligibility and will begin enrolling individuals within approved age brackets into direct services and supports through HOP.

APD has not had legislative approval to provide the full long-term services and supports to individuals who do not qualify for Medicaid. Some individuals in Oregon Project Independence (OPI) are in that program because of their legal status. Since the program does not require legal status documentation, it is hard to determine the actual numbers of people who could qualify for the expanded HOP. The Area Agencies on Aging (AAA)

estimated that it is about 20 percent of the current OPI caseload. Additionally, OPI is primarily serving individuals over age 60, missing individuals with disabilities between the ages of 18 and 60. The numbers of individuals accessing the supports is also artificially compressed due to limited funding and large waitlists for OPI. Additionally, OPI provides in-home supports only. It does not provide coverage for nursing facilities or community-based care facilities.

7. What alternatives were considered and what were the reasons for rejecting them?

ODDS is working to make case management services available to all individuals who meet I/DD eligibility criteria regardless of income and immigration status. However, granting access to full array of home and community services and supports to individuals who do not qualify for Medicaid funding due to their immigration/legal status in the United States requires investment of General Fund resources.

APD has few options. An expansion of OPI could be a possibility but if individuals are eligible for health benefits, they cannot access OPI services. Regardless of any program, providing the full array of home and community services and supports to individuals who do not qualify for Medicaid funding due to their immigration/legal status in the United States is only possible with an investment of General Fund resources.

Without funding for eligibility staffing, there are few alternatives to evaluate. The agency continues to work with OHA on opportunities for greater automation; however, State workers are required to make the final determination of eligibility, contractors and others may collect some information, but the determination is the State's responsibility. The growth in caseload in 2023-2025 requires additional staffing to avoid the already long wait times on phones and ensure that we can process and support individuals and families applying for these and other benefits.

8. What other agencies, programs, community partners or stakeholders are collaborating on this policy package?

Healthier Orgon is a partnership effort between Oregon Health Authority and Oregon Department of Human Services (Aging and People with Disabilities Program (APD) and Office of Developmental Disabilities Services (ODDS)). OHA and ODHS are working closely with community partners on implementation of the Healthier Oregon.

OHA: A critical component of HB 3352 is the establishment of an advisory work group to (1) advise OHA on eligibility restrictions due to the $100 million expenditure cap, and (2) to advise and assist OHA in the development of a statewide outreach, engagement, and education program with the goal of enrolling eligible individuals in CAP. The Advisory Work Group prioritized individuals 19-25 and 55 and older for the first year of Healthier Oregon, identifying individuals 55 and older due to significant health care and human service needs, including long term services and supports.

Advisory Work Group
- 12 members
- Half are current or past CWM/ OHP members
- Members serving the southeast, northeast, central, south, coastal, Willamette Valley, and Portland Metro Area
- Members identify as Latina/o/x, Asian, Southeast Asian, Egyptian, Native American, German, Indigenous mix and White

- Languages spoken include Spanish, English, Vietnamese, Sinhala and Tamil

ODDS works closely with community partners and interested parties on service equity and service access initiatives. This includes case management entities, providers, Tribal partners, advocacy organizations, culturally specific groups and organizations, self-advocates and families receiving services. ODDS continues to work on trauma informed communication efforts both at State and local levels through Case Management Entities (CME), including outreach to culturally specific communities, community organizations that support immigrant and refugee populations, and other partners to increase awareness of home and community-based services and supports through I/DD program. Work with CMEs to build on existing local partnerships to disseminate information about the program. Develop and disseminate communication tools and information materials in multiple languages and modalities.

APD will continue to work with community partners, local offices, and Area Agencies on Aging to inform them of the new benefits. Additionally, we will partner with OHA in their work with Community Based Organizations to ensure that those organizations and the people they represent understand the LTSS benefits.

9. Does this policy package require any changes to existing statute(s) or require a new statute? If yes, identify the statute and the legislative concept.

N/A

10. What other state, tribal, and/or local government agencies would be affected by this policy package? How would they be affected?

Healthier Orgon is a partnership effort between Oregon Health Authority and Oregon Department of Human Services (Aging and People with Disabilities Program (APD) and Office of Developmental Disabilities Services (ODDS)).

11. Is this policy package being requested because of an Oregon Secretary of State or internal audit? If so, provide further information.

N/A

Staffing and fiscal impact

Implementation date(s): July 1, 2023

End date (if applicable): N/A

12. What assumptions affect the pricing of this policy package?

- Caseload increase due to new eligible groups will impact cost of direct services and supports
- Caseload increase will impact resources needed to operationalize the program at the state and local level (case management services, protective services, other administrative supports)

- Communication, awareness building effort

13. Will there be new responsibilities for another agency (OHA etc.) and/or ODHS/OHA Shared Services? Specify which programs and describe their new responsibilities.

Office of Information Systems/ Information Technology (OIS/IT) system impacts: all IT investments are being implemented for the first year of the Healthier Oregon program, as the IT changes are designed to allow for program expansion. Adjustments will be needed to ODDS eXPRS provider payment system. No additional changes will be needed for APD IT systems. Oregon Eligibility (ONE) will need to be updated to allow younger individuals access to the services.

14. Will there be changes to client caseloads Cost per Case or services provided to population groups? Specify how many in each relevant program.

There will be change in client caseloads for both APD and ODDS.

15. Describe the staff and positions needed to implement this policy package, including whether existing positions would be modified and/or new staff would be needed.

ODDS: ODDS is not planning to add any additional central office positions to implement this program beyond those already granted for the purpose.

APD: APD needs funding and positions for local case managers, support staff and supervisors to ensure access for newly eligible individuals. There is no need for additional central office staff

SSP: SSP needs funding and positions for eligibility workers.

16. What are the start-up and one-time costs?

Resources will be needed to implement a robust communication campaign to promote program awareness, develop communication tools and build partnerships with community organizations working with immigrant and refugee populations impacted by Healthier Oregon.

17. What are the ongoing costs?

- Cost of providing long-term services and supports to Healthier Oregon population
- Cost of providing case management services, protective services and other administrative supports to the Healthier Oregon Population including state case managers and funding for the Community Developmental Disabilities Programs (CDDPs), Brokerages, and Area Agencies on Aging.

18. What are the sources of funding and the funding split for each one?

100% General Fund

19. What are the potential savings?

Oregon Department of Human Services:
2023-25 Policy Package

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	$12,025,445	$0	$0	$12,025,445	**79**	**61.00**
Services & Supplies	$1,698,799	$0	$0	$1,698,799		
Capital Outlay	$0	$0	$0	$0		
Special Payments	$64,093,091	$0	$0	$64,093,091		
Other	$0	$0	$0	$0		
Total	**$77,817,335**	**$0**	**$0**	**$77,817,335**		

Fiscal impact by program

	ODDS	APD	SSP	Program 4	Total
General Fund	$34,313,410	$34,021,811	$9,482,114		**$77,817,335**
Other Funds	$0	$0	$0		**$0**
Federal Funds	$0	$0	$0		**$0**
Total Funds	**$34,313,410**	**$34,021,811**	**$9,482,114**	**-**	**$77,817,335**
Positions	**0**	**13**	**66**		**79**
FTE	**0**	**11.50**	**49.50**		**61.00**

Oregon Department of Human Services:
2023-25 Policy Package

Division:	Central Services
Program:	Director's Office
Policy package title:	Chief Data Office
Policy package number:	POP 106
Related legislation:	N/A

Summary statement:

Accurate and reliable data can improve quality of life for the people we serve. Accurate and easily available data can direct services to where they are needed. Accurate data can offer solutions to problems. Data even have the ability to address inequities and disproportionalities, given the resources necessary to identify, gather and maintain them. Data inconsistency negatively and disproportionately impact people and communities of color, Tribal members and communities, people with disabilities and members of the LGBTQIA2S+ community. On the ground level, data give our case workers access to accurate information so they can spend more time in direct service to people. Currently one limited duration employee is the data expert for the Oregon Department of Human Services – a complex agency serving one in three Oregonians.

This policy package creates a data office of three FTE and budget for contract services. The data office will:

1. Set and lead vision and standards for data collection, use, management, governance, ethics, and justice.
2. Manage compliance with Open Data mandates (ORS 276A.350-276A.371).

3. Lead the development of tools and culture to enable ODHS to better use data to plan, make decisions and deliver service.
4. Implement data quality, management, and integration practices to create the future of human services, reduce disproportionality and inequity, respond better to emergencies and disasters, and adopt REALD/SOGIE (Race, Ethnicity, Language and Disability/Sexual Orientation, Gender Identity and Gender Expression) standards.

If this POP is not funded, adverse effects include: first and foremost, slow service delivery, missed opportunities to focus services where they are needed most and the perpetuation of health inequities. If not funded it will also adversely affect
compliance with Open Data mandates; diminish the ability to identify and correct disproportionalities and inequities; and miss opportunities to streamline technology implementations due to continued siloed organization of data and related decision making. Lack of comprehensive data affects our ability to equitably serve Oregonians.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	**$541,637**	**$0**	**$361,092**	**$902,729**	**3**	**3.00**

Oregon Department of Human Services:
2023-25 Policy Package

Purpose

1. Why does ODHS propose this policy package and what problem is ODHS trying to fix or solve?

Data is an organization's most valuable asset after its people. This policy package begins to establish the foundation necessary to manage data as an asset and leverage it to better support the ODHS vision, including the ODHS Equity North Star, REALD/SOGIE data standards, and equity dashboards, as well as reducing inequitable outcomes, responding to emergencies and disasters, and creating the future of human services in Oregon. All of these goals require accurate and accessible data and a workforce that understands data and how to use it to make decisions, assess performance and focus service delivery where it is needed most.

All services provided by ODHS require the agency to collect, store, protect, integrate, and use data. These services are all hampered by the siloed nature of the five main ODHS programs and the software applications that support their work, and by the absence of agency standards for data structure and classification. The agency faces significant challenges using and securing data across hundreds of systems while managing risks associated with access to data by internal and external users. Fundamental gaps exist across all disciplines of data governance and management. These gaps slow service delivery, miss opportunities to focus services where they are needed most and perpetuate health inequities.

In addition to solving these problems, the agency needs to develop deeper understanding of its clients, the reasons they seek service, and how their use of agency services relate to one another. This policy package will help ODHS integrate data to develop whole person, whole household views to enhance the possibility of delivering needed services and interventions earlier than they might otherwise. The policy package will enable increased workforce

data literacy to promote and support data-informed planning, evaluation, and culturally responsive decision making across all areas of the agency, including where and how best to assign staff for greatest impact.

2. What would this policy package buy and how and when would it be implemented?

This policy package establishes a new data office in the ODHS Director's Office. The purpose of this new program is to:

- Establish the staffing bandwidth and permanency to support this emerging discipline and achieve the work outlined in the bullets below. Currently this effort is a start-up with limited capacity from one limited duration employee.
- Create, implement, and continuously update a strategy to manage and leverage data as an asset, including what and how data is collected, managed, and used, who can access it and how, and how to integrate and enhance it to increase its value and utility to ODHS to improve outcomes and reduce inequities.
- Create a roadmap to mature agency data management and governance, including coordinating available resources and data-related activities throughout the agency and in the Office of Information Services to leverage those existing resources to all, contributing toward one shared vision.
- Promote interoperability of data and manage lineage of data as it moves through and is shared with systems other than the one in which it was initially collected.
- Develop agency standards for the classification and protection of personally identifiable information (PII) and personal health information (PHI), including when diverse datasets are merged by public users.
- Promote and manage data sharing among public agencies and other partners.
- Lead a change management program to provide data to employees in a usable format, for example., in a self-service environment that supports data analysis, and to create a data literate workforce whose first question is, "What does the data tell us?"

- Inventory and publish datasets, including establishing a process to engage with customers and the public to prioritize datasets for publication, through the Oregon Open Data portal as required by ORS 276A.350 to 276A.371.
- Establish and maintain data governance as required by the State of Oregon Data Strategy and ORS 276A.350 to 276A.371.

The agency will begin recruitment for the three FTE in the policy proposal upon approval with the goal of filling all positions by January 2024. Professional services consulting will be retained in late 2024 or early 2025.

3. How does this policy package help, or potentially hinder populations that are disproportionately underserved? How does this policy package further ODHS's three strategic goals for both the program and ODHS missions?

Data is foundational to all work done by the agency. Like a telephone line to a local office that enables clients to communicate with a case worker for any reason, better data management practices enable the agency to have more and better information to integrate and study for insights about how to best deliver what services to which clients—regardless of how those might change in time. This policy package supports more accurate reports and better access to data by our partners, including Tribal governments. Better data management and governance as enabled by this policy package is a "force multiplier," for example, it creates unpredictable efficiencies and insights that improve overall program performance and community engagement opportunities. By improving the integrity and consistency of data collected and managed by ODHS, disproportionately and underserved populations benefit in several ways: 1) reducing the quantity of missing data improves the agency's ability to focus support to those in greatest need; 2) increasing access to usable, correct and complete data provides a more accurate reflection of the location and needs of underserved populations which, in turn, enables the agency to allocate resources more

specifically to offer support to those populations; and 3) creates opportunities for more impactful collaboration with community members in data collection, analysis and reporting.

Quantifying results

4. What are the long-term desired outcomes?

This policy proposal is anticipated to provide multiple beneficial outcomes, including:

- More efficient and accurate reporting of required information to federal regulators and state partners.
- Improved views of client information.
- Enhanced credibility of information provided by the agency to external sources, including the Legislature, community partners, Tribes, the media, and the general public
- Improved customer service.
- Increased efficiency and productivity.
- Improved transparency in data-related decision making.
- Increased collaboration with community members in developing strategic direction for collection and use of data.
- Data consistency, which will improve technology solution sets and the ability to convert or transfer data between systems, including improved classification of information as personally identifiable (PII) or personal health information (PHI) across systems as a result of improved data lineage mapping.
- Improved data literacy of and informed decision making by ODHS staff.
- More accurate reporting that is consistent over time.
- Ensuring compliance with HB2134 and HB 3159 for REALD and SOGI(E) data.
- Ensuring ODHS compliance with DAS Data Governance Policy.

- Ensuring ODHS compliance with Oregon's Data Strategy.
- Ensuring ODHS compliance with Oregon's Open Data Standard.

This investment also seeks to address inequitable outcomes:

- Improvements to ODHS's ability to manage data will have a direct positive impact on people's health and well-being. Accurate information will enable case managers to develop holistic views of clients, trends and the relationship between services provided through different programs within the agency.

ODHS anticipates the following cost savings:

- Increased staff efficiency from standardization and improved quality of data will reduce time spent locating or validating data that is missing or inconsistent.
- Faster response and reduced burden of responding to requests for information from public entities, federal and state partners, the public, community partners and the media.
- More reliable data modeling.
- More efficient data stores due to improved data lineage mapping and de-duplication of redundant data.

5. How will ODHS measure the impact on system and access inequities and/or impact disproportionality in accessibility and services in ODHS programs through this policy package?

Any improvements in service delivery outcomes will be indirectly improved by the investments in data management and use that will occur as a result of this policy package. In fact, the very ability to measure the impact of interventions to address inequities and disproportionalities is enabled by this policy package. Data inconsistency negatively impacts at-risk individuals disproportionately, which is most keenly seen in services for individuals and communities of color, Tribes, the disabled and those in the LGBTQ+ community.

How achieved

6. What actions have occurred to resolve the issue prior to requesting a policy package?

The ODHS Director's Office made a one-year, limited duration, appointment to scope the need for data management inside the agency and begin the effort to comply with the Open Data mandates imposed in ORS 276A.350 to 276A.371. Data is an emerging field that requires dedicated resources to develop institutional knowledge and to propagate that knowledge throughout ODHS. One outcome is that this policy proposal is for a long-term structure to ensure that agency data is managed to improve outcomes, advance equity, and increase operational effectiveness. Without funding to establish a permanent, small group to support data efforts, the challenges ODHS faces today with data will persist and will compromise the agency's ability to effectively serve its clients.

7. What alternatives were considered and what were the reasons for rejecting them?

Continue with only one executive (a chief data officer) accountable for data within the agency.
The agency has been using this model since February 1, 2022, with a limited duration appointment. This experience has demonstrated the need for a dedicated data function inside ODHS, and also that a data-knowledgeable team is required to effectively coordinate and leverage existing resources throughout the agency. One FTE is simply inadequate to support the strategic and operational tasks required of a data office at ODHS.

Eliminate the existing temporary data function.
ODHS will be unable to comply with the Open Data mandates of ORS 276A.350 to 276A.371 and DAS data governance policies. The agency will never develop the capacity to become data-informed except on an ad hoc

basis depending on the curiosity and ability of interested staff, and the current data silos will not be transcended to achieve the insights necessary to support equity and other agency goals. Data practices will be ad hoc and not adhere to established best practices.

Create a data office of 5 FTE.
Due to the size and complexity of the agency and its data, this might be the desired future state. However, because data is an emerging field and at ODHS is at the lowest stage of maturity, to try to inject five FTE in a short time period is aggressive and risks partial failure. Both expert knowledge in the data team and general data understanding among the workforce need to mature. In addition, a smaller data office forces collaboration with the OHA data management team, the ODHS|OHA Office of Information Services, and each program area, which advances the goal of creating a data informed culture inside ODHS and alignment across the enterprise; in other words, constraint will help us all to learn together and prevent the data office from getting too far ahead of its partners.

8. What other agencies, programs, community partners or stakeholders are collaborating on this policy package?

Oregon Health Authority (OHA) and the ODHS|OHA Office of Information Services are key stakeholders of the ODHS Data Office proposed in this POP, but they are not directly collaborating on its contents, and OHA is independently submitting a policy proposal to enhance its data management capabilities and related needs within OIS to support data services required by both OHA and ODHS.

9. Does this policy package require any changes to existing statute(s) or require a new statute? If yes, identify the statute and the legislative concept.

There is no associated LC.

10. What other state, Tribal, and/or local government agencies would be affected by this policy package? How would they be affected?

The data office created by this policy proposal will develop and manage a data sharing framework to grant other agencies and Tribes faster access to cleaner ODHS data while also improving security controls.

11. Is this policy package being requested because of an Oregon Secretary of State or internal audit? If so, provide further information.

No.

Staffing and fiscal impact

Implementation date(s): January 1, 2024

End date (if applicable): n/a

12. What assumptions affect the pricing of this policy package?

Several key assumptions affect the pricing of this policy package:

- Collaboration with OHA and OIS will continue, allowing each to leverage the specific expertise of all data management knowledge across the three teams and thereby creating efficiencies for ODHS, OHA, and OIS.

- The role of this office will be strategic and advisory and will function in a consultative role with regard to technology projects but will not be directly responsible for developing or overseeing the data warehouses/data marts, or other technology operations.
- All ODHS program areas have subject matter experts available to operationalize the guidance provided by the data office and will be able to do so according to training and guidance provided by the data office and without direct operational intervention becoming necessary.

13. Will there be new responsibilities for another agency (OHA etc.) and/or ODHS/OHA Shared Services? Specify which programs and describe their new responsibilities.

- Because OHA and ODHS share ownership and access to some data, effective data governance will require collaboration between OHA and ODHS. OHA is submitting a POP to support their participation in this collaboration.
- Because data is stored in systems managed by the ODHS|OHA Office of Information Services (OIS), OIS will participate in data governance and management work and support related technology tools.
- At this time, the impact on responsibilities and staffing in OHA and OIS is indeterminate.

14. Will there be changes to client caseloads Cost per Case or services provided to population groups? Specify how many in each relevant program.

- Cost per case can decrease when service staff are able to access accurate case data the first time, without having to contact the client to acquire missing information that had been previously provided but was lost or changed during a data interchange between systems.

- More complete demographic information and awareness of all services provided to a particular client or others in their household can reduce contact time and frequency as well as provide the opportunity for more effective allocation of services to populations that need it.

15. Describe the staff and positions needed to implement this policy package, including whether existing positions would be modified and/or new staff would be needed.

#	Class Title	Class #	Working Title	# Months (e.g., 6, 9, 12, 18, 24)	
1	PEM F	X7010	Chief Data Officer	24	Converts existing LD position to permanent
2	OPA4	X0873	Data Coordinator	18	New position
3	OPA4	X0873	Data Coordinator	18	New position

16. What are the start-up and one-time costs?

Start-up costs are technology related equipment. While one of the requested positions is currently filled on a limited duration basis, and has already been provisioned with required technology, two of the positions are new and will require computers and peripherals as well as mobile phones.

17. What are the ongoing costs?

The only ongoing costs will be for compensation (salary and benefits) and mobile phone service for three permanent FTE.

18. What are the sources of funding and the funding split for each one?

All funds required for this POP are cost allocated General, Other, and Federal funds.

19. What are the potential savings?

In time, case worker efficiency will increase because case workers who have access to accurate information will be able to spend more time in direct service and less time in acquiring correct data—whether done by having to ask the client to provide it again or by having to look for it in other places where it might be stored. As data is integrated and new insights about how services and conditions relate, the possibility of offering more appropriate services sooner will arise and potentially reduce the need for more costly interventions later. Time required to prepare reports will decrease, and the need to pay external contractors for some reports will end. From an IT perspective, accurate data inventories, database models, and data lineage tracking will support more efficient and faster IT systems changes and reduce billings from external consultants. It is also probable that data storage costs may be positively impacted over time as data redundancies are identified and reduced or eliminated. Storage costs overall will continue to rise as data is continually expanding year by year. Data security will be positively impacted due to improved data environment controls and better data privacy flagging.

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE

Personal Services	$501,606	$0	$334,404	$836,010	3	3.00
Services & Supplies	40,031		26,688	66,719		
Capital Outlay						
Special Payments						
Other						
Total	**$541,637**	**$0**	**$361,092**	**$902,729**	**3**	**3.00**

Fiscal impact by program

	Program 1	Program 2	Program 3	Program 4	**Total**
General Fund	541,637				**$541,637**
Other Funds					**$0**
Federal Funds	361,092				**$361,092**
Total Funds	902,729				**$902,729**
Positions	3				**3**
FTE	3.00				**3.00**

Oregon Department of Human Services
2023-2025 Policy Package

Division: Central Services
Program: Office of Program Integrity (OPI)
Policy Package Title: Program Integrity (OPI)
Policy Package Number: POP 107
Related Legislation: N/A

Summary Statement:

It is vitally critical that the Oregon Department of Human Services ensures services and benefits are provided to Oregonians with the highest level of accuracy and quality. It is also important that there are not overpayments and that those not eligible do not receive benefits, ensuring that people who do qualify receive benefits and supports.

This Office of Program Integrity (OPI) is responsible for this work. The office creates quality control reviews that are shared with federal partners to fulfill the federal mandate and to internal ODHS programs for improvements in service to those populations in Oregon that have the most need.

However, due to increased federal requirements, which has increased staff work time significantly, federal, and internal reporting is at risk of not meeting required deadlines and could cause reporting errors. Inadequate staffing could lead to not meeting federal requirements and higher error rates which could cause sanctions and penalties, including program defunding. This could seriously impact the people ODHS serves – those most in need.

Oregon Department of Human Services
2023-2025 Policy Package

The primary objective of the policy package is to maintain the Office of Program Integrity's (OPI) federally mandated quality control reviews for federal partners – (Children's Bureau, Food and Nutrition Services, Centers for Medicare and Medicaid) as well as internal partners – (Child Welfare, Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance to Needy Families (TANF), Employment-Related Day Care (ERDC), Home and Community-Based Service (HCBS) and Medical Programs including Long-Term Care for APD). This also includes reviews to measure the efficiencies of each program and provide the Oregon Department of Human Services (ODHS) programs with current statistical information.

OPI requests eight additional FTE in four different units to support our base mission and funding for a pre-reclassified Compliance Specialist 2 to be permanently moved to a Compliance Specialist 3 (Reclassified in Dec 2017 with no funding). Also included is a request for an upgrade to an antiquated database for our HCBS team that currently does not meet federal requirements to complete our reviews. This outdated database causes confusing data. It needs to be overhauled and staff is needed to do that.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	**$710,871**	**$0**	**$710,871**	**$1,421,742**	**8**	**6.00**

Purpose

1. WHY DOES ODHS PROPOSE THIS POP (WHAT ISSUE ARE YOU TRYING TO FIX/SOLVE)?

OPI has just turned 10 years old and has a good understanding of our workload and standards for each body of work we perform for ODHS. This POP requesting additional FTE for resizing is meant to assure that OPI continues to perform quality control reviews and pass that information to our federal and state partners to better serve Oregonians. This POP asks for specific staff to support this effort based on data collected over 10 years and only after extensive process improvement work has occurred. This is a data driven request.

The requested staff should right-size the following units:

1. Child Welfare: Children and Family Services Review Unit (CFSR) (two positions)
2. Supplemental Nutrition Assistance Program Quality Control Unit (SNAP Quality Control (three positions)
3. Program Management Evaluation Unit (PME) (fund 2017 reclassification of one position)
4. Temporary Assistance for Needy Families (TANF) (one position)
5. And give us an ISS6 resource, housed in ERU/ISS, that would fix/maintain a database that is no longer functional for the HCBS federal reviews.

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

This POP would right-size the SNAP Quality Control unit, adding three Compliance Specialist 2s, to ensure timely and accurate processing of federally mandated quality control reviews. These reviews have evolved through the years and now include increased details and information gathering that has increased the time to complete each review. Without adding these positions, we will be unable to meet our federally mandated required amount of reviews each month which will lead to a higher error-rate which could lead to sanctions and/or penalties for the SNAP Program.

This request would also "make whole" 2 Compliance Specialist 3s on the CFSR team. These two non-budgeted positions have been with the team for eight years and are necessary to complete the number of Child Welfare reviews federally mandated by the Children's Bureau for quality assurance purposes. We were given two positions in 2013 and were told funding came along with them, but the funding never landed so these positions have been non-budgeted since then. They are essential to completing the required number of reviews mandated. In the past two years this group has also had to take on additional Indian Child Welfare reviews as well as Child Protective Services fidelity reviews.

We are also requesting an additional CS3 FTE for the PME team. Currently, we have three members on this team and one of those positions is a rotation that we are paying work-out-of-class to get the work done. We have gone from reviewing each branch office once every 10 years to once every two years for smaller branches and significant improvement in timeframes for medium and larger branches with the addition of this third position. We need this third FTE to complete the team to be able to continue providing this federally mandated service for the federal Food and Nutrition Service (FNS) as well as for our state partners within ODHS.

An additional 1.0 FTE is needed for a lead worker on our TANF review team. The workload has increased substantially. These duties were previously performed by a lead worker who also had Employment-Related Day Care (ERDC) lead work responsibilities. Both areas have an increased workload that requires a specific lead worker in each area to complete accurate and timely reviews for our state and federal partners.

The one full-time ISS6 request will provide the Information Support Services unit with one additional FTE that will positively impact the work of the Home and Community Based Services Waiver Review Team (HCBS). Currently, there are only two staff within the Information Support Services unit which are available to manage and create databases and other information systems for ODHS. The Quality Assurance Field Review (QAFR) database is housed with this team in terms of maintenance and improvements. The HCBS team completes federally required reviews which are part of the 1915(c)-demonstration waiver supporting adults to receive services in their homes and communities. The team completes a two-year cycle of reviews that are captured and analyzed in the QAFR. Data and reports which are critical to not only local and statewide practice improvement, but also for federal reporting requirements, are generated from this database. The current version of the QAFR is not functioning as requested to be designed. There are many technical issues with the database. As an example, reports which are pulled have inverted and confusing data which is extremely problematic. The database currently only functions from one internet platform, which is not the default for most ODHS and AAA offices, and the team must generate a one-page instruction manual for staff on how to perform workarounds to enter information accurately into the system. The staff and manager of the Information Support Services unit agree the database is on an outdated platform, has structural issues and needs to be overhauled. There are not staff available to complete this work. Adding an additional FTE would allow for the QAFR to be rebuilt on a modern platform which would reduce frustration and confusion for the HCBS team and all the field staff and managers who are required to interact with it daily. It would also allow for accurate and usable reports to be pulled and provided to the field,

central office, and our federal partners at CMS. Adding an FTE would allow enough time and resources to not only build a new database, but also allow for adequate user acceptance testing periods and technical support on an ongoing basis.

3. HOW DOES THIS FURTHER THE AGENCY'S MISSION OR GOALS?

The work of the Office of Program Integrity is in support of the ODHS Mission, Values and Goals. Specifically, the values of Integrity, Stewardship and Service Equity. The work of OPI is to ensure services and benefits are provided to Oregonians with the highest level of accuracy and quality. The reviews completed by all teams within OPI demonstrate this by providing information to ODHS programs and field offices about the current state of service delivery and determinations, as well as providing technical assistance to remedy inaccuracies. The reviews also allow a platform for stewardship by again providing information about inaccuracies which can lead to overpayments or services which are being provided to Oregonians who are not eligible for them. By having this information and taking action to address it, ODHS is able to provide resources and services to Oregonians who are eligible. Finally, the value of service equity is demonstrated by providing data and information to our state and federal partners about who is receiving services and benefits and whether or not those services and benefits are being provided in a way which is equitable to all Oregonians.

Quantifying Results

4. IS THIS POP TIED TO AN ODHS PERFORMANCE MEASURE? IF YES, IDENTIFY THE PERFORMANCE MEASURE. IF NO, HOW WILL ODHS MEASURE THE SUCCESS OF THIS POP?

OPI has performance measures reported monthly for all our quality control reviews the accuracy and timeliness of these reviews is a constant measurement.

5. WHAT WOULD BE THE ADVERSE EFFECTS OF NOT FUNDING THIS POP?

These reviews are all federally mandated reviews with accuracy expectations as well as timeliness expectations. Failure to comply with federal mandates can lead to penalties and/or sanctions, up to and including reduction of funding for applicable programs. 7 CFR 275.2(b) – The State Agency shall employ sufficient State level staff to perform all aspects of the Performance Reporting System as required in this part of the regulations.

Failure to fix the HCBS database will continue to result in numerous hours of extra work to ensure data is accurately reported to our federal partners at CMS as well as to our local offices for trends and process improvements.

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?

OPI has spent 10 years concentrating on performance improvement and "Lean" process improvement. As we have grown, become more efficient and more effective, we've also been burdened with changes to requirements within our reviews, which has increased our workload tremendously. Though process improvement will always continue to occur, we believe we understand our business well enough to now ask for the number of staff that is appropriate. We have cross-trained staff to have the flexibility to move resources from one unit to another when there is a greater need elsewhere. We have continuously had "rotations" from the field to supplement our workforce and this has become more and more problematic. This POP is the result of 10 years of understanding our work, setting goals for each body of work (daily and monthly) for each position (setting standards) and a recognition of the number of staff we require to be able to sustain our current workload. This POP will also address a severe shortage in staffing in the External Relations Unit, Information Services Support unit which has left us with a database that corrupts the

information and makes it almost unusable in the performance of our duty to report review results to CMS and local ODHS offices.

7. WHAT ACTIONS HAVE OCCURRED TO RESOLVE THE ISSUE PRIOR TO REQUESTING A POLICY PACKAGE?

We've continued to look for process improvements to gain efficiencies as our workload gets higher and higher. We are now at a breaking point and need to approve overtime for current staff to just get the basic job done. We have shifted resources. We have asked for help from the programs we support. We have used rotations, limited duration, and temporary staff to just keep up with the workload. We have continuously asked for technical support from Information Support Services (ISS) and attempted to place our needs in a higher priority. The fact is that ISS doesn't have enough staff to complete all the work they have in their queue and our database continues to be pushed aside.

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

None

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

We believe that Self-Sufficiency, Child Welfare, Indian Child Welfare Advisory Board, Adults and People with Disabilities, Center for Medicaid and Medicare Services will all be impacted very positively

if this POP is approved, and we are appropriately staffed. We will work closely in collaboration with management from these agencies, programs, and stakeholders to meet their needs.

The External Relations Unit/Information Support Services is directly collaborating with OPI on this POP because the 1.0 FTE ISS will be placed in their unit to complete the work needed to upgrade the database for our HCBS team.

10. WHAT IS YOUR EQUITY ANALYSIS?

This POP will ensure that quality control reviews will be completed timely and accurately, and information will be shared with federal partners to fulfill the federal mandate and to internal ODHS programs for improvements in service to those populations in Oregon that have the most need.

11. WHAT ARE THE LONG-TERM DESIRED OUTCOMES (LONGER THAN THE UPCOMING BIENNIUM)?

The ability to complete thorough, accurate, and timely reviews in all the areas mentioned above. If we don't have the proper staffing on our teams those areas will be unable to complete our federally mandated quality control reviews. With the right-sized staffing we'll be able to fulfill all our federal requirements in addition to assistance with ODHS programs with training, trends, and best practices.

We would also gain an updated and functional database for our HCBS team and gain ongoing maintenance support for it. There are constant changes to our reviews, so we require changes to our data collection database on an ongoing basis.

12. WHAT ASSUMPTIONS AFFECT THE PRICING OF THIS POP?

Our assumption is that without the approval of this POP we will continue to fall behind in all our review areas which could cause Federal sanctions due to non-compliance with our mandated quality control requirements. If the database in our HCBS unit does not get upgraded, we will not be in compliance with CMS requirements of data collection for our reviews in programs they support.

Staffing and/or Fiscal Impact

Implementation Date(s): 7/1/2023

End Date (if applicable): NA

a. Based on these answers, is there a fiscal impact?
Yes

b. Will there be new responsibilities for ODHS/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) (for example, facilities, computer services, etc.) and describe how it will be affected.

New computer equipment will be required for four of the new FTE. OPI is almost completely teleworking or utilizing drop-in spaces for those that need to occasionally go into the office. No additional office space will be needed**.**

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.

Eight Additional FTE Permanent staff: four – Compliance Specialist 3 (24 months), three Compliance Specialist 2 (24 months), one Information Systems Specialist 6

One Additional Modified FTE Permanent staff: Changing Compliance Specialist 2 into a Compliance Specialist 3 due to reclassification in December 2017.

f. What are the start-up costs, such as new or significant modifications to computer systems, new materials, outreach, and training?

Minimal computer equipment

g. What are the ongoing costs?

Standard Personal Services and Services & Supplies expenses

h. What are the potential savings?

The savings would be avoiding federal sanctions and/or penalties, up to and including withholding funds for programs that serve Oregon's most vulnerable citizens.

Oregon Department of Human Services
2023-2025 Policy Package

TOTAL FISCAL IMPACT FOR THIS PACKAGE

Category	GF	OF	FF	TF	Position	FTE
Personal Services	635,829	0	635,829	1,271,658	8	6.00
Services & Supplies	75,042	0	75,042	150,084		
Capital Outlay	0	0	0	0		
Special Payments	0	0	0	0		
Other	0	0	0	0		
Total	**$710,871**	**$0**	**$710,871**	**$1,421,742**	**8**	**6.00**

Fiscal Impact Summary by Program Area:

	Program /Division 1	Program /Division 2	Program /Division 3	Program /Division 4	Total DHS
General Fund	**$710,871**	**$0**	**$0**	**$0**	**$710,871**
Other Funds	**$0**	**$0**	**$0**	**$0**	**$0**
Federal Funds- Ltd	**$710,872**	**$0**	**$0**	**$0**	**$710,871**
Total Funds	**$1,421,742**	**$0**	**$0**	**$0**	**$1,421,742**
Positions	**8**	**0**	**0**	**0**	**8**
FTE	**6.00**	**0.00**	**0.00**	**0.00**	**6.00**

What are the sources of funding and the funding split for each one?
50% General Funded
50% Federally Funded

Oregon Department of Human Services
2023-25 Policy Package

Division:	Central Services
Program:	Chief Financial Office
Policy package title:	Strengthening Chief Financial Office
Policy package number:	POP 108
Related legislation:	N/A

Summary statement:

Organizations need strong financial, budget, positions management and forecasting offices to be able to run effectively. During the past several years, the size and complexity of ODHS' work has increased, and ODHS Operations and budget has grown significantly. The changes have only been exacerbated by the pandemic and the influx of one-time funding. For example, ODHS is unique in that it has a very complicated financial structure; with more than 100 unique budget areas and more than 800 unique Labor Cost Codes, and thousands of other invoice codes.

Further, impacts of new programs and/or positions through the POP process, additional new or changed programs proposed in POPS (if funded), and/or changes to federal policy and/or changes to reporting requirement for the numerous federal fund sources will have an additional impact on complexity and level of work expected from the ODHS CFO Office. ODHS is unique, mainly due to the scale of positions it manages. This includes managing over 10,000 budgeted positions and over $17 billion in Total Funds. Further, due to the complexity of funding, tracking, forecasting and position management requests have continually become more complex and details. New changes/programs will

also not just have an OIS impact. CFO offices will also be impacted by these changes.

However, the ODHS Office of the Chief Financial Officer (CFO) resources have remained practically unchanged for years. This Policy Option Package proposes an investment in new positions to oversee ODHS position management, financial revenue planning, clear several non-budgeted positions, enhance support for the Integrated Client Services database to keep up with changes in source systems and advance the work related to REALD and better harness the power of Geographic Information System (GIS) data (housed in ODHS ORRAI). This request would also help ODHS forecasts to be more easily understood by Legislators, Legislative Fiscal Office, our partners, and the public. This request addresses three ODHS priorities: Strengthening Foundations, Responding to Emergencies, Creating the Future of Human Services.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	**$1,963,062**	**$538,569**	**$1,308,722**	**$3,810,353**	**14**	**11.50**

Purpose

Oregon Department of Human Services:
2023-25 Policy Package

1. Why does ODHS propose this policy package and what problem is ODHS trying to fix or solve?

The ODHS Legislatively Adopted Budget has increased almost 11 percent from $14 billion in 2019-21 to 15.5 billion in 2021-23, with the current budget running at $17.1 billion. During the past several years, the size and complexity of the department's operations has grown significantly. The ODHS Office of the Chief Financial Officer (CFO) remained intact. This has been exacerbated by pandemic emergencies, natural disaster emergencies, refugee resettlement emergencies, the influx of one-time funding, changes to federal policy and reporting requirements and uncertainty of future revenue and expenditures. Just-in-time revenue source assessment, application and planning has become crucial due to the need to balance over the number of appropriations. ODHS CFO's office cannot accomplish all the growing operational needs and address or prevent growing financial risks with the existing resources. Therefore, ODHS Deputy CFO position (Budget and Fiscal Administrator 1) is requested to establish processes especially for ODHS position management (with the growing number of positions in ODHS) and compliance with the DAS Position Management policy, oversee financial revenue planning and application, assist with ODHS Budget and Forecasting, and provide support to ODHS CFO, especially providing a financial support and oversight over growing emergency operations.

Budget and Planning:
The complexity of the ODHS 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 responding to managers, the Governor's Office, Legislative Fiscal Office, the state's Chief Financial Officer, the Legislature and others also has increased dramatically during the last several years. The department, under its current staffing level, struggles to keep up with all the expectations of the central budget office. Currently, there are

only eight budget analysts, one manager and one administrative position to support the five main program areas and central office. The ODHS budget includes over 10,450 budgeted positions and a $17.1 billion budget. Each program has multiple, complex funding streams and their own requirements, limitations, and appropriations. Some of the larger programs have two budgeted analysts to support them, while others have only one budgeted analyst. This causes limitation on the amount of support and analysis that budget analysts can provide to some of our programs. There also is not currently a true employment path for a new employee to enter as a Fiscal Analyst 2 (FA2) and gain experience to become a Fiscal Analyst 3 (FA3).

Research and Forecasting:
Integrated Client Services (ICS) is a database with the primary purpose of providing caseload data to forecasters who develop projections of future mandated caseloads, the first step in the budget and resource allocation (workload modeling) process for ODHS programs and for OHA, Medicaid and related medical caseloads. These forecasts represent the future need for one in four Oregonians.
In addition, ICS is the only research and reporting database that links data between multiple ODHS programs and between ODHS programs and OHA programs on a regular basis. Addictions and Mental Health, Aging and People with Disabilities, Child Welfare, Intellectual and Developmental Disabilities, Health Systems (Medicaid), Self Sufficiency, and Vocational Rehabilitation all house records in non-compatible systems that store the identities of clients differently. Only ICS joins systems into a common ID structure.
Since its inception more than 15 years ago, ICS has added many additional agency/program sources including the Office of Private Health Partnerships, Vital Records, Women Infant and Children (Public Health), Department of Education, Department of Corrections, Department of Employment and more (this is an abbreviated list). ICS is therefore a powerful tool in understanding how people interact with the whole of human services and related government agencies, not just individual programs – see attachment 1 which shows routine client overlap.

Multiple simultaneous challenges have made the maintenance and operation of ICS difficult and have hampered the ability of its database team to meet future needs of programs, budget writers and forecasters.
• First, ICS is required to move from the DB2 server system to SQL servers. This must be completed as soon as possible, given that DB2 will no longer be supported by the Office of Information Systems. All available person-hours aside from the routine data update process should be bent to this task, however:
• While this migration has been going on, ODHS and OHA data has moved into the Integrated Eligibility System (IE), forcing the team to stop work on the migration and pivot to engaging IE to locate critical data fields, extract the correct data from IE, transform said data to conform to budget's business rules for determining cost-per-case and load data successfully into ICS. Further, once these operations are verified as accurate, they must be reproduced in the new SQL system. This has created a workload that is difficult to manage, as the new priority must be engaged and worked through before pivoting back to the first.
• While both priorities were being engaged and straining staff, ICS was chosen to be the repository for REALD data extracted from the IE system. This has accelerated the SQL migration requirement, since REALD can only be housed in the new system and has put into stark relief the under-staffing problem currently confronting ICS.

Integrated Client Services has been challenged on multiple fronts during the last 24 months. Multiple deadlines for creating a REALD data repository, migrating off the DB2 system before it is abolished and the standing up of Integrated Eligibility as a primary data source have all occurred simultaneously. These are not unrelated mandates. The SQL standup is a necessary pre-condition for the creation of the REALD data repository, the understanding of data in the IE system is necessary to leverage the REALD data residing there and for the correct identification of services being provided to clients

Position Management:
ODHS is unique, mainly due to the scale of positions it manages, over 10,000 positions. Even one percentage point change in workforce turnover creates big financial and operational impacts due to the size of the agency. Below is the list of challenges we face.

Policy Related Challenges:
Stronger processes and controls around the following needed to be implemented and enforced within the agency.

- Policy Codified Polices & Procedures
- Oversight Agency Level Review Process
- Compliance Accountability for both Policy and Oversight

Position Authority:
The Oregon Department of Human Services has been developing policies and processes that support moving the agency towards operating within its budgeted position authority. In the past the programs/divisions have primarily focused on operating with their operating expense budgets. The agency is now requiring programs/ divisions to focus on staying within both their operating budgets AND operating within their position authority.

Process Related Challenges:

- The Oregon Department of Human Services has highly complicated processes to support various types of workforce requests.
- The current process has multiple non-valued added touch points, and the manual routing of these requests is not efficient.

- The lack of data validation across related workforce request forms frequently requires re-work.
- The required re-work often causes a lack of transparency and timeliness within the manual routing process, which often causes frustration across stakeholders.
- Although all program areas generally use the same forms for each type of workforce request a lack of consistency on how the requests are processed can cause overall lengthier cycle times.

Economies of Scale:
The Oregon Department of Human Services (ODHS) faces several challenges with Agency Position Management due to its size and due to having roughly over 10,000 employees. The scale of economies is very different than for smaller agencies. The implementation of Workday has greatly impacted how the agency conducts its daily business with regards to workforce requests, budgeting, reporting, etc. Smaller agencies may only have several dozen classifications whereas ODHS has over 170 individual classifications. This number is prior to the full implementation of TOMP (The Oregon Management Project), and this number also does not reflect situations where certain classifications could have employees who are represented and other who are management service. (Depending on the job duties; scope and effect of position; etc.)

Due to the size of the agency, ODHS also has a more complicated financial structure; with over 100 unique budget areas and over 800 unique Labor Cost Codes. (The latter due to both financial structure, cost allocation, grant accounting, etc.) ODHS also has over 1,100 unique Supervisory Organizations within Workday. Again, much of this is due to the size of the operation as well as due the agency having a field structure across sixteen regional districts. Due to rising emergencies, the position management team must work overtime and during weekends to keep up with the demand.

2. What would this policy package buy and how and when would it be implemented?

ODHS Deputy CFO position (Budget and Fiscal Administrator 1) is requested to establish processes especially for ODHS position management (with the growing number of positions in ODHS) and compliance with the DAS Position Management policy, oversee financial revenue planning and application, assist with ODHS Budget and Forecasting and provide support to ODHS CFO, especially providing a financial support and oversight over growing emergency operations.

Budget and Planning: The department requests the addition of two Fiscal Analysts 2, and three Fiscal Analysts 3 to further the agency's ability to build, maintain and analyze the department's budget and revenues. This includes the ability to track budgets at levels not possible from the unit in the past, to improve revenue analysis, to 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 budget support for position management resources for the more than 10,540 budgeted positions in the department. Two FA3 positions would clear current non-budgeted positions, while the third would support work for the Oregon Eligibility Program. The FA2s provide a path for development within the unit and allow for more routine work to be performed by lower classification allowing more time for FA3s to do complex analysis.

Research and Forecast: ICS is understaffed to deal with the current situation. Therefore, three positions are required.

1) ISS6: Deputy Database Administrator:

Addresses Strengthening ODHS Foundations

The current ICS Database Administrator (DBA) is working to stay on top of existing issues in ICS while guiding the migration off the DB2 system, but this has been interrupted with requirements of IE and other projects related to leveraging data and applying business rules to the data we leverage. We need a deputy to

accelerate this position's current output and to create a backup so that continuity is not lost. The lack of backup for the DBA is currently the biggest risk to the unit's continued operations.

This position could also provide backup to the ICS Database Analyst, who oversees the monthly data update process. Currently, the Database Administrator and Analyst are each other's backup – when this occurs, all other processes stop. If one position were to become vacant for any length of time, or a staff member were to become incapacitated for a long stretch, priority would be given to the monthly update process above all else and all other projects or requirements would potentially go unaddressed. The addition of this position would reduce this risk and allow of ICS Database staff to work in a manner of greater continuity to meet the needs of data users who rely on the system while taking in hand the new mandates related to REALD, which stands for Race, Ethnicity, Language and Disability

2) ISS5: Database Analyst - Database Design Specialist:

Addresses the ODHS Vision for Building Well-being, Strengthening ODHS Foundations, and Creating the Future of Human Services in Oregon

Integrated Eligibility (IE) is now the primary source for Self-Sufficiency data. It also contains additional data related to Long-Term Care, the Oregon Health Plan, and other mandated caseloads for which a caseload forecast is developed. This additional data includes a richness of information on household composition, income and other case characteristics that can be leveraged to improve caseload forecasting. IE therefore represents a tremendous opportunity; however, ICS is not currently staffed to keep up with ongoing work and to exploit the IE architecture. This position will be assigned the responsibility for leveraging IE and assuring data quality by verifying counts and field definitions with administrators (OIS, Deloitte) and other systems users (ORRAI, Health Analytics).

This position will also be responsible for working with the REALD governance team in Health Policy and Analytics as governance rules concerning the definition of a REALD identity is refined and as information on Sexual Orientation and Gender Identity (SOGI) becomes part of the REALD universe.

Both the ISS6, Deputy Database Administrator and ISS5, Database Analyst will also provide support for securing new sources of data to integrate into ICS. Currently, ICS integrates data from not only ODHS and OHA, but also the Oregon Department of Education, Employment Department, Corrections, and the Oregon Youth Authority. As data integration needs and opportunities present themselves, these two new positions will be able to provide technical assistance to the ICS manager as Data Use Agreements are finalized and data from new sources is made available. Adopting this function will free up current ICS staff to continue to engage in QA/QC work on the existing system and to engage in addressing the current backlog of system improvements.
3) RA4: Data Visualization Specialist:

Addresses Creating the Future of Human Services in Oregon
Integrated Client Services contains a wealth of information that is not appropriately used and displayed. This position would be responsible for finding areas of interest within the ICS database including Geographic Information Systems (GIS) analysis and mapmaking. Data and GIS analytics for regional (sub-state) analysis has been a part of the forecasting unit for the last decade, but the function is no longer in this unit and has not been replaced. Only ICS contains data at the address (rooftop) level for clients wedded with cross-program identification (a single person identity tied to all the ODHS/OHA services they qualify for). This advantage is not being properly leveraged.

In addition, this person would be instrumental with revising forecast report writing and posting of information on the Office of Forecasting, Research and Analysis (OFRA) website. Currently, forecasting data products are static and in a PDF report. This is not optimal for users. This position would reinvent our reports to be more interactive with Tableau or Power BI (software platform, business intelligence) to present data visualizations of potential interest to all Oregonians, including graphs and other analysis presented in forecast reports, optimized for the user. This would help Legislators, Legislative Fiscal Office, stakeholders, and the public understand our

forecasts. This would be especially helpful for our regional forecasts and analytics, which are often used by county governments and school districts to help understand their local need.

Position Management is drastically understaffed to deal with the current demands.

Therefore, five positions are required:
1) OPA4 - Agency Position Manager: Addresses the ODHS Vision for Building Well-being, Strengthening ODHS Foundations and Creating the Future of Human Services in Oregon
2) OPA3: Program Position Manager (Central and Shared Services)
Strengthening ODHS Foundations, and Creating the Future of Human Services in Oregon
3) OPA3: Program Position Manager (Oregon Eligibility Program)
Strengthening ODHS Foundations, and Creating the Future of Human Services in Oregon
4) RA3: Data Reporting Specialist:
Addresses Creating the Future of Human Services in Oregon
5) OPA1: Workforce Request Analyst
Addresses Creating the Future of Human Services in Oregon

3. **How does this policy package help, or potentially hinder populations that disproportionately underserved? How does this policy package further ODHS's three strategic goals for both the program and ODHS missions?**

This proposal addresses three ODHS priorities: Strengthening Foundations, Responding to Emergencies, Creating the Future of Human Services. Improve upon Race/Ethnicity identity information housed in ODHS and OHA databases to include specific Tribal affiliation within REALD data. Identify the unique inequalities related to the intersections of Tribal affiliation and disability. Provide REALD data in an actionable format that

can be used to identify avoidable inequities because of implicit bias, racism, and lack of language access. Identify the unique inequalities related to the intersections of race, ethnicity, language, and disability.

Quantifying results

4. What are the long-term desired outcomes?

A needed bandwidth to manage the financial resources, risks, and operations, ability to respond to requests and needs faster. Additional budget resources provide the capacity to further support pricings for possible policy and practice changes as well as organizational structure changes. Budget staff can also provide a critical eye across programs and funding streams for the department.

Integrated data is becoming one of the "big data" solutions being touted all over the country from the private sector to federal, state and county governments. Oregon is farther along in data integration than many other states, and ICS – as a member of Actionable Intelligence for Social Policy (AISP) at the University of Pennsylvania – is working to expand and refine data integration, data sharing and incorporation of governance standards related to tools to aid forecasting, the resolution of REALD identities housed in Integrated Eligibility and to provide actionable data for new projects. Once appropriately staffed, ICS will be able to assume a greater leadership role in state data integration. This is already occurring, as ICS houses data from ODHS, OHA, the Oregon Youth Authority, the Department of Education, Employment, and other agencies. Expansion in data integration can help develop a more mature, state enterprise-wide data system as outlined by the State Data Officer. Once mature, a state enterprise-wide data system can identify service inequities, provide

data to fuel innovative solutions, and identify opportunities for "wrap-around" services involving coordination with multiple state agencies.

Integrated data is becoming one of the "big data" solutions being touted all over the country from the private sector to federal, state and county governments. ODHS is behind the curve in terms of the type of enterprise reporting that is typically available through private sector "big data" and reporting solutions.
In addition, most large private sector corporations have fully integrated and automated workflows for repetitive tasks such as:

- Workforce / Hiring Requests
- Accounting / Journal Entries
- Procurement / Purchase Orders
- Employee Provisioning (Network / Email / System Access / Hardware & Software)
- Travel and Purchase Card Transactions.

These types of solutions have fully integrated business system rules and data validation, which allows the cycle time for all related processes to be greatly compressed. These more efficient processes and cycle times allow tasks to be processed faster and more effectively.

In the past, agency level reporting and analytics were predominantly prepared and aggregated at the program/division level. With an Agency Position Management Unit, we would develop enhanced reporting that can drill down to the classification level. This type of classification level reporting had not been previously available due to the level of effort. This type of information will help the agency adapt as the programs continue to change and as the Oregon Eligibility Program continues to evolve. As another example, we recently had a public records request from SEIU where we had to provide the workforce data down to the

classification level. This type of detailed reporting would be difficult to maintain going forward without the appropriate staffing level

5. **How will ODHS measure the impact on system and access inequities and/or impact disproportionality in accessibility and services in ODHS programs through this policy package?**

   Provides additional resources for budgetary/fiscal equity analysis.

   It also is designed to address the REALD mandates – for the creation of a REALD data repository for ODHS and OHA data and (more long term) to provide integrated ODHS/OHA REALD data to the broader database envisioned in HB 3159 (2021). REALD data is our main source of documentation of Race, Ethnicity, Language and Disability in a manner equivalent to the self-identity of all Oregonians. Knowing this additional level of detail about communities allows programs to be more culturally aware and equitably develop community partnerships so that we can ensure we're serving all the Oregonians who come through our physical and virtual doors. By completing the REALD repository in ICS, both ODHS and OHA will be able to demonstrate service equity, identify areas to proactively create measures to foster equity and inclusion and create more effective community partnerships.

How achieved

6. **What actions have occurred to resolve the issue prior to requesting a policy package?**

   We are relying on temporary available funds due to one-time funding or savings. If we just compare ODHS to OHA: The 10 budgeted positions in ODHS for over 10,540 agency positions and $17.1 billion in total funds; in

comparison to 40 budget staff in OHA for 5,225 positions and $32.4 billion in total funds. This would suggest ODHS is under-resourced.

Integrated data is becoming one of the "big data" solutions being touted all over the country from the private sector to federal, state and county governments. Oregon is farther along in data integration than many other states, and ICS – as a member of Actionable Intelligence for Social Policy (AISP) at the University of Pennsylvania – is working to expand and refine data integration, data sharing, and incorporation of governance standards related to tools to aid forecasting, the resolution of REALD identities housed in Integrated Eligibility, and to provide actionable data for new projects. Success is dependent on appropriate staffing and resources. As ICS is looked to as a leader in state data integration, more and more responsibilities will be placed upon it. This has already occurred in the success of the Oregon Child Integrated Dataset integration project, which has spawned additional project work uniting data across multiple agencies. For ICS to build on its current success and to meet the needs of REALD, additional staff will be necessary.

Position Management at ODHS is unique, due to the number of positions it would be hard for us to do benchmarking. We are confident this structure will accomplish results, as in the short two years we're seeing progress not only managing positions but also maximizing time that managers can spend on field operations. As an example, a years' worth of data was accumulated for all non-standard workforce requests. (e.g., Non-Budgeted Positions; Temporary Employee; Job Rotations / Work Out of Class; etc.) The workforce requests were categorized by type of request as well as for the submitting program/division. It was determined that for these special requests there were more than 53,000 touch points across the agency. While that number may not seem very large, what is more important is the number of partners and hand-offs that occur for any related transactions. It is both the number of hand-offs, the downtime between hand-offs and the amount of re-work within the process that causes the overall cycle times to expand. On average, a request that might seem simple

on paper can take up to two months to process from start to finish. This lengthy cycle time is prior to the workforce requests being put into the recruitment process.

7. **What alternatives were considered and what were the reasons for rejecting them?**

   N/A

8. **What other agencies, programs, community partners or stakeholders are collaborating on this policy package?**
   N/A

9. **Does this policy package require any changes to existing statute(s) or require a new statute? If yes, identify the statute and the legislative concept.**

   N/A

10. **What other state, tribal, and/or local government agencies would be affected by this policy package? How would they be affected?**

    N/A

11. Is this policy package being requested because of an Oregon Secretary of State or internal audit? If so, provide further information.

N/A

Staffing and fiscal impact

Implementation date(s): _____

End date (if applicable): _____

12. What assumptions affect the pricing of this policy package?

N/A

13. Will there be new responsibilities for another agency (OHA etc.) and/or ODHS/OHA Shared Services? Specify which programs and describe their new responsibilities.

N/A

14. Will there be changes to client caseloads Cost per Case or services provided to population groups? Specify how many in each relevant program.

N/A

15. Describe the staff and positions needed to implement this policy package, including whether existing positions would be modified and/or new staff would be needed.

See question #2 above

16. What are the start-up and one-time costs?

N/A

17. What are the ongoing costs?

N/A

18. What are the sources of funding and the funding split for each one?

19. What are the potential savings?

N/A

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	$1,800,625	$507,441	$1,200,432	$3,508,498	14	11.50
Services & Supplies	162,437	31,128	108,290	301,855		
Capital Outlay						
Special Payments						

Other						
Total	**$1,963,062**	**$538,569**	**$1,308,722**	**$3,810,353**	**14**	**11.50**

Fiscal impact by program

	Central	Shared	SAEC	Program 4	**Total**
General Fund	$1,626,069		336,069		**$1,963,062**
Other Funds		538,569			**$538,569**
Federal Funds	$1,084,054		224,668		**$1,308,722**
Total Funds	$2,710,123	538,569	561,661		**$3,810,353**
Positions	11	3			**14**
FTE	9.25	2.25			**11.50**

Oregon Department of Human Services:
2023-25 Policy Package

Division:	Central Services
Program:	Office of Resiliency and Emergency Management
Policy package title:	Office of Resiliency and Emergency Management Staffing
Policy package number:	POP 109
Related legislation:	N/A
Summary statement:	The Office of Resiliency and Emergency Management (OREM) provides disaster services to all Oregonians. OREM was created in response to the 2020 wildfires, but its charge involves preparing for and responding to all types of emergencies, including the Cascadia Subduction Zone Earthquake, refugee crises, extreme weather events, and drought. OREM helps people be safe, resilient, and eventually self-sustaining. In the last two years OREM has responded to help people affected by excessive heat events, an ice storm, lack of safe drinking water, and a chemical leak. OREM has sheltered more than 4,400 wildfire survivors in over 60 hotels from Portland to Ashland; delivered more than 2 million hot meals, three times a day, seven days a week to wildfire survivors, sourced and delivered 500-gallon tanks to 200 people whose wells ran dry due to the recent drought in Klamath County; the list goes on. While Oregon Department of Human Services is identified in state statute as the primary agency for providing Mass Care during disasters, OREM has been operating without legislatively approved funding since the wildfires of September 2020. To fulfill our statutory responsibilities and help Oregonians successfully prepare for and recover from disasters, OREM is requesting additional funding. The funds will

	allow us to continue program operations while expanding our efforts to partner with communities, Tribes, and community-based organizations to improve local disaster preparedness across the state. The policy package requests funding the existing staff to maintain as well as grow this essential program.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	**$ 7,722,411**	**$0**	**$5,148,257**	**$ 12,870,668**	**48**	**48.00**

Purpose

1. Why does ODHS propose this policy package and what problem is ODHS trying to fix or solve?

ODHS does not have a legislatively approved budget for the Office of Resilience and Emergency Management (OREM) existing staff. ODHS has been funding the existing OREM staff without legislative budget. ODHS needs OREM to achieve its legal obligations to provide mass care and disaster social services as required by the Oregon Comprehensive Emergency Management Plan. Please know that these staff are already hired and have been working in the OREM for more than one year. The ODHS OREM requests $12,584,657 per biennium to maintain and grow this critical program.

2. What would this policy package buy and how and when would it be implemented?

Create legislative budget and authorities for the ODHS Office of Resilience and Emergency Management's personnel. The Office of Resilience and Emergency Management is working to support local communities by hiring staff from within those communities to work by, though and with local community-based organizations to embolden and to be more effective in preparedness and disaster response efforts.

3. How does this policy package help, or potentially hinder populations that are disproportionately underserved? How does this policy package further ODHS's three strategic goals for both the program and ODHS mission?

- Disasters disproportionately affect historically marginalized communities. Providing comprehensive and equity-based mass care and social services will help to ensure inequalities are alleviated in disaster mitigation, response, and recovery. a new take or perspective on a long-running, perplexing problem in service delivery

- The OREM is being held as an example of how emergency management should evolve in Oregon and as an example of how other state agencies should address their Emergency Support Function responsibilities.

- Challenges assumptions or dominant cultural practices
    - The emergency management culture in Oregon has never before been tested as it has over the last two years. The OREM is demonstrating a bias toward action and assisting people who need help the most regardless of their living situation, income, or immigration status.

- Applies lessons from other fields
    - The OREM staff is comprised of an extraordinary team with a vast array of experience and backgrounds. All of their experience in emergency management, social services, public service, private industry, law enforcement, legal practice and military service coalesce into a robust collection of perspectives and lived experiences. All these lessons shape the culture and operations of OREM within ODHS.

- Anticipates the ways an emerging trend will shape the future
    - OREM was created in response to the 2020 wildfires but is designed to be able to respond to the Cascadia Subduction Zone Earthquake. All other hazards and disasters are being carefully considered and prepared for in the most thorough means possible.

- Opens new opportunities for communities to leverage resources
    - The OREM works by, with and through local communities and community-based organizations. For example, OREM has provided more than $18M to community-based organizations to support people recovering from wildfires.

- Builds on community strengths
    - OREM works by, with and through local communities and community-based organizations. For example, during the COVID-19 Omicron surge, OREM responded to a request from Multnomah County to establish an additional isolation and quarantine shelter when local capabilities were exceeded. OREM quickly established the shelter following MULTCO guidelines, operated the shelter, then demobilized it as soon as demand subsided to the level local resources were adequate.

- Strengthens community relationships
    - OREM works by, with and through local communities and community-based organizations. Our regional staff members live in the communities they serve and maintain regular engagement with local partners, meeting them where they are at.

- Fosters Tribal sovereignty
    - OREM works closely with Tribal Nations to ensure participation and inclusion in each activity, exercise and preparedness measure conducted.

Quantifying results

4. What are the long-term desired outcomes?

The OREM has provided non-congregate shelter and three meals per day to more than r 4,400 survivors of the 2020 wildfires. Many more people have been provided support from the many other disasters that have occurred in Oregon since September 2020. The office now has sufficient capacity not only on response and recovery but also on preparation as evidenced by our Able Readiness exercise series which is focused on the Cascadia Subduction Zone earthquake. Outcomes will reflect that people who need emergency shelter, food and water receive it, local communities are more resilient and prepared for disaster and the OREM can effectively respond to any hazard that befalls people in Oregon.

5. How will ODHS measure the impact on system and access inequities and/or impact disproportionality in accessibility and services in ODHS programs through this policy package?

OREM collects and tracks data in a number of ways for a variety of missions. OREM employs an ARC GIS specialist to maintain a multi-layered interactive map to track resources and efforts. Numbers and dollar amounts are constantly tracked in many ways. But most importantly, people served by OREM experience a more integrated approach to offering social services and are moved into a better state of life as a result.

How achieved

6. What actions have occurred to resolve the issue prior to requesting a policy package?

Currently, the entire cost of staff for the OREM is without a dedicated budget and with the formation of this entity in September of 2020 there were no available actions.

7. What alternatives were considered and what were the reasons for rejecting them?

ODHS formed the OREM without budgeted positions beginning in September 2020. Since then, the long list of response and recovery activities conducted by the OREM has clearly demonstrated proof of concept and success of the program. Below is a list of some accomplishments of the OREM staff during the past 19 months:
Fire Related Operations:

- Administered and managed more than 4,400 wildfire survivors who were sheltered in over 60 hotels from Portland to Ashland (non-congregant shelter used due to the COVID-19 pandemic).

- Built systems, procured equipment, and developed capabilities to coordinate disaster case management services.
- Worked with utility providers across the Pacific Northwest to establish protocols regarding Public Safety Power Shut Offs.
- Conducted disaster case management of disaster survivors in Marion, Lane, Lincoln, Douglas, Jefferson, Multnomah, and Clackamas counties.
- Delivered more than 1 million hot meals to wildfire disaster survivors sheltered in hotels three times every day, seven days per week.
- Worked with private partners, CBOs, CAAs and COOs to provide support to and solutions for more than 4,000 wildfire disaster survivors, including converting hotels into apartments in response to a devastating housing crisis.
- Developed and released a Cleaner Air / Warming / Cooling Center Grant for local governments, Tribal Nations and Schools public buildings as required by Senate Bill 762 (Oregon 2021 Regular Session) and SB 1536 (2022 Regular Session).

- COVID-19 Related Operations:
- Collaborated with OHA to support hospital decompression (non-congregant shelter used due to the COVID-19 pandemic).
- Stabilized workforce in ODHS Programs and OHA by establishing and operating a Stabilization Incident Management Team in response to the October 18, 2021, state employee vaccination requirement.

- Weather Related Operations:
- Sheltered vulnerable populations who lost power during the February 2021 Ice Storm in western Oregon.

- Sourced and delivered 500-gallon potable water tanks to Klamath County to fight the drought and falling water table where more than r 200 residential wells have run dry.
- Provided support to cooling shelters and homeless camps in Multnomah and Clackamas counties during the June 2020 Heat Dome event.

- Other Disaster Response or Preparedness Operations:
- Conducted tabletop exercises with partners such as OHA and private industry.
- Developed and established plans and protocols for Evacuation Assembly Points and conducted a full-scale exercise in January, 2022 of these capabilities.
- Responded to an anhydrous ammonia leak in Yamhill County near a facility for people who are aged or disabled. (Anhydrous ammonia is a gaseous or liquid form of ammonia that lacks water. It can cause chemical burns in a matter of seconds.)
- Managed in Oregon's largest FEMA reimbursement request for Mass Care expenses.
- Invested in equipment and strategies to make voice and data communications more resilient across ODHS, other state departments and local governments.
- Engaged the Nine Federally Recognized Tribes with an experienced Tribal Emergency Manager.
- Establishing arrangements to receive, house and care for Afghan refugees to be resettled.
- Worked with hundreds of private sector partners to develop sustainable and resourceful public-private partnerships.
- Provided emergency communications to a program office in Medford due to a catastrophic equipment failure exasperated by the current supply chain impacts.
- Assumed oversight of the 2-1-1 program to better provide services to incident-impacted Oregonians.

8. What other agencies, programs, community partners or stakeholders are collaborating on this policy package?

OREM works across state agencies, local governments, Tribal Nations, and other community partners to offer an integrated approach to mass care and disaster social services that builds on existing community strengths. Most counties lack formal capability to provide Mass Care following an incident because there are no dedicated local government departments with that focus. Non-governmental organizations are critical to mass care delivery services, but none have a comprehensive focus nor capacity to address all hazards.

9. Does this policy package require any changes to existing statute(s) or require a new statute? If yes, identify the statute and the legislative concept.

Not applicable.

10. What other state, tribal, and/or local government agencies would be affected by this policy package? How would they be affected?

Not applicable.

11. Is this policy package being requested because of an Oregon Secretary of State or internal audit? If so, provide further information.

Not applicable.

Staffing and fiscal impact

Implementation date(s): _____

End date (if applicable): _____

12. What assumptions affect the pricing of this policy package?

Pricing assumptions are based upon the number of staff and their classifications. Please remember that these staff are already hired and have been working in the OREM for more than one year.

13. Will there be new responsibilities for another agency (OHA etc.) and/or ODHS/OHA Shared Services? Specify which programs and describe their new responsibilities.

No.

14. Will there be changes to client caseloads Cost per Case or services provided to population groups? Specify how many in each relevant program.

No.

15. Describe the staff and positions needed to implement this policy package, including whether existing positions would be modified and/or new staff would be needed.

This POP is requesting ongoing legislative funding for existing staff. This POP is requesting funding for only 48 staff, while the OREM staff has already grown in excess of 60 staff.

16. What are the start-up and one-time costs?

Not applicable. The OREM staff is already in-place and working.

17. What are the ongoing costs?

We request staffing of ongoing costs for each biennium.

18. What are the sources of funding and the funding split for each one?

All funds are general funds.

19. What are the potential savings?

Not applicable.

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Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	$7,085,784	$0	$4,723,837	$11,809,621	48	48.00
Services & Supplies	636,627		424,420	1,061,047		
Capital Outlay						
Special Payments						
Other						
Total	**$7,722,411**	**$0**	**$5,148,257**	**$12,870,668**	**48**	**48.00**

Oregon Department of Human Services:
2023-25 Policy Package

Fiscal impact by program

	Program 1	Program 2	Program 3	Program 4	**Total**
General Fund	7,722,411				**$7,722,411**
Other Funds					**$0**
Federal Funds	5,148,257				**$5,148,257**
Total Funds	12,870,668				**$12,870,668**
Positions	48				**48**
FTE	48.00				**48.00**

Oregon Department of Human Services:
2023-25 Policy Package

Division:	Central Services
Program:	Human Resources
Policy package title:	Human Resources Staffing Stabilization
Policy package number:	POP 110
Related legislation:	N/A

Summary statement:

Oregon Department of Human Services is committed to becoming an antiracist organization that actively dismantles discriminatory systems and prioritizes equity in our work. ODHS Office of Human Resources (HR) plays a critical role in helping the agency realize these aims. From recruitment and onboarding to training and compensation, HR is building a diverse human services workforce that is highly qualified, well supported at work, and representative of Oregon's communities. Every day, HR works to advance these and other agency priorities through effective services to customers, clients, and partners across all of ODHS' programs.

Yet current staffing levels are not sufficient to fully support agency strategy. Our training and development staff-to-employee ratio, for example, is approximately 1:1,660, while 1:350 is considered the industry standard. Meanwhile, staffing shortages across our Rapid Talent Acquisition, Recruitment, and Classification and Compensation teams have resulted in service delivery delays and are causing important strategic and analytical work to be postponed.

Oregon Department of Human Services:
2023-25 Policy Package

The purpose of this request is to create permanent positions in HR's Operations/Organizational & Professional Development (Central Training), Rapid Talent Acquisition, Recruitment, and Classification & Compensation Teams and to provide HR with a Project Manager. These positions will:

- Support the long-term growth and development of agency managers and management teams through a robust professional development program that aligns with the Department of Administrative Services (DAS) Management Competency model;
- Improve efficiency and effectiveness related to recruitment, hiring, and onboarding while developing meaningful workforce analytics to inform future work;
- Meet the agency' operational and program goals; and
- Advance the HR Strategic Plan through intentional and effective project management.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	**$3,608,496**	**$0**	**$2,405,719**	**$6,014,215**	**33**	**24.75**

Oregon Department of Human Services:
2023-25 Policy Package

Purpose

1. Why does ODHS propose this policy package and what problem is ODHS trying to fix or solve?

- HR provides a broad range of workforce management services to support the operation of all ODHS programs serving 1.5 million vulnerable Oregonians. The size and complexity of the agency (approximately 10,000 employees, nearly one-third of state government) requires multiple specialized divisions within HR to ensure all ODHS program areas can recruit, select, develop, retain, and appropriately manage their human resources. This 10,000 does not include agency partners who rely upon our services for their growth and development needs in support of our agency mission.
- Currently, HR Operations has six training and development specialists (three Workday trainers and three central services trainers) with an additional member who is on a developmental, rotational position. This training team, with only a few staff members, serves all ODHS employees with agency sponsored learning and development opportunities. In addition, it provides support for approximately 16,000 agency partners (62 percent of all statewide partners).
- Learning and Development industry standards generally support a ratio of one training and development specialist for every 350 employees or 1:350. Currently the ODHS ratio is approximately 1:1,660.
- The ODHS Director's Office and Cabinet have recently committed to restructuring and redefining Central Training, beginning with the transition of supervision and management back to the HR department. This organizational move will allow ODHS to embrace a development strategy that supports progressive growth of agency managers and leaders for long-term succession planning and to fully integrate a learning organization framework for all ODHS, through a robust training program appropriately structured to serve this large and complex agency. Another component will be the creation and implementation of an agency-wide Mentorship

Program. An agency-wide employee engagement survey will also be incorporated for baseline and ongoing data collection and informed decision-making.

- The current structure of ODHS HR Operations (which includes Workday Operations, a small Operations and Policy team and the Central Training Unit) is under-resourced to successfully support this agency strategy. This Policy Option Package (POP) supports the growth of this team to a level sufficient to fully embrace this robust strategy.
- The Rapid Talent Acquisition Team (RTAT) and Recruitment Team works to cultivate and foster partnerships with community-based organizations, decrease the average time to fill from post to hire and improve accessibility to ODHS careers for underserved and historically marginalized communities. As part of this work, the Recruitment and Classification & Compensation Teams are currently developing tracking systems and reporting dashboards to increase transparency and accessibility of program data. The Classification and Compensation Team is actively working with the ODHS Chief Administrative Office (CAO) Change Leaders to implement recommendations to improve the efficiency and effectiveness of program services.
- The current structure of the RTAT, Recruitment, and Classification and Compensation Teams are under-resourced to successfully support and provide service delivery without delays and make necessary improvements in fulfilling the HR Strategic Plan to meet the agency's operational and program priorities of operational efficiency of recruitment, hiring, onboarding, and developing meaningful analytics.
- With HR being large and complex, the addition of requested positions, and the existing and added work described above, HR leadership needs a Project Manager.
- Double-fills, job rotations and temporary employees have been used as a stopgap for our insufficient staffing levels. However, this has proven to be an unstable, inefficient, and inconsistent approach to meet our agency's long-term, strategic growth and development plans.
- This POP is a request for 38 FTE – 33 new permanent positions and a fix for five existing non-budgeted positions.

HR would have to choose between improvement work and trying to ensure service delivery remains at status quo. If staffing levels within HR are not addressed:

- The HR Strategic Plan priority goals and key results will not be met, namely:
    a. Improving operational efficiency and effectiveness of recruitment, hiring and onboarding processes.
    b. Designing a performance management system that includes feedback, mentoring and coaching system to maximize retention and improve employee performance.
    c. Developing meaningful workforce analytics to inform and support operational priorities across the agency and which evaluates human resources services.
- HR will not be able to drive forward the agency's commitment to a long-term, strategic development and growth structure to fully integrate an organizational learning framework.
- Central Training will not have the capacity to revise and improve organization-wide professional development and training to reflect agency priorities of the Equity North Star, RiSE, and Trauma-Informed elements.
- HR will not have capacity to cultivate and foster partnerships with Tribes and community-based organizations.
- The process and average time to fill positions from post to hire will not be adequately streamlined and improved.
- Current delays in service delivery with the Pay Equity process and Classification Review process will remain.
- Accessibility to ODHS careers for underserved and historically marginalized communities will not be adequately enhanced.
- The development of tracking systems and reporting dashboards will be significantly slowed, which will impact the level of transparency and accessibility of program data.
- ODHS runs the risk of foregoing a workforce that is highly engaged and satisfied.
- We run the risk of increased costs and burdens due to the inability to retain employees.

- The quality and quantity of services to our customers, clients, and partners will be negatively affected.

2. What would this policy package buy and how and when would it be implemented?

This POP provides new positions and stable funding for non-budgeted positions for the HR Operations, Systems and Policy Team, the Classifications and Recruitment Team, and the Labor and Employment Team and for HR leadership (positions described below in Question 8). Stable funding for all these positions will enable HR to align with the agency goal of becoming a learning organization through delivery of learning strategies, development experiences, consultation, and assessment of management processes, and through the implementation of foundational policies and processes in support of this goal. These additions and the stability will also enable HR to streamline and improve processes for recruitment, hiring, onboarding, developing, and retaining our ODHS workforce. With the new positions and the non-budgeted positions transformed to permanent, these teams will not only be able to provide service delivery effectively and efficiently, but they will also drive forward the improvement efforts so desperately needed.

3. How does this policy package help or potentially hinder populations that are disproportionately underserved? How does this policy package further ODHS's three strategic goals for both the program and ODHS' mission?

This POP is essential for ODHS. It will ensure stability within the agency, and aligns with the ODHS' mission to continue supporting the following:

- The Governor's policy priority on Healthy and Safe Communities are directly supported by the services HR provides to staff who work with Oregon's most vulnerable populations. Specifically, this alignment

occurs when the clients we support can live independently and with dignity, have access to health care and the opportunity to overcome hardship.

- HR also supports the Governor's Office of Diversity, Equity, and Inclusion /Affirmative Action by promoting the need and creating the opportunity for ODHS to have a workforce that mirrors the communities served and improves on employee retention.
- HR directly supports the ODHS Strategic Plan by providing the infrastructure for managers to recruit, hire, onboard, train, develop and retain a diverse and qualified workforce. This infrastructure also supports fundamental elements of the ODHS Equity North Star, RiSE, and Trauma-Informed elements and other ODHS values and priorities.
- The restructure of Central Training directly supports the HR Strategic Plan to educate and guide managers to help shape solutions, increase engagement, and maximize all employees' potential to reach organizational goals.
- This structure also supports key results of the HR Strategic Plan to evaluate enterprise leadership competencies, gaps and supports by designing an organizational learning framework that promotes employee development, knowledge transfer, and succession planning.
- This initiative focuses on expanding the competencies and capabilities of staff (with an initial targeted focus on managers) to lead the culturally responsive and equitable engagement of our ODHS staff in alignment with the Equity North Star, RiSE, and Trauma-Informed elements. This will expand the influence, knowledge, and skills of all staff, so managers and staff effectively create work environments that are culturally responsive, diverse, accepting, inclusive and raise the involvement and impact of our internal communities most impacted by inequities.
- The internal engagement of the Employee Resource Groups (ERGs) and other members of ODHS in the design of culturally responsive development solutions noted above will increase the relevant onboarding, development, coaching, career progression readiness, succession planning and retention of our workforce.

- Additionally, these same competencies and capabilities will allow our leaders to engage the communities, clients, and partners we serve with increasingly positive results. The goal is that staff will have greater capacity to engage communities, working together with them, in addressing the issues that affect the well-being of their communities.
- Because the initiatives proposed are enterprise-wide, the results will positively impact all populations we serve across Oregon.

Quantifying results

4. What are the long-term desired outcomes?

Stabilization of the teams within HR to include sufficient staffing levels and funding for permanent positions will support:

- Enhanced and streamlined recruitment, hiring and onboarding practices.
- Improved services to and careers for Oregon's underserved and historically marginalized communities.
- Redefining and offering centralized training that focus on enterprise (non-program specific) training and skills.
- Offering foundational training and development components in support of the DAS and ODHS management competencies and ODHS values.
- Creating a learning organization framework for agency managers, leaders and future leaders and transforming ODHS into a learning organization.
- Refocusing efforts on improving manager and staff capabilities through an alignment of strategy, metrics, and management processes.
- Developing and implementing a strategy and process to ensure accountability for agency managers and leaders to regularly engage in professional development and growth opportunities.

- Developing and implementing an internal process for auditing the effectiveness of the organizational learning platform and the transference of knowledge.
- Creating a process improvement team of consultants to assist agency managers and management teams with strengthening their capabilities and interactions with processes, internal staff, and the diverse communities we serve.
- Creating an ODHS Learning Council to make recommendations on statewide enterprise trainings to include a unified learning organization vision and strategies.
- Offering an agency-wide Mentorship Program for all new managers and staff.
- Using the data and results of an agency-wide Employee Engagement Survey, conducted routinely, for informed decisions and continuous improvement.

Stabilization of HR to include sufficient staffing levels and funding for permanent positions to support recruitment, hiring and onboarding practices and an organizational learning platform for ODHS managers and future agency leaders will improve the agency's capability in becoming a learning organization and align with agency and program strategy, metrics, and management processes. These improvements will lead to uninterrupted and effective services to customers, clients, and partners in all of ODHS' programs. All programs will experience enhanced and more smooth succession transitions when staff retire or leave the agency and their successors are tasked with carrying on where they left off. Employees will benefit from more effective onboarding, better mentoring and expanded professional growth and development opportunities, which will in turn enhance service delivery to Oregonians.

5. How will ODHS measure the impact on system and access inequities and/or impact disproportionality in accessibility and services in ODHS programs through this policy package?

These initiatives focus on expanding the competencies and capabilities of the ODHS staff (with an initial targeted focus on managers) to lead the culturally responsive/appropriate and equitable engagement of our ODHS staff in alignment with the ODHS Equity North Star, RiSE and Trauma-Informed elements. This will expand the advocacy, sharing of knowledge and skills of all staff, so managers and staff effectively create work environments that are culturally responsive, diverse, accepting, inclusive, and raise the involvement and contributions of our internal communities most impacted by inequities.

The internal engagement of the ERGs and other members of ODHS in the design of culturally responsive/appropriate development solutions noted above will increase the relevant recruiting, hiring, onboarding, professional development, coaching, mentoring, career progression readiness, succession planning, and retention of our diverse and qualified workforce.

Additionally, these same competencies and capabilities will allow our leaders to intentionally and authentically engage the communities, clients, and partners that we serve with increasingly positive outcomes. The goal is that ODHS staff will have greater capacity to engage Oregon Tribes and other communities, working together with them in addressing the issues that affect the social determinants of health and well-being of their communities.

Because the initiatives proposed are enterprise-wide, the results will positively impact the diverse populations we serve across Oregon. The following methods will be used to measure success:

- HR will focus on the outcomes of the Strategic Plan goals and performance measures on a quarterly basis.

- HR will partner with other areas within ODHS to focus on the outcomes of performance measures impacting the talent lifecycle on a quarterly basis.
- Workforce analytic data from multiple internal data sources can provide reports and analysis that captures development solution impact across the talent lifecycle (recruiting, hiring, onboarding, developing, career progression readiness, knowledge transfer/succession planning, retention).
- Other sources of qualitative and quantitative feedback (for example , surveys, focus groups, etc.) will provide additional insight into the workforce and culture development efforts.

How achieved

6. What actions have occurred to resolve the issue prior to requesting a policy package?

- Job rotations, work out of class temporary assignments, and temporary employees have been used to attempt to address the low staffing levels to provide a minimal level of service in support of critical ODHS programs.
- Partnerships have been established throughout the agency to maximize available staff to co-deliver developmental experiences and implement agency initiatives. These partnerships are a short-term, stopgap for low staffing levels.
- These efforts are often interrupted due to the limited duration of temporary, non-permanent assignments and due to competing program priorities that limit co-delivery partnerships. As a result, we are in a continual state of reprioritizing assignments to focus solely on foundational basics.
- In early 2021, HR developed a key partnership with the Chief Administrative Office (CAO), by inviting change leaders to conduct an independent analysis of the Recruitment and Classification and Compensation program workflows and key operating processes. At the recommendation of the CAO

change leaders, the Recruitment and Classification and Compensation Teams have not only successfully implemented Lean Daily Management Systems (LDMS) tools, but also implemented many of their programmatic change and process recommendations.

- Moving forward, though, it is not sustainable with the current staffing levels to continue improvement efforts, implementation, and new initiatives to streamline recruitment, hiring and onboarding processes and to give adequate assistance to ODHS managers and their staff and their job candidates.

7. What alternatives were considered and what were the reasons for rejecting them?

The alternative to this package is to continue and expand reliance on temporary and rotational staff and on external contractors and partners for creation and delivery of growth and development platforms to meet our agency objectives. These are at a cost to our agency and programs. This is not sustainable, nor does it reflect good stewardship of general funds and agency and program resources for an agency as large and complex as ODHS.

8. What other agencies, programs, community partners or stakeholders are collaborating on this policy package?

While HR is taking the lead on the initiatives outlined here, we have been working collaboratively with every department and program of ODHS and will continue to do so. As we work alongside OEMS, the ERGs, the Equity, and Inclusion Councils (EICs), Trauma-Informed, the RiSE team and Tribal Affairs, ODHS program leadership and staff will be engaged in helping frame and create these systems so that their needs are met. DAS is another partner, ensuring our systems are aligned with theirs. We are collaborating with ASCENT, which offers Leadership Programs for state agencies.

9. Does this policy package require any changes to existing statute(s) or require a new statute? If yes, identify the statute and the legislative concept.

No

10. What other state, tribal, and/or local government agencies would be affected by this policy package? How would they be affected?

None

11. Is this policy package being requested because of an Oregon Secretary of State or internal audit? If so, provide further information.

This POP is not related to a Secretary of State audit. The staff included in the POP will provide adequate capacity to address internal ODHS audit (2019) for the Central Training Unit related to conducting regular needs assessments, expanding learning evaluation and training performance reporting.

Staffing and fiscal impact

Implementation date(s): July 1, 2022

End date (if applicable): Ongoing

12. What assumptions affect the pricing of this policy package?

Five of the requested positions are currently on staff and have necessary equipment, supplies and facilities to perform their duties. The remaining 33 are new positions and will need the supplies, equipment, and facilities to effectively perform their assigned duties.

13. Will there be new responsibilities for another agency (OHA etc.) and/or ODHS/OHA Shared Services? Specify which programs and describe their new responsibilities.

This POP will provide the continuation of the current service level of central training services to ODHS. It will expand the ability for learning and development specialists to provide learning and development experiences/interventions for the agency across the state. It will enhance and streamline the recruitment, hiring and onboarding practices of the agency.

This is a Central Services program. No impact to Shared Services.

14. Will there be changes to client caseloads Cost per Case or services provided to population groups? Specify how many in each relevant program.

This initiative focuses on expanding the competencies and capabilities of the ODHS staff (with an initial targeted focus on managers) to lead the culturally responsive/appropriate and equitable engagement of our ODHS staff in alignment with the ODHS Equity North Star, RiSE, and Trauma-informed elements. This will expand the advocacy, sharing of knowledge, and skills of all ODHS staff, so managers and staff effectively create work environments that are culturally responsive, diverse, accepting, and inclusive and particularly raise the involvement and contributions of our internal communities most impacted by inequities.

The internal engagement of the ERGs and other members of ODHS in the design of culturally responsive/appropriate development solutions noted above will increase the relevant recruiting, hiring, onboarding,

professional development, coaching, mentoring, career progression readiness, succession planning, and retention of our diverse and qualified workforce.

Additionally, these same competencies and capabilities will allow our leaders to intentionally and authentically engage the communities, clients, and partners that we serve with increasingly positive outcomes. The goal is that ODHS staff will have greater capacity to engage communities, working together with them, in addressing the issues that affect the social determinants of health and well-being of their communities.

Because the initiatives proposed are enterprise-wide, the results will positively impact the diverse populations we serve across Oregon.

15. Describe the staff and positions needed to implement this policy package, including whether existing positions would be modified and/or new staff would be needed.

Team Key: Operations, Systems & Policy Team = OSP Classifications & Recruitment Team = CR Labor & Employment Teams = LE HR Leadership = HRL
New Permanent Positions OSP – 2 FTE – OPA3 Equity & Inclusion Policy Analysts OSP – 4 FTE – OPA2 Process Improvement Consultants OSP – 2 FTE – OPA1 Process Improvement Consultants OSP – 1 FTE – TDS2 Workday Trainer

OSP – 1 FTE – TDS2 Tribal Training Partner
OSP – 2 FTE – TDS2 E-Learning Developers
OSP – 3 FTE – TDS2 Organizational & Professional Development Trainers
OSP – 2 FTE – TDS1 Organizational & Professional Development Trainers
OSP – 1 FTE – HRA1 Workday Information System Technician
OSP – 2 FTE – HRA1 Position Management Specialists
OSP – 1 FTE – Manager 2 (PEME) Strategic Engagement Manager (Policy consultative role; strong equity & HR background)
OSP – 1 FTE – Manager 1 (PEMD) Workday Manager
CR – 1 FTE – HRA1 Compensation Analyst
CR – 1 FTE – HRA2 Workforce Strategy Analyst
CR – 2 FTE – HRA2 Mentorship Program Analysts (Internal job rotation staff development program. Will work on the Recruitment Team with OEMS for agency coordination.)
CR – 1 FTE – HRA2 Senior Classification & Compensation Analyst
CR – 1 FTE – Manager 1 (PEM D) Assistant Recruitment Manager
CR – 1 FTE – Manager 1 (PEM D) Assistant Classification & Compensation Manager
LE – 1 FTE – Manager 1 (PEMD) Assistant Human Resources Manager (SACU/IDD)
LE – 1 FTE – OPA3 Human Resources Investigator
LE – 1 FTE – HRA 1 Americans with Disabilities Act (ADA) Coordinator
HRL – 1 FTE – PM3 HR Leadership Project Manager
33 FTE – New Permanent Positions

Total: 33 Positions

16. What are the start-up and one-time costs?

Not Applicable

17. What are the ongoing costs?

Salaries and benefits of the new positions.

18. What are the sources of funding and the funding split for each one?

General Funds

19. What are the potential savings?

This policy package will potentially save costs across the talent lifecycle through a long-term investment of growth and development of agency managers and aspiring leaders increasing retention of skilled staff and lowering costs in the following areas:

- **Recruiting:** The cost of hiring new employees including advertising, interviewing, and screening.
- **Onboarding:** The cost of onboarding a new person, including training and management time.
- **Lost engagement:**
  - Staff whose development is not supported become disengaged.
  - Other employees who see high turnover tend to disengage and lose productivity and they also often leave.
- **Customer service and errors**: New employees take longer to complete their work and are often less adept at solving problems.
- **Training:** Over two to three years, a business likely invests 10 to 20 percent of an employee's salary or more in training.

- **Cultural impact:** Costs associated with not having a developed and diverse workforce, giving the agency the ability to lead and champion equity, build an anti-racist organization, and promote well-being and belonging within ODHS and the communities we serve.
- **Reliance on partners/contractors:** Costs associated with hiring external resources to provide leadership and management development training.

Oregon Department of Human Services:
2023-25 Policy Package

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	$3,250,821	$0	$2,405,719	$5,418,074	33	24.75
Services & Supplies	357,675		238,466	596,141		
Capital Outlay						
Special Payments						
Other						
Total	**$3,608,496**	**$0**	**$2,405,719**	**$6,014,215**	**33**	**24.75**

Fiscal impact by program

	Program 1	Program 2	Program 3	Program 4	Total
General Fund	3,608,496				**$3,608,496**
Other Funds					**$0**
Federal Funds	2,405,719				**$2,405,719**
Total Funds	6,014,215				**$6,014,215**
Positions	33				**33**
FTE	24.75				**24.75**

Oregon Department of Human Services
2023-25 Policy Package

Division:	Central Services
Program:	Multiple Areas
Policy package title:	Local Leadership
Policy package number:	POP 111
Related legislation:	N/A

Summary statement:

Because ODHS serves Oregon communities, those communities should have meaningful input into the designs and delivery of our services. But ODHS currently lacks the community engagement capacity we need to make this a reality, which has significant equity and efficiency implications for our work. This policy package will provide the staffing and other resources necessary to enable greater direct engagement with the communities served by ODHS, which will provide multiple opportunities to further the ODHS Equity North Star vision; lead with intersectionality to address the roots of systemic oppression; and make services, supports and well-being accessible to all. In addition, this policy package will deliver policies and programs that are equitable and improve community conditions.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	**$5,659,062**	**$4,090,720**	**$3,682,094**	**$13,431,876**	**53**	**39.75**

Oregon Department of Human Services:
2023-25 Policy Package

Purpose

1. Why does ODHS propose this policy package and what problem is ODHS trying to fix or solve?

The Oregon Department of Human Services (ODHS) depends on a complex operational infrastructure to support the daily activities of the five ODHS programs; Vocational Rehabilitation (VR), Aging and People with Disabilities (APD), the Office of Intellectual and Developmental Disabilities (ODDS), the Self Sufficiency Program (SSP) and Child Welfare (CW).

A workforce of 9,956 employees provides services to 1.5 million Oregonians from 16 service districts that includes 123 service delivery branches and an additional 40 non-service delivery administrative offices distributed throughout the state. Critical bottle necks to these branches and staff include:

- An estimated 1,138 contracts, 1,205 contract amendments and 344 purchase orders generated in 2021 by our Office of Contracts and Procurement that only has 40 Contract Specialists (PCS 1-3).

- The 16 service districts include 123 individual offices. Thirteen of the service districts serve more than one county. Additionally, most offices are not owned by DAS thus requiring the navigation of 118 property managers and/or property owners.

- For the more than 10,000 employees who serve more than one-third of the people in Oregon, there is additional and specific HR support in the form of Human Resource Analysts (HRAs) who will directly

- support the growing and complicated needs of our service districts in the midst of the current employment crisis. Currently there are only 25 HRAs to cover more than 10,000 employee needs and associated actions.

Our current business model relies on managing these and additional critical operational functions from a central location in Salem. As a result, we recognize several factors that impact the efficiency and cycle times for central services. In addition, operational services are perceived largely through a Salem/Portland perspective without the benefit of the local community's engagement, involvement or voice in decisions being made. Throughout the last two years of responding to the pandemic, wildfires and extreme climate events, ODHS learned we can provide services in a different model, locally based in community with community expertise driving better outcomes for our clients and communities.

Having operations experts and decision-makers located regionally around the state would reduce decision-making cycle time and provide local community and Tribal engagement, perspective and voice for decision-making. Additionally, this will allow ODHS and local communities to have rich conversations and strategies at a local level which will improve work for the local offices, communities and those we serve. This investment will allow for more diverse services and supports, contracting opportunities, collective impact and better outcomes.

2. What would this policy package buy and how and when would it be implemented?

Locate key operational expertise and decision-makers regionally to reduce decision-making cycle time, resource access, community and Tribal engagement and significantly increase regional and local diversity and employee retention.

The project will create significant and measurable efficiencies in agency operations that will increase contractual service relationships with vendors, bring contract administration locally, continue to hold equity at the center of delivering services to better meet community needs, and have direct positive outcomes on service delivery.

Locate key operational expertise and decision-makers regionally to reduce decision-making cycle time, resource access, community and Tribal engagement and significantly increase regional and local diversity and employee retention.

The project will create significant and measurable efficiencies in agency operations that will increase contractual service relationships with vendors, bring contract administration locally, continue to hold equity at the center of delivering services to better meet community needs, and have direct positive outcomes on service delivery.

The solution includes the following:

1. **HRA 3s – Five additional FTE**. These additional five positions, in conjunction with current positions, will allow for each district to have a minimum of one HRA 3 position. These positions will be assigned to HR and sit locally within each district, ensuring that employees are supported in the workplace to maximize the provision of services with an equity framework to Oregonians. These positions would focus specifically on:
    - Equity focused supports and decisions.
    - Support and streamline HR work including aligned messaging and supports with local management. All staff receiving the same message which will prevent rework.
    - HR support and coaching on personnel management and policies to reduce employee churn.
    - Improve local employee retention through robust hiring, coaching and decision making.

    With the innovation of HR platforms to Workday, some historical duties at the local level are limited (such as hiring and workforce information), thus requiring an HR analyst for support that is often distant from local operations.

2. **Contract Administrator/Coordinators/PM – 16 OPA2s** Some districts, for example D2, will require two positions. Others are adequately staffed at present. These positions would focus specifically on:

- Equity in contracting; especially with small local emerging businesses.
- Establish and maintain relationship with local community vendors and services.
- Contract utilization at a local level/
- Increase timeliness of procurement, development and contract execution.
- Ensure the stewardship and utilization of all local ODHS contracts.

3. **Equity Coordinators (OPA 2) –16 FTE**. These positions will be assigned to OEMS but sit locally within the districts. These positions would focus specifically on:

    - Building service equity councils.
    - Increasing service equity goals.
    - Decreasing service equity disparities.

4. **Facility and Motor Pool (OPA2) – Eight FTE**, these positions would be utilized regionally throughout the state. These positions would be assigned to Facilities but sit locally in the districts/regions. These positions would focus specifically on:

    - Vehicles need and use.
    - Cost of leases.
    - COVID impacts on use.
    - Property owner relationships.
    - Community engagement related to facility impact.
    - Safety Coordinator.

- Critical incidents/wildfires and other critical incidents within our buildings. Having a local response would significantly reduce delays in services

5. **Data Analyst – Eight FTE** that would include four data analysts) and four engineer positions for each region served. Without having a data analyst: Local operations for service delivery depend on various data sets to provide equitable service and meet policy needs. An example of this includes recording and analyzing data from food and medical programs to look at shared populations with Child Welfare programs for Systems of Care committees to provide wholistic support and prevent efforts. The variety of databases and systems require significant work toward gathering the data and a trained analyst to interpret the data.

   These positions would be assigned to ORRAI but sit locally in districts/regions. These positions would focus specifically on:
   - Recording and analyzing data for the regional area.
   - Using data to provide a wholistic overview to support families.
   - Being the expert with the varieties of databases and systems on behalf of the local district.
   - Recording and analyzing data that would be unique to the area to support families, providing targeted solutions and equitable research

3. How does this policy package help, or potentially hinder populations that are disproportionately or underserved? How does this policy package further ODHS's three strategic goals for both the program and ODHS missions?

Local assessment of agency status with equity, institutional racism, structural racism, quality engagement (DAS policy 107-009-03) with diverse racial groups and deeper examination of intersectionality factors associated with ODHS services and issues.

Quantifying results

4. What are the long-term desired outcomes?

The long-term outcomes of this solution will be regional and local stabilization of "Central Operations" services by providing local resources connected to their communities who are experts in central operations to support local staff to serve the agency programs.

5. How will ODHS measure the impact on system and access inequities and/or impact disproportionality in accessibility and services in ODHS programs through this policy package?

Central Services will focus on the outcomes of performance measures on a quarterly basis. This policy package will include regional data analysts who will gather, analyze, develop reporting and coordinate process improvement research projects that will include quantitative measures of the outcomes associated with this project. Each Central Services has service level agreement metrics and targets. Additional qualitative and quantitative data would be gathered from local offices as well as communities being worked with. Further, there are other specific measured outcomes:

- Reduce decision-making cycle time.

- Provide local community and Tribal engagement, perspective, and voice.
- Allow ODHS and local communities to have rich local conversations and strategies at a local level.
- Allow for more diverse services and supports, contracting opportunities.

How achieved

6. What actions have occurred to resolve the issue prior to requesting a policy package?

Over the past decade, ODHS has used LEAN performance management strategies and process improvement analysis to find and implement efficiencies in our centralized operations. In a limited number of cases, we have been able to add staff to address significant increases in work volume.

7. What alternatives were considered and what were the reasons for rejecting them?

There is currently no precedent. ODHS currently relies on Central Operations to: recruit, hire, train and effectively manage workforce management issues: manage and maintain ODHS facilities; facilitate the creation and management of local and statewide contracts; ensure staff and customer safety statewide; oversee fraud investigations, background checks, document management and other critical ODHS operations.

8. What other agencies, programs, community partners or stakeholders are collaborating on this policy package?

This POP was created using a combination of research, staff and community feedback. It will allow for more diverse services and supports, collective impact and better outcomes.

9. **Does this policy package require any changes to existing statute(s) or require a new statute? If yes, identify the statute and the legislative concept.**

   Not applicable.

10. **What other state, tribal, and/or local government agencies would be affected by this policy package? How would they be affected?**

    Not applicable.

11. **Is this policy package being requested because of an Oregon Secretary of State or internal audit? If so, provide further information.**

    Not applicable**.**

Staffing and fiscal impact

Implementation date(s): _____

End date (if applicable): _____

12. What assumptions affect the pricing of this policy package?

13. Will there be new responsibilities for another agency (OHA etc.) and/or ODHS/OHA Shared Services? Specify which programs and describe their new responsibilities.

No

14. Will there be changes to client caseloads Cost per Case or services provided to population groups? Specify how many in each relevant program.

No

15. Describe the staff and positions needed to implement this policy package, including whether existing positions would be modified and/or new staff would be needed.

HRA 3s: Five positions through Central Services – these positions would be assigned to HR but sit locally in specific regions, making sure that people are happy in the workplace to help employees provide services to Oregonians. These positions would focus specifically on:

- Recruitment – have enough positions. This is in part because we cannot use the BE model any longer due to Workday implementation and they can no longer do those hiring actions as those functions are now required to be done by hiring managers.
  - There are some roles in Workday that can be changed to be completed by someone other than a hiring manager.
- Support – streamline HR needs significantly, as well as provide aligned messaging and supports with all our local management. Everyone getting the same message, preventing a lot of rework.
- HR support and coaching on making decisions.
- Equity-focused support and decisions.
- Improving local retention through robust hiring, coaching and decision making.

Contract Administrator/Coordinators/PM (OPA 2 0827-SR27) – one per district. 16 with assessment of need per district:

- Relationship with local community
- Contract utilization at a local level
- Equity in contracting; especially with small local emerging businesses
- Increase timeliness

Equity Coordinators- 16 (OPA 2 0827-SR27) – positions assigned to OEMS but embedded locally within the districts.

- These positions would be the basis of a new community-based equity structure, positioned around the state in the local communities served by ODHS. They would provide the necessary capacity for assessment, engagement, implementation, and accountability around equity in human services that currently does not exist uniformly across Oregon.

Facility and Motor Pool- Eight (Facility Operations Specialist 2) – These positions would be assigned to Facilities but sit locally in the districts/regions.

- Can combine Facilities and Motor Pool functions based on the structure of this position.
- Place one Facilities Operations Specialist 2 in districts based on size and need. This is like what is currently done with Office of Information Systems field technicians.
- These hybrid positions would serve to locally support:
  - Assess vehicle need and use.
  - Cost component of leases.
  - How COVID has impacted use
  - Property owner relationships
  - Positions to study how to best use facilities.
  - Critical incidents/wildfires and other critical incidents in our buildings. Having a local response would significantly reduce delays in services.

Data Analyst –

- These positions would be similar to the HRA positions:
  - Will be directly under ORRAI but located in the local office.

16. What are the start-up and one-time costs?

No start-up or one-time costs have been identified

17. What are the ongoing costs?

Personal Services

18. What are the sources of funding and the funding split for each one?

19. What are the potential savings?

This POP is intended to improve service quality, service equity, local service engagement and timeliness of service delivery rather than savings. That said, the efficiencies resulting from reduced cycle times in decision-making and process times may result in some, undetermined savings.

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Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	$2,884,106	$3,714,936	$1,913,262	$8,512,304	53	39.75
Services & Supplies	414,326	254,186	272,915	941,427		
Capital Outlay						
Special Payments	2,360,630	121,598	1,495,917	3,678,876		
Other						
Total	**$5,659,062**	**$4,090,720**	**$3,682,094**	**$13,431,876**	**53**	**39.75**

Oregon Department of Human Services:
2023-25 Policy Package

Fiscal impact by program

	Central	Shared	Program 3	Program 4	**Total**
General Fund	5,624,782	34,280			**$5,659,062**
Other Funds		4,090,720			**$4,090,720**
Federal Funds	3,682,094				**$3,682,094**
Total Funds	9,306,876	4,125,000			**$13,431,876**
Positions	29	24			**53**
FTE	21.25	18.50			**39.75**

Oregon Department of Human Services:
2023-25 Policy Package

Division:	Central Services
Program:	Office of Resiliency and Emergency Management
Policy package title:	Office of Resiliency and Emergency Management 211
Policy package number:	POP 112
Related legislation:	HB 2119 (2021 Regular Session)

Summary statement:

Imagine your home was just destroyed by a wildfire. You would need to know where to call to get help, to connect to resources, where to go for shelter, food, water. The community-based call center, 2-1-1, is a vital resource for people experiencing a disaster or needing human services. The Office of Resiliency and Emergency Management (OREM) is legally obligated to provide disaster services to all Oregonians. One of the most critical points of contact for OREM as an arm of ODHS is the 2-1-1.During and immediately after the September 2020 wildfires there was a significant increase in 2-1-1 capacity to provide information about resources to those directly and indirectly impacted by the disaster. This policy package would provide funding to continue and expand the services offered by 2-1-1 to support the continued safety and security of emergency services and information through communications, outreach, and quality assurance. Disasters such as wildfires, floods, extreme heat and cold are only increasing. Children, families, the elderly, and people with disabilities need to be able to call one central phone number to get help. This call center is also a trusted

resources of communities most impacted by inequities. 2-1-1 needs to have increased capacity to help, especially in emergencies.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	**$5,923,219**	**$0**	**$82,148**	**$6,005,367**	**1**	**0.75**

Purpose

1. Why does ODHS propose this policy package and what problem is ODHS trying to fix or solve?

The community-based 2-1-1 call center is a critical resource in Oregon that helps Oregonians in need identify, navigate, and connect with critical resources. Through other established funding, 2-1-1 has established core staffing for a call center as well as a limited number of community engagement coordinators who work with local communities to identify resources. But additional staffing and supports are needed for 2-1-1 that will maximize the amount of information and resources 2-1-1 can collect, and as a result, connect callers to specific resources they need to work towards self-sufficiency.

Additionally, ODHS Office of Resilience and Emergency Management (OREM) is responsible to provide emergency shelter, feeding, hydration and disaster social services to people impacted by disaster in Oregon. Following the 2020 wildfires, a need was identified for 2-1-1 to increase its capacity to be able to amplify

information about a disaster, including available resources and supports to callers, as well as act as a point of entry for ODHS services. House Bill 2119 (2021) transferred responsibility for administering 2-1-1 from the Office of Emergency Management to ODHS.

2. What would this policy package buy and how and when would it be implemented?

ODHS seeks a total of $5.8 million to expand 2-1-1 services.

$1 million 0 will be used to continue one-time funding that was allocated to ODHS from Oregon Housing and Community Services (OHCS) to further develop staffing and resources for housing and rental assistance. The funding goes towards enhancing staffing for 2-1-1's general programs and quality assurance, a housing program manager and community engagement staff, adding additional language capabilities, as well as an outreach campaign (which will be translated and have a specific focus on underserved communities) to educate both service users and community partners about the benefits of 2-1-1.

$1.7 million will be used to continue 2-1-1's Disaster Case Management phone line that acts as a way to find out about supports ODHS offers to people in a disaster and to provide an intake that is referred to OREM staff to provide support. Additionally, OREM works closely to provide information related to a disaster and available services and supports that 2-1-1 can amplify as callers reach out to 2-1-1. Thus, the 2-1-1 call center acts as a collection point for people seeking information about services related to disaster. Disasters affect people with access and functional needs and other disenfranchised populations disproportionally. The 2-1-1 call center allows everyone seeking services provided by OREM a central contact point. Services may include shelter, feeding, water, social services, or cleaner air, warming or cooling centers. Allowing people to call 2-1-1 when they need help is in alignment with ODHS's goal of custom-tailoring social service to the needs of the individual.

$2 million will be used to continue the $1 million in supports funded through the 2022 special session.

The remaining $1,1 million will be used to enhance other areas of 2-1-1's infrastructure to support the programming 2-1-1 provides, including improved systems integration with ODHS to increase shared understanding between ODHS and 2-1-1 of callers through closed-loop referral tracking, systems improvements and enhanced community outreach.

3. How does this policy package help, or potentially hinder populations that are disproportionately underserved? How does this policy package further ODHS's three strategic goals for both the program and ODHS missions?

Funding this POP would strengthen foundations by giving people easier access to the help. services and resources they need, thereby allowing people to stabilize and improve their lives. Funding this POP would continue to assist ODHS, and OREM respond to peoples' needs in emergencies by giving people one number to call to learn where they can get emergency related services and resources. Lastly, funding this POP would help shape the future of human services by making ODHS's resources available to everyone in Oregon in a more person-centered approach. 2-1-1 is the à la carte menu for individuals seeking social services. The ability of an individual to call a 2-1-1 operator, express their need(s) and then be connected with the appropriate services and resources is the pinnacle of shifting human services from a system-centered approach to a person-centered approach.

Quantifying results

4. What are the long-term desired outcomes?

The enhanced outreach, resource navigation, housing and disaster support capabilities will lead to Oregonians being effectively connected to the supports they need. This includes both immediate needs required for life and well-being following a disaster and other emergencies, and generally being able to assist any caller in meeting their self-sufficiency needs. During a disaster callers will receive information and have an option to have their information relayed to ODHS to follow-up for additional support. The phone line must be staffed by a contractor 24 hours a day, seven days a week.

5. How will ODHS measure the impact on system and access inequities and/or impact disproportionality in accessibility and services in ODHS programs through this policy package?

2-1-1 is a widely known and trusted resource for communities most impacted by inequities. It is the easiest way for a person seeking help to be connected with the resources they need. 2-1-1 collects information on a variety of resources and services including:

- Resources specific to Native Americans.
- Culturally specific services, which will be shared with callers.
- Resources specific to LGTBQIA2S+, such as advocacy groups and helplines.
- Resources specific to people with disabilities, such as disability rights groups, employment, and other programming.

- Resources specific to people with disabilities, such as aging and disability resource centers and support groups.

2-1-1 collects information and shares resources across Oregon, much of which are geared towards people with low income such as housing and eviction assistance, help connecting to state/federal benefits and employment assistance. Disasters strike people across every demographic, race, and income level. The people who can help themselves, do. The ODHS OREM helps everyone else.

Outputs of this service contract will be easy to measure by the number of calls processed and the number of people who are connected with the human services they need.

How achieved

6. What actions have occurred to resolve the issue prior to requesting a policy package?

OREM has been using 2-1-1 since April 2021 and has processed thousands of calls from people seeking shelter, food, water, or disaster social wrap-around services.

7. What alternatives were considered and what were the reasons for rejecting them?

No alternatives were considered as 2-1-1 already is a known and trusted source of information for people in need. Any attempt to recreate that trust and prolific awareness would be inefficient and likely futile.

8. What other agencies, programs, community partners or stakeholders are collaborating on this policy package?

Office of Housing and Community Services, Oregon Health Authority, Self Sufficiency Programs, Child Welfare program, local service, and resource providers.

9. Does this policy package require any changes to existing statute(s) or require a new statute? If yes, identify the statute and the legislative concept.

No.

10. What other state, tribal, and/or local government agencies would be affected by this policy package? How would they be affected?

Office of Housing and Community Services, Oregon Health Authority, Self Sufficiency Program, Child Welfare Program, local service, and resource providers will all enjoy greater dissemination of their services and resources.

11. Is this policy package being requested because of an Oregon Secretary of State or internal audit? If so, provide further information.

No.

Staffing and fiscal impact

Implementation date(s): _____

End date (if applicable): _____

12. What assumptions affect the pricing of this policy package?

The ODHS OREM is already under contract with 2-1-1, therefore the pricing is known and not assumed.

13. Will there be new responsibilities for another agency (OHA etc.) and/or ODHS/OHA Shared Services? Specify which programs and describe their new responsibilities.

There will not be any new responsibilities for another agency or shared services. However, the proliferation of services through 2-1-1 may increase the volume of existing responsibilities and services.

14. Will there be changes to client caseloads Cost per Case or services provided to population groups? Specify how many in each relevant program.

Caseloads may increase for services referred by 2-1-1. However, this POP funding request is specifically related to services offered by the Office of Resilience and Emergency Management and partner agencies, like OHCS.

15. Describe the staff and positions needed to implement this policy package, including whether existing positions would be modified and/or new staff would be needed.

One .75 FTE additional staff will be needed.

16. What are the start-up and one-time costs?

There are no known start-up or one-time costs as the program is already in operation.

17. What are the ongoing costs?

The ongoing costs based on the current contract are projected to be approximately $2.5 million per year or $5 million per biennium.

18. What are the sources of funding and the funding split for each one?

$5,923,219 will be from the general fund, and $82,148 will be from federal funds.

19. What are the potential savings?

The savings will be measured in more services offered by local governments, supported by the state, and disseminated by 2-1-1 to the public. The OREM is working with local governments to educate them about leveraging our capabilities with 2-1-1 to increase information about emergency services and shelters offered by the local governments through the OREM's contract with 2-1-1.

Oregon Department of Human Services:
2023-25 Policy Package

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	$112,324	$0	$74,884	$187,208	1	0.75
Services & Supplies	5,810,895		7,264	5,818,159		
Capital Outlay						
Special Payments						
Other						
Total	**$5,923,219**	**$0**	**$82,148**	**$6,005,367**	**1**	**0.75**

Fiscal impact by program

	Program 1	Program 2	Program 3	Program 4	Total
General Fund	5,923,219				**$5,923,219**
Other Funds					**$0**
Federal Funds	82,148				**$82,148**
Total Funds	6,005,367				**$6,005,367**
Positions	1				**1**
FTE	1.00				**0.75**

Oregon Department of Human Services
2023-25 Policy Package

Division:	Central Services
Program:	Multiple Units
Policy package title:	Maintaining Critical Staffing
Policy package number:	POP 113
Related legislation:	N/A

Summary statement:

ODHS is leading an agency-wide shift toward more collaborative, community- and person-centered human services. Encompassing change across our programs and at every level of our over 10,000-employee agency, the shift requires strategic and dedicated leadership, improved communication and transparency with partners, and a diverse, well-trained human services workforce. At the same time, the COVID-19 pandemic and other crises have contributed to historic demand for human services. To meet these compounding needs, ODHS has added key positions to agency offices. Without these positions, ODHS cannot effectively and efficiently carry out its three strategic priorities. To ensure that Oregonians will continue see needed and global improvements in our human services systems, ODHS is requesting position authority and funding for 56 non-budgeted positions. These positions will continue mission-critical work including leading our enterprise-wide Building Well-being Together initiative; leading programs for people with intellectual and developmental disabilities; providing timely and transparent communication to elected officials, the media, partners, and the public; as well as employee recruitment, professional development, retention, and management.

Oregon Department of Human Services:
2023-25 Policy Package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	**$9,279,058**	**$0**	**$6,275,324**	**$15,554,382**	**56**	**56.00**

Purpose

1. Why does ODHS propose this policy package and what problem is ODHS trying to fix or solve?

Human services benefit entire communities. From child safety to career supports to food assistance, human services help ensure that everyone in Oregon has an opportunity to reach their potential and contribute to their communities. When we invest in people's well-being through effective human services, we're also investing in community well-being – and in a vital, thriving Oregon.

But the work of building communities' well-being, like any building effort, requires a stable, capable team of craftspeople – the administrative staff, program managers, direct service providers, and others who make up the Oregon Department of Human Services (ODHS). Around the state and across diverse roles, ODHS staff members are daily advancing the agency's three strategic priorities:

- **Strengthening ODHS at its foundations** to ensure equitable and effective service delivery;
- **Preparing for and responding to emergencies** from COVID-19 to wildfires to earthquakes; and

- **Creating the future of human services in Oregon** through community-driven solutions to long-standing inequities.

However, the COVID-19 pandemic and other crises have placed significant new demands on Oregon's human services systems, translating into new staffing needs across multiple ODHS units. In response, we have added a number of positions to the agency which continue to prove critical in advancing our priorities. These positions include:

- A strategic projects team in the **Director's Office** that develops and implements agency-wide efforts aligned with our Equity North Star and Building Well-being Together initiative;[1]

- Operations & Policy Analysts in the **Office of Equity and Multicultural Services** to lead the agency's community engagement efforts.

- ODHS **Public Affairs** positions that produce equitable, effective, and transparent communications for the people we serve, our employees, legislators, the media, and community partners; and

- ODHS **Human Resources** positions that maximize services across the agency through effective employee recruitment, professional development, retention, and management.

A significant number of these new positions are non-budgeted, relying on funding sourced from unfilled vacancies elsewhere in the agency. The Office of Developmental Disabilities Services (ODDS) Director is also non-budgeted. Non-budgeted positions (NBPs, previously called 'double fills' in DAS policy language) represent a

[1] **The vision behind the Building Well-being Together initiative:** All who live in Oregon, regardless of race, identity, age, disability, or place, have the needed supports to achieve whole well-being for ourselves, our families, and our communities.

temporary measure: Pending an opportunity to request position authority from the legislature, the agency may use NBPs to meet pressing workload needs that arise from rapidly changing circumstances. While NBPs allow the agency to perform critical work, ensuring effective responses to emergent situations along with minimized service disruptions, they also divert resources from key agency operations and can create a more complicated and opaque agency budget. Without position authority and associated funding, moreover, these positions are at particular risk for cuts during periods of economic decline or in cases where new leadership prohibits NBPs.

In order to secure these positions, improve budget transparency, and continue to advance the agency's strategic aims, ODHS is requesting position authority and funding for 56 nonbudgeted positions:

Director's Special Projects Office: 18 positions

- Business Operations Administrator 1 1 position
- Operations & Policy Analyst 4 7 positions
- Operations & Policy Analyst 3 6 positions
- Operations & Policy Analyst 2 1 position
- Project Manager 3 2 positions
- Administrative Specialist 2 1 position

One position in the Office of Developmental Disabilities Services

- Human Services Administrator 1 position

2 positions in the Office of Equity and Multicultural Services

- Operations & Policy Analyst 4 2 positions

26 positions in Public Affairs Office

- Communications Manager 3 1 position
- Communications Manager 2 1 position
- Information Systems Specialist 6 2 positions
- Operations & Policy Analyst 4 4 positions
- Operations & Policy Analyst 3 1 position
- Public Affairs Specialist 3 8 positions
- Public Affairs Specialist 2 10 positions

Nine positions in the Office of Human Resources

- Principal Executive/Manager D 1 position
- Principal Executive/Manager G 1 position
- Human Resource Analyst 3 2 positions
- Human Resource Analyst 1 2 positions
- Training & Development Specialist 2 3 positions

2. What would this policy package buy and how and when would it be implemented?

The requested position authority and funding would immediately resolve 56 existing nonbudgeted positions at ODHS. By committing the requested resources and establishing in statute position authority for these roles, the legislature would ensure that ODHS has the staffing it needs to carry out its strategic priorities and serve people more equitably, efficiently, and effectively at every stage of life.

Director's Special Projects Office

To implement major change initiatives, ODHS has traditionally sourced the necessary expertise and capacity on an ad hoc basis from within agency programs and from external contractors. Again and again, these temporary teams have had to build from scratch working reports, operating procedures, and project tools – all without the support of enterprise-level project management to help ensure consistency, minimize duplication of effort, and coordinate agency-wide implementation. As a result, the agency has had a history of delayed or only partially implemented agency-wide change initiatives.

The 18 NBPs in the Strategic Projects Office (SPO) make up a dedicated, ongoing team that is significantly expanding the agency's capacity to advance transformative change – in particular the Building Well-being Initiative (BWBI). Through the BWBI, ODHS is partnering with communities to reshape human services in ways that better meet communities' needs and holistically support their well-being. The initiative encompasses:

- Statewide community engagement.
- The co-creation with community of a new strategic plan.
- Internal capacity building related to racial equity, culturally responsive service delivery, person-centered service design, data collection and analysis, and institutional change management; and
- Collaboration across programs and agencies to break down service silos and implement person-centered, rather than institution-centered, service approaches.

By funding the NBPs that make up our SPO team, the legislature would ensure that agencywide initiatives like Building Well-being receive dedicated support and leadership and are not delayed or derailed by the competing

priorities of reassigned staff. There is real risk that these transformation efforts – like so many before them -- will fall short of our goals without the full commitment of necessary resources, including permanent capacity to initiate, plan, execute, and sustain large-scale change.

Office of Developmental Disabilities Services

ODHS Office of Developmental Disabilities Services (ODDS), also known as the People with Intellectual or Developmental Disabilities (I/DD) program, strives to support choices of individuals with disabilities and their families within communities by promoting and providing services that are person-centered and directed, flexible, community inclusive, and supportive of the discovery and development of each individual's unique gifts, talents, and abilities. ODDS is committed to work toward service options to assure that people with intellectual or developmental disabilities have the opportunity to have lives that are fulfilling and meaningful. The ODDS Director leads these charges, overseeing a $4.2 billion program with more than 900 staff and contracted field offices around the state. ODDS programs include employment services, in-home assistive services, family supports, case management, and more – collectively serving more than 32,000 Oregonians with intellectual or developmental disabilities.

Office of Equity and Multicultural Services

The Office of Equity and Multicultural Services (OEMS) has two main charges. The first is to guide the agency in developing a workforce that represents the diversity of the clients we serve and is able to serve the culturally specific needs of all Oregonians. The second is to help the agency work toward equitable outcomes for all populations using ODHS services. Community engagement and equity-focused data collection are central to this

work, helping to ensure that our decisions are both community-driven and informed by data that reflect the diversity of the people we serve.

Currently, OEMS' community engagement efforts and REALD/SOGIE[2] data initiatives are led by staff members serving in nonbudgeted positions. We must be able to maintain this critical capacity so that we can systematically engage with communities across the state, co-create improved service solutions with community, and identify and address service inequities through REALD/SOGIE data.

The Office of Public Affairs and Government Relations

We live in a new era of communication, with digital and virtual tools that empower us to learn, see, and do more than ever before. As our society becomes more and more information-savvy, societal expectations of public service agencies are rapidly changing – and agencies must keep up with the changes in order to serve our publics well. Additionally, new, and emerging information technologies allow agencies like ODHS to reach more people more effectively than previously possible, creating important opportunities for implementing agency priorities with greater speed, transparency, and efficiency.

ODHS historically has had a very small staff supporting Public Affairs, an office that includes communications, government relations, and website services. As a result, the agency has faced substantial challenges keeping up with the changing communications landscape, making it difficult for the public, media, legislators, and partners to navigate the agency. For example:

- A lack of transparency with the media and legislators was part of what led to Governor Brown to declare a crisis in the Child Welfare system in 2019.

[2] Race, ethnicity, language, and disability/sexual orientation or gender identity expresion

- Usability testing and website surveys consistently show that Oregonians find it difficult to navigate and perform basic tasks on the ODHS website. We also hear anecdotally from our employees that it's challenging to find what they need on the agency's internal website.
- Employees did not receive regular updates from the agency until we launched the Discover newsletter in 2020.
- Some programs have never had the capacity to develop and implement proactive communications campaigns that have the potential to help connect Oregonians with services.
- While communicators strive to translate ODHS materials into other languages, until recently, they did not have resources for transcreation and outreach to diverse communities. As such, translated materials have been unlikely to reach intended audiences.
- Legislators often struggled to get clear answers from ODHS programs about challenging issues and potential solutions; the agency has lacked a unified voice when talking with the legislature about policy and budget priorities.

ODHS has hired non-budgeted Public Affairs staff to address these longstanding problems and are making significant progress as a result – including improved accuracy and timeliness in responding to information requests from elected officials and the media; the initiation of a complete website redesign; the development of comprehensive legislative and consumer-facing communications plans; and expanded bilingual communications efforts centered on outreach to Spanish-speaking communities.

Without stable funding, the agency faces a higher risk of losing these positions if economic conditions decline or if new leadership make the decision to not allow NBPs. This would significantly undermine our ability to communicate equitably and effectively with the people we serve, our employees, legislators, the media, and

partners in a culturally specific and accessible manner, which in turn would undermine public trust and agency credibility.

Office of Human Resources

The Office of Human Resources (HR) provides a broad range of workforce management services to support the operation of all Oregon Department of Human Services (ODHS) programs, which collectively serve 1.5 million Oregonians. With approximately 10,000 employees and a complex range of programs and services, ODHS requires multiple, specialized divisions within HR to ensure effective recruitment, selection, development, retention, and management of human resources. HR provides services that, in turn, maximize services across the agency. Current staffing levels inhibit efficient and consistent service delivery as well as our capacity for continuous improvement. To accomplish the agency's broader goals, ODHS HR needs more staff to establish and/or implement:

- Robust, agency-wide training and development opportunities aligned with the agency's Equity North Star, Trauma-Informed Organization Policy, and the Department of Administrative Services (DAS) Management Competency model
- An agency-wide mentorship program
- Long-term succession planning
- Implementation of an ODHS learning council to advise and make recommendations on the statewide enterprise and program trainings/professional development
- Recruitment and retention systems that advance ODHS' commitment to becoming an antiracist organization and result in a workforce that is representative of Oregon's communities

The staffing proposed here will strengthen ODHS foundations and translate into cost savings by ensuring:

- More effective, efficient, and culturally responsive services to customers, clients, and partners.
- Improved accessibility to competitive integrated employment for underserved and historically marginalized communities.
- Up-to-date and improved professional development opportunities for staff that offer growth opportunities and boost employees' engagement and retention.
- Improved access to transparent and accurate program data to drive decisions and program design.
- Sustainable in-agency creation and delivery of growth and development systems to meet our agency objectives, rather than reliance on external contractors and temporary employees who come at a higher cost.

Without the staffing to implement these, the agency would be at a disadvantage in the following ways:

- Services to customers, clients, and partners will not be made more effective, efficient, and culturally responsive.
- Persistent barriers will remain in place preventing accessibility to competitive integrated employment for underserved and historically marginalized communities.
- Employee engagement and retention levels will remain the same rather than increasing.
- Challenges to accessing transparent and accurate program data will remain, perpetuating the difficulty to base program design and decisions on data.
- High-cost reliance on external contractors and temporary employees will continue as the norm, rather than sustainable in-agency growth and development to meet our agency objectives.
- HR will not be able to drive forward the agency's commitment to a long-term, strategic development and growth structure to fully integrate an organizational learning framework.
- Central Training will not have the capacity to revise and improve organization-wide professional development and training to reflect agency priorities of the Equity North Star, RiSE, and Trauma-Informed elements.

- HR will not have capacity to cultivate and foster stronger partnerships with Tribes and community-based organizations.
- The process and average time to fill positions from post to hire will not be adequately streamlined and improved.
- Current delays in service delivery with the Pay Equity process and Classification Review process will remain.
- Accessibility to ODHS careers for underserved and historically marginalized communities will not be adequately enhanced.
- The development of tracking systems and reporting dashboards will be significantly slowed, which will impact the level of transparency and accessibility of program data
- We run the risk of increased costs and burden due to ongoing difficulty in retaining employees.

3. How does this policy package help, or potentially hinder, populations that are disproportionately underserved? How does this policy package further ODHS's 3 strategic goals, and both the program and ODHS missions?

Guided by our Equity North Star, ODHS added the NBPs described in this policy package as part of a wider effort in support of our three strategic priorities:

- Strengthening ODHS at its foundations
- Preparing for and responding to emergencies
- Creating the future of human services in Oregon

Strengthening foundations means investing in efforts that empower ODHS to serve people more equitably, effectively, and in a culturally responsive manner. In ODHS Human Resources (HR), those efforts include recruiting, retaining, and supporting the diverse and highly qualified staff we depend on each day to serve millions of Oregonians. To accomplish these aims in the context of limited staffing, HR has had to hire several NBPs, including leadership positions, HR analysts, and training and development staff.

These positions are also centrally important in realizing ODHS' commitment to becoming an anti-racist organization. They support the ongoing development of staff competencies and capabilities related to culturally responsive and trauma informed service, facilitating the creation of inclusive work environments and improving job satisfaction among our internal communities most impacted by inequities. They also enable the effective internal engagement of our Employee Resource Groups in the design of culturally responsive professional development solutions. These efforts better position ODHS to recruit, support, and retain long-term a workforce that's representative of Oregon's diverse communities.

NBPs in Public Affairs are allowing us to make significant communications improvements across the agency: Our new bilingual staff are leading Latinx community engagement efforts, building relationships and gathering crucial feedback about how ODHS can best serve these communities. Other non-budgeted staff are creating tools that allow us to stay connected with key partners throughout the year – tools like the Child Welfare Division's new community engagement webinars and partner newsletter. New staff members are conducting comprehensive usability testing and user behavior studies to identify shortcomings in our public-facing and internal websites and create a data-informed website redesign plan. The communications team also assisted the Aging and People with Disabilities Program (APD) in its efforts to engage LGBTQIA2S+ older adults and gather the community's

insights on long-term care supports and services.

Other recent accomplishments made possible by a larger Public Affairs team include:

- Increased engagement with Oregon Tribes and expanded awareness of service barriers that Tribal members face, thanks to a new communications specialist position dedicated to Tribal Affairs;
- A more visually and linguistically accessible website, materials, and presentations;
- Easier online access to services;
- A statewide campaign focused on food assistance, developed in response to public input that communities were not receiving adequate information about pandemic-related changes to the Supplemental Nutrition Assistance Program (SNAP).

The Office of Equity and Multicultural Services (OEMS) and the Special Projects team in the ODHS Director's Office are specifically dedicated to **creating the future of human services in Oregon.** Using the ODHS Equity North Star as a guide, these teams lead with race and intersectionality, focusing on the people and communities most affected by disparities and supporting systems change and innovative solutions to address the barriers that prevent them from accessing the supports they need to thrive.

Chief among the agency's special projects is the Building Well-being Together initiative. BWBT entails a system-wide reorientation of human services – moving them from a regulative model that's focused on service eligibility and program compliance to one that emphasizes community engagement, examines the root causes of problems communities face, and co-creates with community more effective, upstream solutions. BWBT is currently in Phase 1 of the project, which involves building relationships with communities and building internal capacity for systems change. Phase 2, which is planned for the years 2023-24, will focus on the co-creation with community of an agency strategic plan and the iterative implementation of that plan.

Change on this scale can't happen in siloes; agency-wide and cross-agency collaboration is necessary to ensure a unified effort and long-term success. Special Projects Office and OEMS staff work to achieve this through:

- Cross-systems policy management those champions change, convenes thought leaders, and provides analysis of how to implement policy;
- Portfolio management including the collection, tracking, and analysis of transformation initiatives and regular reporting on progress and risks.
- Project management that ensures organization and accountability while minimizing duplicated or misaligned efforts;
- Business relationship management that navigates the core business functions of the agency to advance related elements of project work.
- Implementation and change management that ensures the successful hand off projects to ongoing operations and the ongoing adoption of advancements.
- Project coordination; and
- Administrative support.

Quantifying results

4. What are the long-term desired outcomes?

Resolving the nonbudgeted positions in the Director's Special Projects Office would ensure permanent resources for transformation, allowing the agency to better support long-term change and meet the changing needs of people in Oregon through the Building Well-being Initiative.

Maintaining our positions in the Office of Equity and Multicultural Services will help promote service equity throughout ODHS programs, helping to eliminate the discrimination and disparities in human services that have long impacted communities of color, Tribal members, LGBTQIA2S+ community members, refugees, immigrants, and people with disabilities.

Funded Public Affairs positions will continue to bring about increased website navigability; increased employee engagement; expanded access to services by audiences that we have not reached in the past – especially those in protected classes; improved relationships with the media and a shift in the media narrative about human services in Oregon; better legislative relations with stronger partnerships on aligned goals; and better understanding of ODHS strategic directions by internal and external audiences.

Clearing NBPs in Human Resources will support uninterrupted and effective services to customers, clients, and partners in all of ODHS' programs. All programs will experience enhanced and smoother succession transitions when staff retire or leave the agency. Employees will benefit from enhanced and streamlined recruitment, onboarding, mentoring, and professional growth and development opportunities, which will in turn enhance service delivery to Oregonians. In addition, these clearances will help improve services to and careers for Oregon's underserved and historically marginalized communities.

5. How will ODHS measure the impact on system and access inequities and/or impact disproportionality in accessibility and services in ODHS programs through this policy package?

Each Central and Shared Services unit represented in this policy package has its own metrics and measurement plan, all of which use an equity lens when analyzing program performance. However, these sets of metrics are tied

to the wider goals of Human Resources, Public Affairs, Special Projects, and OEMS, respectively – and not to the specific grouping of NBPs addressed in this cross-office proposal. Because this package would fund existing staff positions, moreover, there would be no measurable change that is exclusively attributable to their gaining position authority.

How achieved

6. What actions have occurred to resolve the issue prior to requesting a policy package?

ODHS has turned to job-rotations, temporary work-out-of-class assignments, and temporary employees as strategies for addressing inadequate staffing levels. We have worked across programs to maximize available capacity for co-delivering professional development opportunities, assisting with public relations efforts, and implementing agency initiatives. But these short-term, stopgap solutions often prove costly to the agency as frequent turnover creates an ongoing demand for training and re-training. They also are often interrupted due to competing program priorities. As a result, these teams and the work are in a continual state of reprioritizing assignments to focus solely on immediate priorities and foundational basics.

To move beyond this state and continue our progress on agency priorities, we will need to move away from temporary solutions and invest in stable, dedicated staffing across our Central and Shared Services Offices.

7. What alternatives were considered and what were the reasons for rejecting them?

The alternative to securing position authority and funding for these positions is to retain them as NBPs, which creates a risk of future position losses, complicates the agency budget, and can put important work on hold as vacancies stay unfilled to fund NBPs.

8. What other agencies, programs, community partners or stakeholders are collaborating on this policy package?

This cross-unit request is part of an agencywide strategy to advance the three ODHS priorities and has involved collaboration across Human Resources, Public Affairs, OEMS, and the Director's Office. These units work closely with programs to identify needs and hire the staff to meet those needs. Central and Shared Services also continues to work alongside ODHS Employee Resource Groups, Equity, and Inclusion Councils (EICs), the Trauma-Informed program, the RiSE team, and Tribal Affairs in developing staffing plans.

The Special Projects team works directly with Tribal, local, and state government agencies to identify and close the gaps in services and supports between our systems and programs and to invest in upstream and community-led solutions. Examples include collaborative, multi-disciplinary partnerships to support key populations; shared policy agendas and legislative efforts; and cross-agency data sharing. Specific agencies that the team is working with on a daily basis include the Oregon Health Authority, Oregon Housing and Community Services, Oregon Department of Education, Oregon Youth Authority, Oregon Department of Corrections, and Oregon Employment Department. Without this team in place, ODHS would lose capacity to work with these other agencies on shared solutions to meet people's needs.

9. Does this policy package require any changes to existing statute(s) or require a new statute? If yes, identify the statute and the legislative concept.

N/A

10. What other state, tribal, and/or local government agencies would be affected by this policy package? How would they be affected?

The Special Projects and OEMS teams work directly with local governments, community organizations, and Tribes on a wide range of transformational projects and initiatives to address the needs of people and communities. If the agency were to lose these teams, those efforts would likely fail, directly impacting those agency partners and the people they represent.

11. Is this policy package being requested because of an Oregon Secretary of State or internal audit? If so, provide further information.

N/A

Staffing and fiscal impact

Implementation date(s): _____

End date (if applicable): _____

12. What assumptions affect the pricing of this policy package?

ODHS has turned to job-rotations, temporary work-out-of-class assignments, and temporary employees as strategies for addressing inadequate staffing levels. We have worked across programs to maximize available capacity for co-delivering professional development opportunities, assisting with public relations efforts, and implementing agency initiatives. But these short-term, stopgap solutions often prove costly to the agency as frequent turnover creates an ongoing demand for training and re-training. While NBPs allow the agency to perform critical work, ensuring effective responses to emergent situations along with minimized service disruptions, they also divert resources from key agency operations and create a complicated, more opaque agency budget. Without position authority and associated funding, moreover, these positions are at particular risk for cuts during periods of economic decline or in cases where new leadership prohibits NBPs. They also are often interrupted due to competing program priorities. As a result, these teams and the work are in a continual state of reprioritizing assignments to focus solely on immediate priorities and foundational basics. To move beyond this state and continue our progress on agency priorities, we will need to move away from temporary solutions and invest in ongoing stable, dedicated staffing across our Central and Shared Services Offices.

13. Will there be new responsibilities for another agency (OHA etc.) and/or ODHS/OHA Shared Services? Specify which programs and describe their new responsibilities.

No, the responsibilities associated with these positions are already being fulfilled.

14. Will there be changes to client caseloads Cost per Case or services provided to population groups? Specify how many in each relevant program.

There is no direct correlation between caseloads and the capacity in Shared and Central Services. However, there is an indirect negative impact to the workloads that program staff would have if hiring and recruitment are not conducted on timely manner. Or in case with emergencies, not addressing the needs on a timely manner would potentially exacerbate the situation for the population impacted by wildfires, droughts, flooding, etc.

15. Describe the staff and positions needed to implement this policy package, including whether existing positions would be modified and/or new staff would be needed.

Please see responses under questions 1 and 2, above.

16. What are the start-up and one-time costs?

These are ongoing costs for staffing

17. What are the ongoing costs?

N/A

18. What are the sources of funding and the funding split for each one?

N/A

19. What are the potential savings?

N/A

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	$ 8,530,463	$0	$ 5,772,356	$ 14,302,819	56	56.00
Services & Supplies	$ 736,853		$ 481,226	$ 1,250,281		
Capital Outlay						
Special Payments						
Other						
Total	**$ 9,279,058**	**$0**	**$ 6,275,324**	**$ 15,554,382**	**56**	**56.00**

Fiscal impact by program

	Central	IDD	Program 3	Program 4	**Total**
General Fund	**$ 9,011,101**	**$267,957**			**$ 9,279,058**
Other Funds					**$0**
Federal Funds	**6,007,367**	**267,957**			**$ 6,275,324**
Total Funds	**15,018,468**	**535,914**			**$ 15,554,382**

Positions	**55**	**1**			**56**
FTE	**55.00**	**1.00**			**56.00**

Oregon Department of Human Services
2023-25 Policy Package

Division:	Central Services
Program:	Office of Resilience and Emergency Management
Policy package title:	Emergency Shelter and Feeding
Policy package number:	POP 114
Related legislation:	N/A

Summary statement:

No one in Oregon should go even one day without shelter, food, and water. Since the 2020 wildfires, the ODHS Office of Resilience and Emergency Management (OREM) has sheltered more than 4,400 survivors in over 60 motels and delivered more than two million hot meals to survivors, three times a day, seven days a week. There remain over 200 wildfire survivors who have lost their homes and are currently being sheltered through OREM services.

The last two years have been the most disaster-filled times in Oregon's history with ice storms, floods, drought, a chemical leak, and expansive wildfires.

When a disaster hits Oregon, OREM must be there to provide shelter, food, and water.

Funding this Policy Option Package (POP) would allow the ODHS Office of Resilience and Emergency Management (OREM) to provide emergency shelter and feeding to people in Oregon displaced by disaster, through the next biennium.

Oregon Department of Human Services:
2023-25 Policy Package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	**$35,000,000**	**$0**	**$0**	**$35,000,000**	**0**	**0.00**

Purpose

1. Why does ODHS propose this policy package and what problem is ODHS trying to fix or solve?

ODHS proposes this POP to secure continued funding for people displaced by disaster who need emergency sheltering and feeding. ODHS is responsible for providing mass care, or Emergency Support Function 6, according to the Comprehensive Emergency Management Plan. The Oregon Legislature appropriated $76,488,018 for feeding and sheltering of wildfire survivors (2021 Regular Session, HB5006, Section 103). The 2020 wildfires were larger in scale and scope than any other disaster in Oregon's history. More than 500,000 people were under evacuation orders at one time during the disaster. ODHS provided more than 4,400 survivors with non-congregate sheltering in the form of hotel rooms due to the COVID-19 pandemic. The money appropriated form HB5006 was spent on water, food, food delivery wrap-around services, and hotel fees. Since the September 2020 wildfires adequate affordable housing has not been constructed in Oregon, and ODHS's reliance on private partners to provide non-congregate shelter remains. Given our experience, expense history, and anticipated cost savings (due to hoped-for less severe wildfire season and other operational improvements and efficiencies), it seems appropriate to request $35 million for sheltering, feeding, wrap-around services and other related expenses for the 2023-2025 biennium.

2. What would this policy package buy and how and when would it be implemented?

Funding this POP would allow the ODHS Office of Resilience and Emergency Management (OREM) to provide emergency shelter and feeding to people in Oregon displaced by disaster through the next biennium.

3. How does this policy package help or potentially hinder populations that are disproportionately or underserved? How does this policy package further ODHS's three strategic goals for both the program and ODHS missions?

The OREM conducts all its work with equity as the North Star. In September 2020, during the beginning of response efforts to the wildfires, the OREM was instructed to provide shelter to everyone displaced by the fires regardless of their race, orientation, or citizenship status. Therefore, ODHS's OREM decided to manage the sheltering administration in-house as opposed to allowing FEMA's Transitional Shelter Assistance program to administer the sheltering efforts. OREM's entire mission is built upon the concept that some people need more help than others and we have made every effort to identify and serve those with access and functions needs, culturally sensitive needs or other disenfranchised people who need extra help. Funding this POP request would enable OREM to continue to provide person-focused social services and to be able to transform the social service and emergency management landscape in Oregon.

Oregon Department of Human Services:
2023-25 Policy Package

Quantifying results

4. What are the long-term desired outcomes?

The long-term desired outcome is to be prepared with funding to provide shelter, feeding, water, and wrap-around services to every person displaced by disaster in Oregon who needs our help.

5. How will ODHS measure the impact on system and access inequities and/or impact disproportionality in accessibility and services in ODHS programs through this policy package?

The OREM seeks to provide extra services to clients who need extra help. That is how we serve mass care to Oregonians with equity. The measure of success could be quantified by the number of people or households we serve, the number of nights people spent in shelter, the amount of money we spend on wrap-around disaster social services, or the number of meals we serve. The quality of success could be measured by a survey tool that the OREM could offer to the people we serve. Ultimately, the goal will be met when every person displaced by disaster in Oregon does not have to spend one night without adequate shelter, food, and water.

How achieved

6. What actions have occurred to resolve the issue prior to requesting a policy package?

The Oregon Legislature appropriated $76,488,018 for feeding and sheltering of wildfire survivors (2021 Regular Session, HB5006, Section 103) through to the current biennium. Efforts are ongoing to receive reimbursement from FEMA. Current funding from HB5006 is projected to be exhausted in November 2022.

7. What alternatives were considered and what were the reasons for rejecting them?

Traditional congregate sheltering was rejected based on advice from the Oregon Health Authority due to the COVID-19 pandemic in September 2020. Forms of non-congregate sheltering other than hotels are not known.

Longer-term sheltering is being developed through public/private partnerships and by Oregon Housing and Community Services.

8. What other agencies, programs, community partners or stakeholders are collaborating on this policy package?

The ODHS OREM has been working with a variety of agencies and community partners in various emergency sheltering activities; too many to list here. For example, the OREM developed a public/private partnership with a private partner, Fortify Holdings, that purchased four hotel properties in Medford, two in Lincoln City and one in Eugene to provide shelter for hundreds of Oregonians displaced by the 2020 wildfires. The hotels were closed to the public and served as shelters. The project included converting the hotel rooms into apartments and adding kitchens to each unit. Successes and improvements in survivors' recoveries are growing each day thanks to this project.

The OREM has also worked closely with many community-based organizations (CBOs) either through a direct contract for providing wrap-around services for feeding, or through affiliated partnerships like the partnership

described above. For example, Rogue Community Health (RCH) is a non-profit, award-winning medical and dental service provider with locations in Ashland, Butte Falls, Medford, Prospect and White City. RCH has partnered with the OREM and contracted with Fortify Holdings to provide wrap-around services including medical care, job placement and other services to survivors in shelters. The OREM depends upon and works through private partners and CBOs to accomplish its mission to provide mass care to everyone in need. Without private partners and CBOs, the OREM would not be able to provide mass care or disaster social services.

9. Does this policy package require any changes to existing statute(s) or require a new statute? If yes, identify the statute and the legislative concept.

No.

10. What other state, tribal, and/or local government agencies would be affected by this policy package? How would they be affected?

Tribal Nations and local governments will benefit from funding this policy package because the OREM's duty to provide mass care is triggered when local resources are overwhelmed or exhausted. The OREM works by, though, and with Tribal Nations, local governments, and CBOs to provide emergency sheltering, feeding and hydration when disaster strikes people living in Oregon.

11. Is this policy package being requested because of an Oregon Secretary of State or internal audit? If so, provide further information.

No.

Staffing and fiscal impact

Implementation date(s): _____

End date (if applicable): _____

12. What assumptions affect the pricing of this policy package?

The pricing of this policy package is based upon historical expenses and projected estimations of conditions. The $76 million appropriated by the 2021 Regular Session is estimated to be exhausted by November 2022. However, many variables that affect pricing are expected to be different in the next biennium. For example, if the next biennium does not have a wildfire season that burns over 1,000,000 acres and over 4,000 structures, then fewer people will need shelter. If COVID-19 conditions improve, then the Oregon Health Authority may approve the use of congregate sheltering. However, there is no way to accurately forecast what disasters or other situations requiring mass care might strike Oregon. The last two years have been the most disaster-filled times in Oregon's history, and that has cost more than $70 million dollars. Hopefully, the next biennium will produce fewer disasters that require fewer mass care efforts.

13. Will there be new responsibilities for another agency (OHA etc.) and/or ODHS/OHA Shared Services? Specify which programs and describe their new responsibilities.

No

14. Will there be changes to client caseloads Cost per Case or services provided to population groups? Specify how many in each relevant program.

No

15. Describe the staff and positions needed to implement this policy package, including whether existing positions would be modified and/or new staff would be needed.

The OREM has been growing in staff since its inception in September 2020. Currently, the organizational chart has approximately 60 staff, but almost none of those positions are funded. A separate POP addresses that need and request.

16. What are the start-up and one-time costs?

Any start-up or one-time costs have been met in the past two years. Any additional start-up or one-time costs would be mission specific.

17. What are the ongoing costs?

Currently, the OREM is still sheltering more than 300 people who lost their homes in the 2020 wildfires. Their sheltering, feeding and wrap-around expenses continue.

18. What are the sources of funding and the funding split for each one?

The OREM's sheltering expenses for the 2020 wildfires were sourced from HB5006 (2021).

19. What are the potential savings?

Potential savings could be gleaned by less impactful disasters, more public/private partnerships, and development of additional affordable housing.

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	$0	$0	$0	$0	0	0.00
Services & Supplies	35,000,000			35,000,000		
Capital Outlay						
Special Payments						
Other						
Total	**$35,000,000**	**$0**	**$0**	**$35,000,000**	**0**	**0.00**

Fiscal impact by program

	Program 1	Program 2	Program 3	Program 4	**Total**

General Fund	35,000,000				**$35,000,000**
Other Funds					**$0**
Federal Funds					**$0**
Total Funds	35,000,000				**$35,000,000**
Positions					**0**
FTE					**0.00**

Oregon Department of Human Services
2023-25 Policy Package

Division:	Central Services
Program:	Office of Resilience and Emergency Management
Policy package title:	Refugee Program
Policy package number:	POP 115
Related legislation:	SB 1550 (2022 Regular Session)

Summary statement:

Oregon has a long tradition of welcoming refugees. Since 1975, nearly 70,000 forcibly displaced people have arrived in the state from all over the world. After resettling here, refugees contribute greatly to Oregon's economic vitality, cultural life, and social fabric. Today, Oregon is as committed as ever to welcoming refugees and helping them safely and successfully rebuild their lives – a commitment that's increasingly critical as the world's refugee population continues to grow to record numbers. Oregon Department of Human Services' Office of Resilience and Emergency Management (OREM) provides a comprehensive array of services to people in Oregon who are impacted by disasters and emergencies, including the sheltering, and feeding of refugees. While we are currently supporting refugees through our existing infrastructure, the recent raising of the federal refugee admissions cap, coupled with the war in Ukraine and other crises around the world, translate into growing numbers of refugees who need our help. In addition to anticipated fiscal shortfall, these trends pose considerable risk to our ability to provide current levels of service. The funding provided by this policy package will facilitate food, shelter, and aid for displaced refugees who come to Oregon.

Oregon Department of Human Services:
2023-25 Policy Package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	**$8,639,164**	**$0**	**$1,200,599**	**$9,839,763**	**8**	**7.00**

Purpose

1. Why does ODHS propose this policy package and what problem is ODHS trying to fix or solve?

Due to current global events and the U.S. political climate,[1] Oregon's Refugee Program is seeing a significant increase in the number of migrants in need of services. The war in Ukraine and the impending end of Title 42 on the southern border is expected to increase these numbers further. To continue, in the face of these trends, to provide refugees with the services they need and administer the state's refugee resettlement program, the Office of Resilience and Emergency Management will need staffing and other resources. As the duties, property, functions, and powers of the Office of Immigrant and Refugee Advancement are transferred to the Oregon Department of Human Services (ODHS) per Senate Bill 1550 (2022 Regular Session), these resources become all the more critical. This policy option package requests $8,000,000 to meet our growing obligations.

2. What would this policy package buy and how and when would it be implemented?

[1] Statement by President Joe Biden on Refugee Admissions, 2021.

Funding for Emergency Shelter

Funding this POP would allow the ODHS Office of Resilience and Emergency Management (OREM) to continue to provide emergency shelter and feeding to refugees who come to Oregon. Senate Bill 1550 (2022 Regular Session) states that this transition shall take place on or before 91 days after the effective date of the bill on July 15, 2022.

Additional staffing for SSP's Refugee Program

Additional Refugee Program staff is needed to maintain operations as well as to fulfill the growing amount of work that is currently being performed by three staff and a half-time manager. Three of the seven requested staff can be funded with federal funds provided through the Office of Refugee and Resettlement. The remaining four requested staff are currently classified as limited duration. SSP is requesting to make these staff permanent.

3. How does this policy package help, or potentially hinder, populations that disproportionately or underserved? How does this policy package further ODHS's 3 strategic goals, and both the program and ODHS missions.?

The OREM conducts all its work with equity as the North Star. OREM's entire mission is built upon the concept that some people need more help than others, and we have made every effort to identify and serve those with access and functions needs, culturally sensitive needs, or other disenfranchised people who need extra help. Funding this POP request would enable OREM to continue to provide culturally sensitive, person-focused social services and to be able to transform the social service and emergency management landscape in

Oregon. By their very nature refugees are disproportionately underserved and especially vulnerable; funding this POP would enable the OREM to welcome these guests into our country with dignity and safety.

Quantifying results

4. What are the long-term desired outcomes?

The long-term desired outcome is to be prepared with funding to provide shelter, feeding, water, and wrap-around services to every person who comes to Oregon as a refugee. These desired outcomes will be to ensure that every refugee has safe, comfortable, and secure shelter, food, and water during their first 90 days in Oregon, and are then transitioned to a safe, secure, comfortable form of more permanent housing.

5. How will ODHS measure the impact on system and access inequities and/or impact disproportionality in accessibility and services in ODHS programs through this policy package?

The OREM seeks to provide extra services to clients who need extra help. That is how we serve mass care to Oregonians with equity. The measure of success could be quantified by the number of refugees we serve, the number of nights people spent in shelter, the amount of money we spend on wrap-around social services, or the number of meals we serve. The quality of success could be measured by a survey tool that the OREM could offer to the refugees we serve. Ultimately, the goal will be met when every refugee who arrives in Oregon does not have to spend one night without adequate shelter, food, and water.

How achieved

6. What actions have occurred to resolve the issue prior to requesting a policy package?

The OREM has sheltered 633 refugees from Afghanistan to date (6/22/2022). Although the overall average days of hotel stay is 67, that has shifted significantly in the last several months toward a full 90-day stay. Of the $5,362,590 allocated to OREM for feeding/sheltering through Dec. 31, 2022, we have spent $4,302,450.95, leaving $1,060,139.05 remaining. However, we anticipate a short-fall of $1,000,000 before the close of this current (’21-’23) biennium.

7. What alternatives were considered and what were the reasons for rejecting them?

Historically, sheltering refugees has been administered by the Governor’s Office with support from the Self Sufficiency Program within ODHS. Now those duties lie exclusively with ODHS.

8. What other agencies, programs, community partners or stakeholders are collaborating on this policy package?

The OREM works with private partners such as hotels, feeding vendors, interpreters and translators, and private security companies to shelter, feed, and protect refugees. Then, after the refugees’ stay in our shelter is

complete, the responsibility for the safety and welfare of the refugees are transferred to a resettlement agencies or long-term placement into a more permanent form of housing.

9. Does this policy package require any changes to existing statute(s) or require a new statute? If yes, identify the statute and the legislative concept.

No.

10. What other state, tribal, and/or local government agencies would be affected by this policy package? How would they be affected?

The impact on other state agencies, Tribal Nations, and local government is minimal.

11. Is this policy package being requested because of an Oregon Secretary of State or internal audit? If so, provide further information.

No.

Staffing and fiscal impact

Implementation date(s): _____

End date (if applicable): _____

12. What assumptions affect the pricing of this policy package?

Our budgeting conditions/assumptions from the start of the program include a family of 4 occupy each hotel room on average. Sheltering is offered for 90 days. The maximum daily GSA cost for a room in Oregon is $182. The rate changes by county each quarter to reflect seasonal changes. All calculations are predicated on the maximum room rate. The maximum daily per diem GSA for meals in Oregon is $64. This will include 3 hot culturally appropriate meals/day that will be prepared and delivered to individual rooms (COVID provisions apply). Therefore, a family of 4 costs $438/day or $13,140/month or $39,420/3 months.

With the $1,060,450.95 remaining we can shelter and feed 26 families for 90 days. We have 23 families currently in shelter and we could anticipate running out of funds by early September 2022. If the trend continues through September 30, 2022, then we could anticipate seeing another 25-30 families conservatively in the near term, and foreseeably 50 families by the end of the year, which would necessitate an additional $1,971,000 in funding (50 x $39,420) at a minimum through the end of the current biennium. Therefore, a conservative estimate of $8,000,000 is requested to fund the needs of refugees for the ’23-’25 biennium.

13. Will there be new responsibilities for another agency (OHA etc.) and/or ODHS/OHA Shared Services? Specify which programs and describe their new responsibilities.

No.

14. Will there be changes to client caseloads Cost per Case or services provided to population groups? Specify how many in each relevant program.

No.

15. Describe the staff and positions needed to implement this policy package, including whether existing positions would be modified and/or new staff would be needed.

A Social Service Emergency Liaison (SSEL) should be able to attend to the needs of 100 refugees in shelter at a maximum during one operational period. Considering the historic data shows approximately that many or fewer on average, then one SSEL should be added to our office to administer this need. A SSEL is an OPA-4 classification.

16. What are the start-up and one-time costs?

Any start-up or one-time costs have been met in the past two years. Any additional start-up or one-time costs would be mission specific.

17. What are the ongoing costs?

Currently, the OREM is still sheltering 23 refugee families in shelter. Ongoing costs will depend on the number of refugees who come to Oregon in the ’23-’25 biennium and the prevailing hotel and food rates at that time.

18. What are the sources of funding and the funding split for each one?

Previously this was funded through a mix of federal State Afghan Placement and Assistance (SAPA) and general funds, with the majority of funds from the general fund.

19. What are the potential savings?

Potential savings could be gleaned by fewer refugees.

Oregon Department of Human Services:
2023-25 Policy Package

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	$584,185	$0	$1,094,737	$1,678,922	8	7.00
Services & Supplies	$8,054,979		$105,862	$8,160,841		
Capital Outlay						
Special Payments						
Other						
Total	**$8,639,164**	**$0**	**$1,200,599**	**$9,839,763**	**8**	**7.00**

Fiscal impact by program

	Central	SSP	Program 3	Program 4	**Total**
General Fund	$8,132,806	$506,358			**$8,639,164**
Other Funds					**$0**
Federal Funds	$88,539	$1,112,060			**$1,200,599**
Total Funds	$8,221,345	$1,618,418			**$9,839,763**
Positions	1	7			**8**
FTE	0.75	6.25			**7.00**

Oregon Department of Human Services
2023-25 Policy Package

Division:	Central and Shared Services
Program:	Office of Equity and Multicultural Services
Policy package title:	Grant Program for Community-Based Organizations
Policy package number:	POP 116
Related legislation:	N/A

Summary statement:

An effective, resilient human services ecosystem is comprised of both government and community-based partners working collaboratively to provide the supports and systems necessary for everyone in Oregon to thrive. During the pandemic and recent weather events, communities clamored for a more comprehensive response that was driven by communities rather than by centralized government structures, making clear a pressing need to empower communities to shape their own, custom-tailored solutions. Oregon Department of Human Services is requesting $26 million and 17 staff positions to establish a grants program to community-based organizations (CBOs). These resources will be used for grant awards and will support data, technical and program supports to CBOs. The investment will allow ODHS to strategically grow the human services infrastructure through local partnerships, supporting the emergence of new and more effective service delivery models and increasing equity within human services statewide.

Oregon Department of Human Services:
2023-25 Policy Package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	**$25,070,146**	**$0**	**$1,066,706**	**$26,136,852**	**19**	**14.25**

Purpose

1. Why does ODHS propose this policy package and what problem is ODHS trying to fix or solve?

Traditionally, human services have been delivered according to tight eligibility rules, offering little flexibility when it comes to meeting families' and communities' specific needs. For too long, human services have been shaped primarily by agency regulations, resulting in one-size-fits-all approaches that lack cultural responsiveness and leave many people's needs unaddressed. These services, moreover, are provided through highly siloed programs that require individuals and families to successfully navigate multiple, complex, and often alienating systems in order to get the help they need.

ODHS recognizes the need to bring about a profound culture change within human services – one that allows communities, not agencies, to determine how best to meet the needs of the people we serve. Empowering and leveraging partnerships with community-based organizations (CBOs) represents a key part of this culture change. Compared to state agencies, CBOs tend to be deeply rooted in the communities they serve and have deeper, on-the-ground perspectives on what their communities need in order to thrive. The COVID-19 pandemic, recent wildfires and extreme weather events highlighted the critical role CBOs can play in supporting individuals and families. For these reasons, CBOs are uniquely positioned to create innovative and

highly responsive approaches to service design and delivery – but they often lack the necessary resources and capacity.

This POP creates a Community Grants Program, with funds awarded in five categories: **Innovation**, **Community Resilience and Preparedness**, **Interconnected Human Services**, **Community Navigators**, and **Community Voice**.

As described below, each funding area is designed to strategically grow the human services infrastructure, providing opportunities for local collaboration, supporting the emergence of new and creative service delivery models, fostering collaboration, and promoting equity within human services statewide.

2. What would this policy package buy and how and when would it be implemented?

This policy package provides $20 million in direct funding to CBOs and provides $2.5 million for data, technology, and program supports and $2.5 million for ODHS staffing and administration.

Funds will be awarded in five investment areas:

- **Innovation Funding**—Support tailored human service approaches that improve quality and cost effectiveness and address service equity needs. Potential CBO services include program-specific partnerships in Aging and People with Disabilities, Self-Sufficiency Programs, Office of Developmental Disabilities Services, Vocational Rehabilitation, and Child Welfare.
- **Community Resilience and Preparedness**—Build the capacity of CBOs to develop proactive strategies to address emergency preparedness, such as communicating in native languages, with local leaders delivering messages in the hours and days after an emergency; fosters resilience at both the household and community levels.

- **Interconnected Human Services**—Fund local CBOs to coordinate a continuum of social services which may include providing housing, employment, and childcare all at one provider location. Potential CBO services under **Interconnected Human Services** include, but are not limited to:
    - Grants to local, community-led service hubs
    - Funds for projects that build capacity at the local level to coordinate a continuum of services across sectors
    - Expansion of the Oregon Health Plan Certified Application Assisters program to include support for the full range of ODHS services
- **Community Navigators**—Removes cultural and linguistic barriers to accessing services while building a cohort of community navigators able to advise ODHS on program, policy, and system improvement. Building upon the success of the Tribal Navigator initiative, these awards will invest in Oregon communities that do not access services and supports at rates proportional to their population in the state, including Black, Latino/a/x/e, Asian American and Pacific Islander, Russian and Slavic, immigrant, and LGBTQ+ communities. Navigators, placed in community-trusted CBOs, would help break down barriers and address historical fear to help individuals access supports.
- **Community Voice**—Project-specific advisory funds to ensure that community members with lived experience of ODHS programs and services can actively inform and shape service delivery in their communities. Potential CBO services under **Community Voice** include, but are not limited to:
    - Contract with poverty relief organization(s) to seat and maintain a community led TANF Family Advisory Council
    - Fund ongoing engagement with CBOs serving LGBTQIA2s+ older adults, building on groundbreaking APD survey

3. How does this policy package help, or potentially hinder, populations that our system has disproportionately underserved? How does this policy package further ODHS's 3 strategic goals, and both the program and ODHS missions?

While ODHS' service delivery system is robust and strives to be equitable, our system continues to create barriers for community members. Partnering with Community-Based Organizations will enable ODHS to better meet the needs of vulnerable or hard-to-reach populations, improve human service coordination at the local level, and design our programs, policies, and practices in ways that are directly informed by the lived experiences of those we serve.

GOAL I: Strengthening ODHS Foundations

Strong, strategic community partnerships are foundational to cultivating a functioning network of interwoven human services. ODHS' investment in Community-Based Organizations lays the groundwork for a healthy human services ecosystem. In particular, the **Interconnected Human Services** funding area is aimed at cross-sector collaboration.

GOAL II: Responding to Emergencies and Disasters

The wildfires of 2020 revealed gaps in emergency preparedness and response. The current model is based on scaling up resource deployment after a disaster has already occurred, when communities are least likely to have the capacity to act. The **Community Resilience and Preparedness** grants outlined in this POP provide resources for Community Based Organizations (CBOs) to partner with the Office of Resiliency and Emergency Management (OREM) proactively. This will enable ODHS to effectively meet needs of communities when disaster strikes, resulting in more resilient and better served communities, reducing the impact of disasters overall. Likewise, the **Community Navigators** funding invests in a network of community-trusted leaders, who can be called upon to act in emergencies. This builds upon best practices derived from both the ODHS Tribal Navigators program and lessons learned from the COVID-19 pandemic response.

GOAL III: Creating the Future of Human Services in Oregon
This POP continues the successful **Innovation Fund** launched by Aging and People with Disabilities (APD and expands its reach to other ODHS programs. In addition, funds for **Community Voice**, such as resourcing a TANF Family Advisory Council, ensures programs, policies and practices are grounded in the experiences of service recipients

Quantifying results

4. What are the long-term desired outcomes?

- We expect that these investments in cross-sector partnerships, technology and data sharing tools will **increase the efficacy of human services** in Oregon by ensuring that they are responsive to communities' needs and goals.
- Capacity building and technical assistance to CBOs that support populations traditionally underserved by our system should lead to more **equitable service delivery** and better outcomes for clients.
- Funding for CBOs will ensure that ODHS can be more **innovative, nimble, and responsive** to on-the-ground community needs and emergencies.
- Contracting with culturally specific organizations will help build **long-term partnerships and trust** and **improves equity in procurement** (*per Executive Order to Improve Equity in State Procurement and Contracting*).

5. How will ODHS measure the impact on system and access inequities and/or impact disproportionality in accessibility and services in ODHS programs through this policy package?

Innovation: ODHS will solicit innovative service delivery proposals from CBOs serving urban, rural and frontier communities, linguistically and culturally isolated populations, LGBTQIA2s+ Oregonians, people with disabilities, and older adults. Proposers will be asked to use data to demonstrate the need they identify and incorporate best or promising practices into the projects they propose to address said need.

Community Resilience and Preparedness: ODHS will measure progress through increased partnerships, communication, and trainings, as well as through tracking geographies and demographics served. Ultimately, the program will be tested in crisis, where success will be determined through action—and those who need emergency food, shelter, and water receive it. Proactive investment in CBOs will ensure local communities are more resilient and prepared for disaster, and the OREM can effectively respond to any hazard that befalls people in Oregon. OREM collects and tracks data in several ways for a variety of missions, employing an ARC GIS specialist to maintain a multi-layered interactive map to track resources and efforts. Ultimately, ODHS aims to provide an integrated approach to social services, and we track the trajectory of people's lives post-disaster.

Interconnected Human Services: CBOs or networks of providers will serve community members on a continuum of social services—which may include providing housing, employment, childcare, and long-term services and supports—all at one provider location. This will result in less service fragmentation, increased person-centered approaches, a greater number of community partnerships, increased local service capacity, and more coordinated support for the individuals and families served.

Community Navigators: Investing in Community Navigators housed in CBOs will result in reduced service access disparities for individuals in rural communities, communities of color, older adults and people with

disabilities, immigrant communities, and LGBTQIA2S+ communities; greater community awareness of Oregon's human services and supports; more culturally responsive practices; increased communications capacity within hard-to-reach demographic or geographic populations

Community Voice: CBOs are better positioned to engage the culturally, ethnically, linguistically, and geographically diverse populations they serve than ODHS and can help identify and implement program and policy changes that are wanted, needed, and sustainable. Investments in this program area will result in new advisory councils and ongoing ways to obtain community input, increased community engagement, and more community-centered service approaches.

How achieved

6. What actions have occurred to resolve the issue prior to requesting a policy package?

ODHS has previously employed a piecemeal approach to contracting with CBOs. Each program has employed meaningful, targeted approaches to addressing inequity within the system, innovations in service delivery, and efforts to amplify client and community voice. This Policy Options Package builds on these best practices and successes of these endeavors, rising siloed projects to the enterprise level without compromising the intention of meeting communities' specific needs.

7. What alternatives were considered and what were the reasons for rejecting them?

This proposal recognizes the unique, specialized position CBOs occupy in meeting culturally specific, emergent, and localized community needs. CBOs have a distinctive lens, understanding both the people they serve as well as the multitude of systems and factors that impact those people's lives. Human services CBOs are deeply entrenched in cross-system work, such as behavioral health and housing. They partner with multiple

state agencies, navigating different contracting business requirements. Creation of an ODHS Community Grants program, with associated staffing and infrastructure, will ensure ODHS has the capacity to engage these critical community partners.

8. What other agencies, programs, community partners or stakeholders are collaborating on this policy package?

This Policy Options Package was derived from intensive engagement with community-based organizations during the COVID-19 pandemic, wildfires, extreme weather events and other disasters.

9. Does this policy package require any changes to existing statute(s) or require a new statute? If yes, identify the statute and the legislative concept.

Statutory change is not necessary to advance this Policy Options Package. However, ODHS has submitted an Agency Request to the Office of Legislative Council, Concept # 10000-007, authorizing the creation of Community Grants Program

10. What other state, tribal, and/or local government agencies would be affected by this policy package? How would they be affected?

Oregon Housing and Community Services (OHCS) and Oregon Health Authority (OHA)
The ODHS Community Grants fund would work in coordination with similar already existing funding pools from OHCS and OHA. Our aim is to eventually work to create a collective, cross-agency strategy for CBOs to receive training, technical assistance, and capacity building available to health, human services and housing

organizations, creating seamless opportunities for organizations who span this spectrum to receive funds without navigating multiple, complicated bureaucracies.

CPOP Community Partners Contract Expansion
OHA's Community Partner Outreach Program (CPOP) has a group of 25 contracted community partners (CPs) and 650+ volunteer community partners who assist community members in applying for the Oregon Health Plan, many of whom are people and families that OHDS has a hard time reaching. For several years, community partners have been requesting permission to help clients with more expansive application assistance support, but community partners have limited access to the ONE system. The **Interconnected Human Services** grant focus area includes funding to expand CBO contracts beyond Oregon Health Plan-only application assistance, ensuring community partners can also help their clients apply for ODHS services. This will contribute to more equitable access and better integrated health care and human services for vulnerable Oregonians.

11. Is this policy package being requested because of an Oregon Secretary of State or internal audit? If so, provide further information.

No

Staffing and fiscal impact

Implementation date(s): July 1, 2023

End date (if applicable): n/a

12. What assumptions affect the pricing of this policy package?

Grant funding will be invested in the following areas: Innovation, Community Resilience and Preparedness, Interconnected Human Services, Community Navigators, and Community Voice.

Each funding area is designed to strategically grow the human services infrastructure, providing opportunities for local collaboration, supporting the emergence of new and creative service delivery models, fostering collaboration, and increasing equity within human services statewide. These investments are expected to improve outcomes for those that ODHS serves or may serve and meet the needs of individuals and families.

13. Will there be new responsibilities for another agency (OHA etc.) and/or ODHS/OHA Shared Services? Specify which programs and describe their new responsibilities.

There will not be additional responsibilities for other agencies other than opportunities for further coordination and the development of a shared approach to partnering with and resourcing Community Based Organizations.

14. Will there be changes to client caseloads Cost per Case or services provided to population groups? Specify how many in each relevant program.

No

15. Describe the staff and positions needed to implement this policy package, including whether existing positions would be modified and/or new staff would be needed.

New positions:

1. PEM F – Manager of the Community Grants Program and supervisor the Community Grants Program Team
2. Grant Manager; 1-OPA 4
3. Project Manager; 1-OPA 3
4. Public Affairs Specialist; 1-PAS 2
5. Grant Coordinators; 7-OPA 3s
6. CBO Engagement Coordinators(s) – 8 OPA 2s, 1 placed in each program (Child Welfare, Self Sufficiency, Office of Developmental Disabilities, Vocational Rehabilitation, Adults and People with Disabilities), plus Oregon Eligibility Program (OEP), Office of Resilience and Emergency Management (OREM), and Office of Equity and Multicultural Services (OEMS).

16. What are the start-up and one-time costs?

None

17. What are the ongoing costs?

$20 million in direct funding to Community Based Organizations
$2.5 million for data, technology, program supports
$3.3 million for ODHS staffing and administration

18. What are the sources of funding and the funding split for each one?

Expenses are cost allocated to all major funding sources of ODHS.

19. What are the potential savings?

Oregon Department of Human Services:
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Because Oregon currently does not have an Office of Faith-Based and Neighborhood Partnerships, the state often misses out on appropriated federal funds available to states, many of which are directly passed through to faith-based organizations and community partners. Creating a Community Grants Program and associated infrastructure within ODHS will enable Oregon to access these and other funding streams in the future.

CBOs have the potential to deliver more targeted "upstream" human services that can prevent more costly services downstream.

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	$2,259,603	$0	$962,090	$3,221,693	19	14.25
Services & Supplies	$22,810,543		$104,616	$22,915,159		
Capital Outlay						
Special Payments						
Other						
Total	**$25,070,146**	**$0**	**$1,066,706**	**$26,136,852**	**19**	**14.25**

Fiscal impact by program

	Central	SSP, CW, OEP	IDD, APD	VR	**Total**
General Fund	24,017,050	498,901	363,495	190,700	**$25,070,146**
Other Funds					**$0**

Federal Funds	1,011,403	55,303			**$1,066,706**
Total Funds	25,028,453	554,204	363,495	190,700	**$26,136,852**
Positions	13	3	2	1	**19**
FTE	9.75	2.25	1.50	0.75	**14.25**

Oregon Department of Human Services:
2023-25 Policy Package

Division:	Tribal Affairs Unit and Self-Sufficiency Programs
Program:	Tribal Consultations and Self-Sufficiency Programs Design
Policy package title:	Tribal Liaisons
Policy package number:	POP 117
Related legislation:	N/A

Summary statement:

To respect and uphold the sovereignty of U.S. Tribal Nations, required consultation and engagement should occur in a consistent, coordinated, and equitable way. Effective consultation and engagement will provide Tribal children, families and elders the access they need to services and supports from the Oregon Department of Human Services (ODHS). Lacking a formal structure, current engagement and collaborative efforts are often confusing and ineffective. Currently ODHS does not have a formal structure, uniform process or supports to do this work. ODHS is requesting this policy option package to (1) adequately resource the ODHS Tribal Consultation Policy implementation structure and (2) add Self-Sufficiency Programs Tribal Liaisons positions. This request aligns with ODHS' strategic goals of strengthening foundations and creating the future of human services. Without the requested resources, members of Oregon's Nine Federally Recognized Tribes as well as Tribal members from out-of-state Tribal Nations will continue to be underrepresented in ODHS supports and services and disproportionally represented in its Child Welfare systems, where they face higher rates of family separation than the non-Tribal population. This proposal

adequately resources ODHS Tribal Consultation Policy efforts, supports all ODHS programs and brings ODHS into compliance with State and Federal requirements. Without the resources requested in this package, ODHS Self-Sufficiency Programs (SSP) will continue to lack the necessary staffing to carry out consistent engagement with Oregon Tribes at the local level. Tribal Leaders requested SSP hire or designate Tribal Liaisons who they can connect with regularly to ensure coordination happens in a way that supports Tribal families in accessing needed benefits and services. This proposal creates infrastructure for Tribal Engagement by funding eight Tribal Liaison positions and a manager.

Grant Total	**General Fund**	**Other Funds**	**Federal Funds**	**Total Funds**	**Pos.**	**FTE**
Policy package pricing:	**$2,343,419**	**$0**	**$503,737**	**$2,847,156**	**15**	**11.25**

SSP Des	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	$1,587,828	$0	$0	$1,587,828	9	6.75

Central	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE

Policy package pricing:	$755,591	$0	$503,737	$1,259,328	6	4.50

Purpose

1. Why does ODHS propose this policy package and what problem is ODHS trying to fix or solve?

ODHS Tribal Consultations: The lack of structure, uniform process, and other support for ODHS Tribal Consultations erodes government-to-government relationships, ignores Tribal sovereignty, disengages Tribal voice from the development of ODHS policy, planning, and programming and fails to promote health and wellness of all Oregon Tribal children, families, and elders. In addition, both Federal and State legislatures have considered allowing legal remedy for Oregon Tribes against agencies not in compliance with laws requiring formal Tribal Consultations.

Self-Sufficiency Programs (SSP) Tribal Engagement: SSP has prioritized increasing Tribal Engagement, which requires staff dedicated to consistent engagement with Oregon Tribes at the local level. Members of Oregon's Nine Federally Recognized Tribes and Tribal members from out-of-state Tribal Nations are underrepresented in ODHS SSP supports and services. Tribal leaders from the Confederated Tribes of Siletz Indians (CTSI) informed SSP they would like contact persons from SSP with whom their Tribal staff and Tribal members can connect regularly. CTSI has a service area designated by the Bureau of Indian Affairs that spans 11 Oregon

counties. CTSI leaders requested SSP hire or designate Tribal Liaisons who they can connect with regularly to ensure coordination happens in a way that supports Tribal families to access needed benefits and services. A survey of ODHS SSP staff conducted in the Summer 2021 found that engagement with Oregon Tribes is inconsistent statewide. Close to 80 percent of survey respondents reported they did not have regularly scheduled meetings with Oregon Tribal partners. Survey respondents reported roughly 30 percent of the districts held regular meetings with Tribal partners. Given this data, SSP estimates other Oregon Tribal partners share this need for Tribal Liaisons they can connect with regularly to better serve their Tribal members and families.

Resources to support ODHS Tribal Consultations and SSP-specific Tribal Liaisons are two levels at which Tribal members and families will be better served.

2. What would this policy package buy and how and when would it be implemented?

ODHS Tribal Consultations: The Tribal Affairs Unit is proposing a robust Tribal Consultation Policy implementation plan with a clear support structure including policy guidance, timeline tracking, facilitation, templates, updated Tribal contacts, new staff introduction training, consultation training, coaching, evaluation, and other supports needed to ensure effective ODHS Tribal Consultations.

SSP Tribal Engagement: This package includes a request for staffing to build statewide capacity for Tribal Liaisons in the Self-Sufficiency Programs. Modeled after the Regional Indian Child Welfare Act Case Specialists (ICWA) in ODHS' Tribal Affairs Office, the proposal is to have dedicated local staff that can connect Oregon Tribes with SSP services. ODHS services do not center the needs and experiences of Oregon's

Tribes. Dedicated Tribal Liaisons can bridge the gap for Tribal members through increasing Tribal representation at SSP offices that will assist in improving access to services, strengthening trust among Tribal families, and improving outcomes.

This portion of the proposal originated with a formal request from Tribal Leaders from the Confederated Tribes of Siletz Indians (CTSI), who requested Tribal Liaisons in their service area.
Tribal Partners from CTSI have asked for increased engagement and connection points to Self-Sufficiency Programs. This proposal creates eight positions statewide dedicated to connection and engagement with Oregon's Nine Federally Recognized Tribes statewide.

The SSP Tribal Liaisons would also help coordinate between State Temporary Assistance for Needy Families (TANF) and when applicable Tribal TANF, as well as connections with other SSP programs, ODHS programs, and partner services. CTSI Tribal leaders stated the Tribal Affairs Office's Regional ICWA Case Specialists are a best practice position and would like to see this model applied to other ODHS programs. Given this feedback, the Tribal Liaison positions would hold similar roles and responsibilities (as determined by our Tribal partners) of the Regional ICWA Case Specialists (within an SSP context) and have responsibility to uphold Tribal sovereignty.

3. How does this policy package help, or potentially hinder, populations that are disproportionately underserved? How does this policy package further ODHS's three strategic goals, for both the program and ODHS missions?

ODHS Tribal Consultations: This policy package seeks to eliminate human services disparities of Tribal members; ensure access to critical human services is maximized; advance and enhance the social, emotional,

spiritual, physical, behavioral health of Tribal members. This proposal is also centered in agency goals of strengthening foundations and creating the future of human services.

SSP Tribal Engagement: By hiring SSP Tribal Liaisons we anticipate Tribal engagement will improve. This increased engagement will better inform the design and local service delivery of Self-Sufficiency benefits and programs in ways that uphold Tribal sovereignty and the value of Tribal culture. The solution will help ODHS increase the level of health and wellness for all Oregon Tribal children, families, and elders. Accordingly, this proposal aligns with two ODHS strategic goals: strengthening foundations and creating the future of human services. This solution also aligns with the SSP strategic plan to increase Tribal engagement as our agency prioritizes Oregon Tribal Nations and honors the government-to-government relationship.

Quantifying results

4. What are the long-term desired outcomes?

ODHS Tribal Consultations: Long-term desired outcomes for ODHS Tribal Consultations include stronger government-to-government relationships with Tribal Nations, upheld Tribal sovereignty, integration of Tribal voice into ODHS policy, planning and programming, an increase in the level of health and wellness of all Oregon Tribal children, families, and elders, increase information exchange, mutual understanding, and informed decision-making on behalf of the Oregon Tribes and ODHS.

SSP Tribal Engagement: The long-term desired outcomes include increased Tribal engagement, increased access to Self-Sufficiency and other programs by Tribal families, improved customer satisfaction of Tribal families and improved wellbeing outcomes for Tribal families.

5. How will ODHS measure the impact on system and access inequities and/or impact disproportionality in accessibility and services in ODHS programs through this policy package?

ODHS Tribal Consultations: The ODHS Tribal Affairs Unit will continue to track data produced by the ODHS ORRAI (Office of Reporting, Research, Analytics, and Implementation) team, in hopes of seeing improvements for members of Oregon's Nine Federally Recognized Tribes, which ideally will no longer reflect underrepresentation in ODHS provided supports and services, or disproportionality in family separations.

SSP Tribal Engagement: With successful passage of this policy package, SSP plans to measure the impact through:

- Increased Tribal engagement as measured through surveys of SSP staff and Tribal partners.
- Increased access to Self-Sufficiency programs by Tribal families.
- Improved customer satisfaction of Tribal families as measured by SSP's annual Wellbeing (KPM) survey.
- Increased engagement with Tribal families as measured by SSP's Temporary Assistance for Needy Families engagement measures/indicators.
- Improved well-being outcomes for Tribal families as measured by SSP's annual Wellbeing (KPM) survey (Outcomes: food security, housing stability, hope/self-efficacy).

How achieved

6. What actions have occurred to resolve the issue prior to requesting a policy package?

ODHS Tribal Consultations: ODHS has committed a temporary staff person from the ODHS Government Relations Team and Project Management support to assist in the development of a Tribal Consultation Policy outlining the process for formal consultation between ODHS and Oregon Tribal Nations. Development of this policy and process ensures inclusion of TribalNations, using the formally established process and by providing notice, content and timelines prior to the development of ODHS policies and program activities that impact Tribes. These efforts will move ODHS closer to improving government-to-government relationships with Tribes, recognition of Tribal sovereignty and into compliance with Oregon State law (ORS182.164).
SSP Tribal Engagement: Engagement requires investing the time to build trust, establish/maintain relationships and having intentionality especially when serving Tribal Nations.

- At least three of the 16 SSP districts report having regular engagement with Tribal partners.
- Tribal engagement is a priority within SSP's Strategic Plan
- Community engagement and engagement with Tribal partners has been highlighted as a priority of ODHS in SSP Program Manager statewide meetings.
- In partnership with the Tribal Affairs Director and the Office of Research, Reporting, Analytics, and Implementation SSP conducted a survey of SSP staff and managers to learn how well SSP was engaging with Oregon Tribes. Additional surveys are planned, including a survey of Tribal Partners.
- In partnership with the Tribal Affairs Director, a Tribal Engagement Toolkit is being developed to assist Tribal engagement and to strengthen relationships with Oregon Tribes.

- The Tribal Affairs Director has presented at a few statewide meetings about engagement with Tribal partners and best practices when working with Tribal families. More presentations are planned.

7. What alternatives were considered and what were the reasons for rejecting them?

ODHS Tribal Consultations: An alternative considered was to continue without a uniform agency-wide consultation policy and process. This has caused confusion and inconsistency for the agency on engagement and Tribal relations.

SSP Tribal Engagement: One alternative considered was to ask that each district designate a portion of their current staff's time to serve as Tribal Liaison for Oregon Tribes and Tribal organizations. The challenge with this alternative is that local offices struggle with staffing capacity. Local SSP staff whose position descriptions include community engagement in their responsibility are not adequately engaging with Oregon Tribal partners due to limited capacity.

8. What other agencies, programs, community partners or stakeholders are collaborating on this policy package?

ODHS Tribal Consultations: The Nine Federally Recognized Tribes of Oregon, ODHS Program Directors, ODHS program policy leads, ODHS rules coordinators, ODHS Tribal Affairs staff, OHA Tribal Affairs staff and OHA policy leads are involved in this work.

SSP Tribal Engagement: SSP central office and SSP field staff will be involved in the project. Specifically, Tribal Leaders from the Confederated Tribes of Siletz Indians made the project request to fund Tribal Liaisons. Continued engagement with CTSI is planned. Engagement with the Oregon Tribes will be sought. Engagement

with SSP field staff and other ODHS programs such as Child Welfare and Aging and People with Disabilities will take place.

9. Does this policy package require any changes to existing statute(s) or require a new statute? If yes, identify the statute and the legislative concept.

This combined package does not require changes to existing statutes nor a new statute.

10. What other state, Tribal, and/or local government agencies would be affected by this policy package? How would they be affected?

ODHS Tribal Consultations: Tribal input will inform all aspects of the development of the ODHS Tribal Consultation Policy outlining the process for formal consultations between Oregon Tribes and ODHS Programs. ODHS Program Directors, ODHS program policy leads, ODHS rules coordinators, ODHS Tribal Affairs staff, OHA Tribal Affairs staff and OHA policy leads are involved in this work.

SSP Tribal Engagement: This proposal originated from Oregon Tribal partners who will continue to drive the input in developing, implementing, and evaluating the solution. We anticipate that SSP Tribal Liaisons will increase Tribal engagement and communication and they will also make connections to other state and local government agencies in their work with Tribal partners and for the benefit of Tribal families.

11. Is this policy package being requested because of an Oregon Secretary of State or internal audit? If so, provide further information.

This is not a policy package requested because of an Oregon Secretary of State or internal audit.

Staffing and fiscal impact

Implementation date(s): No later than January 1, 2024

End date (if applicable):

12. What assumptions affect the pricing of this policy package?

ODHS Tribal Consultations: This package assumes a portion of the funds, if approved by the Legislature, would go to the ODHS Tribal Affairs Unit for implementation of the ODHS Tribal Consultation Policy. Specifically, for the following staff resources:

- Two Project Managers
- Two OPA4 Coordinators
- One Training Specialist
- One OPA1

The focus of these new staff positions would be to provide ODHS Programs policy guidance, timeline tracking, facilitation, templates, updated Tribal contacts, new staff orientation training, Tribal consultation training, coaching, evaluation, and other support as needed to ensure effective ODHS Tribal Consultations.

SSP Tribal Engagement: Another portion of the funds of this package if approved by the legislature would go to SSP for:

- Eight Tribal Liaisons at the Social Service Specialist 2 level would serve regional areas of the state.
- One statewide manager at the Human Services Manager 1 level.

All positions included in this package would serve 18 months during the 2023-25 biennium.

13. Will there be new responsibilities for another agency (OHA etc.) and/or ODHS/OHA Shared Services? Specify which programs and describe their new responsibilities.

There will not be new responsibilities for ODHS Shared Services associated with recruitment, staff hiring and on-boarding new positions because they are already within the realm of their assigned duties.

14. Will there be changes to client caseloads Cost per Case or services provided to population groups? Specify how many in each relevant program.

To correct issues with disproportionate representation of Oregon's Tribal Members in ODHS services and supports, it is anticipated this package will increase Tribal engagement and use of ODHS and SSP supports and

services. As a result, improved services for Tribal families are anticipated. Caseload changes cannot be estimated at this time, but they will be tracked.

15. Describe the staff and positions needed to implement this policy package, including whether existing positions would be modified and/or new staff would be needed.

ODHS Tribal Consultations: A portion of the funds of this package if approved by the Legislature would go to the ODHS Tribal Affairs Unit for implementation of the ODHS Tribal Consultation Policy. Specifically, for the following staff resources:

- Two Project Managers
- Two OPA4 Coordinators
- One Training Specialist
- One OPA1

SSP Tribal Engagement: The other portion of the funds of this package if approved by the Legislature would go to SSP for:

- Eight Tribal Liaisons at the Social Service Specialist 2 level: and
- One statewide manager at the Human Services Manager 1 level.

These represent new positions in ODHS.

16. What are the start-up and one-time costs?

ODHS Tribal Consultations: As a part of implementation and the roll out of the ODHS Tribal Consultation Policy and process, the ODHS Tribal Affairs Unit expects investments are needed for the newly established Organizational and Professional Development Unit (OPDU) to assist in IT and technical support for the required training modules.

SSP Tribal Engagement: Other start-up costs are associated with hiring and onboarding new staff and a manager as well as obtaining the necessary equipment (for example., phones and laptops) to support their employment.

17. What are the ongoing costs?

The ongoing costs are largely associated with the compensation packages of the new staff.

18. What are the sources of funding and the funding split for each one?

State General Fund will cover SSP Tribal Engagement positions. A combination of State General Fund and Federal Cost Allocation will cover positions in central.

19. What are the potential savings?

ODHS Tribal Consultations: The potential savings are associated with establishing a uniform process for ODHS to better consult/engage with Tribal Nations strengthened government-to-government relationships,

upheld Tribal sovereignty, better integration of Tribal voice in the development of ODHS policy, planning and programming and increased promotion of health and wellness of all Oregon Tribal children, families, and elders. In addition, both Federal and State legislatures have considered allowing legal remedy for Oregon Tribes against agencies not in compliance with laws requiring formal Tribal Consultations – avoiding legal costs for non-compliance is a potential savings for ODHS.

SSP Tribal Engagement: Potential savings are associated with improved access to services for improved outcomes for Tribal families. Access to SSP benefits and services, as well as connections to other ODHS services and partner services, can provide upstream prevention for Tribal families in a way that improves their health and well-being and reduces the need for more costly services downstream.

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	$ 2,085,803	$ -	$ 440,198	$ 2,526,001	15	11.25
Services & Supplies	$ 257,616	$ -	$ 63,539	$ 321,155		
Capital Outlay	$ -	$ -	$ -	$ -		
Special Payments	$ -	$ -	$ -	$ -		
Other	$ -	$ -	$ -	$ -		
Total	**$ 2,343,419**	**$ -**	**$ 503,737**	**$ 2,847,156**	**15**	**11.25**

Oregon Department of Human Services:
2023-25 Policy Package

Fiscal impact by program

	SSP Des	Central	Program 3	Program 4	**Total**
General Fund	$ 1,587,828	$ 755,591			**$ 2,343,419**
Other Funds					**$0**
Federal Funds		$ 503,737			**$ 503,737**
Total Funds	$ 1,587,828	$ 1,259,328			**$ 2,847,156**
Positions	9	6			**15**
FTE	6.75	4.50			**11.25**

Oregon Department of Human Services:
2023-25 Policy Package

Division:	Child Welfare
Program:	Safety Unit
Policy package title:	Child Safety
Policy package number:	POP 118
Related legislation:	N/A

Summary statement:

Children thrive when they have safe and supportive family structures in which to grow up. According to Oregon's May Child Welfare Progress Report, about 4,000 times every month Child Protective Services staff engage with families to identify whether children are being exposed to an unmanaged safety threat. Key ingredients in achieving our Child Welfare Division's Vision for Transformation are accurate assessments of child safety and in-home support to prevent placements away from family and community, but Child Welfare needs more staff to ensure that every family receives in-depth assessment and that safety threats are accurately identified. Current staffing levels make it difficult for staff to meaningfully engage with families, understand their specific needs, and develop customized safety plans – all tasks that require time, care, and skill. Without the staffing necessary to carry out these labor-intensive tasks, we may fail to identify safety issues and support families appropriately in addressing them, thus increasing the likelihood that a child will enter foster care – an often-traumatizing outcome that disproportionately affects Black and Native American families. A staffing investment is necessary to meet the goal in the Oregon Caseload Ratio Standards that each CPS caseworker is assigned no more than 7

new assessments per month (1:7 ratio). The investment will ensure critical caseworker capacity for family engagement, assessment, safety planning, and ongoing support – helping to make sure that children have the best chance of growing up in a safe and nurturing family.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	**$37,538,083**	**$-**	**$12,514,099**	**$50,052,182**	**401**	**200.50**

Purpose

1. Why does ODHS propose this policy package and what problem is ODHS trying to fix or solve?

ODHS Child Welfare has created the Oregon Caseload Ratio Standards (see Appendix A). Please refer to the attached document that lays out the history of caseworker caseloads in Oregon and outlines the process that was taken to create the current ratio goals, including the 1:7 ratio of new assignments for each Child Protective Services caseworker.

ODHS Child Welfare continues to improve upon practice, continually striving towards a person-centered approach from a values base in alignment with the Vision for Transformation. This shift in approach means that Child Welfare, as a whole, will need to adjust and pivot current practices to work toward intentional engagement with families, aligning with the Child Welfare Vision for Transformation: Guiding Principle 1 – Supporting families and promoting prevention as well as with the ODHS priority to strengthen ODHS foundations. Child Protective Services (CPS) caseworkers conduct the initial contact with a family on behalf of the agency. Typically, at this initial contact, a thorough assessment is initiated to assess a parent/caregiver's ability to manage the safety of their children. Child Welfare, like any other public, private, or non-profit / for-profit organization, is not immune to the current workforce crisis, resulting from the pandemic. These series of events have provided challenges that Child Welfare was able to overcome through creative, temporary solutions, like the use of the Mobile CPS Unit to assist in completing overdue assessments, however, these temporary solutions are not sustainable without additional staff. To ensure that we honor Guiding Principle 1 within the Vision for Transformation and work towards strengthening child welfare foundations, the need to request for additional CPS caseworkers and the supporting infrastructure is critical in building out the future of child safety within Child Welfare.

Current data shows that an average of 165 assessments are assigned daily, Monday through Friday and an average of 50 assessments on Saturday and Sunday. Monthly, Child Welfare's child abuse hotline assigns an average of 4,000 assessments, including familial and third-party perpetrator assignments. Increased engagement with families at initial contact is shown to improve safety and well-being outcomes for children. In addition, timely and comprehensive assessments focused on engagement, trust, and the quality of assessment of services reduces the likelihood of future reports and future maltreatment. In addition to new assignments, there are current open assessments that need to be completed. In order to address that body of

work, Child Welfare is asking for mobile units of CPS workers and supervisors to travel across the state and support the work on the timely completion of assessments.

To build out the infrastructure and meet the Oregon Caseload Ration Standards of the one to seven (1:7) new assessments per CPS caseworker, as well as create additional mobile units to support workforce in the timely completion of assessments and other time-limited situations, Child Welfare will need an additional 200 CPS caseworkers, and the workforce to support and supervise those positions.

2. What would this policy package buy and how and when would it be implemented?

ODHS Child Welfare is proposing additional CPS caseworkers (Social Service Specialist 1 / SSS1s) to have the necessary and adequate staff to manage the work and intentionally engage with families from a person-centered approach. This POP is also seeking additional staff to support other aspects of the work, while the caseworker is able to have more time to engage, assess the family, contact collaterals, and partners they are working with, and provide support and assistance with engaging in services that are needed to help families strengthen their ability to ensure their family remains safe. Child Welfare is requesting 200 SSS1s to be devoted to CPS work. Additional staff will be requested to support the SSS1s within the district such as Supervisors, Office Managers, SSA or Case Aides, OS2s and paralegals. The additional SSS1s will generate additional work as they complete the comprehensive assessments and intentional engagement with families to provide the support needed to strengthen families.

3. How does this policy package help, or potentially hinder, populations that disproportionately or underserved? How does this policy package further ODHS' 3 strategic goals, and both the program and ODHS missions?

A well-staffed and resourced frontline workforce helps Child Welfare and ODHS to build and leverage culturally and linguistically appropriate community resources and services to support disproportionately impacted families and maintain their children at homes and in their communities of origin whenever possible. The Vision for Transformation is grounded in equity and anti-racism and all efforts by Child Welfare are planned with a full equity framework at the center. A key component of a full equity framework is a diverse, equipped, and competent workforce that has been selected, trained, and supported in equity-building practices and engagement skills related to cultural humility and power sharing. With an intentional focus on the initial contact and approach with families, caseworkers need adequate time and capacity to participate in professional development opportunities to build these skills and the capacity to subsequently meaningfully engage with communities. Increasing the CPS caseworkers and support staff will increase the ability and capacity to center equity-building skills with child welfare workforce and for child welfare to continue intentional engagement with families and most notably with those communities that are most impacted by inequities.

POPULATION/COMMUNITY	POTENTIAL POSITIVE IMPACTS	POTENTIAL NEGATIVE IMPACTS
Federally recognized Oregon Tribes	Engaging with the tribes and their families at the first CPS contact and supporting the families as	If CPS workers are not able to engage with tribes and tribal families in a culturally appropriate

	they engage in the resources and services available. The ability to support the Tribes in the development of necessary resources and services for families within their communities will ensure that children can remain in their homes safely and maintain their ties with their tribes. Tribes will be able to ensure that the resources and services available in their communities are culturally appropriate.	and sensitive approach, tribal children may need to leave their homes and their communities. Tribal families would have to receive their services outside of their community, often needing to leave their communities. Even if services outside of the community make every effort to provide culturally appropriate and sensitive services, it is difficult to replace a child or family's own community to ensure a culturally appropriate and sensitive approach.
Black, Indigenous, Latino/a/x, Asian, and/or Pacific Islander communities	Engaging with the Black, Indigenous, Latino/a/x, Asian, and/or Pacific Islander communities and their families at the first CPS contact and supporting the families as they engage in the resources and	If CPS workers are not able to engage with Black, Indigenous, Latino/a/x, Asian, and/or Pacific Islander families in a culturally appropriate and sensitive approach, these communities' children may need to leave their

	services available. The ability to support these communities in the development of necessary resources and services for families within their communities will ensure that children can remain in their homes safely and maintain their ties with their community. Communities will be able to ensure that the resources and services available in their communities are culturally appropriate.	homes and their communities. These families would have to receive their services outside of their community, often needing to leave their communities. Even if services outside of the community make every effort to provide culturally appropriate and sensitive services, it is difficult to replace a child or family's own community to ensure a culturally appropriate and sensitive approach.
LGBTQIA2S+ communities	Engaging with the LGBTQIA2S+ communities and their families at the first CPS contact and supporting the families as they engage in the resources and services available. The ability to support these communities in the development of necessary resources and services for	If CPS workers are not able to engage with LGBTQIA2S+ families in a culturally appropriate and sensitive approach, these communities' children may need to leave their homes and their communities. These families would have to receive their services outside of their

	families within their communities will ensure that children can remain in their homes safely and maintain their ties with their community. Communities will be able to ensure that the resources and services available in their communities are culturally appropriate.	community, often needing to leave their communities. Even if services outside of the community make every effort to provide culturally appropriate and sensitive services, it is difficult to replace a child or family's own community to ensure a culturally appropriate and sensitive approach.
People with disabilities	Engaging with the disabled communities and their families at the first CPS contact and supporting the families as they engage in the resources and services available. The ability to support these communities in the development of necessary resources and services for families within their communities will ensure that children can remain in their homes safely and maintain their ties with their	If CPS workers are not able to engage with families who are disabled in an appropriate and sensitive approach, these communities' children may need to leave their homes and their communities. These families would have to receive their services outside of their community, often needing to leave their communities. Even if services outside of the community make every effort to provide

	community. Communities will be able to ensure that the resources and services available in their communities are appropriate in meeting their families' specific disability.	culturally appropriate and sensitive services, it is difficult to replace a child or family's own community to ensure a culturally appropriate and sensitive approach.
People who are aging		
Rural communities	Engaging with rural communities and their families at the first CPS contact and supporting the families as they engage in the resources and services available. The ability to support these rural communities in the development of necessary resources and services for families within their communities will ensure that children can remain in their homes safely and maintain their ties with their community.	If CPS workers are not able to engage with families that live in rural communities that are appropriate and sensitive, these rural communities' children may need to leave their homes and their communities. These families would have to receive their services outside of their community, often needing to leave their communities. Even if services outside of the community make every effort to provide

	Communities will be able to ensure that the resources and services available in their communities are culturally appropriate.	culturally appropriate and sensitive services, it is difficult to replace a child or family's own community to ensure a culturally appropriate and sensitive approach.
People experiencing low or no income	Engaging with the low- or no-income communities and their families at the first CPS contact and supporting the families as they engage in the resources and services available. The ability to support these communities in the development of necessary resources and services for families within their communities will ensure that children can remain in their homes safely and maintain their ties with their community. Communities will be able to ensure that the resources and services available in their communities are	If CPS workers are not able to engage with Low-or no-income families in a culturally appropriate and sensitive approach, these communities' children may need to leave their homes and their communities. These families would have to receive their services outside of their community, often needing to leave their communities Even if services outside of the community make every effort to provide culturally appropriate and sensitive services, it is difficult to replace a child or family's own community to ensure

appropriate and do not burden the low- or no-income families' finances.	a culturally appropriate and sensitive approach.

Quantifying results

4. What are the long-term desired outcomes?

Child Welfare anticipates that the additional staff will help further reduce the number of children coming into care, increase the number of families receiving in-home services instead of removal, and increase the timeliness of safety assessments.

5. How will ODHS measure the impact on system and access inequities and/or impact disproportionality in accessibility and services in ODHS programs through this policy package?

Through increasing the number of CPS caseworkers that are trained in engaging with families and communities Child Welfare will see a continued increase in serving children and families at home and continued reduction in children entering foster care. Through engagement with families and communities in the development of resources, Child Welfare anticipates a reduction of Child Welfare necessary intervention

and when intervention is required to ensure safety, more children will remain with their families and in their community. Families will thrive in communities that can best meet their needs and future reports of child abuse and neglect will be reduced.

Some of the potential key measurements of impact includes number of kids entering care, number of kids being serviced in-home, diligent efforts throughout the safety assessment and timeliness to completion of safety assessments.

How achieved

6. What actions have occurred to resolve the issue prior to requesting a policy package?

ODHS Child Welfare is continuously evaluating the CPS process and tools available to staff. A variety of management strategies have been implemented, such as dashboards have been developed to allow supervisors to monitor caseloads, reprioritizing resources to areas with high assignments, analyzing the assessment format to develop assessment reports that are concise and clear. As Child Welfare moves toward a person-centered (family-centered) approach, the time necessary to effectively engage with families is critical. Lack of engagement may create barriers to building rapport, engaging positively with parents, and working collaboratively to support parents in determining what their needs are to ensure safety and well-being for the child in their own care.

7. What alternatives were considered and what were the reasons for rejecting them?

The Legislature gives position authority to State agencies. Unless agencies use temporary or non-budgeted positions, there were no other mechanisms for Child Welfare to acquire the additional workforce positions needed to align with the Oregon Caseload Ratio Standards and to hire more staff to engage with families in order to assess immediate and impending safety risks.

8. What other agencies, programs, community partners or stakeholders are collaborating on this policy package?

Child Welfare is working collaboratively with SSP to connect families with communities, resources, and services. Having these resources and services available through SSP and working jointly with SSP when Child Welfare does encounter families will ensure the families have all the support necessary to be successful in having children remain at home safely and the family's well-being preserved. SSP has had a collaborative relationship with Child Welfare and continues to nurture that collaboration as Child Welfare continues to build out a child safety infrastructure focused on intentional engagement and support with families.

This project will ensure that families can access the services that they need without Child Welfare being involved in their lives. The ability to develop services within communities that do not require agency involvement as well as enhancing the services that SSP is able to access will support families in a person-centered approach rather than in a siloed approach.

Additionally, the Safety Program is partnering across training and workforce development teams to ensure that staff are onboarded and developed with the tools necessary to enhance the assessment and engagement skills, ensure that a diverse and qualified workforce is retained and recruited, and that workforce have the on-going professional development needed to increasingly serve families in-home.

Increasing CPS caseworkers will ensure that CPS workers will have the time to engage with communities and the resources and services available in those communities. They will engage with families and provide the support needed to seek out resources and services in their communities. Helping communities identify the resources and services their families need where families are defining their own plan, then identifying sustainable funding will ensure that communities are empowered to strengthen and support their families safely while promoting the well-being of individual families and the community.

9. Does this policy package require any changes to existing statute(s) or require a new statute? If yes, identify the statute and the legislative concept.

N/A

10. What other state, tribal, and/or local government agencies would be affected by this policy package? How would they be affected?

Child Welfare has intentionally spent time with the Oregon Tribes and with the underserved communities to listen and hear their concerns regarding Child Welfare's interventions into their families, tribes, communities, and cultures. Child Welfare is often intrusive into families lives as we may not fully understand the family's culture, community, or inequities they are facing. With the implementation of

Family First, Family Preservation Child Welfare has continued to hold community and tribal listening meetings as well as meeting with other states and professionals to hear how they have successfully addressed implemented preventive and restorative programs and services within communities. Child Welfare is shifting their approach and engagement with families away from a system-centered approach to a person - centered approach in order to better serve families and communities. Child Welfare will continue to hold meetings with tribes and communities to continue to learn and shape the approach, develop community-based resources and services.

11. Is this policy package being requested because of an Oregon Secretary of State or internal audit? If so, provide further information.

This request for Child Protective Services (CPS) caseworkers and related positions is, in part, connected to the Oregon Secretary of State's 2018 audit finding that Child Welfare was understaffed for field staff caseworker positions. The Secretary of State's 2019 follow-up report similarly concluded that Child Welfare needed additional caseworkers to meet it staffing needs.

Staffing and fiscal impact

Implementation date(s): July 1, 2024

End date (if applicable): N/A

12. What assumptions affect the pricing of this policy package?

Staffing model.

13. Will there be new responsibilities for another agency (OHA etc.) and/or ODHS/OHA Shared Services? Specify which programs and describe their new responsibilities.

The total positions ask of 393 will also need eight (8) infrastructure positions to support the overall work:

- 2 Operations and Policy Analysts 3 (OPA3)
- 2 Human Resource Analysts 2
- 1 Human Resource Assistant (HRA)
- 1 Facility Operations Specialist 2 (FOS2)
- 1 Electronic Publishing Design Specialist 2 (EPDS2)
- 1 Fiscal Analyst 2 (FA2)

In addition, inclusion of costs for language differentials.

14. Will there be changes to client caseloads Cost per Case or services provided to population groups? Specify how many in each relevant program.

This package will likely lower client caseloads in both CPS and Permanency. Effective engagement is predicted increase prevention of foster care placement, reduce future maltreatment, and improve outcomes for children and families in Oregon.

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15. Describe the staff and positions needed to implement this policy package, including whether existing positions would be modified and/or new staff would be needed.

ODHS Child Welfare would allocate the funds as follows:

- 5 Child Welfare Manager 2 (PEM-E) to oversee & provide overall program support for a 1:7 ratio.
- 34 Child Welfare Supervisors 2 (PEM-C) to be disbursed statewide to provide supervision in local offices
- 17 Social Service Specialist 2s (SSS2s) for Mentoring, Assisting, Promoting Success (MAPS) positions to provide hands on training, mentoring, support, and consultation to SSS1s, specifically providing coaching opportunities to newer staff as they respond to and engage with families
- 200 Social Service Specialist 1s (SSS1s) for Child Protective Services (CPS) positions to be disbursed statewide to conduct assessments and engage families and community partners focusing on how to strengthen the family dynamic to ensure the safety and well-being of children in their own home
    - 28 SSS1s to the Mobile CPS Unit to support delivery CPS teams in the reduction of overdue assessment
    - 72 SSS1s based on the 4,000 assignments a month that includes third party investigations
    - 100 SSS1s as a 7% vacancy rate allowance for continual hiring
- 57 Social Service Assistants (SSAs) to provide support to the SSS1s
- 7 Paralegals to provide the legal support necessary with cases that are court-involved, discovery for courts, responses to subpoenas and release of information requests
- 6 Office Managers 2 (OM2s) to support additional SSS1 CPS staff in the local offices
- 67 Office Specialist 2s (OS2) to provide overall support to the operations and business needs

For a total position ask of 393.

The total positions ask of 393 will also need eight (8) infrastructure positions to support the overall work:

- 2 Operations and Policy Analysts 3 (OPA3)
- 2 Human Resource Analysts 2
- 1 Human Resource Assistant (HRA)
- 1 Facility Operations Specialist 2 (FOS2)
- 1 Electronic Publishing Design Specialist 2 (EPDS2)
- 1 Fiscal Analyst 2 (FA2)

In addition, inclusion of costs for language differentials.

16. What are the start-up and one-time costs?

N/A

17. What are the ongoing costs?

Positions costs are ongoing costs.

18. What are the sources of funding and the funding split for each one?

75% General Fund and 25% Federal Fund and Child Welfare will access current available funding resources: Title IV-E, IV-E, SSBG.

19. What are the potential savings?

Cost of Labor turnover is traditionally the cost of paying to recruit (e.g., advertisements; recruiting firms; time to screen applications, interview applicants, and reference checks (number of people involved, number of hours spent, and salary of participants), etc.) and then the cost to train new employees. It can also include loss of knowledge and skills, costs of customer service disruption, overtime of employees covering vacancies, loss of morale among other employees, burnout of other employees covering vacancies, etc.

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	$27,287,700	$-	$9,096,225	$36,383,925	401	200.50
Services & Supplies	$10,250,383	$-	$3,417,874	$13,668,257		
Capital Outlay	$-	$-	$-	$-		
Special Payments	$-	$-	$-	$-		
Other	$-	$-	$-	$-		
Total	$37,538,083	$-	$12,514,099	$50,052,182	**401**	**200.50**

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Fiscal impact by program

	CW Design	CW Delivery	Program 3	Program 4	**Total**
General Fund	693,221	36,844,862			**37,538,083**
Other Funds					
Federal Funds	231,084	12,283,015			**12,514,099**
Total Funds	924,305	49,127,877			**50,052,182**
Positions	8	393			**401**
FTE	4.00	196.50			**200.50**

Appendix A: Oregon Caseload Ratio

ODHS Child Welfare Caseload Ratio Standards

Introduction

The Oregon Department of Human Services (ODHS) Child Welfare Division's Vision for Transformation is a declaration of ODHS Child Welfare's core belief and primary objective that all children deserve to experience safe, stable, healthy lives and to grow up in the care of a loving family and community. This core belief is supported by the Vision's for Transformation's three Guiding Principles: 1) Support families and promote prevention, 2) Enhance the staff and infrastructure, and 3) Enhance the structure to utilize data to inform decisions. These principles are intertwined in the daily work and build upon each other with each principle necessary for a successful transformation. A supported, skilled, respected, and engaged workforce that reflects and embraces the communities we serve will ensure we have a network of services promoting prevention and well-being for Oregon's children and families. The framework in this document will support the Child Welfare Division workforce transformation that in turn will support the spectrum of care and services for the children and families in Oregon. With the continued focus to increase prevention efforts and serve children and families safely at home, there is a need to increase internal capacity to maximize staff across all areas of casework – from child protection and family preservation to foster care, permanency, and support of older youth and young adult transitions. Family preservation is a newly developing service that will require staffing, services, and supports that have not traditionally been included in Child Welfare. This area of practice will continue to expand with the implementation of the Vision for Transformation and the implementation of federally approved Family First Prevention Services. Ultimately, an exceptional workforce that is developed and supported at all levels will result in a decrease in

vacancies, an increase in retention rates, an increase in longer tenures, increased promotion, manageable caseloads, and higher workforce morale. The amount of time a caseworker spends engaging with a family correlate directly to improved child and family outcomes.

Considerations

Caseload models along with workload modeling play an important role in the legislative process and are used to inform legislatively granted position authority and budget. They also are important in establishing how the agency allocates positions to carry out the work of the Child Welfare Division. "Workload models" are based on time study surveys where workers are surveyed to determine the amount of time different activities related to caseload require. "Best-practice models" factor in standards in child welfare from national organizations such as the Child Welfare League of American (CWLA) Standards of Excellence. These best-practice models sometimes include positions not typically included in the case-carrying workload models, such as case aids and paralegals, and result in a recommendation for a larger staff to handle a predicted caseload than what would be recommended by the workload models. Over the years there have been different approaches to analyzing and reporting caseload and workload models. The Oregon Legislature has typically relied on workload models to inform the appropriate position authority and budget for the Child Welfare Division. The Legislative Approved Budget has not authorized the same number of staff as the best-practice model. In implementing the Vision for Transformation, the Division has established a best practice model for Oregon that incorporates the CWLA Standards of Excellence, timing studies done in Oregon in 2008 and 2017, and literature and research reviews. These standards will be the lodestar as Child Welfare moves forward.

Oregon Caseload Ratio Standards

CWLA recommends, "agencies should set their own caseload and workload standards". For ODHS Child Welfare, the compilation of research, data capture (i.e., timing studies), and literature reviews are incorporated into caseload

standards and recognize that staff are tasked with complex and difficult work each day as they seek to ensure child and family safety and well-being. ODHS Child Welfare will be moving forward with these standards for determining average monthly caseload for the specific caseworker roles outlined below. There are circumstances under which caseloads may vary from these standards. For example, as we have learned in dealing with the impact of the pandemic on staffing, caseloads may be higher when factors arise such as staff vacancies due to staff departures from the agency, promotion or leave such as Family Medical Leave, COVID-19-related leave, vacation, etc., as any type of leave impacts staff to work at full capacity.

Caseload = Workers/Cases: The number of children or families assigned to an individual caseworker.

Table 1: Oregon Caseload and Field Support Staff Supervision Ratio Standards

Oregon Caseload Ratio Standards *Worker: call/new assessment/child/home*	
Screening	1:561 calls
Child Protective Service	1:7 newly assigned assessments
Permanency (in-home, substitute, and adoption)	1:12 children (COA 15-17)
Certification	1:21 homes
Field Support Staff Supervision Ratios Standards	
Field Supervisor (PEMC)	1:7 SSS1 + 1:12 SSA, PLG
Case Aid (SSA)	1:7 SSS1
Social Service Assistant (SSA)	1:7 SSS1
Paralegal (PLG)	1:28 SSS1
FRS/IVE Specialists	1:200 FC/Adoption cases
Office Support (OS2)	1:3 SSS1
Office Manager (OM3)	1:12 OS2

Application of Caseload Ratio Standard

The Child Welfare Division has developed an internal Caseload Dashboard for Child Welfare Executive Leadership and program leadership to inform and analyze the current caseload for caseworkers in safety, permanency, and certification. The Caseload Dashboard provides a statewide snapshot of currently assigned cases. The dashboard is organized by categories, including caseworker type, district, and county level, and can be filtered by supervisor and worker level to provide data on assigned cases. The dashboard is live caseload data (actuals) out of the ODHS Child Welfare's database, OR-Kids. The data is updated in real-time and subject to change as the quality of information about staff assignments is dependent on information being entered timely and accurately within OR-Kids. Additionally, the dashboard includes the use of human resources data including current staffing, vacancies, rotations, and other hire statuses. This is an internal management tool to assist in assignments and work management. Child Welfare leadership will use an internal monthly and quarterly average to inform allocations, needs, and trends. Almost half of the caseworkers have been with the program for three years or less. Using that information and the Caseload Dashboard, Child Welfare leadership can better determine the number and type of assignments dispersed between less experienced and more experienced caseworkers. Caseworkers who are new to ODHS Child Welfare generally take more time to complete each task and require additional guidance from supervisors than their more experienced co-workers. Child welfare work is difficult and complex, and it takes a significant amount of time for workers to gain the experience and knowledge necessary to function effectively with a full caseload of families and children. Until a caseworker has established significant experience in the field their work will likely take them longer to complete when compared to more experienced staff. From the internal dashboard and the internal monthly caseload report, Child Welfare leadership and the staffing allocation committee will monitor the monthly and quarterly average caseloads for Districts and branch offices. This, as well as the tenure information, will help inform the allocation decisions for position assignment.

Conclusion

ODHS Child Welfare recognizes the importance of giving caseworkers manageable caseloads as it improves worker morale and retains qualified staff, in addition to the critical goal of improving outcomes for Oregon's children and families. As such, ODHS has taken steps to better understand the current state of worker caseloads and define what caseloads should mean under the Child Welfare Vision for Transformation. This ODHS Child Welfare Oregon Caseload Ratio Standard is a concrete step toward fulfilling all three guiding principles of the ODHS Child Welfare Vision for Transformation by specifically enhancing the staff and infrastructure to support families and promote prevention all while utilizing data to inform the current state and advise Child Welfare's decisions. This will continue to be the framework for future caseload ratio standard considerations.

References

Collins-Camargo, C., Collins, J., and Wilfong, J. (2018). Caseload & Workload: A synthesis of the evidence base, current trends, and future directions. Child Welfare League of America, Inc.

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Appendix B: Position Descriptions

The following Position Descriptions are in a "final DRAFT" version, waiting for final DAS approval.

Number of Ask	Position Classification	Position Description Attachment
5	Child Welfare Manager 2 (PEM-E)	PEME PD.pdf
34	Child Welfare Supervisor 2 (PEM-C)	Child Welfare Supervisor 2 (PEMC)
17	Social Services Specialist 2	SSS2 MAPS PD (DHS 0105).doc
200	Social Services Specialist 1	SSS1_Permanency.doc CPS SSS1 Position Description.doc

		Mobile CPS - SSS1 PD.doc
57	Social Service Assistants	SSA Case Aide PD 2018.05.01.doc PD SSA C6609 Visitation Worker 04.2
7	Paralegals	Paralegal PD.doc
6	Office Manager 2	PD OM2 X0806 04.2022.doc
67	Office Specialists 2	PD OS2 C0104 Support Staff.doc

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Division:	Child Welfare
Program:	Child Safety
Policy package title:	Parent Alcohol & Drug Support Services
Policy package number:	POP 119
Related legislation:	N/A

Summary statement:

Children do best when they grow up in a family within their community. However, substance use disorder (SUD) among parents is one of the greatest challenges to keeping children safe and healthy at home.

This POP aligns with recommendations from the Oregon Alcohol and Drug Policy Commission that aim to reduce Oregon's substance use disorder rate and increase Oregon's recovery rate. It builds capacity for the agency to better respond to the growing complexity of substance use disorder (SUD) among child welfare parents and creates capacity for building more consistent and efficient relationships with community partners and SUD treatment providers. When parents in the ODHS child welfare system can access treatment quicker, be supported in achieving recovery, and be assisted in sustaining their recovery from addiction, there will be fewer foster placements and improved child safety and family stability.

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ODHS will also increase the internal expertise to respond to a variety of issues that combine with parental and adolescent SUD, including various mental health challenges and the need for clean and sober housing. This proposal will also grow expertise on drug testing, engaging parents, and partners, and sustaining community treatment relationships that work with parents and adolescents. These positions will also provide ODHS with needed consultation regarding resource family applicants who may have SUD histories or current use concerns.

Estimated need: reclass 25 SSS-1s to SSS-2s and add 8 new positions.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	**$ 1,088,443**	**$ -**	**$ 362,841**	**$ 1,451,284**	**8**	**6.00**

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Purpose

1. Why does ODHS propose this policy package and what problem is ODHS trying to fix or solve?

Parental Substance Use Disorders (SUD) continue to be the greatest challenge to child safety. The U.S. death toll from overdose in the country has risen to an all-time high of well over 100,000 people in a recent 12-month period, and Oregon has seen an increase in this tragedy as well. The Oregon Child Welfare Critical Incident Review Team has reviewed nine teen fentanyl overdose tragedies in a period of less than 24 months.

The Child Fatality Prevention and Review Program (**CFPRP**) has identified Addiction Recovery Teams as a critical support in the prevention of child abuse and child fatalities based on 2019 and 2020 Critical Incident Review Team (**CIRT**) fatality data. Approximately 70 percent of reviewed cases included parental history of substance abuse while nearly 50 percent identified substance use as a factor in the child's death. Parental substance abuse went unaddressed in more than 30 percent of cases. CIRT recommendations for caseworkers includes training and support to better understand the complexities of substance use and subsequent impacts to child safety. Circumstances surrounding child fatalities provides a picture into children who are most vulnerable due to parental substance use in Oregon as well as teenagers who are dying by fentanyl overdose.

https://app.powerbigov.us/view?r=eyJrIjoiOWY5M2E5MzgtMDU0NC00MjI4LWI5MzctMDQ1MjQ1NWIwMGIzIiwidCI6IjY1OGU2M2U4LThkMzktNDk5Yy04ZjQ4LTEzYWRjOTQ1MmY0YyJ9

In the spring of 2021, the CFPRP, in partnership with the Child Safety Program, facilitated the first safe systems mapping session for Oregon Child Welfare. This process was facilitated with the support of Dr. Tiffany Lindsey from the University of Kentucky Center for Innovation in Population Health. In this inaugural round of safe systems mapping, the team explored improvement opportunities in cases involving parental substance use disorder (SUD). These improvement opportunities were representative themes across nine cases reviewed through the CIRT and Safe Systems Analysis processes between August 2019 and March 2021.

Following the mapping process, eight recommendations were shared with Child Welfare Executive Leadership Team that could reduce or prevent child maltreatment in Oregon. Please see Appendix A: "2021 Oregon Safe Systems Mapping Overview and Recommendations" for more detail that are directly correlated with this POP.

2. What would this policy package buy and how and when would it be implemented?

- Three additional Social Service Specialists 2 (SSS-2's) position to serve the families in all branches equitably

- Two Operations & Policy Analysts 3 (OPA-3's) designated as experts in Behavioral Health (substance use disorder and mental health)
- One Administrative Specialist 2 (AS-2) to provide overall program support
- Two Child Welfare Manager 1 (PEM-Ds) positions to oversee this group of workers

The POP would provide position authority and funding for eight new staff for ODHS child welfare, as well as the funding for the reclassification of 25 existing SSS-1's to a more accurate classification to SSS-2. The additional staffing requests include two PEM-D level managers, to manage the Recovery Services Unit, two OPA-3's, and a support staff for the Recovery Services Unit related to these 30 positions and the related contractors. These positions will be used in child welfare to manage delivery supports, collaborate with community partners, and respond to contracted service providers in a joint effort to counter substance use disorder and its negative impact on child safety, child health and parental health.

Additional service dollars are not requested in this POP. Contracted services are existing or will exist in all counties. The funding is needed for ODHS Child Welfare expertise at the caseworker level. ODHS Addiction Recovery Team specialists will provide training, parental engagement, caseworker support and consultation, service monitoring, and community liaison services to local treatment providers including family treatment courts.

3. How does this policy package help, or potentially hinder, populations that disproportionately or underserved? How does this policy package further ODHS's 3 strategic goals, and both the program and ODHS missions.?

Addiction treatment services, like many others, have an overrepresentation of people of color, with a less than adequate service response. This POP can increase the engagement of currently underserved communities through focused client engagement goals and service provider relationships for those families interacting with child welfare. The POP increases capacity, service efficiency to parents within their own communities, and the ability to respond to families across Oregon more equitably.

Addiction exists in all cultures and levels of income, but like many other health issues it hits hardest in communities of color and low-income families. Therefore, a focused service, grounded in a knowledge base of the complexities of substance use disorders and free of the bias that exists toward people with addictions, must be a foundational piece of ODHS services. This POP empowers child welfare parents to achieve recovery, regain their dignity and move toward independence from the illness of addiction. These services move ODHS toward that ideal of citizens achieving wellbeing. Specifically, the POP can 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.

This POP will increase advocacy for both treatment and peer support services that better serve communities currently most impacted by the inequities of recovery focused services. This is done by using the POP created positions to have specific responsibilities for community partner liaison work to available resources and maintaining the relationships to the advantage of parents in the ODHS child welfare system.

Quantifying results

4. What are the long-term desired outcomes?

This POP aligns with the Oregon Alcohol & Drug Policy Commission plan to develop a comprehensive addiction recovery strategic plan, which ODHS has a role in responding to. The Commission describes two primary objectives — reducing Oregon's substance use disorder rate and increasing Oregon's recovery rate — and provides recommended outcomes in 4 categories: prevention, intervention/engagement, treatment, and recovery supports. All of these are addressed in some fashion through the services supplied which this POP increases and enhances within the child welfare population.

This POP will increase the existing advocacy for both treatment and peer support services that better serve communities currently most impacted by the inequities of recovery focused services. The created positions will have specific responsibilities for community partner liaison work to available resources and maintaining the relationships to the advantage of parents in the ODHS child welfare system. Statistically, the chronic illness of addiction dominates the challenges of people using child welfare, self-sufficiency, employment training and other community services. The child welfare services that intervene on addiction by providing engagement, referral to treatment, support, and training on the intricacies of addiction and recovery is a standard for all helping services.

5. How will ODHS measure the impact on system and access inequities and/or impact disproportionality in accessibility and services in ODHS programs through this policy package?

Oregon child fatality data is extremely clear and demonstrates an ongoing concern for child safety surrounding a lack of resources to assist caseworkers in understanding the often-detrimental impacts of parental substance use on children. This POP is a critical piece in the prevention of maltreatment and fatalities.

Parents in the ODHS child welfare system will access treatment quicker, be supported in achieving recovery, and be assisted in sustaining their recovery from addiction. Recovery decreases foster placements and increases child safety and family stability. This funding would achieve three primary goals of parent engagement, rapid access to SUD treatment and sustaining recovery.

How achieved

This POP will demonstrate the achievement of recommendations Number 5 and 6 in the Oregon Safe Systems Mapping Overview and Recommendations (see Appendix A: "2021 Oregon Safe Systems Mapping Overview and Recommendations").

6. What actions have occurred to resolve the issue prior to requesting a policy package?

Oregon was once a national leader in responding to this issue. Oregon's actions to address parental addiction began 30 years ago, and the service and staff package to address it has not been increased or adjusted since. In 1991 Oregon child welfare obtained a federal grant to place alcohol and drug support services directly into 8 child welfare branches to assist parents with SUD. These services led to rapid access of parents into treatment which was more important than ever as the federal Adoption and Safe Families Act created shorter timelines for parents to achieve recovery from their addiction. In 2003 the name was changed to ART (**Addiction Recovery Teams).**

Current services have been stretched far beyond their capacity, and the need for additional and better managed services is clear. Child welfare has made various efforts to respond to a growing need with an expired service level. In addition, as addiction increases, and becomes more complex through the rise of opiates like fentanyl and the addition of COVID-19. Child welfare parents have struggled to achieve treatment entry, and the isolation of the pandemic has proved deadly. These child welfare services break down that isolation and fill the gap during treatment wait times for parents.

7. What alternatives were considered and what were the reasons for rejecting them?

Alternatives to meeting child welfare needs in this area do not exist, and in fact, Oregon's creation of services for this challenge had been a national model for many years after their inception in 1991. Key to our local treatment resources and our contracted services being utilized, effectively integrated into case practice, and monitored for effectiveness and contract compliance are the ODHS positions that were authorized by the Legislature in 1991. Thirty years later, the need for these services is still a prime focus of

the current Child Welfare Division Vision for Transformation. Behavioral health treatment, specifically substance use disorder treatment, are cited as key components of a statewide safety net for families, but the positions authorized 30 years ago are insufficient for the current demand and placed in an administrative structure that decrease their ability to effectively assist parents and caseworkers respond to SUD.

8. What other agencies, programs, community partners or stakeholders are collaborating on this policy package?

While no other state agencies are involved directly in the POP itself, many benefit from the work they do including ODHS programs that regularly attend training offered regarding substance use disorder. In addition, local treatment providers benefit from treatment referrals and support to their clinical services since over 75% of children in foster care have at least one parent identified as having an issue with substance abuse. While ODHS is well-integrated with local treatment partners in many sites, they count on us for referrals information, client support, client motivation, outcome collaboration and the creation of relapse prevention and creating ongoing life support networks for the clients we share. In that sense the silos of ODHS/OHA, treatment/child safety, and community supports/child welfare are all made less restrictive and more collaborative as the positions in this POP will continue the collaborative work and expand it.

This POP is an adjustment to current services that are already highly collaborative with local treatment agencies, family treatment courts, alcohol and drug free housing and various peer support programs. As it is focused on parents and families struggling with substance use disorder, we already share power, and in most cases defer to the clinical expertise of our partners. The positions in the POP are those who refer to these

programs and lay out a set of services that support he continued use of the services in ways a treatment provider cannot. These services also serve as a liaison between treatment and child welfare caseworkers so that plans made on both sides remained fully informed of the work of partners, sharing not only power, but treatment goals, safety goals and client challenges that allow our parents and families to work with an informed system that is integrated rather than fragmented.

9. Does this policy package require any changes to existing statute(s) or require a new statute? If yes, identify the statute and the legislative concept. No statutory changes required

No.

10. What other state, tribal, and/or local government agencies would be affected by this policy package? How would they be affected?

While no other state agencies are involved in the POP itself, many benefit from the work they do including ODHS agencies which regularly attend training offered regarding substance use disorder. In addition, local treatment providers benefit from treatment referrals and support to their clinical services.

11. Is this policy package being requested because of an Oregon Secretary of State or internal audit? If so, provide further information.

N/A

Staffing and fiscal impact

Implementation date(s): January 1, 2024

End date (if applicable): N/A

12. What assumptions affect the pricing of this policy package?

The existing costs of positions funded will remain consistent.

13. Will there be new responsibilities for another agency (OHA etc.) and/or ODHS/OHA Shared Services? Specify which programs and describe their new responsibilities.

N/A

14. Will there be changes to client caseloads Cost per Case or services provided to population groups? Specify how many in each relevant program.

No changes to client caseloads. Increase in alcohol and drug support services to child welfare families in five counties not currently fully staffed with this resource.

Oregon Department of Human Services:
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15. Describe the staff and positions needed to implement this policy package, including whether existing positions would be modified and/or new staff would be needed.

POSITIONS ASK:
Reclassification:

- 25 ***existing*** Social Service Specialist 1s / Addiction Recovery Team to Social Service Specialist 2s

New positions:

- 2 Child Welfare Manager 1s (PEM-Ds) to provide supervision for this overall team
- 3 Social Services Specialist 2s to serve the families in all branches equitably
- 2 Operations and Policy Analysts 3s designated as Behavioral Health experts in substance use disorder & mental health
- 1 Administrative Specialist 2 to provide overall program support

16. What are the start-up and one-time costs?

N/A

17. What are the ongoing costs?

Positions costs are ongoing.

18. What are the sources of funding and the funding split for each one?

75% General Fund and 25% Federal Fund and Child Welfare will access current available funding resources: Title IV-E, IV-E, SSBG.

19. What are the potential savings?

Services that assist parents in entering treatment quickly, and achieving and sustaining recovery, also assist children in coming home, therefore, reducing foster care costs.

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	$ 980,009	$ -	$ 326,676	$ 1,306,685	8	6.00
Services & Supplies	$ 108,434	$ -	$ 36,165	$ 144,599		
Capital Outlay						
Special Payments						
Other						
Total	**$ 1,088,443**	**$ -**	**$ 362,841**	**$ 1,451,284**	**8**	**6.00**

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Fiscal impact by program

	CW Design	CW Delivery	Program 3	Program 4	**Total**
General Fund	596,398	492,045			**1,088,443**
Other Funds					**-**
Federal Funds	198,812	164,029			**362,841**
Total Funds	795,210	656,074			**1,451,284**
Positions	4	4			**8**
FTE	3.00	3.00			**6.00**

Oregon Department of Human Services:
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Appendix A: 2021 Oregon Safe Systems Mapping Overview and Recommendations

2021 Oregon Safe Systems Mapping Ov

Appendix B: Position Descriptions

The following Position Descriptions are in a "final DRAFT" version, waiting for final DAS approval.

Number of Ask	Position Classification	Position Description Attachment
2	Child Welfare Manager 1 (PEM-D)	PEM D.SUD.docx
3	Social Services Specialist 2 (SSS2)	SSS2-ART.doc
2	Operations and Policy Analysts 3 (OPA3)	

		OPA 3 SUD.docx
1	Administrative Specialist 2 (AS2)	PD - AS2 SUD.docx
* 25	***** RECLASSIFICATION ***** Social Services Specialist 1 ***TO*** **Social Services Specialist 2**	PD - Standard ART Worker.pdf

Oregon Department of Human Services:
2023-25 Policy Package

Division:	Child Welfare
Program:	Child Fatality & Prevention Review Program
Policy package title:	CIRT and Safe System Analysis
Policy package number:	POP 120
Related legislation:	N/A

Summary statement:

Preventing the maltreatment of children is core to the work of Child Welfare and to community well-being. Oregon created a Child Fatality Prevention & Review Program (CFPRP) to facilitate statutorily required reviews of child fatalities – conducted by Critical Incident Review Teams (CIRTs). Legislative changes to the criteria for conducting these reviews have led to an increase in the number of CIRTs assigned. And with many CIRTs involving parental substance abuse, focused prevention strategies are critical to making system-wide improvements.

This proposal enhances the infrastructure and capacity of the CFPRP to develop and implement prevention strategies using qualitative and quantitative data from our most tragic outcomes in Child Welfare. This POP also would support the continued work around the federal Comprehensive Addiction and Recovery Act via and continuation of infant safety, maltreatment, and fatality prevention.

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	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	**$ 1,110,809**	**$ -**	**$ 370,293**	**$ 1,481,102**	**8**	**6.00**

Purpose

1. Why does ODHS propose this policy package and what problem is ODHS trying to fix or solve?

Critical Incident Review Team (CIRT) Coordination

The CIRT process has been an integral continuous quality improvement (CQI) process for Oregon's Department of Human Services Child Welfare Division since 2004. By reviewing child fatalities and making recommendations to prevent future fatalities, the CIRT process is an important and unique tool to help protect Oregon's children from abuse and neglect and to prevent future child maltreatment fatalities. Previously this work was located in the Central Office Child Safety Program; however, the CIRT process moved to the new Child Fatality Prevention and Review Program (CFPRP) in February 2020. This has provided a unique opportunity for Oregon Department of Human Services to have a Child Welfare program that both provides a comprehensive, objective review process for child fatalities along with researching, developing recommendations, and leading and implementing innovative strategies and efforts that are focused on child maltreatment prevention at primary, secondary, and tertiary levels.

Between 2004 and 2016, there were an average of three CIRTs assigned per year. In 2017 and 2019, Oregon law was changed to define the criteria more clearly for a CIRT as well as the reporting and publication requirements. These legislative changes significantly increased the number of CIRTs assigned each year. Between 2017 and 2021, the number had risen to an average of 23 CIRTs per year, with 2020 seeing a high

of 34 CIRTs assigned. Each CIRT coordinator must review the entire case file and compose a detailed summary, engage in numerous, preparatory conversations with local child welfare professionals as well as subject matter experts and at times community partners, and facilitate meetings centered around learning and continuous quality improvement. Coordinators must also adhere to not only the CIRT statute, but additional laws and rules related to HIPAA and case planning confidentiality and appropriately redact CIRT Final Reports for publication. Multiple CIRTS at once is common and can be an overwhelming workload as there are specific timelines that must be met throughout the 100-day process. In addition, the work is public facing and our CIRT data must be available in real-time per the CIRT statute.

The CFPRP uses a safety science approach in every CIRT, which is a very intentional practice that requires specialized skills. Safety science provides a framework and processes for child protection agencies to understand the inherently complex nature of the work and the factors that influence decision-making. It also provides a safe and supportive environment for professionals to process, share and learn from critical incidents to prevent additional tragedies. Applying safety science in critical incident reviews requires intentional planning and preparation with local office child welfare professionals and compels CIRT Coordinators to broaden connections to the community in response to child fatalities. CIRT Coordinators are always considering what opportunities for improvement exist and how they can be impacted at all levels of the system, with a particular lens on prevention upstream.

With the substantial change in CIRT legislation in 2019, multiple full-time staff was needed to manage the CIRT workload. With this change, CFPRP came to understand the significant negative impacts that can occur on the emotional and mental well-being of CIRT Coordinators as a result of their constant exposure to tragic child fatalities. To address this challenge and mitigate impacts on staff while continuing to provide high value, system-focused fatality reviews, CFPRP requested and was granted two rotational CIRT Coordinator positions. These rotational positions, scheduled to join CFPRP in spring of 2022, will allow staff outside of CFPRP an opportunity to serve the agency as CIRT Coordinators. This rotation-based

staffing model lessens the secondary trauma experienced by staff working as CIRT Coordinators by limiting the period of time they are exposed to this challenging material while also providing Child Welfare staff ongoing opportunities for professional development. The workload for CIRT Coordinators is anticipated to continue at its current pace and is in line with last year's data, however the rotations are temporary, one-time allocations that will not address workload challenges long-term. This request is for permanent funding to always have at least 2 OPA3 rotations (for a maximum of two years) in this complex and difficult role. The CIRT is unique in that the work supports all three guiding principles of the ODHS Child Welfare Division Vision for Transformation.

1. Supporting families and promoting prevention – the CIRT is critical to understanding what a family needed and what they received from the Child Welfare System. Through the use of data and learning, this program has the capability of identifying system improvement opportunities that can change the system and improve outcomes for children and families through primary, secondary, and tertiary prevention.
2. Enhancing our staff and infrastructure – CW learned through experience that sustained trauma for our CIRT coordinators will result in frequent turnover, thus the need to provide for their emotional well-being in this important job of reviewing the most tragic outcomes. Shorter-term positions and regular opportunities to also work within the prevention efforts of other team members may be critical to doing this work ongoing in this program. In addition, the CIRT explores through each case both what the family needed and what they received but also, what the child welfare professional needed and what they received. This allows for special attention to the systemic factors that may influence common challenges in casework practice.
3. Finally, enhancing the structure of our system by using data with (continuous quality improvement) CQI; the CIRT has been critical to ODHS Child Welfare's continuous quality improvement efforts since 2004. Data has informed important prevention strategies such as infant safety/safe sleep, Comprehensive Addiction and Recovery Act (CARA) plan of care, assessing chronic neglect, suicide prevention, SUD supports as well as identified critical learning about systemic factors within the child welfare system that

must be addressed in order to prevent future maltreatment and child maltreatment fatalities (bias, teamwork, service array, knowledge, production pressure, etc.). Also, as a result of the CIRT, numerous additional system improvement recommendations are taken on each year by the CFPRP and other Child Welfare Programs (Safety, Permanency, Well-Being, Equity, Training & Workforce Development, etc.). System improvement efforts that have been implemented since 2021 include but are not limited to developing guidance to request rush toxicology for deceased children; Americans with Disabilities Act training, education and staff tools; Healthy Relationships brochure enhancement; Home environment observation and safety guidance enhancements; Summer of Safety campaign to enhance child protective services assessment practice; and Child and Adolescent Needs and Strengths (CANS) rule and procedure review and enhancements, including improved functionality of automated notifications.

Safe Systems Analysis & Advancing Safety Culture

Safe systems analysis is a critical extension of Oregon's child fatality review process. Through file review, participation in the CIRT or internal discretionary review, and follow-up supportive inquiry, CFPRP can gather important information about what influences the casework or system challenges (also known as improvement opportunities) that may be identified in cases with tragic outcomes. In the safe systems analysis process, improvement opportunities are first identified through the CIRT or discretionary review and then explored by a Safe Systems Coordinator through use of the Safe Systems Improvement Tool (SSIT). Since implementing safe systems analysis in July 2019 the SSIT has been completed on 71 cases. Of those 71 cases, 50 had improvement opportunities identified, some cases having multiple, for a total of 96 improvement opportunities that are evaluated together to inform system improvement efforts.

In some cases, the safe systems analysis includes individual debriefings. These debriefings are the mechanism for gathering the "second story" from those who experienced the outcome in the specific case. Debriefings are voluntary and trauma-responsive and use supportive inquiry to support child welfare professionals in sharing their experiences. Since 2019, Safe Systems Coordinators have engaged 41 child

welfare professionals across 12 cases in individual debriefings. This number reflects about 25 percent of the cases with improvement opportunities identified. For optimal learning, debriefings would be offered in every case with recent contact and an improvement opportunity identified. Until recently, just one coordinator (Safe Systems Coordinator) was assigned to this work. There are now two additional coordinators trained to complete safe systems analysis, however they also carry other duties related to CIRT and Internal Discretionary Reviews as well as other program responsibilities. To develop this work and inform system improvement in a meaningful way, resources must be dedicated to the unique process of safe systems analysis, including allocation of staff as well as developing skills to evaluate safe systems data and share learning with other child welfare programs and executive leadership timely.

CARA / CAPTA Prevention

The Child Fatality Prevention and Review Program (CFPRP) was created to improve child safety and prevent child maltreatment and maltreatment fatalities in Oregon. The goals of the CFPRP align with Family First requirements of creating a Comprehensive Statewide Plan to Prevention of Child Maltreatment Fatalities (recently submitted updated plan for the APSR) and also provide a unique and necessary opportunity to promote a system shift toward prevention policies and practices to address the risk to Oregon's most vulnerable children. The CFPRP also coordinates the Critical Incident Review Team (CIRT), which is how Oregon's Child Welfare system approaches the response to critical incidents that result in child fatalities. With several recent and significant changes to the CIRT statute, there was a need to increase program capacity to comply with the specificity of the law and increase the number of CIRTS assigned. The development of this program has created the space and opportunity for Oregon's Child Welfare system to better understand and learn from these tragedies. The work of the CIRT is intended to have a crucial impact on quality improvement in Oregon's Child Welfare System and moving the CIRT coordination out of the Child Safety Program has allowed for an increase in independence and transparency of child safety and fatality reviews. This program works across systems and the broader community including public health and

other children- and family-serving agencies in Oregon to improve child safety outcomes and prevent child maltreatment fatalities in our communities. The CFPRP is the state liaison/lead for the Child Abuse Prevention and Treatment Act (CAPTA) grant which is connected to the following staffing requests below.

Since 2003, the Child Abuse Prevention and Treatment Act (CAPTA) has required states to maintain policies and procedures addressing the needs of substance-exposed infants. On July 22, 2016, the Comprehensive Addiction and Recovery Act (CARA), amended CAPTA legislation requiring states to establish a comprehensive, coordinated strategy focusing on the impacts of legal and illegal substance misuse on infants and their families. The purpose is for early identification and intervention, by providing support and services to families with infants who need help with substance use disorders. The CFPRP sees the CARA work as an important part of Oregon's prevention system as it involves primary, secondary, and tertiary prevention.

The requirements of the law include:

1. Notification by health care providers when an infant is born substance-exposed (the law states substance affected and the federal guidance refers to substance-exposed, each state has the flexibility to define these terms. Because of the challenges in identifying substance-affected infants at birth using substance-exposed will ensure the families intended to be served by this law are indeed served).
2. Development of a Plan of Care and subsequent service referrals to address the core, health, and safety needs of the substance-exposed infant, as well as the core, health and substance use disorder treatment needs of the infant's family.
3. Annual reporting of the following data to the federal government:
    - The number of infants identified as being substance-exposed (as determined by the notifications received)
    - The number of such infants for whom a plan of care was developed

- The number of infants for whom an appropriate service referral was made for them or their family member

CARA requires states to ensure that they operate programs relating to child abuse and neglect that include a requirement for health care providers to notify Oregon Child Abuse Hotline of the occurrence of a substance-exposed infant and that a Plan of Care for the infant is developed. The CFPRP is working closely with agency partners to envision and develop a notification portal that does not involve the child abuse hotline unless there is a report of abuse. Implementation of the CARA requirements prioritize prevention and put in place safeguards against discrimination and stigmatization, which is needed to improve health equity.

Substance use is present in the family system at a high rate in cases involving a child fatality. In the calendar years 2020 and 2021, a total of 60 Critical Incident Review Teams (CIRTs) were assigned by the ODHS Director. All 60 CIRTs involved the review of a critical incident that resulted in a child fatality and 30 (50 percent) CIRTs involved infants. Furthermore, 23 of those 30 infants were known to child welfare through an open assessment at the time of the critical incident, a prior closed at screening and/or a prior child protective services assessment. Of those 23 infants, 11 had familial substance use concerns identified in the Oregon child welfare case record. With this data in mind, the department's continued implementation of the Comprehensive Addiction Recovery Act (CARA) is under the umbrella of the CFPRP and has been incorporated into the comprehensive plan to prevent child maltreatment fatalities. Two CARA coordinators (limited duration, one-time federal funds) were hired in April of 2021 to continue efforts to develop, implement and monitor Plans of Care, and further advance efforts related to infant safety and prevention including infant safe sleep, in cases requiring a Plan of Care.

Data gathered through critical incident reviews highlights that infant and child maltreatment fatalities are not an isolated problem, but an indicator of deeper issues and family stressors in the community: poverty, social isolation, racial segregation, and inequitable access to support and services.

Multiple national studies indicate that Social Determinants of Health (SHD), including poverty, housing instability, food insecurity, low parental educational attainment, and child un-insurance, are significantly associated with child maltreatment. A recent systematic review also concluded that although the immigrant parental status is associated with a lower likelihood of overall child maltreatment, it may be associated with a higher risk of child neglect and neglectful supervision. Taken together, these findings suggest that an urgent priority, therefore, should be to routinely screen families for SDH in inpatient and outpatient settings and in Child Protective Services, and to address identified SDH with referrals to appropriate services. This screening and referral process could have the potential to not only prevent child maltreatment by reducing or eliminating the SDH before they result in maltreatment but might also decrease the risk of maltreatment recidivism in families in which maltreatment already has occurred. https://www.nature.com/articles/s41390-020-01175-x

Child Welfare must begin to focus on these broader issues. Critical incident reviews are an action-oriented continuous quality improvement process that is playing a significant role in building community partnerships, understanding community issues associated with heath disparity and developing culturally sensitive actions to address disparities.

CRITICAL PROBLEM THIS POP WOULD ADDRESS:

As a young Child Welfare program, the Child Fatality Prevention & Review Program has been in the development stage over its first two years of existence. Enhancing the infrastructure and capacity of this

program will allow ODHS to better understand and implement a timelier response to identified systemic factors that are proximal to poor outcomes for children and their families in Oregon. This program utilizes qualitative and quantitative data, which has resulted in numerous recommendations for meaningful local and statewide system improvements. New learning from our most tragic outcomes for children and families is happening rapidly; including better understanding family stressors along with the identification of a lack of connection to universal, accessible community supports upstream before a family enters the Child Welfare system in the first place. In addition, data from the Critical Incident Review Team (CIRT) and Safe System analysis indicates there is a need to prioritize workforce development including tending to professional bias, transfer of knowledge from supervisor to caseworker, SUD training and resource development, and greater usage and more pathways to connect families to community supports upstream, midstream, and downstream. Investment in the infrastructure of the program offers ODHS the unique opportunity to work within all levels of prevention by utilizing and sharing data through various opportunities including MOUs. The primary work in this program surrounding the Critical Incident Review Team process is statutorily required and infrastructure enhancement is necessary to sustain and grow this critical work to improve outcomes for Oregon children and families.

Infant fatalities continue to come to the attention of the ODHS, and permanent positions to support work in progress around infant safety and CARA prevention efforts is needed. Currently, the Comprehensive Addiction and Recovery Act (CARA) work is being done with two limited duration OPA3 positions utilizing federal CAPTA/CARA phase 2018 funding, which is only available through September 2022. To ensure Oregon continues meeting the requirements outlined above and continues to be in full compliance with the federal act, it essential to grow and sustain the current momentum in maltreatment prevention opportunities for parents/infants in Oregon. This work is touching primary, secondary, and tertiary prevention through the work of the CARA/Prevention Coordinators. Examples of upstream prevention that have resulted from the CARA required Plans of Care have already resulted in pregnant people and parents of infants successfully developing family-led Plans of Care with their community supports that have resulted in no report to the

child abuse hotline. Without this Plan of Care in place, these families would likely have entered the Child Welfare system with the high likelihood of foster care placement for these infants.

An additional CAPTA requirement by states is closely related to the CARA work in the sense that community response should be the first pathway when appropriate for a family versus an assigned CPS report that results in families coming through the door for an intervention that may not best address what the family needs. States must have procedures to refer children not at risk of imminent harm to a community organization or voluntary preventive service. CFPRP's SUD System Mapping highlighted the urgent need for early connections to resources on screened out reports that have risk factors that may result in further intervention by Child Welfare. Since the centralization of the Child Abuse hotline, the screened-out reports are no longer being referred to community safety nets/prevention entities for a variety of reasons including a lack of infrastructure to lead and organize this work. Before centralization, many of the individual hotlines did this on their own, albeit inconsistently around the state.

CFPRP Substance Use Disorder System mapping resulted in a recommendation to develop a process for referring to community-based supports or services on reports that are closed at screening. Throughout a system mapping exercise led by CFPRP, prevention efforts were discussed time and again, including mechanisms to provide support to families before formal Child Welfare involvement. The team identified a need to develop specific criteria for referrals to community-based supports or services on reports not assigned but documented as a Closed at Screening report, which has long been a requirement of CAPTA. This level of preventative work is phase two of Oregon's FFPSA plan, but it is highlighted as a pressing need by the mapping team and based on current data surrounding tragic outcomes experienced by infants in particular in Oregon.

Vision for Transformation and other initiatives, programs:
This body of work is aligned with the Child Welfare Vision for Transformation, Family First prevention work, and the Child Abuse Prevention and Treatment Act, including the statewide implementation of the Comprehensive Addiction and Recovery Act. This type of referral infrastructure promotes child and family well-being by connecting families to support and resources before a crisis occurs, while children remain in their homes and communities. This body of work also creates an opportunity for Child Welfare to mitigate barriers facing populations disproportionately affected in Oregon who may need help gaining access to services or paying for services. It honors the self-determination of families, by allowing people to identify and access what they need without being mandated to participate in interventions that undermine their autonomy. When more opportunities exist for Child Welfare to participate in self-directed development and assistance, more opportunities will exist to engage community without furthering trauma and fear

2. What would this policy package buy and how and when would it be implemented?

This proposal enhances the infrastructure and capacity of the Child Fatality Prevention & Review Program to support all levels of prevention by facilitating Critical Incident Review Teams, conducting Safe Systems Analysis to improve understanding of the barriers to meeting family needs and informing meaningful system improvement efforts.. Currently, the CFPRP has 1.5 FTE CIRT Coordinators, 1 FTE Safe Systems Coordinator (also serving as the Lead Worker in the program) and two additional CFPRP Coordinators who support both CIRT coordination and Safe Systems Analysis as needed, while also performing a variety of other program duties. There is one AS2 assigned to the CFPRP as a whole, however the coordination of CIRTs and Safe Systems Analysis requires daily attention for scheduling, document management, tracking and other general support. This POP would also support the continued work around the federal Comprehensive Addiction and Recovery Act via permanent positions and continuation of infant safety, maltreatment, and fatality prevention.

The work would be implemented as soon as positions were approved and hired.

3. How does this policy package help, or potentially hinder, populations that disproportionately or underserved? How does this policy package further ODHS's 3 strategic goals, and both the program and ODHS missions.?

- Creating a strong infrastructure of passionate and qualified professionals in this young program will assist ODHS in building and sustaining relationships with historically disproportionately affected populations and communities and dismantling structurally racist systems that have continued to harm families served by ODHS.
- Better engagement and understanding of data and the social determinants of health will help to identify trends and impacts timelier as it relates to child maltreatment and fatalities (to better understand and describe disproportionality and disparities).
- Safety culture can serve to reduce inequities among staff, which can in turn support more equitable engagement and well-being of communities in all areas of the state.
- Active engagement/collaboration with all ODHS programs and prevention entities across Oregon.
- Better coordination between department and community services – deeper evaluation of access to and effectiveness of services for all populations that allow us to learn about gaps and barriers in a different way, using community voice to understand community needs to prioritize the efforts around prevention at all levels.
- Allow for full participation in newly developed Prevention Collaborative that includes multiple ODHS programs, and community partners whose prevention work overlaps with this program.

POPULATION/COMMUNITY	POTENTIAL POSITIVE IMPACTS	POTENTIAL NEGATIVE IMPACTS
Federally recognized Oregon Tribes	Better information about circumstances surrounding child fatalities in Oregon's Tribal communities in order to collaborate and support efforts to prevent child fatalities that are rooted in cultural traditions Full presence and representation in the review of child fatalities and development of culturally informed and culturally responsive strategies to improve the experience of Native American families encountering child welfare and also the development of strategies to prevent child maltreatment Well-informed reviews contribute to system improvements focused on eliminating inequities and promoting anti-racist child	Recognizing safety science and processes related to child fatalities review are linear processes resulting from industries built by white dominant culture Risk of increased trauma and exposure to child welfare system, which is a system that can be oppressive and traumatizing to indigenous communities, this can also lead to less engagement and ability to access services from the child and family serving system Increased risk of moral injury to employees who are also part of the community

	welfare practice so families in Oregon's Tribal communities experience the system differently. Removing systemic barriers that impede access to preventive services further upstream could make voluntary support more accessible to families, circumventing future involvement with child welfare.	
Black, Indigenous, Latino/a/x, Asian, and/or Pacific Islander communities	Better information about circumstances surrounding child fatalities within these communities in order to collaborate and support efforts to prevent child fatalities that are rooted in cultural traditions. Well-informed reviews contribute to system improvements focused on eliminating inequities and promoting anti-racist child welfare practice, so families experience the system differently.	Recognizing safety science and processes related to child fatalities review are linear processes resulting from industries built by white dominant culture Risk of increased trauma and exposure to child welfare system, which is a system that can be oppressive and traumatizing to these communities this can also lead to less engagement and ability to access services from the child and family serving

	With more intentional community and cross-program involvement in the work of the CFPRP and the child fatality review process, expert information and guidance can be provided to elevate the voices and experiences of the community and guide child welfare improvement. This can empower collaboration between communities and child welfare to co-create solutions to challenges identified through this review process. Removing systemic barriers that impede access to preventive services further upstream could make voluntary support more accessible to families, circumventing future involvement with child welfare.	Increased risk of moral injury to employees who are also part of the community

LGBTQIA2S+ communities	With more intentional community and cross-program involvement in the work of the CFPRP and the child fatality review process, expert information and guidance can be provided to elevate the voices and experiences of the community and guide child welfare improvement. This can empower collaboration between communities and child welfare to co-create solutions to challenges identified through this review process. Removing systemic barriers that impede access to preventive services further upstream could make voluntary support more accessible to families, circumventing future involvement with child welfare.	Recognizing safety science and processes related to child fatalities review are linear processes resulting from industries built by white dominant culture Risk of increased trauma and exposure to child welfare system, which is a system that can be oppressive and traumatizing to these communities this can also lead to less engagement and ability to access services from the child and family serving system Increased risk of moral injury to employees who are also part of the community
People with disabilities	With more intentional community and cross-program involvement	Recognizing safety science and processes related to child fatalities

	in the work of the CFPRP and the child fatality review process, expert information and guidance can be provided to elevate the voices and experiences of the community and guide child welfare improvement. This can empower collaboration between communities and child welfare to co-create solutions to challenges identified through this review process.	review are linear processes resulting from industries built by white dominant culture Risk of increased trauma and exposure to child welfare system, which is a system that can be oppressive and traumatizing to these communities this can also lead to less engagement and ability to access services from the child and family serving system
	Removing systemic barriers that impede access to preventive services further upstream could make voluntary support more accessible to families, circumventing future involvement with child welfare.	Increased risk of moral injury to employees who are also part of the community
People who are aging	More information is needed to understand possible positive or negative impacts to people who	

	are aging and may be involved in cases reviewed by the CFPRP. Adjusting prevention activities to engage more effectively with caregivers who are aging. Multigenerational, family centered treatment options could result in increased access to care coordination and services.
Rural communities	Identification of gaps in access to services and supports for families in rural communities. Partnership with local organizations and providers to co-create solutions specific to the unique needs of rural communities. Identifying gaps in the service array available to people in rural communities could result in

	additional, alternative means for people to access what they need.
People experiencing low or no income	Identification of gaps in access to services and supports for families experiencing low or no income Partnership with local organizations and providers to co-create solutions specific to the unique needs of families experiencing low or no income Increased awareness of the factors associated with poverty vs. neglect could result in fewer reports made to child welfare. Studies indicate families are less likely to be reported for maltreatment when they experience fewer socioeconomic stressors.

Other populations (specify)	Recognizing the intersecting identities is critical to co-creating solutions with communities. Reduced number of Black and Indigenous infants with low birth weight (which is a leading cause of infant deaths). Trauma informed, harm reduction, low barrier, multigenerational approaches to service delivery could make services more accessible for people with Substance Use Disorder.

Quantifying results

4. What are the long-term desired outcomes?

This proposal will allow for more active engagement with other ODHS partners and community partners in the fatality review process, individual debriefings with staff, engagement with leadership and local office

child welfare professionals around safety culture, training, recommendations completed in collaboration with other programs and community partners.

The proposed enhancements to the CFPRP will allow for more accurate understanding of data (both qualitative and quantitative) and the disparities that exist within communities across Oregon. Through robust systems-focused critical incident reviews, the CFPRP is able to evaluate challenges in child welfare at all levels of the system and elevate recommendations likely to have the most meaningful impacts for the workforce and most importantly, families and communities. While the focus is of course on reducing maltreatment-related fatalities, the CFPRP aims to also impact preventable child fatalities and overall child maltreatment through a focus on upstream support for families before crisis occurs.

The CFPRP will collect data to measure success of this solution by conducting surveys with CIRT and Safe Systems Analysis participants, reviewing child welfare retention data, monitoring rates of repeat maltreatment across Oregon, and comparing data and learnings with other state, county, and Tribal jurisdictions through participation in the National Partnership for Child Safety.

Data is in important piece of the CARA legislation. We envision improved data capabilities around Plan of Care documentation and supports. We would also envision data demonstrating pregnant parents using substances are less likely to enter the child welfare system following the birth of a child when a supportive community/family plan of care is in place prior to the birth of the child. The CARA coordinators will continue to provide training and support to both Child Welfare staff but also to community partners that are engaged in this work alongside ODHS. Data is being gathered through the Nurture Oregon demonstration sites that will provide crucial information to Child Welfare in statewide implementation of CARA. As for the Prevention Team, an increase in referrals to community supports on select screened out reports that may have higher risk factors such as an infant in the home and DV, or parental SUD is alleged but does not meet the assignment criteria.

When developing recommendations CIRT coordinators think about the following three categories of prevention: PRIMARY: Prevents the contributing factor before it ever occurs. Examples include infant safe sleep education. SECONDARY: Reduces the impact of the contributing factor once it has occurred. Examples include reduced access to lethal means in youth at risk of suicide. TERTIARY: Reduces the progression of an ongoing contributing factor once it has occurred. Examples include mental health services for children and families affected by maltreatment.

Outcomes might consider the impact level of proposed recommendations: Small (one-on-one education, advisement for the community, provider, or health system) Medium (clinical intervention, coordination across care) Large (lasting protective intervention, improved risk assessment and response) Extra-large (healthcare system redesign, improved frameworks, or models of care) Giant (address social determinants of health).

The proposals outlined in this POP can influence community awareness based on the data and learning that has already occurred from the work happening in the Child Fatality Prevention and Review Program. Community partnerships have grown, relationships have become stronger with the ability to have space to nurture and listen to our communities. We envision positive outcomes for children and their families by providing support and partnership to ensure universal, upstream resources and supports are in place for all families regardless of where they live.

CARA includes a requirement that Child Welfare report data annually – however, this process needs to be informed by people with lived experience to avoid over surveillance of populations who are disproportionately affected. The Nurture Oregon demonstration sites are also collecting data which is available to the CFPRP due to our Plan of Care pilot within the demonstration sites. If the Prevention Team is approved, data from the number of screened out reports that receive a referral to a voluntary community-

based service could be tracked and then reviewed for re-reports over a period of a specific time. Increase in community-based prevention supports would also be a data point. There are current resources available that could provide closed loop referrals for voluntary services in the community such as FindHelp.org and UniteUs. Both platforms have extensive data sets from communities all around Oregon that can help identify where the needs are greatest and ensure resources are being developed to serve families that may otherwise come to the attention of child welfare. The Child Fatality and Prevention program has reviewed all 36 counties CCO/Community Health and other family serving assessments to better understand our communities in Oregon and where the needs are as identified by the community. The CARA and CAPTA required work can be greatly influenced by what we have learned from these assessments and through further engagement with all communities in Oregon. Success includes healthy thriving communities where we can support and amplify what they need, when they need it most.

5. How will ODHS measure the impact on system and access inequities and/or impact disproportionality in accessibility and services in ODHS programs through this policy package?

Equity is an important factor to consider when looking at the societal context within which the families we serve live their lives. Meaningful change will require an awareness of, and commitment to dismantling, the policies, practices and attitudes that perpetuate inequality and interfere with a family's ability to care for their children. This means changing how we engage and work with families – including how we respond when they experience progress and setbacks – as well as working to level the larger societal inequities that systems across the continuum are grappling with. For Child Welfare this means responding to disparities in parental capacity that ultimately surface when parents have unequal access to supportive contexts and services.

Current LD CARA Coordinators have developed critical relationships with other family serving systems focused on CARA and broader prevention efforts, making these positions permanent will allow Child Welfare to continue building our internal capacity to uplift community voice.

The Child Fatality Prevention and Review Program has partnered with the Oregon Health Authority to implement a "Plan of Care pilot" in five Oregon counties as part of the Nurture Oregon demonstration project. Nurture Oregon is a rural integrated care model providing pregnant people who use substances with peer recovery support services, prenatal and postpartum care, substance use and mental health treatment, and service coordination. Care is delivered in a culturally sensitive, non-judgmental, strengths based and trauma-informed manner. The "plan of care pilot" will gather data on what works and what does not work for pregnant and parenting people, as well as the different members of the care team, including Child Welfare professionals. Identification of Plan of Care quality practices will inform statewide education, support for notification by healthcare providers, and all aspects of plan development and monitoring. With the additional data gathered from the pilot, additional Child Welfare policy and practice changes are expected.

How achieved

6. What actions have occurred to resolve the issue prior to requesting a policy package?

CIRT Coordination

Currently, other coordinators on the CFPRP are assigned to take on CIRTs and Internal Discretionary Reviews when the workload exceeds the capacity of the currently assigned 1.5 FTE allotted to CIRTs. This takes away from Safe Systems Analysis as well as other important work of the program, including the

development and implementation of program and agency/cross-agency prevention efforts. Although the CFPRP was awarded two, two-year rotation positions that both fulfill the role of a CIRT Coordinator, these rotations are currently approved on a one-time basis.

Safe Systems Analysis and Advancing Safety Culture

Until recently, just one coordinator was assigned to the work of safe systems analysis. This coordinator was responsible for both conducting the analyses, but also tracking and reporting on data gathered. Additionally, the coordinator has led work related to safe systems mapping as well as advancing a safety culture in child welfare. Two additional coordinators are now trained to support this work, but these coordinators also carry a variety of tasks related to data tracking, CIRT recommendation tracking, rule, and procedure development, as well as developing prevention initiatives.

CIRT Coordinators and Safe Systems Coordinators are cross trained in the functions of both bodies of work. However, due to the significant and unique workload associated with each process, it is challenging to move between the roles as a matter of routine practice

CAPTA/CARA

Currently CAPTA funding is being utilized to fund two limited duration positions. This funding is set to expire in September 2022. While much work has been able to happen with these two positions, there is much work ahead to fully implement the Comprehensive Addiction and Recovery Act and continue the work with upstream prevention around infant care and safety along with workforce development surrounding Plans of Care.

7. What alternatives were considered and what were the reasons for rejecting them?

Workload is at capacity with the existing infrastructure of this developing program; alternative considerations include discontinuing infant safety and prevention work. Infants are the most vulnerable population served by Child Welfare professionals; continued supports and focused efforts in ensuring that children and families have access to culturally specific early learning opportunities is a priority of this program. Team members of the CFPRP work closely with community prevention entities around the state and are available to provide data, technical assistance, and support to develop pathways to services and resources needed as identified by the community.

The Critical Incident Review Team is statutorily required with significant workload associated with the review process. The number of child fatalities is unpredictable at any given time and resources need to be immediately available to conduct a CIRT. The current alternative is utilizing rotation positions to assist in the CIRT work and provide relief to the existing 1.5 CIRT FTE. This funding must be requested on an ongoing basis with the maximum rotation lasting two years. Secondary traumatic stress has impacted CIRT coordinators within this program due to the sustained nature of reviewing child fatalities; the alternative is assignment of team members to other prevention work in the program but due to limited resources, the CIRT must be prioritized so opportunities to temporarily shift to prevention work is limited.

Currently the Program Manager reviews and edits all case file summary and public reports which consists of a minimum of 10-15 hours per week. The public reports also go through additional review and edits with DOJ, Communications and the ODHS Director. Proposed infrastructure would result in cost savings and greater efficiency in meeting critical timelines as required in the CIRT statute.

8. What other agencies, programs, community partners or stakeholders are collaborating on this policy package?

An important part of the Child Fatality Prevention and Review Program (CFPRP) mission is extensive collaboration so that community voice is reflected in all the work. Some of the collaborative efforts are detailed below and demonstrate how the work is aligned with the ODHS Child Welfare Division's Vision for Transformation, including supporting families and promoting prevention, enhancing our staff and infrastructure, and enhancing the structure of our system by using data with continuous quality improvement.

The CFPRP partners with the Oregon Alliance to Prevent Suicide and other Regional Suicide Prevention Coalitions to increase networking and information sharing with statewide Suicide Prevention collaborators in the fields of education, behavioral health, civic engagement, and human services.

The CFPRP Suicide Prevention Coordinator, in collaboration with ODHS Shared Services Trauma Aware and Portland State University, presented on ODHS suicide prevention initiatives and outcomes at the Annual Oregon Suicide Prevention Conference in October 2021.

The CFPRP, as part of the CIRT process, leads the creation and oversees the implementation of system and practice recommendations developed in response to child fatalities through collaboration with numerous and varied system partners.

Through the National Partnership for Child Safety (NPCS), the CFPRP collaborates with 26 state, county and tribal child and family serving agencies and technical assistance advisors in support of safety science implementation.

The CFPRP collaborates with the interdisciplinary State Child Fatality Review Team and the 36 multidisciplinary county child fatality review teams to enhance Oregon's death review system, death review data collection, and resulting prevention efforts.

The CFPRP initiates and engages in extensive collaboration statewide with child and family serving professionals and organizations and those they serve in efforts to support infant safe sleep practices.

The CFPRP is actively collaborating with individuals, professionals, and organizations impacted by or essential to implementing the Comprehensive Addiction and Recovery Act and specifically Plans of Care with the objectives of increasing engagement, maintaining infants safely with their families, eliminating or reducing Child Welfare involvement, mitigating the impact of substance use, and supporting parents diagnosed with substance use disorder with their recovery.

The CFPRP has active engagement and collaboration with numerous ODHS and OHA programs including: Tribal Affairs, Office of Program Integrity, Office of Equity and Multicultural Services, Self-Sufficiency Program, Communications, Office of Training, Investigations and Safety, Developmental Disabilities Services, and Oregon Health Authority Public Health System efforts including Behavioral Health, Zero Suicide, Youth Suicide Prevention Intervention & Postvention Program, Oregon WIC, Injury and Violence Prevention Program, Maternal and Child Health, Youth and Runaway Program, Addiction Services Program, Youth and Young Adult Substance Use Collaborative, and the Center for Prevention and Health Promotion.

The CFPRP has active engagement and collaboration with external partners to develop data-informed and innovative strategies for prevention including ODHS and Oregon Health Authority collaborations include the following: Community Health Nurses, Oregon Tribal Nations, Oregon Judicial Department, Oregon Department of Justice, local law enforcement agencies, Oregon Association of Chiefs of Police, District

Attorneys, Oregon State Child Fatality Review Team, Oregon Child Abuse Solutions, Oregon Parenting Education Collaborative parent coordinators and trainers, health care professionals, Relief Nurseries, Birthing Hospitals, Jackson Care Connect, Home Visiting Programs, Child and Family Futures, Oregon Perinatal Collaborative, Overdose Response Strategy, Doulas, Traditional Health Workers, Peer Support Specialists, Certified Recovery Mentors, Raise Up Oregon, Child Advocacy Centers, Designated Medical Professionals, Substance Use Disorder treatment professionals, YouthSAVE, YouthLine/Lines for Life, County Suicide Prevention Coalitions, Oregon Liquor and Cannabis Commission, Oregon Pediatric Society, Oregon Alliance to Prevent Suicide, Oregon Social Learning Center, Portland State University, Trauma Aware Oregon, Hospital Social Workers, National Center for Substance Abuse in Child Welfare, Early Intervention, Oregon Health Sciences University Safety Center, QPR Institute, Affinità Consulting, NPCS Innovation and Implementation Learning Community, NPCS Peer-to-Peer Leaders , Casey Family Programs, and the University of Kentucky Center for Innovation in Population Health.

As a country, we invest much more in responding to harm, for example by placing a child in foster care, and less investment in building protective factors and capacity of parents before harm occurs. We need to fundamentally transform our child and family well-being systems, moving away from the idea that it is solely the function of the child protection agency to keep kids safe and move toward a shared, community-wide responsibility with an emphasis on prevention and a public health approach that addresses social determinants of health.

More robust and holistic review processes improve cross-program and interagency engagement, coordination, and support of service provision within the broader child and family serving system. We will be able to work together to co-create services that meet the unique needs of families.

A systems-focused approach to critical incident reviews allows for an expanded view of prevention and invites increased engagement with communities to identify opportunities for improvement and co-create

sustainable solutions tailored to the specific needs of families. Community voice and community-led strategies are critical to improving the lives of all Oregonians. Power-sharing is not optional, there is no other way to create new pathways forward without boldly listening to the voices of those most impacted by the systems that have caused so much harm.

Child Welfare has partnered with the Oregon Health Authority to implement a "Plan of Care pilot" in five Oregon counties as part of the Nurture Oregon demonstration project. Nurture Oregon is a rural integrated care model providing pregnant people who use substances with peer recovery support services, prenatal and postpartum care, substance use and mental health treatment, and service coordination. Care is delivered in a culturally sensitive, non-judgmental, strengths based and trauma-informed manner. The 'plan of care pilot' will gather data on what works and what does not work for pregnant and parenting people, as well as the different members of the care team, including Child Welfare professionals. Identification of Plan of Care quality practices will inform statewide education, support for notification by healthcare providers, and all aspects of plan development and monitoring. With the additional data gathered from the pilot, additional Child Welfare policy and practice changes are expected.

To advance statewide implementation of the Comprehensive Addiction and Recovery Act, a contract established by the Oregon Health Authority (OHA) with Comagine Health consulting firm was expanded using funds from OHA Public Health, OHA Behavioral Health, and CAPTA. Comagine Health will be utilized to support the cross-sector work for implementing a family centered, equitable system of care for pregnant people with substance use disorder, infants with prenatal substance exposure and their families. The CARA coordinators will continue to collaborate with OHA in efforts to move all aspects of implementation forward.

CFPRP initiated a collaborative partnership with OHA, Public Health, to address primary, secondary, and tertiary child maltreatment prevention. As a result, CFPRP representing Child Welfare and OHA, Public

Health, are drafting a memorandum of understanding supporting this collaboration. The two agencies have a significant amount of cross over in work efforts, individuals served, and the values driving how the work is done.

To prevent a breakdown in care, we can focus services and resources that can help lighten the load on families. Promoting responsive relationships, bolstering protective factors, and connecting families with supportive resources sooner is essential to preventing maltreatment and maltreatment related fatalities. Neglect can be difficult to understand and impact as it is influenced by factors at all levels of the social ecology. Taking an approach rooted in community care and connection can help build collective responsibility for children and promote safety and well-being for families. The CFPRP has a unique role in promoting primary, secondary, and tertiary prevention efforts.

9. Does this policy package require any changes to existing statute(s) or require a new statute? If yes, identify the statute and the legislative concept.

No

10. What other state, tribal, and/or local government agencies would be affected by this policy package? How would they be affected?

Positive impacts will occur when enhanced infrastructure offers greater opportunity to build partnership with other agencies and community. This program is eager to learn from Oregon Tribal Nations' prevention work and seeks out expert consultation and learning opportunities as often as possible.

11. Is this policy package being requested because of an Oregon Secretary of State or internal audit? If so, provide further information.

In 2019, Governor's Executive Order No.19-03 identified the need for ODHS to improve the CIRT to ensure greater transparency in the review process following significant changes to the CIRT statute. The Governor procured Alvarez & Marsal Public Sector Services to work with ODHS to provide specialized, targeted advisory resources and implementation support to Child Welfare programs identified in the Executive Order. In response to their work with the CIRT, Alvarez and Marsal recommended development of Child Fatality Prevention & Review Program (CFPRP) along with positions to support the increasing workload associated with statute changes and development of maltreatment prevention efforts. Positions were approved to move forward until the 2020 session was disrupted due to the walkout of the Republican legislators.

Alvarez and Marsal recommendations stated:

- Proceed shifting the Child Fatality Prevention & Review to the CW Director's Office (some of the work was embedded in the Child Safety Program). Execute official transition to structure the CFPRP to report to the CW Director's Office. Expedite hiring of positions to support the CFPRP.
- Track findings and data from CIRT to influence child maltreatment prevention and programming. CIRT reports include an extensive amount of information on the circumstances surrounding child fatalities. This puts CW in a position to use the information from reviews to support prevention programming as well as training for caseworkers and other field/central office employees. Develop clear mechanisms to track fatality review factors and use the information to inform the design of prevention programming and subject matter for prevention training.

Staffing and fiscal impact

Implementation date(s): January 1, 2024

End date (if applicable): N/A

12. What assumptions affect the pricing of this policy package?

Implementation date of new positions, these would be permanent, ongoing positions.

13. Will there be new responsibilities for another agency (OHA etc.) and/or ODHS/OHA Shared Services? Specify which programs and describe their new responsibilities.

No new responsibilities or impacts to other agencies

14. Will there be changes to client caseloads Cost per Case or services provided to population groups? Specify how many in each relevant program.

No

15. Describe the staff and positions needed to implement this policy package, including whether existing positions would be modified and/or new staff would be needed.

The proposed solution is to support a CIRT and Safe Systems Analysis unit structure within the CFPRP as outlined below:

1 Full-Time Child Welfare Manager 1 (PEM-D) to oversee CIRT and Safe Systems Analysis (NEW)
This position will report directly to the CFPRP Manager and oversee the work of the CIRT and Safe Systems Coordinators, to include:

- Promote equity, diversity, and inclusion to advance equity in ODHS policies that support children and families
- Monitor and supervise CIRT Coordinators, ensure ODHS remains in compliance with Oregon Revised CIRT statute
- Review CIRT Case File Summaries and CIRT Final Reports prior to distribution to CIRT members and for DOJ, ODHS Director Review
- Communicate and work collaboratively with other Child Welfare and ODHS programs and community partners
- Coordinate CIRT and Safe Systems Analysis assignment rotation
- Review Sensitive Issue Reports with CIRT Coordinators to determine CIRT eligibility
- Collaborate with community to identify and illustrate policies that promote more equitable access, use, experience, and outcomes for underserved populations
- Routinely document program goals, deliverables, and timelines
- Contribute to developing and improving processes and procedures
- Oversee CIRT & Safe System recommendation process to include assisting CIRT Coordinators in crafting recommendations in response to actions/inactions identified by the CIRT, with safe systems analysis information considered
- Liaison to other ODHS, OHA and community partners for participation in CIRTs as well as involvement in system improvement efforts
- Coordinates training and skill development for CIRT and Safe Systems Coordinators
- Cross-trained and skilled in both CIRTs and Safe Systems Analysis
- Regular program and data review with CFPRP manager
- Support inter-rater reliability by reviewing SSIT results with Safe Systems Coordinators
- Lead contact for NPCS, assigns coordinators for participation in NPCS activities (University of Kentucky technical support, Data workgroup, Peer-to-Peer Leaders, I2LC, other affinity groups)

- Work with the CIRT and Safe Systems Coordinators to submit an annual report on safe systems and CIRT data, which will at the minimum include SSIT data, fatality and near fatality/serious physical injury data, CIRT recommendation data as well as SSIT aggregate data and a summary of recommendations and improvement efforts
- Work with CIRT and Safe Systems Coordinators to submit a semi-annual report to update progress on recommendations and identify emerging themes since the annual report
- Assign topical briefs to Safe Systems Coordinators, review finished products, and approve for publication
- Oversee maintenance of CIRT webpage
- Coordinate efforts to advance a safety culture in child welfare, to include facilitating education and coaching as well as providing a safety culture perspective on statewide workgroups and committees

1 Full-Time Paralegal (NEW)

- Review CIRT file summaries and any supplemental documentation from a legal lens prior to distribution
- Redact CIRT Final Reports and submit to DOJ for review
- Respond to request for CIRT Records
- Assist in determining case file history that meets statute requirement of relevancy
- Provide legal support to CFPRP Manager and CIRT Coordinators in this highly public facing work surrounding the CIRT statute

1 Administrative Specialist 2 (AS2) (NEW)

- Schedule all CIRT-related meetings, including preparation, initial and follow-up meetings
- Track attendance in initial and follow-up CIRT meetings
- CIRT assignment data entry in SIRA

- Track and support coordinators in timely completion and distribution of CIRT documents
- Posting of public CIRT Final Reports to the CIRT Website
- Schedule safe systems debriefings
- Schedule safety culture training and coaching sessions
- Support maintenance of the CFPRP OWL
- Utilize data, REALD/SOGIE

CIRT/ Suicide Prevention Coordination

1 Full-Time Operations and Policy Analyst 3 (OPA3) – Suicide Prevention Coordinator (NEW)

- Develop and implement strategies around suicide prevention in Child Welfare
- Responsible for building new partnerships and relations across the state or Oregon to increase the presence of Child Welfare in suicide prevention efforts in each county including active participation in the suicide prevention coalitions.
- Work with Child Welfare Professionals to access local resources for children and adults experiencing mental health crisis
- Responsible for the planning and roll out of evidence -based suicide prevention trainings in Child Welfare (QPR, Youth Save, etc.)
- Participate in Critical Incident Review Team cases that involve suicides to offer support and understand potential internal and external systemic factors proximal to the outcome.
- Participate in the CFPRP's Safe Systems work including completing the SSIT on fatalities involving suicides and completing Safe System debriefs following the CIRT
- Provide CISM (Critical Incident Stress Management) as needed to support Child Welfare Professionals
- Review suicide data and current literature to inform work moving forward
- Provide ongoing learning opportunities for Child Welfare professionals to increase knowledge around suicide prevention

- Develop and maintain strong working relationship with OHA Suicide Prevention Coordinators
- Complete GAL grant agreement

1 Full-Time Operations and Policy Analyst 3 (OPA3) – Permanent CIRT Coordinator (NEW)

- Review SIRs to determine if incident meets criteria for a CIRT
- Participate in the CIRT assignment rotation
- Facilitate CIRT process, including but not limited to: CIRT assignment process, CIRT initial meeting preparation with CIRT members, facilitation of CIRT initial meeting, creation of CIRT Case File Summary and any other supporting documentation, CIRT follow-up meeting preparation with CIRT members, facilitation of CIRT follow-up meeting, completion of CIRT Final Report including any actions/inactions and recommendations, distribution of CIRT Final Report to DOJ/ODHS Communications and ODHS Director; communication with relevant community partners and district attorneys.
- Review of SSIT with Safe Systems Coordinator
- Assist with onboarding and mentoring of CIRT Coordinators in Rotation positions

Safe Systems Analysis and Advancing Safety Culture

1 Full-Time Operations and Policy Analysts 3 (OPA3) General Prevention Coordinator (NEW)

- Continue current efforts surrounding Assessing Chronic Neglect training, protective factors, social determinants of health, child abuse prevention month, Family First and Family Preservation, and other ad hoc prevention efforts that result from CIRT/Safe Systems reviews.
- Lead improvement opportunities and recommendations related to broader policies, systems and environmental factors that are contributing to infant and child deaths, including issues of discrimination and inequity.

- Continue to support the work surrounding the SUD Safe Systems Mapping recommendations and lead system improvement opportunities and new initiatives resulting from the Safe Systems Mapping.
- Continue to develop community partnerships and assist in creating linkages with Child Welfare Professionals to serve families holistically.

CARA/CAPTA Prevention

2 Full-Time Operations and Policy Analysts 3 (OPA3) (current Limited Durations)

- Seeking funding to make these Limited Durations (ending in September 2022) permanent, budgeted positions
- These positions operate as CARA/Prevention coordinators to focus on facilitating a community-driven process for implementing the Federal Plan of Care requirement
- This work is on-going; the workload will not dissipate once the positions' limited duration terms end

16. What are the start-up and one-time costs?

N/A

17. What are the ongoing costs?

Positions' costs are ongoing costs.

18. What are the sources of funding and the funding split for each one?

75% General Fund and 25% Federal Fund and Child Welfare will access current available funding resources: Title IV-E, IV-E, SSBG.

19. What are the potential savings?

The CIRT work requires ongoing compliance with CIRT statute that has numerous critical timelines along with crossover of multiple other state and federal statutes. Currently, all draft public reports go to DOJ for review/edits which require time and is likely costly. The proposal for increased infrastructure would allow for greater assistance with the review of the initial case file summary report as well as the public final report prior to the DOJ review/edits, producing a cost savings. In addition to the DOJ review and edit process, the CFPRP Program Manager, Communications, and ODHS Director spend extensive amounts of time reviewing and editing the final public report. The final CIRT report and statutorily required data elements published on the external webpage are of great public interest and critical review/editing is necessary to ensure state and federal statutes are followed in the protection of confidential and/or protected information.

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	$ 1,002,346	$ -	$ 334,118	$ 1,336,464	8	6.00
Services & Supplies	$ 108,463	$ -	$ 36,175	$ 144,638		
Capital Outlay						
Special Payments						
Other						
Total	**$ 1,110,809**	**$ -**	**$ 370,293**	**$ 1,481,102**	**8**	**6.00**

Fiscal impact by program

Oregon Department of Human Services:
2023-25 Policy Package

	CW Design	Program 2	Program 3	Program 4	**Total**
General Fund	$ 1,110,809				**$ 1,110,809**
Other Funds					**$0**
Federal Funds	$ 370,293				**$ 370,293**
Total Funds	$ 1,481,102				**$ 1,481,102**
Positions	8				**8**
FTE	6.00				**6.00**

Appendix A: Comprehensive Statewide Plan to Prevent Child Maltreatment Fatalities



Child Fatality Prevention Plan 202

Oregon Department of Human Services:
2023-25 Policy Package

Appendix B: Position Descriptions

The following Position Descriptions are in a "final DRAFT" version, waiting for final DAS approval.

Number of Ask	Position Classification	Position Description Attachment
1	Child Welfare Manager 1 (PEM-D)	PEM D.CFPRP.docx
1	Paralegal	Paralegal PD.doc
5	Operations & Policy Analysts 3	OPA3 CARA Coordinator PD.doc CIRT Suicide Prevention Coordina OPA3 CFPRP Coordinator PD.doc
1	Administrative Specialist 2	PD - AS2 CFPRP.docx

Oregon Department of Human Services:
2023-25 Policy Package

Division:	Child Welfare
Program:	Family Preservation and Permanency
Policy package title:	Family Preservation & Engagement
Policy package number:	POP 121
Related legislation:	LC10000-031

Summary statement:

Children do best growing up in a family that can provide love, support, cultural continuity and cherished memories. For these reasons, ODHS Child Welfare Division's Vision for Transformation prioritizes supporting families and children at home and in their communities. While foster care is sometimes the only option for child safety, family separation is a traumatizing event. Child Welfare is actively building out its Family Preservation system, which is designed to spare children and families from the trauma of separation by incorporating the correct supports to manage safety in the home. To move our Family Preservation efforts forward, Child Welfare needs additional staffing. New staff positions will be focused on family engagement, co-creation with families of case plans, and ongoing support to meet the goals identified in the case plan. These efforts will reduce the need for foster care and can help families stay –and thrive – together. Unless Family Preservation efforts are fully implemented across Child Welfare's 16 districts, we risk the continued overreliance on foster care as a means of managing safety, which translates into unnecessary family trauma and ongoing disproportionate impacts to Tribes and communities of color.

Policy package pricing:	**$18,260,864**	**$-**	**$6,087,630**	**$24,348,494**	**193**	**96.50**

Purpose

1. Why does ODHS propose this policy package and what problem is ODHS trying to fix or solve?

Children do best growing up in a family that can provide love, support, cultural continuity, and cherished memories. That's why ODHS Child Welfare Division's Vision for Transformation prioritizes supporting families and children at home and in their communities. To this end, ODHS Child Welfare is actively building its Family Preservation program, a system designed to spare children and families from the trauma of separation that often comes with children's entry into foster care.

Family Preservation emphasizes partnering with families and communities to identify stressors, determine the best routes for mitigating those stressors, and maximize families' potential to meet their children's needs. The Family Preservation approach is part of a larger, ODHS-wide culture shift away from regulation-centered, one-size-fits-all services and toward a service model that puts individuals, families, and communities at the center of service design and delivery decisions. The approach is guided by the federal Family First Prevention Services Act (FFPSA), which outlines strategies states should pursue in order to

serve more children in homes with their families and prevent children's involvement on the foster care system.

Following that federal guidance, ODHS Child Welfare used the legislative investment from the last session to build the necessary infrastructure to develop and implement the first phase of Family Preservation. Child Welfare's Program Design team developed policies, procedures, training, tools, and other resources for staff to utilize as the agency begins to implement the funding opportunities from FFPSA to support Family Preservation.

To fully implement the next phases of the Family Preservation program in Oregon, ODHS will need staffing levels sufficient to support the program's family-centered approach. The new positions will be critical in engaging and supporting families during the assessment process, facilitating family meetings throughout families' journey with Child Welfare, and supporting families' engagement with community resources, services, and relative supports. These functions ensure that the agency can assess present and impending safety threats, determine if there is a way to safely support the children remaining in the home, and offer family-specific supports that effectively address safety and well-being during and beyond the period of agency involvement. Through these targeted interventions, Child Welfare aims to help more Oregon children safely remain – and thrive – with their families.

As evidenced in the demonstration sites, Child Welfare's sixteen districts across the state will need dedicated staff that are able to actively engage with communities by working alongside them to develop the resources, connections and services that are identified by families and Child Welfare as necessary to support families after the agency exits their lives. The staff will partner with communities, providers, and families to better

understand the strengths, needs and gaps in resources and how to engage and support families for them to maintain safe and healthy environments for children.

Unless family preservation efforts are fully implemented across Child Welfare's 16 districts, we risk the continued overreliance on foster care as a means of managing safety, which translates into unnecessary family trauma and ongoing disproportionate impacts to Tribes and communities of color.

Oregon's Child Welfare Permanency Program reviewed national research and data alongside quantitative and qualitative data from Oregon including the evaluation outcomes from the 5 year Title 4E Waiver Leveraging Intensive Family Engagement (LIFE) that supports identification of a key driver impacting family preservation and timely permanency for children: parent and child engagement in case planning including decision-making throughout the family's journey with Child Welfare beginning from the first contact through to permanency planning. The research and data make it clear this key driver of timely permanency is also a key driver supporting the preservation of families instead of separating them for the purpose of foster care. Approximately 1 in 4 children remain in foster care for three years or longer (based on an analysis of a 2020-21 cohort of children in foster care using data from OR-Kids, Oregon's child welfare administrative data system). Data from the Child and Family Services Review (CFSR) as well as internal Child Welfare Quality Assurance reviews indicate this fact as well.

Internal ODHS data (department's information system, local CFSR reviews, statewide QA reviews) and outside reviews (National CFSR) indicate ODHS needs to strengthen its practice around parent engagement. Bringing together the family and the family's team on a consistent basis for high quality family/team meetings facilitated by a skilled Family Engagement Facilitator (FEF) and engaging a Peer Parent Mentor

with lived experience for each parent in the family are nationally recognized drivers of engaging parents and children in case planning resulting in safely and expediently preserving and reunifying families.

In addition, Child Welfare's Vision for Transformation emphasizes the intentional engagement with families around supporting them and promoting prevention (Guiding Principle 1) as well as enhancing our staff and infrastructure (Guiding Principle 2). Child Welfare also needs resources to better serve and honor our Tribes under the Oregon Indian Child Welfare Act (ORICWA). The Indian Child Welfare Act (ICWA) is federal law created to preserve Tribal culture, foster Tribal sovereignty, and keep Tribal children and families together. In 2020, the Oregon Legislature adopted the Oregon Indian Child Welfare Act (ORICWA) codifying federal ICWA into Oregon law to ensure Tribal family structure is preserved. The current resources to support this work is not sustainable; and intentional and equitable support to delivery staff statewide may not be efficient or timely.

2. What would this policy package buy and how and when would it be implemented?

To support the Family Preservation momentum Child Welfare has initiated, positions are needed to specifically focus on and address family preservation work. Child Welfare has spent the last year building out the Program Design infrastructure to ensure that when Family Preservation is implemented in local offices, the necessary structure and supports are available to continue to grow Family Preservation efforts. This policy option package is proposing the need to build capacity to build out the delivery side of Family Preservation statewide. As previously noted, demonstration sites are currently working to allow Child Welfare the opportunities to learn from, adjust, and pivot as needed to ensure that the statewide implementation will be successful in each district area. As Child Welfare continues to learn from these demonstration sites, by the next session, Child Welfare anticipates having more concrete data around the number of cases being served with projections of how many more cases can be served.

Even with Family Preservation efforts, reducing the number of children in the Foster Care system continues to be the goal. If Child Welfare continues to see a reduction of children in our Foster Care system, this opens opportunities for Child Welfare to better leverage our Permanency and Safety staff to manage safety of children across the spectrum of our work, whether assessing safety at the time of initial contact, in the home, in or out of Foster Care or returning home. Child Welfare anticipates a potential shift in the "way we currently do work" to a more blended model of assessing for safety and putting into practice, family preservation work. This potential shift would allow Child Welfare to ensure children are safe, timely assessments are completed, serving children in their home sooner while continuing to reduce the number of children in Foster Care overall.

For Child Welfare to support the current momentum of Family Preservation efforts, this policy option package is requesting 1 Child Welfare Supervisor 2 (PEM-C) and 7 Social Service Specialists 1 (SSS1s) for counties with three or more Child Protective Services (CPS) units and 0.5 Child Welfare Supervisors (PEM-C) and 4 Social Service Specialists 1 (SSS1s) for counties with one to two CPS units. The package will also include a total of 20 Operations and Policy Analysts 2 (OPA2s) to serve as Community Engagement Specialist across the state.

An investment in Family Preservation practice model development and services will be the other portion of this POP. The agency is looking to contract for technical assistance for community development, the practice model for Family Preservation, and service delivery that will support and sustain the practice changes and allow for children to be safely served in their homes.

Based on lessons learned from ODHS Child Welfare's Leveraging Intensive Family Engagement (LIFE) program, the Vision for Transformation, the Building Well-being Initiative, and the intentional shift to Values-based Engagement (VBE), **this POP requests funding for two key components wrapped in**

values-based practice: Skilled Family Engagement Facilitators (FEFs) with support staff, and Peer Parent Mentors.

In 2015 as part of the Title IV-E Waiver capped allocation, Oregon Child Welfare, in partnership with Portland State University developed an intervention focused on addressing gaps and challenges identified by data and a variety of stakeholders as being central to reducing the time to permanency for children. The intervention, known as Leveraging Intensive Family Engagement, or LIFE, is still operating in the seven branches selected for the demonstration.

This POP requests we provide these opportunities to all children and families experiencing Child Welfare across the state of Oregon not just for the families in the seven branches who currently have the LIFE program.

Child Welfare and its partners spent the past 5 years developing the LIFE program and its key components centered around parent engagement, continuously improving the program based on data and feedback from parents, youth, and community partners and seeing positive outcomes. Children predicted to stay three or more years in foster care achieved permanency sooner, families continue tell us they feel they have a voice and role in their family's plan, parent's and children's needs are being met including stability while in care, sustainable teams are being built to support families long after their involvement with Child Welfare and ODHS staff are improving their own practice with families through their experience with values-based practice.

Key components:

- Consistent family team meetings facilitated by a skilled Family Engagement Facilitator (FEF) and supported by a dedicated Office Specialist. The FEF also engages relatives, natural supports, community partners the legal parties to build a sustainable team for families.

- Peer Parent Mentors with lived experience to come alongside parents to navigate systems, model healthy change, build support and keep parents engaged in their case planning.

Facilitated Family Meetings: facilitated by a highly skilled Family Engagement Facilitators (FEF) involving all members of the family's team. FEFs bring the family's team together consistently to work toward a shared goal of permanency and stability for children. Facilitated meetings provide an opportunity for the family and the family's team to surface problems and use their collective wisdom to identify solutions. Facilitators are key to preparing and guiding the group to focus on solutions (rather than rehashing the problem), and not get sidetracked before a resolution has been identified and agreed to by all. FEFs also engage relatives and supports to participate in meetings. The Child Welfare practice model is the framework for the meeting structure. Meetings provide a forum for caseworkers and other providers to clarify their expectations of parents and for parents to ask questions and to propose solutions. Meetings provide opportunities to review and discuss ODHS and court expectations and decisions; parents and providers are encouraged to be clear about what they need to have happen, and parents are given the information they need to move forward and a role in decision-making about their family. They provide opportunities for in-person information sharing and problem solving that includes the relevant players, which means better, more timely decisions and helps ensure everyone is on the same page. They are an integral part of the Early Case Transfer Process, case planning, supporting transition-age young people, meeting requirements regarding placement determinations, understanding family culture and will be a crucial support for the success of the Family Preservation effort which is the future of child welfare in Oregon.

Peer Parent Mentors: support parents through shared lived experience and knowledge of system navigation that promotes engagement and building trusting relationships – both are keys to moving through the stages of change. Parent Mentors provide consistent support, meet concrete needs, and provide hope that change can happen. Parent Mentors are a support to parents serving as a translator between parents and Child Welfare, a concrete support in meetings and a connection to communities based on lived experience in a way

that Child Welfare employees may not be. Parents see Parent Mentors as clear evidence that change is possible.

Consistent, well-facilitated family meetings and Peer Parent Mentors have yielded several positive short-term and long-term outcomes as well as unintended benefits regarding practice improvements and ODHS staff feeling supported leading to retention and renewed commitment to their work. Facilitated meetings foster progress on case plans in a variety of ways: problem solving, clear expectations and parent understanding, accountability, communication, and parent/youth voice. There is also evidence of increased parent engagement and motivation. We also know these key components that support children being able to reunify with their parents also support the prevention of foster care entry.

This investment supports Family Preservation and the Well-being Initiative by strengthening and building supportive teams for parents and families by reconnecting them to family, natural supports, and their communities. Peer parent Mentors come from the community, have shared lived experience with the Child Welfare system as well as being in active recovery. By supporting this POP all families involved with Child Welfare will have the opportunity to be heard, seen and have a role in decision-making for their families. It also supports the Child Welfare Vision for Transformation by supporting families, supporting staff, and using data-informed practice.

We are asking that this package be funded statewide as an acknowledgment that parents, children, and communities have a voice in planning for their family, are experts on their families and that continuous, consistent partnership between ODHS, SSP, parents, and the community is the key to safe, healthy, and supported families.

To assist in this work, the Child Welfare, in partnership with the Tribal Affairs Unit, is requesting five additional Regional ICWA Case Specialist positions, one Project Manager, and one Executive Support

Specialist 2 (ESS2) position. The additional Regional ICWA Case Specialist will allow for equal representation in each of the 16 SSP/CW District Offices and provide for manageable caseloads. The Project Manager position will assist in the implementation of phases two and three of ORICWA and the ESS2 position will provide much-needed support to the Senior ICWA Manager in all aspects of ICWA/ORICWA implementation.

3. How does this policy package help, or potentially hinder, populations that disproportionately or underserved? How does this policy package further ODHS's 3 strategic goals, and both the program and ODHS missions.?

Family Preservation focuses on engaging with families to identify and develop the appropriate services and supports that consider the needs of the children, historical and current oppression through systemic racism, the culture of the family, the parents' strengths, and the needs for safety planning. By engaging and supporting all communities, opportunities to cultivate and support family-specific plans allow the agency to meet the needs of each family. Through community meetings, work with resources and service providers, and opportunities for partnership with people with lived expertise, the agency has the opportunity to reduce overrepresentation, underrepresentation, and disparate outcomes within the system.

By expanding the availability of consistent, values-based facilitated family meetings we intentionally create spaces for families, their supports, and their communities to have a clear role in decision-making. Meetings are culturally responsive: opening a meeting with a prayer or other family tradition, conducting the meeting in a family's first language with interpretation for English-speakers, including members of the family's community in every meeting.

Parent Mentors will represent and have deep roots in communities most impacted by Child Welfare. We will be using an equity analysis to prioritize our families of color, who are being disproportionately impacted by the system.

We have a proven protocol for engaging families and communities for consistent feedback about how we are engaging them and where we are doing well and where we need to improve.

POPULATION/COMMUNITY	POTENTIAL POSITIVE IMPACTS	POTENTIAL NEGATIVE IMPACTS
Federally recognized Oregon Tribes	Some of the federally recognized tribes are currently implementing FFPSA-funded services. Many of them already utilizing Family Preservation. Their Child Welfare program approaches their tribal families through engaging with them, supporting them through their communities and supporting the family in order to have the children remain in home. Families and communities are strengthening together as resources and services to support families are developed.	The number of agency people involved in the case can be overwhelming to family. This structure, if not done in a values-based manner could recreate generational trauma of the agency with families.

	Outreach to parent mentors from Oregon's Sovereign Nations. Culturally specific facilitators and mentors. Family meetings centered around each unique culture. Increased support of family and Tribal connections. Important venue for increasing connection to culture and relatives. Active efforts support and living out the spirit of ORICWA. Supports family healing.	
Black, Indigenous, Latino/a/x, Asian, and/or Pacific Islander communities	The Black, Indigenous, Latino/a/x, Asian, and/or Pacific Islander communities are overrepresented in the Child Welfare system. The communities they live in experience inequities in the resources and services available to the families that live in the community. Through the work of Family First/ Family Preservation	If hiring process and staff does not reflect populations being served, we limit our impact. If not fully funded, potential to continue to underserve these populations.

	communities will engage the families to ensure their voice is heard. Developing existing and new resources, services and identifying the support systems that families believe can best support them will aid families in safely parenting their children in their homes, reducing the need for Child Welfare's intervention. Addressing timeliness to permanency, disparity in service and disproportionalities. Connect families to culturally reflective staff. Parent mentors help address the value of cultural responsiveness because of their lived experience and connections to their communities.	
LGBTQIA2S+ communities	Through the work of Family First/ Family Preservation, Child Welfare can engage with more diverse families to ensure their	Putting families in agency situations where this community is not understood or represented.

	voices are heard. Expanding existing resources and creating new resources, and services to support safe parenting of their children in their homes, therefore reducing the need for foster care placement. Facilitators trained in values-based practice can best support families during meetings. Building trauma informed team of advocates, creating safe space with shared ownership of outcomes.	Possibility of increased shame and/or blame.
People with disabilities	People with disabilities are an underserved community in the Child Welfare system. The communities they live in experience inequities in the resources and services available to the families that live in the community. Through the work of Family First/ Family Preservation	If not fully funded, conduct meetings as usual, not able to make needed accommodations.

	communities will engage the families to ensure their voice is heard. Developing existing and new resources, services and identifying the support systems that families believe can best support them will aid families in safely parenting their children in their homes, reducing the need for Child Welfare's intervention. Ability to proactively check in with families before meetings to make needed accommodations. Connecting families to resources needed that support overcoming barriers. Parent mentors advocate for parent and child specific needs to educate others on how to best support.	
People who are aging	Creating the space and support for ageing relatives to be an active part of the family team. Providing forum for families to	The number of agency people involved in the case can be overwhelming to the family.

	help beyond being a placement. Building on natural supports and connecting community to build better long-lasting outcomes and resources. Parent mentors help provide a balance of power. Proactive meeting response, rather than having courts order them. Providing voice to and honoring family cultures.	
Rural communities	People who live in rural communities are underserved communities in the Child Welfare system. The rural communities they live in experience inequities in the resources and services available to the families that live in the community. Through the work of Family First/ Family Preservation communities will engage the families to ensure their voice is heard. Developing existing and new resources, services and identifying the	The number of agency people involved in the case can be overwhelming to the family.

	support systems that families believe can best support them will aid families in safely parenting their children in their homes, reducing the need for Child Welfare's intervention. Building a supportive team where isolation can be a barrier. Parent mentors are able to provide intentional outreach in places where that support is not available. Having more family voice in all meetings, planning and relative engagement. With meeting preparation, more intentional outreach to attendees. Potentially decreasing timeliness to permanency.	
People experiencing low or no income	People who are experiencing low or no income live in communities that are overrepresented	The number of agency people involved in the case can be overwhelming to the family.

communities in the Child Welfare system. The low- or no-income communities they live in experience inequities in the resources and services available to the families that live in the community. Through the work of Family First/ Family Preservation communities will engage the families to ensure their voice is heard. Developing existing and new resources, services and identifying the support systems that families believe can best support them will aid families in safely parenting their children in their homes, reducing the need for Child Welfare's intervention.

Parent mentors could connect families to resources. Having more family voice in all meetings, planning and relative engagement. With meeting prep, more intentional outreach to

	attendees. Potentially decreasing timeliness to permanency.	
Other populations (specify)	Consistent and dependable communication. Connection to families and children as well as increased involvement with case planning. Having more family voice in all meetings, planning and relative engagement. With meeting prep, more intentional outreach to attendees. Potentially decreasing timeliness to permanency.	The number of agency people involved in the case can be overwhelming to the family.

Quantifying results

4. What are the long-term desired outcomes?

By engaging with families and communities, we can better match services to families' specific needs and provide the most effective supports, which in turn should increase the likelihood of children remaining and thriving with their families and in their communities while reducing the need for Child Welfare intervention.

These outcomes will be of particular importance for Black and Native American communities, which have long been disproportionately surveilled by and represented within child welfare systems.

5. How will ODHS measure the impact on system and access inequities and/or impact disproportionality in accessibility and services in ODHS programs through this policy package?

As part of the continuous quality improvement requirements for Family First Prevention Services, there are defined measures that will be collected to ensure the safety, permanency, and well-being of the child and family. Measures include:

- The total number of families and children served in-home,
- The type, duration, and completion rates of offered services,
- The number of referrals made, etc.

Additional data points will include the length of time a family experiences Child Welfare as well as the interventions before, during and after experiencing Child Welfare that were impactful for families. Each data point will also be broken down by race to understand if and how the approach is impacting disproportionality and disparity.

By providing the support to expand Family Preservation, Child Welfare can continue to increase the number of children and families served out of foster care and connect families with expanded services specifically in populations where there is racial and ethnic disproportionality. A longer term expected outcome is the stability and well-being of families and communities.

Both quantitative and qualitative data will be collected from a variety of sources including ODHS information systems, cross program data, Quality Assurance Reviews, interviews and surveys with families,

providers and communities, community feedback forums, and by an overlay or data form other systems across the state such as healthcare and education systems.

We envision an increase in parent engagement. This can be measured by attendance in various activities, like family time, family meetings, or contact with their caseworker. Increase in children served in-home, shorter time to permanency, more engaged staff, experience of power-sharing, community engagement increases and sustained success for family once the Child Welfare case closes.

Families will be better off as they stay together while addressing safety concerns as a family or are reunified timelier. Communities will be better off when their children stay with their parents and connect more deeply to community supports. ODHS staff and partners will be better off as they are supported in practicing family-centered work as they intended when they began their Child Welfare employment.

Our short-term expected outcomes are that parents experience feeling heard, being respected, and are valued as experts on their families and participate in shared decision-making. Longer term outcomes are more families served in-home than in foster care and timeliness to permanency which can be measured by reunification, guardianship, and adoption timelines.

There will be qualitative data gathering through interviews, surveys, and focus groups. Quantitative data will be measured through our information system and data collected by the parent mentor programs. Data will be collected both before and after this solution is implemented.

How achieved

6. What actions have occurred to resolve the issue prior to requesting a policy package?

ODHS Child Welfare has reached out to other states to learn about their successful Family Preservation strategies, discussing implementation, resource needs, and the policies and procedures necessary to support staff and families. Child Welfare has also been working with Casey Family Programs and Chapin Hall to access direct support as we develop tools, training, policies, and procedures. Child Welfare has identified three counties for implementation of Family Preservation. That work began in March of 2022. Training, tools, coaching, and mentoring was developed with and by leadership and staff to provide support and guidance around engagement strategies with families in these counties. As Child Welfare continues to learn from these demonstration sites, the agency will adjust its approach and strategies around lessons learned to inform the model to be implemented statewide. Child Welfare has been gathering and monitoring data across the identified initial implementation counties that aid the Program Design team in understanding what is working, what may need some adjustments, and where there are gaps that need to be addressed.

7. What alternatives were considered and what were the reasons for rejecting them?

Attempts to carve out facilitator positions have been unsuccessful, in part, because people in the FEF position were called back for casework or there were no staff positions to carve out. ODHS has tried contracting out for meeting facilitation, however that does not work as outside contractors often have limited capacity, do not understand the complexities of child welfare work, and/or were not available when needed in a crisis. Child Welfare has, at times, used current staff (caseworkers and supervisors); however, this can introduce an inherent power differential into facilitated meetings as well as a lack of professional facilitation skills, both of which can undermine participants' ability to engage comfortably.

Regarding contracting for Peer Parent Mentors, local offices have attempted to utilize the limited funding they have for their service arrays to support this program. The need is great, and the funding does not support hiring enough mentors to meet the demand. Braided funding has been explored using funding through CCOs. The restrictions on the service to utilize CCO funding does not meet the need of parents experiencing Child Welfare.

8. What other agencies, programs, community partners or stakeholders are collaborating on this policy package?

Family Preservation is a partnership between Child Welfare and Self-Sufficiency Programs (SSP) in collaboration with families, service providers, community members, Oregon Tribal Nations, and persons with lived experience. Family and child serving systems, agencies, and programs from all over Oregon – including K-12 education, medical and mental health providers, Oregon Health Authority, ODHS Office of Developmental Disabilities Services, and Relief Nursery – have been a part of the development of Family Preservation. These collaborations and connections will continue as we move into the next phases of the program.

Child Welfare cannot move from a foster care agency to a preservation agency on its own. The entire child and family serving system will need to work together, combining funding, expertise, best practices, and resources to support the safety and well-being of children and families. The partnerships developing through the Family Preservation work have already begun to break down siloes across agencies and communities in many ways beyond child welfare intervention. Families have many levels and types of needs, and it will take all of us to meet those needs to ensure family health, safety, and well-being.

Family Preservation is centered around families and communities. Communities are a key partner in the design and delivery of this project as well as its continued development over time. Power will be shared with communities through community building sessions and forums where key decisions and innovations will be shared, made, and developed together with ODHS as one of many partners at the table. Community members including those with lived experience will continue to be on workgroups, advisories and co-facilitating trainings and forums. An important part of Family Preservation is acknowledging the harm caused to communities by family separation and working to repair that harm through true power sharing.

9. Does this policy package require any changes to existing statute(s) or require a new statute? If yes, identify the statute and the legislative concept.

Child Welfare is currently determining new statute language and is still yet to be determined. Currently, Child Welfare will be operating from the lens of the following definition:

Family Preservation means "intensive, family-centered services and supports are provided to a family primarily in the family's own home or community and are based on the individualized needs and safety of the family.

10. What other state, tribal, and/or local government agencies would be affected by this policy package? How would they be affected?

Oregon Tribes are key partners in the Family Preservation and engagement work. Child Welfare and the Tribes both want families to stay together and, if a placement in foster care must happen, that children are returned as safely and quickly as possible. Child Welfare and the Tribes have been sharing our learning from work both governments are doing regarding Family Preservation, from practice to fiscal claiming through the Family First Prevention Services Act. This policy package would support continued growth of cross-government structures and supports for families.

11. Is this policy package being requested because of an Oregon Secretary of State or internal audit? If so, provide further information.

No

Staffing and fiscal impact

Implementation date(s): July 1, 2024

End date (if applicable): N/A

12. What assumptions affect the pricing of this policy package?

Staffing model. Unable to determine impact of Evidence Based Programs at this time.

13. Will there be new responsibilities for another agency (OHA etc.) and/or ODHS/OHA Shared Services? Specify which programs and describe their new responsibilities.

The total positions ask of 190 will also need three (3) infrastructure positions to support the overall work:

- 1 Operations and Policy Analyst 2 (OPA2)
- 1 Human Resource Analyst 2 (HRA2)
- 1 Information Systems Specialist 2 (ISS2)

14. Will there be changes to client caseloads Cost per Case or services provided to population groups? Specify how many in each relevant program.

There may be changes to Cost per Case as the goal of Family Preservation is to serve an increasing number of children in their homes, not in foster care. There is also the potential for more federal funding for evidence-based practices and services through the Family First Prevention Services Act which will be utilized to support Family Preservation cases.

15. Describe the staff and positions needed to implement this policy package, including whether existing positions would be modified and/or new staff would be needed.

Dollars invested towards the statewide implementation of Family Preservation would be utilized for additional staff in each district to ensure there is an adequate number of caseworkers to intentionally engage with families and their identified supports. This also includes staff that will be able to engage with communities, resources within communities and service providers to grow and develop the necessary supports that families need to have their children remain home safely and address family wellbeing and sustainable change.

The funds would be allocated as follows:

- 1 Principal Executive Manager – E (PEM-E) to support, coach and mentor the PEM-Cs
- 9 Principal Executive Manager – C (PEM-Cs) to provide support to the SSS1s
- 1 Office Manager 2 (OM2) to support business, administrative and operational needs
- 5 SSS2s as Mentor, Assisting, Promoting Success (MPAS) to provide hands on training, mentoring, support and consultation to SSS1s
- 56 SSS1s to conduct family engagement work (both Permanency and CPS work)
- 2 Paralegals to provide legal support as necessary

- 1 OPA3s to support ODHS' administration of FFPSA federal funding agreements with Tribal Nations and Juvenile Departments
- 5 OPA2s as community engagement specialists to work within communities in identifying resource & services needed to provide direct support to families
- 16 SSAs to provide program support to SSS1s
- 18 OS2s to provide administrative and operational support to the unit

Positions to support ORICWA work:

- 5 SSS2s as Regional ICWA Specialist positions (for total of 16/district)
- 1 PM3 to assist in implementation of ORICWA, phase 2/3
- 1 ESS2 to support implementation

Positions to support Family Engagement work:

- 1 PEM-D as Program Manager, permanent / full-time
- 5 PEM-Cs as Regional Program Supervisors, permanent / full-time
- 40 SSS2s as Family Engagement Facilitators, permanent / full-time
- 1 AS2 as CO Support, permanent / full-time
- 22 OS2s as business needs support, permanent / full-time

TOTAL POSITIONS ASK – 190:

- 1 Child Welfare Manager 2 (PEM-E) for Family Preservation
- 1 Child Welfare Manager 1 (PEM-D) for Family Engagement
- 14 Child Welfare Supervisor 2 (PEM-Cs): 9 for Family Preservation & 5 for Family Engagement
- 1 Office Manager 3 (OM) for Family Preservation
- 2 Paralegal for Family Preservation

- 1 Project Manager 3 for ORICWA
- 1 Operations and Policy Analyst 3 (OPA3) for Family Preservation
- 5 Operations and Policy Analyst 2 (OPA2) for Family Preservation
- 50 Social Services Specialists 2 (SSS2s): 5 for Family Preservation, 40 for Family Engagement, 5 for ORICWA
- 56 Social Services Specialists 1 (SSS1s) for Family Preservation
- 16 Social Services Assistants (SSAs) for Family Preservation
- 1 Administrative Specialist 2 (AS2) for Family Engagement
- 40 Office Specialist 2 (OS2): 18 for Family Preservation & 22 for Family Engagement
- 1 Executive Specialist 2 (ESS2) for ORICWA

The total positions ask of 190 will also need three (3) infrastructure positions to support the overall work:

- 1 Operations and Policy Analyst 2 (OPA2)
- 1 Human Resource Analyst 2 (HRA2)
- 1 Information Systems Specialist 2 (ISS2)

There will also involve costs for language differentials.

16. What are the start-up and one-time costs?

N/A

17. What are the ongoing costs?

See position costs.

18. What are the sources of funding and the funding split for each one?

75 percent General Fund and 25 percent Federal Fund, and Child Welfare will access current available funding resources: Title IV-E, IV-E, SSBG.

19. What are the potential savings?

Savings may arise as families are increasingly served outside of foster care. Children would be served in their homes and communities negating the need for paying for foster care or transportation. As an intensive, community supported service array and support network is developed through the work of the Family Preservation team, cases should also close more timely. Children would also be with parents, reducing the need for Family Time which would allow staff to focus on providing more frequent Family Time for children in care. This shift in workload may save money as families also reunify faster with more intentional Family Time available.

Fully staffing Family Preservation may support the ability to explore, support, and develop a more integrated and cost-effective service array.

Oregon Department of Human Services:
2023-25 Policy Package

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	$13,389,126	$-	$4,463,214	$17,852,340	193	96.50
Services & Supplies	$4,871,738	$-	$1,624,416	$6,496,154		
Capital Outlay	$-	$-	$-	$-		
Special Payments	$-	$-	$-	$-		
Other	$-	$-	$-	$-		
Total	$18,260,864	$-	$6,087,630	$24,348,494	193	96.50

Fiscal impact by program

	CW Design	CW Delivery	Program 3	Program 4	**Total**
General Fund	1,185,234	17,075,630			**18,260,864**
Other Funds					**-**
Federal Funds	395,100	5,692,530			**6,087,630**

Total Funds	1,580,334	22,768,160			**24,348,494**
Positions	13	180			**193**
FTE	6.50	90.00			**96.50**

Appendix A: Position Descriptions

The following Position Descriptions are in a "final DRAFT" version, waiting for final DAS approval.

Number of Ask	Position Classification	Position Description Attachment
1	Child Welfare Manager 2 (PEM-E)	OBJ
1	Child Welfare Manager 1 (PEM-D)	OBJ
14	Child Welfare Supervisor 2 (PEM-Cs)	OBJ
1	Office Manager 3	OBJ
2	Paralegals	OBJ
1	Project Manager 3	OBJ

Oregon Department of Human Services:
2023-25 Policy Package

1	Operations and Policy Analyst 3	OBJ
5	Operations and Policy Analyst 2	OPA2 PD ONLY.doc
50	Social Services Specialist 2	OBJ OBJ OBJ
56	Social Services Specialist 1	OBJ OBJ
16	Social Services Assistant	OBJ OBJ
1	Administrative Specialist 2	OBJ
40	Office Specialists 2	OBJ OBJ
1	Executive Support Specialist 2	OBJ

Oregon Department of Human Services:
2023-25 Policy Package

Division:	Child Welfare
Program:	Treatment Services
Policy package title:	FOCUS Expansion
Policy package number:	POP 122
Related legislation:	N/A

Summary statement:

Children deserve to grow up in their own communities, where their established connections with family, friends, teachers, and others can support their well-being. But children with complex needs are more likely to be placed outside their communities in order to receive specialized services. This proposal seeks to strengthen the well-being of Oregon families through intensive community-based support services for children with complex needs, allowing them to remain in their own communities in a resource home, relative care, or parent's home. These services will provide coaching, training and support to caregivers and individualized services specific to the child's needs to help keep the child in stable, community-based, and familial placements as well as reduce the risk of placement disruption, Temporary Lodging, and the use of higher levels of care, including residential treatment. This proposal, if approved, will allow for services to be developed throughout the state, including in rural communities. In the long term, these services will prevent unnecessary foster care placements, support families, improve the retention of resource parents, and ultimately save the state money through effective early intervention and partnerships with other systems. The services included in this proposal are Child Specific Caregiver Services, Response and Support Network (RSN), Community-based supports for Commercial Sexually Exploited Children (CSEC) youth and Multidimensional Transition Services. This proposal requests funding and resources

	necessary to implement, oversee and audit these services.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	**$ 16,480,000**	**$ -**	**$ -**	**$ 16,480,000**	**0**	**0.00**

Purpose

1. Why does ODHS propose this policy package and what problem is ODHS trying to fix or solve?

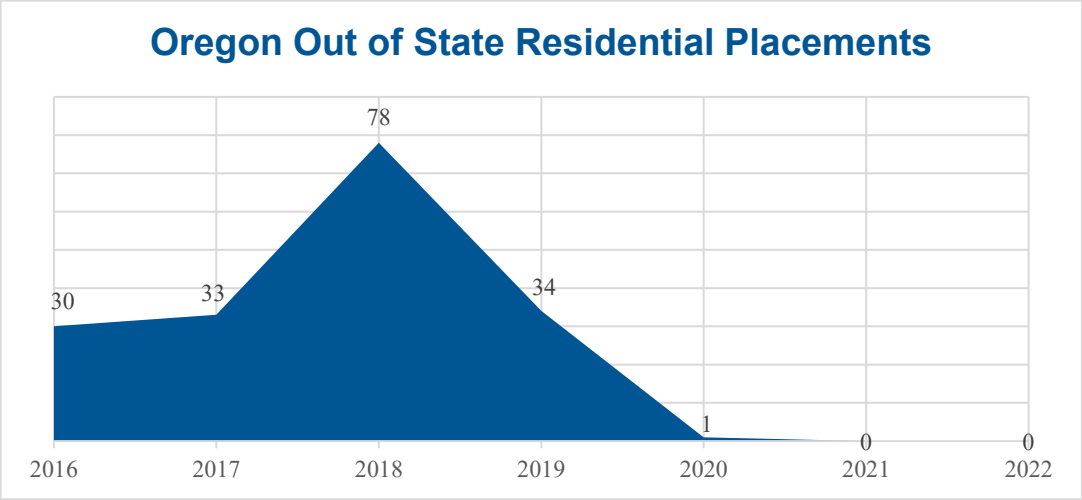
This proposal seeks to better support Oregon children and families by providing intensive individualized services to prevent the need for out of home placement, higher levels of care and placement instability, allowing children with complex needs to access necessary services while remaining within their own communities. To that end, the proposal seeks to address four critical challenges:

Critical Challenge #1: Placement stability

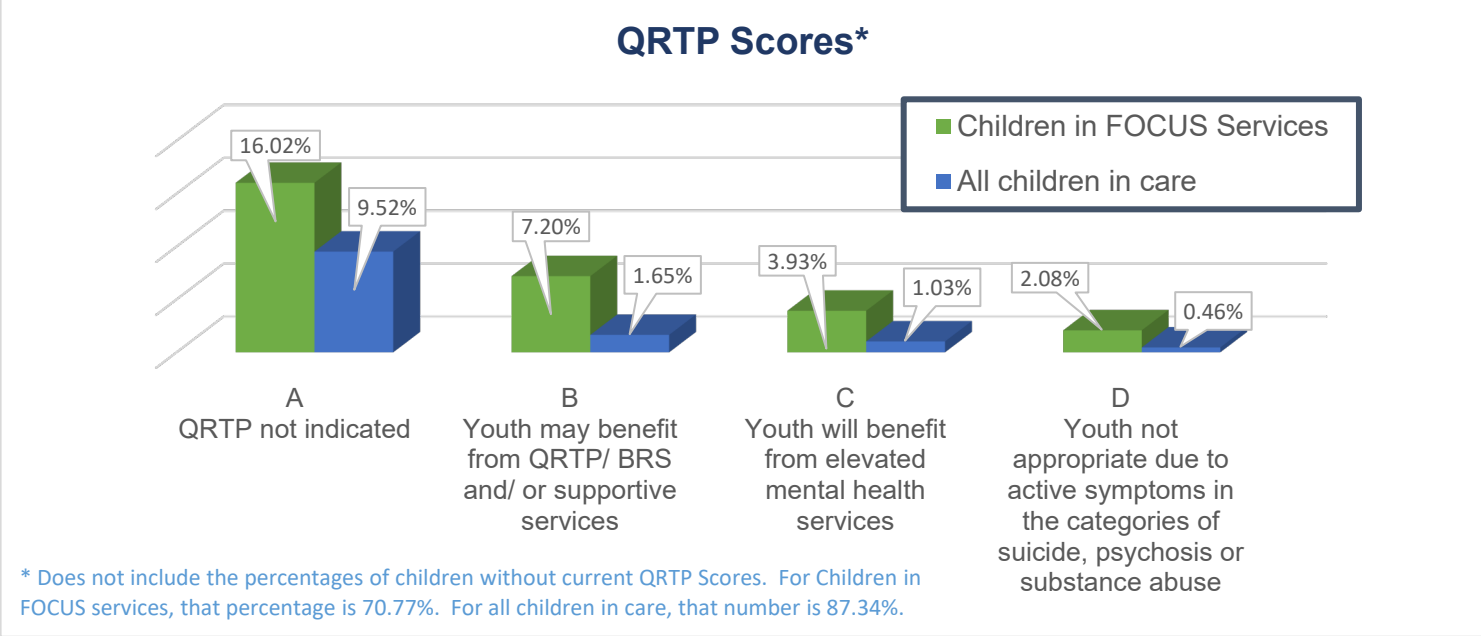
As of April 20, 2022, according to the Oregon Child Welfare Federal Performance Dashboard, children, and young adults in care experience 5.00 moves per 1,000 days, which is higher than the Federal Standard of 4.12. Children with intensive needs often experience many more moves than the average and are much more likely to experience stays in Temporary Lodging. Children who qualify for Behavioral Rehabilitative Services (BRS), mental health and Intellectual/Developmental Disability (I/DD) supports account for the majority of children in Temporary lodging,

reaching 87 percent in 2021. However, due to provider capacity, accessibility, the workforce crisis and a number of other issues, these services are not always available to those eligible to receive.

Previously, ODHS Child Welfare utilized Out-of-State Residential Treatment facilities to serve some children with complex, multisystemic needs. From 2016 to 2020, Oregon placed 176 children in Out-of-State Residential Treatment Facilities across the country, primarily as the only way to access eligible services. ODHS made the decision to return and serve these children in Oregon in 2020. Since June 2020, no children served by ODHS Child Welfare have been placed in Out-of-State Residential Treatment.



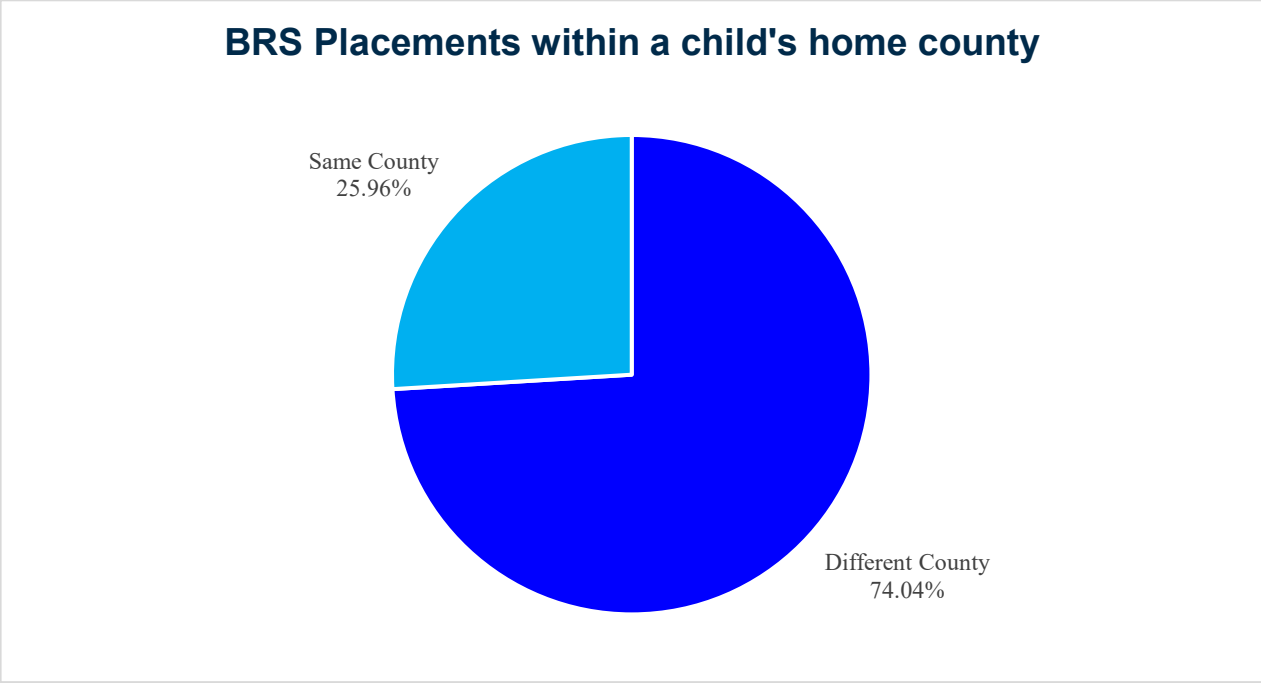
While we celebrate that children have returned from these facilities, access to eligible services remains challenging. The FOCUS program serves some of the most complex and vulnerable children in care, as reflected in the QRTP scores visual below:



Critical Challenge #2: Equitable access to supportive services

The FOCUS Program has been successful in providing community-based Youth Mentoring, Sex Abuse Specific Treatment, Skills Training and Respite services to many children who were previously placed out of state, helping them move toward independence or permanency. Sending children hundreds of miles away to access higher level placements does not allow caregivers' direct involvement in the process nor does it support empowerment to incorporate new skills to work with them. Supporting caregivers with the child's very specific needs and providing hands-on coaching may have not only supported the children upon their return but might have prevented the need placement disruption in the first place. Service accessibility continues to be a critical need within Oregon. Many current services are only available within Metro areas and along the Willamette Valley. Between March 2020 and

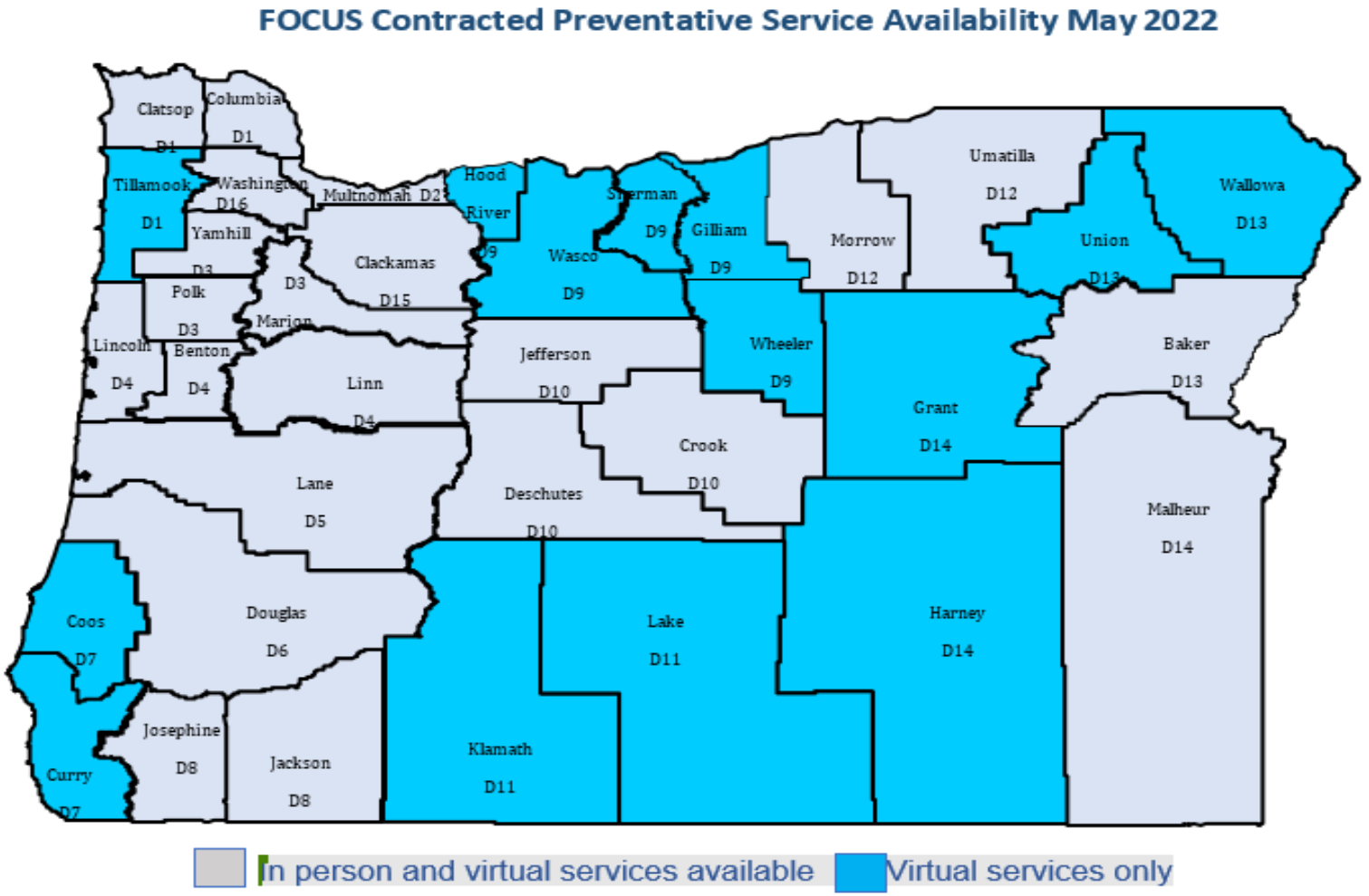
March 2022, 5 percent of children placed in BRS placements with cases coming out of Eastern and Central Oregon counties were placed in their home counties. By contrast, in Multnomah County, that number is 54 percent. Statewide, 26 percent of children are placed in BRS in their same county.



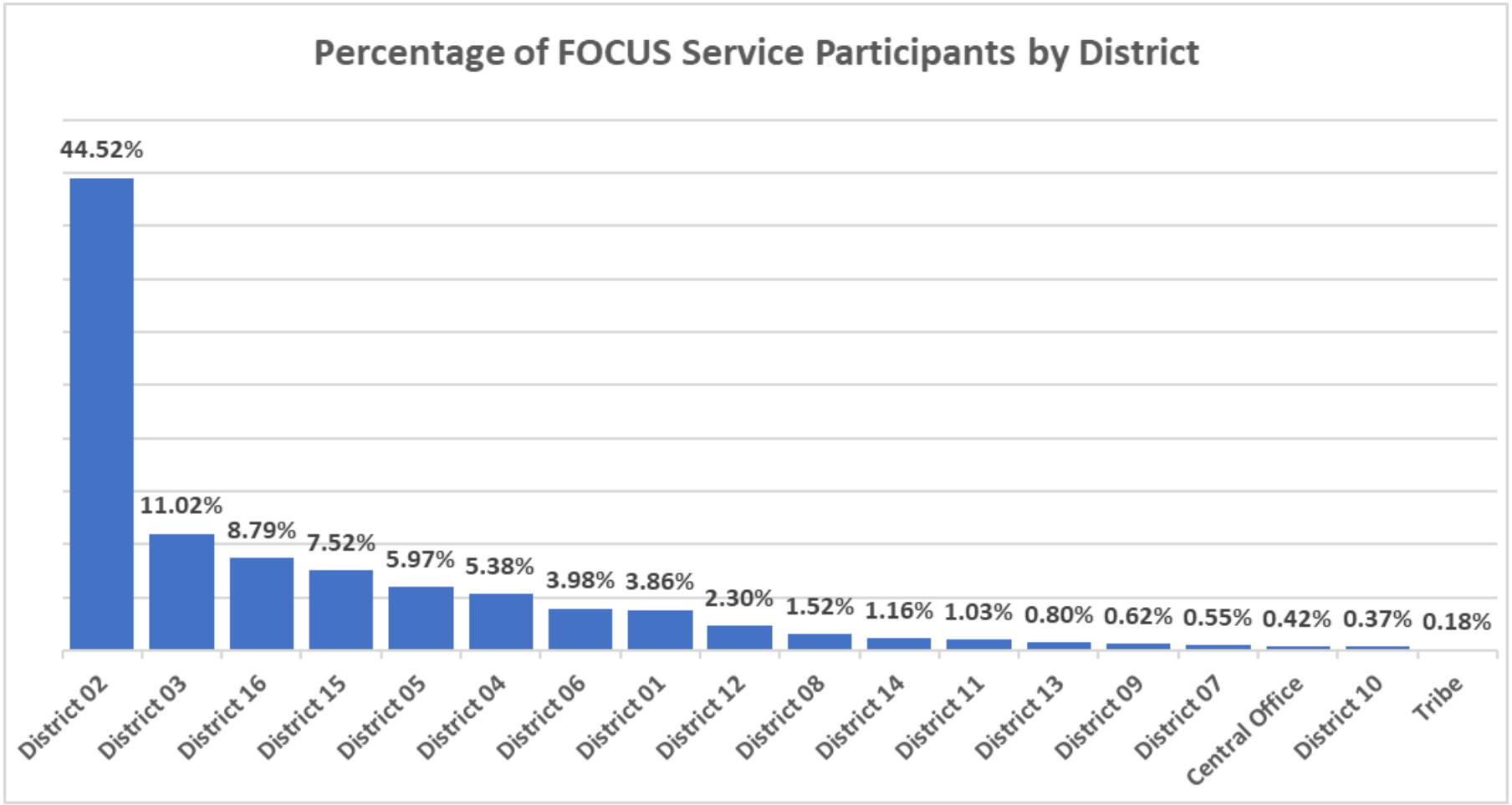
Often children in Eastern, Central and Southern Oregon are removed from their communities to be supported in BRS Programs. In order to build intensive services thoughtfully and successfully in these communities, it is necessary to get to know the strengths and needs of each community, assess service array, and determine the best ways to serve the area, while considering the characteristics that make that community unique. Services or providers that are effective in Lane County may not be in Malheur County, for example. Treatment Services and the FOCUS Program have been collaborating with local Child Welfare offices, community partners and service providers for years in collective efforts toward expansion of services into more districts. This proposal will allow us to expand the work.

The following map shows the current availability of in-person services for FOCUS Preventative Services. Within the last two years, a small virtual service array has also been initiated. For example, parents and caregivers of children with sexualized behaviors can access virtual supports through a contract that assists them in understanding the child's needs, setting up structure in the home and maintaining healthy boundaries, among other things. Providing this service virtually allows children from across the state to remain in their home and the families to feel safe and supported.

Oregon Department of Human Services:
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Oregon Department of Human Services:
2023-25 Policy Package



Critical Challenge #3: Removal from home and extended stays in substitute care in order to access supports related to a child's specialized intensive needs

Children are sometimes placed in substitute care, including higher levels of care, because parents are unable to manage their behaviors, mental health symptoms or developmental needs. Traditional Child Welfare systems were built in a way that the child would need to be removed from the home to access necessary services. As Oregon continues to move toward a system that prioritizes safety and equity through family preservation and prevention, it is crucial that we build a robust service array that can help parents, families, and communities support children with complex needs. These children deserve the services and supports necessary to remain with family in their own communities, but still receive services in the least restrictive way possible. As a system, it is our responsibility to ensure that this is available in the most trauma-informed and culturally appropriate ways whenever possible and regardless of the family's location, financial situation, ability to advocate, access to health insurance, cultural identity, etc.

All of the services within this POP are community-based and support children at the least restrictive level of care possible. Most are able to provide intensive in-home services in an effort to prevent entry into substitute care and ultimately preserve families. With the Response and Support Network (RSN) and Child Specific Caregiver Supports (CSCS) projects, as well as other FOCUS Preventative Services, future phases are expected to include structure for serving families without current Child Welfare cases, as true prevention or post-Child Welfare intervention or adoption. One of the current Preventative Service Providers has already begun moving this direction independently, having received a grant from the Spirit Mountain Community Fund to support their Next Level Program, which continues to fund services for youth who are no longer in the care of ODHS but would benefit from continued mentoring, independent living, and educational supports. This program has been highly successful for the youth involved.

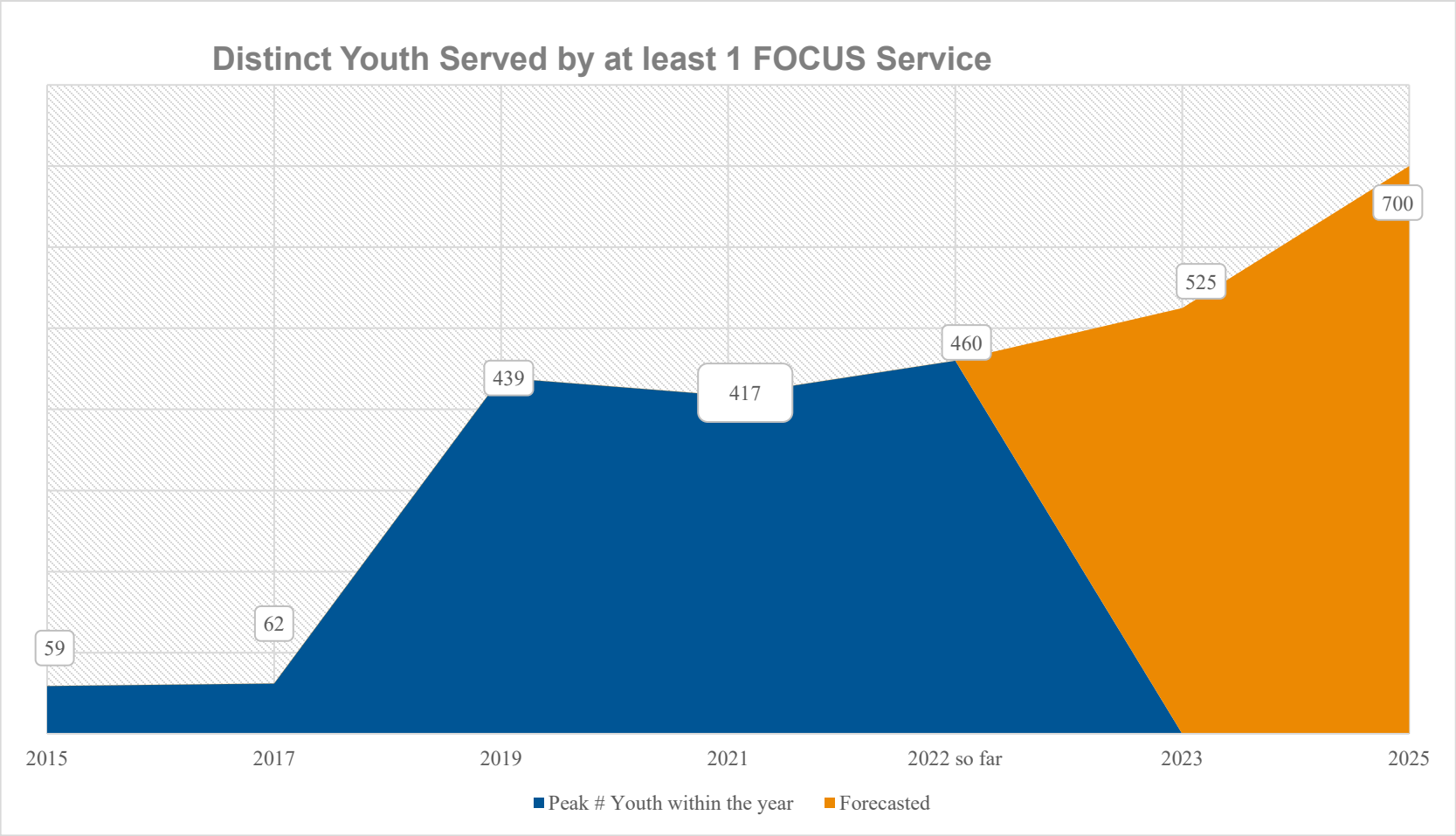
Critical Challenge #4: Staffing to build upon successful programs

In order to prioritize building and funding intensive preventative services under the current Treatment Services staffing allocation, other innovative work and services are limited or delayed. Creative adaptation of staffing within Treatment Services has supported short-term or special projects to move some of this work forward.

The FOCUS Program currently consists of two FTE, who are primary responsibility for assessing service gaps, seeking necessary services, administering multimillion dollar contracts, reviewing referrals and authorizing referrals, performing Comprehensive Compliance Reviews, providing statewide high level case a d system facilitation, tracking service data, processing payments and invoices, facilitating procedural, rule and process changes, and providing comprehensive customer service to businesses and individuals. This program has grown exponentially over the last

seven years as it has pivoted to meet the needs of children in their communities instead of in residential facilities. Despite this, there has not been a significant increase to staffing. From 1977 – 2018, the program, previously known as Target, was facilitated by one FTE; Oregon's population has nearly doubled during this time span. In 2018, one AS2 FTE was added to assist with the then-recent move toward Preventative services, as well as the large workload involved in supporting Out-of-State Residential Treatment Placements. That position was recently reclassified as a PA2 due to the high level of work that has been required.

With two FTE, the program has grown from serving 62 children and young adults with 89 services in 2017 to 460 children and young adults with 743 services so far in 2022 (data as of April). This exponential growth doesn't include the Pilot Projects for Child Specific Caregiver Supports that went into effect May 1, 2022.



This critical issue specifically speaks to Guiding Principles 2 and 3 within the Oregon Child Welfare Vision for Transformation. Data has shown consistently that preventative services, including those provided by the FOCUS Program, improve outcomes, timelines, and long-term wellbeing for the families we serve. The FOCUS Program has

shown exponential growth and success in a time where other systems, as well as programs within our own agency, are struggling to find and maintain providers. Investing in a program with a proven record of success, with clear data and auditing processes in place to oversee not only compliance with requirements, but quality of service, can provide the agency with opportunities to champion the use of quantitative and qualitative data, as well as opportunities to drive forward our agency's mission. We have been able to do this with limited staffing.

This proposal seeks to strengthen the well-being of Oregon families by providing intensive community-based support services to children with complex behavioral, mental health and developmental needs who historically have been supported in residential systems administered by the Office of Developmental Disabilities Services (ODDS), Oregon Health Authority (OHA), or Child Welfare. Uniquely, this new intensive community-based service array will support caregivers for these children in an effort to reduce or eliminate the cycle of placement disruptions, Temporary Lodging, and unnecessarily long stays in higher levels of care, as well as increase resource parent retention and support reunification efforts. Utilizing a phased approach, these services are also intended to support family preservation and reduce the need for children to enter foster care.

2. What would this policy package buy and how and when would it be implemented?

We are proposing the funding to create and stage statewide implementation of the following new services for children who are at risk of placement instability, removal from home or extended stay in higher levels of care:

A. **Child Specific Caregiver Supports** – Coaching, Training, Resource Navigation and on-call support services for Resource Parents, Relative Caregivers and Parents specifically focused on meeting the individual special needs of the identified child. This non-clinical support service is focused supporting the child's parent or resource parent meet the child's daily behavioral needs. Its goal is to not only stabilize the child's placement but also to support the caregiver, improving resource home retention and maintaining children in their homes. Pilots are being initiated May 2022 in Multnomah, Clackamas, Washington, Lane, Marion, Polk, and Yamhill Counties. During the 2023-

2025 Biennium, with the funding needed, we anticipate full procurements for those counties as well as a minimum of 5 other identified districts . Further expansion to the additional districts is projected in 2025-2027.

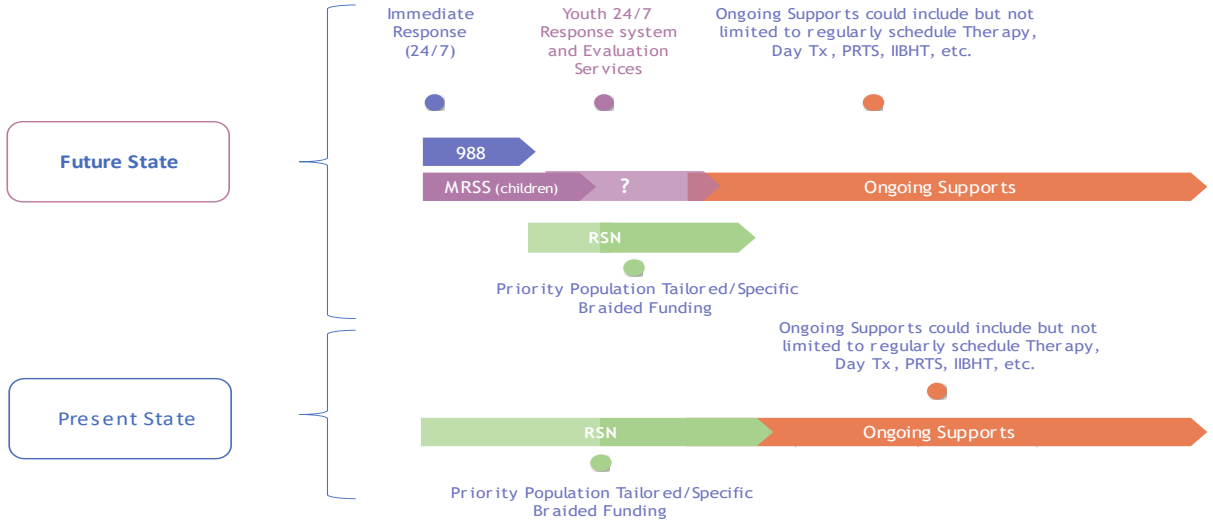
B. **Response and Support Network (RSN) Rollout** – RSN is a short-term (60-90 days) intensive urgent response and support for Resource Parents with non-clinical providers, as part of a collaboration with CareOregon to offer immediate cross-system response and referrals. RSN further offers a unique support when OHA's Mobile Response Support Service (MRSS) and 988 (Suicide Prevention line) roll out; the key to MRSS and 988 response is the immediacy of the 24/7 crisis response and connection to ongoing services like RSN. RSN offers a seamless connection to services that are tailored to a priority population and can categorically leverage success of MRSS. Services that are tailored to priority populations have shown to be more effective than service availability for the general population. When MRSS launches, RSN will modify its services offering to next business day response modeling opposed to 24/7 INITIAL response (this will be a cost reduction). Once the service is opened, 24/7 response will be available through RSN for the cohort. When and if BRS in-home services are offered, RSN looks to convert its service offering to bill Medicaid for eligible BRS clients whenever possible. MRSS and new In-home BRS services success and infrastructure leverage will be propelled by RSN's existence. Resource Families and Child Welfare clients will continue to benefit from the core highly tailored trauma specific supports offered in RSN and the partnerships it represents with CCOs.

   RSN is currently being piloted in District 2 and District 16, and then will expand to District 10. The goal in the 2023-2025 biennium would be to partner with FOCUS CSCS to assess community need and readiness in order to determine the best course for expansion as we fully roll out the program, understanding that RSN requires:

   i. CCO participation
   ii. Child Welfare Staff Resources (position and funds allocated in this POP)
   iii. RSN for Adoptive and Guardian Families requires that the general RSN service also be established in the area.

If the above requirements are met, Child Welfare looks to initiate RSN in Districts 3, 8, 15, 6, 9 during the **1st phase** of expansion efforts. This also includes continuation cost of RSN in District 16, 2, and 10. **Phase 2** (year 2, 2024) Child Welfare looks to initiate RSN in in the remaining districts and "Phase In" allocation funding based on established trajectory of onboarding in phase 1.

Addressing gaps in service between initial response (MRSS) and ongoing support for a priority population (CW). RSN increases MRSS's bandwidth of response and effectiveness in locating appropriate services for Child Welfare clients.



C. **Community-based individualized supports for Commercially Sexually Exploited Children and their families**.- This includes, but is not limited to, trauma informed case management and Youth Mentoring services to children and young adults, as well as their caregivers and family, around issues related to Commercial Sexual Exploitation of Children. Working with community partners, providing after hours on-call support to children and caregivers, providing consultation and training to caregivers in an effort to improve placement stability for this population and supporting ODHS Caseworkers and BRS Providers in community transitions. Currently, two pilots are in place supporting CSEC youth in the community. This population often struggles to reintegrate safely into their home community after being removed and placed in trafficking-specific treatment facilities. One of the pilots underway is working with two residential CSEC programs to support an integrated and warm transition as they return to the community. his is achieved through providing mentoring, community services, educational advocacy and caregiver supports as the child settles into a community placement, home, or independent living setting. These services provide intensive trauma-informed and CSEC-specific services to the youth and their caregivers/ families in an effort to break that cycle of revictimization. The other pilot is providing clinical level drop-in supports to CSEC survivors in the community in Washington County. This pilot is being funded solely by FOCUS currently while gathering outcome data and working with community partners and Medicaid funders to partner in this project in subsequent years, as they currently do in other counties.

D. **Multidimensional Transition Services -** Short term (up to 60 days) funding for additional services and supports in a licensed BRS program for a child who does not have access to the currently recommended or more appropriate resource but who is either qualified to receive intensive services through ODHS CW, OHS, ODDS or other system partners or is at risk of being placed in Temporary Lodging. Additional funds will be utilized to uniquely support children with complex service and supervision needs and to provide time to further assess the child's needs and, if needed, access alternative appropriate placement options within the recommended level of care.

3. How does this policy package help, or potentially hinder, populations that disproportionately or underserved? How does this policy package further ODHS's 3 strategic goals, and both the program and ODHS missions.?

In all procurement processes, the FOCUS Program prioritizes contractors who are able to not only describe their ability to meet the needs of underserved or disproportionately represented populations, but also those contractors who demonstrate that serving these populations is a part of their agency's values and mission. The current FOCUS Preventative Service Array includes several programs that specifically serve populations that are traditionally underserved or disproportionately represented in Child Welfare. This includes culturally specific youth mentoring for African American teen boys, youth mentoring for teen girls who have been victims of CSEC, skills training & youth mentoring and equine assisted mentoring within rural communities with few other services, youth mentoring, group and leadership activities for youth identifying as LGBTQIA2S+ and tutoring for students who have fallen through educational gaps due to multiple stays in residential care, as well as others. In addition, we seek out providers who prioritize a culturally and gender diverse staff, as well as staff with lived experience who can relate to the children and families being served. All services within the Preventative Service Array, which would include the services developed through this proposal, are required to be highly individualized and focused on the specific strengths, needs and goals of the child and family being served. The child and family/ caregiver are required to be involved in setting the goals, as well as creating the service plan.

All of these services align very closely with the ODHS Child Welfare Vision for Transformation, especially Guiding Principle number 1, Supporting Families and Promoting Prevention. As such, these services are all built around the fundamental goals that FOCUS aims for with all services in the Preventative Service Array:

1. Maintaining Children within their communities;
2. Stabilizing Children at risk of placement disruption;
3. Reducing barriers to necessary services;
4. Being trauma informed and strength-based;
5. Supporting equity and being culturally responsive; and
6. Preventing the need for higher levels of care.

This policy package furthers the ODHS strategic goals of Strengthening Foundations and Creating the Future of Human Services. The current two FTE in this program have proven that the FOCUS Program is able to build equitable and strength-based service delivery in highly effective, efficient and successful ways. Investing in additional specific positions and programs within FOCUS will allow the agency to build upon this success to expand both service delivery and the ability to oversee these additional programs through effective contract administration and thorough program auditing and support. This policy package also furthers the goal of Creating the future of human services in Oregon. As the FOCUS program builds services, a level of infrastructure for communities to utilize is also being strengthened. Many of the programs we work with community partners to develop later use that same infrastructure to create additional supportive services within their communities that are not funded by ODHS. The FOCUS team works with contractors to support them in diversifying and building a community network that can be partially self-sustaining and can support the local community. For example, one Youth Mentoring contractor has been able to build a large local network of volunteers and donors to provide additional supports to the children and families in their services. In addition, they have been able to access grants that allow them to serve youth who are no longer in the care of ODHS so that they can continue to provide services despite cases closing when needed.

As the FOCUS program develops additional services in communities across Oregon, we work with local community partners to assess the current services available in that community and determine what gaps exist. We then work with service providers to procure services to meet the community's identified needs. We prioritize contractors who are

based within the local community to be served or who have experience serving that community. While we are developing services that will be rolled out statewide, specific contracts are negotiated individually based on the needs of the communities being served and local partners are involved in those procurement processes.

As we look at the ODHS Mission Statement ***"To help Oregonians in their own communities achieve wellbeing and independence through opportunities that protect, empower, respect choice and preserve dignity",*** it is easy to see how this proposal moves us toward that goal. This proposal seeks to provide intensive supports to children and young adults, as well as their caregivers and families, who have complex unmet needs that often cause them to fall through the cracks of other systems. The goals of these services are to prevent the need for substitute care, shorten lengths of stay in high levels of care and prevent placement disruptions and utilization of Temporary Lodging.

This Policy Package also furthers the mission of the FOCUS Program, " ***Empowering youth with specialized needs to find healing, quality of life and permanency by providing the right supports at the right time"*** by focusing on providing services to children and families before a crisis situation occurs. Preventing substitute care and higher levels of care benefits children, families, communities, taxpayers, the agency, and the State of Oregon. It helps meet each goal and mission set by the agency.

4. What are the long-term desired outcomes?

The following outcomes are expected:

- Decreased number of placement changes
- Reduced length of stay in and reliance on higher levels of care such as residential treatment
- Expanded access to services within rural regions and for population-specific services
- Reduction in Temporary Lodging
- Increased Resource Care retention within the populations served by these contracts

- Measurable improvement within service quality and quantity
- Shortened timelines for reunification
- Reduction of children coming into care due to the parent being unable to meet the child's behavioral or other needs
- Reduction in Adverse Childhood Events
- Reduced cost per case.

In the long run, these outcomes will strengthen the shift away from a focus on crisis and reaction to growth as an agency with a foundation of wellbeing that is strength based and community driven, while focused on the principles of prevention, equity, and empowerment.

5. How will ODHS measure the impact on system and access inequities and/or impact disproportionality in accessibility and services in ODHS programs through this policy package?

All services provided, children served, districts served, service types, service closure reasons, child demographic information, race and ethnicity and length of time in the service will be tracked within the ODHS FOCUS Dashboard currently available in SharePoint. Referrals and the number of caregivers served will be tracked by providers and FOCUS Program staff. Providers are also required to utilize specific methods to measure outcome and provide outcome data. Comprehensive Program Review audits and interviews of children and families served will also be conducted for quality assurance. We will also be cross checking this with data related to Temporary Lodging.

RSN has initiated its final dashboarding process after rendering results for the first Pilot year. The RSN dashboard is combined data reported by our contractors and automated pulls from ORKIDS. Qualitative data is further collected to assure clients satisfaction. The dashboard relies on the BRS, District, and State cohort to compare and contrast.

6. What actions have occurred to resolve the issue prior to requesting a policy package?

Over the last 5+ years, the Treatment Services Program has worked to build a Preventative Services Array for children who would have historically been served in residential treatment facilities due to their mental health, behavioral and developmental needs but are now placed in community settings. This has been done with a small number of staff through thoughtful utilization of the FOCUS and Treatment Services budgets. In this time, more than a dozen successful programs have been built that provide Youth Mentoring, Skills Training, Equine Mentoring, Sex Abuse Specific Treatment and Overnight Respite for children and young adults at risk of placement instability or removal from home. In addition, Treatment Services has created pilot projects to study the effectiveness of several new services included in this proposal, each with the intention to provide earlier, less intrusive support in the community.

Using LEAN practices, some of our systems and processes have been reviewed to reduce or eliminate unnecessary inefficiencies and allow for the more effective utilization of staff and funding.

- FOCUS and Out-of-State Procedure has been amended
- Service Authorization processes restructured
- Weekly team meetings were initiated to re-prioritize work and manage projects
- Through existing partnership with OC&P, approval was gained for Template Statements of Work for service types most frequently used
- Engagement with the Policy Unit and DAS was initiated to reduce insurance barriers for non-commercial independent contractors to support equitable and diverse supports are accessible
- Several Pilot Projects were facilitated to study the most efficient way to provide comprehensive services prior to rolling out services on a larger basis.

In addition, close collaborations with system partners continue to ensure services align but do not overlap with others in the continuum. For example, FOCUS holds a contract with Jasper Mountain for PRTS due to CCOs authorization delays or denials for children medically eligible and in need of the service. Through this contract and in partnering with OHA, education and technical training for both the Contractor and CCOs has taken place and progress is being made. At first, this contract was utilized to access PRTS for children denied the service by their CCO while ODHS and the clinical provider filed appeals of the denials. Over the last couple of years, we have used this contract to work with CCOs and OHA regarding how processes can be expedited. While we still make some referrals utilizing this process, for the most part, the PRTS stays that result are nearly always funded

by the CCO, either for the entire stay or after a short assessment period funded by FOCUS. While this contract is underutilized, we still consider it a success in that it has helped us access this level of care for children in need, often paid through systems previously denying the authorizations.

RSN used LEAN mapping during the planning phase to successfully build these Lean processes that establish zero case worker time to initiate and one phone call to start all the automated authorization processes:

- RSN is authorized with one phone call, funds are authorized between Child Welfare and the CCO upon the initiation of the response through an automated notification through the call center.
- Services are made available through fixed cost contracting and cost reimbursable contracting that were projected through a thorough placement disruption calculation.
- All collaborators and their supervisors are made aware of the need to respond and the situation through a coordination email.
- Each collaborator then takes initiative in coordination of services led through Maple Star's (our no clinical 24/7 responder) established protocol.

- RSN has the capability of full-service emersion within 1-3 business days after initial after-hours response to include authorization from the CCO for Behavioral Health services and all can be initiated with a resource parents request.

- Through a quasi-Lean process and project management planning process; authorization, referral, and criteria for response obstacles have been eliminated to achieve service enrollment without the difficulties typically associated with accessing behavioral health supports through other systems, causing less work for caseworkers and central office staff and making the process much easier for families in need.

FOCUS has identified further processes for its other offerings that could assist us in streamlining services and procedure if additional staff were available to facilitate these, such as increasing provider access to ORKIDS, electronic and standardized provider record keeping, standardizing provider access to required trainings, creating more efficient systems for Comprehensive Program Reviews, and systematizing reported concerns similar to how CCA reports are processed.

7. What alternatives were considered and what were the reasons for rejecting them?

An alternative to this request is continued service delivery, without additional collaboration between state systems including partnership in reaching underserved regions and populations. While services are delivered through ODHS and OHA children's systems, its current structure is reliant upon families to navigate the system to identify services by funding stream and appropriate agency of administration. This puts the onus on families to understand state agency administrative roles, qualifying factors for various services as well as an understanding of how to access needed services. Additionally, timelines to access services currently average 60 days or longer

which is not tenable for children and families requiring immediate supports. In fact, this is a driving factor behind this proposal as the service expansion is designed distinctly to support families while longer-term and sustainable supports can be leveraged.

8. What other agencies, programs, community partners or stakeholders are collaborating on this policy package?

Close partnerships include: OHA, CareOregon, Pacific Source, Local SOC groups, the Foster Care Team, ODDS, county I/DD agencies, ILP, provider agencies, Resource Parents, local offices, and community partners, many of whom have lived experience, on various aspects of this proposal. Additional community partners and CCOs in the different communities will be involved as projects progress. In addition, the FOCUS Program administers a Comprehensive Review process with all large providers. A large part of this includes conversations with the youth currently receiving services, as well as program staff, caseworkers, Resource Parents, and other involved people regarding their current services. The process allows learning about what is working well, what could be improved and what our team could do to make these services even better. During these conversations, recipients share what other services would be helpful and what else they need from the agency to be successful. These conversations will continue to ensure that services are effective and meeting the needs of the children, families and caregivers being served. Having direct input from youth with lived experience has been critical in our planning for this POP and the direction of these services. RSN is a first of its kind project in the state that is 50/50 funded (braided funding) by Child Welfare and a CCO for mutual benefit. Other CCO's have taken notice of its success, reached out to understand more and request partnership. In addition to RSN's demonstration of effectiveness in its first year, it's possibly the first meaningful Child Welfare and CCO partnership since the inception of CCO's. This partnership includes county, and community SOC groups who also have requested

more information. RSN not only is known within the state, but information has been requested by Washington and Colorado State.

9. Does this policy package require any changes to existing statute(s) or require a new statute? If yes, identify the statute and the legislative concept.

No statute changes are required.

10. What other state, tribal, and/or local government agencies would be affected by this policy package? How would they be affected?

Other state and county service agencies, such as the Oregon Health Authority, Office of Developmental Disability Services, Oregon Youth Authority, County juvenile justice agencies, county mental health and developmental disability agencies, Coordinated Care Organizations, etc. will benefit from this policy package by being able to partner with the subsequent contractors to walk alongside their own service contractors to provide a comprehensive package of community based services to meet the child and family's complex multidisciplinary needs. This, in turn, makes their own service provision more effective and reduces silos. Services created by this package will be available to designated children and families involved in tribal services without Child Welfare involvement, as are all FOCUS funded services.

The other benefit to agencies is that, as FOCUS works to develop programs, an infrastructure is created that can be utilized by other agencies to create additional services within their own service array. FOCUS partners with other agencies to provide advice and technical assistance related to program development and compliance oversight in an effort to build out a robust cross-system service array.

11. Is this policy package being requested because of an Oregon Secretary of State or internal audit? If so, provide further information.

No, however under the current Temporary Lodging Settlement Agreement (3:15-cv-01895-YY), the agency is required to ensure that services and supports have been offered and explored before Temporary Lodging is authorized. The services outlined in this request are intended to expand and enhance the children's service array to support children in familial settings and prevent them from disruption.

Staffing and fiscal impact

Implementation date(s): 10/1/2023

End date (if applicable): N/A

12. What assumptions affect the pricing of this policy package?

RSN relies on Coordinator Care Organizations (CCO) participation and financial contribution for behavioral health supports. Without CCO participation, RSN will not be available in the area; nor will RSN for Adoptive and Guardian families as it relies on the infrastructure with the RSN vehicle. With that said, the cost of RSN may be significantly less if a CCO declines participation. The assumption made in this pricing is that ALL CCO will participate in the program. Further assumptions are made that staff allocation are made to support the rollout of such a large network across Oregon, the current staffing model of FOCUS does not and cannot support such an

extensive rollout. Last assumption, the pricing model utilized for braided funding within Multnomah County translates across the districts and their unique layout and needs. Multnomah County was the most expensive county, prices were reduced through lean process in phase 2 of the Pilot rollout; while eastern counties have less youth in care and custody, their network adequacy and geographic spread add some unknowns to pricing but also require more investment to assure response.

This Policy Option Package pricing assumes a start date of 10/1/2023 to allow time for contracts to be put in place.

13. Will there be new responsibilities for another agency (OHA etc.) and/or ODHS/OHA Shared Services? Specify which programs and describe their new responsibilities.

No, Child Welfare's Treatment Services FOCUS Program will take on the responsibilities of developing procurements for the additional services and building the necessary structure to implement this expansion. As always, services and supports will be developed in transparent communication and partnership with OHA Children's Behavioral Health

14. Will there be changes to client caseloads Cost per Case or services provided to population groups? Specify how many in each relevant program.

This proposal will not increase, decrease, or move caseloads. It will instead assist Child Caseworkers by offering increased assistance in accessing necessary services. However, increased assistance to families prior to a foster care placement may ultimately prove to decrease the number of children in foster care. There may be some effect on the Cost per Case for the FOCUS mandated caseload will increase by the cost of this POP.

RSN will likely have a positive effect on Districts overtime. Caseworkers will no longer need to respond while on-call in many circumstances as situations of requested response will be more adequately supported through RSN after business hours.

15. Describe the staff and positions needed to implement this policy package, including whether existing positions would be modified and/or new staff would be needed.

This request does not include request for staffing.

16. What are the start-up and one-time costs?

The costs are all ongoing. 23-25 biennial costs are less than the ongoing costs due to the program expanding starting October 2023 and the phase-in of districts over time for the child specific caregiver supports (CSCS).

17. What are the ongoing costs?

The 23-25 biennial cost for 21 months is $16,480,000 General Fund. The future 24-month biennial costs of these services are $21,120,000 General Fund.

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		Months
		21
Service	**Ongoing Biennial Cost**	**23-25 Partial Biennium Cost**
Response & Support Network (RSN)	$ 8,920,000	$ 7,805,000
RSN Adoptive and Guardianship	$ 3,200,000	$ 2,800,000
Child Specific Caregiver Supports (CSCS)**	$ 8,000,000	$ 5,000,000
Commercially Sexually Exploited Child (CSEC) Community Supports	$ 500,000	$ 437,500
Multidimensional Transition services (MTS)	$ 500,000	$ 437,500
Total	**$21,120,000**	**$ 16,480,000**
*23-25 is to get a total of 10 districts with these services. Phase in for 25-27 would add in the final 6 districts. Avg. cost per district is $500,000 per biennium.		

The expectation is that this funding would be built into the FOCUS service budget allotment after the initial investment. Within the first phase of this proposal, infrastructure building for RSN adoptive and guardian families would be require an allocation of General Funds to be spent on families outside of Child Welfare to support placement stability. Treatment Services is committed to researching additional funding options and investigating any additional federal matching for these expenses as this program matures.

18. What are the sources of funding and the funding split for each one?

100 percent General Fund for Services

19. What are the potential savings?

With the expansion of FOCUS services there may be longer term costs that are affected, as children are better served in community settings. ODHS Child Welfare will also likely be in better compliance related to preventing Temporary Lodging.

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services						
Services & Supplies						
Capital Outlay						
Special Payments	$16,480,000	$0	$0	$16,480,000	0	0
Other						
Total	**$16,480,000**	**$0**	**$0**	**$16,480,000**	**0**	**0.00**

Fiscal impact by program

	CW Program	Program 2	Program 3	Program 4	**Total**
General Fund	$16,480,000				**$16,480,000**

Other Funds	$0				**$0**
Federal Funds	$0				**$0**
Total Funds	$16,480,000				**$16,480,000**
Positions	0				**0**
FTE	0.00				**0.00**

Oregon Department of Human Services
2023-25 Policy Package

Division:	Child Welfare
Program:	Foster Care Program
Policy package title:	Foster Care/Resource Parent Reimbursement Rates
Policy package number:	POP 123
Related legislation:	N/A

Summary statement:

All children deserve to grow up in a family. If a child is not able to remain in their own home, we need resource families who are diverse and affirming and can provide the support a child needs within their communities. Resource families receive a monthly payment, but the rates for Foster Care have not been adjusted since 2018. In 2018, the rates were based on 56.5% of the cost of raising a child at the USDA rate. Cost of living and inflation rates have continued to climb. The rate is intended to cover costs of food, shelter, clothing, school supplies, extracurricular activities, etc. for children in ODHS foster care. Resource Families have voiced to ODHS that the current rate does not cover the actual cost of caring for a child. The policy option package would bring the basic family foster care rate up to 80%-100% of the cost of care to raise a child. The rate would change at each biennium to include regular inflation and additionally, medical, and professional inflation. This would allow for increases every biennium. Increasing the rates could help attract and retain more resource families and help current resource families cover the cost of care.

Oregon Department of Human Services:
2023-25 Policy Package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	**$70,328,175**	**$-**	**$42,206,045**	**$112,534,220**	**0**	**0.00**

Purpose

1. Why does ODHS propose this policy package and what problem is ODHS trying to fix or solve?

Rates for Foster Care have not been adjusted since 2018. In 2018 the rates were based on 56.5 percent of the cost of raising a child at the USDA rate. Cost of living and inflation rates have continued to climb. The reimbursement rate is intended to cover costs of food, shelter, clothing, school supplies, extracurricular activities, etc. Resources Families have voiced to ODHS that the current rate does not cover the cost of caring for a child. We continue to have families request additional support for food, clothing, and shelter. The monthly base rate for caring for a child is currently $693 for ages 0-5, $733 for ages 6-12 and $795 for ages 13-20. This rate creates challenges in ODHS' efforts to recruit new prospective resource families and retain current resource families. Bordering states, Washington, and California, have higher reimbursement rates.

Washington recently increased their rates. The following includes their pricing and methodology.

The chart below outlines the monthly rates based on the child's age and their level.

Child's Age	Level I or Basic Rate	Level II (Includes Basic)	Level III (Includes Basic)	Level IV (Includes Basic)
0-5 Years	$672.00	$849.92	$1195.51	$1474.30
6-11 Years	$796.00	$973.92	$1319.51	$1598.30
12+ Years	$810.00	$987.92	$1333.51	$1612.30

The chart below breaks down the monthly basic rate by the child's age and basic needs.

Child's Age	Shelter[1]	Food[2]	Clothing[3]	Personal Incidentals	Total Level I or Basic Rate
0-5 Years	$385.00	$183.00	$52.00	$52.00	$672.00
6-11 Years	$385.00	$291.00	$44.00	$76.00	$796.00
12+ Years	$385.00	$318.00	$43.00	$64.00	$810.00

[1] Shelter costs are based on 2019 Washington foster care non-relative placements, by county; and The FY 2019 Washington FMR Summary, average cost of adding a bedroom (from one to 4 bedrooms). (**https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2019_code/2019state_summary.odn**).

[2] USDA Moderate-Cost Food Plans July 2019, adjusted to Washington State Cost of Living (source: **https://fns-prod.azureedge.net/sites/default/files/media/file/CostofFoodJul2019.pdf**; 2010 Census Bureau Cost of Living for Urban Areas).

[3] Clothing and a marginal portion of shelter costs are based on 2015-2017 Consumer Expenditure Survey (CES) updated to July 2019 dollars by using the Consumer Price Index, using the respective CES Expenditure Codes outlined in Tables 2-4.

Below provides an overview for California rates:

3.2 Current Santa Clara County Foster Care Rates

Effective July 1, 2021, All County Letters (ACLs) 21-54 and 21-76 authorized the California Necessities Index (CNI) increase of 2.11% for Foster Care, Kinship-Guardianship Program (Kin-GAP) and Adoption Assistance Program (AAP) placements.

The Home-Based Family Care (HBFC) rates below are effective July 1, 2021 for FY 2021-2022.

TYPE OF PAYMENT / PLACEMENT	LOC Basic	LOC 2	LOC 3	LOC 4
MONTHLY RATES for Resource Families, Foster Family Homes, ARC, NREFMs	$1,059	$1,177	$1,298	$1,416

For additional information regarding California's rates, please visit:
http://policy.dcfs.lacounty.gov/content/AFDC_FC_GRI_FC_Rates.htm#BASICRATESCHDLEB.

Idaho and Nevada are currently proposing rate increases. The rate increase is needed to adequately support resource families. Nevada is currently under a rate review. They have hired a consulting firm to review nearing states and their pricing.

Idaho is conducting a rate review and looking to increase its rates. They are also seeking other methodologies used by other jurisdictions. They currently are using the USDA report from 2105 and the US Bureau of Labor Consumer Price Index Calculator. These rates do not include the enhanced rates.

Below are pricing estimates that provide an idea of rates the State of Oregon may consider.

	Age 0-5	Age 6-12	Age 13-17	Age 18-20
FY 22 Foster Care Rate	$395.00	$439.00	$585.00	$674.00
Proposed Foster Care Rate	$632.00	$702.00	$759.00	$876.00

Proposed rate at 100% cost reimbursed:

23-25 Impact of Costs Reimbursed					
Percent of Costs Reimbursed 100%		Proposed Rate			
Description	Current Rate (March 2022)	100%	Change in Rate	% Change in rate	23-25 ADP (Spring22)
Foster care 0-5	$ 693.00	$1,497.60	$804.60	116%	1,525
Foster Care 6-12	$ 733.00	$1,504.82	$ 771.82	105%	1,227
Foster Care 13+	$ 795.00	$1,597.45	$ 802.45	101%	1,109
Foster care Shelter rate 0-5	$ 932.68	$ 1,797.80	$ 865.12	93%	118
Foster care Shelter rate 6-12	$ 972.53	$ 1,805.02	$ 832.49	86%	62
Foster care Shelter rate 13+	$ 1,035.19	$ 1,897.66	$ 862.47	83%	27
Foster Care Enhanced Shelter rate 0-5	$ 1,652.72	$ 2,697.90	$ 1,045.18	63%	-
Foster Care Enhanced Shelter rate 6-12	$ 1,692.57	$ 2,705.12	$ 1,012.55	60%	1
Foster Care Enhanced Shelter rate 13+	$ 1,754.08	$ 2,797.76	$ 1,043.68	59%	2
Enhanced Supervision 1**	$ 240.00	$ 300.00	$ 60.00	25%	619
Enhanced Supervision 2**	$ 468.00	$ 585.00	$ 117.00	25%	263
Enhanced Supervision 3**	$ 960.00	$ 1,200.00	$ 240.00	25%	613

2. What would this policy package buy and how and when would it be implemented?

The policy option package would bring the basic family foster care rate up to 80percent to 100 percent of the cost of care to raise a child. The pricing shown is for 100 percent cost of care reimbursement. The rate would change at each biennium Current Service Level using the Resource Parent Rate Model, using updated USDA costs or, alternatively, using regular and medical/professional inflation rates as provided by DAS to update the model. This would allow for increases every biennium.

The table below displays the total 21-month costs for 100 percent, 90 percent, or 80 percent cost reimbursement be chosen. If something less than 100 percent of cost reimbursement is chosen for the 23-25 biennium, ODHS Child Welfare is requesting approval to phase in costs in the 25-27 biennium to reach the updated 100 percent cost reimbursement rate level.

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All Pricings are for 21 months

Foster Care Rates as a Percent of Cost of Raising a Child

Percent of Costs Reimbursed	100%	GF	OF	FF	TF
	Total Foster Care	49,385,469	-	23,240,259	72,625,728
	Total AA/GA	20,942,706	-	18,965,786	39,908,492
	Grand Total	**70,328,175**	**-**	**42,206,045**	**112,534,220**

Foster Care Rates as a Percent of Cost of Raising a Child

Percent of Costs Reimbursed	90%	GF	OF	FF	TF
	Total Foster Care	38,385,522	-	18,063,822	56,449,344
	Total AA/GA	16,893,147	-	15,298,493	32,191,640
	Grand Total	**55,278,669**	**-**	**33,362,315**	**88,640,984**

Foster Care Rates as a Percent of Cost of Raising a Child

Percent of Costs Reimbursed	80%	GF	OF	FF	TF
	Total Foster Care	27,494,670	-	12,938,646	40,433,316
	Total AA/GA	12,843,590	-	11,631,199	24,474,789
	Grand Total	**40,338,260**	**-**	**24,569,845**	**64,908,105**

*This changes costs in Regular Foster Care only. Enhanced Supervision rates are at 80% of the calculated full reimbursement cost.

3. How does this policy package help, or potentially hinder, populations that disproportionately or underserved? How does this policy package further ODHS's 3 strategic goals, and both the program and ODHS missions?

Payments directly to a certified resource family have not changed since the last rate increase in 2018. Increased support can provide further opportunity for targeted recruitment of resource families to maintain children with family, kin, or homes with expertise either lived or learned that can meet the well-being support of children with complex needs because more resource families will be able to afford to care for a child. The ODHS Vision for Transformation Guiding Principle 1: Supporting Families and Promoting Prevention means that our Child Welfare transformation is built on trauma-informed, family and community-centered and culturally responsive programs and services focused on engagement, equity, safety, well-being, and prevention. Keeping children connected to their community, family and identity is paramount to decreased experiences of trauma.

Quantifying results

4. What are the long-term desired outcomes?

One desired outcome is to continue supporting our goal of keeping children with their families and within their communities. If a child is not able to remain at home, Child Welfare wants to have resource families that are diverse, affirming and located in or near the community a child comes from to support maintaining connections.

Other desired outcomes are to increase community awareness about becoming a resource parent, to increase relative placements, and to support specific homes to meet individual needs of child or sibling group.

5. How will ODHS measure the impact on system and access inequities and/or impact disproportionality in accessibility and services in ODHS programs through this policy package?

Families, relatives, kith/kin will have support in caring for a child in foster care and able to meet their needs without extraordinary out-of-pocket costs associated with raising a child. Often, accepting families, communities of color and tribal families have had an interest to care for a child but hesitate due to the financial hardship it can create. Increasing the reimbursement rate will provide the ability and opportunity to become a resource family, knowing the cost of care is covered while keeping that child connected to who they are and their community.

POPULATION/COMMUNITY	POTENTIAL POSITIVE IMPACTS	POTENTIAL NEGATIVE IMPACTS
Federally recognized Oregon Tribes	Increase in homes certified by Tribes or CW	
Black, Indigenous, Latino/a/x, Asian, and/or Pacific Islander communities	Increase in certified families	
LGBTQIA2S+ communities	Increase in homes for our children	

People with disabilities		
People who are aging		
Rural communities		
People experiencing low or no income	Ability to care for a child and meet their needs, especially relatives.	
Other populations (specify)	Click or tap here to enter text.	Click or tap here to enter text.

How achieved

6. What actions have occurred to resolve the issue prior to requesting a policy package?

Payments directly to a certified resource family have not changed since the last policy option package rate increase in 2018. OAR 413-090-0051 requires review of rate every two years and was listed in recommendations of both the SOS 2018 audit report and the 2019 follow up report. A POP is required to increase the rate. Additional supports are provided to families with childcare at a very low reimbursement rate of $375 per month per child. Respite services are offered to provide breaks in care and are reimbursable at a current rate of $55 per day. With funding from last session, ODHS CW is constructing types of respite available and looking to expand this support to resource parents. Increased Respite availability is expected to support retention of certified resource homes.

7. What alternatives were considered and what were the reasons for rejecting them?

Payments directly to a certified resource family have not changed since the last rate increase in 2018. Additional supports are provided to families with childcare at a low reimbursement rate of $375 per month per child. Respite services are offered to provide breaks in care.

8. What other agencies, programs, community partners or stakeholders are collaborating on this policy package?

Oregon Resource Family Alliance was made aware of the POP and is in support, Oregon Tribes, Resource Parents, Youth, or those with lived experience in the foster care system. No direct connection currently with listed partners.

9. Does this policy package require any changes to existing statute(s) or require a new statute? If yes, identify the statute and the legislative concept.

N/A

10. What other state, tribal, and/or local government agencies would be affected by this policy package? How would they be affected?

Oregon Resource Family Alliance, Oregon Tribes, Resource Parents, Youth, or those with lived experience in the foster care system. Increase in rate would allow for Oregon Resource Family Alliance to continue their support in recruitment of certified homes. The rate increase would help retain certified foster homes, boost recruitment efforts, and minimize out-of-pocket expense for all certified ODHS homes.

11. Is this policy package being requested because of an Oregon Secretary of State or internal audit? If so, provide further information.

OAR 413-090-0051 requires review of rate every two years. Internal review determines rate increase needed to meet basic care costs of raising a child.

Staffing and fiscal impact

Implementation date(s): 10/1/2023

End date (if applicable):

12. What assumptions affect the pricing of this policy package?

Rate increases will need to be kept competitive using update data and/or current inflation rates. If rates are not adequate recruitment and retention of resource homes will be challenging.

13. Will there be new responsibilities for another agency (OHA etc.) and/or ODHS/OHA Shared Services? Specify which programs and describe their new responsibilities.

No

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14. Will there be changes to client caseloads Cost per Case or services provided to population groups? Specify how many in each relevant program.

Cost per case will be impacted in the Regular Foster Care, Shelter Care, Adoption Assistance, and Guardianship Assistance budgets. The change in cost per case is funded by this Policy Option Package.

15. Describe the staff and positions needed to implement this policy package, including whether existing positions would be modified and/or new staff would be needed.

No positions are needed to implement this policy package.

16. What are the start-up and one-time costs?

N/A

17. What are the ongoing costs?

This policy option package, funded for 21 months in the 23-25 biennium, will cost $112,534,220 total fund for the 100% cost reimbursement level of investment. IV-E federal funding is available for IV-E eligible children, with federal funding making up 37.5% of the total fund expenditures.

GF	OF	FF	TF
70,328,175	-	42,206,045	112,534,220

24 months in the 23-25 biennium would cost $128,610,537 Total Fund, with the same fund split (37.5% federal funding)

In addition, for future biennia, we are proposing to update the Resource Parent Reimbursement Rate Model each biennium. If the underlying data from the USDA report "Cost of Raising a Child*" is updated, this data would be used to update the model. In lieu of that report being updated, we are proposing to update the model cost categories by the regular and additional inflation amounts, as provided in the budget instructions by DAS. Other data sources would be updated as well. These changes, calculated as part of Current Service Level budget, will keep Resource Parent reimbursement rates in line with the costs of care.

*Source:Lino, M., Kuczynski, K., Rodriguez, N., and Schap, T. (2017). Expenditures on Children by Families, 2015. Miscellaneous Publication No. 1528-2015. U.S. Department of Agriculture, Center for Nutrition Policy and Promotion. https://www.usda.gov/media/blog/2017/01/13/cost-raising-child

18. What are the sources of funding and the funding split for each one?

General Fund and IV-E Federal Funds (based on child-level IV-E eligibility).

19. What are the potential savings?

Potential savings are difficult to determine at onset. Likely stabilization of certified homes and increase in tenure of resource parents. Families will be able to support a child in their home in ways that support belonging and natural and prudent parenting practices that allow children in foster care to participate in activities that children not in foster care get to naturally participate in on a more consistent basis. Resource families may be less likely to request the child move and close their home due to financial hardship.

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Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	$0	$0	$0	$0	0	0.00
Services & Supplies						
Capital Outlay						
Special Payments	$ 70,328,175	$ -	$ 42,206,045	$ 112,534,220		
Other						
Total	$ 70,328,175	$ -	$ 42,206,045	$ 112,534,220	**0**	**0.00**

Fiscal impact by program

	Child Welfare Program	Program 2	Program 3	Program 4	**Total**
General Fund	$70,328,175				$70,328,175
Other Funds	$-				$-
Federal Funds	$42,206,045				$42,206,045
Total Funds	$112,534,220				$112,534,220
Positions	-				-
FTE	-				-

Oregon Department of Human Services
2023-25 Policy Package

Division:	Child Welfare
Program:	Federal Policy and Resources
Policy package title:	SSB & Child Support Payments
Policy package number:	POP 124
Related legislation:	N/A

Summary statement:

Child Support, Social Security Benefits (SSB), and Supplemental Security Income (SSI) provide valuable social insurance to children and families. However, children in foster care are not able to use those funds because they are used to supplement foster care costs. This makes it more difficult for families to overcome poverty and it perpetuates inequities. This POP proposes to conserve SSI, SSB and child support funds for youth in foster care and make the funds available in a savings account when they exit foster care. These funds will support reunification and help youth better support themselves as they transition into adulthood.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	$6,282,923	$(8,871,551)	$2,588,628	$-	0	0.00

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2023-25 Policy Package

Purpose

1. Why does ODHS propose this policy package and what problem is ODHS trying to fix or solve?

Child Support, Social Security Benefits (SSB), and Supplemental Security Income (SSI) provides valuable social insurance to children and families under specific circumstances. For instance, about 5.3 percent of all children in foster care (nationally) are entitled to Social Security support when a parent dies or because they or a parent are disabled (Congressional Research Service, 2021). This support is meant to help cover the cost of essential needs, like food and shelter. Currently, these payments are used by Child Welfare to supplement foster care maintenance payments for youth in care. In these cases, instead of families using the funds to support themselves, Child Welfare uses the funds to pay for the cost of services – essentially charging youth who receive SSI, SSB, and Child Support for the cost of foster care when other state and federal funding sources could cover these services. This practice can perpetuate inequities and creates financial hardship for families with the greatest need, making it harder to overcome poverty and reunite children with their parents. It contradicts ODHS principles around dismantling forms of oppression and promoting person-centered services and supports.

The practice is also costly and ineffective to implement. In addition to making reunification more challenging for families, potentially increasing the time in foster care and the cost to taxpayers, collecting this minimal resource is expensive. Moreover, since the beneficiary's costs are typically higher than their benefit amount, there is little to no conservation of funds.

On June 7, 2022, the Children's Bureau issued a new Q/A in the Child Welfare Policy Manual regarding a how title IV-E agency should determine when it is appropriate to secure an assignment of the rights to child support for a child in foster care. The Children's Bureau narrowed their definition of "where appropriate" so that the default position can be that the Child Welfare agency is not to secure an assignment of the rights to child support for children (Section 8.4C Title IV-E CWPM).

A national inquiry into charging families for Child Welfare Services supports ODHS Child Welfare's findings that this practice is ineffective and inequitable. The investigation found that when charging families for care, "Fees are charged almost exclusively to the poorest families; When parents get billed, children spend added time in foster care, and the extra debt follows families for years, making it hard for them to climb out of poverty; and Government raises little money, or even loses money when it tries to collect" (Shapiro, 2021). Based on local and national data demonstrating the harmful impact on families, this practice is ending, or there is legislation to end the practice, in places like New York, Nebraska, Texas, Minnesota, and Illinois. Oregon and other jurisdictions intend to place these funds in a savings account for youth and teach youth in foster care how to save. This is crucial in supporting youth to become successful and independent. Research estimates that 22 percent of employed youth who experienced foster care did not earn enough to break the cycle of poverty, and the ability to invest in post-secondary education and other basic needs can help. The funds in these savings accounts can help youth support themselves, stay out of the system when they leave, and break the cycle of poverty by allowing them to invest in tuition for college or technical school. This is crucial to mitigating the long-term effects of interrupted education, trauma, and poverty that are experienced by many in foster care and helps reverse the national trend of elevated unemployment (47-69% of national youth aging out of foster care vs. 10% nationally), homelessness, and poverty (Annie E. Casey Foundation, 2017) (Shapiro, 2022).

Citations:
Annie E. Casey Foundation. (2017). The Economic Well-Being of Youth Transitioning from Foster Care. Annie E. Casey Foundation.
Congressional Research Services. (2021). Children in Foster Care and Social Security Administration Benefits: Frequently Asked Questions. Congressional Research Service.
Shapiro, Joseph. "States send kids to foster care and their parents the bill — often one too big to pay." NPR, 27 December 2021, https://www.npr.org/2021/12/27/1049811327/states-send-kids-to-foster-care-and-their-parents-the-bill-often-one-too-big-to-
Shapiro, Joseph. "New York City will stop collecting Social Security money from children in foster care." NPR, 9 March 2022, https://www.npr.org/2022/03/09/1084620883/new-york-city-will-stop-collecting-social-security-money-from-children-in-foster
Section 8.4C Title IV-E, General Title IV-E Requirements, Child support

2. What would this policy package buy and how and when would it be implemented?

Conserving SSI, SSB, and child support funds for youth in foster care and use of other funding sources to pay for foster care advances the ODHS agency's priority to strengthen ODHS foundations by listening to what families need and providing person-centered care and by creating a future of human services in Oregon based on equity, respect, and data-informed decision-making. Additionally, this aligns with the Child Welfare Vision for Transformation's Guiding Principle 1-Promoting prevention and preservation by helping to mitigate financial contributors to cycles of system involvement for Oregon's children who experience both foster care and poverty.

The additional allocation of dollars would pay for the cost of foster care. Foster care is a mandated caseload, and we should no longer require children and parents to pay for the child's placement in foster care.

3. How does this policy package help, or potentially hinder, populations that disproportionately or underserved? How does this policy package further ODHS's 3 strategic goals, and both the program and ODHS missions.?

Youth exiting the foster care system will have a financial resource to help transition to adulthood. Families will have additional funds to ease the reunification process and create the best opportunity for a sustainable return home.

Quantifying results

4. What are the long-term desired outcomes?

The potential outcomes may be:

- faster reunification with parent,
- sustainable reunification,
- stability of placement with resource parents.

Other outcomes for older youth may be the ability to use funds for education, create sense of stability as they transition to adulthood, or provide sustainable structure for services that meet their well-being needs.
The IT infrastructure to support the collection of data will allow Child Welfare, in working closely with our Continuous Quality Improvement (CQI) Unit, to better identify and determine outcomes that demonstrates results as well as identifying ways to improve the process.

5. How will ODHS measure the impact on system and access inequities and/or impact disproportionality in accessibility and services in ODHS programs through this policy package?

ODHS will measure the number of children where SSI, SSB and Child Support funds are available, and how much of the funds were used to child or family specific services that support self-sufficiency (in the case of older youth), reunification with parents or stabilization of placement.

The potential outcomes may be:

- faster to reunification with parent,
- sustainable reunification,
- stability of placement with resource parents.

Other outcomes for older youth may be the ability to use funds for education, create sense of stability as they transition to adulthood, or provide sustainable structure for services that meet their well-being needs. These outcomes can be reported by race, ethnicity, and tribal affiliation to demonstrate that all children and families benefit from this proposed change.

6. What actions have occurred to resolve the issue prior to requesting a policy package?

Nationally, Child Welfare leadership and programs have analyzed the impacts to children, youth, and families of using a child's Social Security Benefits and requiring parents to pay child support to reimburse the state and federal government for the cost of placing a child into foster care. This long-time practice has negatively impacted the well-being of the child, youth, and family.

This is the first step of addressing this issue; no additional strategies have been discussed.

7. What alternatives were considered and what were the reasons for rejecting them?

Nationally, Child Welfare leadership and programs have analyzed the impacts to children, youth, and families of using a child's Social Security Benefits and requiring parents to pay child support to reimburse the state and federal government for the cost of placing a child into foster care. This long-time practice has negatively impacted the well-being of the child, youth, and family.

This is the first step of addressing this issue; no additional strategies have been discussed.

8. What other agencies, programs, community partners or stakeholders are collaborating on this policy package?

We are partnering with the Department of Justice, Division of Child Support, and working to improve partnership with the Social Security Administration to ensure use of SSI and SSB funds are allowable under federal law. Child Welfare is beginning partnership with Self-Sufficiency Programs on the impacts of child support orders for families who request TANF or SNAP benefits.

This effort is not designed to break down service silos, but to dismantle systemic contributors to oppression and to promote equity and access to financial resources for Oregon's most vulnerable populations.

This effort is anticipated to share power with families and communities by leveraging other resources to pay for the cost of care of children experiencing foster care. Community partners and research support that a critical aspect of prevention is direct access to financial resources. These dollars, if saved for the children that experience foster care will directly model the power that comes from that access.

9. Does this policy package require any changes to existing statute(s) or require a new statute? If yes, identify the statute and the legislative concept.

No, not statute changes required.

10. What other state, tribal, and/or local government agencies would be affected by this policy package? How would they be affected?

No, other state or tribal agency would be affected.

11. Is this policy package being requested because of an Oregon Secretary of State or internal audit? If so, provide further information.

No, this change is not due to any audit findings.

Staffing and fiscal impact

Implementation date(s): 7/1/23

End date (if applicable): n/a

12. What assumptions affect the pricing of this policy package?

The pricing of this policy package is based on actual Child Trust Other fund limitation in Current Service Level CW Program budget, after adjusting for new SSDI funding for I/DD-CW crossover clients. The percentage of Child Trust that is from the revenue sources of Social Security Benefits and Child Support is from FFY2021 revenue received. These revenue sources within Child Trust have historically remained consistent.

13. Will there be new responsibilities for another agency (OHA etc.) and/or ODHS/OHA Shared Services? Specify which programs and describe their new responsibilities.

No new responsibilities.

14. Will there be changes to client caseloads Cost per Case or services provided to population groups? Specify how many in each relevant program.

No change in client caseload or cost per case. The request to use Social Security funds and Child Support funds to meet the child specific needs of the child where their SSI, SSB or Child Support would be used to pay for the additional services.

15. Describe the staff and positions needed to implement this policy package, including whether existing positions would be modified and/or new staff would be needed.

Existing positions will collaborate with Child Welfare case workers, families, and youth to determine the use of the SSI, SSB or Child Support funds that meet the best interest of the child, youth and/or family.

POSITIONS ASK:
OIS/System Needs: No additional FTE per OIS manager;
Child Welfare Needs: No additional FTE per Program Manager;
Share Services Needs: No additional FTE per Trust Account Manager.

16. What are the start-up and one-time costs?

No start-up and one-time costs.

17. What are the ongoing costs?

The ongoing cost will be the general fund for the cost of foster care because the SSI, SSB and child support funds will continue to be used for child specific service needs to promote reunification or permanent family home.

18. What are the sources of funding and the funding split for each one?

General fund, title IV-E and TANF-EA based on the eligibility of the child and the allowable service.

19. What are the potential savings?

The potential savings will be the SSI, SSB and child support funds and those savings will be passed through to the child and parents.

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	$0	$0	$0	$0	0	0.00
Services & Supplies						
Capital Outlay						
Special Payments	$6,282,923	$(8,871,551)	$2,588,628	$-		
Other						
Total	**$0**	**$0**	**$0**	**$0**	**0**	**0.00**

Oregon Department of Human Services:
2023-25 Policy Package

Fiscal impact by program

	Child Welfare	Program 2	Program 3	Program 4	**Total**
General Fund	$6,282,923				**$6,282,923**
Other Funds	$(8,871,551)				**$(8,871,551)**
Federal Funds	$2,588,628				**$2,588,628**
Total Funds	$-				**$0**
Positions	-				**0**
FTE	-				**0.00**

Oregon Department of Human Services:
2023-25 Policy Package

Division:	Office of Developmental Disabilities Services
Program:	ODDS
Policy package title:	ARPA Positions
Policy package number:	POP 125
Related legislation:	N/A

Summary statement:

Services provided by the Oregon Department of Human Services (ODHS) need to be reliable so those who depend upon them are not thrown into crisis by service disruptions. Funding from the American Rescue Plan Act (ARPA) allowed the Office of Developmental Disabilities Services (ODDS) to secure 57 temporary positions to meet the program's needs in the critical areas of program management and improvement. The expiration of all of these positions would result in the discontinuation of critical efforts related to ODDS' strategic work across programs, agencies and community organizations that ensure high-quality services and supports for individuals with intellectual and developmental disabilities (I/DD). ODDS proposes that 14 of the 57 ARPA-funded limited duration (LD) positions be made permanent. These 14 full-time employees (FTE) will continue to provide ongoing support to the ODDS Policy, Training, Case Management Support Services, Operations and Portfolio Management units. This will allow ODDS to maintain the level of care and quality for services that people have come to depend upon over the past two years and also free managers of administrative work empowering them to better engage with community partners and move the needle on our strategic efforts instead of just trying to keep up.

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	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	**$ 1,501,711**	**$0**	**$ 1,501,711**	**$ 3,003,422**	**14**	**14.00**

Purpose

1. Why does ODHS propose this policy package and what problem is ODHS trying to fix or solve?

ODDS proposes to hire specific ARPA LD positions as permanent staff. 14 FTE of the 57 FTE LD positions to provide ongoing support for I/DD services in the Policy, Case Management Support Services, Operations, and Portfolio Management units.

The Case Management Support Services Unit (CMSS) requests three staff. CMSS is responsible for the emergency coordination of the ODDS staff, all I/DD providers and 42 case management entities (CMEs) across the state. The first position requested for this team is an emergency coordinator (PA3). This position is responsible for the tracking and monitoring of providers' emergency plans, CMEs' emergency plans and ODDS' continuity of operations plan (COOP). This position facilitates After Action Reviews in ODDS ODHS and local CMEs to plan, improve and better coordinate how these entities will respond to the next disaster in a more efficient manner. The second position is a complaints coordinator (OPA2). This position is the result the Secretary of State's audit that advised ODDS to have a dedicated staff to manage statewide complaints that come from our CMEs, providers,

the Governor's Advocacy Office, and other sources. These complaints must be investigated and resolved in a timely manner, and this takes a significant amount of coordination with our contracted field staff, internal staff, and the originating office of the complaint.

Lastly the unit would like to request an OS2 to support the CMSS manager, exceptions manager and field liaison manager.

- CMSS is a new unit which oversees children's services, eligibility, exceptions, and case management field work. The CMSS manager oversees three managers and 76 staff members.

The Operations Unit is requesting three positions. The Operations Office oversees the Contracts & Fiscal work, Provider Enrollment and Support Union, Systems Training and Systems development and Position Management for all of ODDS

One OS2 will support the Operations Unit's four managers with scheduling, taking meeting minutes and handling mail for all of ODDS.

One PCS2 will assist with the large volume of contracts in ODDS and the Stabilization and Crisis Unit (SACU). The Operations Unit has handled all SACU contract work for the last two years without any additional staff. This work has grown considerably, and a dedicated full-time staff position is needed.

One PA2 to assist with home modifications and community integration programming (CIP) housing to create the scope of work based on individual services plans, obtain and review bids from contractors, inspect work, and review invoices in comparison to the scope of the work and work completed.

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The Portfolio Management (PMO) Unit is requesting one position. PMO oversees the non-system related projects for ODDS and currently has one permanent staff member.

One project manager 2 would coordinate with the portfolio manager to ensure priority projects are completed on time and within budget.
The Policy Unit is requesting seven staff. The Policy Unit oversees all policy and rulemaking, transmittals, collaboration with OHA and the Medicaid Office, and training of CMEs and providers.

- To establish a training team, the unit requests four training and development specialists (TDS2s), one principal executive manager (PEMD) and one operations specialist (OS2), to manage the training team and establish standards by which all trainings are developed and delivered. This team will be responsible for providing training to partners, providers, CMEs, and direct support professionals (PSWs). They will develop and maintain trainings in multiple modalities and languages.
- The unit requests an additional OS2 to support the policy manager and staff with calendars, scheduling rule advisory committees for rule reviews and taking notes at various meetings.

2. What would this policy package buy and how and when would it be implemented?

This funding would allow ODDS to offer 14 staff that are currently working in LD ARPA-funded positions a permanent position. As these staff members are currently onboard, this change to a permanent position would be implemented upon approval of the new positions.

Savings realized include reduced travel, mailings, paper and staff time, the reduced need for CMEs to have individual case management systems, and savings in staff time spent producing solid data as the entire system will be centralized.

3. How does this policy package help, or potentially hinder, populations that are disproportionately underserved? How does this policy package further ODHS's 3 strategic goals, and both the program and ODHS missions?

This solution will provide opportunities for ODDS to establish, create, oversee, and revise policies and or rules that are needed to insure we are clear about the equity of access to I/DD services. This solution allows executive management to develop clear paths forward to complete our strategic vision and to lead our managers to implement these paths with executive support and oversight. This solution allows time for ODDS' executive leadership to work collaboratively with our agency and external partners to bring forward holistic access to our services and to provide a way forward for our CMEs and providers. These positions will allow ODDS to surpass merely validating that we are meeting the Center for Medicaid and Medicare Services' timelines by ensuring that quality services are being provided and that individuals in our care are safe and healthy. This staffing also provides the opportunity to hold meetings with a diversity of communities to insure we are appropriately addressing their unique cultural and language needs. Staff members will be able to develop advisory committees that are better represented by our collective community, so all voices are heard. They will also seek out self-advocates to participate in these advisory committees to ensure that we hear the voices of individuals receiving our services.

Quantifying results

1. What are the long-term desired outcomes?

Staffing ODDS at the requested level will enable our program to establish equity disparities and form solutions with our fellow agencies and partners to move our system to one of equality for all. This change will also allow a collaboration of services from the point of entry with other state agencies that impact individuals with I/DD and their families by providing early detection of service needs that are unmet. With proper staffing we will also maintain healthier work habits for management and staff, increasing staff members' longevity and productivity.

How will ODHS measure the impact on system and access inequities and/or impact disproportionality in accessibility and services in ODHS programs through this policy package?
Sufficiently staffing ODDS allows for more focus on fully moving to a person-centered approach in our services. It affords staff members the time to work collaboratively with other agencies and our partners on this important shift in focus for our services. With our current ARPA-funded positions, we have almost full staffing and are able to focus on moving the needle on our strategic efforts instead of just trying to keep up with the vast amount of change. If management and staff have time to engage with our partners, both externally and internally, we will be able to identify the areas within our system that are disproportional in accessing our services and meet with those groups to find a remedy. Without the time to engage in those conversations we are trying to move forward on assumptions instead of facts. We will continue to track the number of Child Welfare (CW) and I/DD cases that

result in temporary lodging and the number of providers, DSPs and CMEs' staff members that have received training and assess their knowledge of training. We will conduct outreach to communities with our executive leadership able to participate. We will collect annual satisfaction criteria from individuals and families that use our services. We will track the number of contracts submitted for finalization to the Office of Contracts and Procurement and audit findings of contracts. We will increase community awareness of available services, access to those services and training to field staff on how to better communicate this. To improve community outreach to reduce racial disparities, we will prioritize areas where data illuminates an issue to see if there are fewer complaints regarding providers or case managers as a result of their completed trainings.

How achieved

What actions have occurred to resolve the issue prior to requesting a policy package?
We attempted POPs in the past to achieve a fully funded program.

What alternatives were considered and what were the reasons for rejecting them?
The alternative is to continue to keep the staff as LDs; however, staff are leaving for permanent positions and hiring for LD staff is very time consuming as most individuals wish to be hired in permanent positions.

What other agencies, programs, community partners or stakeholders are collaborating on this policy package?
None

Oregon Department of Human Services:
2023-25 Policy Package

Does this policy package require any changes to existing statute(s) or require a new statute? If yes, identify the statute and the legislative concept.

No

What other state, tribal, and/or local government agencies would be affected by this policy package? How would they be affected?

None

Is this policy package being requested because of an Oregon Secretary of State or internal audit? If so, provide further information.

Yes, one of the requested positions, a complaints coordinator, was requested.

Staffing and fiscal impact

Implementation date(s): 7/1/2023

End date (if applicable): _____

What assumptions affect the pricing of this policy package?

This funding is for staffing. CAny new cost of living adjustments (COLAs) presented from the time this pricing was made available would be impactful.

Will there be new responsibilities for another agency (OHA etc.) and/or ODHS/OHA Shared Services? Specify which programs and describe their new responsibilities.
No, as these staff are already onboard in a LD capacity.

Will there be changes to client caseloads Cost per Case or services provided to population groups? Specify how many in each relevant program.
No, this POP will not affect claiming, billing or change eligibility.

Describe the staff and positions needed to implement this policy package, including whether existing positions would be modified and/or new staff would be needed.
Four office specialist 2s
One procurement and contract specialist 2
Four training and development specialist 2s
One project manager 2
One program analyst 2
One business operations manager 1
One operations and policy analyst 2
One program analyst 3
One operations and policy analyst 3

What are the start-up and one-time costs?

There are none as these staff are currently on board.

What are the ongoing costs?

Staffing costs

What are the sources of funding and the funding split for each one?

These staff will primarily be 50/50 Medicaid funded positions.

What are the potential savings?

We will have 14 full-time staff compared to 57 ARPA LD staff.

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE

Personal Services	$1,501,711	$0	$1,501,711	$3,003,422	14	14.00
Services & Supplies						
Capital Outlay						
Special Payments						
Other						
Total	$1,501,711	$0	$1,501,711	$3,003,422	14	14.00

Fiscal impact by program

	ODDS	Program 2	Program 3	Program 4	Total
General Fund	$1,501,711				$1,501,711
Other Funds	$0				$0
Federal Funds	$1,501,711				$1,501,711
Total Funds	$3,003,422				$3,003,422
Positions	14				14
FTE	14.00				14.00

Oregon Department of Human Services
2023-25 Policy Package

Division:	Oregon Department of Human Services (ODHS)
Program:	Office of Developmental Disabilities Services (ODDS)
Policy package title:	Model Employer
Policy package number:	POP 126
Related legislation:	LC – Employment First / Model Employer (based on HB 2151 2020)

Summary statement:

All people deserve equal access to employment opportunities that allow them to thrive as valued members of their communities. The state of Oregon is committed to fair employment practices and non-discrimination. Less than 1% of the state's workforce is comprised of people with intellectual and developmental disabilities (I/DD), because this population faces common, disability-based barriers when trying to access state employment. The Model Employer program is designed to hire people with I/DD into state service. This policy option package (POP) requests dedicated full-time equivalent (FTE) for positions for the Model Employer program. Providing this opportunity for people with I/DD to have access to state employment by removing common barriers faced by people with I/DD in the state hiring process and incentivizing hiring managers to utilize this process will increase access to state employment for people with I/DD.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	**$2,034,856**	**$0**	**$2,034,856**	**$ 4,069,712**	**29**	**24.09**

Oregon Department of Human Services:
2023-25 Policy Package

Purpose

1. **Why does ODHS propose this policy package and what problem is ODHS trying to fix or solve?**

   Less than 1% of the state's workforce is comprised of people with I/DD. However, people with I/DD contribute significantly to the workforce as demonstrated by several employer testimonials. Not including people with I/DD in the workforce undermines all state level service equity initiatives, contributes to workforce shortages, and disadvantages the state as an employer. Given that the Oregon Department of Human Services (ODHS) is responsible for serving people with I/DD, not employing people with I/DD also means that the system is not represented in the same way.

2. **What would this policy package buy and how and when would it be implemented?**

   This POP would dedicate a pool for 20 positions to ODHS, specific for hiring people with I/DD. Specifically:

   - Five administrative specialists (AS1s)
   - Five office specialist 2s (OS2s)
   - Five human services assistant 2s (HSA2s)
   - Two student human services workers
   - Three program analyst 1s (PA1s)

Additionally, a pool of eight part-time human services worker positions are requested to provide paid internship opportunities for the state's current Project Search program.

Finally, one operations and policy analyst 3 (OPA3) is requested to administer the program. This includes data tracking, working with hiring managers to understand the program, etc.

3. **How does this policy package help, or potentially hinder, populations that are disproportionately underserved? How does this policy package further ODHS's 3 strategic goals, and both the program and ODHS missions?**

   People with I/DD have historically faced significant inequities. From being segregated into institutions as their living environments to being paid subminimum wage in segregated work environments. Although Oregon has been a leader in closing institutions for people with I/DD, and in September 2020 ended funding for the last sheltered workshop in Oregon, people with I/DD continue to face barriers to employment, as is evident by the current employment rate of people with I/DD in state government. Providing this opportunity for people with I/DD to have access to state employment by removing common barriers faced by people with I/DD in the state hiring process through the direct appointment process (allowing for informal or working interviews, a streamlined application process, etc.) and incentivizing hiring managers to utilize this process, will increase access to state employment for people with I/DD. Additionally, ODHS is responsible for creating, overseeing and implementing policy and funding for people with I/DD to live and work in their communities. For that reason alone, it is critical that people with I/DD are an integral part of the ODHS workforce so they can be part of how these programs are designed and developed. Further, it is often not until people have an opportunity to participate in a diverse work environment that they understand the full benefits of what someone with I/DD brings to the workforce. This opportunity will positively impact not only people with I/DD but ODHS as a whole by making it a more inclusive organization.

Quantifying results

4. What are the long-term desired outcomes?

This POP is only the beginning of a success model employer program. The intent is that, over time, people with I/DD who are hired into these positions will move into other programs, promotional opportunities, etc. When any of these positions are vacated, the position would remain for a person with I/DD, so another person with I/DD will have the same opportunity. Additionally, as hiring managers come to understand the value of working with people with disabilities and the substantial contributions people with I/DD bring to the workforce, it is likely that hiring managers will hire people with I/DD even without specific position authority. This has been the case with hiring managers who have previously hired people with I/DD. As more people with I/DD enter the state workforce, this will contribute significantly to the work ODHS does. Specifically, people with I/DD utilize all ODHS programs. Having people with I/DD as part of the ODHS workforce will not only better workplace culture, it will better the outcomes for people with I/DD in the state of Oregon.

5. How will ODHS measure the impact on system and access inequities and/or impact disproportionality in accessibility and services in ODHS programs through this policy package?

The desired result of this solution is that people with I/DD are integrated into the state workforce. If this POP is approved, once position authority is granted, ODDS with its ODHS partners will track those positions to ensure that they are filled. This would mean that at least 20 people with I/DD had entered the state workforce. Additionally, as people with I/DD vacate positions, it will be monitored to ensure there are promotional opportunities and the position remains for people with I/DD. Finally, if a program or position is not able to be

utilized, or people are not retained, ODDS and ODHS partners will be able to assist to address any concerns to support hiring managers with this work. Overall metrics will focus on:

1. How many of these positions are filled
2. How many of these positions are vacant
3. When a person from one of these positions leaves state service and why
4. When a person from one of these positions promotes and how to replicate that success
5. Tracking questions, concerns, and procedures to assist hiring managers with this program

How achieved

6. What actions have occurred to resolve the issue prior to requesting a policy package?

The Office of Developmental Disabilities Services (ODDS), in collaboration with Vocational Rehabilitation (VR) has been working on a Model Employer program since 2017. This program includes allowing hiring managers to direct appoint people with I/DD into positions within state government. ODDS also ran a legislative concept and proposed a house bill (HB 2151) to codify this policy and program. Unfortunately, this did not pass. After reviewing other programs, it is clear that there are a few additional resources needed to incentivize hiring managers to ensure the state employs people with I/DD. Specifically, these types of programs have proven to be effective in other states, such as Illinois, and cities, such as Seattle. Those states implemented associated FTE for model employer positions in various ways,

which Oregon has not yet been able to do. This proposal works to change that by creating FTE dedicated to the Model Employer program.

7. **What alternatives were considered and what were the reasons for rejecting them?**

   See above. Alternatives have been in place, including operating a Model Employer program without dedicated FTE. ODDS will continue this work, but the addition of dedicated positions has the potential to infinitely increase the number of people with I/DD in state service.

8. **What other agencies, programs, community partners or stakeholders are collaborating on this policy package?**

   The Model Employer program was developed based on other state and county government programs. Once the initial process was outlined, I/DD stakeholders, as well as ODDS partners, such as VR, were engaged to ensure it will meet the needs of Oregon. Further, when HB2151 was proposed there was an opportunity for formal public comment and a hearing. Many people, including the Oregon Council on Developmental Disabilities (OCDD) and self-advocates testified in favor of the bill.

   Further, VR is a primary partner in this work and already actively engaged in the Model Employer initiative. ODDS has consulted with Child Welfare and the Self Sufficiency Program to discuss potential position needs. Additionally, ODDS has worked with Aging and People with Disabilities in recent efforts to hire someone with I/DD as well as regular engagement with Human Resources regarding this program. As these positions would be available to all ODHS hiring managers, the intent of this project would be to benefit all of ODHS.

9. **Does this policy package require any changes to existing statute(s) or require a new statute? If yes, identify the statute and the legislative concept.**

   This POP does not require changes, but an associated legislative concept (LC) has been submitted in alignment with the previous House Bill 2151. LC is titled: Employment First – Supporting people with intellectual and

developmental disabilities to get and keep jobs in the community. This LC would impact ORS 427.007(1)(b). Proposed language would be based on HB 2125 presented in the 2020 session.

10. What other state, tribal, and/or local government agencies would be affected by this policy package? How would they be affected?

See question 8. ODHS would be primarily impacted. However, our Project Search program takes place with Imaging and Record Management Services, so they would also be positively impacted. The intention of this LC and POP is not only to provide dedicated position authority but also to emphasize the need and desire to employ people with I/DD at all levels of state and local government.

11. Is this policy package being requested because of an Oregon Secretary of State or internal audit? If so, provide further information.

No.

Staffing and fiscal impact

Implementation date(s): 7/1/2023

End date (if applicable): NA

12. What assumptions affect the pricing of this policy package?

The pricing is based on position authority and funding for:

- Five administrative specialists (AS1s)
- Five office specialist 2s (OS2s)
- Five human services assistant 2s (HSA2s)
- Two student human services workers
- Three program analyst 1s (PA1s)

Additionally, a pool of eight part-time human services worker positions are requested to provide paid internship opportunities for the state's current Project Search program.

Finally, one operations and policy analyst 3 (OPA3) is requested to administer the program. This includes data tracking, working with hiring managers to understand the program, etc.

13. Will there be new responsibilities for another agency (OHA etc.) and/or ODHS/OHA Shared Services? Specify which programs and describe their new responsibilities.

ODDS has worked historically with Human Resources (HR), the Office of Equity and Multicultural Services (OEMS) and VR on the Model Employer Program. ODDS would continue to coordinate this work. It would be important to have HR, in particular recruiters, be aware of this program and how to utilize it to share with programs. For ODHS programs who would hire someone with I/DD, training would be available for units and hiring managers. This would not be a significant workload change for other programs.

14. Will there be changes to client caseloads Cost per Case or services provided to population groups? Specify how many in each relevant program.

No.

15. Describe the staff and positions needed to implement this policy package, including whether existing positions would be modified and/or new staff would be needed.

This Policy Option Package (POP) would dedicate a pool for 20 positions to ODHS, specific for hiring people with Intellectual and Developmental Disabilities (IDD). Specifically:

- Five administrative specialists (AS1s)
- Five office specialist 2s (OS2s)
- Five human services assistant 2s (HSA2s)
- Two student human services workers
- Three program analyst 1s (PA1s)

Additionally, a pool of eight part-time human services worker positions are requested to provide paid internship opportunities for the state's current Project Search program.

Finally, one operations and policy analyst 3 (OPA3) is requested to administer the program. This includes data tracking, working with hiring managers to understand the program, etc.

16. What are the start-up and one-time costs?

There are no start up or one-time costs for this program. ODDS has already developed the program, and with this dedicated position, can manage this program long term.

17. What are the ongoing costs?

The ongoing cost would be the positions requested.

18. What are the sources of funding and the funding split for each one?

19. What are the potential savings?

Though it is hard to anticipate a fiscal on the savings, ODHS currently suffers from a significant workforce shortage and turnover. This has a cost to programs in terms of not getting work done, delays in work and an overall negative impact to the people ODHS serves. Further, with turnover comes enhanced training costs and poor morale amongst employees. This program would help with all of these concerns.

Oregon Department of Human Services:
2023-25 Policy Package

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	$1,759,607		$1,759,607	$3,519,214	29	24.09
Services & Supplies	$275,249		$275,249	$550,498		
Capital Outlay						
Special Payments						
Other						
Total	**$2,034,856**	**$0**	**$2,034,856**	**$4,069,712**	**29**	**24.09**

Fiscal impact by program

	ODDS	Program 2	Program 3	Program 4	**Total**
General Fund	$2,034,856				**$2,034,856**
Other Funds	$0				**$0**
Federal Funds	$2,034,856				**$2,034,856**
Total Funds	$4,069,712				**$4,069,712**
Positions	29				**29**
FTE	24.09				**24.09**

Oregon Department of Human Services
2023-25 Policy Package

Division:	Office of Developmental Disabilities Services and Office of Training, Investigations and Safety
Program:	ODDS and OTIS
Policy package title:	ODDS-OTIS Joint Quality Improvement
Policy package number:	POP 127
Related legislation:	SB1548

Summary statement:

The Office of Developmental Disabilities Services' (ODDS) top priority is to ensure quality services for adults and children with intellectual and developmental disabilities (I/DD) that empower these individuals to live rich, full lives in their communities while providing for their health and safety. Timely and quality licensing practices and abuse investigations are critical in supporting the well-being, health, and safety of the vulnerable Oregonians we serve. The quality of foster home compliance has progressively decreased over the years as investigators have struggled with timeliness and quality screening of investigations conducted at the local level. As a result, individuals receiving services are at greater risk for abuse and neglect. Licensing is a large component to reducing risk and assuring providers are doing their important work in a high-quality way. By providing additional resources, ODDS and the Office of Training, Investigations and Safety (OTIS) will be able to provide meaningful and sustainable support to local offices and the communities they serve. We will be able to better focus on the important work of advancing the Oregon Department of Human Service's (ODHS) Building Well-being Together Initiative.

Oregon Department of Human Services:
2023-25 Policy Package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	**$2,480,898**	**$0**	**$1,325,380**	**$3,806,278**	**20**	**16.79**

Purpose

1. Why does ODHS propose this policy package and what problem is ODHS trying to fix or solve?

The Office of Developmental Disabilities Services (ODDS) licenses and certifies over 4,000 providers across the state of Oregon. ODDS contracts with community developmental disabilities programs (CDDPs) across the state to perform duties necessary to license adult foster homes (AFH) and certify children's foster homes (CFH) within their county. Across Oregon, there are 837 AFH and 202 CFH. These numbers do not include Multnomah County which licenses 239 adult foster homes. In total, there are 1076 adult foster homes. ODDS ultimately has the responsibility of assuring the quality of services provided by the foster providers as the state holds the licenses for and certificates foster home providers.

To improve the efficiency, quality, accuracy, and timeliness of the work needed to assure qualified foster providers are available to serve the I/DD population, this POP proposes investing in ODDS licensing personnel whose responsibilities include supporting, training, mentoring, reviewing, and approving the work of CDDP, AFH and CFH licensors and certifiers. ODDS currently has three state staff dedicated to working with CDDP

staff, but they are stretched thin and unable to engage with the intensity and consistency necessary to have a maximum effect. Quality and timely responses to the CDDPs and providers best serve the communities that these providers are expected to serve.

ODDS licensing is committed to conducting regulatory oversight in a manner which will ensure individuals with I/DD receive high quality services from providers. Currently, foster licensing practices are not being completed with consistency. Licensing practices differ from county to county. Providers are not being cited for noncompliance, and CDDPs are inconsistently managing the serious health and safety concerns related to providers and their lack of quality of care. Additionally, ODDS ends up providing significant support to the CDDP licensors and certifiers as their managers within the CDDPs are unfamiliar with licensing requirements and often juggle managing activities to support other types of work conducted within the CDDPs. This impacts the outcome of licensing reviews, quality of service delivery, the ability of ODDS to take administrative sanctions, assure provider accountability and ultimately ensure the health and safety of individuals receiving services.

In Q4 of 2021, ODDS received 34 different concerns and in Q1 of 2022 ODDS received 25 concerns. These concerns come from a variety of sources and are related to foster homes where ODDS has received egregious concerns of abuse or neglect and troubling quality of care concerns where appropriate steps to act have not been taken or are delayed. ODDS frequently must guide CDDP staff on how to approach these situations including conducting unannounced visits, writing reports, citing the provider, ensuring the steps taken to ensure health and safety, etc. Frequently in these same situations, the CDDP has failed to document previous citations, has not communicated the expectation to providers, and is not providing quality oversight. These inactions greatly impede ODDS' ability to take an action, even though such actions are critically important to regulatory oversight and compliance.

OTIS provides oversight to the CDDPs that receive roughly 4,000 abuse referrals per year. With an investigative and screening staff of approximately 70 with a number of these part-time, CDDPs investigate roughly 800 of those 4,000 abuse referrals annually. OTIS currently has 3 abuse coordinators regularly supporting I/DD investigations and their activities. OTIS also handles the notices and due process for all their investigations.

Timeliness and backlogs: Timeliness and backlogs of work have been a problem for CDDPs for quite some time. Monthly on-time investigations (within 60 days) are generally around the 50% mark or less, whereas OTIS has a track record of completing investigative work closer to 90%. CDDPs also carry a backlog of roughly 400 investigations.

Screening and assigning of allegations: Quality and consistency of screening decisions have been a problem as well. Screening abuse allegations is the first, and arguably the most important step, in processing an allegation of abuse. Our most recent review of allegation screening revealed CDDPs were somewhat inconsistent in appropriately assigning or closing. Our review of "closed at screening decisions" identified 20% of those allegations that should have been assigned for investigations instead of closed at screening. A simultaneous review of OTIS' screening decisions found 5% of these decisions that should have been assigned for investigation instead of closed at screening. Closing at screening is an important decision that helps ensure investigative resources are directed only at valid allegations of abuse. However, not referring a valid allegation for investigation eliminates all opportunities for a thorough look at an accused person and a finding of abuse when warranted. Proper findings of abuse against perpetrators help to ensure the health and safety of victims and potential victims.

Investigation quality: From a qualitative standpoint, investigations conducted by both CDDPs, and OTIS staff have been steadily improving for the past couple of years. OTIS has been able to accomplish this task at a faster rate than CDDPs in part to lower turnover of staff that must have three years investigative experience in order be considered for hiring. Training, mentoring and otherwise supporting CDDP investigators has proven a challenge. The decentralized and bifurcated responsibility and authority functions have contributed to these challenges. ODDS provides funding to CDDPs to hire staff and conduct investigations; however, OTIS is responsible for the approval of the final work product.

As a quantitative measure, we track the rate at which those entering due process result in sustained investigative findings. This has gotten better for the CDDP cohort, but we still found, for the last 12 months ending February 2022, of the 22 investigations resolved in due process only 11 (50%) emerged as "upheld." For OTIS investigations over this same period, of the 31 resolved, 20 (65%) were upheld. Though not a great quality measure for all investigations, due process does rigorously test the quality of findings through a case review by an independent hearing representative or administrative law judge for those appealed.

Supporting county investigators with adequate training, mentoring and oversight has been a challenge for OTIS and surely has contributed to the deficiencies noted above. If OTIS were to be provided three investigators to help counties as needed with backlogs or other temporary service gaps and three abuse coordinator positions (and a PEM C manager) to supplement the five coordinators currently supporting CDDP investigators and their supervisors, we should be able to improve results in the service attributes listed above.

In an effort to improve the efficiency, quality, accuracy and timeliness of licensing practices and abuse investigations for I/DD, this POP will provide the opportunity to align and move ODDS and OTIS on the continued path toward the Equity North Star. It is essential that the health and safety of every individual receiving services from ODDS is first priority and it is known that the timely and accurate licensing practices and abuse investigations will increase the quality and safety of services delivered to the IDD communities.

2. What would this policy package buy and how and when would it be implemented?

This policy option package would buy additional positions allowing checks and balances for individuals receiving I/DD services. ODDS and OTIS currently have minimal staff dedicated to this work. They are stretched thin and unable to engage with the intensity and consistency necessary to have the maximum effect. This POP proposes investing in ODDS and OTIS personnel whose responsibilities include supporting, training, mentoring, reviewing, and approving the work of CDDPs, licensors and certifiers as well as investigators, screeners, and their supervisors.

ODDS and OTIS will implement the requested positions by January 1, 2024. ODDS needs 13 positions to properly enhance their ability to support the CDDPs in continuing to conduct this work and to improve their timeliness and quality of conducting reviews, writing licensing reports and knowing what to do when there are egregious concerns. OTIS would need seven staff to properly enhance their ability to support the CDDPs in continuing to conduct this work, improving their timelines and quality, and reducing and then eliminating backlogs.

3. How does this policy package help, or potentially hinder, populations that are disproportionately underserved? How does this policy package further ODHS's 3 strategic goals, and both the program and ODHS missions?

Within ODHS there has been a strong movement toward understanding and supporting service equity but ongoing collaboration at the local, county and state level must be prioritized to meet ODHS strategic goals. With these additional positions, ODDS and OTIS will assure the development and implementation of additional policies and trainings, will push for priority and a sense of urgency regarding equitable practices in both investigations and regulatory oversight, and will move the programs closer to ODHS' mission. Diversity, integration and belonging will be woven into all aspects of business supporting providers and individuals in services.

Quantifying results

4. What are the long-term desired outcomes?

ODDS and OTIS want the same long-term desired outcomes as related to health and safety. We need providers who understand the requirements of providing services and want high quality investigations with a reduction in the backlog of screenings and investigations. Providers need employees that ensure equitable access to services and equitable practices for licensing and investigation work to complete higher quality, timely and accurate reports. Other long-term desired outcomes include staff in the field understanding their role in licensing and certification and how compliance reviews impact work downstream. Consistency among CDDP licensors and investigators and providers is critical.

OTIS has a technology system that will support the gathering of data to these outcomes, and baseline data has already been gathered to begin measurable outcomes. In addition, ODDS is working on a new licensing system which will allow for an increase in data gathering and a high level of data integrity.

5. How will ODHS measure the impact on system and access inequities and/or impact disproportionality in accessibility and services in ODHS programs through this policy package?

Measuring the impact on system and accessing inequities will be addressed by data analytics related to abuse and exploitation data, reduction of allegations of discrimination, and improving interview and investigation practices to be trauma informed and to meet service equity goals. We recognize the local CDDPs need increased education of ODHS North Star. We will measure this through various qualitative and quantitative methods to ensure the impact is not merely occurring at ODDS and OTIS but also at the local level. ODDS and OTIS also plan to incorporate additional education into core competency trainings for licensors, certifiers, and investigators. Provider training and technical assistance will be increased to educate on system issues and access inequities as part of core competencies.

ODDS and OTIS will continue to use key performance measures, quarterly targeted reviews, data disaggregated by race, ethnicity, language, disability, sexual orientation, and gender identity (REALD), and program-specific unit goals to gauge the success of the policy package. We are committed to adding more metrics and measures to quantify incremental impacts between the policy package implementation and long-term desired outcomes.

How achieved

6. What actions have occurred to resolve the issue prior to requesting a policy package?

Over the last year ODDS and OTIS have engaged with leadership across the state related to investigatory and licensing practices. OTIS has formed the Investigations Advisory Group which has identified systemic gaps and developed meaningful solutions. This workgroup has generated best practices guides for investigators and screeners. OTIS coordinators have taken on a greater role in training, mentoring, oversight, consultation, final approvals of work produce and reviews of work. ODDS has provided hands on training regarding application processing, onsite reviews, report writing and IT system training while providing technical assistance and collaboration on many levels. The technical assistance has helped with interpretation of Oregon Revised Statues (ORS), Oregon Administrative Rules (OAR) and policies, and has given CDDP staff help with evidence gathering for administrative sanctions and writing citations.

7. What alternatives were considered and what were the reasons for rejecting them?

A possible alternative is to bring all licensor, certifier and investigator positions back to the state. Currently, OTIS and ODDS are not prepared to take on these additional positions. If these positions were brought back to the state, the body of work outlined in this POP with additional staff would still be needed. The positions in the field do the work of investigations and gathering information for licensing purposes. The requested positions would provide oversight, training, and quality assurance services.

8. What other agencies, programs, community partners or stakeholders are collaborating on this policy package?

ODDS and OTIS are collaborating on this policy package to ensure efficient, quality, accurate and timely screenings/investigations, and licensing compliance.

9. Does this policy package require any changes to existing statute(s) or require a new statute? If yes, identify the statute and the legislative concept.

No changes to existing statue are needed and a new statute is not required.

10. What other state, tribal, and/or local government agencies would be affected by this policy package? How would they be affected?

Tribal communities will be affected by this policy package as the goal is to strengthen the community of providers, provide a higher level of training including culturally specific training resulting in better overall knowledge and understanding of the greater Oregon I/DD service delivery system. We also recognize there is a need for more effective identification of tribal members and tribal providers which are currently unknown to the Oregon I/DD system and its available resources.

Local governmental agencies such as the CDDPs statewide will be impacted with additional training and oversight of staff through the enhanced quality improvement monitoring and activities. This work will also impact ODDS and OTIS as part of the continual improvement process relying on reviewing impact when changes are made to policy and OARs after analyzing collected data.

11. Is this policy package being requested because of an Oregon Secretary of State or internal audit? If so, provide further information.

No.

Staffing and fiscal impact

Implementation date(s): January 1, 2024

End date (if applicable): Ongoing

12. What assumptions affect the pricing of this policy package?

The pricing of these positions is based on a rolling hiring practice. Allowing the course of six months to hire all staff. Additionally, this POP represents a different federal match for the two programs. OTIS is a General Fund only match, and ODDS is a Medicaid administration match (50/50).

13. Will there be new responsibilities for another agency (OHA etc.) and/or ODHS/OHA Shared Services? Specify which programs and describe their new responsibilities.

There will be a short-term impact to the classifications and recruitment units as they support the hiring and onboarding of these positions.

14. Will there be changes to client caseloads Cost per Case or services provided to population groups? Specify how many in each relevant program.

The changes to services to the population will be in the quality of the delivery of services. For both OTIS and ODDS, these positions will allow for the ongoing quality cycle. Measures will be developed, data on these measures will be collected, the data will then be reviewed and based on the review, quality improvement activities will be determined and pursued. These changes may include updates to policies, OARs, and training support. The effectiveness of the changes will then go back through the measurement of effectiveness. The outcomes from these changes will result in improved services for individuals.

15. Describe the staff and positions needed to implement this policy package, including whether existing positions would be modified and/or new staff would be needed.

Providing ODDS and OTIS with the staff to better support licensing practices and abuse investigations currently completed by the CDDPs. ODDS would need 13 positions (three TDS2, three CS2, two CCS, two AS1, two CS3 and one PEM D) to properly enhance their ability to support the CDDPs in continuing to conduct this work and improve their timeliness and quality of conducting reviews, writing licensing reports and knowing what to do when there are egregious concerns. OTIS would need seven staff (three abuse coordinators (PA2), three investigator 3s, and one PEM D) to properly enhance their ability to support the CDDPs in

continuing to conduct this work. The increase in staff will shorten timelines, increase quality, and reduce and then eliminate backlogs. No modifications of existing positions are necessary.

16. What are the start-up and one-time costs?

N/A

17. What are the ongoing costs?

Staffing is the ongoing cost.

18. What are the sources of funding and the funding split for each one?

For OTIS, program funding is all General Fund. For ODDS, funding is a 50/50 federal match.

19. What are the potential savings?

Potential cost savings include the reduction of complaints and concerns regarding provider quality of care, interview and investigation processes, and legal claims against ODHS. Other savings include the reduction of follow-up compliance reviews needed, which are costly and time consuming to the CDDP, state and the provider. Lastly, once initial core competency is developed for licensors/certifiers and providers, there will be potential savings regarding the retraining and retaining of provider and CDDP staff, providers' ability to start offering services and a decrease in the number of follow-up and technical assistance required.

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Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	**$2,228,932**	$0	**$1,189,529**	**$3,418,461**	20	16.79
Services & Supplies	$251,966		$135,851	$387,817		
Capital Outlay						
Special Payments						
Other						
Total	**$2,480,898**	$0	**$1,325,380**	**$3,806,278**	**20**	**16.79**

Fiscal impact by program

	ODDS	OTIS	Program 3	Program 4	**Total**
General Fund	$1,141,147	$1,339,751			**$2,480,898**
Other Funds					**$0**
Federal Funds	$1,325,380	$0			**$1,325,380**
Total Funds	$2,466,527	$1,339,751			**$3,806,278**
Positions	13	7			**20**
FTE	11.05	5.74			**16.79**

Oregon Department of Human Services
2023-25 Policy Package

Division:	Office of Developmental Disabilities Services (ODDS)
Program:	Office of Developmental Disabilities Services (ODDS)
Policy package title:	Supported Parenting Waiver Service (IDD Parents and CW)
Policy package number:	POP 128
Related legislation:	N/A

Summary statement:

Our communities are stronger when parents are able to raise their children as independently as possible in their own or family homes. Parents with intellectual and developmental disabilities (I/DD) have long faced overwhelming challenges and have endured discrimination, while being failed by various systems that are intended to support them to have full lives with their children and families in their communities. ODDS proposes a new set of innovative services intended to support parents with I/DD more effectively and keep families together. These new services, "supported parenting" would provide person-centered support for parents with I/DD to raise their children independently in their communities. ODDS requests to maintain permanent 2.0 FTEs that are currently temporary American Rescue Plan Act-funded positions for cross-systems coordination with Child Welfare (CW) and other systems to ensure optimal services to parents with I/DD and children involved in the CW system.

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	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	**$387,997**	**$0**	**$564,445**	**$952,442**	**2**	**1.50**

Purpose

1. Why does ODHS propose this policy package and what problem is ODHS trying to fix or solve?

This proposal includes multiple elements that address unique problems.

1. Parents with an intellectual and developmental disability (I/DD) continue to face challenges in caring for their children. There is not currently a resource or funding stream that meets the unique needs of Oregonians with I/DD who wish to build upon their parenting skills. Often community parenting classes and home visiting services are not able to accommodate the variety of learning styles and needs of people with I/DD and therefore do not adequately meet their individualized goals. This proposed supported parenting service will be person centered and individualized to meet the person's needs and goals in a way that is relevant and empowering to them. There is evidence that with appropriate support, parents can increase their skills in caring for their children and equip them for long-term success. ODDS proposes to add a supported parenting service to the children and adults' home and community based services (HCBS) waivers so that Oregonians with I/DD can build healthy and independent parenting skills to take care of their children in their homes and communities. Twenty-six ODDS-contracted case management entities (CMEs) provided the following data: There are at least 352 parents with I/DD receiving ODDS services, and of that number, 231 (65.5%) would be interested in utilizing a specialized service to develop their parenting skills. CME survey participants were also

asked to provide any further feedback they may have about this concept. The overwhelming response from CMEs was that this could be an invaluable service to individuals who need support to build their parenting skills and raise their children as independently as possible in their own or family homes.

2. Children with I/DD in the custody of Child Welfare (CW), along with parents with I/DD receiving services from Child Welfare, face unique barriers to service access at the intersection of two distinct, complex ODHS programs. In response, ODDS has utilized American Rescue Plan Act (ARPA) funds to fill two limited duration (LD) positions, one to support co-case management technical assistance across Oregon and another focused-on policy barriers between these systems. These two positions are key to reducing temporary lodging for children with I/DD, supporting parents and ensuring timely service access for some of Oregon's most vulnerable children and youth. These positions need permanent funding to continue this work. Examples of projects staffed by these roles include:

- Temporary lodging prevention joint policy guidance
- Statewide temporary lodging staffing
- Co-case management guidance for both programs
- Dedicated legislative analysis for CW-related bills that may impact children with I/DD in community and/or CW-certified settings
- Development of legislative concepts and rules in collaboration with CW to remove barriers and enhance service access
- ODDS representation in CW committees and workgroups
- Development of new service models to enhance statewide children's services capacity
- Training development for entry-level staff on each system
- Dedicated support and technical assistance for local relationship building through establishment of best practices and small pilot projects

2. What would this policy package buy and how and when would it be implemented?

1. A new, specialized service called "supported parenting" that would provide person-centered and individualized support for parents who experience I/DD to raise their children independently. This service would be based on the person's assessed need and chosen goals. This service could include 1:1 skill building, training and home visiting curricula adapted for parents with I/DD, and in-person modifications for community resources provided by personal support workers (PSW)s and direct support professional (DSPs) at home and in the community.

2. Resource allocation for ODDS to maintain permanent positions at 2.0 FTE for cross-systems case management technical assistance and operations/policy analysis

January 1, 2024 would be the implementation date for both supported parenting services to begin. The two positions for cross-systems case management technical assistance and operations/policy analysis were initially filled in 2022 with ARPA funding and would continue as full-time positions if funded.

3. How does this policy package help, or potentially hinder, populations that are disproportionately underserved? How does this policy package further ODHS's 3 strategic goals, and both the program and ODHS missions?

Supported parenting as a specialized service will help parents with I/DD raise their children in their homes and communities. Historically this population has faced stigma and many challenges around their ability to successfully parent. This service could help to reduce some of those challenges and stigma. The department

will also request support from community partners in developing this service in a way that is relevant and meaningful to parents with I/DD. We anticipate outreach to self-advocates and other groups to develop advisory committees, stakeholder groups and leadership opportunities.

Our outreach strategies include using small, community-based organizations throughout the state to reach underserved and marginalized Oregonians in their own community. Targeted populations include Tribal communities, rural Oregonians, LGBTQIA2S+ groups, migrant and undocumented families, people who speak languages other than English and families who experience poverty.

The two positions will focus on the vulnerable population at the intersection of CW and I/DD services and amplify the voices of those with adverse experiences in advisory committees, workgroups and focus groups dedicated to evaluating current barriers, developing new programs and services, and ensuring quality and compliance statewide

Quantifying results

4. What are the long-term desired outcomes?

Expanded access to needed services among key populations. Estimate from 26 CMEs: 352 parents enrolled in I/DD services with their CME, of that number, 231 would be interested in a supported parenting service (65.5%). A decrease in I/DD eligible children in Child Welfare custody entering temporary lodging. Increased awareness and collaboration leading to expanded access to placement resources and support services for children and families.

5. **How will ODHS measure the impact on system and access inequities and/or impact disproportionality in accessibility and services in ODHS programs through this policy package?**

   Impacts and success would be measured via participation counts, satisfaction surveys and focus groups. These measures would also allow ODHS to make needed adjustments with the input of the targeted population and partners.

How achieved

6. **What actions have occurred to resolve the issue prior to requesting a policy package?**

   The Office of Developmental Disabilities Services (ODDS) and Child Welfare (CW) have collaborated to support families who are involved in both systems more efficiently. This cross collaboration includes ODDS hiring CW liaisons with ARPA funds, participating on the CW Americans with Disabilities Act (ADA) committee, and has management participation in the interagency partnerships committee focused on reducing temporary lodging.
   ODDS is also currently creating a worker guide to support the field on how to use existing services in a way that benefits parents with I/DD to support their children; examples include attendant care may be used to support best practice in parenting.
   These two strategies have helped to lessen this gap in supportive services for parents and children, but more long-term capacity is needed to sustain this progress.

7. What alternatives were considered and what were the reasons for rejecting them?

Attempts have been made to assist parents with parenting skills needs via in-home supports within current attendant care guidelines. However, this is substantially limited and cannot address the direct, hands-on support parents need to help care for their children. While the use of in-home supports is helpful, this approach does not have the capacity needed to fully address the parenting needs of this population.

ODDS and CW recognize the need for collaboration in order to better support families and individuals who access services from both programs. While collaboration and communication has been initiated, there is a strong need for specific technical assistance and operations/policy analysis work to support the implementation of positive, long-term changes that would adequately address these concerns.

8. What other agencies, programs, community partners or stakeholders are collaborating on this policy package?

Self-advocates, Children's Services Advisory Council, Vision Advisory Committee, and ad hoc community groups supported the initiation of this policy option package by helping to identify this gap in services, provide input on the needs of children with disabilities involved with Child Welfare and develop a white paper.

Twenty-six ODDS contracted CMEs support this POP by providing the following data through a survey request: There are at least 352 parents with I/DD receiving ODDS services, and of that number, 231 (65.5%) would be interested in utilizing a specialized service to develop their parenting skills. CME survey participants were also asked to provide any further feedback they may have about this concept. The overwhelming response from CMEs was that this could be an invaluable service to individuals who need support to build their parenting skills and raise their children as independently as possible in their own or family homes. This further showed the need and interest in this becoming a permanent service.

Child Welfare (CW) has participated in the planning and implementing of cross service trainings for workers in the CW and I/DD fields. ODDS and CW have collaborated to support families who are involved in both systems more efficiently. This cross collaboration includes ODDS hiring CW liaisons with ARPA funds, ODDS participating on the CW ADA committee, and management participating in the interagency partnerships committee focused on reducing temporary lodging.

9. Does this policy package require any changes to existing statute(s) or require a new statute? If yes, identify the statute and the legislative concept.

Legislative Concept Number **10000-003.**
A. Allow limited flexibility for parents to attend to their children in child foster homes when approved by the department. The department will develop specific criteria in Oregon Administrative Rules.
B. Allow limited flexibility for young adults (ages 22−25) to remain in a child foster home setting while transitioning to independent living and/or perusing higher education or training, with department approval and specific criteria to ensure the health and safety of the young adult as well as any children residing in the home. The department will develop the specific criteria in Administrative Rule.

10. What other state, tribal, and/or local government agencies would be affected by this policy package? How would they be affected?

CW would be affected by this policy package as there would be cross collaboration between CW and ODDS to help strengthen community relationships and leverages existing resources by including bridges to what is inaccessible, rather than duplicating efforts.

Two FTE CW liaison positions are being requested in this package and would be of no fiscal impact to CW.

11. Is this policy package being requested because of an Oregon Secretary of State or internal audit? If so, provide further information.

N/A

Staffing and fiscal impact

Implementation date(s): January 1, 2024

End date (if applicable): N/A

12. What assumptions affect the pricing of this policy package?

Currently the two FTE position outlines in this policy package are ARPA funded which is assumed to end June 2023. It is also assumed the CMS approval of the 1115 Waiver will fund most of the new service being requested on an ongoing basis.

13. Will there be new responsibilities for another agency (OHA etc.) and/or ODHS/OHA Shared Services? Specify which programs and describe their new responsibilities.

Children with I/DD in the custody of CW, along with parents with I/DD receiving services from CW, face unique barriers to service access at the intersection of two distinct, complex ODHS programs. In response, ODDS has utilized ARPA funds to fill two LD positions, one to support co-case management technical assistance across Oregon and another focused-on policy barriers between these systems. These two positions

are key to reducing temporary lodging for children with I/DD, supporting parents and ensuring timely service access for some of Oregon's most vulnerable children and youth. These positions need permanent funding to continue this work. Examples of projects staffed by these roles:

- Temporary lodging prevention joint policy guidance
- Statewide temporary lodging staffing
- Co-case management guidance for both programs
- Dedicated legislative analysis for CW-related bills that may impact children with I/DD in community and/or CW-certified settings
- Development of legislative concepts and rules in collaboration with CW, to remove barriers and enhance service access
- ODDS representation in CW committees and workgroups
- Development of new service models to enhance statewide children's services capacity
- Training development for entry-level staff on each system
- Dedicated support and technical assistance for local relationship building through establishment of best practices and small pilot projects

14. Will there be changes to client caseloads Cost per Case or services provided to population groups? Specify how many in each relevant program.

There is a potential for parents with I/DD whose children are involved with CW to want to engage in I/DD services where they have not in the past. This could case an increase in people enrolled in I/DD services.

15. Describe the staff and positions needed to implement this policy package, including whether existing positions would be modified and/or new staff would be needed.

We request resource allocation for ODDS to maintain permanent positions at 2.0 FTE for cross-systems case management technical assistance and operations/policy analysis.

The two permanent CW liaison positions (2.0 FTE) for case management support and operations/policy analysis will support in developing programs and solutions, developing guidance, and perpetuating consistent practices across the state for this service.

Operations and policy analyst 2
First biennium: 12 months
Second biennium: 24 months

Operations and policy analyst 3
First biennium: 12 months
Second biennium: 24 months

16. What are the start-up and one-time costs?

Initial costs for changes to the eXPRS IT system will be needed to accommodate for new service and corresponding reimbursement method.

17. What are the ongoing costs?

Costs for permanent positions, payments to service providers.

Cost of maintenance and updates of eXPRS IT system.

18. What are the sources of funding and the funding split for each one?

$422,500 General Fund
$557500 Federal funds from Medicaid
$575,000 for the supported parenting service
$425,000 for the 2 FTE positions

19. What are the potential savings?

This will reduce duplicative work and costs between ODDS and CW services by cross-systems collaboration.

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	$170,637	$0	$170,637	$341,274	2	1.50
Services & Supplies	$18,084		$18,084	$36,168		
Capital Outlay						
Special Payments	$199,276		$375,724	$575,000		
Other						
Total	**$387,997**	**$0**	**$564,445**	**$952,442**	**2**	**1.50**

Oregon Department of Human Services:
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Fiscal impact by program

	ODDS	Program 2	Program 3	Program 4	**Total**
General Fund	$387,997				**$387,997**
Other Funds	$0				**$0**
Federal Funds	$564,445				**$564,445**
Total Funds	$952,442				**$952,442**
Positions	2				**2**
FTE	1.50				**1.50**

Oregon Department of Human Services
2023-25 Policy Package

Division:	Office of Developmental Disabilities Services
Program:	ODDS
Policy package title:	ODDS Systems - Case Management and Provider Systems
Policy package number:	POP 129
Related legislation:	N/A

Summary statement:

In the 2020s, the ability to collect quickly, transparently, and effectively, share, analyze and communicate data is an essential component of providing equitable and accessible human services. The Office of Developmental Disabilities Services (ODDS) lacks a centralized data system to manage the case management services and supports it provides to roughly 32,000 people across Oregon. ODDS seeks position authority and funding to secure a case management system, a universal provider portal, and a robust agency provider system to improve provider reporting capabilities and to replace ODDS' antiquated ASPEN system that will be shut down in one year. These system upgrades will improve ODDS' service delivery on many levels, some of which include communications, quality assurance, licensing, data collection and equitable access to case management services and supports.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	**$889,698**	**$0**	**$8,007,245**	**$8,896,943**	**29**	**29.00**

Oregon Department of Human Services:
2023-25 Policy Package

Purpose

1. Why does ODHS propose this policy package and what problem is ODHS trying to fix or solve?

ODDS seeks position authority and funding to secure a Case Management System, a Universal Provider Portal, and a robust Agency Provider System to replace the antiquated ASPEN system that will be taken offline in one year by CMS.
Currently, ODDS is operated with 45 contracted case management entities (CMEs) with no centralized data system. Many CMEs have access data base systems, some have Excel files and very few have sophisticated systems owned by their community mental health program (CMHP) partners that require them to limit their data. Currently ODDS is required to send Excel spreadsheets to get client addresses to perform mailings. In these mailings we do not always have the proper guardian information when needed or the proper language for the individual receiving the correspondence. Our mailings are over 32,000 letters and on average we receive back more than 600 letters for bad addresses. A case management system is needed to centrally house all information, collect demographic information, and provide information regarding cultural diversity for the more than 32,000 individuals who receive services from ODDS.

Today ODDS, APD and OHA have bargained, non-state workers that go into homes to provide care to our population of Medicaid recipients. Our current systems do not allow us to know if a worker is credentialed in one system when applying to another if the worker is under investigation in another program or if the worker is working unauthorized overtime across the systems. We need to know whether the worker has various provider IDs and various payment systems so we can have one system with one login. This makes it very difficult to follow

rules, ensure supports are provided as stated, pay the worker timely and accurately, and send consistent messaging for all programs.
The ASPEN tool is a federal system that was built more than 20 years ago and does not allow customization to the needs of the licensing Oregon Administrative Rules (OARs) and Oregon Revised Statutes (ORS) that we must operate within. This leads to staff separately tracking the need information that is not allowed in the older system. Creating a new provider system will allow new financial screens, enrollment screens and the ability to record the actions identified by rule that we must meet.

Both provider systems will also incorporate data used to ensure appropriate placements such as the capability to provide the services each individual is assessed including cultural communication (such as languages other than English), location to families and schools, and age similarities.
All systems, provider, and case management will provide real-time data on services based on key elements defined by the program, such as age, gender, ethnicity, race, and sexual orientation.

2. What would this policy package buy and how and when would it be implemented?

As all three projects are currently in initial planning and procurement, these are staff costs and contract costs. These staff will form the teams performing planning with stakeholders including design and requirements meetings, implementation, and operations and maintenance for each of the three systems. Upon request for proposal (RFP) conclusion, system costs will be requested.

Current breakdown estimates:
Staff: $4,917,666 (TF)

Contracts: $1,997,0000
Estimated costs of procuring the system: $3,000,000 for implementation services of two systems (not an ongoing expense), $3,000,000 in licensing costs, $3,500,000 for document management, offline data access, a public portal for individuals and providers and hosting. Costs are estimated based on market analysis; no RFP has been generated at this point. Based on conversations with other states and vendors, we estimate the RFP to contract to implementation will be two years as this will be performed in iterative stages per the requirements of the Centers for Medicare and Medicaid Services (CMS). ODDS currently has General Fund dollars to use for the system procurement in the amount of $2.3 million. Once matched with the federal funds at 90%, this should cover our costs for both systems from procurement to implementation.

Savings will be realized in reduced travel, mailings, paper, staff time, reduced need for our CMEs to have individual case management systems and staff time to produce solid data as the entire system will be centralized.

3. How does this policy package help, or potentially hinder, populations that are disproportionately underserved? How does this policy package further ODHS's 3 strategic goals, and both the program and ODHS missions?

Together, all three systems will allow the state to have immediate information for individuals in I/DD services and the providers who are serving them including REAL-d information which will provide valuable equity information from CMEs and providers. All systems will produce reports that summarize this data as defined by ODDS in collaboration with the diversity, equity, and inclusion (DEI) coordinator. These systems will be built with longevity in mind by avoiding as much customization as possible.

These systems will also allow us to communicate quickly with families and providers when necessary. The systems will have an external portal for clients and families to access needed information and the ability to receive messages in their desired language. The value of this urgent communication has been brought to light with the recent wildfires and the pandemic.

Centralized data systems allow for more streamlined and transparent services. This also make the services more predictable for the consumer and will help bridge the trust gap that exists in the Black, Latino, Asian, and Pacific Islander communities.

The systems will provide the ability to compare I/DD enrolled individuals with census data and identify areas of needed outreach.

ODDS has CMS approval for 90/10 funding for new systems planning, development and implementation. Building a team to procure, build business requirements, test the product, and then train and implement in the field is imperative. Having the ongoing ability to maintain this team for future business needs, changes, technical assistance, and ongoing training is essential. This need has been confirmed with lessons learned from the Centralized Abuse Management (CAM) system. We do not want to repeat this mistake.

This system will create transparency of services for individuals and families. Currently parents and individuals who receive services cannot see the information we hold for their service plans or accounts. The last phase of the new development will be to add the individual and family portal so individuals and their representatives may view relevant information. Providing individuals access to their records will allow for easier transitions between providers, CMEs, case managers within the CMEs and information about what and who is available to work with them.

This central information repository will allow ODHS to have real-time data on the makeup of our program population and to inform whether we are meeting their cultural needs. For example, do we have someone who speaks their language to work with them and if not why and how could we resolve that issue? Our desire is to procure a system that allows at least the five main languages used by our population to be incorporated into the system.

Providers also have limited viewing abilities in current systems. Increased transparency will allow providers to stay on task for maintaining their credentials. Transparency of providers will also allow individuals seeking their services the opportunity to see the number of complaints filed against them, any substantiated findings, and positive findings. Individuals will also have access to providers' areas of operations, such as whether the home is located near a transit stop or whether the staff are equipped to handle one's individual language, cultural or other needs and criteria. They have never had full access to such information, which will improve their chances of a successful placement.

Quantifying results

4. What are the long-term desired outcomes?

Our current system is first focused on the CME not on the person. The new system will be first and foremost about the person with the CME indicated as a provider. The individual's person-centered plan will live in this system, and the system will be based on the person-centered plan.

Knowledge and transparency of all the individuals in the I/DD program as well as the people who provide services to them.
Easy to access data for case managers, providers and family members or individuals.
Building systems that can be utilized by the enterprise for holistic views of providers and service recipients.
Data that will allow ODDS to make more informed decisions regarding services, provider quality and quantity, and budget.
The person will have access to their records in real time, which has never been available for ODDS' services.
The state will have access to all records of individuals receiving ODDS' services and will be able to respond to complaints in a timely manner with the facts at our fingertips.
People's individual service plans will be accessible to them 24/7. They won't be required to wait on a printed copy. They will have the ability to e-sign documents.

5. How will ODHS measure the impact on system and access inequities and/or impact disproportionality in accessibility and services in ODHS programs through this policy package?
ODDS will measure these items using the real-time data from the new systems. Some of these data include information about the individuals served such as where they live, information about CMEs' staff and the trainings they have completed, when they make referrals for an individual, the processing time between the referral becoming effective, the individual support plan (ISP) documents which will show how much an individual participates in their plan and how much is family driven, REAL-d information on the populations we serve, and service equity plans by the CMEs and how well they are being managed. Having new provider systems will allow us to work closely with the Geographic Information Systems (GIS) unit to map provider locations, regions of various services, changes in CMEs, referrals) and trainings conducted or requested.

The new systems will drastically improve the effectiveness of ODDS' communications. We will be able to track individuals' and guardians' preferred communication methods (text, email, mail), have access to updated addresses and be able to immediately and directly communicate with them rather that depending upon CMEs and providers to share our messaging. This will also reduce mailing costs as we will be able to communicate via the system in the language and the method they prefer. We will have the ability to communicate new service opportunities to all eligible individuals via the system.

With new awareness from this data, ODDS will be able to increase efforts more effectively in to reduce racial disparities within identified areas of the program.

The Quality Assurance (QA) Unit will have the ability to evaluate effectiveness of CMEs from their computers, by accessing on-site visits' needs at identified sites. This will reduce travel expenses and travel time. QA will use the new system's data to evaluate areas of the state where we need to build the capacity of I/DD services, where we are oversaturated with providers and what actions we need to take to correct these disparities. The eligibility denials data will tell us whether there are any racial disparities occurring and where so the state can investigate. We will be able to better evaluate the timely services of a CME (assessments and ISP) and whether they are they occurring, why they are not, and whether this is a particular case manager's issue or an issue at the CME level.

How achieved

6. What actions have occurred to resolve the issue prior to requesting a policy package?

We attempted to add the case management system into the existing eXPRS system used by ODDS, which is a home-grown system. This went nowhere due to restricted resources and the fact this system was

originally built in 2005 and would need a lot of work to be considered an option. This action would not lend itself to the modularity CMS now requires.

7. What alternatives were considered and what were the reasons for rejecting them?

ODDS has 45 contracted CMEs across the state, each has their own method of keeping case management records. No one entity has a system that could be utilized for the larger need.

8. What other agencies, programs, community partners or stakeholders are collaborating on this policy package?

APD and OHA

9. Does this policy package require any changes to existing statute(s) or require a new statute? If yes, identify the statute and the legislative concept.

No

10. What other state, tribal, and/or local government agencies would be affected by this policy package? How would they be affected?

None

11. Is this policy package being requested because of an Oregon Secretary of State or internal audit? If so, provide further information.

No, however there are certain audit findings that would be resolved in maintaining data centrally.

Staffing and fiscal impact

Implementation date(s): 7/1/2022

End date (if applicable):

12. What assumptions affect the pricing of this policy package?

The costs of these systems are based on estimates received from market analysis. Staffing will change as certain staff will be contracted instead of brought on as state staff due to many rounds of failed recruitments. The positions that we will contract are not required to be ongoing to so the pricing will decrease upon their contract end dates. Other assumptions that could affect the pricing are the number of other programs that utilize the system later. This could include licensing costs and any additional enhancements that may be needed. ODDS is assuming the $2.3 million General Fund identified for system development currently in our budget will cover the costs of all system procurements as they are matched 90% by the federal government.

13. Will there be new responsibilities for another agency (OHA etc.) and/or ODHS/OHA Shared Services? Specify which programs and describe their new responsibilities.

For the Background Check Unit, we would request an interface to the new provider system to allow background check information to be loaded automatically into the new system to avoid the need for manual entry. This has been a discussion, and we were assured this can be done easily with their new ORCHARDS system. There will be collaboration with the Office of Information Services for analysis of the initial impacts of

other systems for interface purposes. For any other agency choosing not to use this system, there will be no impact.

14. Will there be changes to client caseloads Cost per Case or services provided to population groups? Specify how many in each relevant program.

No, this system will not affect claiming or billing nor change eligibility.

15. Describe the staff and positions needed to implement this policy package, including whether existing positions would be modified and/or new staff would be needed.

- One Project Director (contracted)
- Three Project Managers (contractors)
- Three Project Coordinators (PM1s/contractors)
- One Procurement Contract Specialist 3
- Three Training and Development Specialist 2s
- One Electronic Publishing and Design Specialist 2
- Three Business Analysts (OPA2)
- Four Policy Analysts 3s
- Three Senior Business Analysts (OPA3s,one contracted)
- One Diversity and Equity Coordinator (OPA3)
- Two change management specialists (OPA3)
- One Business Operations Manager 2
- Two Administrative Specialist 1s (eXPRS)

- Two Operations and Policy analyst 2s (eXPRS)

16. What are the start-up and one-time costs?

New staff and contracted staff are needed for the startup. The contracted staff will be removed at the end of the project. Systems will have initial startup costs of ~ $6.5 million TF Dollars for design, development, and implementation and ~$3 million for initial licenses.

17. What are the ongoing costs?

Annual license fees, operations, and maintenance staff

18. What are the sources of funding and the funding split for each one?

90/10 CMS approved advanced planning document.

19. What are the potential savings?

Savings of General Fund but denying exceptions to CMS compliances by CMEs as we will have full transparency. Savings generated by the QA teams being able to determine quality and quantity of case management work without traveling across the state. Savings of time for individuals and families and case managers as all will be able to see pertinent information in the system on their own.

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Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	$ 626,359	$0	$5,637,249	$6,263,608	29	29.00
Services & Supplies	$63,639		$572,696	$636,335		
Capital Outlay						
Special Payments	$199,700		$1,797,300	$1,997,000		
Other						
Total	**$889,698**	**$0**	**$8,007,245**	**$8,896,943**	**29**	**29.00**

Fiscal impact by program

	ODDS	Program 2	Program 3	Program 4	**Total**
General Fund	$889,698				**$889,698**
Other Funds	$0				**$0**
Federal Funds	$8,007,245				**$8,007,245**
Total Funds	$8,896,943				**$8,896,943**
Positions	29				**29**
FTE	29.00				**29.00**

Oregon Department of Human Services:
2023-25 Policy Package

Division:	Office of Developmental Disabilities Services
Program:	ODDS
Policy package title:	Case Management Entity (CME) Service Equity and Capacity
Policy package number:	POP 130
Related legislation:	N/A

Summary statement:

All people with intellectual and developmental disabilities (I/DD) should have equitable access to the services and supports provided by the Office of Developmental Disabilities Services (ODDS) and its statewide partners. Under the umbrella of the Oregon Department of Human Services' (ODHS) Equity North Star vision and in its strategic plan, ODDS and its partners have committed to ensuring service equity throughout the service-delivery system. Case management entities (CMEs) serve a cornerstone function in the I/DD service-delivery system. CMEs serve as the front door to the system, perform eligibility assessments, provide adult protective services (APS) and foster care licensing functions, and connect people to services and resources through case management services. Because of the way CMEs are currently funded, they don't have sufficient resources to fully implement ODHS' service equity vision and to take local actions to ensure equitable access and services to individuals with I/DD and their families. To ensure adequate resources for these critical functions and initiatives, ODDS requests CMEs be made whole by bringing their funding up to 100% of the full-time equivalent (FTE) allocation and funding identified in the workload model prior to Oregon Legislative Fiscal Office (LFO) consideration of

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23–25 biennial funding or allocated FTE. ODDS also requests additional resources for the development and implementation of service equity strategies at the local level. This funding will ensure CMEs are resourced to meet the needs of the diverse communities they serve in an equitable and culturally agile way.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	$39,739,037	$0	$39,794,953	$79,533,990	0	0.00

Purpose

1. Why does ODHS propose this policy package and what problem is ODHS trying to fix or solve?

ODDS is requesting CMEs be made whole to 100% of the FTE and funding identified in the workload model prior to LFO decisions of 23–25 biennial funding or allocated FTE. Historically CMEs have been a part of the workload model, using random moment sampling to establish the FTE needed to process the work and meet demand of caseloads. This FTE is presented to LFO allocated less than 100% of the FTE needed and funded at mid-step per the state's pay scale and further subject to the 5% parity reduction. These reductions are then carried over each biennium as current service level (CSL) which starts the CMEs at less than 100% each term. This cycle continues to reduce FTE and funding for case management services.

CMEs also represent a cornerstone function of the I/DD service delivery system. They serving as the front door to the system, perform eligibility, adult protective services, and foster care licensing functions, and connect people to services and resources through case management service. Under the umbrella of ODHS' Equity North Star vision and in its strategic plan, ODDS and its partners have committed to ensuring service equity throughout the service delivery system. Starting in July 2021, ODDS required all CMEs to develop service equity assessments to ensure that CME partners work toward implementation of the service equity vision and take local actions to ensure equitable access and services to individuals with I/DD and their families. CMEs have not received any new additional resources for service equity work expected of them.

2. What would this policy package buy and how and when would it be implemented?

The opportunity to fully fund the FTE identified in the workload model to begin 7/1/2023 or at a minimum the opportunity to present to LFO at the 100% FTE starting point prior to any cuts due to pricing. The addition of service equity staff to be funded and added to the workload model. This would include an OPA3, service equity coordinator, and an RA2service equity research analyst, applied based on the workload model.

3. How does this policy package help, or potentially hinder, populations that are disproportionately underserved? How does this policy package further ODHS's 3 strategic goals, and both the program and ODHS missions?

Resources requested in this POP will ensure CMEs have adequate capacity to develop and implement meaningful community-engagement strategies that ensure individuals receiving services, families and local community partners are fully included in service equity assessments, to plan development and implementation, and to make

decisions surrounding services and service equity at the local level. CMEs will also be expected to use the resources to partner and collaborate with local ODHS offices and other ODHS programs on service equity initiatives and service provisions. Resources will also fund training and education for CME staff.
Restoring full funding for case management positions will ensure that ODDS can maintain current CMEs and that CMEs can retain their case managers. High turnover of case managers has been detrimental to case management services as the foundation of effective and high-quality case management services is building a relationship of trust between the case manager and individual receiving services and their family. With additional resources, individuals receiving I/DD services and ODDS' partners in the community, such as providers, will maintain their relationships and services without interruption. This would allow ODDS to set standards or maximum caseload sizes per individual case manager as state policy for all CMEs is based upon an analysis of differences in population needs — children versus adults, urban versus rural, residential versus in-home — and geographic differences. Additional resources will also help ensure the case management workforce is diverse and has access to equity training.

Quantifying results

4. What are the long-term desired outcomes?

This funding will ensure that the I/DD system has the needed capacity to establish a local presence through our contracted CME partners that is founded in strong partnerships with the local community, is focused and committed to service equity, has the training and resources needed to identify and address disparities, and supports individuals and families through long-standing and trusted relationships. This funding also builds the infrastructure

for a stronger collaboration with other ODHS programs at the local level to achieve better outcomes for individuals that ODHS serves.

A more transparent funding process that removes ODDS leadership from the middle and allows the CMEs to advocate their understanding of their true starting point can help ODDS and CMEs determine changes in the system that need to occur to improve our services to individuals, to sustain our program and to allow us to look at other models for guidance.

5. How will ODHS measure the impact on system and access inequities and/or impact disproportionality in accessibility and services in ODHS programs through this policy package?

ODDS will do this by tracking the number of CME contracts maintained, CME compliance with ODDS standards on average case managers caseloads, the number of staff in Workload model vs. actually employed by the CMEs and the success of CMEs staying up to date on their service equity assessments and plans. CMEs, in partnership with ODDS and local communities, will identify and address disparities in access to services. CMEs will expand their local partnerships with diverse communities through increased outreach efforts. CMEs will access service equity related training and education. CMEs will conduct focus groups with individuals and families and local community partners to gather ongoing input on service equity efforts, initiatives and their impacts and outcomes.

How achieved

6. What actions have occurred to resolve the issue prior to requesting a policy package?

ODDS is currently in the process of working with CMEs and a third-party contractor to establish models for these CMS' approved case management services. This contract will apply rate analysis based on caseloads, union vs. nonunion, longevity of workforce, consumer price index (CPI) in different areas of the state and resources' sufficiency to complete required tasks and expectations, including those around service equity.

7. What alternatives were considered and what were the reasons for rejecting them?

To continue as we are, but we are getting considerable push back on CMEs as our program is growing quickly.

8. What other agencies, programs, community partners or stakeholders are collaborating on this policy package?

ODDS engaged Case Management Entities on Service Equity initiatives, including CME Service Equity Partners Committee. ODDS also engaged with broader stakeholder community, including diverse groups, such as Spanish Speaking family leaders on defining and prioritizing the need for access improvement and Service Equity improvements needed at the local level.

9. Does this policy package require any changes to existing statute(s) or require a new statute? If yes, identify the statute and the legislative concept.

No

10. What other state, tribal, and/or local government agencies would be affected by this policy package? How would they be affected?

This policy packet will provide resources to develop and strengthen local partnerships and collaboration with diverse communities and community organization, Tribal Nations, in order to improve access and ensure equitable services to all individuals.

11. Is this policy package being requested because of an Oregon Secretary of State or internal audit? If so, provide further information.

No

Staffing and fiscal impact

Implementation date(s): 7/1/2023

End date (if applicable):

12. What assumptions affect the pricing of this policy package?

Caseloads impact pricing. Staffing costs to CMEs are based on the workload model. We are also working with a third party to develop other rate methodologies based on certain criteria.

13. Will there be new responsibilities for another agency (OHA etc.) and/or ODHS/OHA Shared Services? Specify which programs and describe their new responsibilities.

No

14. Will there be changes to client caseloads Cost per Case or services provided to population groups? Specify how many in each relevant program.

No.

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15. Describe the staff and positions needed to implement this policy package, including whether existing positions would be modified and/or new staff would be needed.

ODDS is requesting new FTEs for CMEs, a service equity coordinator and service equity research analyst, to address critical service equity needs including but not limited to:
Development and maintenance of service equity assessments, plans and dashboards for data analysis and to understand trends
Training and education for CME staff and partners
Community engagement, partnership and relationships building, outreach to diverse communities, partnerships with Tribal Nations and communities, focus groups for families and self-advocates to engage in service equity conversations, planning, initiatives, and local policy making.
Coordination with ODHS field offices and other ODHS program partners at the local level on service equity initiatives to improve coordination of services and supports
Data analysis for trending areas of improvement needed or success of the program

The number of staff would be determined by the workload model.

16. What are the start-up and one-time costs?

One-time costs of bringing them back to 100% prior to presentation to LFO and one-time costs of additional indirect costs for new staff per the workload model.

17. What are the ongoing costs?

Ongoing costs are any substantiative decisions made by LFO to maintain CMEs at a higher rate of the workload model FTE and the ongoing costs of the FTE in the workload model.

18. What are the sources of funding and the funding split for each one?

CME services are broken out in three different services:
Case management services are funded at K level for community developmental disabilities programs (CDDPs) and brokerages.
APS services are funded at General Fund for CDDPs only.
Eligibility and county licensing staff are funded at 50/50 administration for CDDPs only.

The service equity staff would be funded 50/50 administration for all CMEs.

19. What are the potential savings?

None

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Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	$0	$0	$0	$0	0	0.00
Services & Supplies						
Capital Outlay						
Special Payments	$39,739,037	$0	$39,794,953	$79,533,990	0	0.00
Other						
Total	$39,739,037	$0	$39,794,953	$79,533,990	0	0.00

Fiscal impact by program

	100% FTE	Service Equity	Program 3	Program 4	Total
General Fund	$34,300,096	$5,438,941			$39,739,037
Other Funds	$0	$0			$0
Federal Funds	$34,356,012	$5,438,941			$39,794,953
Total Funds	$68,656,108	$10,877,882			$79,533,990
Positions	0	0			0
FTE	0.00	0.00			0.00

Oregon Department of Human Services
2023-25 Policy Package

Division:	Office of Developmental Disabilities Services
Program:	Office of Intellectual/Developmental Disabilities Services
Policy package title:	Children's Foster Care Payments and Home Mods
Policy package number:	POP 131
Related legislation:	N/A

Summary statement:

All people, especially those who are most vulnerable, such as children with intellectual and developmental disabilities (I/DD), should have equitable access to the services offered by the Office of Developmental Disabilities Services (ODDS). ODDS is working to improve equity and access across all services and settings. Historically, children placed in ODDS-certified children's foster homes have not been able to access home-modification services that would allow for a foster home to be made more accessible, better meet the needs of the child, and ensure compliance with federal home- and community-based settings requirements. This policy option package (POP) addresses this inequity and will implement a fair and equitable reimbursement strategy for children's foster care (CFC) providers based on a valid and reliable assessment tool. The new reimbursement strategy is aimed at increasing the provider network's capacity to meet the needs of children who cannot be served safely in their family home.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	**$3,086,303**	**$0**	**$5,459,423**	**$8,545,726**	**1**	**1.00**

Oregon Department of Human Services:
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Purpose

1. Why does ODHS propose this policy package and what problem is ODHS trying to fix or solve?

Children's foster care (CFC) payment methodology

Oregon's Office of Developmental Disabilities Services (ODDS) historically used four instruments to assess individuals. The results informed the amount of service an individual might receive, and the rates paid to providers for certain services. These instruments include:

- Supports Intensity Scale (SIS)
- Adult Needs Assessment (ANA)
- Children In-Home Needs Assessment (CNA)
- Support Needs Assessment Profile (SNAP)

In 2013, the Oregon Legislature directed ODDS to implement a single, uniform needs-assessment tool that is evidence based and considers broad input from ODDS' partners (SB 5529). This resulted in creation of the Oregon Needs Assessment (ONA).

July 1, 2022, ODDS implemented new rate models for multiple services, including group homes, day support activities and employment services and phased out the SIS assessment. ODDS is working on phasing out the ANA and CNA for in-home services in 2023.

Children foster home services currently use the SNAP assessment to determine the payment level for foster care parents who support children with I/DD. ODDS is planning to phase out the SNAP and replace it with the ONA as a payment-level setting tool.
ODDS requests funding to transition to the new payment model for this service, to strengthen and build provider capacity for this service, and to support CFC providers through the transition.

Home modifications
Historically, children placed in ODDS-certified children's foster homes have not been able to access home-modification services that would allow making the foster home more accessible to meet the needs of the child and ensure compliance with federal home- and community-based settings requirements more closely. If a child required accessibility modifications or other adaptations to the home, they would not be able to access CFC placement and their family would need to choose from other available options that could meet the needs of the child. This created inequity in the system and limited CFC providers' capacity to meet the needs of children who would otherwise be successfully served in a CFC setting should home-modification service be available to them.
ODDS requests funding to allow home modifications in ODDS-certified children's foster homes when the modifications are required to meet the child's needs.

2. What would this policy package buy and how and when would it be implemented?

This POP will implement a fair and equitable reimbursement strategy for children's foster care providers that will be based on a valid and reliable assessment instrument. The new reimbursement strategy will ensure robust capacity in the provider network to meet the needs of children who due to their complex needs cannot be served safely in their own family home. This strategy will eliminate duplicative work and inefficiencies within the system related to administering two assessment instruments to meet program requirements. This will impact children with I/DD served through ODDS and those served through the Child Welfare system.

This POP will also allow home-modification services to be accessible by children served in ODDS-certified children foster care settings. This POP would fund one home-modification specialist to process this workload, one PA2.

January 1, 2024, would be the implementation date for both the assessment and home-modification services to begin.

3. How does this policy package help, or potentially hinder, populations that are disproportionately underserved? How does this policy package further ODHS's 3 strategic goals, and both the program and ODHS missions?

This POP will create adequate provider capacity, including the potential to increase provider capacity in rural areas, the number of culturally specific providers and the capacity to serve children with accessibility requirements so children have full accessibility to foster homes based on their individual needs. It will also increase capacity within culturally specific, bilingual, and bicultural providers. We do not anticipate any negative impact.

Quantifying results

4. What are the long-term desired outcomes?

This solution will establish a long-term reimbursement strategy that is based on a valid and reliable assessment instrument and will ensure adequate reimbursement for children's foster care providers.

The new payment strategy and home-modification policy will:.

- Help recruit and retain providers.
- Build and improve capacity.
- Ensure that providers are able to support children with accessibility needs.
- Develop culturally specific providers.

5. How will ODHS measure the impact on system and access inequities and/or impact disproportionality in accessibility and services in ODHS programs through this policy package?

ODDS will measure impact by tracking provider capacity and provider attributes, tracking input from the CFC providers' stakeholder group and tracking the use of home modifications in ODDS-certified CFC settings.

For the payment methodology development process and policy changes processes, ODDS will engage CFC providers in the process. ODDS has also formed a children's foster care advisory committee comprised of diverse membership and plans to engage this group in this process.

How achieved

6. What actions have occurred to resolve the issue prior to requesting a policy package?

ODDS has already transitioned multiple services to rate or reimbursement models based on the ONA. Home modifications can be accessed by children in all other settings except CFC settings.

CFC providers have been authorized to receive incremental payment increases in the past to support capacity, keep up with cost of delivering services and assist with additional costs incurred by the providers due to the COVID-19 pandemic. However, these funding increases have been based on the existing payment levels and assessment instrument.

ODDS has allocated a partial FTE to recruitment and training of CFC providers.

Date	% change
10/1/2019	4%
7/1/2020	5%
7/1/2021	8.2%
7/1/2022	-5% temporary COVID rate increase sunsets

This project will continue to build upon ongoing collaboration with the Child Welfare program to ensure seamless services to children entering the I/DD system through child welfare program.

7. What alternatives were considered and what were the reasons for rejecting them?

CFC providers have been authorized to receive incremental payment increases in the past to support capacity, keep up with the cost of delivering services and assist with additional costs incurred by providers due to the COVID-19 pandemic. However, these funding increases have been done based on the existing payment levels and assessment instrument.

If left as is, ODDS would need to maintain the additional assessment instrument for CFC services which creates a duplication of work for I/DD case management entities (CMEs). CMEs will be required to conduct a SNAP assessment to set payment levels in addition to the ONA, which is a federally approved, functional needs assessment required by the Medicaid authorities. It would continue an unnecessary burden on individuals and families to undergo the additional assessment process, which is time consuming and requires discussion of sensitive information about the child.

If home modifications are not funded for ODDS-certified children foster homes, children who have accessibility needs that can be met through home modifications will continue to be unable to access foster care settings and will need to choose from other settings, including more costly and potentially less appropriate and more restrictive group home settings.

8. **What other agencies, programs, community partners or stakeholders are collaborating on this policy package?**

   CFC providers, families, CMEs, advocacy organizations, the Child Welfare program, and ODDS units including the Policy, Operations, Licensing and Certification, Children's Services and Training units. ODDS units have already been engaged in this process.

9. **Does this policy package require any changes to existing statute(s) or require a new statute? If yes, identify the statute and the legislative concept.**

   N/A

10. **What other state, tribal, and/or local government agencies would be affected by this policy package? How would they be affected?**

    This will impact children with I/DD served through ODDS and those served through the Child Welfare system. There could also be an operational impact to local CMEs.

11. **Is this policy package being requested because of an Oregon Secretary of State or internal audit? If so, provide further information.**

    N/A

Staffing and fiscal impact

Implementation date(s): January 1, 2024

End date (if applicable): N/A

12. What assumptions affect the pricing of this policy package?

CFC providers have been authorized to receive incremental payment increases in the past to support capacity, keep up with cost of delivering services and assist with additional costs incurred by the providers due to the COVID-19 pandemic. This is assumed to end July 1, 2022.

For the purposes of estimating home-modification costs, ODDS assumed a similar rate of utilization and average cost as in-home settings.

13. Will there be new responsibilities for another agency (OHA etc.) and/or ODHS/OHA Shared Services? Specify which programs and describe their new responsibilities.

This will impact Child Welfare as well as ODDS, as children with I/DD are served through ODDS and the Child Welfare system will be affected by this change. There is an operational impact as there will be continued collaboration between CW and ODDS to ensure that work is not siloed and that our efforts and improvements are unified.

14. Will there be changes to client caseloads Cost per Case or services provided to population groups? Specify how many in each relevant program.

There is a potential for children to move from in-home services to foster services as provider capacity increases and home modifications become available improving accessibility for children who may not have been able to access foster home services previously. There will be a cost increase for those individuals who need a home modification to access their CFC service.

15. Describe the staff and positions needed to implement this policy package, including whether existing positions would be modified and/or new staff would be needed.

N/A

16. What are the start-up and one-time costs?

ODDS' payment system, eXPRS, will need to be updated to implement the new payment methodology and home modification policy for CFC providers.

17. What are the ongoing costs?

These include ongoing payments to service providers and one-time payments to contracted vendors for the completion of home modifications.

18. What are the sources of funding and the funding split for each one?

K-Plan FMAP
General Fund
Federal funds

19. What are the potential savings?

This POP will reduce the cost of duplicative assessments.
This project will also break down service silos by continuing to build o-going collaboration with the Child Welfare program to ensure seamless services to children entering the I/DD system through the Child Welfare program.
This POP will also reduce the need for children to be placed in more costly and restrictive settings by making the appropriate settings accessible to them through home modifications.

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	$103,194	$0	$103,194	$0	1	1.00
Services & Supplies	$10,951		$10,951	$21,902		
Capital Outlay						
Special Payments	$2,972,158		$5,345,278	$8,317,436		
Other						
Total	**$3,086,303**	**$0**	**$5,459,423**	**$8,545,726**	**1**	**1.00**

Fiscal impact by program

	ODDS	Program 2	Program 3	Program 4	**Total**
General Fund	$3,086,303				**$3,086,303**
Other Funds					**$0**
Federal Funds	$5,459,423				**$5,459,423**
Total Funds	$8,545,726				**$8,545,726**
Positions	1				**1**
FTE	1.00				**1.00**

Oregon Department of Human Services:
2023-25 Policy Package

Division:	Office of Developmental Disabilities Services
Program:	ODDS
Policy package title:	Targeted Rate Increases
Policy package number:	POP 132
Related legislation:	N/A

Summary statement:

All people with intellectual and developmental disabilities (I/DD) deserve to live full lives as valued members in their communities and have access to the quality services and supports that empower them to do so. I/DD service providers have been severely impacted by workforce shortages, which have been exacerbated by the COVID-19 pandemic and other economic and inflationary pressures. Providers have been struggling to meet the needs of individuals they serve, because they are unable to offer competitive living wages to sufficiently recruit and retain workers during a time of extraordinary wage hikes and inflation. This policy option package (POP) implements targeted updates to the service rates assumptions with the most recent published data sources, such as the latest Bureau of Labor (BLS) data and Internal Revenue Service (IRS) mileage rate. Ensuring provider rates remain updated to the most current cost information will ensure that Oregon's provider network remains robust and capable of attracting and retaining direct workforce, pay living wages to direct care workers and providing other supports to the workers that ultimately result in better quality and continuity of services for people with I/DD.

Oregon Department of Human Services:
2023-25 Policy Package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	**$162,144,945**	**$0**	**$294,067,672**	**$456,212,617**	**0**	**0.00**

Purpose

1. Why does ODHS propose this policy package and what problem is ODHS trying to fix or solve?

ODDS implemented new rate models for multiple services, including group homes, host homes, day support activities (DSA) and employment services. The new service rate models have been developed to be transparent in the assumptions that determine the level of payment and based on most up-to-date information available in the industry. Such assumptions include but are not limited to Bureau of Labor Statistics (BLS) wages, costs of benefits, standard mileage rates and others. These clear and transparent assumptions allow ODDS to track adequacy of the rates and adjust them based on current information to accurately reflect the cost of delivering services to individuals with intellectual and developmental disabilities (I/DD). As cost information is updated, the rates should be adjusted to stay up to date.

2. What would this policy package buy and how and when would it be implemented?

ODDS proposes targeted adjustments to the rate model assumptions to reflect the latest cost information to ensure that provider reimbursement remains up to date with the growing cost of delivering services due to inflationary pressures. A rate model "refresh" involves updating assumptions with the most recent published data sources, such as the latest BLS data and the IRS mileage rate.

Here are the components of the rate models that ODDS would seek to update as part of a "refresh" of the rate models:

- Wages: Incorporate the newest BLS data and the higher minimum wage to increase the standard DSP wage assumption from $17.57 to $18.42. Other wage assumptions have been revised to reflect the newest BLS data.
- Health Insurance: Revise health insurance cost assumptions to reflect a mix of plan types based on Oregon-specific figures from the United States Department of Health and Human Services (U.S. DHHS) Medical Expenditure Panel Survey.
- Update state unemployment insurance assumptions to reflect the current taxable wage base and tax rate for new employers.
- Adopt the current IRS standard mileage rate of $0.585 per mile.

Rates included in this targeted adjustment process include:

- Adult group homes
- Children group homes

- In-home agency attendant care, including the standard and employer models
- Supported living
- Day support activities (DSA)
- Job coaching
- Job development
- Discovery
- Employment Path
- Small group employment
- Transportation

3. **How does this policy package help, or potentially hinder, populations that are disproportionately underserved? How does this policy package further ODHS's 3 strategic goals, and both the program and ODHS missions?**
   The primary objective of this request is adequate provider reimbursement to ensure quality service delivery, maintenance, and development of provider capacity, including culturally specific providers. Ensuring provider rates remain updated to the most current cost information will ensure that Oregon's provider network remains robust and capable of attracting and retaining direct workforce, pays living wages to direct workers and provides other supports to the workers that ultimately results in better quality and continuity of services for people with I/DD.

   In conjunction with these efforts, ODDS has allocated American Rescue Plan Act (ARPA) funding towards start-up funds for the development of culturally specific providers. These funds will be released in the near future.

Oregon Department of Human Services:
2023-25 Policy Package

Quantifying results

4. What are the long-term desired outcomes?

- Commensurate increase in the average direct support professional (DSP) wage in the I/DD field
- Reduced DSP turnover
- Increased provider stability and capacity
- Improved quality of services and compliance as evidenced through provider review — licensing and certification — data

5. How will ODHS measure the impact on system and access inequities and/or impact disproportionality in accessibility and services in ODHS programs through this policy package?

- National Core Indicators Staff Stability Survey
- Licensing and certification data

How achieved

6. What actions have occurred to resolve the issue prior to requesting a policy package?

As of July 1, 2022, the Oregon Legislature fully funded the implementation of the new rate models for certain services. This represented a significant investment into the provider network and the development and retention of the direct workforce. This investment is expected to result in the average direct support worker (DSW) wage of $17.81/hour.

7. What alternatives were considered and what were the reasons for rejecting them?

ODDS recognizes the need to stay current with provider reimbursement to ensure adequate resources for service delivery. While other systems have systems and processes in place that ensure ongoing rate increases or similar cost-of-living increases, ODDS has been directed to request rate increases through the POP process. New transparent rate models allow ODDS to identify areas where increases are needed.

8. What other agencies, programs, community partners or stakeholders are collaborating on this policy package?

ODDS engages extensively with the provider community on the development of rate models including but not limited to these provider organizations: Oregon Resource Association (ORA), Community Provider Association of Oregon (CPAO) and Oregon Association of Provider Agencies (OAPA). These organizations represent diverse providers across Oregon.

9. Does this policy package require any changes to existing statute(s) or require a new statute? If yes, identify the statute and the legislative concept.

N/A

10. What other state, tribal, and/or local government agencies would be affected by this policy package? How would they be affected?

By ensuring the viability of the I/DD direct-care workforce, other state programs and agencies are able to effectively support the transition of children and adults with I/DD into appropriate services. This will help continue to reduce the use of temporary lodging for children with I/DD in the Child Welfare system, it will help ensure the transition of youth with I/DD from Oregon Youth Authority (OYA) settings into I/DD residential homes, when appropriate, and will help ensure children and adults with I/DD have improved access to services when they are ready to be discharged from emergency rooms or prisons.

11. Is this policy package being requested because of an Oregon Secretary of State or internal audit? If so, provide further information.

N/A

Staffing and fiscal impact

Implementation date(s): July 1, 2023

End date (if applicable): N/A

12. What assumptions affect the pricing of this policy package?

Updates to the rate model assumptions with the most recent published data sources, such as the latest BLS data and IRS mileage rate, including wages, health insurance benefits, unemployment insurance and mileage rates.

13. Will there be new responsibilities for another agency (OHA etc.) and/or ODHS/OHA Shared Services? Specify which programs and describe their new responsibilities.

N/A

14. Will there be changes to client caseloads Cost per Case or services provided to population groups? Specify how many in each relevant program.

This POP does not impact caseloads.

15. Describe the staff and positions needed to implement this policy package, including whether existing positions would be modified and/or new staff would be needed.

This change does not require new staff or modifications to existing staff.

16. What are the start-up and one-time costs?

None

17. What are the ongoing costs?

Maintaining the rate increases

18. What are the sources of funding and the funding split for each one?

K-Plan services and match:

- Adult group homes
- Children group homes
- In-home agency attendant care (standard and employer models)
- Day support activities (DSA)
- Transportation
- Supported living

1915c waiver services and match:

- Job coaching
- Job development
- Discovery
- Employment Path
- Small group employment

19. What are the potential savings?

N/A

Oregon Department of Human Services:
2023-25 Policy Package

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	$0	$0	$0	$0	0	0.00
Services & Supplies						
Capital Outlay						
Special Payments	$162,144,945		$294,067,672	$456,212,617		
Other						
Total	**$162,144,945**	**$0**	**$294,067,672**	**$456,212,617**	**0**	**0.00**

Fiscal impact by program

	Program 1	Program 2	Program 3	Program 4	Total
General Fund	$162,144,945				**$162,144,945**
Other Funds					**$0**
Federal Funds	$294,067,672				**$294,067,672**
Total Funds	$456,212,617				**$456,212,617**
Positions	0				**0**
FTE	0.00				**0.00**

Oregon Department of Human Services
2023-25 Policy Package

Division:	Office of Developmental Disabilities Services
Program:	ODDS
Policy package title:	Children's Residential/CIIS Workload Model
Policy package number:	POP 133
Related legislation:	

Summary statement:

All people who depend upon services provided by the Oregon Department of Human Services deserve equitable access to quality support services, especially children with the highest level of care needs. Over the last several years, the Office of Developmental Disabilities Services (ODDS) children's case management programs – Children's Intensive In-home Services (CIIS) and Children's Residential (CR) – have delivered services to children with the highest level of care needs in Oregon's intellectual and developmental disabilities (I/DD) system. Case managers in these units faced the added stressors of the pandemic and supporting critical program improvements while operating at a lower full-time equivalent (FTE) percentage than county-based contracted I/DD case management programs. This request is to fund CIIS and CR at a rate in alignment with the FTE% at county I/DD case management programs which equates to 10 additional positions as determined by the most recent workload model. Staffing that is more in alignment with the workload model will help ensure the high level of services necessary for children with most complex needs, compliance with Medicaid and state standards, and equitable person-centered services.

Oregon Department of Human Services:
2023-25 Policy Package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	$794,225	$0	$794,225	$1,588,450	10	7.50

Purpose

1. Why does ODHS propose this policy package and what problem is ODHS trying to fix or solve?

ODDS proposes to hire 10 FTE positions across the children's case management programs – CIIS and CR. We are asking to revise positions to be in alignment with FTE staffing levels that are determined by the most recent workload study. This will get our ODDS Children's case management programs closer to the funding levels that county based I/DD case management programs are staffed at.

Positions to be shared across CIIS and CR - two staff:
One principal executive manager C (PEMC) – The two children's case management programs are responsible for supporting approximately 600 children with intensive behavioral and medical support needs across the state.

These two programs currently have eight administrative staff who support our employees, providers and children and families served. These administrative staff are current supervised by the current management positions, and

those managers are primarily responsible for supervising case managers. The three current managers supervise a total of 41 staff. Additional administrative staff are also being requested as part of this policy option package (POP). A PEMC management position is being requested to supervise the administrative staff and manage office functions. This will provide needed resources for supervision of administrative functions including staff support, provider enrollment assistance, payroll, and quality assurance. This will also allow current managers to focus their resources on case management supervision and oversight.

One program analyst 2 (PA2) – The two Children's case management programs serve medically involved and medically fragile children, including children who are dependent on medical life-support technology such a ventilator. The requestedPA2 position would complete clinical criteria assessments, provide consultations for medically complex cases, monitor medical protocols and nursing care plans, and provide technical assistance with community partners such as hospitals and nursing provider agencies.

Positions specific to CIIS - three staff:
One PA2 position to support growing number of children served in the medical program. The referral list for CIIS medical waiver services has expanded over the course of the pandemic. CIIS model waivers allocate a few extra waivers slots each year to expand capacity of children served. This position would provide case management services to medically involved and medically fragile children, which would allow case load sizes to be at the levels recommended by the most recent workload study.
One PA2 position to fulfill the role of designated referral coordinator, which is a role identified as needed in I/DD case management services to support children whose families are requesting out-of-home placement and the child is referred for out-of-home placement. This position connects with foster, host homes and residential coordinators

across the state to search for appropriate placements and support transition planning. This position is currently being filled by a supervisor as there is no case management position dedicated to this important work.
One office specialist 2 (OS2) position to support the managers in the CIIS program in scheduling, taking meeting minutes, handling mail, and answering calls from families and providers. This position would be English-Spanish bilingual preferred to be able to communicate with children, families, and providers who are Spanish speaking. There are currently no bilingual staff on the administrative team.

Positions specific to CR – five staff:

One PA2 position to support the growing number of children served in the program. The referral list for children's residential services has expanded over the course of the pandemic, in part because of fewer resources available in the community to families and in part because of provider capacity issues related to staffing shortages.
OnePA2 position to support new innovative programs being developed to address the crisis in children's services across systems, including pilot programs being developed between Child Welfare (CW), ODDS and Behavioral Health. This position would provide case management for children being served in newer programs and children experiencing transitions or accessing services cross-systems.
One PA2 position to support growing number of children's residential providers coming onboard in our service system. We lost providers over the pandemic but are now back to building capacity. This position will be dedicated to recruitment, onboarding, and technical assistance of new I/DD children's residential provider agencies.
One administrative specialist 1 (AS1) position to support quality assurance (QA) and compliance of the program with Medicaid, federal and state rule requirements. This position would be responsible for coordinating audits that

are required every two years as well as any corrective actions required as a result of the audits. Currently the one supervisor in the CR program is responsible for QA functions as there is no dedicated QA staff.
One OS2 position to support the CR in scheduling meetings, taking meeting minutes, handling mail, and answering calls from families and providers. This position would be English-Spanish bilingual preferred to be able to communicate with children, families and providers who are Spanish-speaking. There are currently no bilingual staff on the administrative team.

2. What would this policy package buy and how and when would it be implemented?

This funding would allow ODDS children's case management programs to hire staff through budgeted positions at the same level as community developmental disabilities programs (CDDPs) and to align our staffing with recommendations based on the most current Workload Study Model. If approved, hiring would be implemented upon approval of new positions.

3. How does this policy package help, or potentially hinder, populations that are disproportionately underserved? How does this policy package further ODHS's 3 strategic goals, and both the program and ODHS mission?

This solution will provide opportunities for ODDS children's case management teams to deliver services to our highest level of care (LOC) children in the state (residential, nursing facility and hospital LOC) at a level that is equitable with county-based services. This solution allows our managers to focus resources where needed. Further, this change provides positions needed to go beyond the Centers for Medicare and Medicaid Services' (CMS) case

management standards but to also ensure services are meeting the intensive needs of the population we serve, as well as to ensure the quality of services and the health and safety of this vulnerable population.

Quantifying results

4. What are the long-term desired outcomes?

Staffing ODDS children's case management services at the requested level will enable our programs to provide high-quality intensive case management services. The goal of CIIS is to support children with intensive behavioral and medical needs to live in their family homes and avoid out-of-home placement when possible. The goal of CR services is to support children and youth who need stable residential services and case management monitoring for health and safety, changes in need, and to reach their identified goals. Establishing additional positions across programs will also allow time and resources for collaboration between ODDS and community partners such as Child Welfare and Behavioral Health. With proper staffing we will also maintain healthier work habits for management and staff, increasing longevity of staff and productivity.

5. How will ODHS measure the impact on system and access inequities and/or impact disproportionality in accessibility and services in ODHS programs through this policy package?

Sufficiently staffing ODDS allows for more focus on fully moving to a person-centered approach. It enables staff time to work collaboratively with children and youth, families, providers, and other agencies and community partners. If management and staff have time to engage with our partners, both external and internal, we will be able to identify the areas within our system that are disproportional in accessing our services and meet with those

groups to find a remedy. We would like to add staff who can specifically address the needs of underserved or at-risk populations, for example staff with specialized medical knowledge, bilingual language skills, and staff dedicated to building capacity and cross-systems collaboration.

How achieved

6. What actions have occurred to resolve the issue prior to requesting a policy package?

We have added positions in the past related to the workload study model. We currently have two limited duration positions that are ending in August 2022. Both of the staff in those positions have recently been hired into full time positions on the team. We would like to be able to add additional positions so that we are not losing resources. Currently we are operating at staffing levels lower than what is recommended by the workload study. Staff are stretched thin so this level of staffing will be hard to sustain long term.

7. What alternatives were considered and what were the reasons for rejecting them?

To continue to keep the staffing at current levels, but this impacts the quality of services we are able to provide.

8. What other agencies, programs, community partners or stakeholders are collaborating on this policy package?

None

9. Does this policy package require any changes to existing statute(s) or require a new statute? If yes, identify the statute and the legislative concept.

No

10. What other state, tribal, and/or local government agencies would be affected by this policy package? How would they be affected?

None

11. Is this policy package being requested because of an Oregon Secretary of State or internal audit? If so, provide further information.

No

Staffing and fiscal impact

Implementation date(s): 7/1/2023

End date (if applicable):

12. What assumptions affect the pricing of this policy package?

This funding is for staffing, and any new cost of living adjustments (COLAs) presented from the time this pricing was made available would be impactful.

13. **Will there be new responsibilities for another agency (OHA etc.) and/or ODHS/OHA Shared Services? Specify which programs and describe their new responsibilities.**

    No

14. **Will there be changes to client caseloads Cost per Case or services provided to population groups? Specify how many in each relevant program.**

    No, this POP will not affect claiming or billing nor change eligibility.

15. **Describe the staff and positions needed to implement this policy package, including whether existing positions would be modified and/or new staff would be needed.**

    - One PEMC
    - Six program analyst 2s
    - Two office specialist 2s
    - One administrative specialist 1

16. **What are the start-up and one-time costs?**

    Onboarding costs for new employees including technology, training, etc.

17. What are the ongoing costs?

Staffing costs

18. What are the sources of funding and the funding split for each one?

These staff positions will be 60/40 Medicaid-funded positions.

19. What are the potential savings?

None

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	$704,506	$0	$704,506	$1,409,012	10	7.50
Services & Supplies	89,719		89,719	179,438		
Capital Outlay						
Special Payments						
Other						
Total	**$794,225**	**$0**	**$794,225**	**$1,588,450**	**10**	**7.50**

Oregon Department of Human Services:
2023-25 Policy Package

Fiscal impact by program

	ODDS	Program 2	Program 3	Program 4	**Total**
General Fund	$794,225				**$794,225**
Other Funds					**$0**
Federal Funds	$794,225				**$794,225**
Total Funds	$1,588,450				**$1,588,450**
Positions	10				**10**
FTE	7.50				**7.50**

Oregon Department of Human Services
2023-25 Policy Package

Division:	Shared and Central Services
Program:	Office of Health, Safety and Employee Well-being
Policy package title:	Total Worker Health
Policy package number:	POP 134
Related legislation:	N/A

Summary statement:

Every Oregon Department of Human Services and Oregon Health Authority employee has a right to work in a place free from recognized hazards as outlined in OSHA's General Duty Clause (OHSA 29 USC 651).

The overall mission of this department is to provide life safety and life sustaining services for employees and ensure they work in a healthy and safe work environment. Keeping our workforce safe, healthy, and ensuring well-being encourages less turnover, enhances work product, and can reduce the impact and cost of injuries and illness.

Staffing of safety, health, and wellness professionals with knowledge on total worker health concepts is vital in providing safety and well-being to employees and all Oregonians by assisting with design/development and implementation of occupation health, safety, and employee well-being activities.

While safety is a core value of both agencies, employees continually cite health and safety as challenges in meeting their job duties. Internal data metrics show

that the agencies have experienced an increase in threats, workers compensation claims, and job burnout. This Policy Option Package would apply a Total Worker Heath model which will further our compliance with OSHA regulations and further our compliance with the Governor's Executive Order on Wellness.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
ODHS Policy package pricing:	**$1,045,327**	**$1,713,278**	**$626,807**	**$3,385,412**	**8**	**6.25**

Purpose

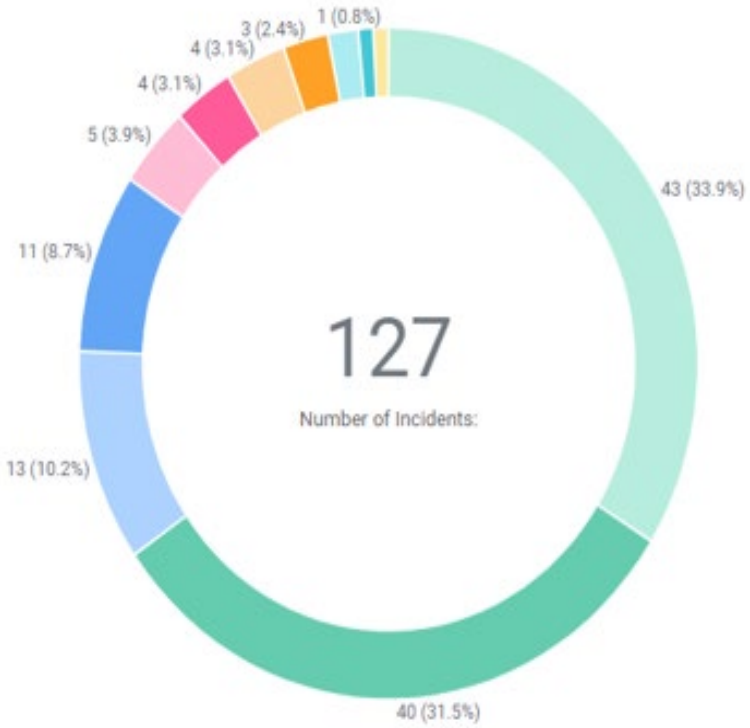
1. Why does ODHS propose this policy package and what problem is ODHS trying to fix or solve?

ODHS|OHA employees are critical in maintaining continued service to our consumers. We have learned through incident reporting that workers are struggling with feeling safe and supported in their workplace. We also have learned that as external pressures in the community increase, threats to agency staff and buildings have also increased causing greater concern and pressure on staff performing the work and an increase in mental health claims in the agencies and job burnout which has led to increased resignations, recruitment challenges, decreased employee satisfaction, unavailability to engage with community because of staffing shortages, and a decrease in a sustainable workforce culture.

Further development of internal metrics is underway, but the increase in has been experienced in the last few years:

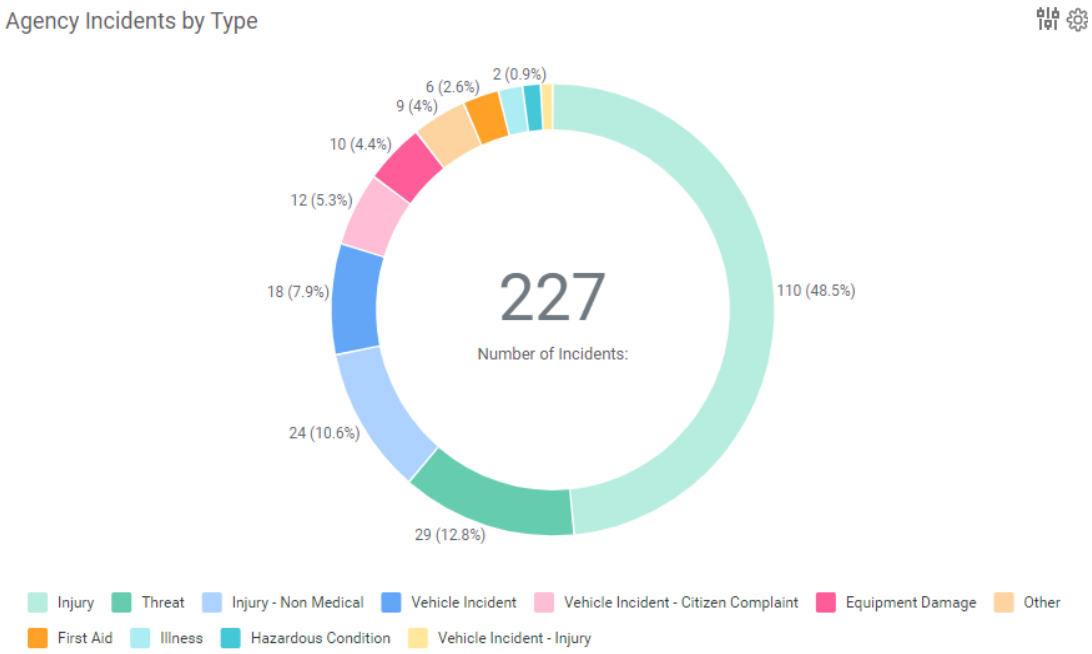
Oregon Department of Human Services:
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1/1/2022 – 3/31/2022



1/1/2021 – 3/31/2021

Oregon Department of Human Services:
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2. What would this policy package buy and how and when would it be implemented?

OHSE wants to work towards keeping our workforce safe, healthy, and supported in their well-being efforts. We want to work to encourage less turnover, to enhance the work product, to decrease burnout and fatigue and reduce the impact and cost of injuries and illness, which will help control healthcare costs and disruption to family and community life.

By enhancing worker well-being through the design of work and employment conditions we can prioritize safety and improve physical outcomes. This will reduce our risk-related factors including obesity, sleep disorders, cardiovascular disease, depression, fatigue, burnout, and other health conditions. These factors are at the core of the Governors Executive Order on Wellness and is part of the foundation of the ODHS|OHA Strategic Wellness Plan.

Focusing our approach and emphasizing Total Worker Health has competitive advantages as well. It can increase retention, employee satisfaction, community engagement and increases our reputation as an employer who cares about their staff, which helps create a sustainable workforce culture and allows us to continue to provide services to consumers.

Aligning our practices and moving to a proactive versus reactive mode will provide necessary support and structure to our employees. If we can shift our operations to a proactive approach, we can better support people who come to us for services, while also supporting staff through realized threats and emergencies through education and support.

Staffing of safety, health, and wellness professionals with knowledge on total worker health concepts will be vital in moving the agencies forward. These staffing solutions must include support at all levels to ensure training components are developed using evidence-based strategies and solutions.

A fully supported staffing plan will include the following new positions. Further detail on the positions is available in question 15:

Principal Executive Manager F (PEMF)
Principal Executive Manager E (PEME)
Administrative Specialist 2 (AS2) Currently in a reclass from an OS2)
Training and Development Specialist (TDS3)
Operation and Policy Analyst 3 – 4 positions

How does this policy package help or potentially hinder populations that are disproportionately underserved? How does this policy package further ODHS's three strategic goals for both the program and ODHS missions?
As the foundation of Total Worker Health is formed and supported throughout the agencies, employees would have a support structure for health and safety which would result in reduced absenteeism and turnover and would further our mission by staff being present to provide support to the community when coming engaging services

Quantifying results
What are the long-term desired outcomes?
Currently, data is collected around safety, threat, and other risk incidents. We are working on further data collection as it relates to consults and trainings. Measurements of success will include many different areas of the agency including employee retention rates, use of leaves of absence and a balance of ADA accommodations with

placing the employee at the center of the conversation and eliminating the need for additional medical documentation.

How will ODHS measure the impact on system and access inequities and/or impact disproportionality in accessibility and services in ODHS programs through this policy package?
Increase in related staff trainings as they relate to threat management, de-escalation, utilization of Employee Assistance Programs, occupational health and safety laws and mandates as well as with the Governors Executive order on Wellness will aid in measuring the impact. This approach will also have an adverse effect on the number of claims that are handled by our agency and ultimately will reduce the overall dollars spent in processing, defending, and paying loss in compensation due to the inability to work and subsequent production and recruitment efforts. We will be able to focus our efforts and place the employee at the center of our work, ensuring they are supported in their entire well-being.

How achieved

What actions have occurred to resolve the issue prior to requesting a policy package?
Policies, programs, and OARS have been put in place to provide protection from work-related safety and health hazards with promotion of injury and illness prevention efforts. However, this is done with a small staffing footprint. It allows us to be reactive, but not proactive in prevention efforts.

What alternatives were considered and what were the reasons for rejecting them?

Current staffing levels for the department stand at 5. Failure to support the increase in staffing would result in continuation of reactive response and would eliminate moving to a reduction in workers compensation claims and costs and overall employee satisfaction.

What other agencies, programs, community partners or stakeholders are collaborating on this policy package?
We work with numerous other departments every day. Our HR, ADA, Union, Leave and Facilities partners are engaged regularly as we discuss solutions to emergent situations. Strong relationships with district, program and local managers ensure that the actions we need to take to resolve any deficiencies have been reported.

3. Does this policy package require any changes to existing statute(s) or require a new statute? If yes, identify the statute and the legislative concept.

Not applicable.

4. What other state, tribal, and/or local government agencies would be affected by this policy package? How would they be affected?

Not applicable.

5. Is this policy package being requested because of an Oregon Secretary of State or internal audit? If so, provide further information.

Not applicable.

Staffing and fiscal impact

Implementation date(s): _____

End date (if applicable): _____

6. What assumptions affect the pricing of this policy package?

Full staffing approval. A partial approval would decrease the amount of pricing.

7. Will there be new responsibilities for another agency (OHA etc.) and/or ODHS/OHA Shared Services? Specify which programs and describe their new responsibilities.

No. It is the intent that by providing a Total Worker Health approach we will be impacting staff in a positive way, therefore reducing employee turnover and absenteeism while as well as experiencing an increase in worker productivity.

8. Will there be changes to client caseloads Cost per Case or services provided to population groups? Specify how many in each relevant program.

9. Describe the staff and positions needed to implement this policy package, including whether existing positions would be modified and/or new staff would be needed.

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PEMF - Provide oversight and direction of programs, subject matter expertise to ODHS|OHA leadership, approves site safety audits, threat management oversight and provides compliance and policy guidance.

PEME – Assist with leadership of unit, provides subject matter expertise in policy and guidance.

AS2 – Support (currently in reclass from OS2) – Provide unit support with logistical requests up to and including organizing meeting requests for threat management, providing policy support, and procuring logistical resources during continuity activations.

TDS3 - Training and compliance officer to create and deliver trainings to field staff and provide cohesion among programs.

OPA3 – Stabilization and Crisis Unit (SACU) Total Worker Health Coordinator- Dedicated – SACU is a 24-hour crisis residential program and is the safety net for individuals with intellectual and developmental disabilities (I/DD). These individuals often enter SACU in crisis, and over time, work is done to stabilize and transition them to lower level of care with the goal of reintegrating them into community-based settings. SACU has high workers compensation claims, absenteeism, and employee burnout due to the intense nature of the program. Currently only 1/3 of a person is dedicated to the health and safety needs of SACU.

OPA3 – ODHS Total Worker Health Coordinator – Two – Work with local office sites and current OHSE staff to ensure compliance with OSHA regulations, policies and procedures and Total Worker Health Meeting compliance which covers safety committees, Wellness committees and Incident Response Teams.

OPA3 – OHA Total Worker Health Coordinator – Dedicated – Coordinate with current safety professionals to ensure consistency in compliance with regulations, policies, and procedures.

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10. What are the start-up and one-time costs?

Unit is already functioning. One-time costs will be limited to additional workstations

11. What are the ongoing costs?

12. What are the sources of funding and the funding split for each one?

13. What are the potential savings?

.

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	$0	$1,568,583	$0	$1,568,583	8	6.25
Services & Supplies	$43,889	$89,216	$22,690	$155,795		
Capital Outlay						
Special Payments	$1,001,438	$55,479	$604,117	$1,661,034		
Other						
Total	**$1,045,327**	**$1,713,278**	**$626,807**	**$3,385,412**	**8**	**6.25**

Oregon Department of Human Services:
2023-25 Policy Package

Fiscal impact by program

	OHSE	ODHS SSF	ODHS SAEC	Program 4	**Total**
General Fund	$0	$1,001,438	$43,889		**$1,045,327**
Other Funds	$1,655,715	$55,479	$2,084		**$1,713,278**
Federal Funds		$604,117	$22,6900		**$626,807**
Total Funds	$1,655,715	$1,661,034	$68,663		**$3,385,412**
Positions	8				**8**
FTE	6.25				**6.25**

Oregon Department of Human Services
2023-25 Policy Package

Division:	TANF Program
Program:	Self-Sufficiency Programs
Policy package title:	TANF Redesign
Policy package number:	POP 135
Related legislation:	N/A

Summary statement:

Every child is filled with tremendous promise – and we have a shared obligation to foster that promise. That means supporting families in ways that maximize their capacity for strong, caring relationships, and reducing the financial stressors that can contribute to child neglect, involvement with child welfare systems, and other forms of childhood adversity. This policy option package, developed with the TANF Redesign Partnership and the Poverty Relief Task Force, is an important step in that direction, helping families access more of the resources and financial flexibility they need to achieve well-being and economic stability. By increasing the monthly Temporary Assistance to Needy Families (TANF) cash grant to 50 percent of the Federal Poverty Limit, ending TANF time limits, and expanding program eligibility, the package represents a data-informed strategy for preventing child neglect and improving long-term outcomes for children. At a time when Oregon families are facing rapidly rising costs of living and ongoing housing challenges, this upstream solution is needed more than ever.

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	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	**$118,887,918**	**$0**	**$25,000,000**	**$143,887,918**	**0**	**0.00**

Purpose

1. Why does ODHS propose this policy package and what problem is ODHS trying to fix or solve?

The Temporary Assistance to Needy Families (TANF) program provides cash benefits and job support services to families experiencing deep poverty. The cash benefits are designed to offer families assistance to meet their basic needs while they work toward economic stability. The benefit amount is drastically inadequate to support families on their journey toward self-sufficiency. The maximum cash grant for a family of three has increased by just $46 – a mere 10 percent – since TANF's inception in 1996, which is nowhere near enough to afford a one-bedroom apartment in any county in Oregon.[1] Additionally, recent studies show that most TANF recipients return to low-wage work after leaving TANF.[2]

[1] Legislature Fails to Spare Children Facing Hardship, Oregon Center for Policy Priorities (2020).
[2] Most Parents Leaving TANF Work, But in Low-Paying, Unstable Jobs, Recent Studies Find, Center for Budget and Policy Priorities (2020).

Monthly TANF Benefit Levels (Single Parent Family of Three)[3]							
	July 1996	July 2000	July 2005	July 2010	July 2019	July 2020	Change 1996-2020 (inflation adjusted dollars)
Oregon	$460	$460	$460	$485	$506	$506	-34%

The program's inadequacy is a central issue in the feedback ODHS hears from participating families. For example:

> *No one can live on these amounts that we get. It's really insulting to think a family can thrive on that amount. Its dehumanizing.*
>
> *Honestly, I would tell them it's not enough and doesn't even come close to meeting the cost of surviving. Not living. Surviving.*
>
> *I currently have a place to stay but paying rent outside of what I'm given for TANF is a struggle each month. Month to month I feel like it can very well be my last month of shelter for my children and me.*

In its 2019 *Roadmap to Reducing Child Poverty*, the National Academies of Sciences reports that poverty and hardship have harmful, life-long impacts on children – impacts that can be mitigated by improving income

[3] Cash Assistance Should Reach Millions More Families to Lessen Hardship, Center for Budget and Policy Priorities (2022).

supports. Financial hardship has been shown to be a causal factor in child neglect and thus involvement in child welfare systems,[4] and children in families of low socioeconomic status are seven times more likely to experience neglect than economically secure children.[5] Research further suggests that the most reliable predictors of child welfare involvement are income loss, cumulative material hardship and housing hardship.[6]

The burden of poverty, moreover, is not equally shared. According to the 2021 KIDS COUNT Data Book, while Oregon's statewide child poverty rate is at 13 percent, the child poverty rate among Latino/a/x Oregonians is 20 percent, and rural counties with 6 or fewer people per square mile are seeing rates between 16 and 32 percent. At the same time, national data indicate that:

- Black, Indigenous and Latino/a/x children enter foster care at higher rates than their white peers;
- 53 percent of all Black children experience a Child Protective Services investigation by age 18; and
- American Indian/Alaska Native (AIAN) children and Black children are determined to be victims of maltreatment at almost twice the rate of white children.

These disparities are mirrored in Oregon: 2019 Child Welfare Division data reveal that the percentage of Black children entering foster care statewide is 1.31 times higher than the percentage of Black children in Oregon's child

[4] Feely, M., Raissian K., Shneider, W., Bullinger L., "The Social Welfare Policy Landscape and child Protective Services: Opportunities for and Barriers to Creating Systems Synergy", The Annals of the American Academy. AAPSS, 692, November 2020.
[5] Sedlak, A.J., Mettenburg. K/. Basena, M., Petta. I., McPherson. K., Greene. A., & Li S. (2010. The fourth national incidence study of child abuse and neglect (NIS-4): Report to Congress. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.
[6] Conrad-Hiebner, A., & Byram, E. (2020). The temporal impact of economic insecurity on child maltreatment: A systematic review. Trauma, Violence, & Abuse, 21(1), 157-178.

population and 2.78 times higher for American Indian/Alaska Native children than the percentage of American Indian/Alaska Native in Oregon's child population.(7)

Poverty is often mistaken for neglect, resulting in increased rates of child abuse reporting and unnecessary foster care, group, and institutional placements.[8] TANF families represent some of the most economically vulnerable in our state and 41 percent of Oregon children in foster care or receiving in-home services were connected to the state's TANF program 60 days prior to entering care in 2020.

2. What would this policy package buy and how and when would it be implemented?

There are four main categories to this proposal:

- Increasing the monthly cash grant,

Family Size	Current Grant Amount	Monthly Income at 50% FPL	Change in Grant Amount
1	$339	$537	$198
2	$432	$726	$294
3	$506	$915	$409
4	$621	$1,105	$484
5	$721	$1,294	$573
6	$833	$1,483	$650
7	$923	$1,672	$749
8	$1,030	$1,861	$831
9	$1,093	$2,051	$958

[7] Oregon Department of Human Services Child Welfare Dashboard, (2019).
[8] Addressing the Underlying Issue of Poverty in Child-Neglect Cases, American Bar Association, (2014).

- Eliminating the no-adult standard used to determine grant amounts for families where the adult in the household is ineligible for TANF themselves. The grant amount is determined by counting all other individuals in the home regardless of relation to the child. This places a disproportionate burden on parents with a disability, families with limited housing, or families that live in multigenerational households,
- Ending the 60-month state time limit (amount of time adults in the household can receive the cash grant), and
- Expanding eligibility to historically excluded populations, including undocumented parents/caregivers and people pregnant for less than eight months.

Description	TANF Basic	TANF UN	Total
End Time Limits	$ 1,966,796	$ 417,199	2,383,996
Increase Eligibility for Pregnant Individuals	$ 7,379,644	$ 1,565,379	8,945,024
Increase Eligibility for Undocumented Individuals	$ 693,361	$ 147,077	840,438
Removed No Adult Standard, No Change to Base TANF	$ 9,040,754	$ 1,917,736	10,958,490
Increase NAS Cases to 50% FPL Regular Grant Amount	$ 27,650,819	$ 5,865,325	33,516,144
Increase Cash Grant to 50% FPL	$ 71,345,320	$ 15,133,856	86,479,175
S&S (ONE system changes)	$ 630,837	$ 133,814	764,651
Total	**$ 118,707,532**	**$ 25,180,386**	**$ 143,887,918**

3. How does this policy package help, or potentially hinder, populations that are disproportionately underserved? How does this policy package further ODHS's 3 strategic goals, and both the program and ODHS missions?

ODHS envisions a future where all Oregonians, regardless of race, identity, disability, or place, have the support they need to achieve whole well-being for themselves, their families, and their communities. To realize this vision, we must recognize the structural racism that creates generational poverty and hardship for Oregon's Black, Indigenous and People of Color communities and invest strategically in solutions that will help reverse these longstanding trends. This work moves us toward a future of human services where upstream, community-driven solutions take center stage.

In Oregon, Black, Indigenous and People of Color are disproportionately represented in the TANF program, making it an important focus area for the state's racial equity efforts. People of Color and other marginalized groups continue to experience poverty in Oregon at disproportionate levels; for example, Black and African American people make up 2 percent of Oregon's population but over 9 percent of its TANF caseload.[9] As the National Academies of Sciences' *Roadmap* reports, family income support programs improve children's academic and economic outcomes, leading to significantly higher rates of employment and increased earning power after age 25. There is also a growing body of research which indicates that putting money directly in the hands of families navigating poverty has direct, positive impacts on children's brain development, health outcomes, higher educational attainment, and overall well-being. Increasing cash supports, ending time limits,

[9] TANF Data, 2020.

and expanding program eligibility represent not only research-informed responses to ongoing inequities, but also policy solutions that families have voiced to ODHS and community advocates for years.

Quantifying results

4. What are the long-term desired outcomes?

By improving families' economic conditions, these measures will:

- Reduce TANF-participating families' involvement in the child welfare system,
- Better help families meet their basic needs,
- Improve families' access to stable housing
- Increase service equity through consistent eligibility standards for all family types and housing situations, and through the expansion of eligibility to include undocumented people and those pregnant for less than eight months.

5. How will ODHS measure the impact on system and access inequities and/or impact disproportionality in accessibility and services in ODHS programs through this policy package?

Self-Sufficiency Programs is currently working with ODHS Office of Reporting, Research, Analytics, and Implementation (ORRAI) to identify service equity benchmarks and develop tools for measuring short- and long-term target outcomes.

How achieved

6. What actions have occurred to resolve the issue prior to requesting a policy package?

In 2022, the Oregon Legislature approved a series of TANF improvements put forth by ODHS, including:

- Triannual clothing allowances,
- A permanent raise of the resource limits for TANF and Pre-SSI/SSDI,
- A permanent end to full-family sanctions which deny cash to entire families when the caretaker is deemed "noncompliant" with their case plan.

Additionally, federal American Rescue Plan Act (ARPA) dollars awarded to Oregon's TANF program provided an opportunity to support families during the pandemic. Oregon chose to issue the dollars directly to families without any requirements.

7. What alternatives were considered and what were the reasons for rejecting them?

The TANF Redesign Partnership went through a collective process over the past several months to identify the legislative priorities and program investments to put forward for the 23-25 session. There were several proposals on the initial list including guaranteed basic income, housing stipends, child-support pass-through and SSI/SSDI full pass-through.

These proposals were ultimately rejected for several reasons. Basic income is a long-term discussion and ultimately new program that would require considerable outreach and funding. Pass-throughs were rejected because those policy options are being explored in other forums. Ultimately, the proposals outlined here were moved forward by the group based on feedback from TANF families.

8. What other agencies, programs, community partners or stakeholders are collaborating on this policy package?

This package was put together in partnership with the TANF Redesign Partnership and members of the Basic Income subcommittee of the Poverty Relief Taskforce (PRTF).

PRTF Basic Income subcommittee members: Multnomah County Idea Lab, Neighborhood Partnerships, Oregon Health Authority, ODHS SSP.

TANF Redesign Partnership: TANF Equity Alliance (El Programa Hispano, Native American Youth and Family Center, Oregon Food Bank, Oregon Center for Public Policy, Partners for a Hunger Free Oregon, Oregon Law Center, The Leadership Lab), The Confederated Tribes of Siletz Indians, The Klamath Tribes, TANF Families, and organizations outside of I-5 corridor.

9. Does this policy package require any changes to existing statute(s) or require a new statute? If yes, identify the statute and the legislative concept.

Yes. Ending state TANF time limits requires a change to ORS 412.079.

10. What other state, tribal, and/or local government agencies would be affected by this policy package? How would they be affected?

The investments will positively benefit Tribal members enrolled in TANF and related programs.

11. Is this policy package being requested because of an Oregon Secretary of State or internal audit? If so, provide further information.

No

Staffing and fiscal impact

Implementation date(s): 1/1/2024

End date (if applicable): N/A

12. What assumptions affect the pricing of this policy package?

None

13. Will there be new responsibilities for another agency (OHA etc.) and/or ODHS/OHA Shared Services? Specify which programs and describe their new responsibilities.

No

14. Will there be changes to client caseloads Cost per Case or services provided to population groups? Specify how many in each relevant program.

Yes. Part of the proposed package expands eligibility to individuals who are pregnant for less than 8 months and to undocumented caretakers/parents.

15. Describe the staff and positions needed to implement this policy package, including whether existing positions would be modified and/or new staff would be needed.

None

16. What are the start-up and one-time costs?

ONE System changes will be required for implementation of this package - $764,651

17. What are the ongoing costs?

All requests in this policy package are intended to be ongoing.

Description	25-27 Cost
End Time Limits	$ 3,178,661
Increase Eligibility for Pregnant Individuals	$ 11,926,698
Increase Eligibility for Undocumented Individuals	$ 1,120,584
Removed No Adult Standard, No Change to Base TANF	$ 14,611,320
Increase NAS Cases to 50% FPL Regular Grant Amount	$ 44,688,192
Increase Cash Grant to 50% FPL	$ 115,305,567
Staffing Impact	$ -
System Costs	$ -
Total	**$ 190,831,022**

18. What are the sources of funding and the funding split for each one?

General Funds - $118,887,918
Federal funds – One-time TANF FF savings from 21-23 biennium - $25,000,000

TANF federal funds may not be used for all policy changes listed, due to federal requirements.

19. What are the potential savings?

ODHS may realize savings in the TANF block grant expenditures by a reduction in caseload as more families can achieve economic stability and move off the TANF program. These savings are likely to be modest, take place over time and may not be realized within the biennium.

Total for this policy package

Oregon Department of Human Services:
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	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services						
Services & Supplies	$305,860		$458,791	$764,651		
Capital Outlay						
Special Payments	$118,582,058	$0	$24,541,209	$143,123,267		
Other						
Total	**$118,887,918**	**$0**	**$25,000,000**	**$143,887,918**	**0**	**0.00**

Fiscal impact by program

	SSP	Central ONE	Program 3	Program 4	**Total**
General Fund	118,582,058	305,860			**$118,887,918**
Other Funds					**$0**
Federal Funds	24,541,209	458,791			**$25,000,000**
Total Funds	143,123,267	764,651			**$143,887,918**
Positions	0	0			**0**
FTE	0	0			**0.00**

Oregon Department of Human Services
2023-25 Policy Package

Division:	Self-Sufficiency Programs
Program:	Youth Experiencing Homelessness Program (YEHP)
Policy package title:	Youth Experiencing Homelessness Program Expansion
Policy package number:	POP 136
Related legislation:	N/A

Summary statement:

Every young person deserves safe, stable housing. And yet every night in Oregon, thousands of unaccompanied young people go to sleep in tents, abandoned buildings, makeshift shelters, or on the couches of friends or strangers – all without the security of a home or family. We have a shared obligation to support youth who are experiencing homelessness, helping them not only to find housing, but also to access the wider array of services they need to achieve well-being and reach their full potential. Oregon Department of Human Services' Youth Experiencing Homelessness Program (YEHP) partners with impacted youth, community organizations, and state agencies in an effort to provide these services, help youth secure housing, and prevent homelessness among youth across the state. To do this work effectively, ODHS is requesting the staff and other resources necessary to (1) enhance youth-homelessness programming and maintain recent investments, (2) continue a Direct Cash Transfer pilot project for youth experiencing homelessness, (3) support the Statewide Youth Advisory Board, and (4) provide paid internships for youth with lived experience in homelessness. Together, these program investments will expand YEHP's reach to rural and Tribal communities, increase impacted youths' involvement in service

design, and build a continuum of services that effectively meets the unique and often complex needs of the individuals we serve.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	**$13,342,228**	**$0**	**$0**	**$13,342,228**	**4**	**3.25**

Purpose

1. Why does ODHS propose this policy package and what problem is ODHS trying to fix or solve?

The housing and homelessness crises in the United States are directly affecting young people, with national estimates revealing that approximately 1 in 30 youths (13 to 17 years old) and 1 in 10 young adults (18 to 25 years old) experience homelessness over the course of a year.[1] Meanwhile, Oregon projections indicate that approximately 8,300 youths and young adults are in need of safe housing each year.[2]

[1] Morton, M.H., Dworsky, A., & Samuels, G.M. (2017). Missed opportunities: Youth homelessness in America. National estimates. Chicago, IL: Chapin Hall at the University of Chicago. Available at: https://www.chapinhall.org/wp-content/uploads/ChapinHall_VoYC_NationalReport_Final.pdf

[2] Corporation for Supportive Housing (2021). Housing Needs Assessment Summary Report. Available at: https://www.oregon.gov/dhs/CHILDREN/Homeless-Youth/Documents/CSH-YH-Needs.pdf

While homelessness has greater visibility in urban areas, studies indicate that the rate of youth homelessness in urban and rural Oregon is almost identical.[3] Yet youth-specific services and housing supports are lacking in Oregon's rural areas, representing a marked inequity in a state where 35 percent of the population lives in rural or frontier areas.[4]

Oregon Department of Human Services' Youth Experiencing Homelessness Program (YEHP) provides services and supports to unaccompanied youth and young adults under the age of 24 without shelter who are not able to safely reside with a parent or guardian. The program administers funding to local nonprofit providers across the state providing shelter services, drop-in and outreach services, job development and mentoring services, and housing supports such as host homes and transitional living programming. YEHP has been limited in its scope and visibility due to its historical program arrangement, which entailed just 0.5 FTE from 2013 to 2019, while current service level funding has not changed since 2015 ($2.5 million General Fund and $600,000 Federal Social Services Block Grant (SSBG)). As youth homelessness needs have become more visible and urgent, short-term financial supports have helped us respond, but current funding levels prevent us from advancing needed program modifications, expanding our statewide reach to better serve rural communities, and adapting to a deepening housing crisis. Without the investment to accomplish these aims, we will not be able to significantly decrease youth homelessness across the state.

While YEHP has expanded its service support reach over the past few years, there remain several key areas in need of growth, including:

- Maintaining and expanding prevention, early/crisis intervention, and medium/long-term housing services, including Direct Cash Transfer programming, in both urban and rural areas;

[3] Ibid.
[4] Morton, M. H., Dworsky, A., Samuels, G. M., & Patel, S. (2018). Missed opportunities: Youth homelessness in rural America. Chicago, IL: Chapin Hall at the University of Chicago. Available at: https://www.chapinhall.org/wp-content/uploads/Youth-Homelessness-in-Rural-America.pdf

- Promoting youth-specific considerations within community planning around homelessness;
- Greater collaboration between YEHP and local partners across the state;
- Paid internships for youth with lived experience of homelessness; and
- Investing in a permanent Youth Advisory Board (YAB) to better inform program strategies and more meaningfully engage impacted youth.

Currently, one staff position is responsible for all aspects of programming work – from larger items like grant creation, program analysis, and financial oversight to smaller items like invoicing, scheduling, and website updates – which limits our ability to strategically plan and implement statewide efforts. Additional staff will enable strengthened, focused and more intentional work as well as sustainability for current and future initiatives. Adding paid internships for youth who are experiencing, or have experienced, homelessness would provide further support to internal programming while also providing interns with meaningful employment and resume-building opportunities to which they would not otherwise have access.

Intentionally investing in the YAB – coordinated by staff with lived experience of homelessness – will allow for better ongoing engagement of youth from all parts of Oregon, with particular emphasis on BIPOC and rural youth. It will also ensure that youth input and recommended actions are embedded in our grant investments, initiative supports, and new investment areas, as well as in our collaborations with other agencies, including Oregon Housing and Community Services (OHCS), Oregon Department of Education, Youth Development Division, and Rural Oregon Continuum of Care.

2. What would this policy package buy and how and when would it be implemented?

This package would support:

- Increased program budget to create, sustain and enhance youth-homelessness programming in underserved areas;
- ODHS Program Staff, including
    - Two permanent Program Analyst 3 positions (*one is currently funded as a limited duration ending 6/30/23*);
    - One permanent Program Analyst 2 to coordinate the Youth Advisory Committee and connect with other statewide local youth boards; and
    - One Administrative Specialist 2 position to support the program and its manager.
- Continuation and expansion of the Direct Cash Transfer pilot programming (continuation implemented immediately as current pilot is funded through 6/30/23; additional location expansion would begin implementation by ~12/31/23, if not sooner)
- Ongoing support of the statewide Youth Advisory Board on youth homelessness needs (implemented immediately, pending staff hiring, as YAB is currently being developed and expected to begin recruiting for young leaders by the end of 2022)
- Paid internship(s) for youth with lived experience of homelessness – minimum of one internship per year (implementation would be pending internship design, description and recruiting processes – could reasonably be implemented by 1/1/24).

	Cost
Service & Housing support grants - Existing Grants	$10,000,000
Youth Advisory Board	$ 300,000
Youth Internships contract	$ 81,000
Direct cash transfer pilot and expansion contracts - Existing contracts	$ 2,220,500
Subtotal - Program	**$12,601,500**
Personnel	$ 740,728
Total Costs - 24 months	**$13,342,228**

3. How does this policy package help, or potentially hinder, populations that disproportionately or underserved? How does this policy package further ODHS's 3 strategic goals, and both the program and ODHS missions.?

This policy package aligns with ODHS' priority of strengthening agency foundations in that it will provide YEHP with the tools it needs to better serve Oregon youth. It also advances the priority of Creating the Future of Human Services by intentionally and systemically engaging impacted youth in program design, allowing us to build service arrays that are tailored to this community's unique goals.

Many underserved populations are overrepresented in youth homelessness: Tribal youth; Black, Indigenous and youth of color; LGBTQIA2S+ youth; youth living in rural communities; youth with disabilities; youth with minimal income; and those with a history of child welfare and other systems involvement. This policy package would demonstrate a commitment to all youth struggling with housing instability, particularly underserved populations, and ensure their engagement in program decisions and service design processes.

Quantifying results

4. What are the long-term desired outcomes?

The following are the desired outcomes:

- Increased service capacity in all areas of the state, specifically rural locations, so that youth do not have to travel far to receive necessary services;
- Decrease in overall youth experiencing homelessness;
- More youth accessing safe and stable long-term housing;
- Increased well-being of youth experiencing homelessness;
- Cost-savings to state and local health, education, corrections, and public safety programs due to earlier investment;
- Decrease of chronically homeless adults by supporting and housing youth earlier;
- Increased youth involvement in ODHS decisions.

5. How will ODHS measure the impact on system and access inequities and/or impact disproportionality in accessibility and services in ODHS programs through this policy package?

ODHS will track statewide youth homelessness disaggregated by race and ethnicity to track the percent change over time. This biennium, we will work to develop key performance indicators and the tools for measuring progress toward our desired outcomes.

How achieved

6. What actions have occurred to resolve the issue prior to requesting a policy package?

In 2019, ODHS moved YEHP from Child Welfare to Self-Sufficiency Programs (SSP). Along with this change, the single YEHP position increased from 0.5 FTE to 1.0 FTE, allowing for greater focus on youth homelessness programming. Since that time, YEHP has grown in important ways, including:

- Increased number of grantees – from 13 youth-serving organizations to 37;
- Service location expansion from 12 to 24 counties;
- Service and housing initiatives expansion spanning
  - Transitional Living Programming;
  - Host Home Programming; and
  - Youth-Specific affordable-housing units;
- Short-Term service budget expansion from $3.1 million to $17 million (with $14 million ending on 6/30/23).

In 2021, ODHS funded a Statewide Assessment on Housing Needs for Youth Experiencing Homelessness to better understand the continuum of housing and other service needs for youth. Community stakeholders and youth with lived experience were involved in the regional planning sessions and played a significant role in developing the recommendations.

Additionally, YEHP began working with the ODHS Project Management Office (PMO) to focus energies, set timelines, plan for statewide service coordination, and identify barriers that were limiting the response of the

YEHP Program. This work is continuing, in collaboration with ODHS Child Welfare, with respect to new program implementation.

In 2022, ODHS and OHCS partnered with Point Source Youth to start a Direct Cash Transfer (DCT) pilot initiative. The pilot has hired two Oregon youth advocates and is working with three community-based organizations providing support to youth in Multnomah, Clackamas, and Deschutes counties – including one culturally-specific, community-based organization. This pilot expects to start paying 80 young people ages 18-24 between $750 and $1000 per month for 12 months to promote youth self-reliance, financial independence, and housing security.

A second staff position recently hired is currently working on a limited duration basis. YEHP is also committing to a Youth Advisory Board that will kick off in late summer 2022 and bring on youth leaders by the end of the year. Both SSP and the Office of Housing and Community Services (OHCS) foresee the need to equitably create and expand service and housing supports with direct insight from youth experiencing homelessness. Both agencies believe a YAB should exist and are committed to its creation and long-term management.

7. What alternatives were considered and what were the reasons for rejecting them?

Communities have long requested enhanced financial commitment and support for youth homelessness driven supports. One alternative is to not request this policy package; however, this would not be responsive to the needs that communities have highlighted.

8. What other agencies, programs, community partners or stakeholders are collaborating on this policy package?

The following community partners and stakeholders are collaborating on this policy package:

- Oregon Alliance,
- Ecumenical Ministries of Oregon,
- Oregon Host Home Provider Network,
- the Youth Experiencing Homelessness Advisory Committee,
- Lived-Experience Young Leaders,
- Participants via Statewide Assessment on Youth Housing Needs, and
- Approximately 34 youth-serving organizations across the state.

9. Does this policy package require any changes to existing statute(s) or require a new statute? If yes, identify the statute and the legislative concept.

No

10. What other state, tribal, and/or local government agencies would be affected by this policy package? How would they be affected?

Oregon Tribes may be positively affected by this policy package. According to research data, American Indian and Alaska Native youth have high rates of homelessness and are more than twice as likely as the general population to report experiences of homelessness.[5] In Oregon, federally recognized Tribes are primarily located in areas with sparce youth-specific service arrays. In locations where youth-specific services exist (i.e., Lincoln County), Tribes are more significantly involved and actively support programming for Tribal youth. Enhancing service and housing arrays in areas nearer to Oregon's Tribes would provide opportunity for

[5] Morton, M. H., Dworsky, A., Samuels, G. M., & Patel, S. (2018). Missed opportunities: Youth homelessness in rural America. Chicago, IL: Chapin Hall at the University of Chicago. Available at: https://www.chapinhall.org/wp-content/uploads/Youth-Homelessness-in-Rural-America.pdf

collaboration and support with all Oregon Tribal Nations. A statewide YAB would help to ensure that recommendations are informed by input from Tribal youth, and increased staff would allow for more intentional outreach and collaboration with Tribes.

The current Direct Cash Transfer (DCT) Pilot is partnered with the Native American Youth Association which will work with up to 50 young people receiving monthly cash payments, providing opportunities for Tribal youth to connect – and reconnect – culturally. Expanding the DCT pilot will also allow for greater financial support to Tribal youth.

State government will be affected by more proactively working on youth homelessness initiatives. There will be collaborative efforts made to better align state agencies in their response to youth homelessness needs.

11. Is this policy package being requested because of an Oregon Secretary of State or internal audit? If so, provide further information.

No.

Staffing and fiscal impact

Implementation date(s): July 2023

End date (if applicable): Ongoing

12. What assumptions affect the pricing of this policy package?

Service Budget: The budget for services has been approximately $2.5 million per biennium since 2015. HB2544 passed in 2021 allowed for a temporary service budget increase of $1.8 million and, even just from limited current contracted programs, an additional $5.2 million in proposed requests from grantees was received. The assumptions are that additional programs in more areas need to be created and supported, and that historical programs can appropriately serve more young people. As a comparison, the State of Washington's Office of Homeless Youth has an operating budget of nearly $40 million.

Youth Advisory Board: Number of young leader participants, compensation amounts, and supports that may be requested

13. Will there be new responsibilities for another agency (OHA etc.) and/or ODHS/OHA Shared Services? Specify which programs and describe their new responsibilities.

OHCS recently received funding to implement a Long-Term Rental Assistance pilot for youth experiencing homelessness and items in the policy package may necessitate new collaborations with ODHS. Additionally, the YAB is expected to provide input to OHCS regarding their housing initiatives for youth, and OHCS has expressed interest in further partnership on the DCT pilot. Both items could translate into new responsibilities within OCHS.

14. Will there be changes to client caseloads Cost per Case or services provided to population groups? Specify how many in each relevant program.

This is difficult to quantify on a program-to-program basis, but additional investment means more services provided to youth experiencing homelessness through contracted partners. It is expected that investing earlier in

youth-specific housing and support will be more cost effective then mitigating the effects of supporting chronic adult homelessness.

15. Describe the staff and positions needed to implement this policy package, including whether existing positions would be modified and/or new staff would be needed.

This program has historically had one staff person who is responsible for every aspect of the program's work and initiatives. This policy package asks for new ongoing positions so that we can better meet the needs of youth experiencing homelessness across the state:

- (New) Two permanent Program Analyst 3 position to administer expanded YEHP initiatives.
- (New) One permanent Program Analyst 2 to coordinate the Youth Advisory Board, connect with other statewide local youth boards, and drive youth engagement.
- (New) One permanent Administrative Specialist 2 position to support the program and its manager.

16. What are the start-up and one-time costs?

The startup costs are associated with hiring and onboarding four new staff and obtaining the necessary equipment (e.g., phones and laptops) to support their employment. Except for staff hiring and the proposed internships, all the requests in the policy package have already been started in some capacity and should continue ongoing.

17. What are the ongoing costs?

All requests in this policy package are intended to be ongoing to appropriately meet the needs of the growing number of youths experiencing homelessness across the state.

	Cost
Service & Housing support grants - Existing Grants	$10,000,000
Youth Advisory Board	$ 300,000
Youth Internships contract	$ 108,000
Direct cash transfer pilot and expansion contracts - Existing contracts	$ 2,500,000
Subtotal - Program	**$12,908,000**
Personnel	$ 899,656
Total Costs - 24 months	**$13,807,656**

18. What are the sources of funding and the funding split for each one?

This package requests 100% General Fund.

19. What are the potential savings?

For every $1 invested in programs for youth experiencing homelessness Oregon saves $4.[6] Preventing youth homelessness prevents adult homelessness and the more costly services downstream.

[6] Available at:
https://www.ncceh.org/media/files/article/2009_Oregon_Homeless_Youth_Study.pdf

Oregon Department of Human Services:
2023-25 Policy Package

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	$664,841	$0	$0	$664,841	4	3.25
Services & Supplies	$75,887			$75,887		
Capital Outlay						
Special Payments	$12,601,500			$12,601,500		
Other						
Total	**$13,342,228**	**$0**	**$0**	**$13,342,228**	**4**	**3.25**

Fiscal impact by program

	SSP DES	SSP PGM	Program 3	Program 4	**Total**
General Fund	$740,728	$12,601,500			**$13,342,228**
Other Funds					**$0**
Federal Funds					**$0**
Total Funds	$740,728	$12,601,500			**$13,342,228**
Positions	4				**4**
FTE	3.25				**3.25**

Oregon Department of Human Services:
2023-25 Policy Package

Division:	Self-Sufficiency Programs
Program:	Self-Sufficiency Programs
Policy package title:	Housing Stabilization Program Expansion
Policy package number:	POP 137
Related legislation:	N/A

Summary statement:

Housing is a key social determinant of health. Safe, stable, and affordable housing gives families a strong foundation and improves their chances of achieving their employment, education, health, and parenting goals. But families in Oregon regularly relay to Self-Sufficiency Programs staff that the existing network of subsidies and resources are insufficient to achieve housing stability. Communities of color, moreover, face disproportionate barriers to affordable housing access, which increases disparities in well-being outcomes. Oregon's Housing Stabilization Program (HSP), in operation since 1999, contracts with Community Action Agencies to provide short-term housing benefits to families. This program could be substantially more effective in housing intervention and as a tool to achieve equitable outcomes. This policy option package proposes to expand HSP to be more effective and culturally responsive. It entails increasing funding available to community-based organizations to build a network of housing navigators and provide financial housing assistance dollars to Oregonians experiencing low income; expanding eligibility criteria for HSP to include any Self-Sufficiency Programs participant; creating a Landlord Incentive Fund to increase affordable housing inventory; and creating new contracting opportunities

for HSP in ways that prioritize culturally specific organizations. This package also proposes the transfer of HSP from Oregon Housing and Community Services to Oregon Department of Human Services, where more capacity exists for administering an expansion of this scale.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	**$83,972,130**	**$0**	**$0**	**$83,972,130**	**4**	**3.52**

Purpose

1. Why does ODHS propose this policy package and what problem is ODHS trying to fix or solve?

Housing is fundamental to the well-being of people and families. A lack of stable, secure, and affordable housing prevents families from achieving economic stability, tending to their behavioral and physical health needs, meeting parenting and family reunification goals, and actively engaging in activities such as employment and education. Communities of color face disproportionate barriers to affordable housing access which increases racial disparities in health and well-being outcomes. When engaging with communities about what they need to achieve well-being, families regularly relay that the exist network of subsidies and resources

are insufficient to achieve housing stability. While Oregon Housing and Community Services' (OHCS) Housing Stabilization Program (HSP) has been in operation since 1999, limitations in both funding and operational design have prevented it from being fully effective as a housing intervention and as a tool to achieve equitable outcomes. Contracts are currently constrained to Community Action Agencies who, in most cases, are not culturally specific organizations and are thus less equipped to meet the needs of some of our most impacted communities. In addition, the contracts are funded via an inflexible formula and often are insufficient to create needed staff positions within community-based organizations (CBOs), which limits CBOs' ability to prioritize HSP referrals. The total funding level is woefully inadequate to meet the overwhelming housing needs of families experiencing low income. The program, funded at just $5 million, is intended to support families with move-in costs, rental arrears, short-term rental assistance, and other housing supports. The National Equity Atlas estimates the total rental debt alone in Oregon to be over $130 million.[1]

This Policy Option Package would transfer HSP from OHCS to Oregon Department of Human Services (ODHS), expand the program to effectively respond to the current housing crisis and economic climate, and prioritize the housing needs of Black, Indigenous and persons of color in Oregon. The package would also create a network of housing navigators throughout Oregon to activate in times of disaster. At the discretion of the ODHS Office of Resilience and Emergency Management, these housing navigators would be available to support immediate housing recovery needs for disaster survivors in conjunction with ODHS' statutory role as the state's Mass Care lead agency.

[1] National Equity Atlas Rent Debt Dashboard: https://nationalequityatlas.org/rent-debt

2. What would this policy package buy and how and when would it be implemented?

This Policy Option Package proposes the transfer of administration of the Housing Stabilization Program (HSP) from OHCS to ODHS and requests a General Fund expansion to the program. The proposed investment would allow ODHS to:

1. Increase funding available to community-based organizations to employ housing navigators and provide financial housing assistance dollars to Oregonians experiencing low income.
    - A minimum of one housing navigator would be available for each subcontract awardee. The position need will be determined by the subcontractor and included in their grant proposal.
    - Housing navigators would be leveraged as a "reserve" workforce to be activated by ODHS Office of Resilience and Emergency Management to aid housing recovery in disasters.

2. Expand HSP eligibility criteria to include participants in any of the state's Self-Sufficiency Programs, including the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance to Needy Families (TANF), Temporary Assistance for Domestic Violence Survivors (TA-DVS), Employment Related Day Care (ERDC) and/or Refugee services.

3. Create a Landlord Incentive Fund for HSP, making available sign-on bonuses to attract landlords to rent to groups experiencing low income and those who can be considered "higher risk" tenants.

4. Expand contracting opportunities for HSP beyond the Community Action Agency network, using a competitive Request for Proposal process that prioritizes culturally specific organizations.

The proposal also includes four new staff positions that will allow ODHS to take over administration of the existing program and implement its expansion:

- One Program Administrator (HSM2 – 1 FTE) position for ODHS, as the program requires dedicated oversight and management to reach its full effectiveness;
- One Program Analyst 3 (1 FTE) to author and implement HSP program rules, ensure compliance, collect program data, and measure and report on outcomes;
- One Administrative Specialist 2 (1 FTE) to support effective program implementation; and
- One Contracts and Procurement Specialist 3 (1 FTE) to absorb the increased workload on the Office and Contracts and Procurement.

If approved, these changes would be phased, with the expansion taking effect January 1, 2024, and transfer of the existing HSP program/contracts taking place on July 1, 2025. OHCS and ODHS would partner to thoughtfully plan and implement the transition, in collaboration with Community Action Agencies, from January 1, 2024, to June 30, 2025.

	Cost
Contracts with CBOS to support housing navigation positions and financial housing assistance to participants	$ 78,125,025
Landlord Incentive fund - Through CBO contracts	$ 5,000,000
Subtotal Program	**$ 83,125,025**
Personnel	$ 847,105
Total	**$ 83,972,130**

5. How does this policy package help, or potentially hinder, populations that are disproportionately underserved? How does this policy package further ODHS's 3 strategic goals, and both the program and ODHS missions?

This funding proposal advances all three of ODHS strategic goals in the following ways:

Strengthening agency foundations: Self-Sufficiency Programs' work is centered on supporting families in poverty on their journey toward economic stability. While the suite of services and benefits offered by ODHS can help move a family toward this goal, the lack of stable housing is and will continue to be a stubborn barrier. Rental assistance programs help families remain housed, reduce poverty, improve outcomes for children, improve adult wellbeing and can reduce healthcare costs.[2] Research also indicates that families receiving rental assistance experience lower levels of economic stress and are more likely to have money left over at the end of the month.[3] These dollars can help move families closer to financial stability which, like housing, is an important social determinant of health. Additionally, providing stable housing to families in crisis is critical in preventing out-of-home placements and entries to the Child Welfare system.[4] Housing hardship has been cited as one of three key predictors of involvement in the Child Welfare system, and a recent study shows providing families permanent supportive housing reduces removals (from 40 to 9 percent) and increases family reunification rates (from 9 to 30 percent).[5] In these ways, an

[2] https://www.cbpp.org/research/housing/research-shows-rental-assistance-reduces-hardship-and-provides-platform-to-expand
[3] https://www.cbpp.org/research/housing/research-shows-rental-assistance-reduces-hardship-and-provides-platform-to-expand
[4] Fowler PJ, Henry DB, Schoeny M, Landsverk J, Chavira D, Taylor JJ. Inadequate housing among families under investigation for child abuse and neglect: prevalence from a national probability sample. Am J Community Psychol. 2013 Sep;52(1-2).
[5] Farrell, A.F., Britner , P.A., Kull, M. Struzinski , D. Somaroo Rodriguez, S.K., Parr, K., K.,. . . C.
(Final report: Connecticut's Intensive Supportive Housing for Families program Chicago, IL: Chapin Hall at the University of Chicago.

investment in housing stability for Oregon families becomes an investment in family stability more broadly, which can make ODHS' other core services more effective in supporting families to exit poverty.

Responding to and preparing for emergencies: As Oregon learned following the 2020 Labor Day Wildfire event, housing is dramatically impacted following weather events and natural disasters. In the wake of nearly 4,000 homes lost to fires, Oregon's state emergency response structure has struggled to support families through their housing recovery. ODHS has continued to shelter over 500 wildfire survivors for more than a year following the disaster, and without an existing infrastructure of housing navigators, ODHS has leaned on Disaster Case Managers as a makeshift solution. Effective housing navigation is a specialized skillset that requires not only training and expertise, but a deep knowledge of local resources, relationships with housing providers and landlords, and up-to-date understanding of the housing landscape. By creating a network of housing navigators via HSP expansion, ODHS will create a "reserve" workforce to be activated in disaster response and recovery. These navigators will be ready with the knowledge and skills necessary to aid survivors in their housing recovery.

Creating the future of human services: The future of human services is rooted in equity and antiracism. Housing is a key social determinant of health and is vital to achieving equity in human services. People of color and other marginalized groups experience homelessness, housing instability and discrimination in the rental market at disproportionate levels. In the United States, Black people make up 12 percent of the population but 39 percent of individuals experiencing homelessness and 53 percent of people in families who experience homelessness.[6] People of color are also more likely to be renters and more likely to be rent

[6] https://www.urban.org/sites/default/files/publication/104335/universal-vouchers-ending-homelessness-and-expanding-economic-opportunity-in-america_1.pdf

burdened than white households, with nearly a quarter of Black renters and 19 percent of Hispanic renters nationally behind on their rent in the last quarter of 2021.[7]

In 2018, Black Oregonians made up over 50 percent of the rent burdened and severely rent burdened population, a statistic we know has only compounded since the pandemic.[8] Persons of color are more likely to face barriers in rental application and screening processes due to institutional racism, generational poverty, disproportionate criminalization and incarceration, and the racial wealth gap.[9] In Oregon's tight rental housing market, these same individuals who disproportionately experience poverty are in competition for rental units with higher income renters.

Equity in Human Services also cannot be achieved without community engagement. Repeatedly, community partners have voiced to ODHS that housing is a primary barrier to family success and is inadequately addressed by our current programs. The 2020 TANF Equity Alliance Plenary Report identified housing insecurity as one of the top concerns of TANF participants, and something that monthly TANF benefits were woefully inadequate in addressing.

[7] https://www.jchs.harvard.edu/sites/default/files/reports/files/Harvard_JCHS_Americas_Rental_Housing_2022.pdf
[8] https://www.oregon.gov/ohcs/about-us/Documents/RHNA/02-21-2021-ECONW-OHCS.pdf
[9] https://www.ocpp.org/2020/08/07/poverty-oregon/#:~:text=In%202018%2C%20after%20eight%20years,516%2C000%20Oregonians%2C%20including%20134%2C000%20children.

Quantifying results

6. What are the long-term desired outcomes?

Population outcomes:

- Increased number of ODHS Self-Sufficiency Programs participants securing and maintaining stable housing
- Increased rate of stable housing placements for survivors within six months of a disaster or other emergency event

Program outcomes:

- Increased number of HSP contracts deployed to culturally specific provider organizations

7. How will ODHS measure the impact on system and access inequities and/or impact disproportionality in accessibility and services in ODHS programs through this policy package?

ODHS does not currently track housing outcomes or conduct disaggregated data analyses by race or ethnicity for HSP subcontractors. With this program transfer and expansion, ODHS would:

- Collect data from subcontractors via OHCS to assess housing outcomes of HSP participants, disaggregated by race and ethnicity. OHCS is currently the statewide administrator for the Homeless Management Information System (HMIS) which all subcontractors would be required to utilize for reporting.

- Require subcontractors to provide disaggregated reporting on their applicant pools.
- Analyze changes in Housing Stability measure (Key Performance Measure) disaggregated by race and ethnicity.

How achieved

8. What actions have occurred to resolve the issue prior to requesting a policy package?

ODHS is currently pursuing more active partnership with OHCS and Community Action Agencies to improve administration of the existing HSP model. Some improvements can be made without this policy package, including:

- Collecting and analyzing outcomes data in partnership with OHCS and Community Action Agencies
- Convening Community Action Agencies regularly to discuss and resolve obstacles to successful administration of the program

However, given that this oversight of program is carved out from TANF program analysts' time, their ability to dedicate energy to this program will remain limited.

9. What alternatives were considered and what were the reasons for rejecting them?

Locally, ODHS district offices can improve partnerships with community-based housing resource organizations who are administering other OHCS rental assistance and eviction prevention dollars. However, this approach will not be sufficient to address the need because:

- Oregon's Emergency Rental Assistance Program has come to an end.

- Oregon's $51.5 million Eviction Prevention funds are intended to serve the entire low-income population of Oregon. Evictions in Oregon have trended around 1,500 filings per month since the end of the eviction moratorium. It is estimated that rental debt in Oregon is currently over $130 million[10].
- OHCS' Housing Choice Landlord Guarantee program, which provides damage mitigation funds to incentivize landlords, only serves Section 8 voucher holders.

None of the above listed resources are set aside or prioritized for ODHS consumers, making HSP a far more effective tool to meet our participants' needs. While some improvements to HSP can be made at the program administration level, the funding and contracting structure of the existing program will not be sufficient to meet the needs.

10. What other agencies, programs, community partners or stakeholders are collaborating on this policy package?

- OHCS
- Community Action Agencies
- TANF Redesign partners
- TANF Equity Alliance
- Oregon Law Center

[10] https://nationalequityatlas.org/rent-debt

11. Does this policy package require any changes to existing statute(s) or require a new statute? If yes, identify the statute and the legislative concept.

No

12. What other state, tribal, and/or local government agencies would be affected by this policy package? How would they be affected?

OHCS currently administers the contracts for HSP. This proposal would transfer the existing program from OHCS to ODHS on July 1, 2025, which would require a thoughtful partnership to ensure a smooth transition. OHCS supports this proposal as the agency currently lacks the administrative capacity to take on an HSP expansion of this size. ODHS and OHCS will continue to work in partnership on HSP to ensure alignment between agency resources, avoid duplication, and limit the administrative burden on CBOs contracting with both state agencies.

13. Is this policy package being requested because of an Oregon Secretary of State or internal audit? If so, provide further information.

No

Staffing and fiscal impact

Implementation date(s): January 1, 2024

End date (if applicable): N/A

14. What assumptions affect the pricing of this policy package?

This package assumes that the housing market in Oregon will remain unaffordable for individuals and families experiencing low income, and that demand for financial housing supports and housing navigation services will remain high over the next several years.

15. Will there be new responsibilities for another agency (OHA etc.) and/or ODHS/OHA Shared Services? Specify which programs and describe their new responsibilities.

This proposal would require the Office of Contracts and Procurement to take on new responsibilities in transferring the existing HSP contracts from OHCS to ODHS and implementing the expanded program. OC&P would administer a competitive Request for Proposal process and execute contracts for the new awardees. One (1 FTE) Contracts and Procurement Specialist has been included in this package to absorb the increase workload.

16. Will there be changes to client caseloads Cost per Case or services provided to population groups? Specify how many in each relevant program.

No

17. **Describe the staff and positions needed to implement this policy package, including whether existing positions would be modified and/or new staff would be needed.**

The proposal includes staff that will allow ODHS to take over administration of the existing program from OHCS and implement the expansion:

- One new Program Administrator (HSM2 – 1 FTE) position for ODHS, as the program requires dedicated oversight and management to reach its full effectiveness
- One new Program Analyst 3 (1 FTE) to author and implement HSP program rules, ensure compliance, collect program data, and measure and report on outcomes
- One new Administrative Specialist 2 (1 FTE) to support effective program implementation
- One Contracts and Procurement Specialist 3 (1 FTE) to absorb the increased workload on the Office and Contracts and Procurement

18. What are the start-up and one-time costs?

None

19. What are the ongoing costs?

Funding for one Human Services Manager 2 Program Administrator, Administrative Specialist 2, Program Analyst 3, and Procurement & Contracts Specialist 3.

Funding for grants to CBOs to support housing navigation positions and financial housing assistance to participants.

Funding for Landlord Incentive Fund also subcontracts through CBOs.

20. What are the sources of funding and the funding split for each one?

General Fund 100%

	Cost
Increased funding to Oregon Housing Council - Existing contract:	
Contracts with CBOS to support housing navigation positions and financial housing assistance to participants	$ 109,166,700
Landlord Incentive fund - Through CBO contracts	$ 964,490
Subtotal Program	**$ 110,131,190**
Personnel	$ 964,490
Total	**$ 111,095,680**

21. What are the potential savings?

ODHS may realize savings in TANF block grant expenditures as more families can achieve economic stability and move off the TANF program. These savings are likely to be modest, take place over time and may not be realized within the biennium.

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	$766,985	$0	$0	$766,985	4	3.52
Services & Supplies	$80,120			$80,120		
Capital Outlay						
Special Payments	$83,125,025			$83,125,025		
Other						
Total	**$83,972,130**	**$0**	**$0**	**$83,972,130**	**4**	**3.52**

Oregon Department of Human Services:
2023-25 Policy Package

Fiscal impact by program

	SSP Design	SSP Program	Program 3	Program 4	**Total**
General Fund	$847,105	$83,125,025			**$83,972,130**
Other Funds					**$0**
Federal Funds					**$0**
Total Funds	$847,105	$83,125,025			**$83,972,130**
Positions	4				**4**
FTE	3.52				**3.52**

Oregon Department of Human Services
2023-25 Policy Package

Division:	Self-Sufficiency Programs (SSP)
Program:	Survivor Investment Partnership (SIP)
Policy package title:	Survivor Investment Partnership Expansion
Policy package number:	POP 138
Related legislation:	N/A

Summary statement:

Everyone deserves to be safe from violence in their homes and communities. But in Oregon and nationally, domestic violence is an ongoing threat to people's well-being – particularly in communities that have been subject to historic oppressions and disproportionate economic stress. Research and community input tell us that we can provide better domestic violence advocacy, prevention, and support services to survivors in these populations by creating more culturally responsive local service arrays and by providing the financial supports necessary for them to exit violent situations. By addressing the current gaps, we can ensure that survivors of domestic violence and sexual assault (DVSA) have access to these critical supports no matter where they live or what community they belong to. Oregon Department of Human Services is proposing an expansion of the Survivor Investment Partnership (SIP) to address these gaps. SIP was developed in partnership with Tribes and communities of color, DVSA service providers and survivors of DVSA, and established by the Legislature in 2021. But current funding constraints prevent us from providing survivors with equitable supports statewide. This package requests funding to enable the delivery of culturally

responsive advocacy services and impactful financial support, as well as expanded resourcing for the co-located domestic violence advocates program that serves people through Self-Sufficiency Programs and Child Welfare offices throughout the state.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	**$32,236,635**	**$0**	**$0**	**$32,236,635**	**2**	**1.76**

Purpose

1. Why does ODHS propose this policy package and what problem is ODHS trying to fix or solve?

Members of historically oppressed communities, including Tribal and other communities of color, are at increased risk for domestic violence:

- Nationally, 44 percent of Tribal members experience domestic violence.[1]

[1] https://www.cdc.gov/violenceprevention/pdf/NISVS-StateReportBook.pdf

- 2017 Adult Protective Services reports show that out of 3,672[2] founded community allegations investigated for abuse, 85 percent of those cases were individuals that may have experienced some form of domestic violence.
- In Federal Fiscal Year 2018, 21.5 percent[3] of children in child welfare who were victims of child abuse were children of color.
- Survivors of color and immigrant survivors face increased barriers to accessing safety and services. In a 2019 survey,[4] 3 out of 4 advocates reported that immigrant survivors fear accessing legal services related to their abuser.

Despite these disproportionalities, existing domestic violence advocacy and support services are not tailored to meet the unique cultural and economic needs of communities of color and, as such, are inadequate to solve the problem. Survivors report an increased level of comfort when they can access services from within their own community[5]. To fully realize the potential of ODHS' domestic violence prevention and support services and ensure equitable access to needed supports, we must prioritize the development and delivery of culturally responsive advocacy services and strategies for providing impactful financial support. We must also ensure that the co-located domestic violence (DV) advocates program has the staff and other resources it needs to provide effective services at Self-Sufficiency Programs and Child Welfare offices throughout the state.

2. What would this policy package buy and how and when would it be implemented?

[2] Internal APS Fast Facts 2017 Report
[3] https://www.oregon.gov/DHS/CHILDREN/CHILD-ABUSE/Documents/2018-Child-Welfare-Data-Book.pdf
[4] May 2019 Findings: Immigrant Survivors Fear Reporting Violence. Tahirih Justice Center. Retrieved from https://www.tahirih.org/wp-content/uploads/2019/06/2019-Advocate-Survey-Final.pdf.
[5] YFS – Culturally Specific and Underserved Domestic and Sexual Violence Services

Oregon Department of Human Services:
2023-25 Policy Package

This policy package would expand the Survivor Investment Partnership (SIP) program, which was established in 2021 and allocated $10 million. That allocation was $30 million less than the determined need.

The purpose of the SIP program is to provide funding to the following community partners to support survivors in a financially and culturally responsive way within their communities:

- **Tribal Domestic Violence Sexual Assault (DVSA) agencies** (9 contracts) **$4,077,00** – Additional Intergovernmental Agreements with Oregon Nine Confederated Tribes to support DVSA services in Tribal communities, with Survivor Investment Funds to serve survivors
- **Culturally specific DVSA agencies $544,000 -** Contracted statewide support positions to provide technical assistance, networking and support for advocates working in culturally specific communities
- **Co-located DVSA agencies (33 contracts) $27,192,000** - Increased access to confidential advocacy services for survivors in ODHS Self-Sufficiency and Child Welfare offices in all Oregon counties through contracted positions and Survivor Investment Funds for direct service to survivors

This policy package increases flexible funding for survivors of DVSA, in the form of direct financial support to survivors administered through the partners listed above, which helps ensure that survivors have the opportunity to safely transition out of violent situations and begin their journey toward recovery. Funds would also be increased for providers currently participating in SIP, which would allow for additional services to survivors.

Survivor Investment Dollars

- Includes flexibility to offer financial assistance to all vulnerable populations for resources including but not limited to housing, legal fees, immigration fees, penalties, lock changes, cameras, rental assistance, moving costs, plane tickets, license fees, housing application, emergency hotel, etc.

- Use of funds to be determined by Tribal Nations, Culturally Specific DVSA Providers, and Co-Located DVSA Providers for the needs of DVSA survivors in their communities.
- These funds are issued through contract and intergovernmental agreements and specific to services for survivors – implemented in partnership with DVSA programs to meet the needs in a trauma-informed, culturally responsive system.

This also purchases two (2) new positions at ODHS for ongoing program integrity and sustainability:

- **Operations and Policy Analyst 3**
- **Program Analyst 2**

The proposed implementation date of this policy package is July 1, 2023.

	Cost
Tribal DVSA Agencies (9 contracts)	$ 4,047,000
Culturally specific DVSA agencies	$ 7,362,000
Co-located DVSA agencies (33 contracts)	$19,800,000
Culturally Specific Statewide Network	$ 544,000
Survivor Investment Dollars	$ 60,000
Subtotal - Program	**$31,813,000**
Personnel	$ 423,635
Total	**$32,236,635**

3. How does this policy package help, or potentially hinder, populations that are disproportionately underserved? How does this policy package further ODHS's 3 strategic goals, and both the program and ODHS missions?

Throughout workgroup conversations and meetings with Tribal representatives and culturally specific community members, it was continuously stated that underfunding programs that serve marginalized populations perpetuates historic oppression and continues to uphold systems that further oppress survivors of DVSA. This policy option package increases funding to enhance culturally responsive domestic violence services, addresses systematic weaknesses in service implementation and applies an equity lens to ensure ODHS clients and community members have access to meaningful, trauma-informed, and culturally responsive services and financial support within their communities.

By contracting with and providing funding directly to Tribal and culturally specific partners, the package increases partner capacity for advocacy and services, and in this way represents an important tool for carrying out the aims of ODHS domestic violence response. It also furthers the agency priority of preparing for and responding to emergencies by ensuring that survivors in crisis will have access to needed supports. Increased SIP dollars work toward creating the future of human services by empowering communities to provide meaningful support for DVSA survivors, without relying on ODHS programs or governmental agencies alone.

This program focuses on providing culturally responsive advocacy and financial support to survivors in Tribal communities and culturally specific communities, who are historically underserved, as well as co-located DVSA agencies. By building capacity within culturally responsive agencies, and providing flexible funding to support DVSA survivors, we are allowing agencies that know their communities best to determine how best to support survivors.

Building a statewide network of support allows us to create more resources in all areas of the state for culturally responsive services. This further builds ODHS collaboration with partners and enhances the ability for partners to connect across the state, building more network and support for DVSA survivors.

Quantifying results

4. What are the long-term desired outcomes?

The long-term desired outcome for this package is to enhance culturally specific and responsive services, as well as empower marginalized communities to provide services support, outreach, and prevention for DVSA survivors within their communities.

This package will expand culturally responsive services for survivors of DVSA statewide. Historically underserved populations that experience violence at a disproportionate rate will be positively impacted by this program, both the financial supports and additional advocacy service and resources this policy package builds. These services will help survivors and their children to attain safety and self-sufficiency and prevent the need to return to an abusive situation. This will also build culturally responsive DVSA services throughout the state of Oregon by increasing capacity at culturally specific DVSA organizations and building a network of support statewide.

5. How will ODHS measure the impact on system and access inequities and/or impact disproportionality in accessibility and services in ODHS programs through this policy package?

ODHS will collect aggregate data from all providers to determine how funds were used and how many people were served. Additional outcome measures and tools for identifying progress are currently in development.

ODHS plans to work in collaboration with our providers to develop a series of optional survivor surveys that can be used to gather data related to program effectiveness, accessibility, and areas for improvement as well as ongoing barriers to people's equity and safety.

ODHS will also work with staff to determine the quality and growth of our community partnerships and of our staff's cultural responsivity.

How achieved

6. What actions have occurred to resolve the issue prior to requesting a policy package?

With existing funding prior to SIP, ODHS has funded contracts with co-located DV providers; however, these investments do not adequately address the specific needs of the target populations. Additionally, many of the co-located advocates have attempted to fill the service gap by providing culturally responsive services without funding. Unfortunately, there have been additional costs to this strategy resulting in understaffing in advocacy agencies, lack of effective training and financial support for advocates, and inequitable treatment to providers.

This also results in less access for survivors to well supported DVSA co-located advocates and lack of culturally responsive services for Tribes and underserved populations.

7. What alternatives were considered and what were the reasons for rejecting them?

We explored existing supports and services for domestic violence survivors in the state of Oregon. As it stands now, relying on local domestic violence sexual assault (DVSA) providers and community action agencies to distribute funding sources for financial support to survivors of domestic violence will not be sufficient. DVSA providers have limited funding, ODHS programs have limiting statutes, and other community agency funding is otherwise allocated and not dedicated specifically to domestic violence.

ODHS has explored expanding our Temporary Assistance for Domestic Violence Survivors (TA-DVS) program however the program has federal funding that restricts both the eligibility for the funds and the usage of the funding, which hinders survivors from applying and/or accessing funds once approved for the program.

Current co-located DVSA providers have attempted to support survivors and ODHS at their own cost. This resulted in under staffing in advocacy agencies, lack of effective training and support for advocates, and inequitable support for survivors needing culturally specific resources.

We learned from DVSA survivors, current ODHS staff, current contracted DVSA providers, and from Oregon Tribes and culturally specific providers that the current systems do not meet all the needs of providers or DVSA survivors in a meaningful way or a culturally specific way. During workgroups for planning the original ask for SIP funding, underserved communities stated that underfunding programs such as SIP limits meaningful support and does not adequately solve the issue of the need for culturally appropriate domestic violence services.

8. What other agencies, programs, community partners or stakeholders are collaborating on this policy package?

We worked in collaboration with the following partners:

- Governor's Office,
- Oregon Tribal Nations,
- Culturally specific DVSA providers,
- Current co-located DV advocate providers,
- Oregon Attorney General's Sexual Assault Task Force,
- Oregon Coalition Against Domestic and Sexual Violence,
- ODHS Domestic and Sexual Violence Council, and
- other interested parties.

These parties engaged in workgroup efforts to build the policy package, providing recommendations related to funding and service enhancements, culturally responsive service design and delivery, and strategies for empowering DVSA agencies and Tribes to carry out this work.

The original SIP policy package was jointly developed by the Oregon Tribes, culturally specific DVSA providers, co-located DV providers, and a workgroup made of DVSA providers, ODHS staff, the Governor's Office, and other DVSA service providers.

9. Does this policy package require any changes to existing statute(s) or require a new statute? If yes, identify the statute and the legislative concept.

No, this policy package does not require any changes or establishment of statute.

10. What other state, tribal, and/or local government agencies would be affected by this policy package? How would they be affected?

Each of the nine Federally Recognized Oregon Tribes will be positively affected by receiving additional funding to increase their DVSA service capacity based on their community needs.

11. Is this policy package being requested because of an Oregon Secretary of State or internal audit? If so, provide further information.

This package is not being requested because of an Oregon Secretary of State or internal audit.

Staffing and fiscal impact

Implementation date(s): 7/1/2023

End date (if applicable): N/A

12. What assumptions affect the pricing of this policy package?

This policy package is priced based on a two-year biennium contract schedule. Contracts and intergovernmental agreements would be signed for two years with amendments for ongoing service level.

13. Will there be new responsibilities for another agency (OHA etc.) and/or ODHS/OHA Shared Services? Specify which programs and describe their new responsibilities.

Yes, the SIP program will be responsible for dispersing additional funding, building on existing partnerships to ensure that these communities are supported, and updating and current contracts with co-located DV Advocate partners, Tribes, and culturally specific providers.

14. Will there be changes to client caseloads Cost per Case or services provided to population groups? Specify how many in each relevant program.

It is unclear whether this package would initially increase or reduce the domestic violence caseload. More individuals will have access to culturally responsive services, advocacy services and financial support, which could increase caseload sizes due to the partnership and overlap of services with ODHS. Caseloads could also potentially decrease if survivors are finding more meaningful services within their communities. This connection to culturally specific advocates and financial support might mean survivors will not need ODHS services or will receive preventative services instead of entering the child welfare system.

15. Describe the staff and positions needed to implement this policy package, including whether existing positions would be modified and/or new staff would be needed.

This policy package requests the following permanent positions at 21 months.

- **Operations and Policy Analyst 3** – For ongoing contract administration, including but not limited to contract/Intergovernmental Agreement drafting and submission, site visits, contract compliance, conducting training, and providing technical support to contracted providers
- **Program Analyst 2** – For invoice processing, data tracking, day to day maintenance of SIP program

16. What are the start-up and one-time costs?

There are no start-up or one-time costs for this policy package.

17. What are the ongoing costs?

All requests in this policy package are intended to be ongoing.

	Cost
Tribal DVSA Agencies (9 contracts)	$ 4,047,000
Culturally specific DVSA agencies	$ 7,362,000
Co-located DVSA agencies (33 contracts)	$19,800,000
Culturally Specific Statewide Network	$ 544,000
Survivor Investment Dollars	$ 60,000
Subtotal - Program	**$31,813,000**
Personnel	$ 482,347
Total	**$32,295,347**

18. What are the sources of funding and the funding split for each one?

This policy package is 100 percent General Funds.

19. What are the potential savings?

N/A

Oregon Department of Human Services:
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Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	$383,624	$0	$0	$383,624	2	1.76
Services & Supplies	$40,011			$40,011		
Capital Outlay						
Special Payments	$31,813,000			$31,813,000		
Other						
Total	**$32.236,635**	**$0**	**$0**	**$32.236,635**	**2**	**1.76**

Fiscal impact by program

	SSP DES	SSP PGM	Program 3	Program 4	**Total**
General Fund	$423,635	$31,813,000			**$32,236,635**
Other Funds					**$0**
Federal Funds					**$0**
Total Funds	$423,635	$31,813,000			**$32,236,635**
Positions	2				**2**
FTE	1.76				**1.76**

Oregon Department of Human Services
2023-25 Policy Package

Division:	Self-Sufficiency Program
Program:	Supplemental Nutrition Assistance Program (SNAP)
Policy package title:	Local Food Purchasing Infrastructure
Policy package number:	POP 139
Related legislation:	N/A

Summary statement:

No one in Oregon should go hungry. But data shows that one in four Oregonians need to use a food bank each quarter to get enough food for themselves and their families. And Black- and Latinx-headed households are twice as likely to be hungry as white families.

Since the COVID-19 pandemic there have been food shortages due to supply chain issues, labor shortages and now increases in the cost of foods. The ongoing disruption in federal food assistance is deepening the crisis for Oregon's food bank network, hindering their ability to provide enough food for people who are seeking assistance but don't always qualify for federal food programs.

With strategic investments, we can provide enough food so our neighbors don't go hungry – and we can support our local farmers and communities in the process. ODHS is seeking a $10,172,796 investment over the biennium to help create a more flexible Local Food Purchasing Infrastructure through the Oregon Food Bank network that will stabilize and supplement federal food dollars.

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General Fund dollars would give the current network greater flexibility to invest in local economies for the purchase of fresh, nutritious culturally specific foods. The network includes 20 regional food banks in Oregon and more than 1,400 food assistance sites. The current federal funding is not able to reach all food sites in the larger statewide network and some federal funding is capped at levels that cannot be amended.

The rapid cancelations of federally purchased foods during the last two years has caused hardship and gaps in Oregon's food infrastructure. As part of the reinvestment in locally grown food and use of general funding, the program will be able to increase the number of sites and customers that cannot be served through current federal food programming.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	**$10,086,400**	**$0**	**$86,396**	**$10,172,796**	**1**	**0.75**

Oregon Department of Human Services:
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Purpose

1. Why does ODHS propose this policy package and what problem is ODHS trying to fix or solve?

Oregon data shows that one in four Oregonians continue to use the statewide food bank network each quarter to get enough food for themselves and their family. (Report link: https://api.oregonfoodbank.org/assets/content/2020-Impact-Report-Oregon-Food-Bank.pdf)

Black- and Latinx-headed households are twice as likely to be hungry as white families. The COVID-19 pandemic is disproportionately impacting these historically marginalized populations, creating wider gaps between household incomes and essential needs.

While the need for emergency food services in Oregon is high, the Oregon Food Bank network (OFB) is experiencing a dramatic drop in emergency food supply. Widespread supply chain impacts, labor constraints and economic and market shifts caused by the pandemic continue to impact the food industry. ODHS anticipates disruption to donated food streams will continue for the foreseeable future, meaning far fewer donations and less predictability. (Report links: Takeaways from President Biden's Supply Chain Plan for 2022 and FNS Actions to Address COVID-19 Related Supply Chain Disruptions).

Before the pandemic, centrally procured donations provided 30 million pounds of food annually. In the Fiscal Year beginning July 1, 2022, OFB is projecting a nearly 50 percent reduction in supplies – roughly 16 million donated pounds of food. According to a recent Reuters report, U.S. retailers were seeing 12 percent out-of-stock levels on food, beverage, and other grocery items in January 2022, compared to the more typical 7 percent to 10 percent levels. The reduction in available food products, in turn, limits retailers' food donations to food bank

networks and has changed the types of foods donated. OFB must then purchase food to replace these gaps in donations.

At the same time, food prices continue to increase due to a combination of factors, including workforce and material shortages and increased transportation costs, while the USDA predicts an additional 5 percent to 6 percent increase in food-at-home prices in 2022.

ODHS continues to pass through the federal funding for the Emergency Food Assistance Program (TEFAP) and Commodity Supplemental Food Program (CSFP) to the OFB network. The ongoing disruption in federal food assistance is causing a deepening crisis for Oregon's food bank network, hindering their ability to provide enough food for the individuals and families in Oregon's communities who are seeking help and do not always qualify for other federal food programs but who are experiencing food insecurity.

2. What would this policy package buy and how and when would it be implemented?

ODHS is seeking $10,172,796 million investment over the next biennium to help sustain Oregon's Emergency Food System. Providing General Fund dollars gives the network greater flexibility to invest in local economies for the purchase of fresh, nutritious, and culturally specific foods.

- The $10 million in funding requested will be used for food purchasing and distribution throughout Oregon, with a focus on supplying more locally grown, fresh, nutritious, and culturally specific foods. These funds will ensure that ongoing disruptions in the federal food programs does not continue to disproportionately affect the procurement and supply for the food bank network in Oregon. This funding will stabilize our state food system and ensure that more food dollars remain within our ability to secure essential food items.

- The investment also would include a new ODHS position at an OPA 2 level to help support the expansion of this new Local Food Purchasing Infrastructure program.

With General Fund investment, Oregon will be able to support the larger decentralized food distribution network which includes 20 regional food banks in Oregon and over 1,400 food assistance sites. The funding would be intended to cover the biennium and to begin to build a stronger food system that can adapt more successfully to cancellations in federal and national food procurement systems.

	Cost
Food purchasing and distribution	$ 10,000,000
Personnel	$ 172,796
Total	**$ 10,172,796**

3. How does this policy package help, or potentially hinder populations that are disproportionately underserved? How does this policy package further ODHS's three strategic goals for both the program and ODHS missions?

Communities experiencing hunger is a result of disparate distributions of income, power and represented voice. To ensure that this work emerges from community-led solutions, we are working in partnership with OFB, which focuses their services on the following priority populations: Black, Indigenous, People of Color (BIPOC) communities, immigrants and refugees, single mothers, and caregivers and those identifying as transgender or gender non-conforming.

OFB has already begun work with participants and gained valuable feedback and input through a variety of methods including focus groups, network and programmatic surveys, internal positions focused on client

engagement and work groups to evaluate feedback. We will continue to engage and partner with the community to ensure that the additional food dollars invested are meeting the needs of the people we serve.

Investment in a Local Food Purchasing Infrastructure program will build on the connections between the Oregon SNAP (Supplemental Nutrition Assistance Program) program and partnering programs like Double Up Food Bucks. The proposed funding is in addition to these programs and will also allow the Oregon Food Bank networks to help communities that can't be served by the federal programs or those who transition out of our federal services but are still experiencing hunger. For example, many of the immigrant and non-citizen communities in Oregon experience five-year waiting periods or simply never qualify for federal food programs.

Quantifying results

4. What are the long-term desired outcomes?

- ODHS and OFB are aligned to improve access and services to priority populations historically underserved or disproportionality affected by lack of federal food programming. Specifically, we would be deepening our services with Black, Indigenous, and people of color, single mothers/caregivers, transgender and gender nonconforming people, immigrants, and refugees.
- Working together we will continue to support the OFB goals of intentionally placing food distributions in neighborhoods accessed by BIPOC communities and immigrants, providing translation services and materials in several languages (for example the FoodFinder website is available in 14 languages including Spanish, Vietnamese, Chuukese, Russian, Ukrainian, Nepali, Arabic, Somali and more).
- The unique, statewide reach and collaboration with Oregon Regional Food Banks ensures that we can reach community members from both urban and rural areas of Oregon.

- Continued investment in the stabilization of the local food purchasing program that supports the food bank network and their ability to purchase more locally grown foods has a direct impact on Oregon's economy. It supports and promotes local producers, growers and retailers and the ability to purchase more local food can continue to support job growth in Oregon in key employment sectors. Local food purchases also assist in preserving more flexibility for culturally relevant and appropriate food access, supports food access in the event of a disaster or emergency, and ensures that the urban and rural food desert impacts are reduced.
- State food purchasing funds allow for the flexibility to purchase foods based on the community's need, instead of simply distributing food that has been donated. These funds allow us to put the decision-making power in the communities experiencing hunger and shift the conversation from "this is what we have to give" to "what do you need, and how can we help provide it for you?"

5. How will ODHS measure the impact on system and access inequities and/or impact disproportionality in accessibility and services in ODHS programs through this policy package?

ODHS will contract with OFB to purchase $10 million pounds of food to meet the increased need for food assistance services.

1. Purchase food according to a sourcing schedule to reduce duplication or over-stocking. When shortages in the food supply chain occur OFB will be able to adjust purchasing to keep the flow of food steady to the community.
2. Support OFB in creating contracts and connections with local farmers and producers for food purchasing, focusing on fresh and culturally specific foods.
3. Food purchased will sustain Oregon's emergency food system, helping during pandemic recovery, wildfires, and other natural disasters.

This funding will help to provide more than 830,000 meals to hungry individuals and families over the biennium.

- OFB can use its food tracking and Link2Feed databases. The contract will include OFB tracking number of pounds distributed and the number of people served.
- The investment of the ODHS position to help to administer the program will mean that the position can support analysis and help convene workgroups to assess the effectiveness of the general fund investment.

How achieved

6. What actions have occurred to resolve the issue prior to requesting a policy package?

ODHS and OFB continue to use all available federal funding sources and over the last few years have successfully gained funding from the Legislature. This POP is seeking to stabilize that funding request in a more formal manner that will allow ODHS and OFB to focus on the development of more local food procurement practices and to reinvest in local growers and producers through contracting and food production contracts and grants.

7. What alternatives were considered and what were the reasons for rejecting them?

The alternative is to continue to approach each legislative session with these requests but that does not allow ODHS or OFB to build a sustainable and regular local food procurement infrastructure.

8. What other agencies, programs, community partners or stakeholders are collaborating on this policy package?

ODHS and OFB have been working together for many years, analyzing the trends in Oregon's food system and food needs. Both agencies have active representation on the Oregon Hunger Task Force, other community and partner councils or advisory groups, and a series of community-focused workgroups.

Hunger advocates, partners and state agencies are in regular communication regarding the food systems and emergency food needs in Oregon. While this specific funding request has not been addressed directly – it is part of a larger statewide strategy that could help to address the food gap in our communities.

OFB's statewide service delivery model brings together our partners to collaborate, share resources and problem-solve to provide effective and equitable services. Partners engage in a formalized statewide logistical planning process to keep the hunger relief system running day in and day out as we develop the capacity of local organizations and volunteers to provide culturally responsive hunger relief services in their local communities.

9. Does this policy package require any changes to existing statute(s) or require a new statute? If yes, identify the statute and the legislative concept.

Not aware of a change but prior funding of this type has been allocated through the legislative process during session.

10. What other state, tribal, and/or local government agencies would be affected by this policy package? How would they be affected?

ODHS and OFB solicits and incorporates partner and client feedback and input through a variety of methods and in a variety of well-established forums like the SNAP Client Advisory Board, the Emergency Feeding and Shelter Taskforce, Oregon Hunger Task Force and in local district-area community settings.

- Every three years, OFB sends a statewide survey to more than 10,000 households in Oregon. This survey provides information about clients' demographics, work status, benefits participation, food access and

eating habits – helping us understand all the factors affecting food security. The results greatly inform our decision-making on programming, food purchasing, public policies and more.

- In 2017, OFB conducted a client food preference survey, seeking input from clients on food preferences, choices they make and their access to cooking and refrigeration. The results challenged long-held ideas around the desire for shelf stable and ready to eat foods traditionally found in a "food box" and demonstrated that most clients seek whole foods – including fresh produce – which they can prepare according to their cultural and dietary needs. The dataset was large enough that we disaggregated to see how food preferences differed by race/ethnicity, age (households with seniors and households with children) and region.
- As a result of this survey, OFB has further prioritized opportunities to source fresh produce, dairy products, and other whole foods. This input also led us to lean heavily into shopping-style models for pantry services, which allow clients to access foods most relevant to them and their families.
- ODHS and OFB continue to work with Tribal partners to identify new projects and grant opportunities. Most recently ODHS is collaborating with and supporting the Columbia River Intertribal Fish Commission's (CRITFC) proposal for the USDA Local Food Purchase Assistance Cooperative Agreement. With CRITFC we will support opportunities to source fish and other first foods from Native fishers and Tribal members in meal programs that reach underserved communities in Oregon. We will also meet with CRITFC partners for the duration of the project to determine supply chain needs and how the producers funded through the state program can access tribal market channels. This combination of leveraging federal and state-funded resources is a good example of braiding funding and creating local opportunities with Tribal partners.

11. Is this policy package being requested because of an Oregon Secretary of State or internal audit? If so, provide further information.

No

Staffing and fiscal impact

Implementation date(s): Summer 2023

End date (if applicable):

12. What assumptions affect the pricing of this policy package?

Oregon's SNAP is the largest federal food security program that helps individuals and families meet some of their nutrition needs. Unfortunately, SNAP is not able to help everyone and the food dollars for many families do not last through the entire month.

While connections to SNAP, CSFP and TEFAP federal funding streams are still present, the main assumption that this policy package is relying on for pricing is that any of the general funding provided in this POP will go to OFB and the larger network.

- The reason for the reliance on this as a pass-through general fund program is that the OFB network has a well-established food storage and distribution platform that can effectively track and monitor food distribution to the community with minimal food wastage and improved food safety standards than potential new vendors would be ready for.
- By using the OFB tracking system for food storage and distribution, ODHS will be able to ensure that federal funding is not duplicated or replaced, and that food is maintained at the standard for the health and safety compliance necessary.

ODHS is not currently staffed nor structured to be the entity of direct food distribution but can provide the administrative oversight for a general fund allocation for local food purchasing that complements the existing federal food programs we administer.

13. Will there be new responsibilities for another agency (OHA etc.) and/or ODHS/OHA Shared Services? Specify which programs and describe their new responsibilities.

The potential for working alongside other partner agencies and departments exists but we do not anticipate that this would add new responsibilities to their program areas.

14. Will there be changes to client caseloads Cost per Case or services provided to population groups? Specify how many in each relevant program.

This funding will not have a direct impact on client caseloads in ODHS or negatively impact their services. This new funding should help to stabilize local food resources and ensure that communities have more culturally diverse foods represented in their local food banks and pantries.

15. Describe the staff and positions needed to implement this policy package, including whether existing positions would be modified and/or new staff would be needed.

If ODHS can pass through the majority of the new funding to OFB and the network, this will alleviate some of the gaps in their infrastructure costs. ODHS is requesting one OPA 2 position to help monitor and support the funding and work that the SNAP, CSFP and TEFAP team currently covers.

16. What are the start-up and one-time costs?

The start-up costs are predominantly for internal accounting and verification systems in ODHS and OFB.

17. What are the ongoing costs?

This is a pass-through funding request to develop local food purchasing infrastructure. OFB can utilize their current storage and delivery methods to oversee food purchasing and distribution.

ODHS is requesting that some general funding be utilized towards staffing costs for an OPA 2 position for the team. Some of the position funding will be federally matched as the position will also be able to assist in SNAP, CSFP and TEFAP related programming to ensure compliance with federal food programs is maintained and to help to coordinate this funding with any disaster-related programming.

	Cost
Food purchasing and distribution	$ 10,000,000
Personnel	$ 219,988
Total	**$ 10,219,988**

18. What are the sources of funding and the funding split for each one?

General Fund request for $10 million for local food purchasing to be dispersed through the OFB network. The OPA 2 position will have a cost-allocation split between federal funding sources and general funds 50/50 split.

19. What are the potential savings?

The use of the OFB network has significant savings by utilizing the existing infrastructure, food tracking system and refrigeration and delivery system for a statewide reach to local pantries.

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Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	$77,395	$0	$77,395	$154,790	1	0.75
Services & Supplies	$9,005		$9,005	$18,006		
Capital Outlay						
Special Payments	$10,000,000			$10,000,000		
Other						
Total	**$10,086,400**	**$0**	**$86,396**	**$10,172,796**	**1**	**0.75**

Fiscal impact by program

	SSP DES	SSP PGM	Program 3	Program 4	**Total**
General Fund	$86,400	$10,000,000			**$10,086,400**
Other Funds					
Federal Funds	$86,396				**$86,396**
Total Funds	$172,796	$10,000,000			**$10,172,796**
Positions	1				**1**
FTE	0.75				**0.75**

Oregon Department of Human Services
2023-25 Policy Package

Division:	Self-Sufficiency Program
Program:	Supplemental Nutrition Assistance Program (SNAP)
Policy package title:	Restaurant Meals Program (RMP)
Policy package number:	POP 140
Related legislation:	N/A

Summary statement:

Everyone should have access to the food they need. Supplemental Nutrition Assistance Program (SNAP) food benefits help ensure that families have enough food – a critical ingredient in reducing health disparities and helping families achieve economic stability. Nearly two-thirds of SNAP participants are children, older adults, or people with disabilities. But having a SNAP card to use at groceries doesn't remove all barriers to food access; older adults, people with disabilities and people who are houseless may not have a place to store, prepare or cook food.

In March 2022, the Supplemental Nutrition Assistance Program (SNAP) served 704,068 people. Of those, 156,432 reported living with a disability and 117,240 were aged 60 or older. The SNAP program is nationally anticipating an increase in older adults accessing food benefits. As ODHS continues its efforts to improve food access and diet-related health conditions for priority populations, we must also prepare to meet the increased need triggered by that coming demographic shift.

Oregon Department of Human Services:
2023-25 Policy Package

The Restaurant Meal Program (RMP) option for states allows ODHS to partner with restaurants to become authorized retailers for Electronic Benefit Transfer (EBT), which means that EBT card holders can use their card at participating restaurants to purchase hot meals at a lower cost than the general public. The program addresses needs of priority populations, including people with disabilities, older adults, and people experiencing homelessness, by offering a broader range of options to address food needs in communities.

Funding new positions to run this program is critical for Oregon to launch and maintain the program. We have no ability to support the federal and local development of this program without the position investment. The Restaurant Meal Program takes dedicated time and effort to work with districts, vendors, retailers, community partners and SNAP participants.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	**$418,973**	**$0**	**$418,995**	**$837,928**	**4**	**3.50**

Oregon Department of Human Services:
2023-25 Policy Package

Purpose

1. Why does ODHS propose this policy package and what problem is ODHS trying to fix or solve?

In March 2022, the Supplemental Nutrition Assistance Program (SNAP) served 704,068 individuals of those, 156,432 reported living with a disability and 117,240 were aged 60 or older. ODHS is trying to improve overall food security and diet-related health conditions for priority populations such as older adults, those with disabilities and individuals experiencing homelessness, and families who continue to be disproportionately affected by food insecurity.

The SNAP federal regulations do not generally allow for hot, prepared food to be purchased with SNAP dollars. However, the Food and Nutrition Service (FNS) option to run a Restaurant Meal Program (RMP) recognizes that specific populations are adversely affected by contributing factors such as lack of housing and food preparation or storage constraints. Adopting this federal option deepens the reach of SNAP food assistance for vulnerable populations in Oregon and helps improve overall diet-related health conditions for the people we serve.

Participating restaurants/vendors can serve these priority populations with hot food throughout the year and this option has the potential to support increased access to culturally diverse foods. Additionally, in the event of a local or statewide disaster restaurants/vendors are better equipped to help in a disaster response plan to provide hot meals as part of the federal SNAP Hot Meals Waiver – this was most recently enacted in 2020 as part of Oregon's Wildfire Response.

ARTICLE SUPPORT: Ed Bolen and Elizabeth Wolkomir, *SNAP Boosts Retailers and Local Economies,* Updated May 28, 2020.https://www.cbpp.org/research/food-assistance/snap-boosts-retailers-and-local-economies

2. What would this policy package buy and how and when would it be implemented?

Oregon SNAP Policy is proposing to conduct a phased rollout of the federal option called The Restaurant Meal Program (RMP) which allows states to partner with qualifying restaurants to provide hot meals for SNAP individuals who are disabled, elderly or homeless with their Electronic Benefit Transfer (EBT) card. ODHS proposes to start by convening workgroups with communities and retailers. Through this process pilot sites will be identified and a plan to rollout the new program to those sites will begin in Year One (FY2023). As the pilot sites are initiated and evaluated ODHS will work with partners and communities to look at the best method for a statewide rollout. The proposal includes one mid-size urban and one rural setting to pilot the effectiveness of the program before statewide implementation. This strategy would allow the department to learn and assess the community needs before starting a statewide plan.

ODHS will need four additional positions (three OPA 3 and one AS 2) to develop and maintain the infrastructure to support this policy option. Staff are needed to work alongside communities and vendors to convene workgroups, work with potentially eligible restaurants to develop agreements before federal approval, oversee and liaise in the development of contracts/Memorandums of Understanding, and maintain a level of oversight to ensure that federal and state funds are monitored in the support of this new work.

ODHS will work to improve access to hot meals that meet the dietary, nutrition and cost needs for the program. Special focus will be placed on developing a range of options that where possible expands and respects the culturally diverse food needs of our community.

	Cost
Personnel	$837,928

3. How does this policy package help or potentially hinder populations that are disproportionately underserved? How does this policy package further ODHS's three strategic goals for both the program and ODHS missions?

This program addresses all three of ODHS's strategic goals and the agency mission. The program expands usage and improves functionality and accessibility of SNAP for older adults, homeless and disabled individuals.

The SNAP federal regulations do not generally allow for hot, prepared food to be purchased with SNAP dollars. However, the Food and Nutrition Service (FNS) option to run a Restaurant Meal Program (RMP) recognizes that specific populations are adversely affected by contributing factors like lack of housing and food preparation or storage constraints.

The program improves overall program access and use for SNAP participants in priority populations (older adults, those with disabilities and homeless populations). The program can also boost local access to food in areas where grocery store access is limited but a potential restaurant partner is in place. Oregon SNAP Policy is seeking to expand this program to mitigate some of the adverse effects that food deserts in urban and rural communities create which disproportionately affect these priority populations.

The RMP would also create opportunity to expand and support the use of more culturally inclusive food access for a wider range of communities. As Oregon continues to work to broaden the service array for families using ODHS services, the SNAP RMP aligns with the mission of the agency: to help Oregonians in their own communities achieve well-being and independence through opportunities that protect, empower, respect choice, and preserve dignity. The RMP also aligns closely with the ODHS Equity North Star. For those Tribal members who use SNAP, this can potentially support local businesses and access for Tribal members who meet the SNAP RMP criteria for hot food.

The RMP expands to new retailers and vendors which helps improve the opportunity to stretch food dollars for people with limited or no safe places to store, prepare or cook food. This program has the potential for improved program access and overall health outcomes. In addition, the program creates an improved foundation of restaurants ready to accept SNAP in an emergency and the need for our state to request the bigger federal SNAP Hot Meals Waiver.

Quantifying results

4. What are the long-term desired outcomes?

The program improves overall access and use for SNAP participants in priority populations (older adults, those with disabilities and homeless populations). The program can also boost local access to food in areas where grocery store access is limited but a potential restaurant partner is in place.

Oregon SNAP Policy is seeking to expand this program to mitigate some of the adverse effects that food deserts in urban and rural communities create, which disproportionately affect these priority populations.

5. How will ODHS measure the impact on system and access inequities and/or impact disproportionality in accessibility and services in ODHS programs through this policy package?

The program can be measured in several ways including number of restaurants that are approved for RMP; use of SNAP dollars in those venues; number of SNAP participants in the priority populations from a regionally supported viewpoint and partner engagement in community outreach for the program. This will not be a program that a person has to apply for specifically – we utilize their SNAP application and behind the scenes the department can ensure that they are eligible for the full range of services.

The program will also look at ways to gather feedback and use partner, retailer, and SNAP participant experiences to help to continue to improve and find innovation in the program.

How achieved

6. What actions have occurred to resolve the issue prior to requesting a policy package?

In the 2022 Legislative Session, House Bill 4088 was introduced to try to include funding for a position to conduct research and convene workgroups. The intent of the House Bill was to assess and develop strategies to identify and engage with community partners and retailers in advance of implementing the program.

This method of engagement, development and implementation is an approach that we continue to support and recommend for the program. The phased rollout approach is one that USDA Food Nutrition Service (FNS) and other states have used prior to successful implementation of the program. Oregon SNAP would like to continue to explore building the infrastructure with Oregon businesses to support this federal program and expand the reach of SNAP to serve priority populations throughout the state.

7. What alternatives were considered and what were the reasons for rejecting them?

This is a federal option and not one that Oregon is mandated to do. However, older adults, those with disabilities and houseless individuals continue to remain a focus for improved services and access for ODHS and Oregon SNAP. Additional supports for these priority populations result in improved health outcomes in other states and an overall improved responsiveness from restaurant and EBT vendors for serving hot food during local/state level emergencies where recipients qualify for the SNAP Hot Meal Waiver.

The Oregon Wildfire response in 2020 successfully ensured SNAP participants who had been displaced due to the historic wildfires were able to access hot meals at participating vendors. The RMP ensures that this expansion happens with greater efficiency and that Oregon can be more responsive in future natural disasters..

8. What other agencies, programs, community partners or stakeholders are collaborating on this policy package?

The Oregon SNAP program has worked alongside and consulted with several agencies and partners including Aging and People with Disabilities; Self-Sufficiency Programs; Oregon Eligibility Partnership; Partners for a Hunger Free Oregon; Oregon Hunger Task Force; Oregon Food Bank network; 211 Info; our EBT Vendor FIS (a technology vendor company); Legacy and ONE system analysts in OIS and OBIS; Oregon Health Authority; and Oregon Legislative Representatives.

In addition, we have consulted with other states such as California that currently run the RMP program successfully and have been very informative on methodology and best practices for their rollout.

9. Does this policy package require any changes to existing statute(s) or require a new statute? If yes, identify the statute and the legislative concept.

While some states have enacted legislation as part of the implementation of an RMP, this is not federally required. This is something that Oregon can select as part of an expanded State Plan of Operations for SNAP.

10. What other state, tribal, and/or local government agencies would be affected by this policy package? How would they be affected?

The SNAP program serves many Tribal members who are not on Tribal lands but many of Oregon's Nine Federally Recognized Tribes serve members through Tribal food programs rather than using SNAP. However, the RMP could work with businesses on Tribal lands to help support program access for those who do use or qualify for SNAP RMP.

In terms of larger community input, the SNAP RMP has been discussed and explored by community partners and Oregon SNAP Policy. This has been a project that community partners and the Oregon SNAP team have watched develop in other states so that Oregon could emulate this program as part of our future.

11. Is this policy package being requested because of an Oregon Secretary of State or internal audit? If so, provide further information.

No

Staffing and fiscal impact

Implementation date(s): Spring/Summer 2023

End date (if applicable):

12. What assumptions affect the pricing of this policy package?

The program will require additional ODHS staff to research, develop and run the pilot and the final statewide program. These crucial SNAP positions will be partially covered by federal funding and some general fund matching dollars.

There also will be some changes in the ONE system and Electronic Benefit systems that will flag the demographics for those who qualify for SNAP RMP and may need some report functionality for federal reporting. Some of these costs will likely be covered through the Oregon SNAP general budget and through some SNAP ARPA funding that requires the money to be spent on innovation projects. The majority of the

development may need to be made with the EBT Vendor and the SNAP (American Rescue Plan Act (ARPA) dollars can be used towards that project cost as well. Some of the costs are fully supported by the USDA Food and Nutrition Service retailer division as they work with the retailers on equipment and devices in the stores.

13. Will there be new responsibilities for another agency (OHA etc.) and/or ODHS/OHA Shared Services? Specify which programs and describe their new responsibilities.

The new responsibilities would be largely in the timely delivery of any new federal reports required to run the program. These are usual for any major SNAP alteration for the program and is typically tied to monitoring and evaluating the success of implementing and running the program.

14. Will there be changes to client caseloads Cost per Case or services provided to population groups? Specify how many in each relevant program.

This is unlikely to create a significant change in the caseloads due to the program. However, the SNAP program is nationally overall anticipating seeing an increase in older adults accessing services from SNAP. This program would help to support that national and local shift in the program demographics.

15. Describe the staff and positions needed to implement this policy package, including whether existing positions would be modified and/or new staff would be needed.

New staff connected to the Oregon SNAP team will be needed to implement this program as the existing team is stretched beyond capacity for the volume of work required. Self-Sufficiency Programs will need four additional positions (3 OPA3 and 1 AS2) to develop and maintain the infrastructure to support this policy option in Oregon. Staff are needed to work alongside communities and vendors to convene workgroups; work with potentially eligible restaurants to develop agreements prior to federal approval; oversee and liaise in the

development of contracts/Memoranda of Understanding and maintain a level of oversight to ensure that federal and state funds are monitored in the support of this new work.

16. What are the start-up and one-time costs?

- At this time, the initial Level of Effort for adding this program into the ONE system has been estimated at 910 hours and four joint application development sessions. This would equate to about $318,500 for vendor development and then ODHS staff time to attend the design sessions. These costs can be covered using federal SNAP ARPA funding in fiscal year 2023.
- There are initial costs for new development and implementation for our EBT vendor (FIS) which have been estimated at $50,000. These costs can be covered by federal SNAP ARPA funding in fiscal year 2023.
- New staff being onboarded to assist in the research, development and convening of workgroups to identify pilot sites for rollout have been priced in the budget request through differing budget periods. Some positions are required immediately on approval for the full biennium – and two of the remaining positions can begin six months after the initial development to support the pilot implementation and ongoing expansion of the program. These positions should be factored as ongoing permanent positions to maintain the stability of the program.

17. What are the ongoing costs?

- Staff positions (as detailed in the staffing request) should be factored into this program for the ongoing work and development that will be needed to maintain and improve the program.
- There will be occasional system updates that may be required that could be factored into the overall SNAP administration budget and be part of the maintenance and operational contracted services for the program.

- The ongoing EBT vendor costs are estimated to increase by $500 per month (beyond the current contract) and can be factored into the contracted services. This may alter a little depending on when this program goes into effect. Some of these costs will be covered by FNS through the federal Retailer Division which is why the monthly vendor costs are not higher.

	Cost
Personnel	$943,644

18. What are the sources of funding and the funding split for each one?

- For initial development costs in the ONE system and with our EBT vendor ODHS can use SNAP ARPA funding to cover the start-up funding.
- For new positions we are requesting the regular federal SNAP 50 percent with 50 percent General Fund match.

19. What are the potential savings?

Potential savings will be made in the overall operation of the SNAP program and can be absorbed in the larger SNAP administration and operational budget. This program uses the eligibility for SNAP to expand services and deepen community connections far beyond the initial investment.

Most of the costs are covered by the operation of the SNAP program but this program increases the reach and usage of the benefits to a much broader base than we are currently able to access. The program also fundamentally supports the enhancement and improvement of possible supports during a qualifying SNAP disaster. The RMP will become an enhanced part of Oregon's disaster response service array.

Oregon Department of Human Services:
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Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	$378,977	$0	$378,977	$757,954	4	3.50
Services & Supplies	39,996		39,978	79,974		
Capital Outlay						
Special Payments						
Other						
Total	**$418,973**	**$0**	**$418,995**	**$837,928**	**4**	**3.50**

Fiscal impact by program

	SSP Des	Program 2	Program 3	Program 4	**Total**
General Fund	$418,973				**$418,973**
Other Funds					**$0**
Federal Funds	$418,995				**$418,995**
Total Funds	$837,928				**$837,928**
Positions	4				**4**
FTE	3.50				**3.50**

Oregon Department of Human Services
2023-25 Policy Package

Division:	Self-Sufficiency Programs
Program:	Self-Sufficiency Programs
Policy package title:	Jackson County Demonstration - Comprehensive Human Services Delivery Model
Policy package number:	POP 141
Related legislation:	N/A

Summary statement:

When disasters strike, we need to make sure that families and communities have the supports they need to recover and rebuild their lives. These critical supports must extend beyond the food, shelter, and medical care provided in the immediate aftermath of disasters to include services that facilitate survivors' transitions to long-term well-being. Oregon Department of Human Services Self-Sufficiency Programs is requesting the resources necessary to sustain and further develop a comprehensive, integrated health and human services delivery system at four sites in Jackson County that are currently serving families impacted by the 2020 wildfires. Investments will be made in four areas: continued onsite services and property management; local ODHS staffing resources; a lead organization to identify service needs, manage projects, collect data, and coordinate local CBOs; and a tailored service array to meet resident needs.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	**$14,984,885**	**$0**	**$**	**$14,984,885**	**8**	**7.04**

Oregon Department of Human Services:
2023-25 Policy Package

Purpose

1. Why does ODHS propose this policy package and what problem is ODHS trying to fix or solve?

When disasters strike, we need to make sure that families and communities have the supports they need to recover and rebuild their lives. Accomplishing this means not only connecting survivors with food, shelter, and medical care in the immediate aftermath of disasters, but also ensuring that they have ongoing access to the services they need to transition to long-term, whole well-being.

When the 2020 wildfires occurred in Jackson County, the local community experienced the loss of nearly 3,000 structures, which represented a large portion of the area's affordable and low-income housing. In addition to losing housing and physical property, people faced the loss of their established community support systems at a time when such support was most needed. To meet the needs of Jackson County wildfire survivors, ODHS built an emergency response in partnership with organizations like the Red Cross and local community-based organizations.

People impacted by the wildfires required a wide array of services to help them recover, including housing options, health care, and food, cash, and childcare assistance. However, many people struggled to navigate the multiple, complex, and siloed systems involved in providing those services. While starkly apparent in the aftermath of the wildfires, Oregon Department of Human Services (ODHS) has long observed this same navigational difficulty in other, non-emergency settings. These ongoing issues point to a critical need to develop and deliver a comprehensive, integrated human services system that can serve people's multiple needs and more effectively support them in meeting their goals, particularly after disaster strikes.

As a result of engagement from legislators, Rogue Community Health (RCH) – a long-standing community-based organization in Jackson County – a proposed a partnership with ODHS. RCH's vision was to identify short-term housing options, coordinate health and human services at those sites, and tailor services and programs for individuals and families.

With flexible funding provided by the Oregon Legislature, ODHS was able to invest $10,000,000 to partner with RCH in providing services to families impacted by wildfires who continued to reside in the community as well as those at temporary housing sites. Because traditional mass shelters were not an option for sheltering fire survivors during the pandemic, the community and ODHS were able to leverage Project Turnkey (https://endhomelessness.org/wp-content/uploads/2021/07/OR-H2H-Case-Study_7-19-21.pdf), which secured hotels as a temporary housing resource through public-private partnerships.

Current state:

- With emergency response funding, ODHS stood up housing and an array of support services in Jackson County for those impacted by the 2020 wildfires. This was accomplished through a partnership with Rogue Community Health, a local CBO that had experience providing health and human services and was partnered with a network of CBOs in the community.

- The local ODHS office in Jackson County is partnering with local CBOs to meet the needs of individuals and families in the community and those utilizing local hotel units. Community outreach workers, also known as family coaches, are embedded in the four properties working directly with community partners and the residents to support continuity of services across programs and systems.

- Working with a local housing developer, ODHS added new housing inventory in Jackson County. As fire survivors transition out of the hotel sites, the established housing units become available for other individuals and families in the community who need temporary housing and support.

- ODHS continues to build toward a comprehensive health and human service system to meet individuals' and families' needs in Jackson County. By bringing together a diverse array of providers – from medical and dental to addictions, housing, and childcare services – we are enabling multiple touchpoints with community members which help us to better identify opportunities for prevention. On the ground, teams of service providers directly interact with community members and with one another, building the relationships, rapport, and insights necessary to support their individual journeys toward well-being. When one community member, for example, began to struggle with addiction again after a period of recovery, we were able to locate and connect him with his former addiction's counselor, helping him avoid the difficulty of starting over and establishing trust with an unfamiliar provider during a time of personal crisis. In another case, after getting to know an older adult who joined the community, providers observed that she was presenting early symptoms of Alzheimer's Disease. The team worked together to connect her to ODHS Aging and People with Disabilities services and secure the long-term care she needed – an outcome that would likely have been missed in a setting where people and their providers had only limited, one-off interactions.

- We continue to develop this coordinated health and human services model based on lessons learned and successes realized since the 2020 wildfires.

The one-time legislative investment has been instrumental in realizing our current state. However, we cannot sustain this level of service without additional public investment. ODHS has identified an opportunity to continue support and resources for a local CBO to further develop the continuum of services and supports available to populations served, including those impacted by wildfires and other individuals and families in the community who need housing and services. In 2020 the Oregon Housing Alliance identified that for every 100 families with extremely low income in Jackson County, only 15 affordable housing units were available.

The community has made clear that the model of funding a local CBO to identify specific local needs, and then developing a service array that is tailored to those needs, is the appropriate path forward. Without developing this model and investing in a person-centered service array, people will move into housing without support and be left to navigate a fragmented and unaligned set of social and health services in Jackson County. The model will serve as a multi-service, multi-agency approach to comprehensively address people's health and human service needs, building an important proof of concept for future efforts.

2. What would this policy package buy and how and when would it be implemented?

The proposed model is designed to build a comprehensive continuum of services that are implemented onsite at four renovated hotel sites in Jackson County. The funding will continue the provision of onsite services and supports shaped by the needs of the individuals and families residing at each hotel. In addition, the wildfires have positioned Jackson County as one of our state's areas of greatest need of public resources, making it an important location for demonstrating a new approach to delivering integrated health and human services, with the vision to eventually expand services to the larger Jackson County community.

The project will provide funding in four areas:

a. Continuing site services and property management – $5.0 million

The continuing site services and property management includes intake, sheltering and feeding fire survivors, temporary housing supports for people moving into apartments, disaster case management for fire recovery, and community health worker supports for meeting local needs – including medical, dental, and behavioral health services and access to substance use disorder treatment. The initial RCH contract with ODHS includes flexible funding to support fire survivors on their recovery journey. Some funding was used to hire support navigators in support of CBOs working with Latina/o/x and other marginalized populations.

These enabling services reduce the anxiety and the impact of the traumatic events experienced by the residents. In development are training programs, supported employment, childcare, family dynamics, adult literacy, ESL classes, budgeting, and housing readiness with partners.

System mapping, data collection, and CBO engagement within an organized system is also underway to establish a baseline for services, outcomes, client experiences, workflows, and program expenditures to use in evaluating change processes and the impact of those changes on resource utilization and outcomes over time to achieve both wellbeing and independence by families served.

b. Develop a Jackson County lead organization to serve as a comprehensive and integrated health and human services hub – $2.0 Million

The lead organization will coordinate a synchronized health and human services delivery effort based on the proven coordinated care organization (CCO) model, where a network of many types of providers – including physical health care, mental and behavioral health, and housing and employment services – work together to serve people and families in their local communities. By pooling providers' collective knowledge, community relationships, funding, and other resources, coordinated

care organizations can take a holistic approach to community-identified needs and better support families in achieving well-being.

Social services and programs are often developed based on state or local funding, non-profit leadership initiatives and/or ideas that are ramped up or down based on funding availability rather than on needs identified by community, best practices, and data informed strategies. Demonstrating this new model in Jackson County will require both local and state entities to approach this project as a learning opportunity.

The lead organization's role will include program development, communication and engagement, continuous quality improvement, data collection, and project management. As ODHS and Jackson County have begun to demonstrate this new health and human services model, questions remain:

- What does it take to tailor services?
- What does it take for state agencies to lead with equity and by community?
- What do the data tell us?
- What do the people experiencing services tell us?
- What are the future funding and policy implications?

These and other questions will be answered and addressed through the work of the local lead organization in close partnership with ODHS and health and social service partners.

c. Service array development – $5.5 Million

These funds will allow us to sustain already developed services, supports, and community partnerships to assist in stabilizing individuals and families in the time of crisis and prepare families for longer term stability. The investment will increase capacity and community partnerships to provide social supports in the following areas:

- Immediate housing support
- Long term housing
- Peer support
- Case management and service navigation
- Behavioral Health and Substance Use Disorder services
- Childcare
- Employment skills training
- Primary care
- Education services
- Family and social support
- Access to public benefits
- Language access
- Culturally relevant and trauma informed programming

d. ODHS local staffing and agile funds – $2.5 Million

Staffing -$1.4 million

The local ODHS Manager has been asked to represent ODHS leadership at the Jackson County planning and coordinating tables. ODHS leadership has continuously engaged with Jackson County planning and coordinating tables throughout the course of the emergency response and development of the comprehensive delivery model. ODHS temporarily relocated five community outreach workers to the project. This request would fund those positions permanently and provide additional staff to support the delivery model.

Oregon Department of Human Services:
2023-25 Policy Package

Position Request and Associated Cost Table

* Class Type	Class Title	Step Amount	Phase-In Date	Total Salary (for # of months)	Total OPE Costs* (for # of months)	Total PS Costs (for # of months)	Standard S&S (for # of months)	Total Cost (for # of months)
MMN X0873 AP	Operations & Policy Analyst 4	$7,630	10/23	160,230	76,733	236,963	20,220	257,183
MMS X7656 AP	Supervisor 2	$5,985	10/23	125,685	67,678	193,363	20,113	213,476
OAH C6659 AP	Human Services Specialist 3	$3,790	10/23	79,590	55,597	135,187	19,736	154,923
OAH C6659 AP	Human Services Specialist 3	$3,790	10/23	79,590	55,597	135,187	19,736	154,923
OAH C6659 AP	Human Services Specialist 3	$3,790	10/23	79,590	55,597	135,187	19,736	154,923
OAH C6659 AP	Human Services Specialist 3	$3,790	10/23	79,590	55,597	135,187	19,736	154,923
OAH C6659 AP	Human Services Specialist 3	$3,790	10/23	79,590	55,597	135,187	19,736	154,923
OAH C0104 AP	Office Specialist 2	$3,215	10/23	67,515	52,432	119,947	19,664	139,611
Total				$751,380	$474,828	$1,226,208	$158,677	$1,384,885

Agile Funding – 1.1 million

Agile funds or flexible dollars allow ODHS staff to meet immediate needs of families. This funding will facilitate the purchase of goods or services that would otherwise not be available to a family. The approach to utilizing these funds is individualized and used to build on family strengths and to enhance the family's engagement with services and supports. The funding allows for creatively

meeting the needs of individuals and families. Purchases may include clothes for youth who may have lost their clothing, routine activities like enrollment in summer camp, cost associated with securing permanent housing, basic household items and supplies, house utilities in a time of crisis. Typically, funds are not used for ongoing expenses, but are more often one time or occasional costs that connect to the needs identified by the family. Flexible funds are often used as a last resort when other sources cannot meet the identified need.

Description	23-25
Service Capacity	10,000,000
Project Development, CQI, data collection and project management	2,500,000
Agile funding	$ 1,100,000
Personnel	$ 1,384,885
Total Funding	**14,984,885**

3. How does this policy package help, or potentially hinder, populations that are disproportionately underserved? How does this policy package further ODHS's 3 strategic goals, and both the program and ODHS missions?

ODHS serves more than 1 in 4 Oregonians and is well positioned to benefit entire communities – if we can advance a needed culture shift in our human services systems. We need to transform from a system that has a legacy of racial and economic inequity and a piecemeal service network into a comprehensive and integrated service delivery system with access, cost, quality, and outcomes improving over time. The coordinated

services model proposed here is part of a wider ODHS effort to systematically dismantle barriers and ensure that people from vulnerable and marginalized communities can access the supports they need to thrive. Involving a collective effort between ODHS, partners, and community, the model treats people as the experts in their own lives, instead of agencies dictating what's best for the community and people.

Quantifying results

4. What are the long-term desired outcomes?

The goal is to ensure that community members receive effective wraparound prevention and intervention services through a coordinated services system involving a network of health care and human services providers.

During the initial demonstration period, ODHS and partners will establish key performance indicators, identify baselines, and develop methods for measuring progress toward the following target outcomes:

- Current community members have plans in place for individual or family stabilization – for the immediate, short, and long terms;
- Community members will gain employment or other income, stable housing, and access to education and training opportunities;
- Community members' health and well-being will be stabilized through access to wraparound supports;
- The cost of serving individuals across multiple agencies will decrease as services are aligned and duplication is reduced;
- CBOs' collective capacity to deliver effective services will expand as organizations coordinate efforts and share learning.

5. How will ODHS measure the impact on system and access inequities and/or impact disproportionality in accessibility and services in ODHS programs through this policy package?

ODHS and the procured local lead organization will partner in measuring outcomes and collecting demographic data. Data sharing agreements will be required to ensure comprehensive data sources. As the lead organization is developed, there will be a specific focus on data and outcomes and measurement led by ODHS's Office of Reporting, Research, Analysis, and Implementation (ORRAI).

As program capacity is developed and services are created to meet the specific needs of community, ODHS and the lead organization will continue to engage community and ensure over time that services and supports are meeting needs and families are able to access services and supports.

6. What actions have occurred to resolve the issue prior to requesting a policy package?

Since 2020, various funding sources, including FEMA, Catholic Charities, Access, and Oregon Housing and Community Services (OHCS), have supported the Rogue Community Health (RCH) wraparound services to support wildfire survivors and the pre-disaster homeless population with housing navigation, outreach, and flexible funds. However, these individual funds are reaching expiration and given the lessons learned and scope of potential service expansion there are currently no alternatives to requesting a policy package, at the risk of losing critical housing to verified and unverified wildfire survivors currently housed through RCH properties.

7. What alternatives were considered and what were the reasons for rejecting them?

N/A

8. What other agencies, programs, community partners or stakeholders are collaborating on this policy package?

ODHS plans to form a workgroup comprising of agencies such as OHCS, Oregon Health Authority, and Oregon Department of Education, along with Rogue Community Health and community partners in Jackson County.

9. Does this policy package require any changes to existing statute(s) or require a new statute? If yes, identify the statute and the legislative concept.

N/A

10. What other state, tribal, and/or local government agencies would be affected by this policy package? How would they be affected?

No impact

11. Is this policy package being requested because of an Oregon Secretary of State or internal audit? If so, provide further information.

N/A

Staffing and fiscal impact

Implementation date(s): July 1, 2023

End date (if applicable): n/a

12. What assumptions affect the pricing of this policy package?

Assumptions are based on current costs identified as defined by the CBA for ODHS positions and subject to adjustments as may occur. Pricing is also subject to adjustments reflective of economic considerations.

13. Will there be new responsibilities for another agency (OHA etc.) and/or ODHS/OHA Shared Services? Specify which programs and describe their new responsibilities.

OIS will be consulted when appropriate to determine data sharing between ODHS, OHA and RCH. OHA and OHCS, ODE may be impacted as housing, employment, health related services are provided to wildfire survivors.

14. Will there be changes to client caseloads Cost per Case or services provided to population groups? Specify how many in each relevant program.

N/A

15. Describe the staff and positions needed to implement this policy package, including whether existing positions would be modified and/or new staff would be needed.

New positions will be required and are addressed in this POP under section 2(3).

16. What are the start-up and one-time costs?

N/A

17. What are the ongoing costs?

Positions and continued programs costs – ODHS investment 15M biennium.

18. What are the sources of funding and the funding split for each one?

General Fund

19. What are the potential savings?

Over time, cost savings may result, however given the fragmented nature of services available to meet people's needs, cost savings is not an expectation. The goal is to invest in the preventive approach inherent in the CCO model, which may help reduce unnecessary emergency and acute care visits, hospitalizations and/or high-cost crisis responses.

Oregon Department of Human Services:
2023-25 Policy Package

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	$1,226,208	$0	$0	$1,226,208	8	7.04
Services & Supplies	$158,677			$158,677		
Capital Outlay						
Special Payments	$13,600,000			$13,600,000		
Other						
Total	**$14,984,885**	**$0**	**$**	**$14,984,885**	**8**	**7.04**

Fiscal impact by program

	SSP Des	SSP Pgm	Program 3	Program 4	**Total**
General Fund	$1,384,885	$13,600,000			**$14,984,885**
Other Funds					**$0**
Federal Funds					**$0**
Total Funds	$1,384,885	$13,600,000			**$14,984,885**
Positions	8				**8**
FTE	7.04				**7.04**

Oregon Department of Human Services:
2023-25 Policy Package

Division:	Oregon Eligibility Partnership (OEP)
Program:	Eligibility Determination Staffing / Eligibility Workload Model-OEP
Policy package title:	Combined Eligibility Workers
Policy package number:	POP 142
Related legislation:	N/A

Summary statement:

We all want a state in which everyone can access the supports they need to thrive. In Oregon, the ONE eligibility system is key in making this a reality. As of May 2022, 1.5 million Oregonians access critical medical, food, cash, and childcare benefits through the ONE system – representing a historic level of need triggered in large part by the COVID-19 pandemic. We need to make sure that ONE operation has the necessary resources to process applications and administer benefits in a timely manner, because people can't thrive when they are facing interruptions in their ability to see a doctor, choosing between paying bills, or buying food, losing paid work in order to care for a child or are unable to afford necessities for their families. Since its initial launch in 2020, the Oregon Eligibility Partnership has made significant improvements to business practices and computer systems in order to boost efficiency and maximize existing staff resources. Still, we don't have the staffing levels necessary to make sure everyone who is eligible gets what they need when they need it. Without these resources, vulnerable Oregonians may experience longer delays in applications processing, delays that can mean the difference between going hungry and having enough food for their families. Additionally, local businesses may see decreases in

consumer spending stemming from delays in getting Supplemental Nutrition Assistance Program (SNAP) benefits out to families, and parents may face interruptions in their employment due to lack of needed childcare benefits. In this policy option package, Oregon Department of Human Services is requesting position authority and funding for additional eligibility staff who will answer calls, assist people in person who are applying for or receiving benefits, process applications on a timely basis, and provide support to community partners who assist people in applying for benefits. These resources will help move the ONE system toward its goal of processing applications same day/next day and ensure Oregonians' timely access to benefits.

Grand Total	**General Fund**	**Other Funds**	**Federal Funds**	**Total Funds**	**Pos.**	**FTE**
Policy package pricing:	**$53,889,008**	**$0**	**$38,789,711**	**$92,678,719**	**615**	**461.25**

SSP Eligibility	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	$44,815,624	$0	$32,450,451	$77,266,075	552	414.00

Oregon Department of Human Services:
2023-25 Policy Package

SSP Infrastructure	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	$685,854	$0	$496,633	$1,182,487	7	5.25

APD/AAA Eligibility	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	$8,068,715	$0	$5,842,627	$13,911,342	54	40.50

APD Infrastructure	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	$318,815	$0	$0	$318,815	2	1.50

Purpose

1. Why does ODHS propose this policy package and what problem is ODHS trying to fix or solve?

Oregon is reliant on the new ONE system to help process and provide food, housing, cash, and medical benefits to nearly 1.5 million Oregonians – the largest caseload in Oregon's history. The system processes

applications and updates eligibility at a rate of approximately 300,000 per month and sends approximately 450,000 critical correspondences to applicants and clients per month. The ONE system works in tandem with a customer service phone system. Both systems are new to staff and the individuals applying for program benefits.

As we continue to mature both systems and implement functionality designed to make the experience better for both the users and staff, we are regularly experiencing backlogs of eligibility determination work. Currently, the backlog consists of approximately 2,000 to 3,000 applications that are past federal processing deadlines, which is 30 to 45 days depending on the program. We expect that during the unwinding of PHE, we could see these numbers increase by 10 times these figures due to a historic number of cases, the condensed timeline to begin redeterminations, and the increased demand for services and applications received. These delays directly affect the timeliness of eligibility decisions and provision of benefits and is suspected to disproportionately affect those in historically underserved communities.

Medical redeterminations were modified during the public health emergency, which allowed us to complete eligibility work and maintain a manageable backlog. With the impending implementation of redeterminations for medical and able-bodied adults without disabilities (ABAWD) program, there is little chance the current workforce can complete existing and additional work without creating historic wait times and backlogs.

The enormous workload is currently being handled through the heroic efforts of permanent staff (including overtime) and temporary staff, but we anticipate these high-volume numbers to remain high for the foreseeable future – and to outlast the availability of temporary workers. To demonstrate the gap, we have

combined monthly volume estimates, current per worker processing average (4 applications or 7 changes per day) and the average days available for processing each month (21.5) which demonstrates the staffing gap shown in the table below.

	Applications	Redeterminations (Medical and other)	Changes	Other Activities	Phones	Total
Count	70,000	130,000	100,000	70,000		370,000
Adjusted for automated Processing	45,500	85,000	100,000	70,000		300,500
Average Processing per worker per day	4	4	7	7		
Average Days available per month	21.5	21.5	21.5	21.5		
Number of Staff needed	529	988	664	465	280	2,927
Current Staff available						1,420
GAP of Staff needed						1507

In addition to eligibility workers, ONE needs lead workers, support staff and managers to accomplish the system's aims. Staff ratios driving these position asks are one lead worker for every 20 new eligibility staff; one support staff position for every 100 new eligibility staff; one manager for every 15 new eligibility support staff and lead, and training and policy positions (one of each for every 25 to 50 new eligibility support staff and lead).

However, ODHS acknowledges that we are experiencing historic caseloads at a time that there is low unemployment and high levels of competition due to workforce shortages. We have adjusted our ask to focus on clearing positions ODHS has already hired above our Legislative ask, and our expected ongoing hiring levels based on training and current hiring practices. This mix of positions will provide us with stabilization around positions brought on and allow us to verify our ability to hire. We will continue to come back and ask for positions until we can reasonably meet the needs of Oregonians.

2. What would this policy package buy and how and when would it be implemented?

This investment helps to support ODHS' and OHA's ability to deliver benefits and services timely and accurately. The eligibility workforce gap estimate is based on a current workload modeling of the best assumptions available. Modeling workload and staffing is an effective way of estimating what resources are needed to deliver services. The ability to confirm assumptions with current services provided has been possible given the ONE system reporting and dashboarding capabilities. The combination of modeling and utilizing valid estimates and assumptions in those models has proven a reasonable way to estimate and request appropriate resources.

Staff earned in the workload model (total 2,157):
301 HSS1 (APD, SSP)
1,517 HSS3 (APD and SSP)
90 HSS4 (APD, and SSP)
127 PEMC (OEP, APD, and SSP)
76 TDS1 (OEP)
38 PA1 (OEP)
18 AS1 (OEP)
2 OPA3 ODHS Position Management

However, ODHS is requesting staffing based on the needs of the agency, what we have hired already over our Legislative Authority, and making sure we ask for the positions for what we plan to hire.

Classification	SSP	APD	Grand Total
HSS1	65	7	72
HSS3	391	41	432
HSS4	21	3	24
Sup 2	32	3	35
TDS1	23	0	23
PA1	18	0	18
OPA2	1	0	1
Proc. Mgr	1	0	1
PCS2	1	0	
PCS3	1	0	
Payroll Anal	1	0	
HRA1	1	0	
HRA3	2	0	
AS1	1	1	
OPA3	0	1	
	559	56	615

These staff resources, if approved, would be on-boarded in cohorts and over an extended period of time, likely 5 to 6 years. This asked could be viewed in thirds, where one third of this workforce would be brought on each biennium.

3. How does this policy package help, or potentially hinder, populations that disproportionately or underserved? How does this policy package further ODHS's 3 strategic goals, and both the program and ODHS missions.?

This solution allows us to right-size staff to ensure our systems can stay in place and support integration of eligibility and accountability for operations to individuals applying. These supports answer the calls and assist community partners engaging with communities and assisting individuals in applying for programs. These positions will allow staff to serve the nearly one in three Oregonians who rely on ONE, providing timely and accurate benefits and determinations.

Quantifying results

4. What are the long-term desired outcomes?

Sustainable, timely and accurate benefit determinations and improved customer service.

5. How will ODHS measure the impact on system and access inequities and/or impact disproportionality in accessibility and services in ODHS programs through this policy package?

Access equity is at the heart of the ONE system, which substantially increased peoples' opportunities to apply for benefits and combined multiple programs' benefits into a unified system to make navigation easier

for consumers. The more we deliver timely and accurate access to benefits, the greater our impact on historic access inequities.

How achieved

6. What actions have occurred to resolve the issue prior to requesting a policy package?

ODHS approached the Legislature with a 2021-23 policy option package (POP) that requested additional eligibility workers and staff support positions. The POP was not funded but began a conversation on right-sizing eligibility for the new ONE system and led to a decision to return with a right-sizing POP in 2023. During the interim, additional investments and adjustments have been made to the ONE system and its business processes. Further, we are applying LEAN principles and conducting ongoing assessment of efficiency and effectiveness as we do our work. However, caseload has risen to a high of 880,000 and is expected to remain 25 percent higher than pre-pandemic caseload.

7. What alternatives were considered and what were the reasons for rejecting them?

ODHS continues to work on system efficiencies, worker efficiencies, turnover, and absenteeism. These measures, though impactful, will not close the gap.

8. What other agencies, programs, community partners or stakeholders are collaborating on this policy package?

The Oregon Eligibility Partnership is a collaboration between ODHS, Oregon Health Authority, and the Early Learning Division/Department of Early Learning and Care.

9. Does this policy package require any changes to existing statute(s) or require a new statute? If yes, identify the statute and the legislative concept.

No

10. What other state, tribal, and/or local government agencies would be affected by this policy package? How would they be affected?

11. Is this policy package being requested because of an Oregon Secretary of State or internal audit? If so, provide further information.

No

Staffing and fiscal impact

Implementation date(s): 9/1/2023

End date (if applicable): _____

12. What assumptions affect the pricing of this policy package?

None

13. Will there be new responsibilities for another agency (OHA etc.) and/or ODHS/OHA Shared Services? Specify which programs and describe their new responsibilities.

ODHS Position Management

14. Will there be changes to client caseloads Cost per Case or services provided to population groups? Specify how many in each relevant program.

No

15. Describe the staff and positions needed to implement this policy package, including whether existing positions would be modified and/or new staff would be needed.

Eligibility Positions are as follows:

Classification	SSP	APD	Grand Total
HSS1	65	7	72
HSS3	391	41	432
HSS4	21	3	24
Sup 2	32	3	35
TDS1	23	0	23
PA1	18	0	18
OPA2	1	0	1
Proc. Mgr	1	0	1
PCS2	1	0	
PCS3	1	0	
Payroll Anal	1	0	
HRA1	1	0	
HRA3	2	0	
AS1	1	1	
OPA3	0	1	
	559	56	615

Additionally, nine infrastructure positions are needed to accommodate workload increases related to additional positions earned including:
SSP - 7

- (One) Procurement and Contract Specialist 2
- (One) Procurement and Contract Specialist 3
- (One) Payroll Analyst

- (Two) Human Resource Analyst 3
- (Two) Administrative Specialist 1

APD - 2

- (One) Administrative Specialist 1
- (One) Operations and Policy Analyst 3

16. What are the start-up and one-time costs?

Traditional eligibility staff office requirements, computers, phone, etc.

17. What are the ongoing costs?

Biennial Personal Service and Services and Supplies.

18. What are the sources of funding and the funding split for each one?

Typical fund splits for eligibility positions are 58 percent State General Funds and 42 percent Federal Funds. Infrastructure positions are 100 percent State General Funds.

19. What are the potential savings?

Savings resulting from improved health and safety outcomes of our clients and client families.

Total for this policy package

Oregon Department of Human Services:
2023-25 Policy Package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	$43,783,442	$0	$31,499,268	$75,282,710	615	461.25
Services & Supplies	$6,941,290		$4,999,071	$11,940,361		
Capital Outlay						
Special Payments	$3,164,276		$2,291,372	$5,455,648		
Other						
Total	**$53,889,008**	**$0**	**$38,789,711**	**$92,678,719**	**615**	**461.25**

Fiscal impact by program

	SSP OHP	APD	Program 3	Program 4	**Total**
General Fund	45,501,478	8,387,530			**$53,889,008**
Other Funds					**$0**
Federal Funds	32,947,084	5,842,627			**$38,789,711**
Total Funds	78,448,562	14,230,157			**$92,678,719**
Positions	559	56			**615**
FTE	419.25	42.00			**461.25**

Oregon Department of Human Services
2023-25 Policy Package

Division:	Oregon Eligibility Partnership (OEP)
Program:	ONE and OEP
Policy package title:	ONE Ongoing Maintenance
Policy package number:	POP 143
Related legislation:	N/A

Summary statement:

Oregon implemented the ONE system to help process eligibility applications for food, housing, cash, childcare, and medical benefits for nearly 1.5 million Oregonians, the largest caseload in Oregon's history. With ONE we have created an opportunity for Oregonians to apply online, over the phone, through the mail or in person at any of our offices. Oregon has continued to invest in the ONE system since the initial release. But, like any system, there needs to be continued maintenance and then investment to meet the ever-changing needs of Oregonians and programs. The ONE system needs to continue to evolve our operating system to support a more integrated effort. ONE is a new system that individuals and community are still learning about. Engagement with community is critical to our success as we move from a siloed to an equality approach and then shift to an equity framework and person-centered, outcome-based system. Dedicated staffing is critical to connect with community and partners. Improved and sustainable ONE system operational support helps ensure constituents will see accurate and timely eligibility determinations, which will result in better access to basic food, health, cash, and childcare benefits in some of the most critical individual and family situations.

Oregon Department of Human Services:
2023-25 Policy Package

This proposal would provide one-time funding for paying off the final deliverables from the contract related to the Integrated Eligibility Project, closing out the largest IT project's obligations from the history of Oregon. Funding would also support ongoing maintenance and operations services, staffing and service dollars for needed system modifications to more quickly meet consumers' needs, support training, system changes and building better equitable practices based on feedback we have had from partners across Oregon. This POP also pays for the additional licenses and support for the Centralized Abuse Management system that is supported by OEP.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	**$15,888,633**	**$840,000**	**$21,700,404**	**$38,429,037**	**34**	**26.00**

Oregon Department of Human Services:
2023-25 Policy Package

Purpose

1. Why does ODHS propose this policy package and what problem is ODHS trying to fix or solve?

Oregon is reliant on the new ONE system to help process eligibility applications for food, housing, cash, childcare, and medical benefits for nearly 1.5 million Oregonians, the largest caseload in Oregon's history. The system processes applications and updates eligibility at a rate of about 300,000 per month and sends about 450,000 critical correspondences to applicants and clients per month. The ONE system works in tandem with a customer service phone system. Both systems are new to staff and the individuals applying for program benefits.

The ONE system is supported by the Oregon Eligibility Partnership within ODHS. This system currently supports the needs of individuals applying for medical, food, cash, and childcare assistance. It supports individuals being able to apply online, over the phone, through paper and in-person at our offices; as well as supporting the network of community partners who assist individuals with applications. At any one time, the ONE system could have cued up 10 – 12 critical system changes or enhancements in different stages of development and implementation. And we anticipate this trend to continue as better designs are discovered, program requirements change and improvements to base system functionality are developed. We are certain a steady stream of system change is in our future, and we need additional staff and other resources to right-size that effort.

Oregon implemented the ONE system but needs to continue to evolve our operating system to support a more integrated effort. Before creating the ONE system, people in Oregon had to go to multiple offices, they couldn't apply online for all their benefits, they had to tell their story multiple times and provide verifications multiple times to disparate systems and siloed staff. With ONE we have created an opportunity for Oregonians to apply online,

over the phone, through the mail, or in person at any of our offices. However, we need to continue to support this statewide model, training more staff, in more programs, providing supports so we can ensure we have individuals with the right knowledge to meet Oregonians in the way they choose to apply. Long call times, staff having to learn new systems for the first time in their career, and support for community have created a need for additional supports not previously recognized until the system rolled out. Oregon is also going through historic change, the Public Health emergency, and the COVID-19 pandemic, pushed workers home and segregated individuals we serve from access to workers. Even as we kept offices open, we have tried to find ways to serve individuals as effectively as possible. As we continue to come back and unwind these efforts, we need to learn and train our staff on ways to serve individuals and learn new ways to support a transitioning workforce more equitably.

2. What would this policy package buy and how and when would it be implemented?

Increase staffing to improve client services, eligibility activities, and program support to best meet and sustain service level expectation for the ONE system and support services. This would require:

Funding and Permanent Position Authority to Establish the Following New Positions			
	OEP/ONE Oregonian Support (AP Tech Team)	PSR4	6
	OEP/ONE Oregonian Support (AP Tech Team) and Office Simulation Training, Testing & Support, OEP/ONE UAT Test Writers/Testers	OPA1	2
	OEP/ONE Oregonian Support (AP Tech Team) Operations Support Analyst, OEP/ONE Helpdesk Business Analysts, OEP/ONE UAT Testing Coordinators, OEP/ONE Business Analyst, OEP/ONE Quality Control Analysts	OPA2	1

	OEP/ONE Call Center, ECWS, Mobile App, Chat Bots, RPA, IVR	OPA3	4
	OEP/ONE Oregonian Support (AP Tech Team) Manager	PEMB	1
	OEP/ONE Statewide Model Support	OPA1	5
	OEP/ONE Operational Engagement Analysts	OPA3	3
	OEP/ONE Audit Coordinator	OPA2	1
	OEP/ONE Training Analysts	OPA3	2
	OEP/ONE Equity Analyst	OPA3	1
	OEP/ONE Community Engagement Analyst	OPA3	1
	OEP/ONE Training Development and Delivery Specialists	TDS2	3
	OEP/ONE Administrative Support	AS1	2
	OEP/CAM Business Analysts	OPA3	2

The Applicant Portal Tech Team provides direct consumer and community provider support for individuals attempting to connect to the Applicant Portal. Federal Security requirements around RIDP create a burden for individuals to authenticate and create an account who do not have a credit history. The State has a process for manual review and verification and has utilized temporary staff to support this work. The ongoing demand for the Applicant Portal and support for providers is a critical area that needs to be resourced. The six positions will provide an opportunity to build out additional staffing with differentials for languages that are most used by callers besides English.. Oregon also continues to define and increase our use of ONE. While the initial design of ONE allows for eligibility to be done appropriately when information is entered in the correct fields, feedback from staff and from Oregonians around modifications to make it more intuitive to them and clear are focus points for building a better sustainable system. These OPA staff on this team will focus on the staff portion of that design, with Worker Portal actions getting more information and support based on Staff Centered Design, and our

correspondence and Applicant Portal focused on a Human Centered Design. Oregon piloted testing processes late in the Integrated Eligibility project using staff in offices and made adjustments to the initial design that were proven effective by staff based on this methodology. This investment will allow us to use that type of methodology again.

Oregon has continued to invest in the ONE system since the initial release. Like any system there needs to be continued maintenance and then investment to meet the ever-changing needs of Oregonians and programs. Oregon has implemented a chat bot that allows staff and Oregonians to ask questions on the application and have logic drive answers and collect data on questions and the usefulness of the response. Tens of thousands of people have asked questions and the state requires an analyst to review data and continue to work with the vendor to provide updated responses and support for this resource. SNAP funding was set aside due to Quality Control errors in SNAP previously identified to build out mobile supports to assist with common errors. The funding allows for initial implementation but needs ongoing support and maintenance of the solution and funding for staff support. The state is also looking at how we can continue to build out automation and use technology to solve the historic caseload and ongoing demand we see in our systems. We know as recessionary times come, demand for our services increases when funding is not as available. Robotic Automation Processes (RPA) and an Interactive Voice Response (IVR) system for our phones will allow Oregonians to automate specific answers without having to talk to workers, process returned mail and use rules reducing tasks that require worker intervention. We need analyst support for this implementation. Finally, Oregon invested in an integrated solution for workflow related to emails, allowing processing of verification and items that are emailed to a central box and will allow people in Oregon to work and use this information. The funding was provided for the implementation but not for the ongoing support of this work and an analyst is needed for this work.

Oregon has implemented ONE, yet staff and managers are still learning the new system. Their ability to drive work statewide, coordinate across offices, and use new technology is part of the change process, but so is understanding

how to work together across agencies, and prioritize historic volumes of work. ONE has a systematic process for prioritization of work but requires management and staff to coordinate and a review of demand centrally to ensure we are meeting expected outcomes and timeliness. These statewide workflow positions will support local offices and managers learning how to read the data and support the processes of scheduling and determining demand. Additionally, training efforts continue to be updated based on feedback and investments in training is critical for this work. These positions will support the review of training processes and applying new procedures based on feedback to better meet the needs of a changing workforce and systems. ONE also provides more data in new ways, which has brought the attention of several audits. Agency support for audits and responses requires staff to track across systems and state and federal audits and respond and coordinate efforts. Finally, ONE is a new system that individuals and community are still learning about. Engagement with community is critical to our success as we move from a siloed to an equality approach and then shift to an equity framework and person-centered, outcome-based system. Dedicated staffing is critical to connect with community and partners.

The CAM system has been essential to protecting the public from abuse during the pandemic. Further, the system is a pathway to an equitable abuse screening and an investigation system which allows us to understand and analyze demographic abuse information, ultimately better serving Oregon communities. Through the use of this system, screeners, investigators, licensor, background check personnel and decision makers access real-time information and perform work anytime and anywhere throughout Oregon. Allegations of abuse are projected to increase nearly 60 percent over the 10 next years. In 2021 the CAM system documented, 56,514 intakes and investigations, 13,631 serious incidents and 1,341 death reviews.
The CAM system has been implemented, is in operations and maintenance (O&M) phase and provides on-going Service Desk assistance to 1,351 end-users. The Service Desk team received 9,397 inquiries from users in 2021. In addition, the O&M team provides services to programs and systems users such as: analysis of system issues, incident management, system testing, data analysis, system refinement, vendor management and general system maintenance to reduce security risk, ensures functionality, optimizes performance and system integrity.

Two, OPA3 Senior Business Analyst Positions: to provide Help Desk services, research system issues for prompt resolution, incident management, on-going testing, data analysis, release management, and general system maintenance to ensure overall functionality and integrity of the system. Act as liaison between programs and vendor management service. Responsible for document of program business requirements, leadership decisions, actions, and outcomes for CAM system activities.

In addition to rightsizing OEP ONE BIS staff, additional budget is needed to ensure these staff have the resources to complete the necessary development and operational stabilization work noted below.
$12 million – 2023-25 IT contract costs (Note: this cost is still being finalized).
$2.1 million – One-time payment to IT vendor for final contract cost (payment held to make sure the vendor made certain upgrades within a multi-year warranty and the State agreed to authorize that payment upon the end of that period)
$6.2 million - New/additional secondary software required related to the ONE system that were not included in the IT portfolio when the 2021-2023 budget was set: (such as Puppet Configuration Manager, State Google Cloud Environment for Chatbot, Google reCAPTCHA, Robotic Process Automation (RPA)
$4.5 million – One-time expense to transition the ONE server/infrastructure from EIS to Azure Cloud Services
$600,000 – SOC audit costs
$5 million – One-time costs to develop training material and actions necessary to improve actions and quality of learning across learning styles for adult learners, focusing on change management, equity, and providing continual education avenues to build out comfort in performing the duties in an integrated eligibility program.
CAM IT Software Licensing and Services ($1 million):
Software License allow access to CAM System. All users must be assigned a license to view, write, edit, and retrieve data from the CAM system.

Software Services include Government Cloud Service and Support, Event monitoring, Data Encryption, Disaster Recovery & Business Continuity plan.

3. How does this policy package help or potentially hinder populations that are disproportionately underserved? How does this policy package further ODHS's three strategic goals for both the program and ODHS missions?

Improved and sustainable ONE system operational support helps ensure constituents will see accurate and timely eligibility determinations, which will result in better access to basic food, health, cash, and childcare benefits in some of the most critical individual and family situations.
This allows ongoing benefits, while also increasing equity and community engagement. The ability to capture REALD (Racial, Ethnicity, Language and Disability), veteran information, implement new programs, provide emergency benefits, and have data that can be used in emergency management and other systems are all available due to the implementation of ONE. The ongoing support is critical to building on this and stabilizing the system. Because of the Public Health Emergency, Oregon hasn't had the opportunity to use the system as intended, as such, we expect to continue to need to stabilize the system as we move back to normal operating procedures.
This also supports the safety and well-being of individuals allowing for coordination across children and senior systems for abuse investigations.
Training resources and having staff comfortable to be able to provide answers allows individuals greater choice. People go to specific offices based on our designation of their expertise to populations or programs. However, the opportunity to do work online, over the phone, talk to someone in their native language or be served in an equitable fashion has not always been possible in these program-focused approaches. By shifting from program to people focused, we bring teams together based on shared outcomes around allowing choice and honoring Oregonians, so that people don't have to go to multiple offices, stand in different lines, and provide verification over and over again and bring the expertise across programs to meet people where they are..

Quantifying results

4. What are the long-term desired outcomes?

Our request would allow us to move off hardware-based servers to a cloud server-based system; continue to maintain the multi-pronged disaster recovery process; build on actions to have change management, staff supports, and a designated staffing system for eligibility to do this work; acknowledge inequities in our systems and builds infrastructure to engage with community and continue change across our systems; and allow staff to process benefits for individuals in our state, keep phone and IT systems available, drive equity-based changes in our processes, engage with community and have the structure to support community partners, providers, and staff.

5. How will ODHS measure the impact on system and access inequities and/or impact disproportionality in accessibility and services in ODHS programs through this policy package?

An appropriately supported benefit / service delivery system's impact would likely best be measured by the effectiveness of the program benefits themselves. Interested parties can see the effect of a system where benefits are not delivered timely or accurately in the health and safety outcome for the client and client families.

How achieved

6. What actions have occurred to resolve the issue prior to requesting a policy package?

ODHS approached the Legislature with a 2021-23 POP asking for additional eligibility workers and staff support positions. The POP was not funded but began a conversation on right-sizing eligibility for the new ONE system with a promise of our returning with a rightsizing POP in this session. During the interim, additional investments and adjustments have been made to the ONE system and the business processes. Further, LEAN principles are being applied and efficiency and effectiveness is being evaluated as we do our work. However, caseload has risen to a high of 880,000 and is expected to remain high anticipating 800,000 post pandemic. This is one-fourth higher than pre-pandemic caseload levels.

7. What alternatives were considered and what were the reasons for rejecting them?

ODHS continues to work on system efficiencies, worker efficiencies, turnover, and absenteeism. These measures, though meaningful, will not close the gap.

8. What other agencies, programs, community partners or stakeholders are collaborating on this policy package?

We have been talking with community about this change for almost 20 years. These items and concerns are felt across communities and across Oregon and this will allow us to better serve our communities and ensure benefits and services can be provided with equity in the forefront, in more ways, timelier and with increased accuracy.

9. Does this policy package require any changes to existing statute(s) or require a new statute? If yes, identify the statute and the legislative concept.

No

10. What other state, tribal, and/or local government agencies would be affected by this policy package? How would they be affected?

This will allow us to better serve them and ensure benefits and services can be provided with equity in the forefront, in more ways, timelier and with increased accuracy.

11. Is this policy package being requested because of an Oregon Secretary of State or internal audit? If so, provide further information.

No

Staffing and fiscal impact

Implementation date(s): 9/1/2023

End date (if applicable): _____

12. What assumptions affect the pricing of this policy package?

None

13. Will there be new responsibilities for another agency (OHA etc.) and/or ODHS/OHA Shared Services? Specify which programs and describe their new responsibilities.

None identified

14. Will there be changes to client caseloads Cost per Case or services provided to population groups? Specify how many in each relevant program.

No

15. Describe the staff and positions needed to implement this policy package, including whether existing positions would be modified and/or new staff would be needed.

Funding and Permanent Position Authority to *Establish the Following New Positions*			
	OEP/ONE Oregonian Support (AP Tech Team)	PSR4	6
	OEP/ONE Oregonian Support (AP Tech Team) and Office Simulation Training, Testing & Support, OEP/ONE UAT Test Writers/Testers	OPA1	2
	OEP/ONE Oregonian Support (AP Tech Team) Operations Support Analyst, OEP/ONE Helpdesk Business Analysts,	OPA2	1

	OEP/ONE UAT Testing Coordinators, OEP/ONE Business Analyst, OEP/ONE Quality Control Analysts		
	OEP/ONE Call Center, ECWS, Mobile App, Chat Bots, RPA, IVR	OPA3	4
	OEP/ONE Oregonian Support (AP Tech Team) Manager	PEMB	1
	OEP/ONE Statewide Model Support	OPA1	5
	OEP/ONE Operational Engagement Analysts	OPA3	3
	OEP/ONE Audit Coordinator	OPA2	1
	OEP/ONE Training Analysts	OPA3	2
	OEP/ONE Equity Analyst	OPA3	1
	OEP/ONE Community Engagement Analyst	OPA3	1
	OEP/ONE Training Development and Delivery Specialists	TDS2	3
	OEP/ONE Administrative Support	AS1	2
	OEP/CAM Business Analysts	OPA3	2

16. What are the start-up and one-time costs?

- $2.1 million – One-time payment to IT vendor for final contract cost (payment held to make sure the vendor made certain upgrades within a multi-year warranty and the state agreed to authorize that payment upon the end of that period)
- $4.5 – One-time expense to transition of ONE server/infrastructure from EIS to Azure Cloud Services
- $600,000 – SOC (System and Organization Controls) audit costs

17. What are the ongoing costs?

- $12 million – 2023-25 additional IT contract costs

- $6.1 million - New/additional secondary software required related to the ONE system that were not included in the IT portfolio when the 2021-2023 budget was set: (such as Puppet Configuration Manager, State Google Cloud Environment for Chatbot, Google reCAPTCHA, Robotic Process Automation (RPA)
  $1 million – CAM licenses
  $5 million – Training Contractor

18. What are the sources of funding and the funding split for each one?

19. What are the potential savings?

Savings resulting from improved health and safety outcomes of our clients and client families.

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	$2,611,349	$0	$2,576,286	$5,187,635	34	26.00
Services & Supplies	$13,277,284	$840,000	$19,124,118	$33,241,402		
Capital Outlay						
Special Payments						
Other						
Total	**$15,888,633**	**$840,000**	**$21,700,404**	**$38,429,037**	**34**	**26.00**

Oregon Department of Human Services:
2023-25 Policy Package

Fiscal impact by program

	SSP OHP	CTL CAM	CTL IE/ME	Program 4	**Total**
General Fund	$1,953,188	$754,070	$13,181,375		**$15,888,633**
Other Funds			840,000		**$840,000**
Federal Funds	$1,414,309	$754,070	$19,532,025		**$21,700,404**
Total Funds	$3,367,497	$1,508,140	$32,553,400		**$38,429,037**
Positions	18	2	14		**34**
FTE	13.50	2.00	10.50		**26.00**

Oregon Department of Human Services
2023-25 Policy Package

Division:	Vocational Rehabilitation
Program:	Independent Living
Policy package title:	Pay Equity for CILs
Policy package number:	POP 144
Related legislation:	N/A

Summary statement:

All workers deserve to earn a wage that meets their basic needs for housing, food, and family life. Yet, Oregon's seven Centers for Independent Living (CILs) have been unable to provide livable wages for its employees, many of whom have disabilities. As a result, turnover and vacancies are high, and CILs struggle to fulfill their federally mandated role in supporting Oregonians with disabilities. This policy package requests $2,616,0005 to allow all seven CILs across Oregon to adopt and implement salary and benefit standards that create pay equity for staff who play a vital role in their communities — helping Oregonians with disabilities to gain greater self-sufficiency and ability to participate in community life.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	**$2,616,005**	**$0**	**$0**	**$2,616,005**	**0**	**0.00**

Oregon Department of Human Services:
2023-25 Policy Package

Purpose

1. Why does ODHS propose this policy package and what problem is ODHS trying to fix or solve?

ODHS believes all workers should earn a living wage. But in the last decade funding for Oregon's seven Centers for Independent Living (CILs) has remained stagnant, and so have wages. CIL employees have not received cost-of-living adjustments during this timeframe, and the wage gap has only accelerated during the pandemic. In addition, comparable wages for similar jobs have also increased over the years and earn on average one third less than their colleagues in similar jobs within ODHS. CILs are now facing an even greater need to increase wages and benefits to retain experienced, qualified staff. CILs attribute this wage gap to higher turnover, loss of institutional knowledge and increased training demand — ultimately causing gaps in services that help Oregonians with disabilities live independently.

Centers for Independent Living (CILs) are non-residential community-based organizations that provide services and advocacy for individuals of all ages with all types of disabilities. There are nearly 450 CILs across the United States; Oregon has seven private nonprofit CILs, each with its own board of directors. The Rehabilitation Act of 1973 mandates that at least 51% of the board and staff have disabilities.

Services provided by CILs include peer support, independent living skills training, information and referrals, and advocacy. CILs also help clients transition from nursing homes and other institutions to the community, provide assistance to those at risk of entering institutions, and help youth transition to postsecondary life. CILs support communities, helping them to become more accepting of and accessible by individuals with

disabilities. The seven CILs in Oregon are located in Bend, Eugene, Grants Pass, Klamath Falls, Ontario, Portland, and Roseburg, CILs serve 22 of the 36 counties throughout the state.

CILs are mandated through the federal Rehabilitation Act, under the Administration for Community Living (ACL). Title VII, Chapter 1 of the Act states the purpose of the program is to "promote a philosophy of independent living including a philosophy of consumer control, peer support, self-help, self-determination, equal access, and individual and system advocacy, in order to maximize the leadership, empowerment, independence, and productivity of individuals with disabilities, and the integration and full inclusion of individuals with disabilities into the mainstream of American society."

This POP is needed so Oregon's CILs can fulfill this purpose, and moreover, can support Oregonians with disabilities who are both employed by this program and recipients of the services CILs provide.

2. What would this policy package buy and how and when would it be implemented?

The requested funding would allow each CIL to implement the following pay standards to achieve pay equity across the state beginning in 2023:

- Independent Living Specialist (ILS) salary — increase wages to $42,000–$48,000 annually (based on an hourly rate of $20.25–$24.61 depending on number of hours)
- Mid-management salary — increase wages to $58,500–$67,500 annually (approximately 1.4 times higher than the ILS salary above)
- Executive Director salary — $90,000–$112,500 annually (approximately 2.3 times higher than the ILS salary above)
- Employer covers 8% of taxes on salary/wages
- Employer contributes 6% to retirement benefit

- Healthcare, dental and life insurances — $10,000 per year per full-time employee (prorated as appropriate)

Based on each CIL's current staffing levels, we are requesting $2,616,005 per biennium. The funding will be distributed to the existing seven CILs based on their documented individual need (total staff multiplied by equitable pay and benefits).

3. How does this policy package help, or potentially hinder, populations that are disproportionately underserved? How does this policy package further ODHS's 3 strategic goals, and both the program and ODHS missions?

CIL's staff and their governing boards represent Oregonians who not only have disabilities, but who also represent different ethnicities, ages, and gender identities. Historically and currently, structural inequities and discrimination have created barriers for people with disabilities who are seeking well-paying jobs and positions of leadership. Those with other marginalized identities face even greater hardship in the workplace.

Yet, CILs are having to pay their employees less for comparable positions in ODHS. Given federal regulations require a majority of CIL staff (at least 51% or more) be individuals with a disability, this disparity in pay disproportionately affects people with disabilities. We need to bring these jobs up to a standard of pay with benefits that is competitive with similar jobs in order to achieve full equity and inclusivity.

Funding CILs with an added $1,350,000 a year is a significant step in achieving equity and inclusivity for people with disabilities by paying them a livable wage, thereby helping them to serve as role models for what is possible for the thousands of people with disabilities they serve in any given year.

Quantifying results

4. What are the long-term desired outcomes?

Providing a livable wage will lead to the following outcomes:

- Help employees better meet their basic needs
- Improve job satisfaction and morale
- Reduce staffing turnover
- Increase quality and timeliness of service delivery
- Improve customer satisfaction

5. How will ODHS measure the impact on system and access inequities and/or impact disproportionality in accessibility and services in ODHS programs through this policy package?

The impact of this policy package on providing equitable access to benefits planning services will be measured through annual and mid-year reports CILs submit to the federal Administration for Community Living and to Vocational Rehabilitation (VR), a program of ODHS.

VR serves as the Designated State Entity (DSE) through the State Plan for Independent Living (SPIL), and as such is the pass-through of both state and federal funding to the CILs across the state.

The Administration for Community Living requires CILs to submit an annual Program Performance Report, and VR is accountable for reviewing the report for compliance with federal rules. VR also requires CILs to

produce a mid-year report. These reports include information about staffing trends and challenges as well as data about how many participants seek CIL services. That information will indicate if the pay equity measures are improving staff retention and reaching more Oregonians with disabilities.

The State Independent Living Council (SILC) and VR work together to produce a statewide program performance report that further monitors progress and compliance.

How achieved

6. What actions have occurred to resolve the issue prior to requesting a policy package?

Some CILs have chosen to leave positions vacant in order to increase other staff's wages. Others have begun subsidizing positions with other funding in order to attract and retain qualified staff. Unfortunately, not all CILs have these options; for example, smaller CILs may have budgets around $300,000, with a staff of just five.

Some CILs have opted not to offer health insurance or retirement benefits as a way to cut costs and ensure positions fit within the constraints of their budgets.

None of these actions are sustainable nor acceptable.

7. What alternatives were considered and what were the reasons for rejecting them?

Currently no funding alternatives exist to address this statewide issue.

8. What other agencies, programs, community partners or stakeholders are collaborating on this policy package?

Oregon's Independent Living network of seven CILs, Oregon Commission for the Blind (OCB), State Independent Living Council (SILC) and Vocational Rehabilitation (VR) share a common vision and work together to find ways to meet the unique needs of people with disabilities in varied communities across the state. This proposal is the outcome of years of collaborative discussion with a variety of human service programs and local community partners. This network is unified in supporting this POP and committed to moving it forward.

9. Does this policy package require any changes to existing statute(s) or require a new statute? If yes, identify the statute and the legislative concept.

No N/A

10. What other state, tribal, and/or local government agencies would be affected by this policy package? How would they be affected?

VR serves as the Designated State Entity (DSE) through the State Plan for Independent Living (SPIL), and as such is the pass-through of both state and federal funding to the CILs across the state. VR would serve as the pass-through for this POP through contracts with each of the seven CILs.

11. Is this policy package being requested because of an Oregon Secretary of State or internal audit? If so, provide further information.

N/A

Staffing and fiscal impact

Implementation date(s): July 1, 2023

End date (if applicable): Ongoing

12. What assumptions affect the pricing of this policy package?

Pricing is based on the current market and assumes little change to cost of living and inflation over the next few years, including the cost of health care and benefits.

13. Will there be new responsibilities for another agency (OHA etc.) and/or ODHS/OHA Shared Services? Specify which programs and describe their new responsibilities.

N/A

14. Will there be changes to client caseloads Cost per Case or services provided to population groups? Specify how many in each relevant program.

N/A

15. Describe the staff and positions needed to implement this policy package, including whether existing positions would be modified and/or new staff would be needed.

This policy package does not require new position authorities from the Legislature. It allows CILs to maintain current staffing levels including filling vacancies.

16. What are the start-up and one-time costs?

Because CILs already exist, there are no start-up or one-time costs associated with this request. This funding will create a sustainable business model where employees, including many people with disabilities, are provided a livable wage and benefits.

17. What are the ongoing costs?

All of the funding requested through this POP is ongoing to create pay equity across the state in a sustainable manner.

18. What are the sources of funding and the funding split for each one?

Oregon Department of Human Services:
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Total needed to achieve Pay equity						
	Salary/wages	**Taxes**	**Retirement**	**Healthcare**	**Total**	
Abilitree	$101,000.00	$8,080.00	$13,680.00	$25,800.00	$148,560.00	
EOCIL	$131,940.00	$10,555.00	$9,947.00	$1,500.00	$153,942.00	
HASL	$73,315.00	$5,865.00	$17,772.00	$65,000.00	$161,952.00	
ILR	$215,000.00	$17,200.00	$44,000.00	$30,800.00	$307,000.00	
LILA	$165,304.00	$13,224.00	$22,260.00	$50,653.00	$251,441.00	
Spokes	$115,659.50	$6,553.00	$8,213.00	$11,200.00	$141,625.50	
UVDN	$93,250.00	$7,460.00	$12,172.00	$30,600.00	$143,482.00	
				Total request	**$1,308,002.50**	Annual
					$2,616,005.00	biennium

19. What are the potential savings?

Frequent staff turnover is expensive. With the ability to pay higher wages, CILs stand to save money on hiring and training new employees, and instead invest in retaining valuable, experienced, well-trained staff. Community costs also may be reduced when individuals with disabilities receive consistent, timely services that improve their independence and reduce their reliance on other community supports.

Oregon Department of Human Services:
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Total for this policy package

	General Fund	Other funds	Federal funds	Total funds	Pos.	FTE
Personal services						
Services & supplies						
Capital outlay						
Special payments	$2,616,500	$0	$0	$2,616,500		
Other						
Total	$2,616,500	**$0**	**$0**	$2,616,500	**0**	**0.00**

Fiscal impact by program

	Program 1	Program 2	Program 3	Program 4	**Total**
General fund	$2,616,500				$2,616,500
Other funds					**$0**
Federal funds					**$0**
Total funds	$2,616,500				$2,616,500
Positions					**0**
FTE					**0.00**

Oregon Department of Human Services
2023-25 Policy Package

Division:	Vocational Rehabilitation
Program:	Vocational Rehabilitation
Policy package title:	RCDHH & VRCs
Policy package number:	POP 145
Related legislation:	N/A

Summary statement:

Everyone benefits from the independence, self-sufficiency, and fulfillment that employment brings. Vocational Rehabilitation helps people with all disabilities find jobs that match their skills and interests so they can enjoy this benefit. Yet our reporting shows we are underserving part of the population we serve — people of color who are deaf or hard of hearing. This policy package will add 46 full-time positions so VR can provide linguistically and culturally responsive employment services to better serve people of color who are deaf and hard of hearing throughout the state.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	**$6,944,825**	$ -	$ -	**$6,944,825**	46	34.50

Oregon Department of Human Services:
2023-25 Policy Package

Purpose

1. Why does ODHS propose this policy package and what problem is ODHS trying to fix or solve?

Vocational Rehabilitation (VR) helps individuals with disabilities get and keep a job that matches their skills, interests, and abilities. VR staff work in partnership with communities and businesses to develop employment opportunities and provide individualized services to each eligible person. This package requests position authority to grow the VR team so that we can better serve people of color who are deaf or hard of hearing. New would reflect the varied cultures, ethnicities and lived experiences of Oregonians who are deaf and hard of hearing. Rehabilitation Counselors for the Deaf (RCDs) and Rehabilitation Counselors for the Hard of Hearing (RCHHs) would be located throughout the state and assigned a smaller case load to allow time for building community relationships.

In recent years, the number of Oregonians applying for VR services who are deaf or hard of hearing has continued to grow annually, according to data collected for the 2017 and 2018 Oregon State Rehabilitation Council's annual reports. From SFY 2017 to SFY 2018, the number of Oregonians VR served who reported some level of hearing loss as their primary responsibility grew from about 7% (1,256 people) to 22% (3,736 people). Yet VR has not had position authority to add more staff who are deaf and hard of hearing.

In addition, VR reporting shows it has traditionally struggled to serve people of color who are deaf and hard of hearing. Staff attribute this to two main reasons: there is no dedicated staff or budget to engage these communities, and the staff lacks diversity. To better engage with the communities we have historically underserved, VR needs to be intentional about hiring staff who share lived experiences with the population we want to engage. Likewise, VR needs to intentionally engage with communities of color and work with them to

identify how we can do a better job meeting the specific needs of the individuals in these communities who are dead or hard of hearing.

VR is built on a person-centered approach, meaning our plans and services are based on the individual needs of the people we serve. VR counselors and clients agree that a foundation of trust and open communication is integral to the program, and that comes when clients can communicate in their preferred language and work with someone who looks like them and has similar lived experiences. This POP strives to bridge this gap.

2. What would this policy package buy and how and when would it be implemented?

This policy package buys position authority for 30 VR counselors, 15 assistants (HSA2) and one project manager to:

- Engage with local communities that are currently underrepresented in the program to create access and outcome plans
- Implement these plans in partnership with the community
- Provide needed VR services to the individuals in the communities they represent
- Build capacity among community-based resources to better serve people of color who are deaf or hard of hearing
- Provide a counselor trained to provide services to people who are deaf or hard of hearing in every one of the 15 branches
- Increase service capacity in areas with a high number of people who are deaf or hard of hearing, including Washington and Multnomah counties.
- Add support staff who are proficient in ASL.
- Assist new clients in achieving living wage, career focused jobs

3. How does this policy package help, or potentially hinder, populations that are disproportionately underserved? How does this policy package further ODHS's 3 strategic goals, and both the program and ODHS missions?

This policy package creates position authority for 30 Rehabilitation Counselors for the Deaf (RCDs) and Rehabilitation Counselors for the Hard of Hearing (RCHHs). These positions will engage with and directly serve the communities disproportionately underserved — people of color who are deaf or hard of hearing. RDCs and RDHHs will do community outreach and hold community events to help VR better understand the specific needs of these communities and create joint plans for expanding reach. Progress and evaluation will also be in partnership with communities to ensure follow-through and fidelity to a true people-centered approach.

VR presently has six VR counselors who are deaf and three who are hard of hearing. One assistant (HSA2) is also hard of hearing, and one RCD is a child of deaf adults (CODA) but has normal hearing ability. This solution would prioritize hiring staff who are themselves deaf or hard of hearing — or who are from deaf families and native ASL users — and who meet the other required qualifications for these specialized service positions. Those hired into RCD-designated positions would be required to pass ODHS's ASL proficiency evaluation when it becomes available.

VR will specifically recruit RCDs who are people of color and who identify as LGBTQIA2S+; these efforts would be made in conjunction with VR's other equity initiatives.

By hiring counselors and staff who reflected the communities we want to serve better, we believe we will be able to reach populations that were previously left out and better support local efforts with partner agencies to improve access for people who are deaf and hard of hearing.

Quantifying results

4. What are the long-term desired outcomes?

Success will mean we are providing services to more people of color who are deaf or hard of hearing. By measuring outcomes for people of color with disabilities enrolled in VR, and adapting our approach and services when needed, we will truly be providing equitable access and paving the future of human services in Oregon.

Being able to reach and engage with communities needs to be an intentional approach so that ODHS can serve all Oregonians. Individuals who experience hearing loss or who are deaf experience linguistic barriers to engagement with ODHS and other state agencies; those barriers are compounded for people of color.

The investment of this POP will directly address the way that VR engages and provides employment services to the deaf population in Oregon, but it will also increase our ODHS' ability to provide these culturally responsive services as well. VR is required to explore comparable benefits and to provide information and referral to those services when available. ODHS is rich in available services that are traditionally underutilized by VR clients. This package will positively shape our ability to connect people who are deaf and hard of

hearing to all available ODHS services, empowering them to lead independent and engaged lives in their communities.

5. How will ODHS measure the impact on system and access inequities and/or impact disproportionality in accessibility and services in ODHS programs through this policy package?

Our model forecasts an increase in the number of VR clients who are deaf and hard of hearing. This would lead to more people who are deaf and hard of hearing finding jobs and accessing other ODHS programs and services.

ODHS will track progress by measuring the following goals:

- Partner with local communities of color to create people-focused access and outcome plans
  - Number of plans
  - Number of HCD events
  - Number of participants involved in planning
- Implement these plans with assistance of the community
  - Number of plans moving from planning into implementation
  - Number of established community of practices to continuing evaluating/learning
- Provide needed VR services to the individuals in the communities they represent
  - Access measures for increased number entering VR
  - Access measures for increase numbers entering plan

- Build capacity among community-based resources to better serve this newly accessed diverse population.
  - Increase number of culturally specific providers
  - Increase in numbers of providers who serve diverse populations
  - Increase number of specific services provided to clients
- Assist in achieving living wage, career focused jobs for individuals with disabilities in these communities
  - WIOA outcome measures for those who leave services (income, income gain over time, 2nd/4th quarter employment date, skill gain, etc.)

How achieved

6. What actions have occurred to resolve the issue prior to requesting a policy package?

VR actively works to better serve people of color who are deaf or hard of hearing in the following ways:

- Participation in the Future Ready Oregon implementation teams
- Preparation of a Request for Proposal (RFP) to increase services to those for whom English is not their first language. Prior, VR had limited ability to provide services in languages other than Spanish and ASL, and even in those languages' services have been limited in some areas of the state.
- Regional and state VR equity teams have begun to identify where inequities exist and find solutions without requiring additional resources.
- Our new Inclusive Career Advancement Program (ICAP) for people with disabilities who want to pursue a post-secondary education includes aggressive goals for serving people of color.
- Cornell University is creating a training for Oregon VR staff to better understand the communities within their service areas.

- Continual evaluation and adjustment of services based on the federally required Comprehensive Needs Assessment.
- Working closely with the two graduate rehabilitation counseling programs in Oregon to recruit staff and host graduate student interns. VR has hosted on average five to seven interns statewide per year for more than a decade prior to the pandemic. We anticipate continuing to host interns now that onsite restrictions are lifted.
- Sending staff to national conferences related to better serving clients who are deaf and hard of hearing.
- Targeting recruitment at undergraduate and graduate programs and through social media.

7. What alternatives were considered and what were the reasons for rejecting them?

VR has worked closely with the two graduate Rehabilitation Counseling programs in Oregon to recruit staff and is active in hosting graduate student interns as frequently as possible. However, this is only partial solution; only with additional position authority can we ensure we have qualified staff throughout the state who are trained to serve people who are deaf and hard of hearing.

Additionally, the matriculating populations of these institutions are lacking diversity and not reflective of the populations we desire to serve through this POP.

8. What other agencies, programs, community partners or stakeholders are collaborating on this policy package?

VR's Tribal partners, community partners and schools all support this policy package, though they did not directly collaborate with VR. Our tribal offices report a need for VR staff who understand tribal people and native culture. We hear similar feedback from our community partners who engage with Latinx people and from our partners in school districts with diverse student populations.

9. Does this policy package require any changes to existing statute(s) or require a new statute? If yes, identify the statute and the legislative concept.

No changes.

10. What other state, tribal, and/or local government agencies would be affected by this policy package? How would they be affected?

VR has MOUs with four of the nine federally recognized tribes in Oregon to coordinate VR services. Our tribal offices report a need for staff proficient in ASL.

11. Is this policy package being requested because of an Oregon Secretary of State or internal audit? If so, provide further information.

No, not due to an audit.

Staffing and fiscal impact

Oregon Department of Human Services:
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Implementation date(s): 01/01/2024

End date (if applicable): Continuance

12. What assumptions affect the pricing of this policy package?

This package assumes current pricing for initial equipment consideration for workstations.

13. Will there be new responsibilities for another agency (OHA etc.) and/or ODHS/OHA Shared Services? Specify which programs and describe their new responsibilities.

N/A

14. Will there be changes to client caseloads Cost per Case or services provided to population groups? Specify how many in each relevant program.

This package places a Rehabilitation Counselor trained to serve clients who are deaf or hard of hearing in every one of its 15 branches, and the ability to increase service capacity in areas with a high population of people who are deaf or hard of hearing (Washington County, Multnomah County, Tribal communities, areas where English is not the primary language spoken). Remaining positions will be added to each branch office that does not presently have staff with this skill set; in the case of locations with a RCHH without ASL proficiency, VR will determine whether an ASL-fluent position is also needed. HSA2 positions will be focused on supporting the RCD/HH staff and should have ASL proficiency prioritized as a minimum qualification.

15. Describe the staff and positions needed to implement this policy package, including whether existing positions would be modified and/or new staff would be needed.

Vocational Rehabilitation Counselor – 30
Human Services Assistant 2 – 15
Project Manager - 1

This package will ensure VR has a Rehabilitation Counselor for the Deaf (RCD) or Rehabilitation Counselor for the Hard of Hearing (RCHH) in every one of its 15 branches. It also will increase service capacity in areas with a high number of people who are deaf or hard of hearing, including Washington and Multnomah counties. Fifteen support staff (HSA2s) will also be required to be fluent in ASL.

The 11 existing RCD/RCHH staff and one HSA2 will be shifted to these new positions, making it possible for Branch Managers to hire regular Vocational Rehabilitation Counselors in the vacated positions.

16. What are the start-up and one-time costs?

Specialized training, workstation assigned equipment; PC/laptop, telecommunications (desktop/cellphone)

17. What are the ongoing costs?

Salaries/wages and flexible benefits, routine operational expense (associated with services and supplies), in-service training

18. What are the sources of funding and the funding split for each one?

ALL STATE FUNDING – GENERAL FUND 100%; all FF has been accounted for and there is no more ongoing OF or FF available

19. What are the potential savings?

N/A

Oregon Department of Human Services:
2023-25 Policy Package

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal services	$ 6,073,873	$0	$0	$ 6,073,873	46	34.50
Services & supplies	$ 843,766			$ 843,766		
Capital outlay	-			-		
Special payments	$ 27,186			$ 27,186		
Other	-			-		
Total	**$6,944,825**	**$ -**	**$ -**	**$6,944,825**	**46**	**34.50**

Fiscal impact by program

	Program 1	Program 2	Program 3	Program 4	**Total**
General Fund	$6,944,825				$6,944,825
Other Funds					**$0**
Federal Funds					**$0**
Total Funds	$6,944,825				$6,944,825
Positions	**46**				**46**
FTE	**34.50**				**34.50**

Oregon Department of Human Services
2023-25 Policy Package

Division:	Vocational Rehabilitation
Program:	Work Incentives Network (WIN)
Policy package title:	Work Incentives Network (WIN)
Policy package number:	POP 146
Related legislation:	N/A

Summary statement:

Through benefits planning services, the Work Incentives Network (WIN) empowers Oregonians with disabilities to make informed decisions about how employment may affect their public benefits. However, current demand for services far exceeds capacity, and Oregonians cannot get these comprehensive benefits planning services. This means people cannot confidently moving forward with employment goals due to the uncertainty of how that work may impact their benefits. The problem is amplified because wages have remained stagnant in the past decade. As a result, WIN struggles to recruit and retain Work Incentive Coordinators (WIC) who deliver these benefit services.

This policy package is designed to improve timeliness of benefits planning services for all Oregonians with disabilities, with a specific focus on improving services to historically underserved groups — youth, tribal communities, Spanish-speaking communities, and rural communities. To this end, Vocational Rehabilitation (VR) is requesting position authority and funding for 12 non-budgeted, full-time WIC positions. In addition, VR is requesting an increase in

the base rates for current and proposed contracted positions to keep up with increased cost of living and operational expenses.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	**$3,211,060**	**$0**	**$0**	**$3,211,060**	**1**	**.75**

Purpose

1. Why does ODHS propose this policy package and what problem is ODHS trying to fix or solve?

Through benefits planning services, the Work Incentives Network (WIN) empowers Oregonians with disabilities to make informed decisions about how employment may affect their public benefits. Historically, due to capacity limits, not every Oregonian who qualifies for WIN services and wants comprehensive benefits planning can be served. Comprehensive benefits planning involves verification of benefits and often the creation of written, individualized Benefits Summary and Analysis (BSA) report and Work Incentives Plans (WIP). With such high demand, we prioritize employed Oregonians, and even still often have a sizable waitlist. This delay means people cannot confidently move forward with employment goals due to the uncertainty of how that work may impact benefits. When unemployed individuals seek comprehensive, individualized WIN services, our only option is to instead encourage them to call the WIN Help Line to receive some general information.. Moreover, some generally underserved populations have fewer options for in-person services.

Currently, there are 10.75 FTE contracted Work Incentives Coordinator (WIC) positions throughout the state, employed by six Centers for Independent Living (CILs). These positions require approximately three months of training before receiving provisional certification, which allows a WIC to begin providing benefits planning. Provisionally certified WICs have their work product closely monitored and evaluated by WIN administrators during that time. Full certification requires nine months to a year.

Such an investment of time into the certification training means that turnover in these positions can greatly affect our ability to serve Oregonians. Not only are new trainees unable to provide direct services to participants seeking benefits planning, but WIN program managers must dedicate considerable time to providing the exhaustive certification training and assessing trainee performance. Contracted positions have not received an increase in funding in nearly a decade, and as a result retaining WICs has become more challenging. These positions become less financially competitive as time goes by and cost of living increases along with operational costs for the CILs with which WIN contracts.

See Appendix item A for more details on the last five years regarding numbers of individuals referred for WIN benefits planning and the number that WIN had the capacity to provide with full comprehensive benefits planning services.

Currently, each position is contracted at only $5,500 per month, a figure that has remained essentially the same for roughly a decade, forcing some CILs to supplement that amount to pay a competitive salary to attract and retain qualified candidates, or to otherwise cut costs by not offering health insurance with the position, which negatively impacts attracting and retaining qualified candidates. One CIL has recently expressed that renewing the WIN

contract in the next biennium may not be feasible for their organization given how the contracted amounts have not kept up with increased cost of living for the individual and operating costs for the CIL.

Simply put, the current funding for each contracted WIC position is insufficient to reasonably fund the position through WIN alone. In the Portland metro area, the Executive Director of Independent Living Resources (ILR) explains the situation:

"ILR's annual salary for WICs is currently about $45,000, plus benefits and taxes of another $11,000 for $56,000 per WIC, plus ILR's federally approved indirect cost rate of about 50%, which adds $28,000 for a total of $84,000 per WIC or $7,000 per month per WIC.

For ILR's three WICs that's $21,000 per month but we are actually paid under our contract only $16,500 per month, a shortfall of $4,500 per month and $54,000 per year.

The WIC contract has not been increased significantly in years. It was written for a salary of about $34,000 to $36,000 per year per WIC, but ILR now pays $10,000 more per year per WIC in order to maintain average competitive wages.

ILR values WIN and funds the three WICs with other flexible federal base funds but this at the expense of being able to hire more [Independent Living Specialists] to our staff"

If funding for these positions isn't increased, then CILs will either continue to subsidize some of the WIC salaries (potentially at the expense of hiring more IL specialists), stop offering health insurance as two CILs have elected to do, or not renew their WIC contract, as one CIL is considering. With sizable increases in the state minimum wage

over the past five years, WIC job postings are now often offered by some CILs in non-metro communities at only a few dollars above minimum wage, despite the high level of technical and subject-matter expertise required of the position and the exhaustive certification process and fidelity standards involved.

From WIN's perspective, retention of quality WICs is paramount to the program most effectively serving Oregonians with disabilities. Increasing the contract amounts for each current and proposed position, and adding a career advancement tier with the three Regional Work Incentives Coordinator (RWIC) positions (described in more detail below), will help the program attract and retain qualified WICs who will in turn offer timely comprehensive benefits planning services to any Oregonian who needs it, regardless of region, employment status, demographics or any other factor that has historically impacted the program's capacity to meet demand. Below you will find the proposed solution to that problem.

2. What would this policy package buy and how and when would it be implemented?

Through this POP, WIN proposes to increase the contracted rate per position from $5,500 per month to $7,700 month. Per the Social Security Administration's COLA guidelines, cost of living has increased 18.8% in the past decade (as of 2021), so if these contracted positions were keeping pace with cost-of-living adjustments, they would currently be funded at $6,534/month. WIN proposes the additional increase to $7,700 to account for future cost-of-living increases, and for the aforementioned intent of retaining subject-matter-expert WICs in these highly technical contracted positions.

To help address capacity issues and meet demand, WIN also proposes adding an additional eight WIC positions, with some of these positions specifically dedicated to providing benefits planning services to the following historically underserved populations:

- Tribal communities
- Youth
- Rural communities

Specifics regarding how this policy package will help these communities will be outlined in question #3 below.

By taking the long overdue step of increasing the base rate for each contracted position, WIN will be better able to retain WICs in these contracted positions. Retaining expert WICs will allow for greater service to all Oregonians with disabilities who are in need of benefits planning and doing so will provide VR clients and other Oregonians with disabilities with the advisement necessary to confidently move forward with their employment goals without the uncertainty of what such income will do to their benefits and supports.

RWIC positions:
Additionally, this POP will request funding to contract three Regional Work Incentives Coordinators (RWICs), funded at $9,000/month, with one RWIC assigned to each VR region. These RWICs will spend half of their time working on a benefits planning caseload, with a focus on the more complex benefits situations, and the other half of their time will be spent providing technical assistance to other WICs, providing trainings, offering presentations to community partners and VR staff, etc. These positions will not only allow for improved service outcomes but will also provide career advancement opportunities for experienced WICs .

VR FTE position:
Finally, the POP will request one FTE VR position to support the two current WIN program coordinators, and this additional position will likely classified as OPA 1. This position will be responsible for processing intakes of new WIN referrals, technical assistance with WIN's database (Apricot), Information and Referral services, updating

training materials, etc. WIN had support along these lines roughly a decade ago, but the position was not restaffed upon the retirement of that individual.

The POP will also help fund additional technology costs:

- The upgraded database Apricot. The current ETO database is becoming obsolete and only works through Internet Explorer, which is being retired by Microsoft.

- Subscriptions for report-writing software HotDocs. Currently, WICs use a 2009 desktop version of the software that is incompatible with recent updates necessary to create the templates.

- National benefits planning certification program through Cornell University. The free national certification through Virginia Commonwealth University is no longer being offered to non-VR-employed community partners, such as the CIL-employed WICs.)

3. How does this policy package help, or potentially hinder, populations that disproportionately are underserved? How does this policy package further ODHS's 3 strategic goals, and both the program and ODHS missions?

This policy package is designed to improve timeliness of benefits planning services for all Oregonians with disabilities, with a specific focus on improving services to tribal communities, Spanish-speaking communities, youth, and rural communities.

Between January 2017 and April 2022, WIN served 49 individuals who identified their race/ethnicity as "Native American," which equates to fewer than 10 per year. We believe we can do better. Of the eight additional WIC positions WIN seeks to add, WIN proposes five of these positions have an emphasis on establishing and

maintaining connections with each of the five tribal VR offices around the state, with each WIC ideally located within proximity of one of those offices. Tribal offices are in rural areas, so WIN would also see an increased focus on serving rural communities at large. Through this policy package, WIN would also seek to ensure that one of the additional WIC positions be based in eastern Oregon, a region currently only served in-person by one WIC position (which as of this writing is vacant).

Additionally, these same five WIC positions would each have an emphasis on serving youth. Between January 2017 and April 2022, WIN served 79 individuals who were between the ages of 16 and 20. This represents only 1.7% of all clients served (for whom age data is available). Each of these five WICs would partner with one of the state's five Pre-Employment Transition Services coordinators to ensure benefits planning starts during the early stages of professional development, empowering these individuals to make informed choices about employment and benefits. Essentially, these five positions would have a special focus on Tribal and youth populations, with emphasis on rural areas of the state.

WIN also proposes three of the eight additional WICs positions be designated bilingual. Per recent census data, the predominant language of non-English speakers is Spanish (59.1%), with the next highest language being Chinese/Mandarin/Cantonese (5.41%) and Vietnamese (4.44%). Based on this data, these three bilingual contracted positions would require fluency in Spanish, and each of the three positions would include an increase in contracted rate with the intent of providing a corresponding wage differential.

Quantifying results

4. What are the long-term desired outcomes?

This policy package aims to improve benefits planning services in historically underserved communities as outlined above while also improving the timeliness of comprehensive benefits planning to all Oregonians who seek it, regardless of employment status. Currently, due to previously described capacity limitations and frequent turnover WIN must triage the urgency of benefits planning referrals based on current employment status. This means that some unemployed Oregonians with disabilities — those who are hesitant to move forward with employment goals due to uncertainty about how employment may affect benefits — may delay vocational services or choose not to pursue employment altogether.

5. How will ODHS measure the impact on system and access inequities and/or impact disproportionality in accessibility and services in ODHS programs through this policy package?

The impact of this policy package on improving equitable access to benefits planning services will be measured through the collection of REALD data, as well as demographic info that is currently collected via WIN's ETO database and will be collected through the new Apricot database.

Additionally, WIN program managers conduct quarterly quality assurance file reviews and six-month fidelity reviews, which provide data about how many participants complete comprehensive benefits planning services. WIN administrators also monitor deliverables, such as Benefits Summary and Analysis (BSA) reports through monthly invoicing.

How achieved

6. What actions have occurred to resolve the issue prior to requesting a policy package?

Because demand exceeds capacity, WIN triages the urgency of benefits planning referrals based on employment status and other time-sensitive factors (such as termination of benefits, overpayments, etc.) This leads to inequitable access to services by necessitating WICs to prioritize employed individuals. Another outcome is long wait times for people who are not employed or people seeking general information about various benefits programs and work rules through resources such as the WIN Help Line. Capacity limits also mean fewer people receive comprehensive benefits planning services, an individualized service that involves verification of benefits and often a written BSA report.

WIN also engages in community outreach to provide general benefits information and resources to groups of beneficiaries, community partners, etc. However, the current number of WICs is insufficient to meet the need for this outreach, especially in-person in rural areas of the state. Likewise, WIN experiences difficulty reaching certain populations, because the number of WICs and their placement at various CILs around the state do not always overlap with these populations geographically, culturally or linguistically. With the current number of contracted positions, WIN is unable to dedicate a liaison to these populations to improve relationships and trust in state services amid populations where that is needed.

7. What alternatives were considered and what were the reasons for rejecting them?

Alternatives and reasons for rejection are outlined in question 6.

8. What other agencies, programs, community partners or stakeholders are collaborating on this policy package?

This policy package does not include significant collaboration with other agencies, programs community partners or stakeholders. However, it will improve timeliness of comprehensive benefits planning, which in turn will help individuals move forward with vocational services received from various agencies and community partners, with the goal of improving employment outcomes and decreasing reliance on public benefits.

Does this policy package require any changes to existing statute(s) or require a new statute? If yes, identify the statute and the legislative concept.

No, this policy package does not require changes to existing statute.

9. What other state, tribal, and/or local government agencies would be affected by this policy package? How would they be affected?

This policy package proposes five WICs dedicated to providing service to Tribal VR, providing greater access to specialized services such as benefits planning. Additionally, VR counselor refer many clients to WIN, and timelier comprehensive benefits planning will help clients move forward in their employment plans. WIN administrators also provide state benefits verifications to Disability Rights Oregon's Plan for Work benefits planning program and to certified benefits planners who are funded via fee-for-service by ODHS's Office of Developmental Disability Services. With the proposed addition of one FTE position within WIN administration, the WIN program managers will have the support necessary to provide faster turnaround times on these state benefits verifications, thereby allowing community partners to improve the speed of delivery of their benefits planning services.

By receiving timely benefits planning services, and by having a WIC who can answer specific benefits-related questions and work through complicated issues, WIN participants will decrease their need to contact ODHS's Ageing and People with Disabilities and Self-Sufficiency Program offices with questions or concerns about their benefits situation.

10. Is this policy package being requested because of an Oregon Secretary of State or internal audit? If so, provide further information.

No, it is not.

Staffing and fiscal impact

Implementation date(s): 01/01/2024

End date (if applicable): ongoing

11. What assumptions affect the pricing of this policy package?

The pricing is affected by SSA's COLA for the past ten years, the amount of time since these contracted positions have seen an increase in funding. WIN has built in additional funding in each contracted position to account for continued increase in cost-of-living in the years to come, as well as the increased programmatic and operational costs for our contractors (CILs).

12. Will there be new responsibilities for another agency (OHA etc.) and/or ODHS/OHA Shared Services? Specify which programs and describe their new responsibilities.

No, there will not be new responsibilities for another agency.

13. Will there be changes to client caseloads Cost per Case or services provided to population groups? Specify how many in each relevant program.

Because benefits planning services are contracted out, and because these WIC positions are employees of the CILs (and proposed additional WICs and RWIC positions would also be employees of contracting agencies), there would be no change in client caseloads with ODHS.

The cost per case for services would only increase to the extent that contracted position base rates are increasing. However, with greater capacity to meet demand, there would be more Oregonians with disabilities who could receive comprehensive benefits planning services, so the increased base rates will lead to a much greater number of people served. Even with this proposed increase in base rates for current WICs and proposed addition of WIC and RWIC contract positions, this remains a more cost-effective option than VR or ODDS providing benefits planning service internally and directly with the addition of staff positions.

14. Describe the staff and positions needed to implement this policy package, including whether existing positions would be modified and/or new staff would be needed.

As previously outlined, this policy package would include one FTE position, likely classified as OPA 1, to provide additional administrative and technical support to the WIN program managers. No current positions would require modification. In addition, this policy package would provide funding sufficient to implement

eight new contracted WIC positions and 3 RWIC positions, as discussed above. These contracted positions would be much more cost-effective than creating a similar number of ODHS positions.

15. What are the start-up and one-time costs?

There are minimal one-time costs associated with workstation fitting for the state FTE in this policy package.

16. What are the ongoing costs?

Ongoing costs associated with the one FTE; increase to existing and added contract positions; database/software and hardware costs associated with each position

17. What are the sources of funding and the funding split for each one?

WIN is exclusively funded with General Fund dollars.

18. What are the potential savings?

The potential savings are tied to comprehensive benefits leading to more Oregonians with disabilities empowered with the knowledge to make informed decisions about their benefits and employment. As a result, there will likely be reduced reliance on public cash benefits such as SSI and SNAP, as well as increased tax revenue from additional workforce.

By improving retention of WICs, as well as the possibility of career advancement into the newly created RWIC positions, ODHS would save dollars tied to frequent certification training of new WICs. WIC trainees spend

several months in training before they receive provisional certification, and during that time they are not providing direct services, and time and resources are diverted away from direct services during the certification process.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	$ 133,743	$ -	$ -	$ 133,743	1	0.75
Services & Supplies	$ 218,667	$ -	$ -	$ 218,667		
Capital Outlay	$ -	$ -	$ -	$ -		
Special Payments	$ 2,858,650	$ -	$ -	$ 2,858,650		
Other	$ -	$ -	$ -	$ -		
Total	**$ 3,211,060**	**$ -**	**$ -**	**$ 3,211,060**	1	0.75

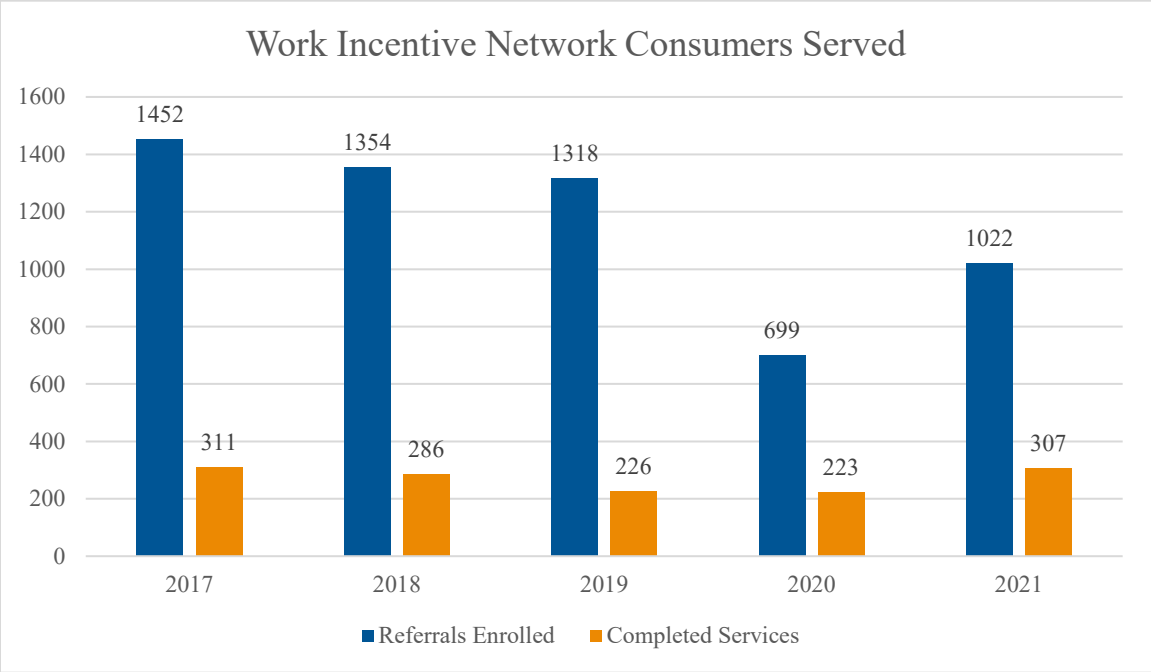
Fiscal impact by program

	Program 1	Program 2	Program 3	Program 4	**Total**
General Fund	**$3,211,060**				**$3,211,060**
Other Funds					**$0**
Federal Funds					**$0**
Total Funds	**$3,211,060**				**$3,211,060**
Positions	1				**1**
FTE	.75				**.75**

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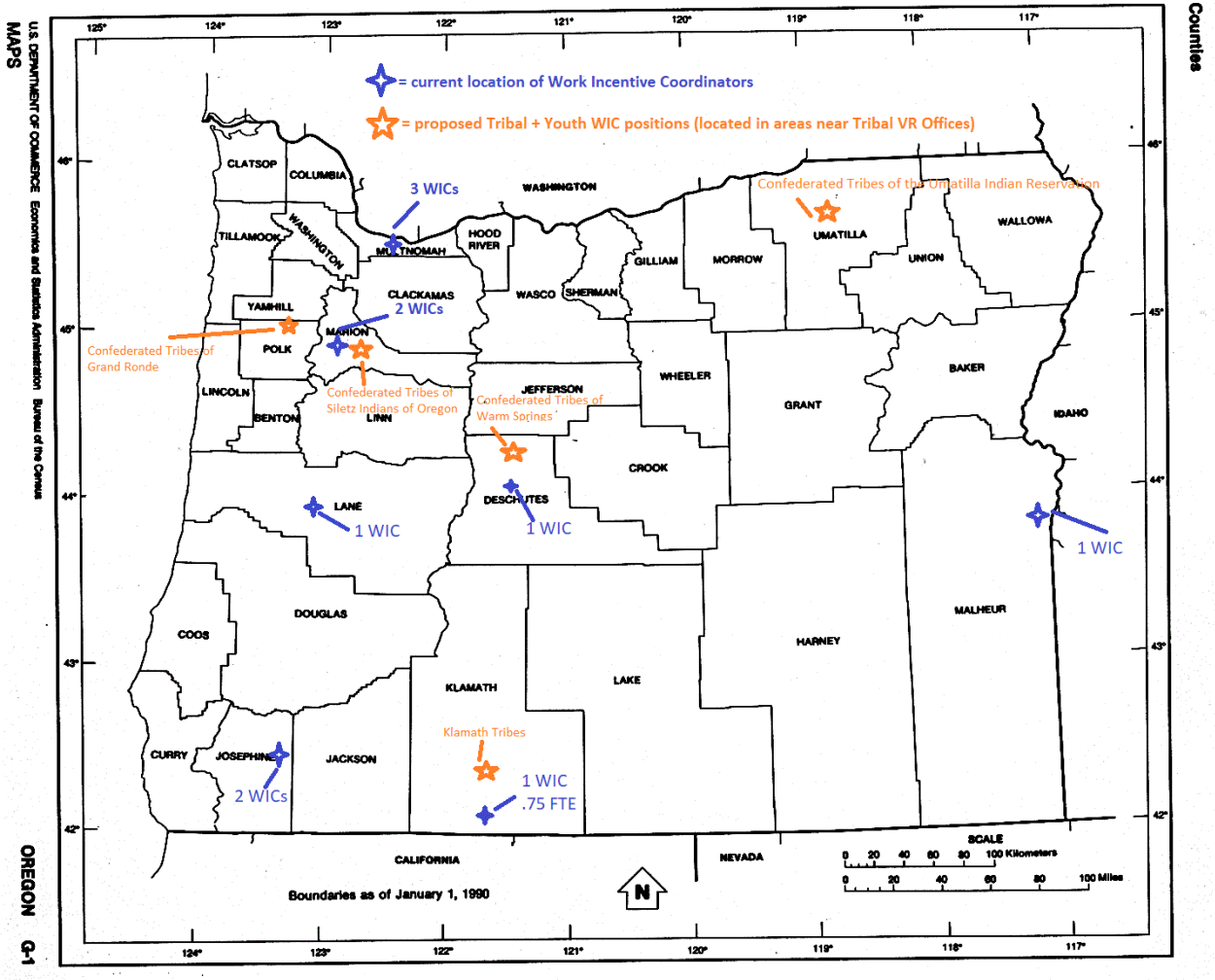
Appendix: Resources and Data

A. The Work Incentive Network is unable to meet the demand for services at current program size.



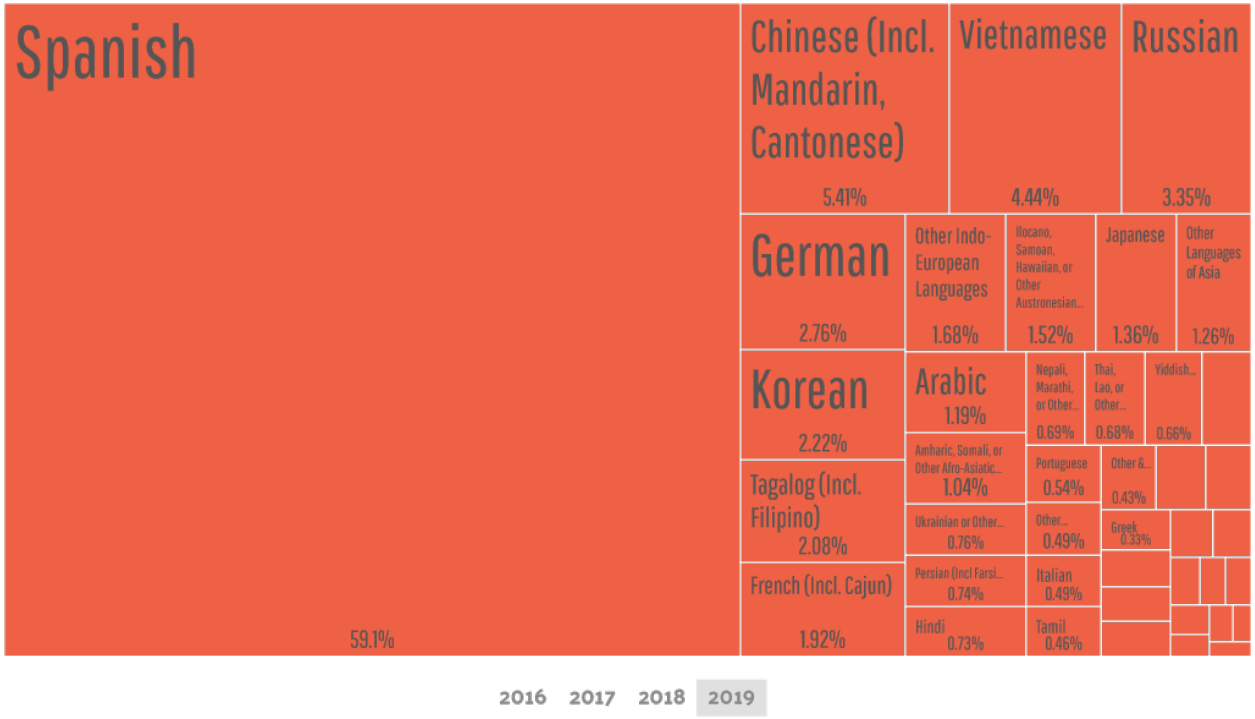
B. Map of Oregon including proposed Tribal/Youth Work Incentive Coordinator (WIC) locations in addition to currently contracted WIC locations. Blue represents current contracted WICs. Orange represents proposed locations for Tribal/Youth WICs WIN is requesting. Please note that many of the Tribal/Youth WICs will also

allow WIN to provide more service coverage in rural areas.



C. 2019 US Census data for Oregon representing percentage of non-English speakers in Oregon. We plan to use census data and other resources to develop three Spanish bilingual WIC positions with corresponding pay differential. Image shows 59.1% Spanish, 5.41% Chinese (including Mandarin and Cantonese), and 4.44% Vietnamese as top three most common languages spoken other than English in Oregon.

Oregon Department of Human Services:
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Oregon Department of Human Services
2023-25 Policy Package

Division:	Vocational Rehabilitation
Program:	Business/Contracts Unit
Policy package title:	Business/Contracts Unit
Policy package number:	POP 147
Related legislation:	N/A

Summary statement:

Every person with disabilities deserves access to employment opportunities. Oregon Department of Human Services Vocational Rehabilitation (VR) helps Oregonians with disabilities find jobs through contracting with hundreds of local service providers around the state. However, the VR Business Operations team does not have enough staff to maintain current contracts and keep up with the increased demand for new contracts, particularly in rural and Tribal communities. As a result, VR is not able to offer full services to all Oregonians with disabilities, particularly those who live in historically underserved communities. This policy option package requests three FTE positions — two to administer contracts and one to support the Business Operations Manager in covering five program areas.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	**$461,616**	**$0**	**$0**	**$461,616**	**3**	**2.25**

Oregon Department of Human Services:
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Purpose

1. Why does ODHS propose this policy package and what problem is ODHS trying to fix or solve?

The Vocational Rehabilitation (VR) Business Operations program covers budget, contracts, data, business practices, and client/financial database (ORCA). This unit has eight permanent staff, one temporary staff and two rotational staff that keep VR operating across the state.

Currently, the Business Operations unit is understaffed and unable to perform all of its required duties related to VR's contracts. This policy package proposes adding two FTE to process new contracts, monitor Not-To-Exceed amounts and complete internal reviews of contracts. In addition, an administrative specialist is needed to support the Vocational Rehabilitation Business Operations Manager in covering the five program areas. This section outlines the need for these three new positions.

Contract Specialists
Within the Business Operations unit, the contracts unit is responsible for developing, administering, and maintaining more than 350 contracts involving pass-through grants, intergovernmental agreements, and small and intermediate procurements. VR maintained fewer than 100 contracts a decade ago, yet it has not had authority to add positions to support the increase. VR needs a full contracts unit with at least three permanent employees to handle all of the tasks related to maintaining these contracts, including:

- Maintaining all requirements for each contract, such as current insurance, updated background checks and documentation of completion of any required trainings and continuing education

- Monitoring quarterly Not-To-Exceed amounts for each contract to ensure amendments are made in a timely manner to avoid any breaks in services being provided to VR participants.
- Maintaining budget expenditures and ledgers
- Handling the majority of the work for major contract rewrites
- Performing record audits to verify compliance regarding contractor performance
- Adding equity language to existing contracts
- Creating and facilitating workgroups with contractors, VR employees, subject matter experts and other partners with VR for many contractual-related needs

Three contract specialists with ODHS|OHA Office of Contracts and Procurement are assigned to VR to promote and execute its contracts — a good indicator of the volume and complexity of our contracts.

Currently two VR employees are on rotations with the contracts team to assist the full-time contract specialist with contract administration. This interim solution has been in effect since 2019 but is not sustainable long-term. A permanent solution is particularly urgent given that several complex contracts are in the works for job placement services, translation services and blended services.

Business Operations Administrative Support
The policy package requests one FTE to support the Business Operations Manager with the following tasks:

- Organizing contracts, ORCA, business integrity coordination, data, and budget
- Filling a gap that exists to organize and assist the full unit
- Managing the Business Operations email and sending official communications

- Organizing business operation staff meetings
- Assisting with hiring
- Organizing work groups for projects within each area of Business Operations

2. What would this policy package buy and how and when would it be implemented?

This policy package requests three FTE positions, as follows:

Contract administration: two FTE.

- PA2 – Contracts Administrator
- PA1 – Contract Coordinator

Business Operations: one FTE

- AS2 – Business Operations Support

3. How does this policy package help, or potentially hinder, populations that are disproportionately underserved? How does this policy package further ODHS's 3 strategic goals, and both the program and ODHS missions?

Growing our contract staff will allow us to build contractor capacity. Building capacity will allow VR to provide better services and strengthen relationships in rural and Tribal communities that have traditionally been underserved. Additionally, VR will be able to contract with more specialized vendors to support clients who have the most serious disabilities.

Adding a permanent administrative support position would free up time for the Business Operations Manager to complete projects that directly improve services in underserved areas but have been deferred due to reduced

capacity. For example, the manager would be able spend more time connecting with potential vendors in rural and other underserved areas.

Quantifying results

4. What are the long-term desired outcomes?

With a fully staffed contracts unit, VR aims to better serve Oregonians with disabilities, as outlined above in Question 3.

Adding two positions to the contracts team will allow VR to be compliant with federal regulations and state rules. We expected that another position will be needed in the future to build our capacity for adding new contracts.

Adding a support position will allow VR Business Operations Manager to complete deferred projects and improve business practices for VR. Projects to improve business practices are planned over the next several years; adding this position will decrease the time needed to complete these improvements.

5. How will ODHS measure the impact on system and access inequities and/or impact disproportionality in accessibility and services in ODHS programs through this policy package?

ODHS will measure the impact of this policy package on providing equitable access to VR services by tracking how many clients successfully achieve employment, using the following tools:

- ORCA, the database VR uses to track all client information, including type of disability, where they live, and when they find employment.
- ODHS's Office of Reporting, Research, Analytics, and Implementation (ORRAI), which review caseloads and the number of clients successfully achieving employment.

How achieved

6. What actions have occurred to resolve the issue prior to requesting a policy package?

VR has filled positions with short-term internal rotations. The extra training required to bring short-term staff up to speed is not an efficient use of resources, and the team is not able to complete compliance work due to a lack of resources.

7. What alternatives were considered and what were the reasons for rejecting them?

VR has determined internal rotations are not a sustainable solution. The team is not able to complete compliance work.

8. What other agencies, programs, community partners or stakeholders are collaborating on this policy package?

VR staff developed this policy package with feedback from other agencies and partners, including the Office of Developmental Disabilities Services within ODHS.

9. Does this policy package require any changes to existing statute(s) or require a new statute? If yes, identify the statute and the legislative concept.

No changes.

10. What other state, tribal, and/or local government agencies would be affected by this policy package? How would they be affected?

This project will be more responsive to community partners by addressing their needs related to their contracts with VR. Other ODHS programs such as the Office of Developmental Disabilities Services would benefit from VR increasing contractor capacity. Adding these positions will increase capacity for VR to include partners in developing projects. Likewise, VR will be able to offer more trainings for potential and current vendors, benefiting state, Tribal and business partners.

11. Is this policy package being requested because of an Oregon Secretary of State or internal audit? If so, provide further information.

This package is not in response to an audit.

Staffing and fiscal impact

Implementation date(s): 01/01/2024

End date (if applicable): Continuance

12. What assumptions affect the pricing of this policy package?

Salary/Wages, flexible benefits, and operational expense (including start-up workstation outfitting/telecom and IT expendable property (computer equipment and accessories).

13. Will there be new responsibilities for another agency (OHA etc.) and/or ODHS/OHA Shared Services? Specify which programs and describe their new responsibilities.

N/A

14. Will there be changes to client caseloads Cost per Case or services provided to population groups? Specify how many in each relevant program.

N/A

15. Describe the staff and positions needed to implement this policy package, including whether existing positions would be modified and/or new staff would be needed.

Contract administration — 2FTE

- PA2 – Contracts Administrator
- PA1 – Contract Coordinator

Business Operations1 — FTE

- AS2 – Business Operations Support

No existing positions would be modified.

16. What are the start-up and one-time costs?

Initial workspace equipment (computer and accessories)

17. What are the ongoing costs?

Routine services and supplies related to operational costs

18. What are the sources of funding and the funding split for each one?

100% State Funding = GENERAL FUNDS as OF/FF have been totally committed

19. What are the potential savings?

N/A

Oregon Department of Human Services:
2023-25 Policy Package

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	$409,380	$0	$0	$409,380	3	2.25
Services & Supplies	$50,463			$50,463		
Capital Outlay	$0			$0		
Special Payments	$1,773			$1,773		
Other						
Total	**$461,616**	**$0**	**$0**	**$461,616**	**3**	**2.25**

Fiscal impact by program

	Program 1	Program 2	Program 3	Program 4	**Total**
General Fund	$461,616				**$461,616**
Other Funds					**$0**
Federal Funds					**$0**
Total Funds	$461,616				**$461,616**
Positions	3				**3**
FTE	2.25				**2.25**

Oregon Department of Human Services:
2023-25 Policy Package

Division:	Central Services
Program:	Various
Policy package title:	Medicaid Waiver Placeholder
Policy package number:	POP 201
Related legislation:	N/A

Summary statement:

We all want a state in which everyone has access to good health and well-being. This policy option package will allow the state to meaningfully improve health outcomes in communities who face historic and contemporary injustices, in alignment with Oregon Health Authority's goal of eliminating health inequities by 2030. ODHS is responsible for determining eligibility for state medical services, for the operation and maintenance of the ONE eligibility system, and for the delivery of long-term services and supports related to Medicaid.

This policy package would fund ODHS for related costs if OHA-HPA-05 is approved, which will enable the Oregon Health Authority (OHA) to execute and implement the policy and program changes outlined in 1115 Medicaid demonstration waiver and approved by the Centers for Medicare and Medicaid Services (CMS). These demonstrations occur within a specific time horizon and can be extended if necessary. This package would allow ODHS to fulfill the implementation obligation necessary to review eligibility as required by the waiver. OHA is currently negotiating the next five-year 1115 waiver with the Centers for Medicare and Medicaid Services (CMS) and expects that negotiations will likely not conclude until September 30, 2022. Therefore, precise outcomes of

the negotiation are uncertain and placeholder language regarding this waiver POP is needed for now.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	**$2,481,243**	**$0**	**$3,384,508**	**$5,865,751**	**32**	**12.80**

Purpose

1. Why does ODHS propose this policy package and what problem is ODHS trying to fix or solve?

Section 1115 of the Social Security Act gives the Secretary of Health and Human Services authority to approve experimental, pilot or demonstration projects that promote the objectives of Medicaid. Under this authority, the Secretary may waive certain provisions of the Medicaid law to give states additional flexibility to design and improve their programs.

Generally, section 1115 demonstrations are approved for an initial five-year period and can be extended for up to an additional three to five years, depending on the populations served. OHA has successfully used the 1115(a) demonstration since 1994 to innovate in health care system, improve care and lower costs, with the last waiver being renewed in 2017. The 1115 waiver is a unique chance for large-scale health system transformation in the Oregon Health Plan (OHP). Oregon's most recent waiver application was submitted to CMS February 18, 2022, for the 2022-2027 demonstration period. The current waiver was set to expire June 30, 2022, but has been extended by CMS to September 30, 2022. Negotiation with CMS is a blend of legal, financial, policy and

political dynamics. Approval of proposed waiver policy concepts are at the discretion of the federal government. Once agreed to, the Governor must sign the approved application in the 120 days after waiver approval. Implementation planning must be complete within six months of approval.

OHA's waiver application is structured to align with OHA's priorities on eliminating health inequities, as well as clearly aligning with other health policy initiatives in the state. OHA's updated goals and improvements for the state's Medicaid program build on past successes and reflect lessons learned from COVID-19. The proposed 1115 waiver demonstration and associated Policy Option Package will allow the state to meaningfully improve health outcomes in communities who face historic and contemporary injustices.
ODHS is responsible for the eligibility related to these services, the operationalization of the ONE system for eligibility, and delivery of long-term services and supports related to Medicaid. This POP reflects those items related to the implementation of the 1115 that ODHS is aware of at this time and would be responsible for.

ODHS is responsible for making sure the ONE system can implement and provide benefits in compliance with whatever is approved and agreed upon in Oregon within the timeframes listed above. ODHS is also responsible to make sure training and materials are provided to the several thousand staff doing this work in a way that supports them understanding the impact on their work and those they serve. ODHS is responsible for the actual delivery of medical eligibility, performing this over the phone, in-person, and through electronic and paper applications for the current 1.3 million Oregonians receiving Medical, along with the additional individuals receiving food, cash, and childcare assistance. This initiative along with others will continue to maintain and potentially increase the historically high caseload, and so staffing will be needed. Additional staffing for hearings and quality assurance of the new services will be needed as well. Finally, the IT investments in the ONE system, with this Policy Option Package and other items need to be sequenced and within available resourcing. ODHS and OHA will be unwinding the Public Health Emergency during the period that multiple updates will be required, and so staff resources and subject matter experts from both areas need to be available

and considered when approving items to ensure we have contract hours and budget as well as staff available to make the necessary changes.

2. What would this policy package buy and how and when would it be implemented?

As currently planned, the demonstration renewal will continue operating statewide covering 1.3 million people in Oregon currently receiving benefits through the OHP. This proposed demonstration more directly responds to the community feedback collected through strategic planning processes and waiver engagement and continues building on the existing foundation of OHP to address health equity more intentionally.

Focusing this waiver renewal application on meaningful progress toward health equity, along with clear alignment with other health policy initiatives in Oregon, allows OHA to improve health outcomes in communities most harmed by social injustices. To carry out this vision OHA is seeking to:

- Maximize continuous and equitable access to coverage.
- Streamline transitions between systems through defined benefit packages of social determinants of health services.
- Move to a value-based global budget.
- Improve health through focused equity investments led by communities.
- Ensure quality and access through equity-driven performance metrics.
- Align with Tribal partners' priorities.

Upon approval by the Centers for Medicare and Medicaid Services (CMS), the new waiver will require a significant legislative concept (LC) and policy option package (POP) in alignment with the policy and program changes outlined in the waiver. OHA is currently negotiating the next five-year 1115 waiver with the Centers for Medicare and Medicaid Services (CMS) and expects that negotiations will likely not conclude until

September 30, 2022. Therefore, precise outcomes of the negotiation are uncertain and placeholder language regarding this waiver POP is needed for now. ODHS has estimates of costs associated with training, system changes to ONE, additional program costs for LTSS, and operational impact; but will need to wait until final language is back from CMS.

3. How does this policy package help or potentially hinder populations that are disproportionately underserved? How does this policy package further ODHS's three strategic goals for both the program and ODHS missions?

While a 2018 independent evaluation of CCOs under Oregon's 1115(a) demonstration found that under CCOs, patient-reported health status improved, quality had improved when CCOs were paid for performance, cost growth was slowed, and access and patient satisfaction were maintained; the data shows there is more work to do. Specifically, Oregon must better address the health inequities disproportionately impacting communities of color. The facts and need are stark. In Oregon:

- American Indians and Alaska Natives and non-Latina/o African Americans are more than twice as likely to die from diabetes as non-Latina/Latino whites.
- Latino/a/x Oregonians comprise only 12 percent of the population but represent more than 18 percent of COVID-19 cases, and Black Oregonians are 3.1 times more likely to have a COVID-19 associated hospitalization than their white counterparts.
- Non-Latina(o) African Americans have nearly twice the rate of avoidable deaths from heart disease, stroke, and high blood pressure as non-Latina(o) whites.
- American Indians and Alaska Natives have a much higher death rate from chronic liver disease than any other group.

Oregon Health Plan members and community partners have regularly voiced the need for OHA to address health inequities both in the health system and in the communities where members live and work. The COVID-19 pandemic brought this need into sharp focus as communities most harmed by social injustices were, and still are, disproportionately harmed by this virus. These communities consistently report that lack of access to care and health resources was and is at the center of their struggle to stay safe and healthy.

Oregon Health Authority has established a strategic goal to eliminate health inequities by 2030. Given the facts cited above, along with myriad other examples of health inequities permeating the health care system, Oregon's 1115 demonstration waiver renewal is focused on pushing Oregon's Medicaid system to address health equity directly and systematically.

Oregon Health Authority's policy concepts that are incorporated into the 1115 waiver renewal propose to:

- **Maximize continuous and equitable access to coverage**
  It is only with continuous and equitable access to coverage that people can access the care they need to stay healthy. OHA knows that people of color and communities most harmed by social injustices have lower coverage rates. OHA's approach seeks to eliminate inequitable access with strategies to extend and stabilize coverage to every eligible child and adult in Oregon. This goal aligns with the State of Oregon's Diversity, Equity and Inclusion Action Plan in part due to eliminating inequitable access throughout Oregon.

- **Streamline transitions between systems through defined benefit packages of the social determinants of health services**
  Data show members of high-risk populations often lose coverage and access to care during life transitions and in transitions between systems such as incarceration or state hospital admittance. These disruptions come at great cost to the individual and to the system. By providing defined benefit packages to members in transition, OHA can ensure these Oregonians stay covered, have important social determinants of health needs met and maintain access to care and medicine, which ultimately improves health outcomes.

- **Move to a value-based global budget**
  Compared to other states, Oregon has generated large savings from its approach to Medicaid. The CCO model is both innovative and cost-effective. To maintain and build on these successes, OHA must continue building a rate-setting methodology that rewards spending on health equity and improving the health of communities rather than spending on medical procedures and services alone. This focus on value within a global budget will further drive the health care system to spend on health, rather than health care (for example, in the more traditional medical model).

- **Improve health through focused equity investments led by communities**
  The health care system can do more to invest in community-based approaches to address social determinants of health that drive health inequity. With focused equity investments, OHA will redistribute both funds and decision-making power to local communities. Focusing on community-driven solutions enables OHA to use funding mechanisms to better address larger scale barriers to health and health equity.

- **Ensure quality and access through equity-driven performance metrics**
  The CCO coordinated care model is built on incentivizing quality and access. OHP members and community stakeholders have continued to report that equity must be the focus across the system. By revising metrics to focus on traditional quality and access for downstream health while also creating a new set of equity-driven performance metrics for upstream health factors, OHA can make significant progress in driving the system toward more equitable health outcomes.

  These policy changes will deliver changes to OHP that address the same goals as the original 1994 waiver and subsequent renewals. Oregon is responding to and addressing the lessons learned during the past 10

years – particularly those raised directly by community partners, OHP members and Tribal partners – and those highlighted by the disparate impacts of COVID-19.

Quantifying results

4. What are the long-term desired outcomes?

The long-term desired outcome is to improve health outcomes in communities most harmed by social injustices in alignment with achieving OHA's stated goal of eliminating health inequities by 2030. The key goals to address drivers of health inequities include:

1. Creating an equity-centered system of health.
2. Ensuring access to coverage for all people in Oregon.
3. Encouraging smart, flexible spending that supports health equity.
4. Reinvesting government savings across systems to achieve health equity.

OHA heard from community that if those goals are achieved the system will look like:

Create an equity-centered system of health	No language, cultural or economic barriers to care
	Enrollment is preserved in OHP as patients transition between systems
	People experience streamlined, coordinated, and integrated care across health and social systems

Oregon Department of Human Services:
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	Easier to access and have Medicaid cover housing supports, social supports and pre-treatment services
Ensure access to coverage for all people in Oregon	Enrolling a higher percentage of people who are eligible
	Reducing churn and providing better continuity of coverage
	Reducing/eliminating the inequity in the uninsured rate
Encourage smart, flexible spending that supports health equity	Seeing a shift in investments on the ground that focus on prevention and equity
	Provide a predictable rate of growth
	Financial power and decision-making on community investments is held by the community
	Patients would get the care and supports they need, regardless of whether it's a covered benefit
Reinvest government savings across systems to achieve health equity	Oregon enters into a shared savings agreement with the federal government
	Savings are reinvested into targeted areas to address health inequities
	Resources are invested to improve cross-system coordination

5. How will ODHS measure the impact on system and access inequities and/or impact disproportionality in accessibility and services in ODHS programs through this policy package?

As required by CMS once the waiver renewal is in place, OHA will conduct a formal evaluation of the 1115 waiver's impacts. The evaluation will focus on three of the main components of the demonstration waiver:

1. Community Investment Collaboratives (CICs), which are community-driven initiatives focused on eliminating health inequities. Oregon proposes to evaluate CICs using a collection impact framework (CIF). This evaluation will focus on both process and outcomes and will use a mixed method design.
2. Continuous enrollment, which is a proposal to reduce the unnecessary cycling of members on and off Medicaid by extending continuous enrollment (CE) to any child on Medicaid up to age 6, and CE for two years to any person aged six and older. This evaluation will focus on the costs and outcomes of this policy change, and will use existing qualitative data, as well as collect quantitative data among members affected by the change.
3. Social Determinants of Health (SDOH) transition services, which are packages of services that will be available to people transitioning out of certain populations or settings (justice-involved, Youth with Special Health Care Needs, psychiatric residential mental health facilities), and to people who are homeless or at-risk, who are dually eligible, who are vulnerable to extreme climate events, or who are child welfare involved. Oregon proposes to evaluate the impact of SDOH transition services on two to three of these populations.

This formal evaluation focuses on *outcome* measures, for example impact to Medicaid members, more so than *process* measures, for example improvements in system efficiency.

How achieved

6. What actions have occurred to resolve the issue prior to requesting a policy package?

Many of the policy proposals in the 1115 waiver have been of interest to OHA, Tribal partners and community members for years. However, due to the unique nature of an 1115 waiver to allow for the waiver of certain federal regulations, OHA and partners analyzed the options proposed and determined that action could not be taken without an 1115 waiver. The 1115 waiver is only renewed and negotiated every five years and amendments are difficult. As such, action through the 1115 waiver was determined necessary to pursue these changes.

In addition to pursuing a policy option package, OHA has explored every way to maximize federal investment to cover the proposed costs of the 1115 waiver policies. This includes a request to the federal government for significant financial investment in the form of Designated State Health Program (DSHP) funds. OHA's original ask to the federal government was for $1.51 billion over the course of the five-year waiver demonstration. OHA and CMS are currently actively negotiating this number. Regardless of the exact final number, DSHP federal funds would represent a significant investment of funds focused on promoting health and health equity and eliminating health inequities in the state.

7. What alternatives were considered and what were the reasons for rejecting them?

Doing nothing would assure that Oregon will not advance towards achieving OHA's 2030 goal eliminating health inequities and current inequities will continue. Furthermore, not moving forward with the policy option package could cause compliance issues that could result in:

- CMS either withholding funding or requiring payback of previously provided funding.

- Legal challenges from various populations not being served as federally required.
- Political issues and loss of community trust if OHA receives federal DSHP funds to support specific new policies and programs and does not make corresponding system changes to operationalize those programs.

8. What other agencies, programs, community partners or stakeholders are collaborating on this policy package?

The new application responds to the community feedback OHA has received during the past five years and builds on the existing foundation of OHP to address health equity more intentionally, while aligning with the priorities of Oregon's Nine Federally Recognized Tribes and the Urban Indian Health Program.

In addition to extensive public and community input, staff reviewed the following existing strategic plans during the waiver development process:

- 2020 OHA Ombuds Program Report
- CCO 2.0 Community Engagement Report
- Oregon Health Policy Board (OHPB) 2021 Health Equity Recommendations
- OHA 2019 Strategic Plan for Community Engagement
- OHA 2019 Tribal Strategic Plan for Community Engagement
- State Health Improvement Plan
- COVID-19 Listening Sessions materials

Community Partnerships

OHA held multiple information sessions in English and Spanish through the Community Partner Outreach Program (CPOP), Oregon Health Policy Board (OHPB), the Medicaid Advisory Committee (MAC) and the

Health Equity Committee (HEC). All these forums welcomed public comments on the waiver. Further, the state held its official public comment period December 7, 2021-January 7, 2022. This included seven public meetings with public comment and people could also submit comment via survey, mail, or email. During state public comment, OHA heard from about 200 unique commenters on a variety of policy topics and the following policy changes were made to the waiver application because of these comments:

- The waiver of the Early and Periodic Diagnostic and Treatment (EPSDT) benefit for children was removed from the application.
- The waiver of retroactive eligibility was removed from the application.
- OHA clarified the request for HB 3353 expenditures to count as medical for purposes of rate setting (previously combined with other HRS requests for rates).
- OHA added broadband services to transitions related to extreme climate events.
- OHA changed the number of upstream metrics proposed for its Quality Incentive Program from three to five to up to six.

Partnership with the Nine Federally Recognized Tribes and UIHP

In accordance with CMS requirements and OHA's Tribal Consultation and Urban Indian Health Program (UIHP) Confer Policy, OHA distributed a Tribal Leader letter, which included an invitation for consultation, on November 29, 2021, to all of Oregon's Nine Federally Recognized Tribes and the UIHP. The 1115 Medicaid Waiver Tribal Consultation occurred via videoconference on December 14, 2021, from 1-3 p.m., which was no fewer than sixty days before submission of the final Waiver language to CMS on February 15, 2022.

In addition to meeting the requirements for Tribal Consultation, OHA partnered with the Tribes so that they were involved in and informed of the ongoing development of the state's 2022-2027 1115 Waiver Application. This included regular updates at Tribal Monthly Meetings and SB 770 HHS Cluster Meetings, drafting a Tribal

Concept Paper based on concerns raised previously by Tribal governments and working with the Tribes to develop this concept paper before inclusion in the application. Further, OHA met with the Tribes in a series of meetings to further develop the policies proposed in the Tribal Concept Paper after waiver submission in preparation for a Q&A with CMS, to ensure all materials and responses reflected the intent of the Nine Federally Recognized Tribes. OHA continues to update the Tribes and UIHP about the 1115 waiver at Tribal Monthly Meetings, SB 770 HHS Cluster Meetings, and through email as appropriate. OHA staff are working to ensure that appropriate consultation happens with the Tribes and UIHP as policies move toward implementation.

Coordinated Care Organizations (CCOs)

In addition to receiving public comment from CCOs at public meetings and through state and federal comment, OHA has provided regular waiver updates to CCOs at the OHA CCO Leadership Policy and Strategy CCO Operations meetings. Additionally, OHA has regularly met with a subset of CCO CEOs to provide waiver updates and receive feedback. OHA has had additional meetings at the request of CCOs or those who represent them, including Coalition for a Healthy Oregon (COHO) and CCO Oregon. OHA also has met with Health Share of Oregon, whose pilot program on housing has informed the state's Social Determinants of Health (SDOH) Transitions Support work.

Regional Health Equity Coalitions (RHECs)

The proposal for Community Investment Collaboratives (CICs) was co-created with Oregon Regional Health Equity Coalitions (RHECs) through a unique community-driven process. In 2021, RHECs came to OHA with a proposal for the 1115(a)-demonstration waiver renewal and worked closely with the Oregon Legislature to inform the design of HB 3353. Subsequently, OHA and RHEC leadership worked closely to build out the

intent of HB 3353 and increase accountability to community by emphasizing community role in identifying inequities and making investment decisions to address inequities. The OHA/RHEC workgroup met 12 times between May and July 2021 to develop strategies to develop a model for shifting power and resources to community. Recognizing that the process can be as important as the outcome, the work involved relationship and trust building, particularly to build increased trust between community organizations and government, naming some of the values we hold in conducting work together through developing group agreements, sharing needs to successfully accomplish the work together, clarifying roles and scope of work, and agreeing on guiding principles to ensure the model was designed to achieve health equity goals, including investment in racial, cultural, and underserved communities. The OHA/RHEC workgroup has continued to meet through 2021 and 2022 to continue development of this proposal through negotiations with CMS.

Partnerships with other state agencies

OHA has worked with several state agencies to ensure success of the 1115 waiver demonstration, including ODHS, Oregon Department of Corrections (ODOC), and Oregon Housing and Community Services (OHCS). ODHS has been involved in informing the work for Youth with Special Health Care Needs and the SDOH Transition Supports, as well as informing any needed changes to the ONE system. OHCS has been consulted on housing policy. ODOC has been consulted on providing eligibility and benefits for those in state prisons.

9. Does this policy package require any changes to existing statute(s) or require a new statute? If yes, identify the statute and the legislative concept.

OHA submitted a legislative concept placeholder (LC 44300-010), because the precise outcomes of the negotiations with CMS are uncertain. Items included in the placeholder currently include:

- Consistent with OHA's health equity goal and the policy concept outlined in the waiver application, language is needed to revamp the CCO Quality Incentive Program to equitably redistribute power. A new Health Equity Quality Metrics Committee (HEQMC) – composed of Oregon Health Plan (OHP) members, community members from diverse communities, individuals with lived experience of health inequities, health equity professionals and researchers, and a representative of the Behavioral Health Committee – will lead the CCO Quality Incentive Program.
    - ORS 413.017
- Under its 1115 demonstration, Oregon is proposing to use funds freed up through designated state health programs (DSHPs) to fund bundles of services addressing social determinants of health (SDOH) for populations undergoing a transition (e.g., a transition between systems or a life transition). Funds for SDOH service packages would flow through CCOs through a non-risk contract in the first three years of implementation and will be incorporated into CCO capitation in later years. OHA requires statutory authority/allowances for OHA to issue non-risk payments.
    - ORS 414.570 and potentially 414.025 (Definitions for ORS chapters 411, 413 and 414).

10. What other state, tribal, and/or local government agencies would be affected by this policy package? How would they be affected?

The SDOH transition services package mentioned above would impact counties and their jails, because as part of the 1115 demonstration renewal request, Oregon is seeking to cover adults and youth transitioning out of the criminal justice system. This will include adults in custody (pre- and post- adjudication) of county jails or local correction facilities.

The Nine Federally Recognized Tribes

Formal consultation and ongoing engagement with the Nine Federally Recognized Tribes and UIHP is explained above. The proposed policies in the Tribal Concept Paper are based on request of the Tribes and would have significant impact in reducing health inequities for Tribal members.

See question 8 for more details on the impacts to state agencies.

11. Is this policy package being requested because of an Oregon Secretary of State or internal audit? If so, provide further information.

No

Staffing and fiscal impact

Implementation date(s): TBD

End date (if applicable): TBD

12. What assumptions affect the pricing of this policy package?

OHA is assuming that CMS will approve at least some portion of the 1115 waiver application.

13. Will there be new responsibilities for another agency (OHA etc.) and/or ODHS/OHA Shared Services? Specify which programs and describe their new responsibilities.

None identified but would have major IT impacts and prioritization of this work will take a large number of available hours and time. There may be new coding that needs to be established to track funding and participation.

14. Will there be changes to client caseloads Cost per Case or services provided to population groups? Specify how many in each relevant program.

Yes, that will be determined based on CMS approvals.

15. Describe the staff and positions needed to implement this policy package, including whether existing positions would be modified and/or new staff would be needed.

Yes, the size, amount, and type are depending on CMS approval.

16. What are the start-up and one-time costs?

These will be determined based on what CMS approves.

17. What are the ongoing costs?

These will be determined based on what CMS approves.

18. What are the sources of funding and the funding split for each one?

19. What are the potential savings?

Oregon Department of Human Services:
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Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	$1,035,236	$0	$1,265,273	$2,300,509	32	12.80
Services & Supplies	1,446,007		2,119,235	3,565,242		
Capital Outlay						
Special Payments						
Other						
Total	**$2,481,243**	**$0**	**$3,384,508**	**$5,865,751**	**32**	**12.80**

Fiscal impact by program

	ONE	SSP OHP	Program 3	Program 4	**Total**
General Fund	1,260,800	1,214,443			**$2,481,243**
Other Funds					**$0**
Federal Funds	1,900,200	1,484,308			**$3,384,508**
Total Funds	3,167,000	2,698,751			**$5,865,751**
Positions		32			**32**
FTE		12.80			**12.80**

Oregon Department of Human Services:
2023-25 Policy Package

Division:	Central Services
Program:	ONE Eligibility System
Policy package title:	Basic Health Program
Policy package number:	POP 202
Related legislation:	N/A

Summary statement:

Oregon recognizes that health care is fundamental to people's and families' well-being. This shared value was a key driver behind the Oregon Health Plan (OHP), which prior to the pandemic covered approximately 1 million people. During the pandemic, federal rule changes allowed hundreds of thousands of additional Oregonians to access health care coverage through OHP, and today the plan covers one in three Oregonians. Without state action, many of these newly covered Oregonians will lose their health coverage when the federal public health emergency (PHE) expires, erasing the important gains in coverage Oregon achieved during the PHE. In 2022, the Oregon Legislature passed House Bill 4035 to fund the federally mandated redeterminations process and preserve short-term coverage for people who earn too much income for Medicaid, but not enough to afford other coverage. The bill also authorized the development of a sustainable, long-term solution in the form of a Basic Health Program (BHP). This policy package would direct necessary funding to Oregon Department of Human Services to finish the work of implementing the BHP and allow us to move forward with an effective redetermination process. Together, these actions

will help ensure that eligible Oregonians have uninterrupted access to critical medical benefits for themselves and their families.

ODHS	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	$24,336,717	$0	$25,021,780	$49,358,497	288	216
OHA	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	$269,058,407	$87,805	$1,102,659,103	$1,371,805,315	46	33.56

Purpose

1. Why does ODHS propose this policy package and what problem is ODHS trying to fix or solve?

About one in three people in Oregon rely on the Oregon Health Plan (OHP, Oregon's innovative approach to Medicaid) for their health care coverage. People with coverage are more likely to receive preventive care and to seek care quickly when they are sick, both of which help avoid or minimize many serious health conditions. Losing that coverage contributes to poorer health and health inequities, from short-term acute health problems as well as long-term chronic ones, and to higher expenses for the individual and the entire health care system.

During the COVID-19 public health emergency (PHE), the federal government directed states not to terminate Medicaid members' coverage for the duration of the PHE. Largely as a result, OHP enrollment rose from about

1 million members to about 1.4 million. Oregon's overall uninsured rate fell from 6.0 percent to 4.6 percent, with the largest improvements among African Americans and other populations who have long experienced health inequities.

When the PHE expires, states will be required to assess whether every individual enrolled in Medicaid is eligible, a process known as "redetermination." The PHE is currently set to expire on October 15, 2022. While federal agencies have extended the PHE ten times since it was enacted, and the Congressional Budget Office is now assuming it will be July 2023, in an abundance of caution Oregon Health Authority (OHA) is working under the assumption that it will indeed expire this October 2022.

Current estimates are that anywhere from 90,000 to 300,000 current OHP members will be ineligible once the redeterminations process begins. This would erase the significant gains in coverage achieved during the PHE. Preventing the loss of health care access for many thousands of people in Oregon is a major priority for the Legislature, Oregon Department of Human Services (ODHS) and OHA.

Separately, before the pandemic, there was another challenging problem related to OHP enrollment that OHA had been working to address, known as "churn." Churn is when a member cycles on and off OHP coverage due to short-term changes in their income, changing family circumstances, or the challenges of navigating the procedures for maintaining coverage. In 2019, one third of "new" OHP members were returning after less than 12 months, and one-quarter after less than six months. This churn breaks the connections between the patient, their primary care provider, and other providers and community services assisting the patient, which disrupts or delays medical care – again contributing to poorer health and health inequities.

Churn also adds an expensive administrative burden on the state as people are enrolled, disenrolled, and enrolled again. For example, a 2015 cost analysis of national data (2005-2010) estimated that disenrolling and reenrolling one person in coverage within a year incurs administrative costs between $400 and $600, an amount which would likely be higher today.

A related problem is the difficulty in accessing health care faced by people who earn a bit too much to qualify for OHP but not enough to afford quality private coverage. This population includes the "churn" population during those times when their income fluctuates above the OHP threshold. It is the population least likely to have employer-provided coverage. The Affordable Care Act (ACA) provides tax credits to help people with lower incomes purchase coverage on the health care Marketplace. However, this assistance does not cover the full cost for most people and is based on the price of a silver plan (the second-lowest level, below Platinum and Gold). Many people either end up with the lowest level of coverage (Bronze), which typically has the highest co-pays and deductibles and covers the fewest services, or they remain uninsured. Once again, poor, or non-existent coverage contributes to poorer health and health inequities.

The Oregon Legislature has already taken initiative to address these interwoven challenges. House Bill 4035, passed in 2022, directed OHA – in consultation with ODHS and DCBS and informed by a Community and Partner Workgroup – to develop a process for OHP redetermination upon the end of the PHE. It also created a task force to develop a program to "provide affordable health insurance coverage and improve the continuity of coverage for individuals who regularly enroll and disenroll in the medical assistance program or other health care coverage due to frequent fluctuations in income."

HB 4035 funded the initial costs for the redetermination work in the 2021-23 biennium, including planning and preparatory work needed before the PHE ends. It also funded temporary expansion of OHP for those found

ineligible who cannot afford other coverage, to avoid them instantly losing coverage, and the development of a plan for a sustainable long-term solution to ensure lower income people in Oregon can access health care coverage, in the form of a Basic Health Program (BHP).

This policy option package finishes the work begun in HB 4035. In particular, it funds community outreach and engagement efforts for redeterminations and improved access to health care in Oregon through full implementation of the BHP. In the earlier bill, the legislature recognized that the end of the PHE brings with it much more than merely an obligation to conduct an enormous administrative redetermination process. It also brings a tremendous opportunity to maintain the gains in health care coverage, ensure coverage for even more people in Oregon, improve health outcomes, reduce health inequities, and save money in our health care system. Instead of falling back to pre-COVID levels of health care coverage, Oregon can increase the health and economic benefits associated with having stable access to health care.

This package funds key parts of this initiative and supporting a more stable platform and ongoing support for health care needs of Oregonians. This package funds the necessary IT investments to update the ONE system and create eligibility within that system. Additional changes may be needed in our long-term services and supports systems to be aware of individuals in those programs, even if they don't qualify for those benefits, and MMIS will require changes which is addressed in OHA's POP. This package also funds the additional workers associated with this implementation. In ODHS's implementation and forecasts currently show that individuals will drop off of Medicaid after ODHS does the redeterminations. With this implementation ODHS will continue to support redeterminations for those that maintain Basic Health Program eligibility. ODHS also in coordination with OHA is requesting staffing to support our community partners who provide application assistance.

2. What would this policy package buy and how and when would it be implemented?

This policy package would fund ONE system capacity, eligibility staffing and support, positions that answer calls from BHP participants and positions to support community partners that assist Oregonians in applying for benefits. Together, these investments would allow ODHS to complete critical tasks in implementing HB 4035, including:

- Updating the ONE eligibility system to ensure that it provides accurate benefits, reporting and correspondence associated with the BHP, and
- Providing timely access to benefits and effective customer service to people using the BHP.

3. How does this policy package help or potentially hinder populations that are disproportionately underserved? How does this policy package further ODHS's three strategic goals for both the program and ODHS missions?

The populations who most often experience health inequities are the same populations who most often lack health care coverage. For example, the groups of people in Oregon who saw the greatest increase in coverage during the COVID-19 pandemic were, by race, African Americans and, by income, those between 138 and 200 percent of FPL. These same populations are most at risk of losing their coverage through redeterminations. Maintaining coverage will improve health equity in every aspect of their lives that can be positively affected through health care services, from preventive care to long-term chronic care to critical care that many people delay due to cost.

Relationships with trusted community partners, in locations and communities where individuals are likely to already go, is essential to support Oregon's populations impacted by health inequities. Community Partners are trusted, local, accessible, and effective in supporting OHP members in the redeterminations process. Various community partners and agents currently support both the Marketplace and OHP. New community partners and agents will help with the additional workload, and better ensure equity gaps within communities are addressed. The request in this package for additional resources to support community partners is responsive to ongoing feedback received in multiple forums from community partners and OHP members.

Quantifying results

4. What are the long-term desired outcomes?

The desired outcome of the redeterminations process is that every person eligible for OHP maintains coverage (for example, that no one who is eligible loses coverage merely because of administrative hurdles, such as the lack of up-to-date contact information), and that those who are not eligible for OHP seamlessly move to alternative health care coverage, without interruptions to care, thereby preserving Oregon's gains in coverage.

The desired outcome of the BHP is that a higher percentage of people in Oregon have health care coverage, which in turn helps improve and eliminate inequities in health care access and health outcomes. Coverage should be more stable, with less "churn." As a result, people should experience better health because they receive the care they need when they need it, and overall costs to individuals and the health care system should be lower than otherwise.

Because the BHP will be administered like OHP, the same or similar measures, such as CCO metrics, will be broadly applicable to track these outcomes. Thus, overall, a larger percentage of Oregon's population should meet improved health metrics and outcomes as measured through CCO metrics.

5. How will ODHS measure the impact on system and access inequities and/or impact disproportionality in accessibility and services in ODHS programs through this policy package?

During the redetermination process, the call center and community and agent partners will collect demographic information, including Race, Ethnicity, Language and Disability (REALD) and Sexual Orientation Gender Identity (SOGI) data, from each person with whom they have contact. OHA will track publicly the number and percentage of the 1.4 million individuals currently in OHP who retain health care coverage through any type of coverage in the 18 months after the ending of the PHE. This will be broken down by REALD/SOGI Data, unhoused, and types of coverage (OHP, BHP, Marketplace, private, and uninsured).

Because the BHP will align with OHP administration and benefits, impacts on health inequities regarding BHP members will be measurable in the same or similar ways as is done with OHP. The same improvements in collecting and analyzing REALD/SOGI data currently underway in the health care system would be broadly applicable to the program without creating new mechanisms.

How achieved

6. What actions have occurred to resolve the issue prior to requesting a policy package?

The pandemic and the impact it had on OHP enrollment have led to unprecedented circumstances. There simply is no prior experience with such a situation. Without a determined effort, increased health care coverage rates during the pandemic will be squandered, and the opportunity to increase coverage rates further will be lost.

In addition to this policy package, OHA is pursuing a new continuous coverage policy via the 1115 OHP Medicaid Demonstration Waiver renewal. This continuous coverage policy would allow OHP enrollees aged 0-6 to stay enrolled for five years at a time without needing to submit for redetermination and would allow for two years of continuous coverage for enrollees ages six and older. As described earlier, many individuals churn on and off OHP due to income fluctuations and an administrative burden. The 1115 Waiver continuous coverage policy addresses the administrative burden element, but in addition, this policy package is needed to address the churn associated with fluctuations in income.

In passing HB 4035, the legislature recognized the challenge and opportunity facing our state. This policy option package follows their lead toward ensuring health care coverage for more people in Oregon.

7. What alternatives were considered and what were the reasons for rejecting them?

The main alternative is to do nothing. After the federally mandated redetermination process ends OHP coverage for potentially hundreds of thousands of people in Oregon, they will once again struggle to access affordable health care. The gains in health and health equity will fade away.

Another alternative would be enrollment in an individual, commercial health insurance plan. With cost sharing reductions and tax credits, this coverage would be free or close to free for a portion of this population. However, for others, there will still be costs; these costs, though relatively low, may present a barrier to care, leading individuals to refrain from obtaining needed medication or care and ultimately leading to worse health outcomes and higher costs than under a BHP. Additionally, the provider networks used by commercial health plans do not mirror those used by OHP, which means that many people obtaining private coverage will not be able to continue to see their existing providers. Continuity of care will be disrupted, and some individuals may even stop seeking care without access to trusted providers, resulting in churn and correspondingly higher administrative costs for the state. Finally, families that obtain individual commercial coverage may be faced with a situation that requires some individuals to obtain OHP and others to obtain health insurance. This may present logistical hurdles that are difficult for some to navigate, also resulting in a disruption of care and coverage.

Failure to fund specific elements of the package would severely reduce the effectiveness of the package as a whole, which will disrupt the continuity of care and coverage for a significant number of Oregonians. For example, without extensive and effective community outreach as well as advertising and other communication efforts, a significant number of people may never learn of potential loss of their OHP coverage or the opportunity to enroll in BHP. The Community and Partner Workgroup has articulated through their work that relationships with trusted community partners, in locations and communities where individuals are likely to already go, is essential to support Oregon's populations impacted by health inequities. For another example, without the Medicaid to Marketplace Migration portion of the center, those who do not qualify for continued coverage under OHP or for coverage under the BHP, especially those who are members of marginalized or typically underserved communities, may not even know they qualify for a free or almost free qualified health

plan through the Marketplace. These people in Oregon will "fall through the cracks" and increase the rate of uncompensated care furnished by providers and health systems, resulting in higher costs for payers.

8. What other agencies, programs, community partners or stakeholders are collaborating on this policy package?

Development of the Basic Health Program is being informed by CMS and the task force established by HB 4035. OHA has been meeting with CMS regularly since March to identify the best path forward for covering people in Oregon whose income hovers above Medicaid eligibility. The next steps involve the submission of a BHP blueprint, which will reflect the opinions and priorities identified by the task force. ODHS and OHA continue to partner on this work to ensure community voice and advocates are heard throughout the process.

9. Does this policy package require any changes to existing statute(s) or require a new statute? If yes, identify the statute and the legislative concept.

HB 4035 created a task force to "develop a proposal for a bridge program to provide affordable health insurance coverage and improve the continuity of coverage for individuals who regularly enroll and disenroll in the medical assistance program or other health care coverage due to frequent fluctuations in income." OHA has submitted a placeholder legislative concept (44300-11) in case these recommendations require legislative action.

10. What other state, tribal, and/or local government agencies would be affected by this policy package? How would they be affected?

OHA would be affected as a partner in needing funding for the capitation and funding of the benefits, supports for partners and individuals transitioning, and funding for IT changes related to MMIS or mainframe systems. ODHS has responsibility to the ONE system and eligibility workers and call center.

Tribal members would be eligible for coverage under the BHP and would be able to choose between Fee-For-Service through Open Card or CCOs.

11. Is this policy package being requested because of an Oregon Secretary of State or internal audit? If so, provide further information.

No

Staffing and fiscal impact

Implementation date(s): July 1, 2023

End date (if applicable): The Basic Health Program will become permanent

12. What assumptions affect the pricing of this policy package?

The timeline is based on the assumption that the PHE will expire in October 2022 and that OHP will begin redeterminations by January 2023; will implement temporary OHP expansion until December 31, 2023; and will begin implementation of a Basic Health Program on January 1, 2024.

13. Will there be new responsibilities for another agency (OHA etc.) and/or ODHS/OHA Shared Services? Specify which programs and describe their new responsibilities.

This package would have major IT impacts and prioritization of this work will take a large number of available hours and time. There may be new coding that needs to be established to track funding and participation. Further, this package will require staffing needs to review new populations and programs, provide hearing oversight, training, and quality assurance.

14. Will there be changes to client caseloads Cost per Case or services provided to population groups? Specify how many in each relevant program.

During the process of redeterminations, OHA estimates that 90,000 to 300,000 enrollees will lose OHP coverage. This policy option package works to ensure that every person eligible for OHP maintains coverage (for example, no one who is eligible loses coverage merely because of administrative hurdles, such as the lack of up-to-date contact information), and that those who are not eligible for OHP seamlessly move to alternative health care coverage, without interruptions to care, thereby preserving Oregon's gains in coverage.

Preliminary actuarial analysis estimates that 55,000 current enrollees from the OHP, 32,500 current enrollees from the Marketplace, and 21,300 people who are currently uninsured – a total of 108,800 people – would be eligible and choose to enroll in the BHP.

15. Describe the staff and positions needed to implement this policy package, including whether existing positions would be modified and/or new staff would be needed.

ODHS is requesting the following positions to support this work:

Oregon Department of Human Services:
2023-25 Policy Package

	VEC/SSP	APD/AAA	OEP
HSS1	64	6	0
HSS3	135	13	0
HSS4	13	1	0
Supervisor 2	13	1	0
TDS1-LD			22
TDS1			12
			1
CS2			6
PSR4			6
OPA3			4

As noted, we expect potential of 108,800 individuals coming onto the Basic Health Program who have been assumed to be falling off of the current forecasted caseload. This forecast also assumes 36,000 additional cases. From this we assume we would need 55 HSS3 eligibility workers to support these additional cases. An additional 93 HSS3 eligibility workers are to create a designated unit to support community partners who assist individuals with applications. Today, workers have to call into queues and are limited on the number of applications we can assist them in submitting. By designating a team, we hope to be able to assist these

workers in providing additional culturally significant services to individuals seeking assistance with our programs, while also improving the equity and outreach they can provide, by removing current administrative barriers where ODHS has not previously been funded. The additional positions for HSS1 support staff, HSS4 lead workers, and Supervisor 2 positions are at current support levels based on the number of eligibilities workers we are requesting and the type of engagement we are expecting.

Beyond eligibility workers, we are asking for the support positions to onboard, train and develop the additional staff. ODHS is requesting 22 LD TDS1 trainers to train the whole of our local office structure on the new program, and 12 TDS1 trainers and 1 TDS2 Training Specialist to maintain materials and update them for training while also providing ongoing training.

ODHS is also requesting six CS2 staff to support additional hearings and quality assurance activities, six PSR4 for the help desk support related to applicant portal, and four OPA3 staff to support system and operational updates for this new program.

16. What are the start-up and one-time costs?

ONE costs and LD staffing costs would be one time.

17. What are the ongoing costs?

Ongoing costs for permanent staffing.

18. What are the sources of funding and the funding split for each one?

ODHS would utilize enhanced Medicaid match for the Basic Health Program, and then utilize cost allocated mix of federal funding for staffing.

19. What are the potential savings?

It is estimated that between 90,000 to 300,000 individuals will no longer qualify for Medicaid during the redeterminations process. In the absence of this program, thousands of people could experience a lapse in coverage, churn on and off coverage, or become uninsured. This program is intended to ensure continuity of coverage for this population and could prevent gaps in care that can often lead to higher monthly health care costs due to pent-up demand for health care services.

A 2015 cost analysis of national data (2005-2010) estimated that the process of disenrolling and reenrolling one person in coverage within a year incurs administrative costs between $400 and $600, an amount which would likely be higher today.

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	$17,205,110	$0	$17,205,110	$34,410,220	288	216.00
Services & Supplies	$7,131,607		$7,816,670	$14,948,277		
Capital Outlay						
Special Payments						
Other						
Total	**$24,336,717**	**$0**	**$25,021,780**	**$49,358,497**	**288**	**216.00**

Fiscal impact by program

	ONE	SSP OHP	APD	Program 4	Total
General Fund	$1,370,126	$21,336,397	$1,630,194		$24,336,717
Other Funds					$0
Federal Funds	$2,055,189	$21,336,397	$1,630,194		$25,021,780
Total Funds	$3,425,315	$42,672,794	$3,260,388		$49,358,497
Positions		275	13		288
FTE		206.25	9.75		216.00

Oregon Health Authority & Oregon Department of Human Services:
2023-25 Policy Package

Division:	ODHS, OHA Health Systems Division
Program:	ODHS Self-Sufficiency Programs, OHA HSD Business Information Systems
Policy package title:	Mainframe Migration Provider & Client Payment Systems
Policy package number:	POP 203
Related legislation:	N/A

Summary statement:

Everyone in Oregon deserves uninterrupted access to needed supports and to the income they earn at work. More than one million Oregonians count on the state's current mainframe platform to receive their benefit and provider payments. The COBOL programming code on the mainframe system dates to the 1970s and is increasingly unsupported. Mainframe-proficient staff are shrinking in number and hard to replace, resulting in a variety of service and payment bottlenecks. If these problems are not resolved, there is increasing risk that the agency will be unable to make timely payments to Oregonians, potentially for an extended period. Oregon Department of Human Services and the Oregon Health Authority are therefore jointly requesting the resources necessary to upgrade our mainframe platform and ensure continuity of payments and benefits for the people we serve. It is critical that we migrate all current mainframe functions to more modern, ideally cloud-based solutions. Doing so will help avoid the risk of service breakdowns caused by old software, bring ODHS and OHA technology into alignment with peer agencies, improve flow across interfacing information systems, and allow Oregon to achieve full benefit from its investments in the ONE eligibility system. This investment proposes a strategy to plan for and

implement a new payment system, move all remaining benefits currently determined on the mainframe to the ONE system, and develop a plan to decommission or archive remaining mainframe programs and data.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
ODHS	**$ 9,253,493**	**$ 1,208,969**	**$ 5,444,560**	**$ 15,907,022**	**10**	**7.14**
OHA	**$ 6,749,495**	**$ 5,128,468**	**$ 2,603,053**	**$ 14,481,016**	**21**	**14.50**
Policy package pricing:	**$ 16,002,988**	**$ 6,337,437**	**$ 8,047,613**	**$ 30,388,038**	**31**	**21.64**

Purpose

1. Why does OHA/ODHS propose this policy package and what problem is OHA/ODHS trying to fix or solve?

The agency's mainframe system dates from the 1960s. It has become a critical risk to delivering services to Oregonians and is limiting the agency's ability to respond quickly to changing needs. Over one million Oregonians receive benefits or provider payments via the mainframe. Mainframe systems are also used for provider authorization for over 40,000 care providers, and to determine eligibility for benefits to more than 11,000 Oregonians. The current payment system was designed by a single agency employee decades ago and is highly customized and unique to the state of Oregon. This staff member is the only individual with

comprehensive knowledge of the functions within that system. If they retire or otherwise become unavailable, there is significant risk that payment processing for benefits recipients and providers could be impacted.

More widely, the mainframe represents an anachronism at a time when the IT industry has shifted almost entirely to modern cloud platforms. It has become extremely difficult to replace staff as they retire from the mainframe team, and expanding the team is effectively impossible. 30 percent of the mainframe team's 42 total positions are unfilled, and 50 percent of the current staff are already eligible for retirement or will be within five years. Almost no technology vendors still offer mainframe consulting, software, or services.

The lack of staff to work on payments and other services that the mainframe supports has resulted in an increasingly visible bottleneck. The OregonSaves retirement plan was delayed for some homecare and personal care workers, in large part because of limited mainframe team capacity and a lack of modern development tools and practices. A lack of training environments on the mainframe have made it more difficult to train new and existing staff to support Oregonians.

2. What would this policy package buy and how and when would it be implemented?

This project supports the planning and execution of steps necessary to migrate Oregon Department of Human Services (ODHS) and Oregon Health Authority (OHA) off the mainframe computing platform maintained and supported by their shared Office of Information Services (OIS). An investment in this work will constitute a multi-biennia effort. Limited mainframe team capacity has been a long-running concern for the agency and has impacted numerous key initiatives including ONE, Provider Time Capture (PTC), the transfer of the Employee Related Daycare (ERDC) program to the Department of Learning and Care (DELC), and OregonSaves. This

solution offers a new take on that challenge by focusing on addressing the fundamental, long-term issues rather than attempting to simply add more resources.

The project approach has three strategic goals and phases:

1. Conduct requirements analysis and market analysis for a new payments system, identification, and acquisition of new payment systems
   - High-level requirements and business processes are defined
   - Market analysis of leading solutions is conducted
   - Pilot program/process/area is identified
2. Move all remaining benefits processing and eligibility off the mainframe to ONE
   - All benefits currently determined on the mainframe are determined in ONE
3. A decommissioning/archiving plan is defined for migrated mainframe programs and data. Migrate to the cloud, replace or decommission all remaining 'miscellaneous' mainframe programs. Evaluation and establishment of "Tolerate, Invest, Migrate, Eliminate" (TIME) posture toward remaining mainframe programs and data. This includes identifying data that has strategic value and determining a suitable archiving or warehousing location for it.
   1. All 'miscellaneous programs and data' that still have business value are identified
   2. A future direction is defined for each item (e.g., Gartner TIME model)

This project proposes to mitigate the risks identified above, and leverage the opportunities presented by conducting business on modern, well-supported platforms through investment in planning and execution efforts necessary to migrate off the mainframe.

	6 months	12 months	18 months	24 months
Payment system	Establish governance; assemble team	Define scope; identify vendors	Procure solution	Deploy solution
Move benefits determination to ONE	Establish governance; assemble team	Define scope	Define requirements	Define implementation plan
Decommissioning	Establish governance; assemble team	Identify disposition for each remaining mainframe systems	Complete disposition analysis, design cloud environment	Build cloud environment, initiate other disposition actions

Funds for this solution would be used:

- To procure specialized financial consulting support needed to identify a suitable public sector payments system
- To hire financial analysts with experience in modern payment-processing standards, systems, and practices
- To procure and install the new payments system
- To pay the ONE system vendor to implement additional benefits programs in ONE
- To hire additional technology staff to create and operate a cloud environment capable of hosting a new payments system, service authorization system, and many other components that will move off the mainframe

- To pay for technical consulting and implementation work, to move mainframe services to the cloud
- To procure training and modern software tools for our current mainframe team, to help them transition to current technologies and archive or migrate valuable data from the mainframe

3. How does this policy package help, or potentially hinder, populations impacted by health inequities from achieving health equity[1] or equitable health outcomes? How does this policy package further OHA's and/or ODHS's mission and align with its strategic plan?

Migration and modernization of the mainframe environment will support an increase in benefit visibility to clients, and likely increase uptake of benefits, due to their integration into the ONE platform alongside other benefits. Additionally, clients will require less time to apply for all benefits, because the ONE platform facilitates a 'one stop shop' experience for an increased number of benefits. This proposal also reduces the risk of interrupting payments to members of all Oregonian communities and of delaying provider services to communities facing inequities. It also improves the agency's ability to respond to the changing needs of those communities. It will also make it easier to collect, store, analyze and use data to provide visibility of equity issues and improve service delivery to these communities. Finally, by increasing capacity it will help to avoid situations where the agency must prioritize one community's needs over another because it isn't possible to advance multiple efforts in parallel.

[1] Health Equity: When all people can reach their full potential and well-being and are **not disadvantaged by their race, ethnicity, language, disability,** gender, gender identity, sexual orientation, social class, intersections among these communities or identities or other socially determined circumstances.

Quantifying results

4. What are the long-term desired outcomes?

This solution will make the agency more flexible and responsive to changing circumstances including federal regulations and policies, which increases trust, compliance, and public confidence. When completed, this project reduces the risk of interrupting payments to members of all Oregonian communities. It reduces the risk of delaying provider services to communities facing inequities and improves the agency's ability to respond to those communities who are in the most need.

Moving the remaining mainframe-based benefits determination processes to a modern, well-supported system will make it easier and faster to implement changes whether mandated at the agency, state, or federal level. For the last several decades, payment systems have been commercially developed for large customer bases that are configured to meet the customer's needs. Furthermore, commercial payment systems are serviced by a multitude of third-party partners who can assist us with a wide variety of changes to help meet the demands of our communities, programs, legislators, providers, and partners. Locating these benefits programs in the ONE system would align with the systems 'one stop shop' ethos.

Adopting modern systems to replace the current mainframe environment will produce significant secondary benefits which align with Strategy 8 of the Diversity, Equity, and Inclusion Action Plan: Diversifying the Workforce and Creating an Inclusive Workplace. This impact is expected because modern systems rely on programming languages, and technological concepts for which there are broader and more diverse hiring pools. This is expected to open doors to applicants with skillsets in those areas.

5. How will OHA/ODHS measure the impacts on health inequities of this policy package? How will ODHS measure the impact on system and access inequities and/or impact disproportionality in accessibility and services in ODHS programs through this policy package?

Anticipated outcomes from this solution include:

- The agency can more easily find resources to work on payments, and find them from multiple sources (vendors, consultants, open recruitment)
- Benefits are more visible to the community, and there is increased uptake of them, due to their integration into the ONE platform alongside other benefits
- Clients require less time to apply for all their benefits, because the ONE platform facilitates a 'one stop shop' experience for an increased number of benefits

Quantifiable outputs from this solution include:

- A new, vendor-provided payments system has been procured and installed
- The ONE platform determines eligibility for the 6+ benefits programs and 11,000+ Oregonians that are currently determined on the mainframe
- A solution has been identified for future provider authorization for 40,000+ providers

Data on the success of this solution will be gathered from multiple sources:

- Internal recruitment and project staffing metrics
- ONE participation and client satisfaction metrics
- Metrics on the new payment system once implemented
- Moving to a modern, well-supported payment system will make it easier and faster to implement changes to payments, funding, federal reporting

Table –Benefit and Measurement

Benefit	Measurement
Reduce the risk of not being able to make payments to benefits recipients and care providers	A new, vendor payments solution is in place with contractually defined service levels and support availability.
Fill open positions more easily, bringing more resources to bear on agency needs	Recruitment time is decreased for positions that are currently in the mainframe space
Improve flexibility and responsiveness to changing business needs	The volume of work pending in the payments area, and for related programs and divisions, is reduced. New requests are implemented more quickly
Align technology with statewide modernization and cloud forward initiatives	Mainframe solutions are replaced with cloud-based solutions, whether form vendors or internally developed

How achieved

6. What actions have occurred to resolve the issue prior to requesting a policy package?

Previous efforts to address the problem focused on adding more mainframe staff, procuring contractors, and utilizing system integrators rather than shifting to newer technologies. Those efforts have not been fully successful, as the IT industry has moved almost entirely away from the mainframe: there are simply not enough resources available in the market to meet the agency's needs. Experienced mainframe staff command

very high wages, and the state's compensation is not competitive with other public and private sector IT employers.

Given the lack of overall capacity, the agency has had to prioritize the limited capacity that is available, resulting in suboptimal outcomes. As noted above, OregonSaves was delayed for many care workers. And the agency is currently out of compliance with several federal reporting requirements. The mainframe staff's work is prioritized through IT governance groups comprised of business and IT executives.

Two policy option packages (POP 203-Critical Systems and POP 204-Modernization: Financial Payment Systems) were included in the 2021-23 Agency Recommended Budget to start the work of planning in this critical area. Neither package was funded.

7. What alternatives were considered and what were the reasons for rejecting them?

Status Quo

Previous efforts to address the staffing problems focused on short-term, less costly solutions such as adding more mainframe staff, rather than shifting to newer technologies. Those efforts have not been successful, as the IT industry has moved almost entirely away from the mainframe. There are simply not enough resources available in the market to meet the agency's needs, address federal regulations, and new policies. Experienced mainframe staff command very high wages, and the state's compensation is not competitive with other public and private sector IT employers. There were two POPs (POP 203-Critical Systems and POP 204-Modernization: Financial Payment Systems) in the 2021-23 Agency Recommended Budget to start the work of planning in this critical area and both were denied.

Continuing the status quo operation of mainframe systems will retain the risks identified above and over time will increase the risks accumulated with an aging and understaffed workforce. The risks of relying on antiquated, COBOL-based systems became highly visible nationally and in Oregon during the first year of the COVID pandemic; states were not able to rapidly make emergency payments, change benefits rules, and make other adjustments in payments processing. Another large Oregon agency struggled to issue pandemic-related assistance and was unable to scale up its systems to handle a large increase in claimants. The impacts of those issues caused by aging IT systems fell disproportionately on disadvantaged populations.

Failure to fund this investment will cause OHA, ODHS and OIS to pay increased costs for hardware maintenance. In 2022, Enterprise Information Services State Data Center informed its customers that it would no longer be able to operate mainframe hardware due to staffing issues. Instead, EIS is preparing to outsource hardware operation and maintenance to a managed service provider.

If the project was not funded, the largest risk to Oregonians is around benefit and provider payments. With a reduced budget, we would prioritize the payments system replacement first, the ONE benefits migration second, and the provider authorization and other components third. We would defer the lower priority items to a later POP, while continuously seeking opportunities to find funding from other sources for the overall solution

The risk profile for maintaining a status quo disposition toward mainframe programs was identified as ‘not viable.’

- This alternative would not alleviate or mitigate risks identified in staffing, program specialization, system stability and agility and will most certainly result in increasingly disproportionate burden on Oregonian’s that have been economically and socially marginalized.
- The high risk of failure to make payments will continue to grow, due to personnel/resource issues

- As mainframe skills, resources and partners become less and less available, we will have more and more risks, delays, and constraints with mainframe-based solutions

Do the Minimum Amount Possible

There are a few identified approaches that incrementally address a better future than the "do nothing" or current state, but minimally:

A. Reduce personnel risks by adding more positions to the team
    - Currently the mainframe team has 42 positions, of which 13 (30%) are unfilled. Recruitments routinely fail multiple times, and candidates do not possess the level of skills we need. The State Data Center is preparing to outsource its mainframe operations to an external partner because they cannot fill internal positions.

B. Lift and shift (translate) mainframe code to another platform
    - OIS engaged a partner to evaluate the feasibility of migrating the mainframe code to another platform (Microsoft's Azure cloud platform)
    - Technically, a migration is feasible however it would have significant risks and limitations:

C. The largest risk to Oregonians is around benefit and provider payments. With a reduced budget, the agency would prioritize the payments system replacement first, the ONE benefits migration second, and the provider authorization and other components third. We would defer the lower priority items to a later funding request and future biennium, while continuously seeking opportunities to find funding from other sources for the overall solution.

This alternative is not viable. "Lift and shift" just moves the problem and doesn't fix the core issues:

- A direct migration to Azure doesn't address the issue that the payments system has been developed in-house and there is no wider expertise or other source of skills available.

- A direct migration doesn't provide any new or improved capabilities; the functionality remains the same.
- The cloud environment is new to the state; we haven't attempted anything close to the scale and complexity of running the current mainframe workloads on Azure. There would be a very high risk of technical and process failures due to our lack of cloud maturity.
- Adding positions does not address the current inability to competitively pay, attract and hire mainframe skilled staff.

Migrate Mainframe Programs [desired solution]

This solution will require investment for the following:

- To procure and install the new payments system
- To pay the ONE system vendor to implement additional benefits programs in ONE
- To hire additional technology staff to create and operate a cloud environment capable of hosting the new payments system, and other components that will move off the mainframe
- To pay for technical consulting and implementation work, to move mainframe services to the cloud
- To procure training and modern software tools for our current mainframe team, to help them transition to current technologies

This project promotes shared, reusable solutions that can be adopted by multiple service areas. Although not in the scope of this effort, a new payments solution could become the default for other new initiatives that have a payments component. Having a robust, well supported, industry-standard solution available means the agency can avoid developing individual solutions for different service areas.

Similarly, moving benefits determination from the mainframe to ONE increases its value to Oregonians as a single place to identify the benefits they're eligible for. That in turn encourages current and future benefits programs to use ONE rather than develop their own eligibility processes and tools.

From the IT perspective, adopting more modern and standard solutions expands the range of resources that can be applied to projects and other initiatives. Work that can only be done by the mainframe team today will be easier to assign to other technical specialists in the future.

This solution is the most viable and sustainable of those considered.

8. What other agencies, programs, community partners or stakeholders are collaborating on this policy package?

OIS, ODHS, OFS. We have also engaged with the State CIO's office, including the State Chief Technology Officer and Data Center Services (DCS). DCS operates the mainframe hardware in the State Data Center for those agencies that still use it.

The ODHS CIO along with the state CTO is forming a workgroup with other agencies still on the mainframe to coordinate and ensure we provide the state an overall approach to moving off the mainframe.

9. Does this policy package require any changes to existing statute(s) or require a new statute? If yes, identify the statute and the legislative concept.

No.

10. What other state, tribal, and/or local government agencies would be affected by this policy package? How would they be affected?

The mainframe is not directly visible to Tribes or other community members, and as such we have not solicited Tribal or community input on what they believe would be suitable technologies to replace it.

The Service Employees International Union (SEIU) has expressed concerns in the past about initiatives like OregonSaves that have been delayed and had an impact on their members. The union has sought assurances from the agency that we will take steps to ensure we can meet commitments to its members within agreed timeframes. This solution recognizes those concerns and aims to address them by shifting to more modern technical platforms where we can add resources more easily and respond more quickly to changing needs.

11. Is this policy package being requested because of an Oregon Secretary of State or internal audit? If so, provide further information.

No.

Staffing and fiscal impact

Implementation date(s): 7/1/2023

End date (if applicable):

12. What assumptions affect the pricing of this policy package?

- Limited mainframe team capacity has been a long-running concern for the agency and has impacted numerous key initiatives including ONE, PTC and OregonSaves. This solution offers a new take on

that challenge by focusing on addressing the fundamental, long-term issues rather than attempting to simply add more resources.

- The three elements of the POP are somewhat independent of each other, and work can proceed on them independently. However, resources are a constraint in all areas and may limit flexibility.
- ONE system governance approves and prioritizes migration of benefits determination from the mainframe to ONE.
- The Mainframe governance process approves and prioritizes the migration of mainframe benefits determinations.
- Both agencies stop all new development and enhancement work on the mainframe and allow only essential incident responses and bugfixes when necessary for new project timeline and resource success. The agencies allow new functionality to be developed only in the cloud, accepting that this will increase time to delivery and costs during the migration period.
- Microsoft's Azure cloud is the target platform for migrating mainframe programs and data.
- The current mainframe team does not have the capacity and modern technology skills to execute a migration to more modern platforms, therefore additional resources will be required.
- Cost of professional services is assumed to be in alignment with other comparable efforts.
- Costs of staffing is assumed to be relatively consistent.
- Resources (both internal to the agency and externally/vendors) with the necessary skills will be available
- Only Deloitte can implement new functionality in the ONE system.
- The start of the new ONE O&M contract in July 2023 does not adversely impact work in progress.
- This solution challenges the assumption that the mainframe issue is not yet critical, and that the agency can defer addressing it in favor of other priorities.
- This solution applies lessons from numerous other state agencies, states, and private entities that have moved off their mainframes because of high costs and limited resources.

- This solution anticipates demographic and retirement trends in the aging mainframe team.

13. Will there be new responsibilities for OHA, ODHS, and/or Shared Services? Specify which programs and describe their new responsibilities.

ODHS will lead the migration project, including overseeing of contractors, procurement, and implementation of new software solutions with support from OIS. OHA staff will participate in business requirements gathering and supporting the migration to ensure ongoing services are not disrupted.

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

It is not anticipated that this project will affect client caseloads, however it will ensure payments are not interrupted, and benefits determination will be more easily accessible by Oregonians.

15. Describe the staff and positions needed to implement this policy package, including whether existing positions would be modified and/or new staff would be needed.

The Office of Information Services is requesting a total of 19 new positions to support implementation of a new payment system and migration of the mainframe. These positions include Information System Specialists, Operations & Policy Analyst, a Project Manager, a Fiscal Analyst, and a Principal Executive Manager and Administration Specialist.

ODHS is requesting at total of 10 new positions. These positions include Operations & Policy Analysts to support testing requirements of the APD and SSP legacy systems related to the migration efforts, including the mainframe-based payment system, as well as an Accountant, Project Managers, and a Training & Development Specialist to support migration.

Two OPA3 staff will support OHA's Health Systems Division in the migration to a new solution as it relates to integrating with MMIS and other existing OHA systems.

16. What are the start-up and one-time costs?

Contractor services to plan for and support migration of services off the mainframe. Additionally, staff to design and build a cloud environment that will host the migrated services.

17. What are the ongoing costs?

Staff to support new technology environments, and software and service costs for selected solutions to replace the mainframe.

18. What are the potential savings?

Once the mainframe has been completely migrated to new environments, we expect to save on staff costs for operating the mainframe as well as the current total cost of operating the mainframe. This is an expected savings of approximately $6.15 million per year.

19. What are the sources of funding and the funding split for each one?

The main funding sources will be Medicaid matched with state funds.

OHA, OIS, SAEC total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	$ 101,591	$ 3,606,862	$ 260,636	$ 3,969,089	21	14.50
Services & Supplies	$ 165,094	$ 297,716	$ 281,436	$ 744,246		
Capital Outlay	$ 0	$ 0	$ 0	$ 0		
Special Payments	$ 6,482,810	$ 1,223,890	$ 2,060,981	$ 9,767,681		
Other	$ 0	$ 0	$ 0	$ 0		
Total	**$ 6,749,495**	**$ 5,128,468**	**$ 2,603,053**	**$ 14,481,016**	**21**	**14.50**

ODHS (OFS, SAEC, ONE,) total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	$ 337,186	$ 705,961	$ 501,588	$ 1,544,735	10	7.14
Services & Supplies	$ 58,039	$ 42,309	$ 71,415	$ 171,763		
Capital Outlay	$ 0	$ 0	$ 0	$ 0		
Special Payments	$ 8,858,268	$ 460,699	$ 4,871,557	$ 14,190,524		
Other	$ 0	$ 0	$ 0	$ 0		
Total	**$ 9,253,493**	**$ 1,208,969**	**$ 5,444,560**	**$ 15,907,022**	**10**	**7.14**

Fiscal impact by program

	ODHS	OHA	Program 3	Program 4	**Total**
General Fund	$ 9,253,493	$ 6,749,495			**$ 16,002,988**

Other Funds	$ 1,208,969	$ 5,128,468			**$ 6,337,437**
Federal Funds	$ 5,444,560	$ 2,603,053			**$ 8,047,613**
Total Funds	$ 15,907,022	$ 14,481,016			**$ 30,388,038**
Positions	10	21			**31**
FTE	7.14	14.50			**21.64**

Oregon Department of Human Services:
2023-25 Policy Package

Division:	Central Services
Program:	IE
Policy package title:	ERDC Expansion - DELC companion
Policy package number:	POP 301
Related legislation:	N/A

Summary statement:

All children deserve supportive and nurturing places to learn and play while their parents are at work. Research indicates that quality childcare has a significant and positive impact on children's brain development, setting the stage for success later in life. But disparities persist when it comes to accessing quality childcare, with low-income families and families of color bearing most of the burden. We have a shared obligation to make sure that every child has the supports they need to reach their potential, and that means directly addressing this kind of disparity and promoting equitable access to childcare for all families. Employment Related Day Care (ERDC) is a federal program, partially funded by the Child Care Development Block Grant (CCDG), that helps mitigate these disparities by providing low-income working families with childcare subsidies. In Oregon, ERDC represents the largest childcare subsidy program and was enhanced through House Bill 3073 (2021) which expanded program eligibility to include families with student parents and children who are documented. The ERDC program has also capped co-pays at no more than 7 percent of a family's income, as well as waived the co-pays of families at 100 percent of the federal poverty level to $0. To continue our progress toward addressing longstanding inequities,

the Early Learning Division (ELD) is introducing legislation in the 2023 Legislative Session to ensure that children at risk of involvement or involved in Oregon's foster care and child welfare systems, children from families experiencing domestic violence, and houseless families have access to quality, affordable care. This expanded eligibility will allow more families to access critical childcare supports, promoting both healthy development for children and uninterrupted employment for parents.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	**$967,659**	**$0**	**$1,099,439**	**$2,067,298**	**4**	**3.00**

Purpose

1. Why does ODHS propose this policy package and what problem is ODHS trying to fix or solve?

Since the onset of the COVID-19 pandemic, access to quality, affordable childcare continues to be cited as a significant barrier to economic recovery and the ability for adults – women, in particular – to return to the workforce. HB 3073 (2021) expanded eligibility requirements to include more families and better align with federal requirements. Prior to the legislation, Oregon served 19 percent of state-eligible families and 12

percent of federally eligible families. However, some of our most vulnerable families – those involved with our child welfare and foster care systems, those at risk of interacting with other state systems, and those experiencing domestic violence and houselessness, and– do not qualify for ERDC.

ERDC is Oregon's largest childcare subsidy program, with a larger pool of eligible families than other early learning programs. As more and more parents return to work, it is critical that families have access to quality, affordable childcare in their communities. This requires that providers receive a fair reimbursement rate from the state, that the program operates with minimal barriers, and that families can navigate an easy referral system. Oregon is already on track to hit the caseload cap for this program, with will result in eligible families being placed on a reservation list without access to childcare or the ability to return to employment.

The Oregon Department of Human Services and the Early Learning Division are developing Interagency Agreements (IAAs) to minimize a disruption to services as the ERDC program is transferred to the Department of Early Learning and Care (DELC) and as the new agency builds intra-departmental capacity for full program administration. These IAAs would incur a fiscal impact to ELD's legislatively approved budget, so the Legislature needs to ensure that DELC is appropriately resourced to implement this aspect of the transition plan.

As ODHS implements the policy within this Policy Option Package, it will require additional interfaces between the Oregon Eligibility (ONE) system and ORKids system used by Child Welfare. There are IT costs associated with these updates that need to be sequenced along other legislative, federal, and operational items required to serve the approximately 1.5 million Oregonians receiving some sort of medical, food, cash, or childcare assistance. Beyond those needs, this change will require additional staffing to oversee the

training of this change and communication and coordination of this workload. The critical nature of ensuring individuals receiving accurate and timely benefits requires a focused effort and ongoing support of staff who are required to process the applications and make sure Oregonians are served timely and equitably.

2. What would this policy package buy and how and when would it be implemented?

This policy package increases the number of childcare subsidy slots available to families. ODHS will utilize the current staffing structure in the OIS program to support categorical eligibility process between ODHS and ELD/DELC

3. How does this policy package help, or potentially hinder, populations that disproportionately are underserved? How does this policy package further ODHS's 3 strategic goals, and both the program and ODHS missions.?

The package will provide categorical eligibility for those at risk of experiencing the child welfare system or those experiencing the child welfare system. Childcare for resource parents what do not currently qualify for ERDC receive a low monthly reimbursement rate of $375 per month per child. Changing eligibility to include children experiencing foster care who meet the age and needs criteria will increase the support for childcare and not rest the burden on a resource (foster) family to cover additional costs. Children with open Child Welfare cases would be eligible thus increasing the support needed to allow a child to remain in the home or reunify with their family within shorter time frames.

Importantly, this will require an IT investment in the ONE system, as ODHS and OHA will be unwinding the Public Health Emergency during a period that multiple updates will be required. Changes will also be needed

around childcare, and coordination and approval within ELD/DELC is essential to that work, and so staff resources and subject matter experts from all areas need to be available and considered when approving items to ensure we have contract hours and budget as well as staff available to make the necessary changes.

Quantifying results

4. What are the long-term desired outcomes?

DELC will be administering a program that was not established within its predecessor agency, the Early Learning Division. POP 102 enhances the ERDC program by increasing the number of families who can receive childcare subsidy—expanding the ERDC caseload and supporting expanded eligibility in Legislative Concept 489.

5. How will ODHS measure the impact on system and access inequities and/or impact disproportionality in accessibility and services in ODHS programs through this policy package?

Data tracking from ELD/DELC and ODHS on families eligible and receiving childcare support through the categorical eligibility process.

How achieved

6. What actions have occurred to resolve the issue prior to requesting a policy package?

A POP is required to resolve this issue.

7. What alternatives were considered and what were the reasons for rejecting them?

ODHS has a childcare reimbursement for resource parents that is currently at a low rate of $375 per month per child. This does not cover the current costs of childcare.

8. What other agencies, programs, community partners or stakeholders are collaborating on this policy package?

ELD and DELC

9. Does this policy package require any changes to existing statute(s) or require a new statute? If yes, identify the statute and the legislative concept.

POP 102 is not contingent on a statutory amendment. However, if eligibility is expanded within ORS 329A.500 (ERDC's governing statutes), to include children at risk of involvement or involved in Oregon's foster care and child welfare systems, children from families experiencing domestic violence, and houseless families, DELC will be statutorily required to expand eligibility, which follows the precedent set in HB 3071 (2021).

10. What other state, tribal, and/or local government agencies would be affected by this policy package? How would they be affected?

Those children and families eligible within ODHS Child Welfare can include Tribal certified homes, and tribal families working with child welfare.

11. Is this policy package being requested because of an Oregon Secretary of State or internal audit? If so, provide further information.

No

Staffing and fiscal impact

Implementation date(s): _____

End date (if applicable): _____

12. What assumptions affect the pricing of this policy package?

Staff to perform the work will be hired starting January 2024

13. Will there be new responsibilities for another agency (OHA etc.) and/or ODHS/OHA Shared Services? Specify which programs and describe their new responsibilities.

ODHS OIS program will have updates required for system eligibility builds

14. Will there be changes to client caseloads Cost per Case or services provided to population groups? Specify how many in each relevant program.

This will allow additional individuals to be prioritized within the caseload, but because of the funding and caseload limitations, we don't expect additional caseloads, just additional complexities to who is eligible and hopefully a more streamlined approach to the populations listed in this Policy Option Package.

15. **Describe the staff and positions needed to implement this policy package, including whether existing positions would be modified and/or new staff would be needed.**

ODHS OIS program will utilize existing positions to implement much of the new structure. However, there is a request for an operational analyst to communicate and work across programs and with DELC on the ongoing implementation and reporting, and training positions to ensure we can create and update training materials and provide training to all staff delivering these services and ongoing staffing around childcare benefits and this increase in well-being and coordination.

16. What are the start-up and one-time costs?

There are one-time costs associated with updating and creating an interface between the ONE system and ORKids.

17. What are the ongoing costs?

There are ongoing costs associated with staffing needed for ongoing training, specific to 1 OPA3 operations analyst, 1 TDS2 to create and maintain training material, and 2 TDS1 to do initial and ongoing training.

18. What are the sources of funding and the funding split for each one?

Utilize cost allocated mix of federal funding for staffing.

19. What are the potential savings?

N/A

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	$238,134	$0	$357,190	$595,324	4	3.00
Services & Supplies	729,525		742,249	$1,471,774		
Capital Outlay						
Special Payments						
Other						
Total	**$967,659**	**$0**	**$1,099,439**	**$2,067,098**	**4**	**3.00**

Fiscal impact by program

	CW	Central IE	Program 3	Program 4	**Total**
General Fund	42,228	925,431			**$967,659**
Other Funds					**$0**

Federal Funds	40,572	1,058,867			**$1,099,439**
Total Funds	82,800	1,984,298			**$2,067,098**
Positions					**4**
FTE					**3.00**

Oregon Department of Human Services
Affirmative Action Report

This report summarizes the progress the Oregon Department of Human Services (ODHS) has made in accomplishing its affirmative action goals for the 2021-2023 biennium and identifies ODHS' goals and strategies for 2023-2025.

July 1, 2021, to June 30, 2023

Accomplishments toward Affirmative Action Goals

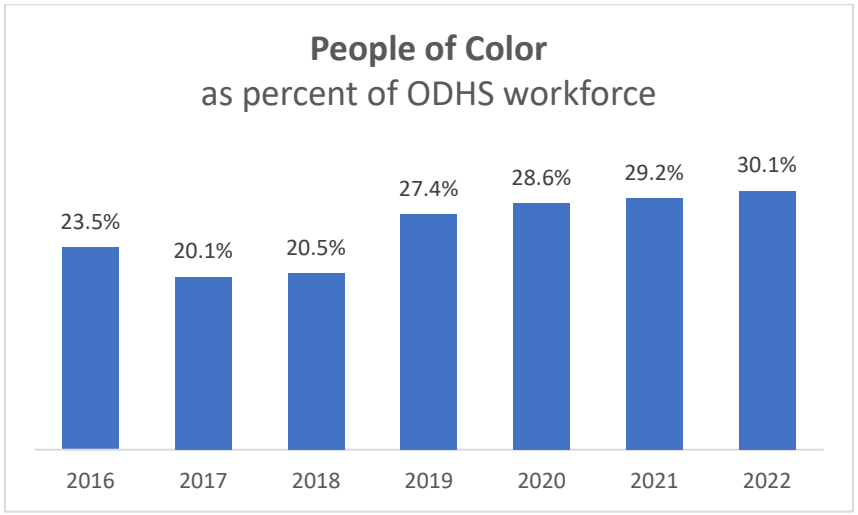
ODHS continues to work to create an inclusive and anti-racist organization, utilizing our Equity North Star as a focal point. The agency will continue to build upon our successes to achieve a more culturally competent work force, create culturally appropriate and effective programs and service delivery systems, develop quality improvement strategies with a focus on inclusion and create welcoming environments for our diverse client base and staff. The ODHS Affirmative Action Plan is a key component of the department's ongoing diversity development efforts. These serve to enhance the diversity of our work force, provide equal employment opportunities, provide guidelines for organizational change, increase participation by diverse constituencies in agency operations, and guide leadership management by eliminating institutionalized and individual illegal discrimination in the workplace. Our diverse, culturally competent work force assists the department to better understand and respond to clients' and customers' needs. ODHS programs like RiSE and Trauma-Aware practices help build a culture where safety and well-being, supportive relationships, high expectations and accountability, equitable treatment, meaningful participation and community engagement are key. The following charts reflect the ODHS actual FTE as of June 30, 2016 through 2022 as a comparison. These numbers show the percentages of People of Color, People with Disabilities, Veterans and Women within the ODHS workforce.

People of Color

Between June 2016 and June 2022, the ODHS workforce representation of people of color was between 23.5 and 30.1 percent. ODHS continues to conduct targeted recruiting efforts, as well as outreach and training on diversity topics. The agency works with and builds relationships with many other diverse organizations. The agency's goal is to continue to move toward diversifying our workforce to be a representation of the population we serve.

ODHS is continuing to focus on increasing and retaining the representation of people of color in all salary ranges, but especially in salary range 26 and above.

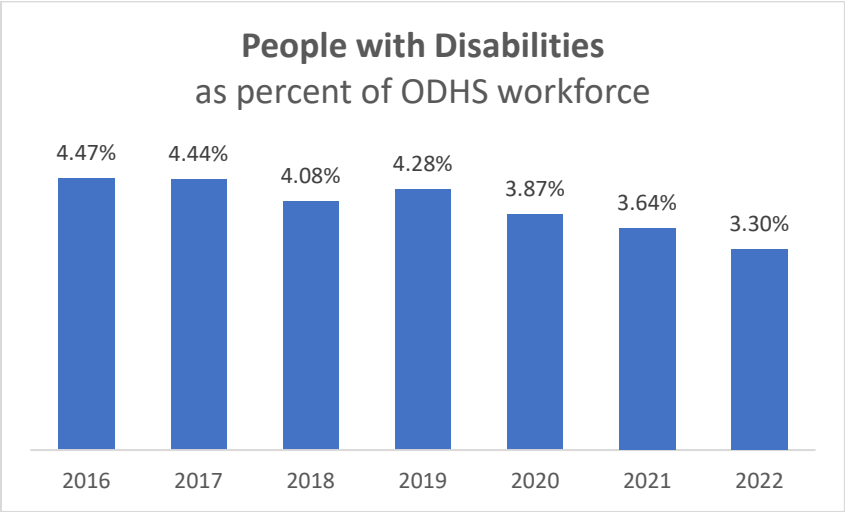
Tables below reflect data captured on June 30 of each year.



*2019 thru present data based on information available in Workday (8/10/2022)

People with Disabilities

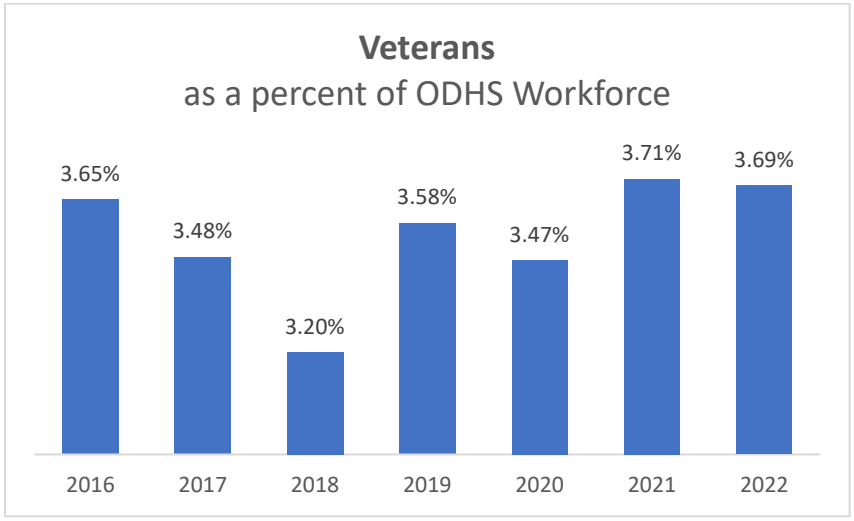
Disclosure of disabilities is voluntary for employees and we suspect the data is historically underreported. The reported percentage is 3.30% as of June 30, 2022, and the agency will continue to strengthen its outreach efforts and asking employees to disclose disability to report this population more accurately at ODHS.



*2019 thru present data based on information available in Workday (8/10/2022)

Veterans

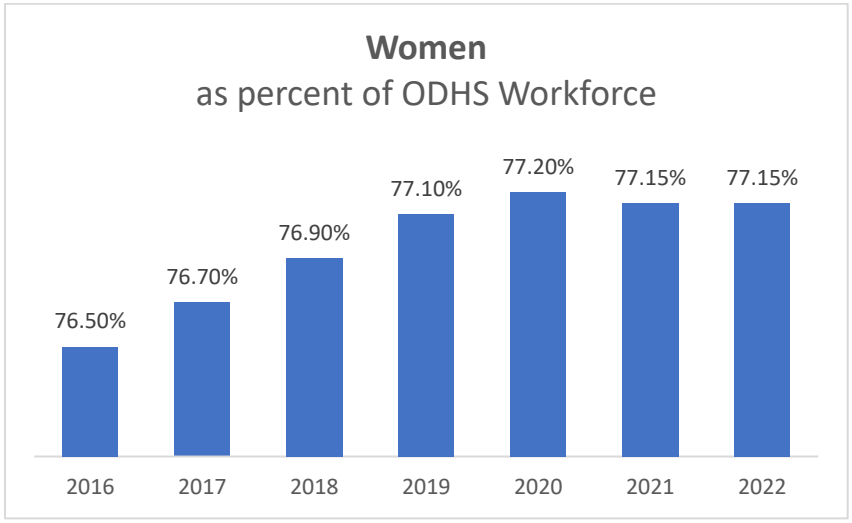
With the implementation of Workday in mid-2019, more accurate numbers may be reported for Veteran's data. Disclosure of veteran status is voluntary and some in our workforce have chosen not to identify as a veteran; thus, we believe this number may be under reported.



*2019 thru present data based on information available in Workday (8/10/2022)

Women

ODHS has historically had representation of women in most job categories well above 50 percent, for June 30, 2022 it is 77.15 percent.



*2019 thru present data based on information available in Workday (8/10/2022)

Progress made or lost since the previous biennium

The primary goal for ODHS during the 2021-2023 biennium was the following:

"ODHS will continue to expand its recruiting outreach efforts with diverse community-based organizations to increase the diversity of our workforce, especially for people of color, people with disabilities, LGBTQIA+, women and veterans in positions in salary range 24 and above."

Below are just some of the strategies that will be used to continue the efforts and successes made in the past.
• Focus on retaining employees and creating an environment that is inclusive, accepting, and respectful of differences, including ethnic, cultural, generational and life experience.
.
• Work with managers to encourage all employees report racial designation, disability, and veteran status to reflect this population more accurately at ODHS.

• Strengthen on-boarding procedures and resources at ODHS and include diversity, equity and inclusion information, and ERGs that are available to employees.

• Continue training managers on strong recruiting and interviewing practices to ensure equity and inclusion in the full life cycle of a recruitment, including hiring and onboarding.

• Continue to intentionally engage diverse organizations and provide their membership with information about employment opportunities and job search assistance, including application material review, informational and mock interviews, and information about the state's online application process in Workday.

July 1, 2023, to June 30, 2025
Goals and strategies for ODHS Affirmative Action Plan

New goals and strategies are being developed for the 2023-2025 Affirmative Action Plan. Below are some of the ways ODHS will continue their efforts to achieve a culturally competent workforce and welcoming environment to increase our retention of employees of color, veterans, people with disabilities and women to:

- Developing and updating training for management and non-management staff focused on supporting career development, organizational growth and providing equitable client services.

- Continue active and targeted recruitment efforts to increase the number of qualified women, people of color and people with disabilities on our applicant lists for job openings by working with the Office of Human Resources Recruitment Unit to maximize the Workday system.

- Expand partnerships with local, state and regional community-based organizations and Tribal Nations to increase recruitment and retention efforts, resulting in a diverse and qualified workforce.

- Continue to encourage and support the development of employee resource groups (ERGs) throughout the agency.

Overall, the emphasis for the Oregon Department of Human Services will be to achieve an increase in the retention of employees with disabilities in all job categories and retain employees of color, veterans, and women in underutilized job categories.

Oregon Department of Human Services
AUDIT RESPONSE REPORT

1. ODHS and OHA: Statewide Single Audit Including Selected Financial Accounts and Federal Awards for the Year Ended June 30, 2019, audit #2020-14 (dated March 2020)

- Recommend management ensure year-end accrual methodologies are complete and include consideration of all relevant expenditures.

  During FY21, the SFR unit has reviewed/updated every year-end procedure, including accruals, by going through them as a team so everyone understands the process and what to review.

  The Office of Financial Services has also put together a group from multiple financial units to document the financial processes of each program within the sub-systems, so everyone understands the impacts and needs for accruals. This document includes the financial transactions throughout each step of the process and the year-end financial process. We expect to continue this until all programs are completed. Lastly, we have created an accrual template for the program areas that provide the accrual estimates to use in order to clarify our needs.

- Recommend department management provide additional coding elements related to expenditure data to allow for identification of federal expenditures within the dataset and implement processes and procedures to ensure data reports accurately reflect case status and activity of the reporting period.

  As of April 28, 2022, the business change request was approved and additional coding elements added to the expenditure data for the 2021 audit. The department will continue working with Deloitte on federal reports to ensure data reports accurately reflect case status and activity of reporting period.

- Recommend department management strengthen controls to ensure adherence to the department's work verification plan documentation of participation and projection of hours of participation, and to ensure data entered into the automated data processing system is accurate and complete.

  Targeted reviews began in August 2020 and continue to be conducted monthly. TANF Policy created materials and conducted training for field staff on November 17, 2020, to review errors identified during the JOBS targeted reviews.

  In addition to the statewide trainings, analysts attended local staff meetings to answer additional questions and discuss area specific trends with Family Coaches, Engagement Specialists and managers. Communication regarding the requirement to retain documents in the electronic or hard file has been communicated with various groups within ODHS, including contractors. The department will continue to train staff on attendance reporting requirements.

- Recommend department management strengthen controls to ensure clients' benefit payments are appropriately determined.

  The JOBS disqualifications and child support sanction protocols were created and uploaded onto the TANF staff tools page for staff to access. TANF Policy created materials and conducted training for field staff on September 15, 2020, regarding JOBS disqualifications and child support sanctions.

- Recommend department management coordinate resources to better maintain and more readily provide sufficient eligibility documentation.

  The Self Sufficiency Program (SSP) Training unit in partnership with TANF Policy created and posted an Employability Screening (415A) training on the state iLearn website. The training is accessible for all staff.

Quality Assurance has completed the targeted reviews, communication with field staff regarding the requirements of the employability screening (415A) and child support cooperation (428A) forms has continued in various formats. Communication regarding the requirement to complete the 415A form and retain in the electronic file has been communicated with various groups within ODHS.

- Recommend management ensure the cost allocations are processed according to the federally approved cost allocation plans.

  The Medicaid impact of $36,234 was corrected with document numbers BTCC2130 through BTCC2136 with an effective date of July 14, 2019. The refund was reported to CMS on the CMS-64 FFY19 Q4. The TANF impact of $1,824,260 was corrected with document numbers BTCC3054 through BTCC3137 with an effective date of September 8, 2019. The refund was reported to ACF on the ACF-196R Part 1 report, line 22B FFY19 Q4.

  Internal controls have been strengthened and the Public Assistance Cost Allocation Plan Change Log for both DHS and OHA are reviewed on a monthly basis notating any change, the reason for the change, and the plan part and section reference. The changes accumulated over the year are reviewed prior to the annual state fiscal year submission to the Federal Department of Health and Human Services Cost Allocation Services unit to ensure alignment between the Cost Allocation System and the federally approved plans.

- Recommend department and authority management strengthen controls to perform timely eligibility redeterminations and verification of client income and ensure eligible clients are appropriately enrolled in both Medicare and Medicaid. Additionally, we recommend management provide periodic training to caseworkers to reduce the risk of administrative errors. We also recommend management correct all identified issues and reimburse the federal agency for unallowable costs.

The ONE system was implemented statewide on February 1, 2021. The ONE system requires that fields and screens be completed before an eligibility worker can advance in the system. Verifications are automated via interfaces when possible and must be reviewed. In addition, the ONE system contains a robust rule engine, and checks for correct program enrollment prior to the authorization of benefits. These systematic actions will support accurate and timely eligibility determinations now and into the future.

Additionally, the IE system implementation includes cross policy, system and advanced policy training to support staff, eligibility workers and case managers statewide. We believe this training will also assist in ensuring we are building and developing an informed workforce with consistent knowledge of federal and state eligibility policies.

All questioned costs have been adjusted as of December 31, 2020.

- Recommend department management review OR-Kids transaction processing and complete 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.

  Office of Financial Services (OFS) has developed and reviewed a process that allows us to report appropriately federal expenditures and identify the adjustments that are needed to release our federal partners from participating in expenditures that have since been reversed for various reasons. The process has been implemented as of March 2021. OFS has performed correcting entries that appropriately reflect federal funding for Appropriation Year 2021 through March 2021, as well as individual month of April 2021. This process will continue to be used on a go-forward basis.

  The IV-E questioned costs of $50,810 were corrected with document BT189872 (effective date August 11, 2020) and reported on the September 30, 2020, IV-E report. The Medicaid adjustment of $10,577 was

made with document number BT190147 (effective date August 30, 2020) and reported on line 10a in Q1 for FFY21, Audit Tracking number CIN A-10-20-60714.

- 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.

  The three Adoption Assistance determinations with the wrong answer selection were corrected on February 14, 2020, to reflect the appropriate answer. FPR provided 'Applicable Child Only' guidance to IV-E specialists via email in March of 2020 to ensure that they understand how to complete an Adoption Agency determination accurately. The Adoption Assistance determination batch process from case 2 to case 3 was corrected on JIRA 32928 and was released to production on April 1, 2020. The affected Adoption Assistance determinations were corrected and refinanced on JIRA 32926, 32934, and 33412. These all went into production on April 1, 2020. Adoption Report 3012 was fixed to correctly identify all eligible statuses for IV-E Adoption Assistance to include: applicable child, not applicable child, and applicable/not applicable child. The new report went into production on June 29, 2020. During Secretary of State follow-up in 2020, there was a display error identified that was caused by a field transferring incorrectly from case 2 to case 3. This error did not affect financing. A data fix was completed on January 27, 2021.

- Recommend department management review adequate support for administrative charges and revise the monitoring checklist to demonstrate that on-site monitoring of invoices is done.

  The Emergency Food Assistance Program (TEFAP) – The Department is currently working with Food and Nutrition Services (FNS) partners to update three required monitoring tools for TEFAP and Commodity Supplemental Food Program (CSFP). Per federal requirements the monitoring schedule for TEFAP is one annual storage facility review and one quadrennial comprehensive review of the sub-recipient agency, OFB. The Department will make corrections and updates to the current annual storage facility review tool per Food and Nutrition Services (FNS) and Secretary of State guidance to meet the

recommendation for documenting specific records reviewed during on site monitoring. The department will create and implement a quadrennial comprehensive review tool with FNS guidance and partnership. The Department will receive FNS approval on the finalized monitoring tools.

Commodity Supplemental Food Program (CSFP) – Per federal requirements the monitoring schedule for CSFP is to complete a biennial inventory and compliance review of the sub-recipient agency, OFB. The department will continue to work with Food and Nutrition Services (FNS) to update and correct the biennial monitoring tool to reflect FNS and Secretary of State guidance to meet the recommendation for documenting specific records reviewed during on site monitoring. The Department will receive FNS approval on the finalized monitoring tools.

Due to the coronavirus pandemic original timelines and reviews were adjusted.

TEFAP – The monitoring tools have been completed and approved by FNS as of March 25, 2021. The Department plans to conduct an onsite or virtual storage facility review by the end of FFY2021 or September 30, 2021.

CSFP – The monitoring tools have been completed and approved by FNS as of March 25, 2021. The Department plans to conduct an onsite or virtual facility review by the end of FFY2021 or September 30, 2021.

Corrective action was taken February 14, 2022. ODHS completed monitoring for TEFAP and CSFP using monitoring forms approved by FNS. ODHS submitted completed monitoring reports to SOS and received confirmation that the corrective action is considered complete.

2. ODHS: Oregon Should Improve Child Safety by Strengthening Child Care Background Checks and the State's Sex Offender Registry, audit #2020-21 (dated June 2020)

- To ensure consistency and standardization, OCC and BCU propose legislation to have all childcare background checks performed by a single agency that conducts childcare provider background checks.

  Senate Bill 49 was introduced for legislative approval during the 2021 Legislative Session. If passed, ODHS will transfer all childcare provider background checks to Oregon Department of Education's Office of Child Care (OCC) by 2022.

  The bill was not passed through Committee. The legislation was updated and reintroduced in the 2022 session as HB4005 and SB1547. Both were enrolled with emergency clauses and sent to the Governor on March 8, 2022. The implementation due date is extended to July 1, 2022, as this request is in Senate Bill 49 awaiting legislative approval.

- In consultation with the Oregon Department of Justice, OCC and BCU should create a consistent list of automatic disqualifying crimes to use in background check determinations for state licensed and regulated childcare providers, and periodically evaluate that list as criminal laws change. Agencies should seek clarification from the U.S. Department of Health and Human Services Office of Child Care, as needed, for act requirements.

  Implementation will require collaboration between the DHS Background Check Unit (BCU), DHS Child Care Unit (CCU) and the Oregon Office of Child Care (OCC), and Oregon Department of Justice (DOJ) before proceeding to a Rules Advisory Committee (RAC) to publish permanent rules. Crime lists will be reviewed annually thereafter. ODHS is waiting on pending legislation to move the background checks over to OCC.

Legislation was passed in the 2021 and 2022 sessions that will transfer all of these background checks to the Office of Child Care. That transfer will satisfy this recommendation. ODHS and OCC are partnering to execute a smooth transfer.

- OCC and BCU should work together to set the same background check requirements for all childcare providers that are at a high enough standard to protect the welfare of children. At a minimum, this should happen on a regular basis due to law changes and include determining other concerning crimes to consider, looking at trends or patterns of concerning behavior, timing of renewal and interim background checks, setting minimum age requirements, and reporting requirements.

  Implementation will require collaboration between BCU, CCU and OCC, and DOJ before proceeding to RCA to publish permanent rules. Thereafter procedural and other documents will need to be updated and training on new processes provided to all pertinent BCU and OCC staff. Synchronization of practice and requirements will be reviewed annually thereafter to maintain quality control.

  Legislation was passed in the 2021 and 2022 sessions that will transfer all of these background checks to the Office of Child Care. That transfer will satisfy this recommendation. ODHS and OCC are partnering to execute a smooth transfer.

- Recommend OCC and BCU advocate to the U.S. Dept. of Health and Human Services Office of Child Care the need for interstate sharing of information critical in assessing childcare providers.

  Conversations and advocacy for interstate data-sharing tools and processes between BCU, OCC, and the US Office of Child Care have been ongoing since early 2017. Oregon has participated in a variety of Region X teleconferences with US Office of Child Care and other states' licensing and background check agencies, as well as state police departments working toward acquiring Federal statutory data-sharing authority, as well as Federally provided tools and applications.

A workgroup between OCC/DELC and BCU was established and has been meeting since early 2021. Now that enabling legislation was passed in the 2022 Session, the workgroup will be determining the operational procedures necessary to enact the legislation, including implementation of these recommendations as remains appropriate post-Session.

- Recommend OCC and BCU establish policies and procedures to share updated, pertinent information resulting from background checks on related individuals.

  BCU and OCC will collaborate with DOJ and Oregon State Police (OSP) to identify what information can be shared, and what processes for that sharing are legally sufficient. BCU and OCC will enact those recommendations for data-sharing as applicable.

  A workgroup between OCC/DELC and BCU was established and has been meeting since early 2021. Now that enabling legislation was passed in the 2022 Session, the workgroup will be determining the operational procedures necessary to enact the legislation, including implementation of these recommendations as remains appropriate post-Session.

- Recommend OCC and BCU check the provider's address with Oregon's sex offender registry when conducting background check procedures on a provider whose home is where childcare is provided.

  ODHS Child Care Policy along with Shared Services Background Check Unit (BCU), Oregon State Police (OSP) and Office of Child Care (OCC) is currently solidifying a business process to cross match childcare provider addresses to OSP's Sex Offender Registry (SOR) on a monthly basis.

  A business process is being developed by the Office of Information Services (OIS) to create an electronic transfer file that will be sent to OSP monthly listing current approved ODHS license-exempt provider addresses to compare with OSP's SOR database system. OSP will return via electronic file any "hits" matching SOR addresses to license-exempt approved childcare providers. BCU will receive the

information and gather necessary information to report any matches to Oregon Reporting Child Abuse Hotline (ORCAH) to screen and assign an investigation if appropriate.

- Recommend DHS work with OCC to regularly provide OCC with adult protective services reports.

  It is important to note that APD (in coordination with other DHS/OHA programs) implemented a new Centralized Abuse Management (CAM) System. All APD or Area Agency on Aging (AAA) offices were operational in CAM as of Jan. 1, 2019. Our gatekeeper coordinates with respective contacts in SOQ and APD to ensure all relevant systems (legacy, CAM) are queried for pertinent information to ensure a comprehensive review is completed.

  DHS (including APD-APS, SOQ and the OTIS) will continue working with OCC to develop a process for sharing information necessary for OCC to perform their background checks.

  APD has agreed to provide the OCC with APS abuse history and are doing so upon request, per the process described in the previous update. APD has pointed the OCC to the Data-Warehouse (DW) for direct access to data to help streamline the process. There is also a process set up with the Office of Safety, Oversight and Quality (SOQ).

- Recommend DHS have common identifiers within its abuse and neglect registries that are reliable and can be used to readily identify a person involved in a protective service allegation. DHS should collect and work with OCC to also collect those identifiers for all childcare providers. This will allow a more complete check of abuse and neglect registries.

  DHS Aging and People with Disabilities (APD), in coordination with other DHS/OHA programs, implemented a new Centralized Abuse Management (CAM) System for Adult Protective Services (APS). All APD or Area Agency on Aging (AAA) offices were operational in CAM as of January 1, 2019. In addition, the Safety Oversight and Quality Office (SOQ) implemented a new Corrective Action and

Licensing Management System (CALMS) as of February 18, 2020. CALMS imports information/records from CAM to SOQ that enables them to perform Licensing and Corrective Action tasks. In each system, several common identifiers exist to identify a person involved in an APS investigations and SOQ corrective action.

Examples include:

1. Each intake or investigation is assigned a CAM/CALMS identification number as a unique identifier.

2. CAM has a global search feature that allows a user to search for an individual and any role they had in an APS intake or investigation. The roles include alleged victim, alleged perpetrator, reporter, witness, collateral contact, etc. This is another identification source that can be utilized.

3. Each individual involved in an APS intake or investigation has a unique person record created in CAM that contains identifiers such as name, alias, date of birth (DOB), address, Social Security Number (SSN), as available. A person record must be created before an intake or investigation can be assigned or closed.

APD and OTIS recognize that DOB or SSN information is not always available. It is important to note, APS is not an eligibility-based program that requires this type of identification. Investigation parties have the right to decline APS interventions and asking for this type of identification during a case of familial type abuse could create a safety risk for a vulnerable adult.

Whenever possible, this information is included in the CAM/CALMS system or provided via other sources such as through SOQ for licensed providers. Currently, a data analysis query is being conducted by the APS Unit, QA/QI Coordinator to determine data trends for SSN and DOB numbers for both Community and Facility APS settings. The data analysis will be shared with Field Administration and respective offices for a quality improvement plan. Early results from the data query show a modest improvement in this area of data collection.

OTIS investigations similarly are using CAM and will review data capture for these common identifiers.

Child Welfare (CW) consistently requests identifying information, such as: name, DOB, address and SSN numbers. Like APS, child protective services (CPS) is not an eligibility-based program that requires this type of identification. Case participants have the right to decline providing this type of information during the investigation phase and even when a case is opened for services. When the information is available, it is added to the CW case record and is searchable.

CW and OTIS have developed business processes that facilitate the entry of OTIS investigations into the OR-Kids system for enhanced tracking of perpetrators and individuals involved in investigations.

In terms of working with OCC to collect common identifiers, there are notable privacy and security issues with gathering and storing sensitive information such as SSNs. Establishing data-sharing with DHS protective services for OCC-collected Employment Identification Numbers (EINs) or Social Security Numbers (SSNs), and other common identifiers would require review by DOJ to establish what could be requested and shared between parties while remaining legally sufficient.

Secure methods of sharing the information would need to be implemented. Data-sharing would also need to include data integrity procedures to ensure that fraudulent or incorrect information (ex., incorrect SSNs) was not being added to protective service records. Likewise, even correct information would need to be cross matched accurately to the correct APS or CPS files. Erroneous or incorrectly matched information could create false negatives or false positives that would erode the integrity of the background check process as well as protective service records.

OTIS: The OR-Kids Provider number satisfies the recommendation. When OTIS submits a cross-report to OCC, they provide an OR-KIDS Provider number. OCC has access to OR-Kids to be able to reference details about the provider. OCC issues each provider a separate identifier (License Number) for their own system. The OR-Kids provider number would be the go-to since OTIS assigns provider numbers to illegal

daycares and people that are only receiving subsidies from DHS Self-Sufficiency. Giving OCC access to OR-Kids and referencing the OR-Kids provider number rectifies this recommendation, agree to move to implementation status.

APD: APD has agreed to provide the OCC with APS abuse history and are doing so upon request. APD has pointed the OCC to the Data-Warehouse (DW) for direct access to data to help streamline the process.

There is also a process set up with the Office of Safety, Oversight and Quality (SOQ). We believe this process rectifies this recommendation, agree to move to implementation status.

The intent of having enough information for OCC to do a complete background check based on work we do and work they do is being met.

- Recommend DHS regularly check department employees for criminal convictions and involvement in founded abuse and neglect allegations.

  ODHS has implemented a process whereby the agency conducts criminal background checks for employees new to the agency upon employee transfers, promotions and re-employments. In addition, the ODHS Background Check Unit receives notification from law enforcement and the courts when a ODHS employee is arrested or charged upon which time the employee is required to complete a criminal background check.

3. ODHS: Oregon Can More Effectively Use Family Services to Limit Foster Care and Keep Children Safely at Home, audit #2020-26 (dated July 2020)

- Establish collaboration protocols with partner divisions and agencies that set common goals, procedures, and timelines for action on Child Welfare referrals and at the front end of open cases.

DHS Child Welfare has already begun this work with the Office of Developmental Disabilities Services, working with the young people in foster care who experience temporary lodging.

DHS Child Welfare will continue the work of identifying additional opportunities to develop collaboration protocols to set common goals, procedures, and timelines for action on Child Welfare referrals.

- Use data analysis and input from staff, parents, and other stakeholders to identify the types of services and providers that are most successful and cost-efficient, including alternatives for improving front-end family engagement, service coordination, and safety services.

  a. Provide ORRAI with enough capacity to credibly evaluate service outcomes and staffing needs, identify the most effective services, and conduct outreach to help districts improve performance management.

  The Office of Reporting, Research, Analytics and Implementation (ORRAI) will first need to determine if there is enough data for an evaluation, then complete program evaluation/service effectiveness for each program/service. The second step will be to automate the evaluation and determine the population best served by the program. The final step is running the models by individual/family, to determine the most appropriate program/service for optimal outcome. Partners will be included to provide information about program, data, focused services, etc.

  This is a multi-phased effort that begins with service effectiveness through program evaluation and service matching and will require automation to be effective. The entire process would take 2-3 years if started immediately.

  It is also important to note that this recommendation is dependent on fiscal and staffing resources that are currently not available. Budget restrictions in the wake of Covid-19 may require the target date for this recommendation to be adjusted.

- Identify and implement alternatives to reduce caseworker workload. Potential alternatives include reducing time spent on data entry and other administrative activities and making case procedures more accessible and user friendly.

  In collaboration with partners, youth and parent mentors, Child Welfare has developed a new Family Report that significantly reduces workload to caseworkers. The new Family Report combines the case plan and reports to the juvenile court and legal parties, two very lengthy documents.

  The Child Welfare Policy Unit is currently analyzing the structure, accessibility and usefulness of the Child Welfare Procedure Manual. Since March 2020, Child Welfare has convened several workgroups that include field staff and central office policy staff, to document the business process flow for a journey through child welfare involvement. This information is being used to identify and inform procedural updates that create more efficiency in practice to then be reflected in the Procedure Manual. Revisions to the Child Welfare Procedure Manual are on track for implementation within the next year.

  Additionally, DHS Child Welfare will analyze work assignments to caseworkers to determine whether there is opportunity for using case aides in a consistent manner.

- Develop contract measures at the district and central office level that set goals for provider timeliness, access, quality, and reporting of overall performance. Set clear performance management guidelines for contract administrators.

  The Child Welfare Contracts Team, in collaboration with district level contract administrators, will develop a charter or work agreement that establishes goals for consistent quality, performance management and overall performance.

- Work with contracted providers to develop diverse delivery options that address service gaps in rural areas and other underserved areas, such as delivering services online or virtually when appropriate.

DHS Child Welfare recognizes the benefits in delivering some services online and virtually especially in the wake of the COVID-19 global pandemic. Ongoing, the Child Welfare Contracts Team will request contracted providers to consider enhancing service delivery options that include implementing online or virtual options to address service gaps.

It should also be noted that not all services are effective through online or virtual settings. Contracted providers and the clients they serve have varying degrees of access, skill, and infrastructure to support consistent and effective service provision and participation through online or virtual services.

- Work with OHA, CCOs, and other stakeholders to quantify needs for mental health and addiction treatment services in underserved areas, ensure adequate coverage, and establish data sharing for CCO-provided services in Child Welfare cases. Also work with OHA to develop publicly reported CCO performance metrics that tie to Family First goals.

  The Oregon Health Authority policy advisor to the Child Welfare Executive Leadership is convening a Medicaid/Child Welfare work group. That work group will be taking on implementing each component of this recommendation.

- Ensure that ORRAI's efforts to account for racial bias receive an independent review, either through peer-reviewed studies or commissioned experts.

  An abstract for the 2020 Annual Meeting of the Society of Risk Analysis has been submitted. Assuming abstract acceptance, a peer-reviewed manuscript would then be published in the Conference Proceedings. Additionally, the manuscript will be posted on the open-source journal repository, facilitating broad review and criticism of the developed procedures. Given the potentially slow pace of the peer-review process, it is anticipated to take up to two years to complete this process.

- Incorporate detailed information on services for CIRT team evaluation of CIRT cases, including whether key services within or outside Child Welfare were effective or available.

  The Child Fatality Prevention and Review Program will take immediate steps to incorporate changes to the case file summary template to prompt the gathering of detailed information about services provided by or outside the agency, and whether they were available and effective. In addition, service discussion will be added to the CIRT meeting agenda to ensure detailed information on services will be provided and discussed during the CIRT meeting. These changes can be implemented within the next few months.

  While availability of service is fairly simple to determine, determining effectiveness of services is nearly impossible to do without a robust program evaluation criterion. In Recommendation 2, ORRAI is identifying nearly 3 years needed to develop and implement a process that determines effective and cost-efficient services.

- Provide biennial reports to state leadership and policymakers on service access, availability, and effectiveness throughout the state, drawing on improved performance information.

  Child Welfare submits an Annual Progress and Services Report (APSR) to the Children's Bureau. The APSR is a narrative report on progress made towards meeting each goal and objective approved in the 5-Year Plan/Child and Family Services Plan (CFSP). It documents changes in goals and objectives and narrates a description of the services to be provided in the coming year, as well as other program information required by the federal Program Instruction. These reports are submitted to the Governor's office for approval prior to submission to Children's Bureau. Upon approval from the Children's Bureau, the report will be shared with key legislators on House and Senate Human services committees and posted to the DHS website.

- Incorporate the previous recommendations into development of the new five-year Family First prevention plan for ongoing inclusion in periodic Child and Family Services plans.

While many of the recommendations will naturally contribute to the Family First prevention plan, the previous three recommendations are outside of the scope of the Federal Program Instructions for the Family First State Plan. The charter guiding the Family First Prevention Plan work addresses the remaining recommendations as part of implementation.

4. ODHS and OHA: Statewide Single Audit Including Selected Financial Accounts and Federal Awards for the Year Ended June 30, 2020, audit #2021-13 (dated April 2021)

- Recommend management ensure transaction review is adequate and includes examination of proper and complete coding, accounting periods, and supporting documentation.

  The Office of Financial Services has reviewed and updated all year-end procedures and is engaged with staff for more accurate accrual data.

- Recommend management strengthen year-end review procedures to ensure necessary system processing has occurred, and account balances are reasonable and properly classified.

  Year-end methodologies have been reviewed and we continue to engage closely with the staff providing year-end transaction details to educate on the importance of accurate estimates. The MMIS contractor has made the FMAP rate updates from 2020 at this time.

- Recommend the department's office of information services ensure systems used for preparing the ACF-199 and ACF-209 reports provide the coding elements necessary for accurate and complete reporting in compliance with requirements. We recommend program management ensure performance data reports submitted are complete and accurate.

  Policy and business analysts in partnership with system experts have continued to work through the ACF-199 and ACF-209 federal instructions and system business requirements in ONE to ensure the data

reporting is complete and accurate. Through this process, work items have been logged, prioritized, and implemented to make corrections in the system. This group will continue to review business requirements and submit work item requests as errors are identified.

ODHS continues to review error reports from ACF on federal reports 199 and 209 quarterly submissions. ODHS logs system and /or report defects and continues to work with Deloitte on resolution to ensure accurate federal reporting.

- Recommend TANF program management ensure the work participation rate is calculated appropriately using verified and accurate participation data in adherence with the department's Work Verification Plan. We recommend program management review their system of controls and identify where improvements are needed to ensure compliance with the work verification plan.

  Policy has updated the JOBS Activity Guide (JAG) to align with the Work Verification Plan (WVP) and eliminate discrepancies. An updated WVP has been submitted to ACF, Oregon is awaiting approval. Changes made to the WVP allow for greater flexibility in attendance reporting while adhering to the federal requirements. It is anticipated this will help increase accuracy.

  Policy in partnership with Design and Implementation will utilize a focus group of Engagement Specialists to identify the training necessary in the field to ensure adherence. Focus groups will be completed by July of 2021. Focus group findings will guide, policy, training unit and Design and Implementation around the specific training(s) to Engagement Specialists to serve as the subject matter experts at the local level. In addition, Engagement Specialists will provide support to Family Coaches and Case Aids to ensure documentation and hours entered are accurate. In addition to this the Self-Sufficiency Training Unit will launch new virtual training options specific to entering attendance, documentation, and plan building.

  Policy in partnership with district JOBS contract administrators will create a checklist for contractors who are responsible for obtaining and entering JOBS attendance into the system. The checklist will provide

instructions on documentation requirements to ensure the documentation and hours entered are accurate. Policy will provide technical assistance to JOBS contractors along with district JOBS contract administrators to review and provide the checklist.

The Engagement Specialist (ES) focus group began in May 2021. Work began by creating a charter and identifying scope of work. Focus group was strategically paused through October 2021. The scope of the focus group shifted priorities to include the following: review information for ES positions, the skills, knowledge, and attributes for the position, ensuring alignment of the engagement model and completing a workload study. Work was not completed to identify the specific trainings needed to allow ES' to serve as subject matter experts and provide support to Family Coaches and Case Aides. Policy will conduct follow up by completing focus groups with Engagement Specialist and provide resources so they can serve as subject matter experts at the local level for both Family Coaches and Case Aides.

A checklist for contractors who are responsible for obtaining and entering JOBS attendance was created, and technical assistance was provided in December 2021.

- Recommend program management ensure client benefit payments are correctly calculated, paid on behalf of eligible individuals, and documentation is maintained to support eligibility decisions and benefit calculations. We also recommend program management correct the identified cases and reimburse the federal agency for any amounts claimed for ineligible cases.

  Oregon's new ONE system retains a record of applicants' agreement to cooperate with child support. It is a mandatory question in data collection, requiring that staff review the requirement with applicants and check yes, they agree or no, with the reason. ONE then determines appropriate eligibility.

  Currently, ONE screens have a mandatory field indicating the employability screening has been completed for those mandatory to meet the requirement. A change request has been submitted to add the employability screening questions directly into ONE as mandatory field. Until the change request is prioritized and

implemented, an operations process document has been created for staff which outlines the process to complete the form and upload into the ONE system.

The ONE system reads the TANF time limits for each recipient and removes individuals from the grant once they meet the 60-month time limit. ONE appropriately determines the funding stream for individuals who have exceeded 60 federal months, no longer requiring a manual funding adjustment by Office of Financial Services. Furthermore, when a hardship is granted in ONE, the system recognizes the hardship end date and removes the individual from the grant.

ONE requires basic information for all household members, benefits cannot be authorized until all required information is provided, the system then determines the benefit amount based on entire household composition for no-adult cases. Targeted communication has been sent to field staff who determine eligibility explaining the minimum required information and the importance of ensuring all household members are added to the case.

Policy will review the cases cited and make an appropriate referral to the Overpayment Recovery Unit, then the IE/JV subsystem will set up the overpayment and adjust the expenditures on the TANF federal grant based on the referral. Overpayments recouped can then be adjusted by Office of Financial Services and put back towards the TANF program rather than reimbursing, per instructions outlined in TANF-ACF-PI-2006-03.

Per SOS auditor on April 29, 2022, corrective action appears to be taken as there were no eligibility findings for the current year audit.

With the implementation of the new eligibility system, ONE, the system determines eligibility and benefit calculations. Along with the implementation, SSTU provided both eligibility and system training to staff to ensure accurate information was entered into the system resulting in accurate benefit determination. Funding adjustments have not been verified as completed for federal amounts claimed for ineligible cases.

- Recommend program management ensure eligibility re-determinations are completed timely.

  Child Welfare reviewed and corrected the identified cases. This topic is covered in initial training for all Federal Revenue Specialists. It has also been addressed in annual ongoing training summits and in direct communications to all Federal Revenue Specialists. The Eligibility Program Specialist is providing ongoing training and support to all Federal Revenue Specialist staff. A reminder was sent out on April 26, 2021, to all Federal Revenue Specialists emphasizing the TANF anniversary determination requirements. As of March 2021, Child Welfare has implemented monthly eligibility reviews to help ensure that re-determinations are completed timely. Additionally, on May 12, 2021, an eligibility procedure manual update was sent to all federal revenue specialists which included more emphasis around the 30-day requirement.

- Recommend department management strengthen existing controls by implementing procedures that include review of financial records supporting expenditures submitted for reimbursement.

  This recommendation has been completed. One quarter each biennium, each subrecipient will submit all invoices and receipts for detailed review by APD. This has been communicated to subrecipients by transmittal and new language has been added to all subrecipient contracts explaining this deliverable. Implementation of the process will continue through June 30, 2022, when all language will be in all contracts.

- Recommend department and authority management strengthen controls to perform timely eligibility redeterminations and provide periodic training to caseworkers to reduce the risk of administrative errors. We also recommend management implement corrections in the ONE system to address the weaknesses identified in verifying income. Management should also review the entire duration of the claim identified to determine if there are additional questioned costs from previous years. Additionally, management should reimburse the federal agency for unallowable costs.

The department is committed to providing timely benefits to only those individuals who are appropriately determined eligible. The department has taken positive steps since 2016 to continuously improve and automate reporting capabilities for tracking and remediating untimely Medicaid redeterminations, including the successful implementation of the new Integrated Eligibility (IE) system, named "ONE" in February 2021. This new system provides improved client eligibility controls specifically related to timeliness of determinations, correct enrollment, automated notification of redeterminations and subsequently, actions to close eligibility if necessary, along with electronic retention of eligibility data elements such as signed applications. With implementation of ONE and as we move the rest of the cases into ONE over the next year of redeterminations., we expect the errors associated with these areas to be reduced.

The department has collaborated across OHA and ODHS programs to develop a combined eligibility manual that incorporates all relevant policy and process for determining eligibility for the medical benefits contained in the IE system. This allows our eligibility workers and case managers in the local offices an upgraded tool and a singular resource that allows us to work collaboratively in our efforts to better serve and be good stewards to Oregonians. We anticipate releasing this in July 2021.

In addition, new program and system training has been developed and deployed collaboratively across OHA and ODHS programs to ensure new and existing eligibility staff are trained sufficiently in the ONE system and all programs contained therein.

The department and authority are committed to providing training and guidance to staff to ensure information related to an eligibility determination, that is not captured by the ONE system, will be include in the individual's case record. The department will review and update any existing training material as needed and send a communication to staff highlighting the importance of recording any information related to the eligibility decision, that is not already captured by ONE.

The authority has submitted a change request to update the logic used by the ONE system to determine whether income information received by the Federal Data Services Hub is reasonably compatible with information contained within a case record. Additionally, the authority will review the identified individual's case and reimburse the federal agency for any questioned costs for the duration of the claim.

Corrective actions have been implemented and reported March 2, 2022:

Staff materials updated, communications sent and training and guidance provided:
◦ The combined eligibility manual that was updated can be found on the DHS forms: https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/de2818.pdf
◦ Information about verifying and documenting income sent May 3, 2021 in a staff Weekly Update
◦ Attached All staff transmittal sent in March 2021
◦ Income related trainings have been provided in July and December of 2021and recordings of these are still available online for staff:

- Recommend authority management strengthen controls to ensure documentation supporting aprovider's eligibility determination and revalidation is retained. Additionally, we recommend management review the automated processes to ensure databases are checked timely.

  As of June 30, 2021, the state had addressed all exception noted and obtained the missing managing employee information, new disclosure statements or new enrollment agreements for all providers in the sample with one provider being inactivated who failed to respond. New enrollment agreements and provider disclosure documents for revalidating providers are now required.

  Since April 2019, the State has been running monthly missed validation reports for newly enrolled or revalidated providers to ensure missed validations are completed.

- Recommend department management review OR-Kids transaction processing and complete 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.

Office of Financial Services (OFS) has developed and reviewed a process that allows us to report appropriately federal expenditures and identify the adjustments that are needed to release our federal partners from participating in expenditures that have since been reversed for various reasons. The process has been implemented as of March 2021. OFS has performed correcting entries that appropriately reflect federal funding for appropriation year 2021 through March 2021, as well as the individual month of April 2021. This process will continue to be used on a go-forward basis.

Questioned costs for Foster Care and TANF have been corrected with document BTCL9104 entered on April 12, 2021. The adjustments are being reported on Q3 of FFY2021.

- Recommend department management ensure a client's monthly copay and childcare hours are correctly calculated, and provider addresses are updated timely. In addition, in situations with multiple providers, the department should seek reimbursement from a client when the client copay is not met as the primary provider did not provide care. We also recommend department management reimburse the federal agency for unallowable costs.

  ODHS agrees with this recommendation and plans on the following corrective actions.

  - *Child Care Program will issue a policy transmittal to all staff determining ERDC eligibility providing information on the importance of calculating both childcare hours and copay correctly based on current Family Service Guide's instruction.*
  - *Direct Pay Unit (DPU) manager and lead will provide a refresher training to DPU representatives to update provider address information correctly.*

- *DPU will review the uncollected copay report monthly to ensure processes are in place for copays to be collected each month. In addition, a refresher training for DPU representatives to issue billing forms with copays correctly.*
- *Child Care Program will provide case findings information to the Office of Payment and Accuracy and Recovery (OPAR) for recoupment purposes.*
- *Questioned costs of $10,241 was corrected with document BT195015 on May 11, 2021. Since the correction was backfilled with other qualifying expenditures of the same amount, the agency's federal reports remain unchanged and ACF will not see an actual refund.*

- Recommend department management extend its retention policies for a sufficient length of time to ensure the department and auditors can verify federal awards are necessary and reasonable. In addition, the department should review all incentive payments made to providers to ensure duplicate payments have been identified and reimburse the federal agency for all improper costs.

  ODHS agrees with this recommendation and plans on the following corrective actions.

  - *Provider log retention guidelines are aligned with Early Learning Department/Office of Child Care (ELD/OCC) for twelve months. Program will consult with lead agency ELD/OCC for consideration of extending provider log retention periods.*
  - *Direct Pay Unit (DPU) will identify all incentive duplicate payments sent to the Office of Payment Accuracy and Recovery (OPAR) for recoupment efforts. DPU manager will provide program a spread sheet of all over payment referrals sent from the incentive payment program.*
  - *Questioned costs of $12,250 was corrected with document BT195015 on May 11, 2021. Since the correction was backfilled with other qualifying expenditures of the same amount, the agency's federal reports remain unchanged and ACF will not see an actual refund.*
  - *Incentive payments are no longer being done. All needed actions have been taken to resolve controls.*

- Recommend department management implement controls to ensure actions listed in Oregon's CCDF State Plan are accurate and occurring. We also recommend department management timely investigate its fraud referral cases in order to recover improper payments.

  Child Care Program is requesting a quarterly report from the Fraud Investigations Unit (FIU) with status updates on fraud investigation involving childcare providers receiving subsidy payments on behalf of families eligible for ERDC (Employment Related Day Care) benefits and ensure appropriate referrals are sent to OPAR for recoupment of improper payments. Program is in conversations with FIU manager to plan meeting to further discuss the request and set a process.

- Recommend department management review policies and procedures surrounding documentation and approval of transactions, and provide additional staff training on processes involved, including verification of signature authority during the invoice review process.

  Vocational Rehabilitation (VR) Management agrees with the finding and will take the following corrective actions:

  a. Reviewing Delegated Signature Authority forms and delegation for all VR staff.
  b. Restructuring sub-delegations and updating form MSC 0286 for all VR staff.
  c. Train VR employees on policy and procedure related to Delegated Signature Authority.

  As of April 15, 2022, Vocational Rehabilitation has reviewed the Delegated Signature Authority forms and delegation for all staff. They have restructured sub-delegations and updated all MSC 0286 that needed a change. They have developed a draft training. They are working to finalize the training and expect to begin training in late June 2022. They expect training to be complete by October 2022.

5. ODHS: Developmental Disabilities Leadership is Proactively Addressing Program Challenges to Ensure Optimal Service Delivery, audit #2021-24 (dated August 2021)

- Assign staff, either through staff re-assignment or a request from the Legislature, that would be dedicated to complaint handling.

  The Office of Developmental Disabilities Services (ODDS) will request a position to oversee this work during the 2023-2025 legislative session. If approved, ODDS will move forward with hiring a staff to oversee the complaint process. ODDS will be mindful of the need for a dedicated position and will continue to assess opportunities to reassign staff in the meantime. The target date to complete implementation activities is Fall of 2023.

- Create written policies and procedures to address:

  a. Formal complaints as defined by administrative rules.
  b. All other inquiries that do not fall under the administrative rules definitions but are received by complaint staff.

  The Office of Developmental Disabilities Services (ODDS) has initiated discussions regarding formal and informal complaints. ODDS will hold stakeholder calls and gather input and feedback prior to the summer of 2022 in order to file rule amendments. ODDS is also working with Office of Information and Security to adjust the database that holds complaint details. The adjustments will align with the recommendations such that formal complaints are clearly identified and non- complaints are filed and tracked separately. The target date to complete implementation activities is July of 2022.

- Train and make users aware of the complaint process and its purpose and value during the required case management contacts with individuals receiving services.

The Office of Developmental Disabilities Services (ODDS) provides training to case management offices that request the training or when it is identified that complaints are not being processed according to administrative rules. Following the rule amendments, ODDS will provide additional training related to the clarification of formal and informal complaints, expectations for case managers to discuss the option of filing complaints as well as how case management offices respond to complaints. The target date to complete implementation activities is September of 2022.

- Educate care providers about, and require case managers to discuss, ad hoc service hour increases with individuals during the annual review of rights and during the case management contacts with individuals to remind them of the opportunity to participate in meetings and advisory groups.

  The Office of Developmental Disabilities Services (ODDS) will add language to the Case Management rule requiring case managers to remind individuals of the opportunity to engage in advocacy at least annually, with the annual review of rights. ODDS will also continue to train case managers to review the individual's ability to request an exception for additional service hours to meet their assessed needs, including service hours to receive support during advocacy activities. ODDS will incorporate this requirement to discuss advocacy opportunities and supports needed for individual to engage in advocacy to case managers training and will issue guidance to case managers and providers around this issue. The target date to complete implementation activities is January of 2023.

- Increase participation by individuals with I/DD and their families in advisory groups or agency meetings by providing consistent resources to improve accessibility for participating in process improvement such as:

  - Accessibility for individuals to attend meetings such as transportation,
  - Live streaming meetings with video recordings and captions,
  - Increasing notification requirements,
  - Varying times of day for meetings and providing support staff to help individuals ask questions and repeat information.

- Providing support staff to help individuals ask questions and repeat information.

a. *Individuals receiving services already have ability to use Medicaid funded transportation services to access advocacy activities, exceptions to increase benefit limits can be granted if there is additional need. With implementation of the new rate model for transportation in July 2022, ODDS hopes to increase provider capacity to provide transportation. Additionally, ODDS has requested to use a portion of ARPA funding to explore creative ways to access transportation resources in the community. ODDS will be working with transportation experts to explore creative types of transportation by the end of 2022.*

b. *ODDS is exploring ways to make meetings more accessible in how they are structured, paced, facilitated and what types of supports can be provided during meetings (also including, but not limited to interpretation, live captioning, graphic facilitation, etc.). ODDS will expand these practices to enhance individuals and family member participation in meetings, work groups and other advocacy opportunities.*

c. *ODDS will work, with stakeholder input, to develop ways to increase notification requirements, including providing advance notices and making notifications available in at least five major languages (and other modes upon request).*

d. *ODDS has conducted some meetings during various times or by offering scheduling options, including lunch hours, or after work hours to accommodate individual and family schedules. ODDS will continue to expand this practice to accommodate varying schedules when engaging self-advocates and family members.*

e. *Individuals have ability to use their paid support staff to support them during advocacy activities.*

The target date to complete implementation activities is the end of 2022.

- Engage directly with organizations dedicated to a diverse group of people to invite members to participate in ODDS committees and workgroups or when gathering input for process improvements.

  The Office of Developmental Disabilities Services (ODDS) is committed to community relationship development and included this as one of six priority areas in its Service Equity Plan. ODDS will continue and expand its community engagement efforts in collaboration with the Office of Equity and Multicultural Services (OEMS). ODDS is currently moving its Service Equity plan forward, and through this effort will identify and prioritize specific actions and projects related to community engagement. ODDS is working to hire an ODDS Equity and Inclusion Manager, who will assist ODDS Leadership in spearheading the work to build direct relationships with diverse groups and engage them in providing ongoing input in the policy making process. One example of the ongoing effort is ODDS' ongoing dialog with the Spanish Speaking Family leaders' group, Tribal outreach efforts and others. The target date to complete implementation activities is the end of 2022.

6. ODHS and OHA: Statewide Single Audit Including Selected Financial Accounts and Federal Awards for the Year Ended June 30, 2021, Audit #2022-18 (dated July 2022)

- Recommend department management obtain a SOC report over the service organization's internal controls for the ONE application. Management should also ensure post implementation testing and QC reviews take place and determine if the overrides indicate an error in the application's processing. Additionally, we recommend management update review procedures to ensure year-end account balances are supported.

  The Oregon Department of Human Services will engage with our current open Request for Procurement for on-going Maintenance and Operations for the ONE system to ensure we have a SOC (System of Care) report provided regularly.

- Recommend department management ensure system requirements used to prepare the ACF-199 and ACF-209 are appropriate to ensure compliance and implement review procedures to ensure performance data

reports submitted are complete and accurate. We also recommend department management obtain an annual SOC report over the service organization's internal controls for the ONE application.

The Oregon Department of Human Services (ODHS) will develop a workgroup consisting of policy analysts, business analysts, OIS (Legacy) staff, and contracted Deloitte staff to complete a comprehensive analysis of the ONE system report requirements, code, and federal instructions. The comprehensive analysis will identify areas within both the 199 and 209 where requirement and/or code are not in sync with the federal instructions. The workgroup will then conduct work to bring all three areas into sync to ensure the ONE system is producing accurate and complete federal reports 199 and 209. Through this process the workgroup will test data and complete data analysis for validation. The Department is exploring ways to validate data at quarterly submissions. Once a solution is identified, a procedure will be implemented.

ODHS and the ONE Maintenance and Operations (M&O) program are in a Request for Proposal (RFP) process to identify our IT service vendor(s) related to ONE, beginning July 2023. Related to this effort, we are projecting annual SOC reports beginning in the 23-25 biennium and are including these projections in our 2023-2025 legislative Policy Option Package (POP) request.

- Recommend TANF program management ensure the work participation rate is calculated appropriately using verified and accurate participation data in adherence to the department's Work Verification Plan. We also recommend program management review the system of controls and identify where improvements are needed to ensure compliance with the work verification plan.

  The Oregon Department of Human Services (ODHS) recently received approval from Administration for Children and Families for changes made to Oregon's Work Verification Plan. The Department is in the process of updating rules and guidance changing the way educational activity hours can be documented and verified by allowing greater flexibility. The Department will continue to explore other options to allow greater flexibility in documenting and verifying attendance for countable activities. The Department

will continue to train staff on attendance reporting requirements through biannual analyst hour sessions and individual sessions offered to districts specific to the trends in their area. The Department will also offer technical assistance to Case Aides who are responsible for entering participation hours in TRACS.

As stated in our response in a separate finding, titled 'Ensure performance data reports are complete and accurate,' ODHS will test data and complete data analysis for validation. This process will include the fields where work participation hours are reported.

- Recommend department management ensure verification of income with IEVS screens is clearly documented in client case files when determining client eligibility. It is also recommended management develop policies and procedures directing case workers to document their review of the IEVS screens in ONE, the new case management system.

  The Oregon Department of Human Services (ODHS) is reviewing and revising the previously submitted Change Request (CR) to implement a system change to capture when staff are using the IEVS screens at eligibility determination. The previous CR has not been prioritized due to the level of effort (LOE). By revising the CR, the LOE will reduce while still meeting the needs of the Department. Until the CR is prioritized, the Department will update the Quick Reference Guide directing staff to document their review of the IEVS screens in ONE. A quarterly ONE system announcement reminding staff to check IEVS at eligibility determination and add a case note will be requested. The ODHS will also conduct training with staff regarding the IEVS requirements.

- Recommend department management implement procedures to ensure the accuracy of behavior rehabilitation service split rates entered into the system and reimburse the federal agency for unallowable costs.

  Treatment Services reviewed all contracts for the period under review to identify those with the incorrect AMSO (administration, maintenance, services, other expenses) split applied, and found that it was

isolated to the BRS Proctor rate on 13 contracts. Corrections to the AMSO split in the OR-Kids database were completed on or before March 9, 2022, for all 13 contracts. The Office of Financial Services is processing corrections to refinance the errors in SFMA (Statewide Financial Management Application). Refinance is estimated to be completed by mid-May.

Treatment Services implemented a new procedure effective April 25, 2022, requiring secondary review and approval of all new or updated AMSO entries by the Assistant Program Manager. Review and approval of new or updated entries are saved in a shared drive. This unit also implemented a more thorough review of all current contracts on April 25,2022 and April 26, 2022, to ensure all AMSO split entry is accurate.

- Recommend department management ensure reviews of maintenance payment rates for continuing appropriateness are conducted timely and in compliance with department rules.

  The Foster Care and Youth Transitions Program has been notified of the finding and is in the process of determining how to integrate a consistent two-year review with their current plan for managing foster care rates. We anticipate having a procedure to report in the next several weeks.

- Recommend department management strengthen controls to ensure the long-term care facility's administrator compensation does not exceed the prorated maximum compensation limit for administrators who average less than 40 hours a week. We also recommend authority management strengthen controls to ensure evidence of review is maintained and readily available.

  ODHS - Aging and People with Disabilities (APD) Response:

  For the long-term care facility financial statement review audit deficiency findings, the ongoing corrective action plan is being implemented. The department is adding administrator hourly audit to the long-term

care facility desk audit procedure. Additionally, the department will ensure the requested documentation is placed in a designated folder.

OHA - Hospital Unit Response:
The action plan is to have cost reports and back up documentation stored on a common drive that selected OHA/HSD employees have access to on a regular basis.

- Recommend department management implement review processes and procedures to ensure manual calculations are complete and accurate.

  A review process and procedure were implemented, June 2022, to ensure the manual calculations are accurate and are in alignment with the source system data. In addition, the Office of Financial Services (OFS) is updating the automated process. Once the automated process is updated and validated, OFS will decommission the manual process. Questioned costs were corrected May 23, 2022, under document BTCC6000 – BTCC6312.

- We recommend department and authority management strengthen review controls to ensure only allowable expenditures are charged to the Medicaid program. Additionally, we recommend the authority reimburse the federal agency for unallowable costs.

  The Office of Financial Services will continue to consult with and advise program on the need for accurate coding and review of vendor payments to ensure proper funding is used for the services provided. Questioned costs were corrected with documents BTCL4471 and BTCL4473 and appropriate amount was refunded to the federal agency.

- We recommend department and authority management strengthen controls to ensure documentation *supporting a provider's eligibility determination and revalidation is retained and is complete.*

ODHS – Aging and People with Disabilities (APD) Response:

The department's expectation to have a correctly completed and retained I-9 for homecare workers was reinforced by the department with APD and Area Agency on Aging (AAA) program managers, district managers, supervisors, and support staff responsible for completing I-9s in APD and AAA offices meetings held on April 13, 2022, May 10, 2022, May 11, 2022, and May 26, 2022. The Local office staff were reminded of the legal requirement to correctly complete and retain the form and have it readily available for inspection. Local office staff were reminded of the resources available to assist with completing and retaining I-9s, particularly referencing the information memorandum issued in 2019 on how to correctly fill out an I-9 for homecare workers (APD-IM-19-062), the U.S. Citizenship and Immigration Services' Handbook for Employers (M-274) and referenced the information available on the case management tools webpage for APD/AAA staff. Additionally, in August 2021, we implemented the process of uploading HCW provider applications, supporting documentation and renewals into EDMS as noted in APD-AR-21-039, which were previously maintained in paper files at the local office. This will assist with the finding and retention of records.

ODHS - Intellectual/Developmental Disabilities Response:

For a short-term solution, we are implementing a random sampling Quality Assurance by the Provider Enrollment team. Currently, there is a QA staff who is monitoring agency enrollments, but we are having them also include Personal Support Worker items as well. Our current Fiscal Intermediary, Public Partnerships, are processing the I-9s currently and we will go into their system to check for any missing items.

- We recommend department management implement a consistent process to verify branch offices are conducting required inventory and accurately completing inventory control logs.

The department agrees with the findings of the audit regarding non-compliance with EBT inventory control processes in 3 of the 17 field offices included in the review. The department will implement a statewide management strategy to monitor and verify compliance with required EBT card security and inventory control log requirements.

The department will use quarterly meetings for local offices to provide updates to executive leadership on district compliance or progress toward meeting reporting and verification requirements. The department will require each district to provide verification of compliance at least annually. The department will develop and use a tracking tool to monitor compliance by district and branch. The department will request verification sufficient to prove compliance with EBT card security and controls.

The department's executive leadership will support communicating policy and process guidance in leadership meetings where the following leaders are present: Program Manager, District Manager, Administrative Support Specialist and Business Expert meetings. The department will confirm that each district has sufficient protocols and assist with developing contingency planning to ensure EBT inventory compliance during staff absences or shortages.

PLACEHOLDER for Special Reports

-Information Technology Project

**Will replace if applies*

ODHS–OHA
EITGC Project Prioritization | 2023–25

CRITERIA	WEIGHT	SCORING GUIDE	OEBB PEBB BMS (Benefits Management System) Replacement (OHA)	MMIS Infrastructure Replacement (OHA)	MMIS Program Integrity (OHA)	CM MOTS Replacement (OHA)	TWIST to Web (OHA)	RPICT Resource Parent Inquiry, Certification, Training (ODHS)	Provider Time Capture (PTC) (ODHS)	HIV E (OHA)	OVERS ICR (OHA)	Provider Enrollment and Maintenance System (ODHS)	Case Management System (ODHS)	All Hazards Pandemic System (OHA PH)	Data Governance (OHA)	REALD/SOGI System (OHA OEI)	State Based Marketplace (OHA HPA)	1115 Waiver (OHA HPA)	Mainframe Migration Provider Client Payments (ODHS Enterprise)	Medicaid Enterprise System (Enterprise)
TOTAL PROJECT SCORE (0 100)			**88**	**88**	**79**	**97**	**79**	**97**	**91**	**91**	**77**	**90**	**87**	**79**	**90**	**93**	**94**	**73**	**90**	**90**
Technology and Strategic Alignment	**35%**	**WEIGHTED SUBTOTAL**	**35**	**35**	**23**	**35**	**23**	**35**	**35**	**29**	**23**	**35**	**35**	**29**	**35**	**35**	**35**	**23**	**35**	**35**
Alignment to Strategic Plans • Does this investment adhere to the Governor's Strategic Plan (Action Plan: User Friendly, Reliable and Secure: Modernizing State Information Technology Systems and Oversight) • Does this investment align with and support the vision, goals, and guiding principles outlined in the EIS Strategic Framework, Cloud Forward: A Framework for Embracing the Cloud in Oregon, Oregon's Data Strategy: Unlocking Oregon's Potential, and the Modernization Playbook? • Does this investment align with and support the State of Oregon, Diversity, Equity, and Inclusion (DEI) Action Plan: A Roadmap to Racial Equity and Belonging, the sponsor's agency-specific Racial Equity Plan, and ethical use of date—investing in data justice and representation, visibility, and ethics to serve all Oregonians? • Does this investment optimize service delivery to the public and/or internally by modernizing agency-specific and cross-agency systems? • Does this investment align with and support the agency's IT and business strategic plans, including strategies for modernizing legacy systems? • Does this investment fulfill a legislative mandate, enable compliance with current State or Federal law, or address specific audit findings?		**3 - Fully Aligned** (all applicable criteria addressed) **2 - Mostly Aligned** (most applicable criteria addressed) **1 - Partially Aligned** (some applicable criteria addressed) **0 - Not Aligned** (no or very few applicable criteria addressed)	3	3	2	3	2	3	3	2	2	3	3	3	3	3	3	2	3	3
Technology Best Practices and Priorities • Does this investment align with and support the following enterprise information technology priorities? - ***Information Security*** . Improving the security and resilience of the state's systems - ***Modernization*** . Optimizing service delivery through resilient, adaptive, secure, and customer-centered digital transformation - ***A Better Oregon Through Better Data*** . Leveraging data as a strategic asset—improving data analysis, data quality, information-sharing, decision-making, and ethical use. - ***Cloud Forward*** . Enabling Oregon to conduct 75% of its business via cloud-based services and infrastructure • Does this investment align with IT best practices (e.g., cloud-first, modular implementation, agile practices, configuration over customization, open systems, transparency and privacy by design, security principles, and other modern hosting technologies)? • For system modernizations that include data or data systems, has the agency evaluated the current data being collected, its overall quality, and a migration approach if relevant? • Has there been evaluation of the data contained within the system to see if changes need to be made to the data collection itself?		**3 - Fully Aligned** (all applicable criteria addressed) **2 - Mostly Aligned** (most applicable criteria addressed) **1 - Partially Aligned** (some applicable criteria addressed) **0 - Not Aligned** (no or very few applicable criteria addressed)	3	3	2	3	2	3	3	3	2	3	3	2	3	3	3	2	3	3
Business and People Centered Approach	**25%**	**WEIGHTED SUBTOTAL**	**17**	**17**	**19**	**22**	**19**	**22**	**19**	**22**	**17**	**22**	**22**	**19**	**22**	**25**	**22**	**19**	**22**	**25**
People-Centered Approach • Does this investment put people first—the people who rely on essential services and those working to provide those services? • Does this investment help to eradicate racial and other forms of disparities in state government? • Does this investment improve equitable access to services, programs, and resources, or make the agency's overall service portfolio more accessible or usable for diverse populations? • Does the agency intend to strengthen public involvement through transformational community engagement, access to information, and decision-making opportunities? • Does this investment reduce or eliminate administrative burdens* that have created barriers to access or reinforced existing inequalities for historically underserved and underrepresented communities? • Has the agency utilized the Racial Equity Toolkit within the DEI Action Plan in assessing and planning the project? • If the investment is for agency use, does it improve the agency users' experience?		**3 - Fully Aligned** (all applicable criteria addressed) **2 - Mostly Aligned** (most applicable criteria addressed) **1 - Partially Aligned** (some applicable criteria addressed) **0 - Not Aligned** (no or very few applicable criteria addressed)	2	2	1	2	2	3	2	2	2	2	3	3	3	3	3	3	2	3
Business Process Transformation • Does this investment contribute to business process improvement/transformation? • Does this investment improve service delivery to customers, partners, or other stakeholders? • Has the agency done public engagement, outreach, or an internal evaluation to identify which populations are most highly impacted (positively and negatively) by these business process changes (e.g., considering populations without home internet in creating a digital application process)? • Have measurable business outcomes and benefits been established, including the return on investment if applicable?		**3 - Fully Aligned** (all applicable criteria addressed) **2 - Mostly Aligned** (most applicable criteria addressed) **1 - Partially Aligned** (some applicable criteria addressed) **0 - Not Aligned** (no or very few applicable criteria addressed)	2	1	3	3	2	2	3	3	2	3	3	2	2	3	3	2	3	3
Investment Risk • Would inaction impact systems or solutions that support critical business functions? • Would inaction increase risk to continuity of services to customers, particularly vulnerable or underserved populations? • Are there community impacts of not undertaking this project? • Has the agency identified an inequity or imbalance in service provision that this initiative would resolve? • Is there increased risk if investment is not addressed during this budget cycle (e.g., security, safety, legal, funding source, or any other related risk)? • Does the investment address non-compliance of federal or state requirement, audit finding, or mandate? • Does this investment address an identified and documented highly probable agency risk?		**3 - Fully Aligned** (all applicable criteria addressed) **2 - Mostly Aligned** (most applicable criteria addressed) **1 - Partially Aligned** (some applicable criteria addressed) **0 - Not Aligned** (no or very few applicable criteria addressed)	2	3	3	3	3	3	2	3	2	3	2	2	3	3	2	2	3	3
Agency Readiness and Solution Appropriateness	**40%**	**WEIGHTED SUBTOTAL**	**37**	**37**	**37**	**40**	**37**	**40**	**37**	**40**	**37**	**33**	**30**	**30**	**33**	**33**	**37**	**30**	**33**	**30**

ODHS-OHA
EITGC Project Prioritization | 2023-25

		OEBB PEBB BMS (Benefits Management System) Replacement (OHA)	MMIS Infrastructure Replacement (OHA)	MMIS Program Integrity (OHA)	CM MOTS Replacement (OHA)	TWIST to Web (OHA)	RPICT Resource Parent Inquiry, Certification, Training (ODHS)	Provider Time Capture (PTC) (ODHS)	HIV E (OHA)	OVERS ICR (OHA)	Provider Enrollment and Maintenance System (ODHS)	Case Management System (ODHS)	All Hazards Pandemic System (OHA PH)	Data Governance (OHA)	REALD/SOGI System (OHA OEI)	State Based Marketplace (OHA HPA)	1115 Waiver (OHA HPA)	Mainframe Migration Provider Client Payments (ODHS Enterprise)	Medicaid Enterprise System (Enterprise)
TOTAL PROJECT SCORE (0 100)		**88**	**88**	**79**	**97**	**79**	**97**	**91**	**91**	**77**	**90**	**87**	**79**	**90**	**93**	**94**	**73**	**90**	**90**
Organizational Change Management (OCM) • Does the investment significantly impact operations throughout the organization? • Does the agency have, or intend to acquire, OCM resources with the skillsets and experience for the size and complexity of the project? • Does the agency plan to address and mitigate impact or adoption risks through a change management plan or intend to follow a formal OCM methodology? • Has the agency identified community engagement or community involvement as a component of the change management process? • Is external outreach or training planned to implement this change with constituents?	**3 - Fully Aligned** (all applicable criteria addressed) **2 - Mostly Aligned** (most applicable criteria addressed) **1 - Partially Aligned** (some applicable criteria addressed) **0 - Not Aligned** (no or very few applicable criteria addressed)	3	2	2	3	3	3	3	3	3	3	2	2	3	**3**	3	**2**	**3**	2
Solution Scale and Approach • Has the agency engaged customers, partners, and communities to understand and structure the business problem, benefits, and outcomes? • Does the investment fully address the agency's business problem, benefits and outcomes? • Is the solution of the appropriate size and scale? • Does this investment adhere to principles in *EIS Cloud Forward* (p.4) or *Modernization Playbook* (p.6), etc.? • Will the agency continue to engage customers and communities to inform design, approach, and usability of the solution?	**3 - Fully Aligned** (all applicable criteria addressed) **2 - Mostly Aligned** (most applicable criteria addressed) **1 - Partially Aligned** (some applicable criteria addressed) **0 - Not Aligned** (no or very few applicable criteria addressed)	2	3	3	3	2	3	3	3	2	2	2	2	2	2	3	2	2	2
Capacity • Has the agency considered skillsets and capacity requirements needed to effectively resource this initiative? • Does the agency have resources with the necessary skillsets and knowledge, or can the agency acquire the resources? • Will this investment impact the agency's ability to deliver on its core business functions? • Has the agency considered capacity for various non-technical resources, including organizational change management, project management, business analysis, testing, communication and community engagement activities? • Does the agency or project environment foster an inclusive workplace culture and promote equitable hiring, retention, and promotion practices?	**3 - Fully Aligned** (all applicable criteria addressed) **2 - Mostly Aligned** (most applicable criteria addressed) **1 - Partially Aligned** (some applicable criteria addressed) **0 - Not Aligned** (no or very few applicable criteria addressed)	3	3	3	3	3	3	2	3	3	2	2	2	2	2	2	2	2	2
Governance and Project Management Processes • Does the agency have formal IT governance in place that will oversee this investment? • Does the investment have executive sponsorship and steering committee in place? • Does the agency employ adequate project governance structure and practices to oversee vendor/contract management, change control, quality control and quality assurance, and data management and usage? • For projects that impact data or data systems, is there a data governance body or other body responsible for data management that is engaged in the process? Is there an agency data lead who is engaged as part of the project? • Are agency DEI staff involved in the IT Governance and prioritization process? • Does the agency intend to involve customer or partner representation on project forums (i.e. steering committees, advisory boards, etc.)? • Has the agency established processes for community outreach, feedback, engagement, or advice in accordance with the Racial Equity Framework and DEI Action Plan? • Does the agency have, or intend to acquire, project management resources with the skillsets and experience for the size and complexity of the project? • Does the agency use mature project management practices (PMBOK)?	**3 - Fully Aligned** (all applicable criteria addressed) **2 - Mostly Aligned** (most applicable criteria addressed) **1 - Partially Aligned** (some applicable criteria addressed) **0 - Not Aligned** (no or very few applicable criteria addressed)	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3

References:

*Administrative burdens include learning costs, such as finding out whether one is eligible for a program; compliance costs, such as burdensome paperwork and documentation; and psychological costs, such as the stress and stigma that people feel when interacting with government programs. Health Affairs, Herd, P., Moynihan, D. (2020, October 2). *How Administrative Burdens Can Harm Health.* www.Healthaffairs.Org. Retrieved February 9, 2022, from

Scores
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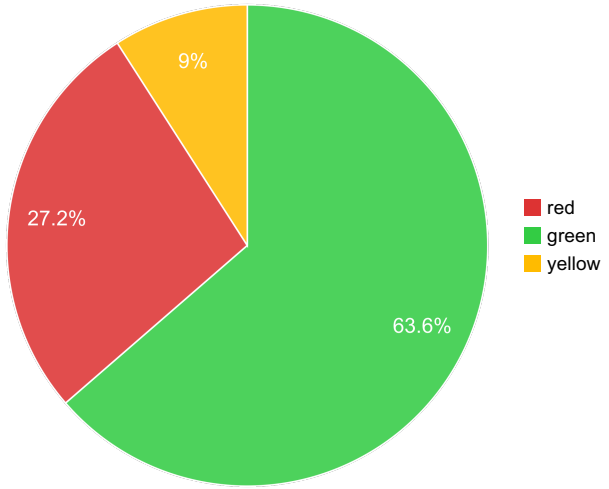
Human Services, Oregon Department of

Annual Performance Progress Report

Reporting Year 2021

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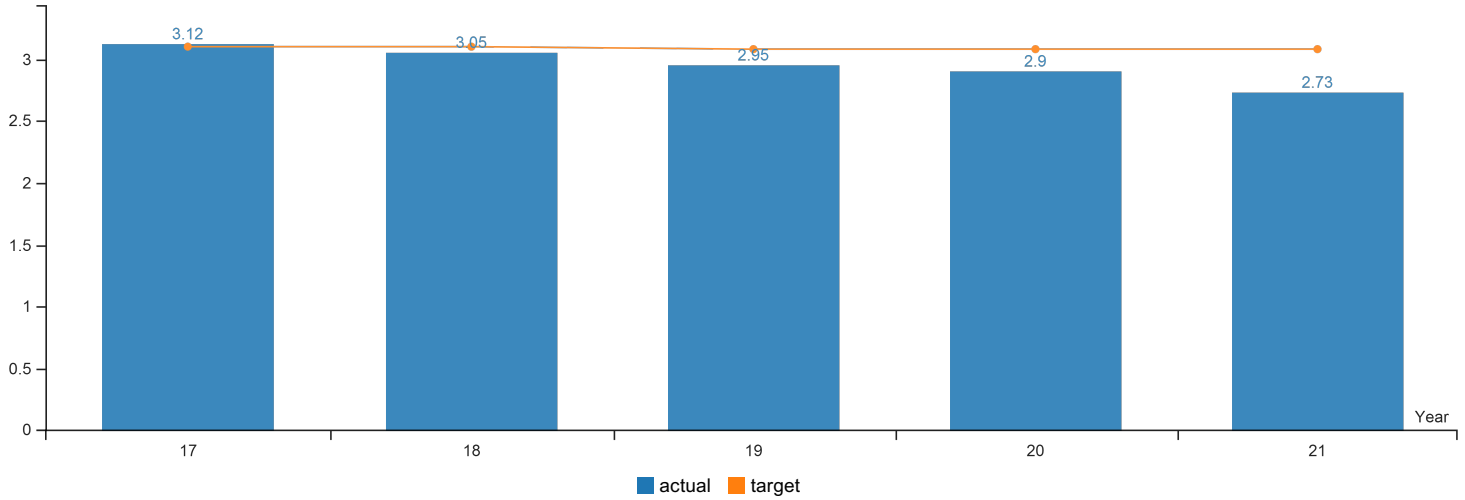
KPM #	Approved Key Performance Measures (KPMs)
1	OLDER ADULTS NEEDING LONG TERM CARE SERVICES (APD) - The percentage of older adults (65+) needing publicly-funded long term care services
2	LONG TERM CARE RECIPIENTS LIVING OUTSIDE OF NURSING FACILITIES (APD) - The percentage of Oregonians accessing publicly-funded long-term care services who are living outside of nursing facilities
3	TIMELY APD ABUSE INVESTIGATIONS - The percentage of abuse reports assigned for field contact that meet policy timelines
4	ABSENCE OF REPEAT MALTREATMENT OF ABUSED/NEGLECTED CHILDREN (CW) - The percentage of abused/neglected children who were not subsequently victimized within 6 months of prior victimization
5	TIMELY REUNIFICATION OF FOSTER CHILDREN (CW) - The percentage of foster children exiting to reunification within 12 months of foster care entry
6	TIMELY ADOPTION ONCE CHILDREN ARE LEGALLY FREE (CW) - The percentage of legally free children adopted in less than 12 months
7	REDUCTION OF RACE/ETHNICITY DISPARITIES IN LENGTH OF STAY (CW) - Outcome disparity in length of stay (reported in months) for children in substitute care by race/ethnicity
8	CHILDREN SERVED BY CHILD WELFARE RESIDING IN PARENTAL HOME - The percentage 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
9	TIMELY ELIGIBILITY DETERMINATION FOR ODDS SERVICES - The percentage of individuals who apply for ODDS services who are determined eligible within 90 days from application
10	ADULTS ENROLLED IN ODDS PROGRAM RECEIVING IN-HOME SERVICES - The percentage of adults enrolled in the Intellectual/Developmental Disabilities program who are receiving services in their own home, including family home
11	SUPPORTED EMPLOYMENT SERVICES TO OBTAIN COMPETITIVE INTEGRATED EMPLOYMENT - Number of individuals in sheltered workshop target population receiving supported and/or related employment services from ODDS and VR who obtain competitive integrated employment
12	ABUSE/NEGLECT OF ADULTS WITH DEVELOPMENTAL DISABILITIES (ODDS) - The percentage of substantiated abuse/neglect of adults in licensed and endorsed programs
13	HOUSEHOLDS AT, OR ABOVE, LIVING WAGE FOUR QUARTERS AFTER LEAVING SSP PROGRAM - The median percentage of households leaving Self Sufficiency who are at, or above, a living wage four quarters out
14	SSP PARTICIPANTS REPORTING HOUSING STABILITY - The percentage of Self Sufficiency participants who report their housing needs are fully met
15	SSP PARTICIPANTS REPORTING FOOD SECURITY - The percentage of Self Sufficiency participants who report they did not worry about having enough food, or actually run out of food, in the past 12 months
16	SSP PARTICIPANTS REPORTING GREATER SELF-EFFICACY - The percentage of Self Sufficiency participants who report they feel more confident in their ability to improve their current circumstances because of SSP and other services they were connected to
17	OVRS CONSUMERS WHO ARE SUCCESSFULLY EMPLOYED AT PROGRAM EXIT - The percentage of Office of Vocational Rehabilitation Services (OVRS) consumers with a goal of employment who are employed at program exit
18	OVRS CONSUMERS EMPLOYED IN SECOND QUARTER FOLLOWING PROGRAM EXIT - The percentage of OVRS clients closed from plan who are employed during second quarter following program exit
19	OVRS CONSUMERS EMPLOYED IN FOURTH QUARTER FOLLOWING PROGRAM EXIT - The percentage of OVRS clients closed from plan who are employed during fourth quarter following program exit
20	OVRS MEDIAN QUARTERLY WAGE AT SECOND QUARTER FOLLOWING PROGRAM EXIT - Median quarterly wage at second quarter following OVRS program exit
21	DHS CUSTOMER SATISFACTION - The percentage of customers rating their satisfaction with DHS above average, or excellent
22	REDUCTION IN DISPROPORTIONALITY OF CHILDREN AT ENTRY INTO SUBSTITUTE CARE (CW) - Measure of the average disproportionality index across race/ethnicity for children at entry into substitute care



Performance Summary	Green	Yellow	Red
	= Target to -5%	= Target -5% to -15%	= Target > -15%
Summary Stats:	63.64%	9.09%	27.27%

KPM #1	OLDER ADULTS NEEDING LONG TERM CARE SERVICES (APD) - The percentage of older adults (65+) needing publicly-funded long term care services
	Data Collection Period: Jan 01 - Dec 31

** Upward Trend = negative result*



Report Year	2017	2018	2019	2020	2021
LTC NEED PREVENTION					
Actual	3.12%	3.05%	2.95%	2.90%	2.73%
Target	3.10%	3.10%	3.08%	3.08%	3.08%

How Are We Doing

In 2021, only 2.73% of Oregonians 65 or older needed assistance with publicly funded long-term care. This is a noticeable downward trend that exceeds legislative targets. Further, we are encouraged by the steady downward trend exhibited from year to year. This is evidence that Oregon policies are working.

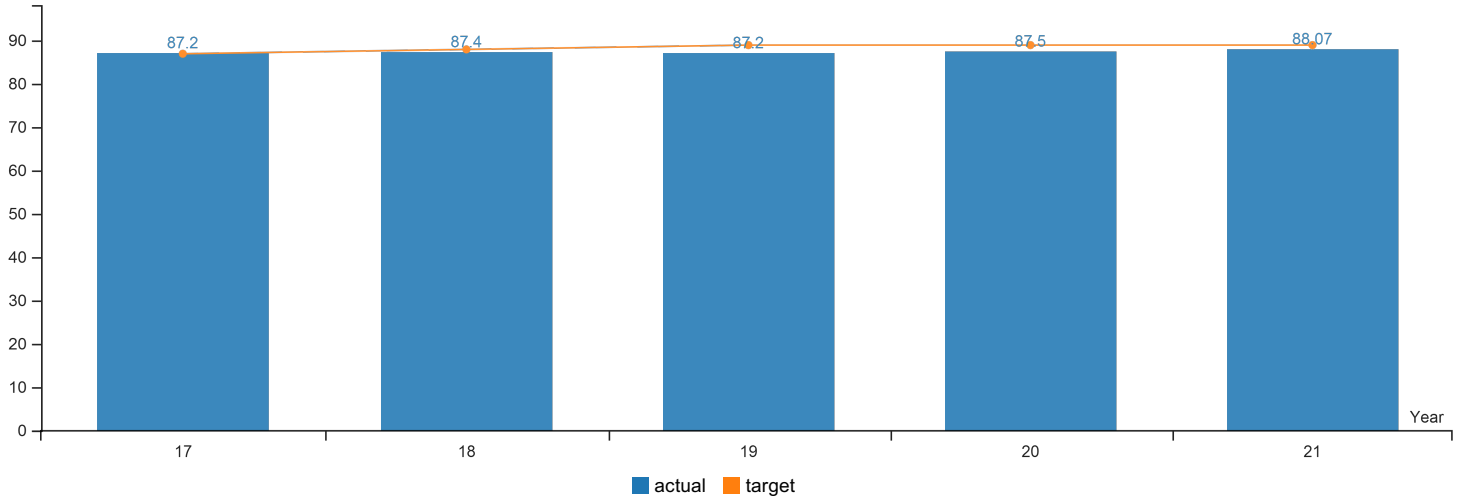
Factors Affecting Results

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 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. This should be achievable with recent Legislative direction to expand Oregon Project Independence and development of a new Family Caregiver Support program.

US Census no longer publishes the “PEPAGESEX” table used as the denominator for Oregon’s population of 65 and over. Other Census population tables, such as DPO5, will not be updated until 2021. We are using Portland State University’s Annual Population Report Tables published by Population Research Center instead.

KPM #2	LONG TERM CARE RECIPIENTS LIVING OUTSIDE OF NURSING FACILITIES (APD) - The percentage of Oregonians accessing publicly-funded long-term care services who are living outside of nursing facilities
	Data Collection Period: Jan 01 - Dec 31

** Upward Trend = positive result*



Report Year	2017	2018	2019	2020	2021
LTC RECIPIENTS LIVING OUTSIDE OF NURSING FACILITIES					
Actual	87.20%	87.40%	87.20%	87.50%	88.07%
Target	87%	88%	89%	89%	89%

How Are We Doing

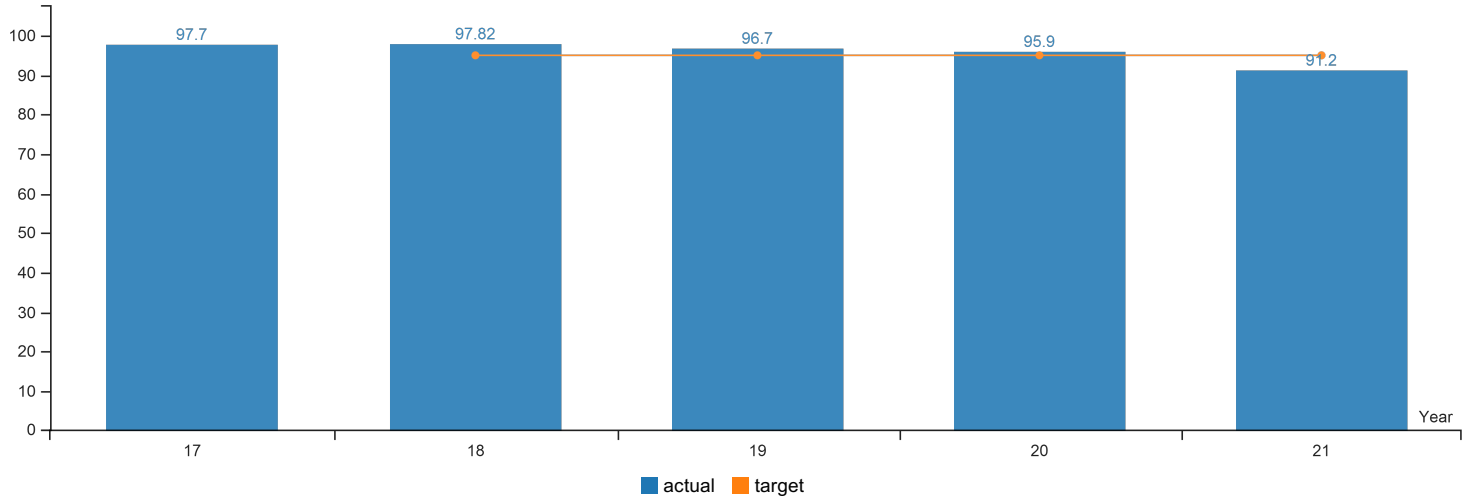
APD's performance is slightly behind the goals established. Recent programmatic changes designed to promote sustainability have resulted in increased acuity levels of individuals served. As a result, continued progress towards decreasing the number of individuals served outside of nursing facilities will be challenging. However, the Legislature authorized two innovative programs in the 2021 Legislative Session. The first is an expansion of Oregon Project Independence, which should result in more individuals with lower needs receiving services in their own home. The second is the development of a new family caregiver support program, designed to support the sustainability of the Medicaid program.

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. APD also needs to focus efforts on developing new adult foster homes and preserving our existing provider base.

KPM #3	TIMELY APD ABUSE INVESTIGATIONS - The percentage of abuse reports assigned for field contact that meet policy timelines
	Data Collection Period: Jul 01 - Jun 30

** Upward Trend = positive result*



Report Year	2017	2018	2019	2020	2021
Abuse Investigation Timeliness					
Actual	97.70%	97.82%	96.70%	95.90%	91.20%
Target		95%	95%	95%	95%

How Are We Doing

For the first time in five years, performance on this measure has dropped below the target goal of 95%. The gradual decline in timeliness of response over the past five years corresponds with the increase in case numbers for which there have been no corresponding increase in investigative resources. Of particular note is the 2.5x increase in NF investigations from the last reporting period to the current one.

Factors Affecting Results

This measure includes a wide variety of assigned response times and two investigative entities.

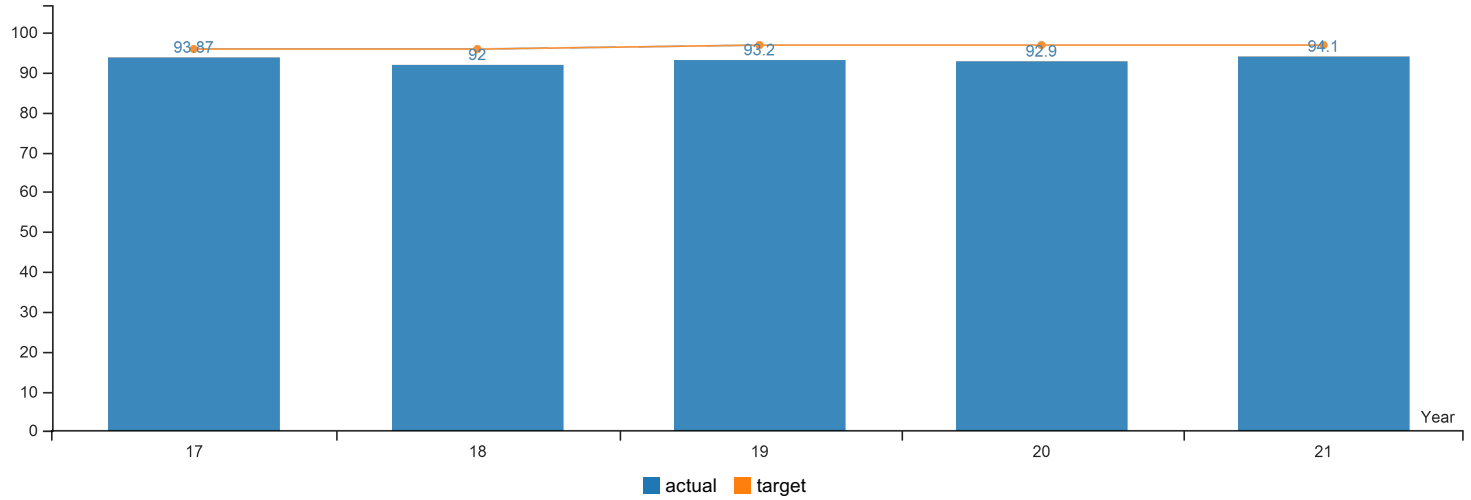
- Community Investigations completed by Adult Protective Services have response times of same day, end of next business day, or within 5 business days.
- Facility (Adult Foster Home, Assisted Living Facility, Residential Care Facility, Memory Care) Investigations completed by Adult Protective Services have response times of same day and end of next business day.
- Nursing Facility investigations completed by the Nursing Facility Survey Unit within Safety, Oversight and Quality have assigned timelines of two days or ten days.

During this reporting period, there were 15486 investigations completed by APS (compared with 13397 from the past reporting period, an increase of 12%). Of those, 15201 (98.2%) received a timely response. This is a very slight decrease from 98.3% last reporting period.

During this reporting period there were 1303 Nursing Facility Investigations (compared with 525 from the past reporting period, an increase of 248%). Of those, 111 (8.5%) received a timely response, down from 37.1% last reporting period.

KPM #4	ABSENCE OF REPEAT MALTREATMENT OF ABUSED/NEGLECTED CHILDREN (CW) - 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	2017	2018	2019	2020	2021
Actual	93.87%	92%	93.20%	92.90%	94.10%
Target	96%	96%	97%	97%	97%

How Are We Doing

The outcome of 94.1% is Federal Fiscal Year 2020 data, for Report year 2021 (October 2019 to September 2020). During the last period under review Oregon data has improved from the prior reporting year of 92.9%, trending upwards to the goal of 97% safe from repeat maltreatment. Statewide efforts to review the root cause analysis of recurrence of abuse reports have continued with targeted case staffing and reviews on those case types identified as being most indicative of repeat maltreatment.

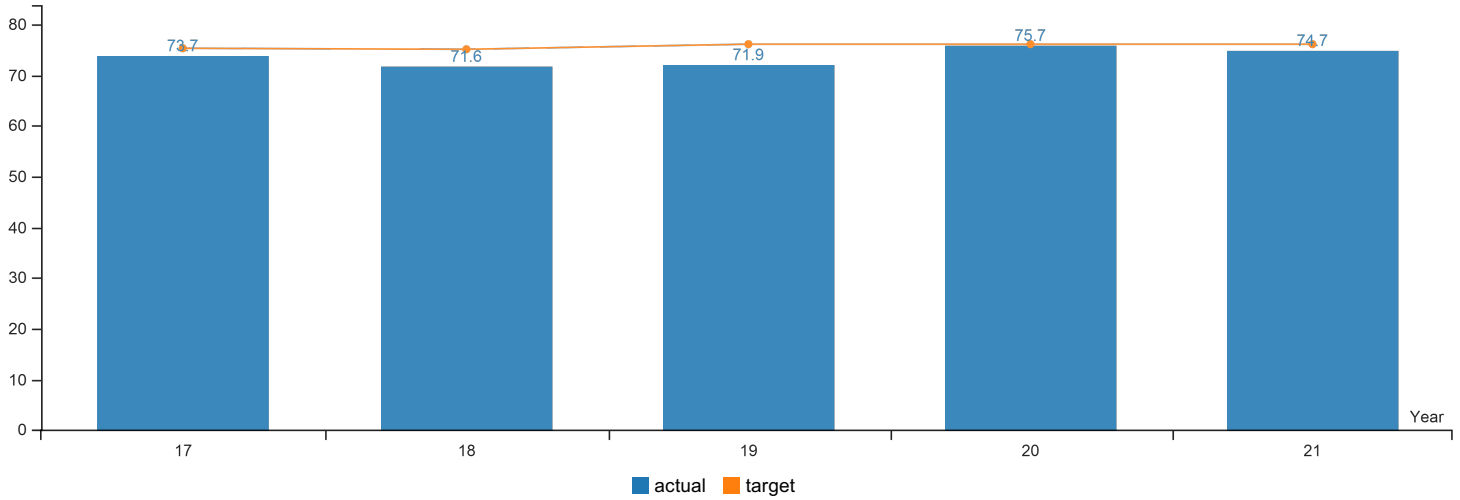
Factors Affecting Results

Ongoing partnership between Child Safety, ORCAH, and Permanency supports cross program analysis of repeat maltreatment. ORCAH's training and CQI processes continue to review screening reports to ensure that the reports are accurately reflecting the timeframe and if a report is a new report of abuse or reflecting historical or case planning information. The case transfer process allows for opportunity for both CPS and Permanency to develop and review the impending danger safety threats and develop comprehensive and sufficient safety plans to manage ongoing child safety. CPS workers and supervisors continue to receive training and coaching on assessing and accurate documentation of safety assessment and disposition.

During the next year we will continue to monitor and evaluate how the implementation in March of 2021 of assignment of third party abuse reports to both Child Welfare and OTIS impact repeat maltreatment data.

KPM #5	TIMELY REUNIFICATION OF FOSTER CHILDREN (CW) - 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	2017	2018	2019	2020	2021
Actual	73.70%	71.60%	71.90%	75.70%	74.70%
Target	75.20%	75%	76%	76%	76%

How Are We Doing

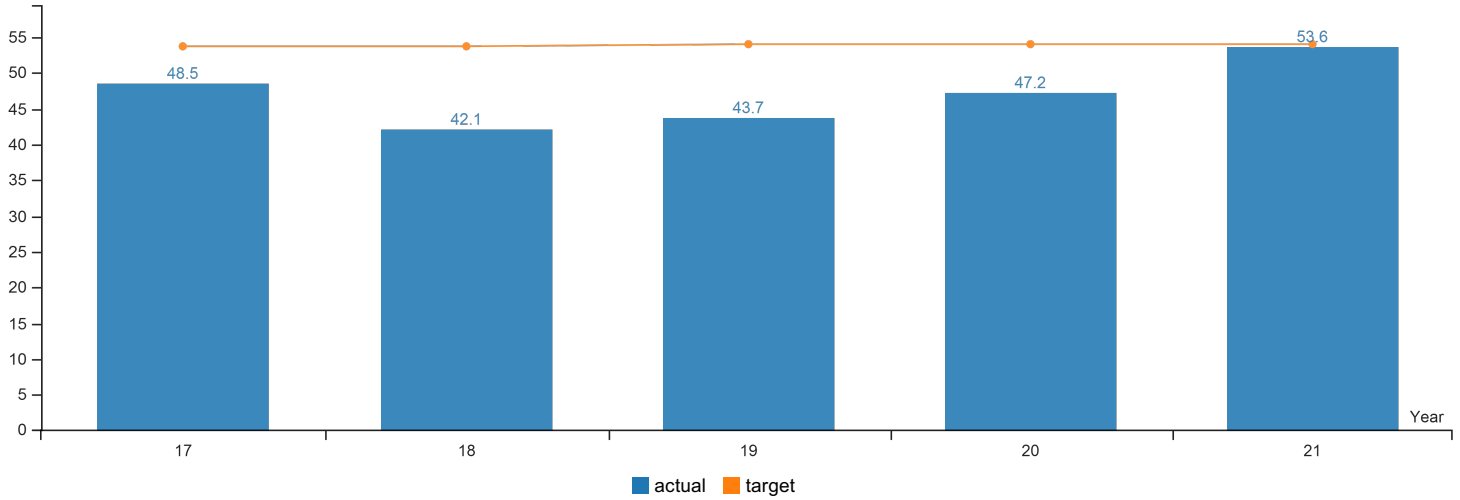
Over the past year Oregon declined by 1 percentage point in this measure. Although Oregon remains close to the target percentage there has been a small drop for the first time in many years.

Factors Affecting Results

Oregon continues to intentionally focus on the reunification of children with their family through the Program Improvement Plan, Quality Assurance Reviews, consultation, and training. The last year has seen many challenges both for the ODHS workforce and the families in our communities ranging from COVID-19 to wildfires to major weather events. New challenges faced our workforce such as the possibility of risking your own family's health by entering the home of a family we serve or supervising family time between parents and children. This new fear may have influenced intentional engagement that slowed down or hindered the process of reunification within 12 months. The fast-paced and everchanging nature of these challenges, at times, created confusion with staff regarding guidance for face-to-face contact and the ability to return children home. Whole communities lost homes and jobs due to wildfires. The court process was also affected when courts stopped holding some types of hearings during the period under review due to COVID. Oregon anticipates, as we emerge from these challenges, we will continue steady, positive progress toward reaching this target.

KPM #6	TIMELY ADOPTION ONCE CHILDREN ARE LEGALLY FREE (CW) - The percentage of legally free children adopted in less than 12 months
	Data Collection Period: Oct 01 - Sep 30

** Upward Trend = positive result*



Report Year	2017	2018	2019	2020	2021
Actual	48.50%	42.10%	43.70%	47.20%	53.60%
Target	53.70%	53.70%	54%	54%	54%

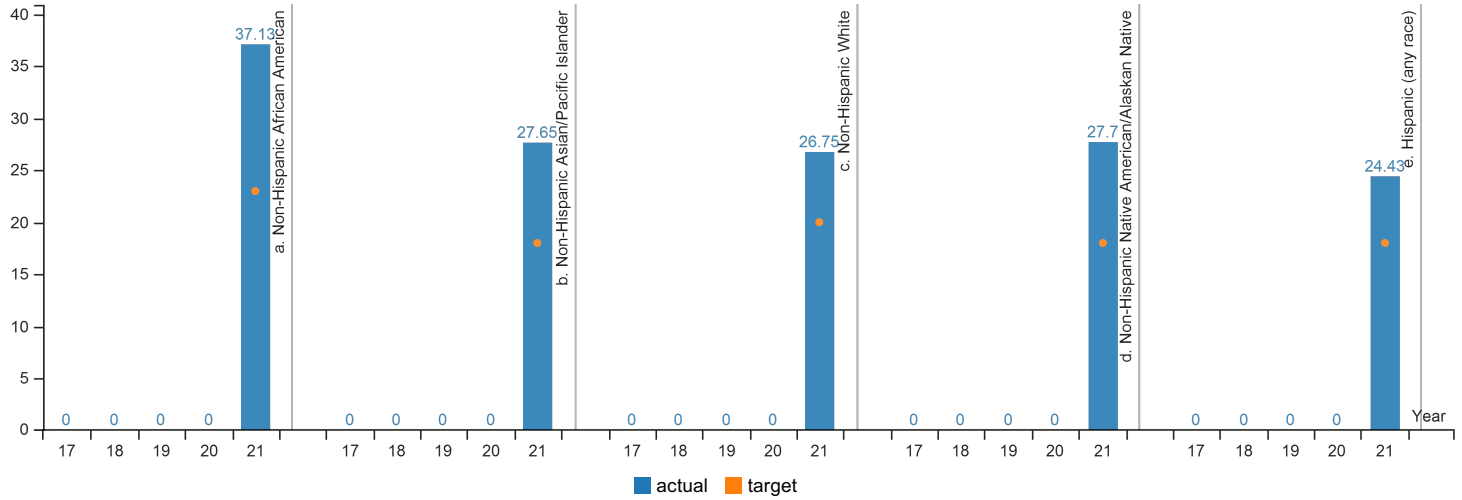
How Are We Doing

Oregon improved performance in this measure by 6.4% over the prior year, marking the third straight year of improvements. This is the highest percentage of children adopted in less than 12 months from legally free since documented tracking of KPM #6 began in 2014. This is the first time the target goal has been met (rounding 53.6% up to 54%) since 2015 when the target was only 42.7%, and it's the first time that the actual percentage of target met has exceeded 50%.

Factors Affecting Results

Oregon continues to coordinate efforts among ODHS Central Office Child Permanency Program staff, ODHS Local Branch Office staff, Courts, and other entities/partners to use CQI strategies and activities outlined in our Performance Improvement Plan (PIP). Adoption processes have been streamlined and efforts in that area continue. Trainings and process/procedure guides were developed and implemented for ODHS staff and legal partners regarding methods to better track adoption progress and move adoption work forward timely for each child who has a plan of adoption. ODHS Child Permanency Program staff meet regularly with Juvenile Court Improvement Program (JCIP) staff to assess progress and needed improvements, including assessment of permanency improvement activities through Model Court Teams (MCTs). KPM #6 is also a standing agenda item for the JCIP Advisory Committee quarterly meetings. Targeted tracking of adoption finalization status/progress is done through the ODHS Child Permanency Program staff and assistance is provided to ODHS Local Branch Office staff for efforts to move adoption placement and legally freeing activities forward simultaneously and timely.

KPM #7	REDUCTION OF RACE/ETHNICITY DISPARITIES IN LENGTH OF STAY (CW) - Outcome disparity in length of stay (reported in months) for children in substitute care by race/ethnicity
	Data Collection Period: Oct 01 - Sep 30



Report Year	2017	2018	2019	2020	2021
Actual					37.13
Target					23
Actual					27.65
Target					18
Actual					26.75
Target					20
Actual					27.70
Target					18
Actual					24.43
Target					18

How Are We Doing

For reporting year 2021 all races are in red, with Non-Hispanic African American children having an average length of stay at exit significantly longer than (nearly 10 months longer than next closest population) all other races.

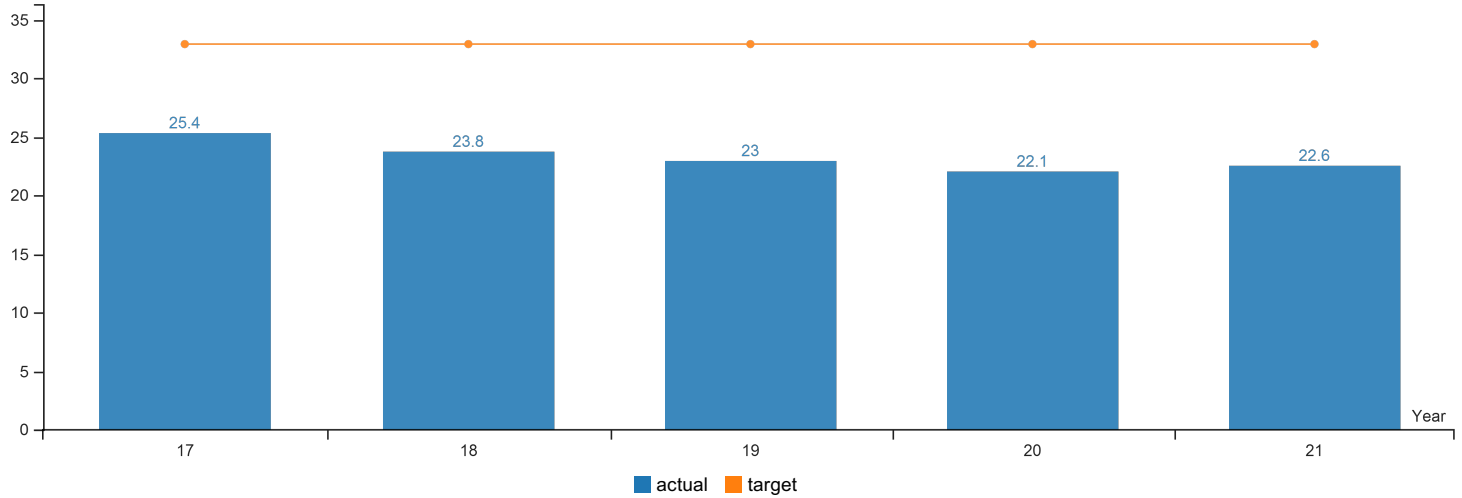
Factors Affecting Results

This is one of two brand new equity KPMs for Child Welfare beginning with reporting year 2021. While there has been an overall reduction in the number of children experiencing foster care in the last 15 months, the average length of stay in months at exit is still high for children of all races. This KPM is designed to measure the disparity in length of stay by race for children in foster care. The prior KPM of “Disparity of Foster Youth in Achieving Permanency” has not effectively measured or reflected the disparity by race/ethnicity of foster youth achieving permanency. Length of stay by race/ethnicity is a proven and more accurate indicator of Child Welfare performance, because it directly relates to the success of placement and the quality of foster care.

The new KPM will have state and national comparators by which to gauge our progress in reducing racial disparities related to length of stay in care, as well as current, historical, and on-going data collection and metrics that align with program, state, and federal goals for children in care. As this is a brand new KPM it will require further vetting and refinement, with the goal of incorporating further demographic data to more accurately see the differences in performance of this measure by race.

KPM #8	CHILDREN SERVED BY CHILD WELFARE RESIDING IN PARENTAL HOME - The percentage 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	2017	2018	2019	2020	2021
Actual	25.40%	23.80%	23%	22.10%	22.60%
Target	33%	33%	33%	33%	33%

How Are We Doing

The outcome of 22.6% is Federal Fiscal year 2020 for report year 2021. This represents a slight increase from the previous FFY. Oregon continues to move forward towards the implementation of Family First Act which as previously stated, includes children at imminent risk of removal. Leveraging Family First to increase access to preventive evidence-based programs and strengthen in-home supports is one strategy in Oregon's larger statewide effort to build a prevention-focused system that better supports our children, families, and communities. In addition, the department has made a commitment to the implementation of family preservation units across the state which will align our practice with the vision for transformation and is supported by Family First**.** Intentional and strategic efforts are occurring to support increased family and community engagement. Continued focus on supervisor and caseworker training and coaching to our safety practice model and a commitment to safely serving children in home.

Factors Affecting Results

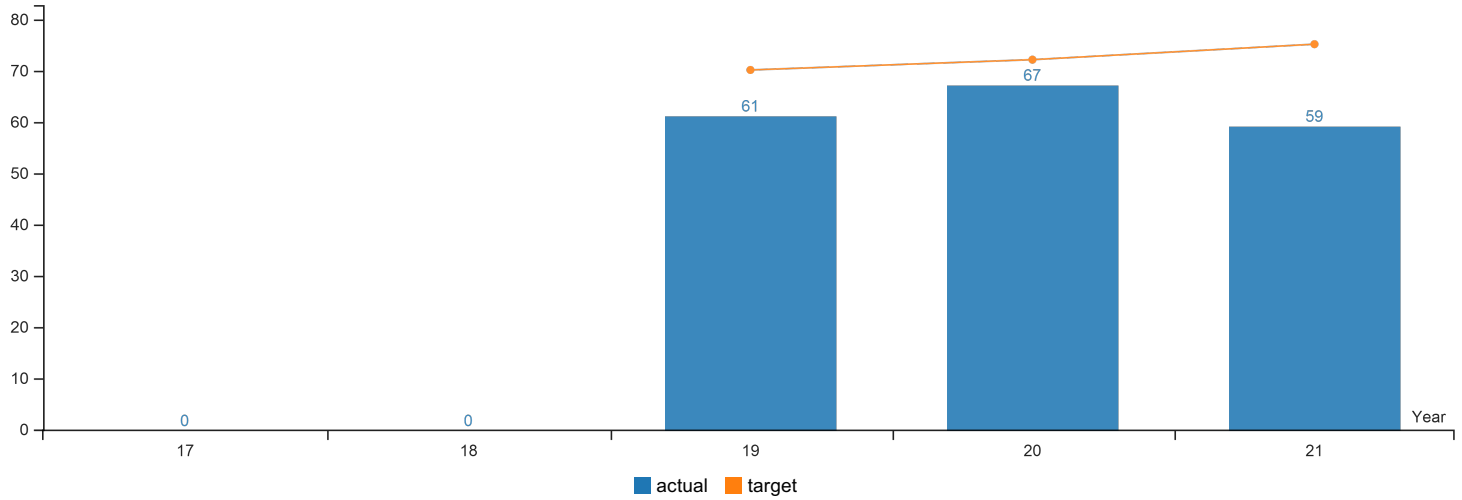
Oregon continues to evaluate and develop resources in communities throughout the state to support children remaining in their homes while working with ODHS or returning home quickly after being placed in substitute care. Oregon continues to focus on family engagement and engaging natural supports for families to manage safety threats while children are in-home. Development of an intentional family preservation program is in the very early design stages that should result in short- and long-term outcomes supporting families being together. Case reviews continue to indicate in-home cases are often closed prior to the family conditions being fully addressed, staff seeing families in home on an infrequent basis or insufficient safety planning resulting in removal and placement in foster care. The family preservation program hopes to address each of these areas.

Placement of children in foster care is the most restrictive and least desirable outcome to manage child safety. Whenever possible, children who can be safety reunified with their family will continue to

receive services in-home. Currently, Oregon’s practice for offering in-home cases is inconsistent around the state. Additionally, the number of children served in-home has seen minor downward trend since the previous FFY. The Department believes the implementation of Family Preservation and the services funded through the Family First Act will counter this decline and offer specific focus on children at imminent risk for removal.

KPM #9	TIMELY ELIGIBILITY DETERMINATION FOR ODDS SERVICES - The percentage of individuals who apply for ODDS services who are determined eligible within 90 days from application
	Data Collection Period: Jan 01 - Dec 31

** Upward Trend = positive result*



Report Year	2017	2018	2019	2020	2021
Actual			61%	67%	59%
Target			70%	72%	75%

How Are We Doing

Office of Developmental Disabilities Services (ODDS) has continued to work with Community Developmental Disability Programs (CDDPs) at striving to meet the 90-day timeline for determinations for new applicants. The adjusted pattern of Actual cases meeting the 90-day timelines has an increase in number of cases with an eligible decision within 90 days of application.

Factors Affecting Results

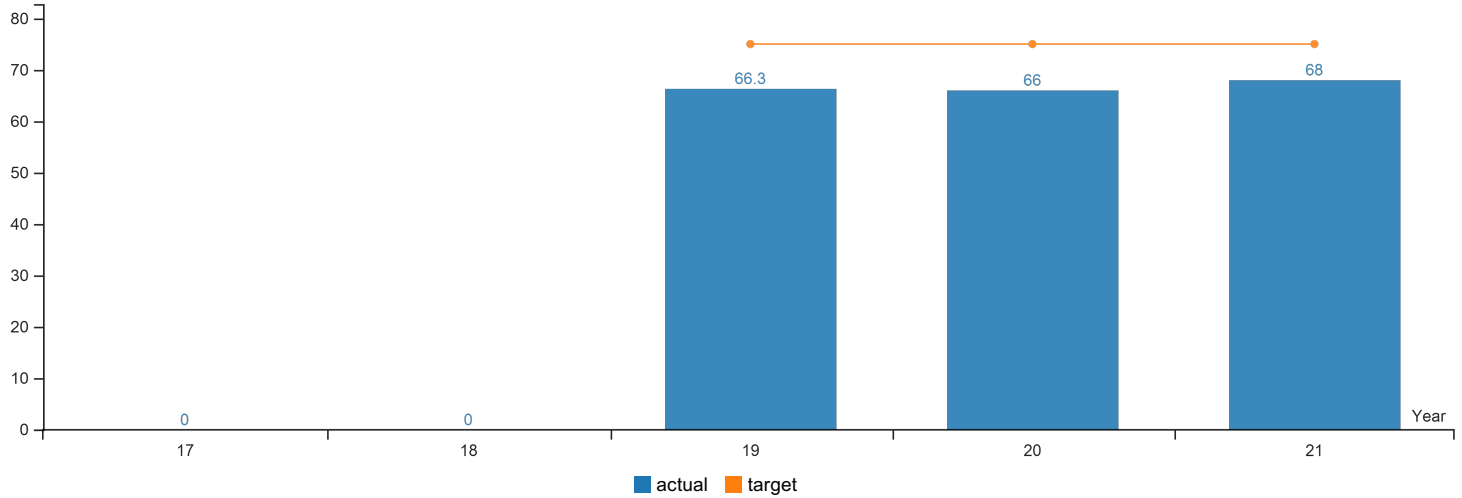
Changes were made to exclude redetermined eligibility from this data set which lowered the overall percentages. As there is not a field to indicate whether an eligibility segment is an initial eligibility or redetermined, the first eligibility date is used. Due to removing data from redetermination cases, the overall percentage is adjusted downward.

We continue to hold a 90-day determination timeline as a goal. Several factors impact meeting this goal: workload model and staffing impacted determination timelines; some offices with less eligibility staff or those with multiple roles experience increased difficulty in achieving timelines; an individual’s ability to attend required appointments for eligibility testing also delay determinations. Additionally, as the pandemic, that began in early 2020, continues the effects of the COVID-19 pandemic and subsequent shortage of available psychologists to complete in-person evaluations as well as individual choices by applicants to not participate in an in-person evaluation until a later date caused a need to extend some determinations beyond the 90 day timeline.

Comment:. This data continues to be based on a fiscal year for the current report. The data system in which the information is captured is not from static based system meaning that the information is continuously updated which may impact the overall numbers in the data query.

KPM #10	ADULTS ENROLLED IN ODDS PROGRAM RECEIVING IN-HOME SERVICES - The percentage of adults enrolled in the Intellectual/Developmental Disabilities program who are receiving services in their own home, including family home
	Data Collection Period: Jan 01 - Dec 31

** Upward Trend = positive result*



Report Year	2017	2018	2019	2020	2021
Actual			66.30%	66%	68%
Target			75%	75%	75%

How Are We Doing

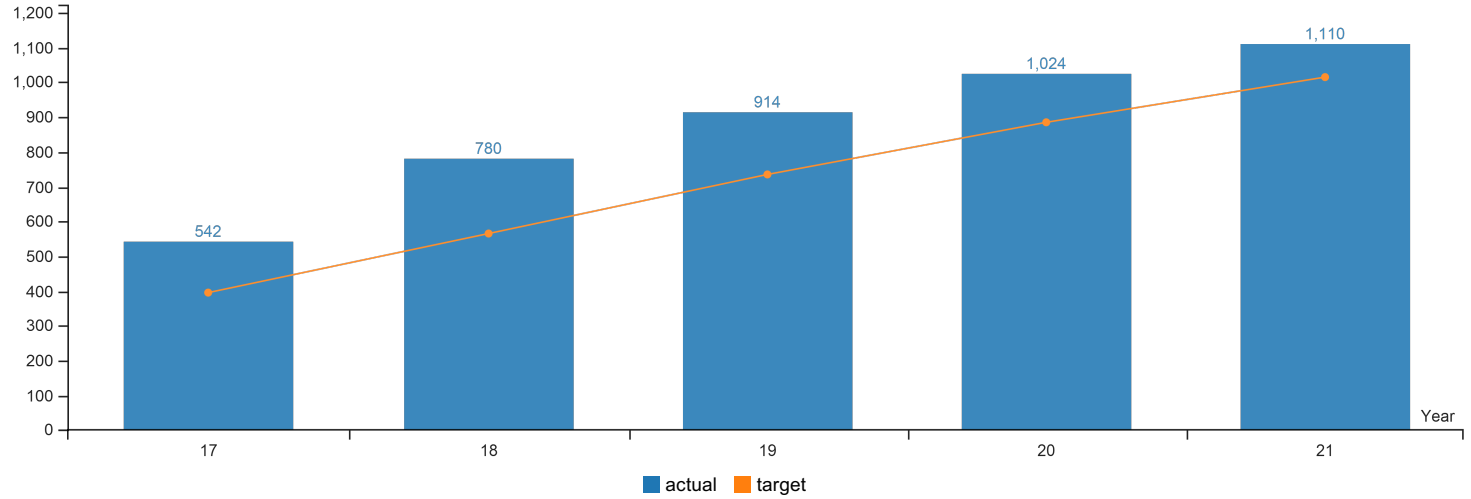
Oregon does not have any institutional care settings for people with intellectual/developmental disabilities. All services are provided in a community setting. Additionally, two of our five strategic goal areas are focused on supporting people's living options and providing adequate support to individuals and families, so they can be happy, safe, and healthy in the home setting they choose.

Factors Affecting Results

Group homes and foster homes fulfill an essential role in providing supports and services to those that may not have access to in-home supports or whose support needs are specialized enough that providing them in the family home would provide a major disruption to others living in the home.

KPM #11	SUPPORTED EMPLOYMENT SERVICES TO OBTAIN COMPETITIVE INTEGRATED EMPLOYMENT - Number of individuals in sheltered workshop target population receiving supported and/or related employment services from ODDS and VR who obtain competitive integrated employment
	Data Collection Period: Jul 01 - Jun 30

** Upward Trend = positive result*



Report Year	2017	2018	2019	2020	2021
Actual	542	780	914	1,024	1,110
Target	395	565	735	885	1,015

How Are We Doing

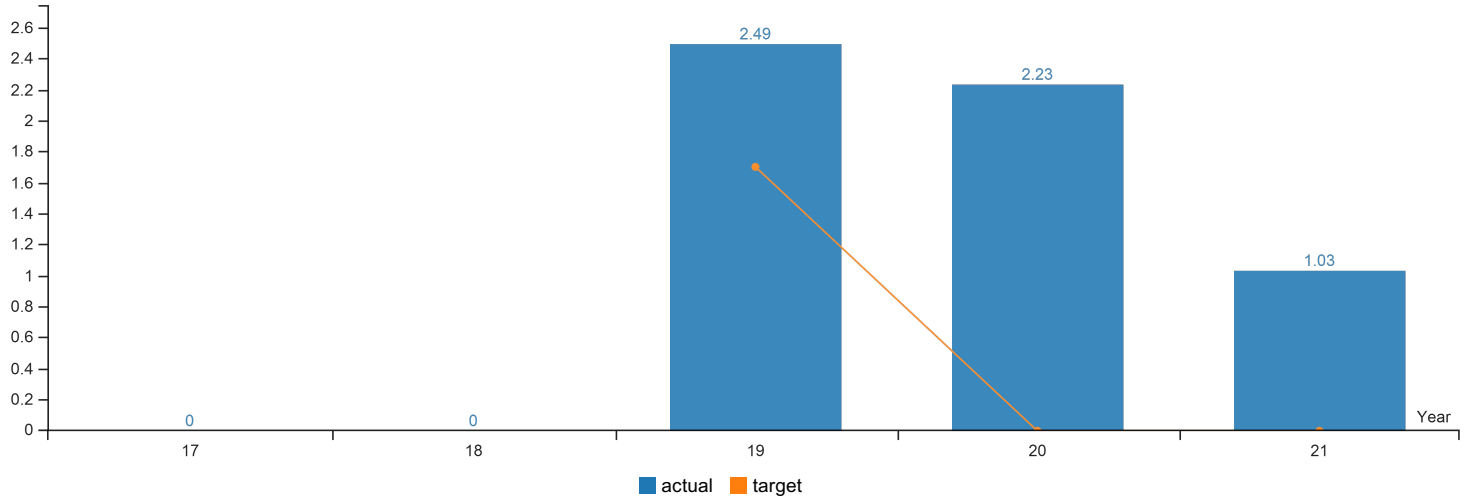
At this time, ODDS continues to be in substantial compliance with this metric and the Lane v. Brown Settlement Agreement. This is a significant achievement given that many people in Oregon experienced temporary and permanent job loss due to COVID-19 during FY 2020. ODDS and DHS as a whole continue to prioritize and grow Competitive Integrated Employment for people with Intellectual and Developmental Disabilities.

Factors Affecting Results

ODDS continues to be in substantial compliance. It is important to note that thought ODDS continues to exceed the requirements of this metric, growth was slowed this year due to COVID-19. Data for the goal for 2021 of 1,015 has been exceeded by nearly 100 people.

KPM #12	ABUSE/NEGLECT OF ADULTS WITH DEVELOPMENTAL DISABILITIES (ODDS) - The percentage of substantiated abuse/neglect of adults in licensed and endorsed programs
	Data Collection Period: Jan 01 - Dec 31

** Upward Trend = positive result*



Report Year	2017	2018	2019	2020	2021
Actual			2.49%	2.23%	1.03%
Target			1.70%	0%	0%

How Are We Doing

Changes to the definition of the KPM in 2019 make direct comparisons to data from earlier years inappropriate. Historically the population was based on all people with developmental disabilities—adults and children, whether they lived in residential settings, received services provided by programs with endorsements or not. In 2019 the metric changed to focus on substantiated abuse of adults in licensed and endorsed programs. The metric now applies to a smaller group of individuals, and it is a more responsive metric. Because these programs have sought licenses or endorsements, ODDS can have a direct impact on the provider agencies involved in abuse and neglect.

In previous years most reports of abuse and neglect involved licensed settings. Employees in these settings are mandatory reporters of abuse and are trained to recognize signs of abuse. The estimate of abuse for this more constrained population appears to have declined by 1.2% from last year's figure. While the adult population receiving these services did not substantially increase between 2019 and 2020 (increasing by 0.2%) the actual number of adults with a substantiated abuse allegation fell from 186 in 2019 to 86 in 2020 (53.8% decline).

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's recent transition to a Centralized Abuse Management (CAM) information system will allow for enhanced tracking and monitoring of abuse referrals and investigations. The full implementation of CAM will enhance access and availability of information across the state and greatly improve the ability to make data informed decisions.

Factors Affecting Results

The COVID-19 pandemic has had impacts on every facet of life and undoubtedly has impacted the abuse of vulnerable populations. While we do not have data that clearly inform how the pandemic

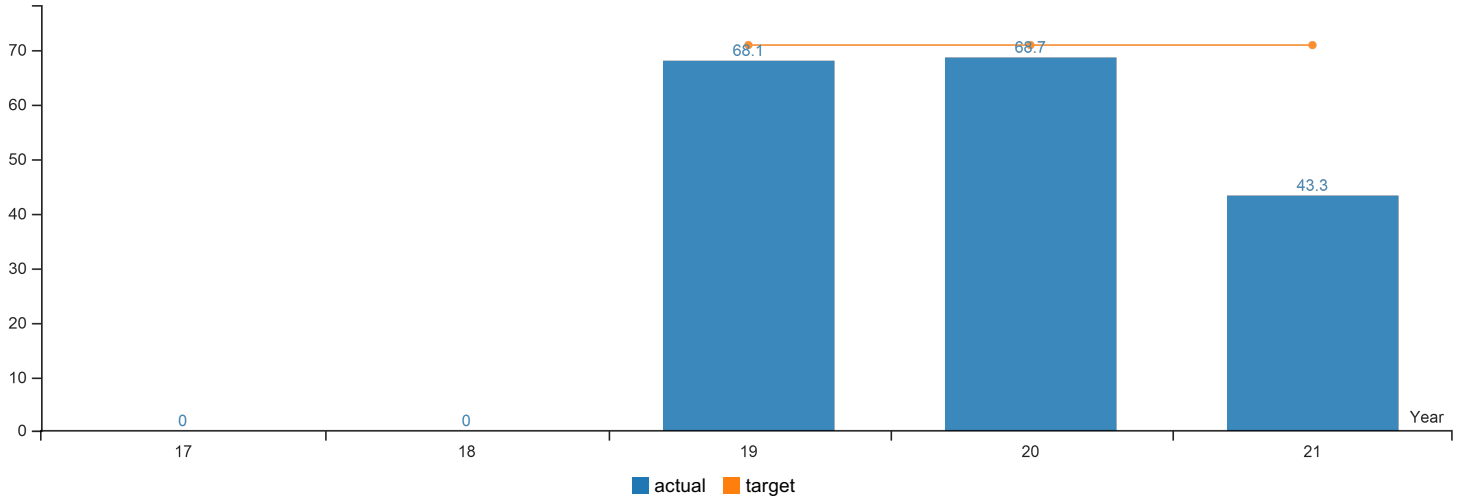
influenced populations there are some important possibilities to consider. Implementation of emergency infection control measures over this past year has meant that individuals with developmental disabilities were more isolated than normal. Such isolation could reduce abuse rates simply by reducing person-to-person interactions. However, the isolation increased stress on many and therefore may have increased the potential for negative interactions between IDD clients and their providers. Decreased staffing may have reduced the number of potential observers, resulting in reduced reporting of allegations.

Additionally, 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 to 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.
• Appropriate training of investigators and staff in proper use of data systems to assure high-quality, accurate data entry.

KPM #13	HOUSEHOLDS AT, OR ABOVE, LIVING WAGE FOUR QUARTERS AFTER LEAVING SSP PROGRAM - The median percentage of households leaving Self Sufficiency who are at, or above, a living wage four quarters out
	Data Collection Period: Jul 01 - Jun 30

** Upward Trend = positive result*



Report Year	2017	2018	2019	2020	2021
Actual			68.10%	68.70%	43.30%
Target			71%	71%	71%

How Are We Doing

The Office of Self-Sufficiency Program (SSP) mission is to provide a safety net, family stability and a connection to careers that guide Oregonians out of poverty. A key dimension to address poverty and maximize people's potential is the ability to earn living wages. It is well known that families who are employed with incomes at, or just above the federal poverty level often cannot make ends meet. In these circumstances, individuals and families find it difficult to pay for the necessities like food, housing, utilities, child care, clothing, etc. This measure tracks the median percent of participants who exit all Self-Sufficiency programs and are earning at, or above, living wages four quarters after they leave the programs. The most recent data available shows that 43.3 median percent of those participants are earning living wages. This 25.4 percentage points below last year's result of 68.7.

Factors Affecting Results

This measure relies on Oregon Employment Department (OED) reported earnings for SSP participants one year after they left all SSP programs and comparing these earnings to the most recent Washington State University Self-Sufficiency Standard for Oregon. It is important to note that only the SSP exiters with income captured by OED are included in the pool. The Self-Sufficiency Standard calculates how much income a family must earn to meet basic needs, with the amount varying by family composition and where they live[1]**.** This measure may be affected by several things, including the status of the economy, the availability of jobs, geography, standard costs for basic living needs by county, and family composition. It can also be affected by the structure of SSP employment and training programs and the effectiveness of other agency and community partnerships that connect SSP participants into living wage jobs. This year's data tracks SSP program participants who exited all programs in 2019 and tracks their wages one year later. The data reflects the median percent of their wages in 2020 compared to the Self-Sufficiency Standard. The large drop this year is most likely attributed to the COVID-19 health pandemic and the associated social distancing measures which caused an abrupt slowdown in the economy. It is anticipated that next year's data on this measure will reflect the changes in the economy associated with the continuing health pandemic.

ODHS continues to enhance our role within the Oregon Workforce System through more aligned and coordinated partnerships and service delivery.

- Data-sharing agreements are in place to include Supplemental Nutrition Assistance Program (SNAP) employment plans in the Oregon Employment Department's (OED) data-system.
- SNAP Training and Employment Program (STEP) has expanded contracts with local workforce boards.

DHS SSP continues to invest in expanded employment and training opportunities and supports:

- SNAP Training and Employment Program (STEP) has expanded investments in partnership with OED, community colleges and local community organizations, drawing additional federal dollars to offer a more comprehensive set of training and employment opportunities for SNAP participants.
- Job Opportunity and Basic Skills (JOBS) Program investments include expansion of a more comprehensive model of vocational training and education, expanded supports and payments for family stability services and housing assistance to support Temporary Assistance for Needy Families (TANF) and former TANF participants.

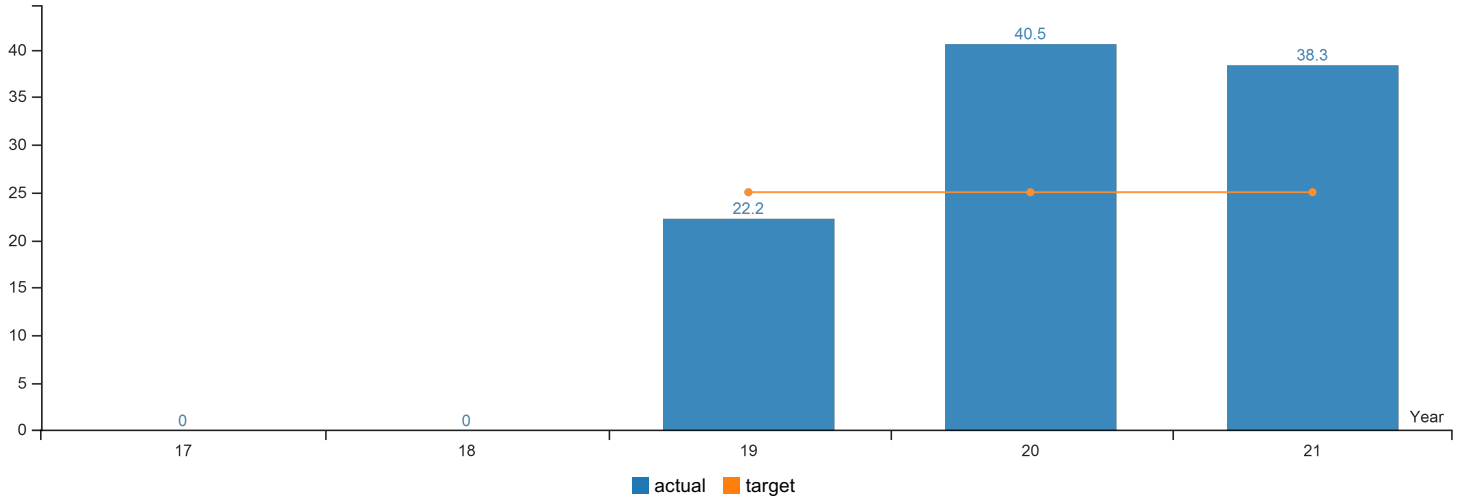
ODHS SSP plans to continue expansion of employment and training programs in partnership with communities, participants, agencies, employers, nonprofit organizations and the federal Food and Nutrition Service.

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[1] Dr. Diana M. Pearce, The Self-Sufficiency Standard for Oregon 2021, Center for Women's Welfare at the University of Washington. Available online at: http://selfsufficiencystandard.org/oregon

KPM #14	SSP PARTICIPANTS REPORTING HOUSING STABILITY - The percentage of Self Sufficiency participants who report their housing needs are fully met
	Data Collection Period: Jul 01 - Jun 30

** Upward Trend = positive result*



Report Year	2017	2018	2019	2020	2021
Actual			22.20%	40.50%	38.30%
Target			25%	25%	25%

How Are We Doing

The Office of Self-Sufficiency Programs' (SSP) mission is to provide a safety net, family stability and a connection to careers that guide Oregonians out of poverty. Housing is a foundation for successful communities. Affordable and permanent housing improves the quality of life of families by leading to better health, stability, safety and security. Where a person lives can predict their life expectancy[1]. The goal of this measure is to track the percentage of households connecting to Self-Sufficiency programs who report housing stability.

In the Summer/Fall 2021, SSP conducted a statewide survey of Supplemental Nutrition Assistance Program (SNAP) participants who applied or reapplied for SNAP or other SSP programs in the month of April 2021. The survey was voluntary and deployed in six languages: Arabic, Russian, Somali, Spanish, Vietnamese, and English. **Of 35,547 SNAP applicants in April 2021, there were 1,841 survey respondents which represents a 5.2% overall response rate.**

The survey found that 38.3% of respondents reported housing stability, down from 40.5% in 2019. Based on the survey, 56.2% of the respondents reported housing instability, meaning that their housing needs are not fully met.

The following is a breakdown by race, ethnicity and disability of participants who responded "**I and/or my family's housing needs are fully met (i.e., I can afford to pay rent/mortgage and utilities without difficulty)"** to the KPM question: **"Please select what you feel is most true for your family now"**

Race/ethnicity/disability	Percentage
American Indian and Alaska Native	28.9%
Asian	56.9%
Black and African American	29.4%
Hispanic and Latino/a/x	45.9%
Middle Eastern and North African	53.6%
Native Hawaiian and Pacific Islander	0%
Two or more races	29.3%
Unknown	36.9%
White	39.1%
Grand Total	**38.3%**
Individuals with disability(ies) (Included in the counts above)	34.7%

The following are a few of the quotes from survey respondents who opted to provide more input:

“[I am] currently on waiting list for housing, but I still won’t be able to afford this [place] with a subsidy.”

“My daughter and I are on a month-to-month lease which is up next month. It has been challenging to find another affordable rental.”

"Rent is too expensive in my area."

“[I am] Living in my car and living in basement at friends.”

“We have to have roommates in order to afford the mortgage.”

“I’ve been staying in the woods since January."

“I have to be out of my mom's house by October 10th. I am looking for a new place to live. It is hard to keep up with bills and rent with 4 kids. I am having a very difficult time finding an affordable place.”

“[We need] more affordable housing. We had to take on a roommate. We are fully employed and can't afford housing! How can people afford to live this way?”

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[1] Arias E, Escobedo LA, Kennedy J, Fu C, Cisewski J. U.S. small-area life expectancy estimates project: Methodology and results summary. National Center for Health Statistics. Vital Health Stat 2(181). 2018. Found at this link: https://www.cdc.gov/nchs/data/series/sr_02/sr02_181.pdf

Factors Affecting Results

According to the Department of Housing and Community Services, housing had already emerged as a paramount concern across Oregon and **the lack of available housing, high rents and high home prices were driving rapid increases in housing instability and homelessness[1]. These themes rang true and were reflected throughout the SSP well-being survey conducted this year. People repeatedly mentioned a lack of affordable housing: rents are too high, rents are increasing, people take in roommates to afford housing, people move in with family or friends, or are houseless. The survey also indicates that individuals and families continue doing everything they can to take care of themselves. Based on the survey comments, the phrase “...housing needs are fully met” and the word “stability” may be relative terms depending on the individual or family’s situation. It is also possible that the federal funding, other pandemic related benefits, as well as greater amount of rental assistance funds that Community Action Agencies have been deploying during the health pandemic, compared to pre-pandemic years, helped create more housing stability for individuals and families. T**he passage of protections as well as additional housing-related investments by the Oregon legislature may have also contributed to **housing stability for some survey respondents.**

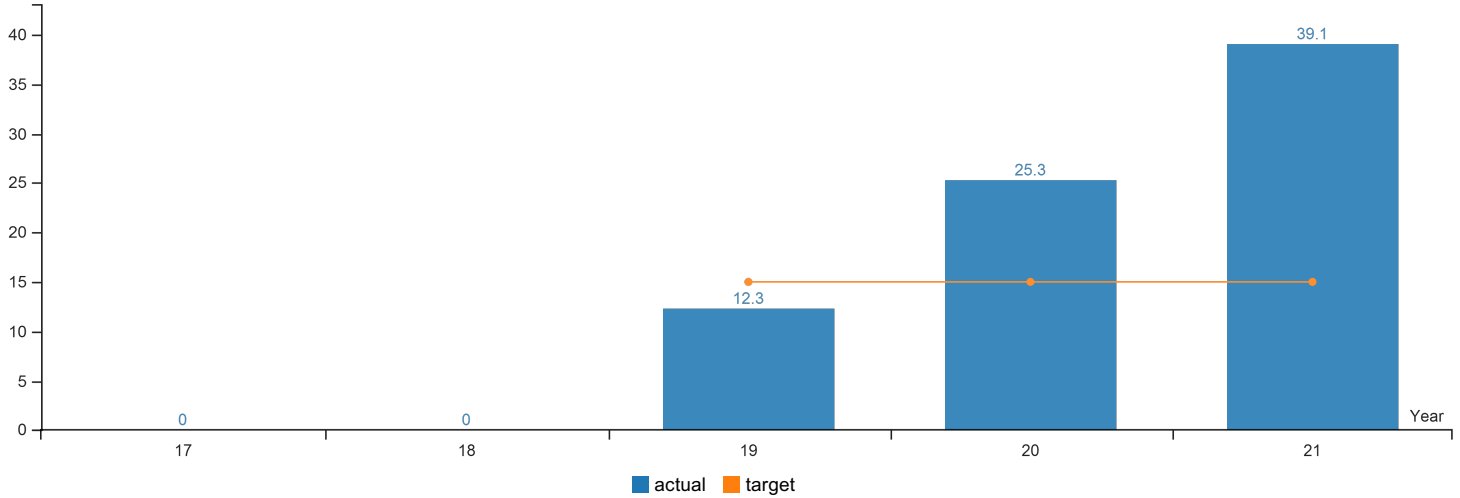
Over the past four years SSP expanded TANF funded supports to cover housing related emergent needs. SSP has also provided for innovative contracting for housing related services, including navigation services, in partnership with community-based organizations and agencies. SSP continues to partner with Oregon Housing and Community Services and other community-based organizations to ensure families have access to needed housing assistance.

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[1] Oregon Statewide Housing Plan 2019-2023, Oregon Housing and Community Services. Available online at: https://www.oregon.gov/ohcs/DO/shp/SWHP-Executive-Summary.pdf

KPM #15	SSP PARTICIPANTS REPORTING FOOD SECURITY - The percentage of Self Sufficiency participants who report they did not worry about having enough food, or actually run out of food, in the past 12 months
	Data Collection Period: Jul 01 - Jun 30

** Upward Trend = positive result*



Report Year	2017	2018	2019	2020	2021
Actual			12.30%	25.30%	39.10%
Target			15%	15%	15%

How Are We Doing

The Office of Self-Sufficiency Programs' (SSP) mission is to provide a safety net, family stability and a connection to careers that guide Oregonians out of poverty. Access to nutritious food helps babies hit milestones, fuels kids as they learn and grow, reduces the chances of chronic disease in adults and makes it more likely seniors are healthy and independent. The goal of this measure is to track the percentage of households connecting to Self-Sufficiency programs who report food security. The United States Department of Agriculture (USDA) defines food security as having consistent, dependable access to enough food for active, healthy living. The USDA's Household Food Security in the United States in 2020 report found that 9.2% of Oregon households were food insecure, down from 9.8% in 2019[1].

In the Summer/Fall 2021, SSP conducted a statewide survey of Supplemental Nutrition Assistance Program (SNAP) participants who applied or reapplied for SNAP or other SSP programs in the month of April 2021. The survey was voluntary and deployed in six languages: Arabic, Russian, Somali, Spanish, Vietnamese, and English. **Of 35,547 SNAP applicants in April 2021, there were 1,841 survey respondents which represents a 5.2% overall response rate.**

The survey found that 39.1% of respondents reported experiencing food security[2]. This year's result 13.8 percentage points higher than the food security rate reported in 2019. Based on the survey, 58.4% of the respondents reported experiencing food insecurity, meaning that their access to adequate food is limited by a lack of money or other resources.

In the current COVID-19 health pandemic, it is likely the higher food security rate reported is attributed in part to the additional federally approved food benefits deployed by ODHS-SSP such as Pandemic Electronic Benefits and maximum SNAP allotments, as well as other USDA approved benefits like school lunches, and state-level investments through the food banks.

The following is a breakdown by race, ethnicity and disability of participants who responded “Never true” to the KPM question**: “Within the past 12 months, we worried whether our food would run out before we got money to buy more”**

Race/ethnicity/disability	Percentage
American Indian and Alaska Native	34.2%
Asian	42.1.%
Black and African American	43.5%
Hispanic and Latino/a/x	42.9%
Middle Eastern and North African	64.3%
Native Hawaiian and Pacific Islander	16.7%
Two or more races	34%
Unknown	35.8%
White	39.4%
Grand Total	**39.1%**
Individuals with disability(ies) (Included in the counts above)	36.4%

The following is a breakdown by race, ethnicity and disability of participants who responded “Never true” to the KPM question**: “Within the past 12 months, the food we bought just didn’t last and we didn’t have money to get more”**:

Race/ethnicity/disability	Percentage
American Indian and Alaska Native	36.8%
Asian	36.8%
Black and African American	51.8%
Hispanic and Latino/a/x	44%
Middle Eastern and North African	67.9%
Native Hawaiian and Pacific Islander	0%
Two or more races	42.7%
Unknown	44.8%
White	44.3%
Grand Total	**44.4%**
Individuals with disability(ies) (Included in the counts above)	41.3%

The following are a few of the quotes from survey respondents who opted to provide more input:

> *"I'm extremely grateful and without it (benefits) I wouldn't be here! COVID made it very hard!"*
>
> *"It's difficult to eat healthy because healthy food is so expensive."*
>
> *"The extra [SNAP] benefits have been extremely helpful to me and others that I know who have food assistance. I hope you [all] can continue them a little longer"*
>
> *"[I am] a little worried that the extra benefits we've gotten are going to be cut and we won't have time to catch up."*
>
> *"I am short on food every single month. I get food stamps through the SNAP program. I [normally] qualify for $58.00 a month due to my SSD income... At this time, I am receiving the maximum allotment for a single person household due to COVID. Without that extra help, I would not come close to meeting my food needs."*
>
> *"..I'm going to be 72 next month and I've never used these services before but recently I needed extra for food. People there have been so helpful."*

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[1] Alisha Coleman-Jensen, Matthew P. Rabbitt, Christian A. Gregory, and Anita Singh. 2021. Household Food Security in the United States in 2020, ERR-298, U.S. Department of Agriculture, Economic Research Service. Available online at: https://www.ers.usda.gov/publications/pub-details/?pubid=102075

[2] The SSP Well-being survey incorporated the Hunger Vital Sign™, a validated 2-question food insecurity screening tool developed by Drs. Erin Hager and Anna Quigg and the Children's HealthWatch team. The Hunger Vital Sign™ identifies households as being at risk for food insecurity when they answer that either or both of the 2-question statements are "often true" or sometimes true". For more information visit the Children's HealthWatch website at: https://childrenshealthwatch.org/public-policy/hunger-vital-sign/

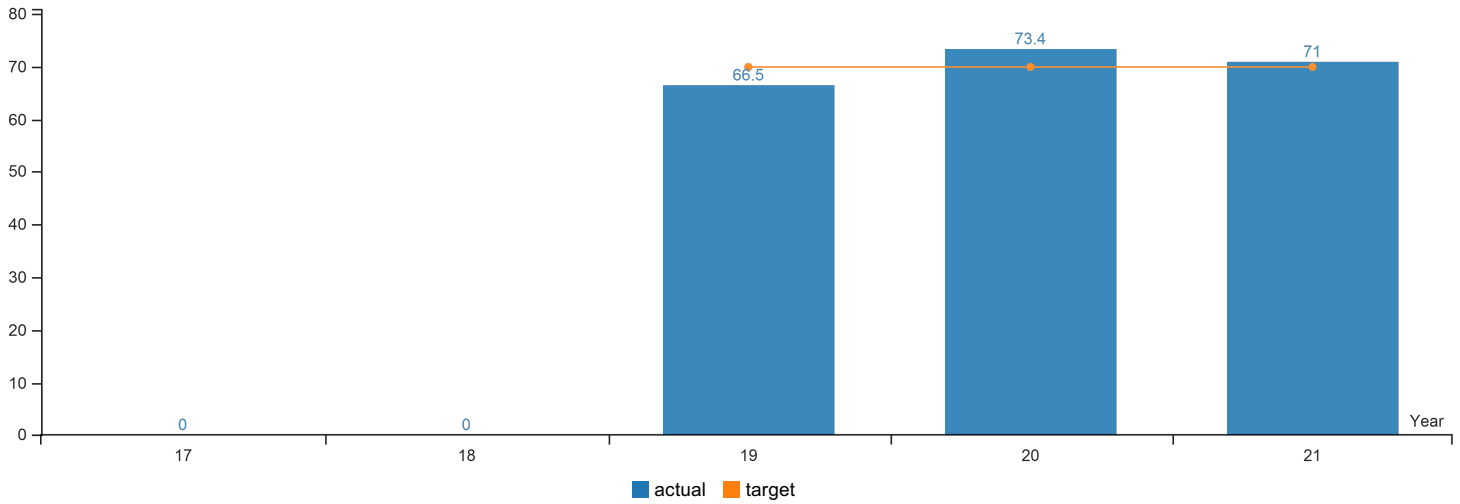
Factors Affecting Results

These results are derived from participants' entries on the SSP well-being survey which will continue to be conducted by SSP each year. Our survey population is composed of persons applying or reapplying for SNAP or other SSP benefits. The continuing COVID-19 health pandemic has caused people to experience economic hardship. Many people have turned to ODHS for benefits and services such as the SNAP program. Since the beginning of the COVID-19 health pandemic enrollment in the SNAP program has increased by approximately 60,000 Oregonians, or 10%. The increased need is making it difficult for applications for SNAP to be processed timely. Federal waivers do help ease certain application requirements and survey respondents repeatedly expressed appreciation for additional SNAP benefits. One example of these food benefits was issuing maximum SNAP allotments to all households regardless of their countable income. Another example is issuing Pandemic Electronic Benefits Transfers (P-EBT) which allowed for depositing food benefits in an EBT card equal to the value of school meals that children would have received if they had been physically attending school.

Oregon continues its outreach efforts to connect with difficult to reach populations, including people of color, by providing information on the benefits of qualifying for and maintaining SNAP eligibility, dispelling myths, providing application assistance, advocating on behalf of participants, and numerous other strategies to reach populations in need. These strategies 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.

KPM #16	SSP PARTICIPANTS REPORTING GREATER SELF-EFFICACY - The percentage of Self Sufficiency participants who report they feel more confident in their ability to improve their current circumstances because of SSP and other services they were connected to
	Data Collection Period: Jul 01 - Jun 30

** Upward Trend = positive result*



Report Year	2017	2018	2019	2020	2021
Actual			66.50%	73.40%	71%
Target			70%	70%	70%

How Are We Doing

How Are We Doing:

The Office of Self-Sufficiency Programs' (SSP) mission is to provide a safety net, family stability and a connection to careers that guide Oregonians out of poverty. Poverty is multidimensional, meaning that it is more than a lack of adequate income[1]. Multidimensional poverty asserts that there are multiple dimensions of deprivation that must be addressed for people to be equipped to exit poverty and build well-being[2]. This measure aims to track one dimension of poverty: whether participants perceive a sense of influence over their own circumstances. Specifically, we are tracking participants' reported increased self-efficacy and hope as a result of their involvement with Self-Sufficiency Programs and the connections to other services SSP makes.

In the Summer/Fall 2021, SSP conducted a statewide survey of Supplemental Nutrition Assistance Program (SNAP) participants who applied or reapplied for SNAP or other SSP programs in the month of April 2021. The survey was voluntary and deployed in six languages: Arabic, Russian, Somali, Spanish, Vietnamese, and English. **Of 35,547 SNAP applicants in April 2021, there were 1,841 survey respondents which represents a 5.2% overall response rate.**

Based on the survey, 71% of survey respondents reported feeling more confident about their ability to improve their current circumstances as a result of their involvement with SSP and the services SSP connected them to. This result was down from 73.4% in 2020. In addition, 74.1% of respondents (unchanged from 74.1% in 2020) reported they feel more hopeful about their future as a result of their involvement with SSP and the services SSP connected them to.

The following is a breakdown by race, ethnicity and disability of participants who responded "**Agree**" or "Strongly agree" to the KPM question: **"My involvement with ODHS Self-Sufficiency and the**

services ODHS has connected me to have helped me feel more confident in my ability to improve my current circumstances"

Race/ethnicity/disability	Percentage
American Indian and Alaska Native	71.1%
Asian	49.1%
Black and African American	71.1%
Hispanic and Latino/a/x	79.4%
Middle Eastern and North African	100%
Native Hawaiian and Pacific Islander	50%
Two or more races	69.4%
Unknown	69.3%
White	71.2%
Grand Total	**71%**
Individuals with disability(ies) (Included in the counts above)	64.6%

The following is a breakdown by race, ethnicity and disability of participants who responded "**Agree**" or "Strongly agree" to the KPM question: "My involvement with DHS Self-Sufficiency and the services DHS has connected me to have helped me feel more hopeful about my future":

Race/ethnicity/disability	Percentage
American Indian and Alaska Native	73.7%
Asian	48.3%
Black and African American	71.1%
Hispanic and Latino/a/x	76.1%
Middle Eastern and North African	100%
Native Hawaiian and Pacific Islander	50%
Two or more races	75.6%
Unknown	70.6%
White	76.1%
Grand Total	**74.1%**
Individuals with disability(ies) (Included in the counts above)	69.4%

The following are a few of the quotes from survey participants who opted to provide more input:

> *"I appreciate a survey to guarantee the services are up to date and well within what's necessary for the community. I appreciate the assistance the state of Oregon has provided. I look forward to many years of being a citizen of the state… as well as offering to assist Oregon in the way that I can."*
>
> *"I thank everyone for helping families like me and my daughter. I've been down a few times before and your [agency] has helped my family. But this go around was bad. I lost my job then two weeks later my husband and I separated. And thanks to your [agency] I didn't have to worry too much about food. Your [agency] saved our life."*

"[I am] more hopeful than confident because it feels that the assistance can hold you back."

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[1] "Policy – A Multidimensional Approach", Oxford Poverty & Human Development Initiative, University of Oxford. Available online at: https://ophi.org.uk/policy/multidimensional-poverty-index/

[2] Torgerson, March 2017, "Measuring Community Action Program Impacts on Multi-Dimensional Poverty: Final Report of the Futures Project", Oregon State University. Available online at: https://caporegon.org/what-we-do/the-future/

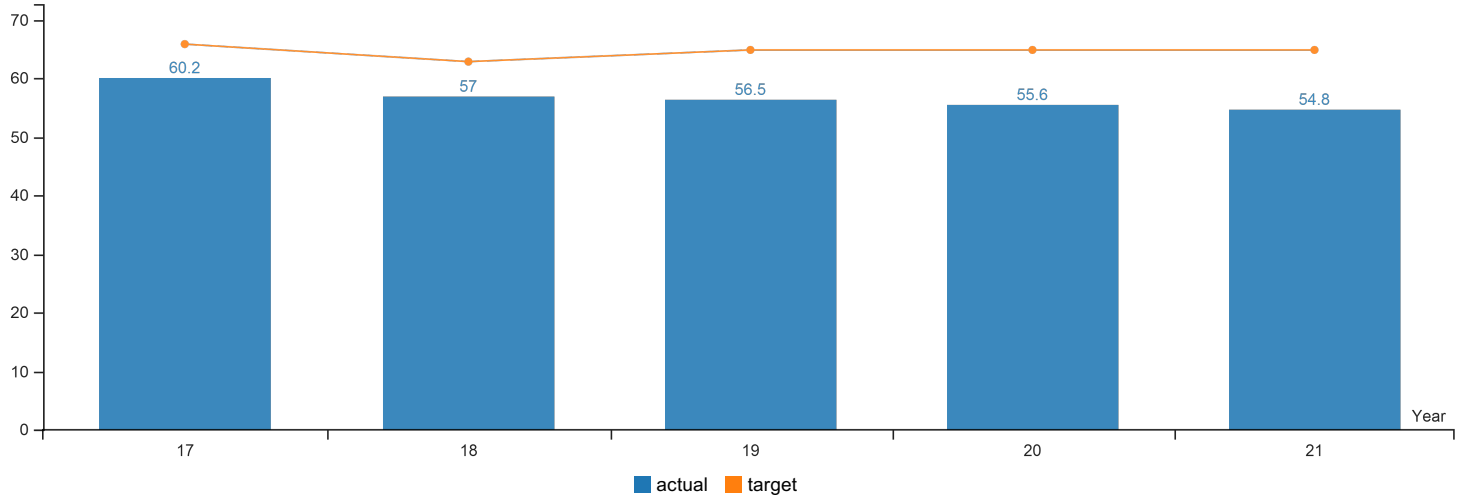
Factors Affecting Results

These results are derived entirely from participants' entries on the SSP well-being survey which will continue to be conducted by SSP each year. The surveys have demonstrated that program accessibility matters as does the way we show up for families in our interactions We define S*elf-efficacy* as participants having a sense of control or influence over the events and circumstances that affect them and can act on it. We define *Hope* as participants' belief that their current circumstances will improve. Our desired outcome is that in partnership with participants, agencies and communities, SSP provides programs and services that maximize the potential that lies within everyone. Foundational to these changes are intentionally involving families; having a philosophy and practice of being person centered; being strengths based and having resources that build broader well-being.

Hope and self-efficacy are interactively related, having influence on each other, but are also separate, stand-alone concepts. Self-efficacy often generates hope and hope can inspire a person to feel more able to achieve a goal. The SSP program decided to use two questions and measures to bring greater clarity to the impact of SSP services for each, with the primary KPM of self-efficacy.

KPM #17	OVRS CONSUMERS WHO ARE SUCCESSFULLY EMPLOYED AT PROGRAM EXIT - The percentage of Office of Vocational Rehabilitation Services (OVRS) consumers with a goal of employment who are employed at program exit
	Data Collection Period: Oct 01 - Sep 30

** Upward Trend = positive result*



Report Year	2017	2018	2019	2020	2021
Actual	60.20%	57%	56.50%	55.60%	54.80%
Target	66%	63%	65%	65%	65%

How Are We Doing

We saw a 0.8% decrease in OVRS consumers successfully employed at program exit from in 2021 compared to 2020. Considering the global COVID-19 pandemic and the disruption to the state's workforce, this is a more positive outcome than expected. Variance in KPM #17 has been less than 3% from 2013 to 2021. There was a steady percentage increase during 2012 to 2016 when the overall economy saw even greater gains. Those gains in the economy have eased and we have seen a softening in the placement rates from 2016 to 2021.

The Oregon target of 65% has historically been optimistic when compared to the federal expectation of 55.8%. The Oregon VR Program has historically met or exceeded the federal expectation. This is no longer a federally required metric under the Workforce Innovation and Opportunity Act of 2014 (WIOA). However, we will continue to work toward increasing this outcome we see value in this measure.

Factors Affecting Results

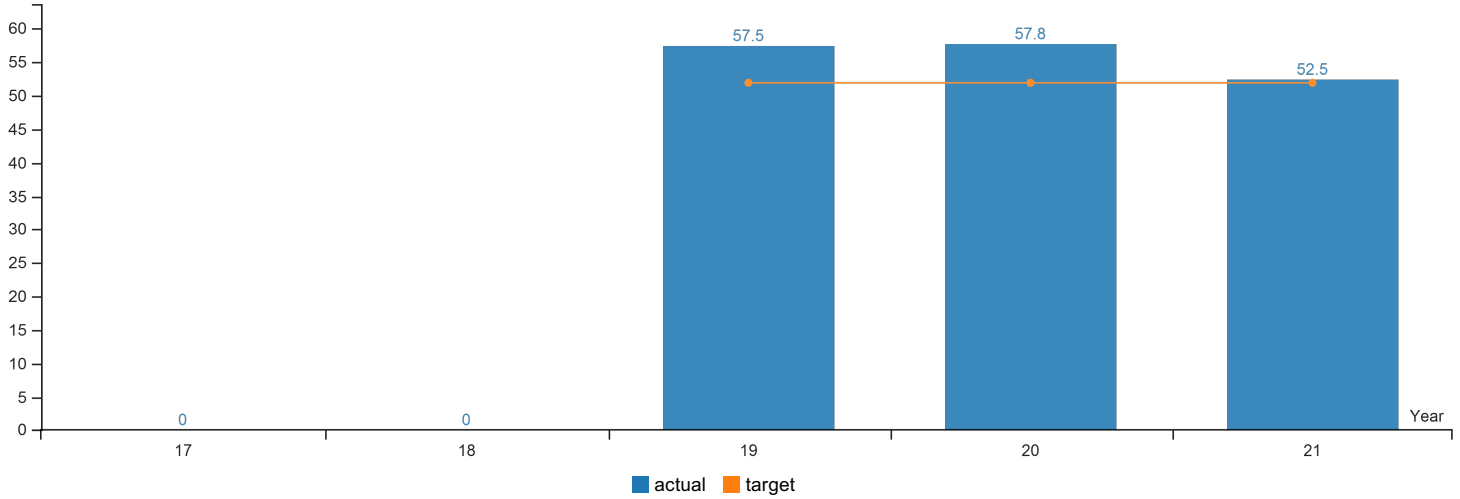
Throughout the pandemic, our VR counselors were working with clients to assist them in pursuing their employment goals. Many VR clients have underlying health issues and compromised immune systems in addition to their disabilities. Some individuals decided to exit the program without accomplishing their employment goal because of concerns about exposure to COVID-19. This also adversely impacted KPM #17. We are also are serving more clients with intellectual and developmental disabilities as a result of the Lane v. Brown Settlement. More resources have been used to place the most significantly disabled individuals within our state and that has impacted the program.

We are working to improve placement opportunities by engaging in employers more than what is required by WIOA, including increased training for potential employers. VR meets with Office of

Developmental Disabilities Services (ODDS) every month to plan and coordinate services to improve outcomes for this population. Together, we continue to develop resources to improve on the service delivery model.

KPM #18	OVRS CONSUMERS EMPLOYED IN SECOND QUARTER FOLLOWING PROGRAM EXIT - The percentage of OVRS clients closed from plan who are employed during second quarter following program exit
	Data Collection Period: Oct 01 - Sep 30

** Upward Trend = positive result*



Report Year	2017	2018	2019	2020	2021
Actual			57.50%	57.80%	52.50%
Target			52%	52%	52%

How Are We Doing

From Oct. 1, 2019 to Sept. 30, 2020, the most recent period for which all relevant data is available, 52.5% of individuals exited from OVRS services were employed during the second quarter following exit. Staff are working toward more effective career counseling and guidance to ensure employment longevity for our clients.

The program is working to emphasize non-technical employment skills, such as soft skills, to improve client employment retention.

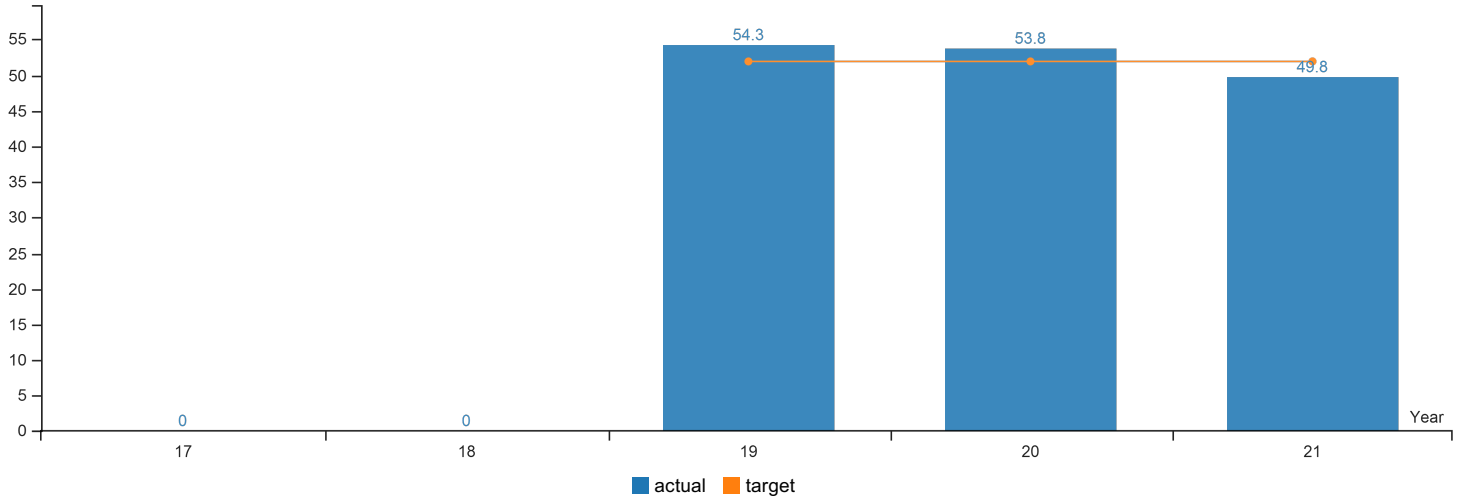
Factors Affecting Results

Considering the global COVID-19 pandemic and the disruption to the state's workforce, this is a more positive outcome than expected. At the height of the pandemic, the state lost 285,500 nonfarm payroll jobs, a 14.5% drop, as the unemployment rate skyrocketed by nearly 10 percentage points to a record-high 13.2%. As a result, many OVRS clients lost their employment or had greatly reduced hours impacting KPM #18.

Successful employment depends on the skills, character, and needs of each client and employer. This variability can impact KPM #18 outcomes since each person and organization is different. In addition, local, state, national and global economic factors such as work location and availability of workforce supports can affect how successful a client is able to retain employment.

KPM #19	OVRS CONSUMERS EMPLOYED IN FOURTH QUARTER FOLLOWING PROGRAM EXIT - The percentage of OVRS clients closed from plan who are employed during fourth quarter following program exit
	Data Collection Period: Oct 01 - Sep 30

** Upward Trend = positive result*



Report Year	2017	2018	2019	2020	2021
Actual			54.30%	53.80%	49.80%
Target			52%	52%	52%

How Are We Doing

From Oct. 1, 2019 to Sept. 30, 2020, the most recent period for which all relevant data is available, 49.8% of individuals exited from OVRS services were employed during the fourth quarter following exit. This is below our target of 52% and shows a 4% dip from last year's performance. Staff are working toward more effective career counseling and guidance to ensure employment longevity for our clients.

The program is working to emphasize non-technical employment skills, such as soft skills, to improve client employment retention.

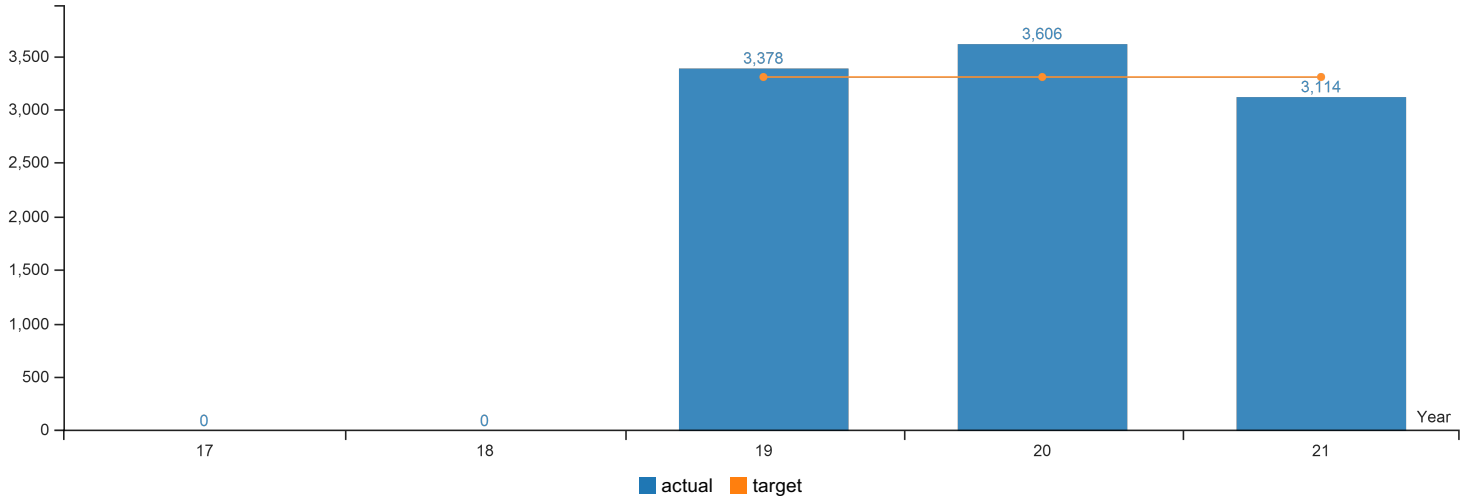
Factors Affecting Results

Considering the COVID-19 global pandemic and the disruption to the state's workforce, this is a more positive outcome than expected. At the height of the pandemic the state lost 285,500 nonfarm payroll jobs, a 14.5% drop, as the unemployment rate skyrocketed by nearly 10 percentage points to a record-high 13.2%. As a result, many OVRS clients lost their employment or had their hours greatly reduced impacting KPM #19. As the economy recovered, many OVRS clients have also had a harder time regaining employment since many employers shifted towards remote work. Some clients with developmental and intellectual disabilities cannot engage in remote work. In addition, if clients are immunocompromised, many of them have opted to not return to work due to risk of COVID-19 exposure

Successful employment depends on the skills, character, and needs of each client and employer. This variability can impact KPM #18 outcomes since each person and organization is different. In addition, local, state, national and global economic factors such as work location and availability of workforce supports can affect how successful a client is able to retain employment.

KPM #20	OVRS MEDIAN QUARTERLY WAGE AT SECOND QUARTER FOLLOWING PROGRAM EXIT - Median quarterly wage at second quarter following OVRS program exit
	Data Collection Period: Oct 01 - Sep 30

** Upward Trend = positive result*



Report Year	2017	2018	2019	2020	2021
Actual			$3,378.00	$3,606.00	$3,114.00
Target			$3,300.00	$3,300.00	$3,300.00

How Are We Doing

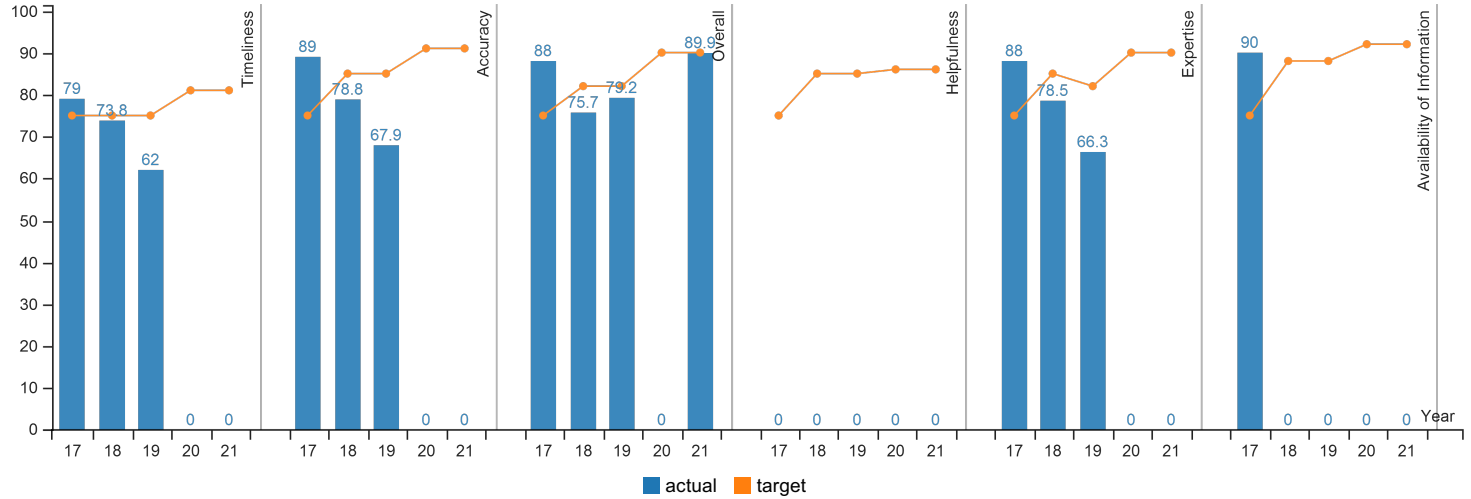
From Oct. 1, 2019 to Sept. 30, 2020, the most recent period for which all relevant data is available, the median quarterly wage at second quarter following OVRS program exit was $3,114. This is $492 decrease compared to the same metric in 2020. We are working to increase both the hourly wage and the total hours worked per quarter for clients by teaching technical and soft skills for maintaining and advancing in employment. We are also incorporating labor market research to identify high and true wage employment opportunities that match our client's skills and interests. This research will be incorporated into the comprehensive career counseling we provide.

Factors Affecting Results

Considering the global COVID-19 pandemic and the disruption to the state's workforce, this is a more positive outcome than expected. At the height of the pandemic, the state lost 285,500 nonfarm payroll jobs, a 14.5% drop, as the unemployment rate skyrocketed by nearly 10 percentage points to a record-high 13.2%. As a result, many OVRS clients lost their employment or had greatly reduced hours impacting KPM #20.

A proactive approach OVRS is taking to improve wages is by providing career counseling to individual job seekers and increasing job their skills so they have access to more career choices with higher earning potential. To meet the requirements of the Lane v. Brown settlement, many individuals with significant disabilities and/or limited prior experience, have been placed in minimum wage positions. This large number of minimum wage employees has decreased median quarterly wage metric for 2021.

KPM #21	DHS CUSTOMER SATISFACTION - The percentage of customers rating their satisfaction with DHS above average, or excellent
	Data Collection Period: Jan 01 - Jan 31



Report Year	2017	2018	2019	2020	2021
Actual	79%	73.80%	62%		
Target	75%	75%	75%	81%	81%
Actual	89%	78.80%	67.90%		
Target	75%	85%	85%	91%	91%
Actual	88%	75.70%	79.20%		89.90%
Target	75%	82%	82%	90%	90%
Actual					
Target	75%	85%	85%	86%	86%
Actual	88%	78.50%	66.30%		
Target	75%	85%	82%	90%	90%
Actual	90%				
Target	75%	88%	88%	92%	92%

How Are We Doing

The Self-Sufficiency Program's (SSP) family survey is being used as a proxy for the ODHS customer service KPM for 2021. The overall rating is being reported along with a breakdown by race, ethnicity and disability.

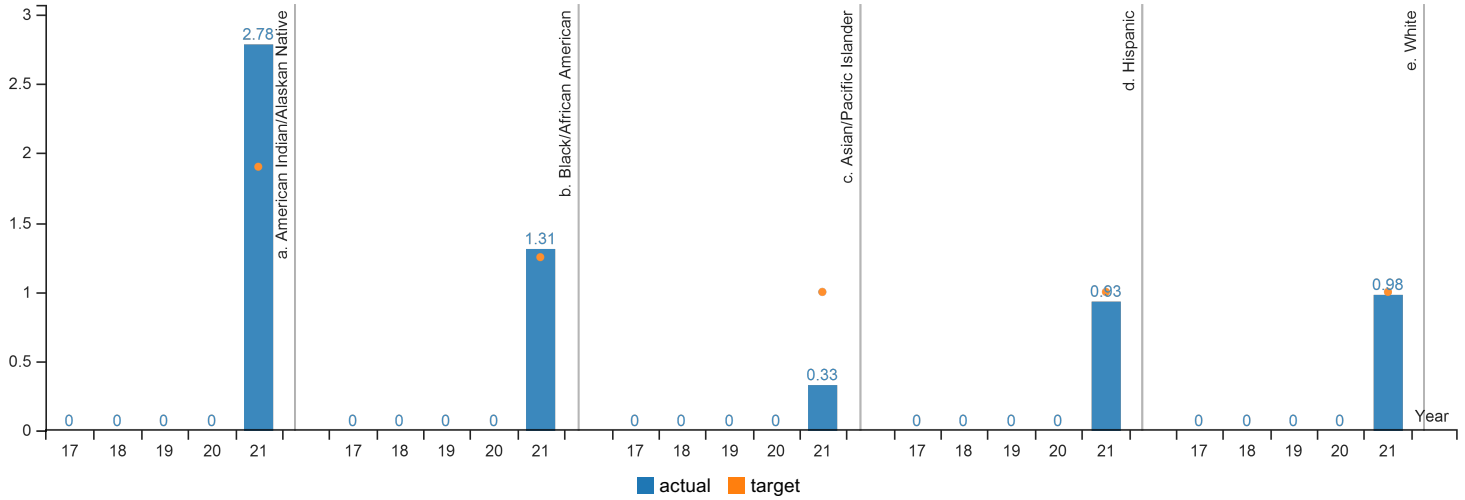
In the Summer/Fall 2021, SSP conducted a statewide survey of Supplemental Nutrition Assistance Program (SNAP) participants who applied or reapplied for SNAP or other SSP programs in the month of April 2021. The survey was voluntary and deployed in six languages: Arabic, Russian, Somali, Spanish, Vietnamese, and English. **Of 35,547 SNAP applicants in April 2021, there were 1,841 survey respondents which represents a 5.2% overall response rate.**

Respondents rated overall satisfaction with services at 89.9%. Below are the disaggregated results by demographic category.

Race/ethnicity/disability	Percentage
American Indian and Alaska Native	92.1%
Asian	93.0%
Black and African American	90.5%
Hispanic and Latino/a/x	92.2%
Middle Eastern and North African	100%
Native Hawaiian and Pacific Islander	66.7%
Two or more races	89.1%
Unknown	81.8%
White	91.7%
Grand Total	**89.9%**
Individuals with disability(ies) (Included in the counts above)	87.9%

Factors Affecting Results

KPM #22	REDUCTION IN DISPROPORTIONALITY OF CHILDREN AT ENTRY INTO SUBSTITUTE CARE (CW) - Measure of the average disproportionality index across race/ethnicity for children at entry into substitute care
	Data Collection Period: Oct 01 - Sep 30



Report Year	2017	2018	2019	2020	2021
Actual					2.78
Target					1.90
Actual					1.31
Target					1.25
Actual					0.33
Target					1
Actual					0.93
Target					1
Actual					0.98
Target					1

How Are We Doing

For reporting year 2021, Asian/Pacific Island, Hispanic, and White populations are all solidly in green for this measure. Black/African American children are in yellow, just shy of their target for 2021. American Indian/Alaskan Native children experience a significantly higher rate of disproportionality at entry than all other races.

Factors Affecting Results

This is one of two brand new equity KPMs for Child Welfare beginning with reporting year 2021. This KPM is designed to measure the average disproportionality index across race/ethnicity for children at entry into foster care. Child Welfare has looked at the range of Disproportionality Indexes across race/ethnicity over the last calendar year and while African American children experience extraordinary disparities in our system related to exits and timeliness of permanency, Native American children are experiencing the highest rates of disproportionality at entry. In short, Child Welfare is more likely to remove Native children than any other racial or ethnic group, while African American children are more likely to experience delays while in care.

Child Welfare struggled with having a KPM for disparity in length of stay at exit (the back door), without one to focus on entries (front door). Child Welfare does not want to miss areas for practice improvement where bias may be contributing to this disproportionality. As this is a brand new KPM it will require further vetting and refinement, with the goal of looking at by-district performance to more accurately see the differences in performance of this measure by race.

PROPOSED SUPERVISORY SPAN OF CONTROL REPORT

In accordance with the requirements of ORS 291.227, the Oregon Department of Human Services presents this report to the Joint Ways and Means Committee regarding the agency's Proposed Maximum Supervisory Ratio for the 2023-2025 biennium.

Supervisor Ratio based on CHRO data:

The agency actual supervisory ratio as of is 1:10.12 as of the July 1, 2021, DAS Agency Span of Control 8th quarter report. As of the May 31, 2022, Workday report, the ODHS Actual Agency Span of Control showed at 1:10.76. *(Agency actual supervisory ratio excludes board & commission employees/positions, additional job records for job rotations and work out of class, and agency head as indicated in the chart below. Otherwise, it includes all Workday records for permanent, limited duration, temporary, contingent workers, volunteers, and employees with second jobs, that are both filled or vacant.)*

The Agency actual supervisory ratio is calculated using the following calculation;

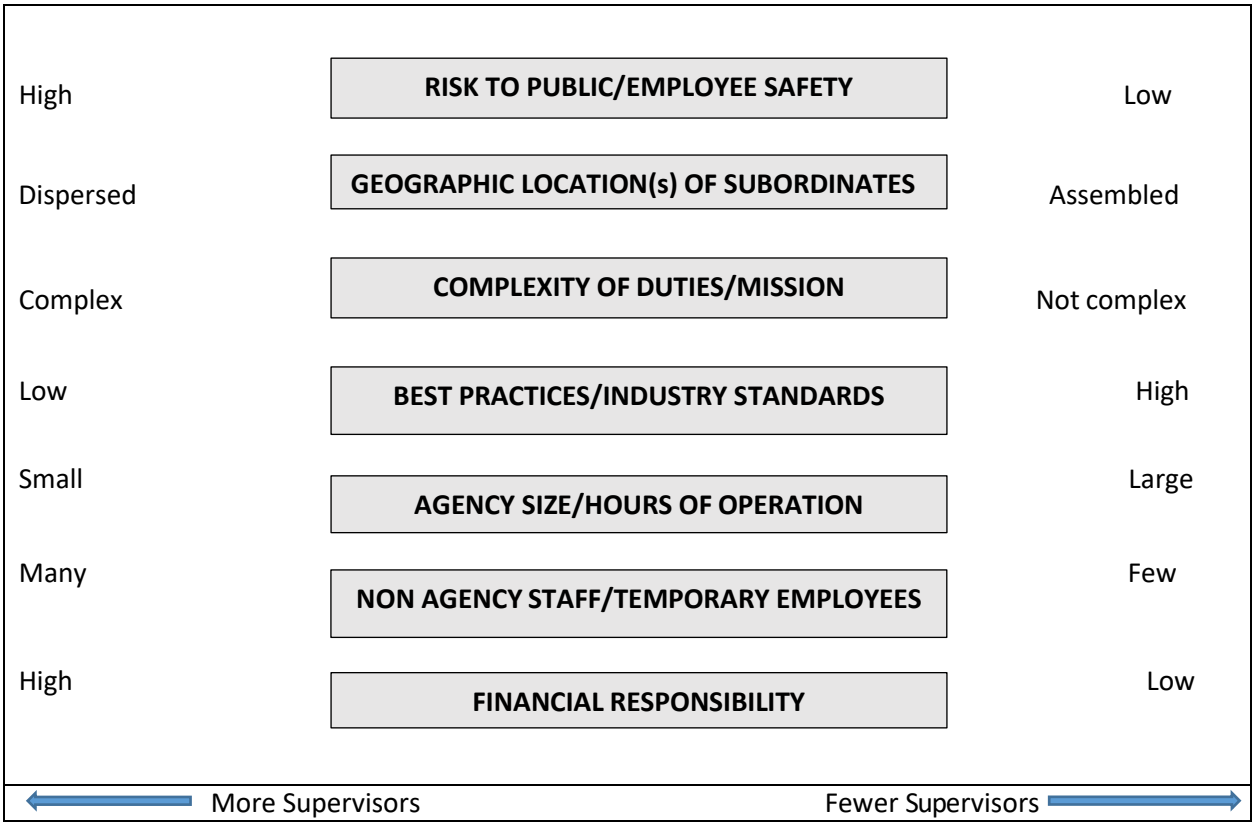
1,044 = 904 + 141 - (1)
(Total supervisors) (Employee in a supervisory role) (Vacancies that if filled would perform a supervisory role) (Agency head)

11,245 = 9,159 + 2,086
(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: 10.76 = 11,245 / 1,044
(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.

← Narrow Span	Wide Span →



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 Yes

Explain how and why this factor impacts the agency maximum supervisory ratio upwards or downward from 1:11-

ODHS is responsible for the safety of many vulnerable Oregonians in Child Welfare, Self Sufficiency, Aging and People with Disabilities, Individuals with Intellectuals 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. ODHS 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.

ODHS houses the Stabilization and Crisis Unit (SACU) a series of 24/7 homes for people with developmental or intellectual disabilities who are in crisis. A ratio of 1:11 is not ideal for this unit, due to the acuity of the clients in the homes and the fact that currently ODHS has supervisors that cover more than one house. 1:7 is a more reasonable target for a supervisory ratio and ODHS 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 Yes

Explain how and why this factor impacts the agency maximum supervisory ratio upwards or downward from 1:11-

ODHS has over 154 office locations statewide including many smaller offices in very rural parts of Oregon. (The number of buildings was reduced by consolidating some older, smaller offices into newer, larger offices; and, it does not include the 21 houses staffed by the Intellectual & Developmental Disabilities (IDD) Stabilization and Crisis Unit (SACU) staff.) However, 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.

ODHS has, without double-counting staff, 2,190 employees/positions (2,010 non-supervisors and 180 supervisors) in non-urban settings. Of these areas, the ratios range from 1:11.25 and 1:16.15. ODHS 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 1:10.77. (This does not include Child Welfare (CW) staffing mentioned in the child welfare section of the "industry standards" section, Aging & People with Disabilities (APD) or IDD SACU staff.)

Is the complexity of the agency's duties a factor to be considered in determining the agency maximum supervisory ratio? Y/N Yes

Explain how and why this factor impacts the agency maximum supervisory ratio upwards or downward from 1:11-

ODHS is comprised of 5 major programs the smallest of which is over $148 million TF, the largest is over $5 billion TF. In addition to Central Services, ODHS also houses Shared Services that support both ODHS 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 ODHS 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 ODHS 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 ODHS, 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 ODHS is larger than most state agencies. ODHS also houses Shared Services that support both ODHS 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 Yes

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 1:5-1:7 for supervisors providing clinical support to caseworkers. This is in addition to their supervisory duties. ODHS 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. This report was concluded on September 30, 2019, and published as a Final Report to the Administration for Community Living (ACL). The recommended discussing the complexity and factors needing consideration when setting the APS supervisory ratios are also further outlined in the ACL Guidelines (National Voluntary Consensus Guidelines for State Adult Protective Services Systems, pages 18 and 19), which was updated in March 2020. Another point of consideration included a Rider Report from Texas, showing their span of control ratio for APS workers.

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 Yes

Explain how and why this factor impacts the agency maximum supervisory ratio upwards or downward from 1:11-

ODHS Child Welfare fully staffs the 24-hour Oregon Child Abuse Hotline (ORCAH), which justifies a higher MSR than 1:11. ODHS 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, ODHS 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 812 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 Yes

Explain how and why this factor impacts the agency maximum supervisory ratio upwards or downward from 1:11-

ODHS has over 118 volunteers, and many contractors, that need 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 Yes

Explain how and why this factor impacts the agency maximum supervisory ratio upwards or downward from 1:11-

ODHS is responsible for serving close to 2 million Oregonians per year (which is almost half of the state's total population of 4.32 million individuals) encompassing over $17 billion-dollar Total Funds in the 2021-23 Legislatively Adopted Budget. This comes with more than 163 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: 8.47.

Unions Requiring Notification: SEIU; AFSCME; ONA

Date unions notified: SEIU 7/6/22; AFSCME 7/6/22; ONA 7/6/22

Submitted by: Eric Moore, ODHS CFO **Date:** _____

Signature Line _____ **Date** 7/26/2022

Print Name: Fariborz Pakseresht, ODHS Director

Signature Line _____ **Date** 7/27/2022

Print Name: Audray Minnieweather-Crutch, ODHS HR Director

Signature Line _____ **Date** 07/26/2022

Summary

Systemic racial inequity is one of the greatest drivers of poverty across the nation and in Oregon. People of color disproportionately experience low incomes, housing instability, homelessness, and the downstream impacts of poverty – including involvement with the child welfare system, health disparities and lower life expectancy. Temporary Assistance for Needy Families (TANF), a federal program that provides services and cash assistance to families experiencing poverty, is deeply rooted in historical racism and much of its federal policy design is premised on racial stereotypes of Black and Brown families. The TANF Redesign partnership in Oregon seeks to dismantle these oppressive underpinnings and retool TANF program implementation to advance equity and economic justice for communities of color.

Background

Oregon Department of Human Services (ODHS) envisions a future where all who live in Oregon, regardless of race, identity, disability, or place, have the resources and support they need to achieve whole well-being for themselves, their families, and their communities. Guided by our Equity North Star, we strive to center race and intersectionality throughout our efforts to support Oregonians' well-being. The Temporary Assistance for Needy Families (TANF) program is a critical focal point for this work due to the racism embedded in the program's history. Across the nation and here in Oregon, communities of color bear the brunt of past and current policy decisions that have resulted in disproportionate experiences of poverty based on race.

ODHS is committed to working with our partners to transform systems that are based in legacies of racism. Our Equity North Star highlights the need to redesign human services to rectify longstanding disparities and ensure that everyone can access the resources they need to achieve whole well-being. In late 2021, we launched TANF Redesign in partnership with community-based organizations, advocates, Oregon Tribal Nations, and impacted families as an effort to rethink the ways we implement the TANF program in Oregon.

TANF Overview

Enacted in 1996, TANF is a federal block grant administered by states to provide cash, support services and job training to families in deep poverty.[1] Under TANF, the federal government provides a fixed block grant to states to design and operate programs that accomplish one of the four federally mandated purposes of the TANF program:

- Provide assistance to needy families so that children can be cared for in their own homes or in the homes of relatives.
- End the dependency of needy parents by promoting job preparation, work, and marriage.
- Prevent and reduce the incidence of out-of-wedlock pregnancies; and
- Encourage the formation and maintenance of two-parent families.

TANF is rooted in harmful narratives that portrayed Black and Brown single mothers as irresponsible, unwilling to work and needing to be compelled to leave public assistance programs.[2] These narratives are themselves based in anti-Black racism that dates back to enslavement,[3] and along with the myth that laziness or poor choices cause poverty,[4] are clearly reflected in TANF's harsh work requirements, time limits and inadequate cash supports.

Poverty in Oregon

[1] The U.S. Census Bureau defines "deep poverty" as living in a household with a total cash income below 50 percent of its poverty threshold.
[2] TANF Policies Reflect Racist Legacy of Cash Assistance, Center for Budget and Policy Priorities (2021).
[3] TANF Policies Reflect Racist Legacy of Cash Assistance, Center for Budget and Policy Priorities (2021).
[4] Poverty Results from Structural Barriers, Not Personal Choices. Safety Net Programs Should Reflect That Fact, Urban Institute (2021).

In line with national statistics, the burden of poverty in Oregon is not equally shared. In 2020, 25 percent of Oregon's Black and African American population experienced poverty.[5] This is more than double the poverty rate for white people. Disproportionate rates of poverty also persist for Native American and Latino/a/x populations. As a result, communities of color facing poverty often experience worse health outcomes and lower life expectancy.[6]

Race/Ethnicity	Percent of State Population	Percent Experiencing Poverty	Percent of TANF Population
Black/African American	2.2%	25.2%	9.1%
Native American	1.8%	18.5%	3.8%
Hispanic/Latino/a/x	13.4%	14.8%	14.6%
White	86.2%	10.2%	73.2%

Oregon's communities of color are also disproportionately represented within the TANF program.

Looking at child poverty in Oregon reveals additional stark examples of persistent material inequity. The statewide child poverty rate is 13 percent, but among Latino/a/x Oregonians the rate is 20 percent.[7] Children of color, particularly Black and Native American children, are also more likely to live in areas of concentrated poverty.[8]

Children of color are also disproportionately represented in Oregon's child welfare system, experiencing associated detrimental impacts that compound the effects of poverty and systemic racism. In 2020, 40.4 percent of substantiated abuse cases in Oregon were associated with neglect. Poverty is often mistaken for neglect, resulting

[5] United State Census Bureau (n.d.). *State of Oregon Quick Facts*. https://www.census.gov/quickfacts/OR
[6] Oregon's State Health Assessment, Oregon Health Authority, Public Health Division (2018).
[7] KIDS COUNT DATA BOOK INTERACTIVE, Oregon (2021).
[8] Areas of concentrated poverty are defined as census tracts where the overall poverty rate checks in at 30 percent or more.

in increased rates of child abuse reports and unnecessary foster care, group, and institutional placements.[9] National data provide that Black, Indigenous and Latino/a/x children enter foster care at higher rates than their white peers. This disparity exists in Oregon and as of 2019, Oregon Child Welfare data reveal that the percent of Black children entering foster care statewide is 1.31 times higher than the percent of Black children in Oregon's child population; and 2.78 times higher for American Indian/Alaska Native children than the percent of American Indian/Alaska Native in Oregon's child population.[10]

When adults lose a job or experience crisis, they have limited access to cash assistance. To qualify for TANF, a family's income must not exceed 34 percent of the Federal Poverty Limit (FPL) – which is well below the metric for deep poverty.

Monthly TANF Benefit Levels (Single Parent Family of Three)[11]							
	July 1996	July 2000	July 2005	July 2010	July 2019	July 2020	Change 1996-2020 (inflation adjusted dollars)
Oregon	$460	$460	$460	$485	$506	$506	-34%

The monthly TANF cash grant, designed to help meet a family's basic needs while they find or prepare for work, are drastically inadequate. The maximum cash benefit for a family of three is currently $506. Overall, Oregon's cash grant has increased just $46, a mere 10 percent increase since TANF's inception in 1996, and nowhere near enough to afford a one-bedroom apartment in any county in Oregon.[12] Accordingly, people of color

[9] Addressing the Underlying Issue of Poverty in Child-Neglect Cases, American Bar Association (2014).
[10] Oregon Department of Human Services Child Welfare Dashboard (2019).
[11] Cash Assistance Should Reach Millions More Families to Lessen Hardship, Center for Budget and Policy Priorities (2022).
[12] Legislature Fails to Spare Children Facing Hardship, Oregon Center for Policy Priorities (2020).

disproportionally experience homelessness and housing instability, with Black Oregonians making up over 50 percent of the rent-burdened population.[13]

Limiting direct cash assistance and redirecting funds to services and workforce supports is a nationwide trend for TANF programs. Based as they are in harmful racial stereotypes, these policies presuppose that people experiencing poverty, particularly families of color, must be coerced into seeking work and generating income. Beyond reinforcing negative stereotypes, this policy approach is ineffective at ending the cycle of poverty. Most families return to low-wage jobs and unstable financial realities, often cycling on and off the TANF program for years.[14] Conversely, a growing body of research demonstrates that providing adequate cash assistance for families to meet basic needs supports healthy brain development in infants and can improve long-term outcomes for children.[15] By limiting cash assistance and engaging in wealth-stripping activities such as sanctions and assigning child support, Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) payment rights to the state, Oregon's TANF program contributes to the racial wealth gap and further destabilizes the economic futures of communities of color.[16]

Community Engagement

Since 2021, ODHS has been working side-by-side with community partners to develop, design and execute our TANF redesign work, with weekly meetings that include the TANF Equity Alliance, community-based organizations and Tribal TANF partners. Together, we developed a set of principles and goals for TANF redesign that have guided our work:

[13] Building on New Ground: Meeting Oregon's Housing Need, Oregon Housing and Community Services (2021).
[14] TANF Policies Reflect Racist Legacy of Cash Assistance, Center for Budget and Policy Priorities (2021).
[15] Cash Assistance Should Reach Millions More Families to Lessen Hardship, Center for Budget and Policy Priorities (2022).
[16] Addressing the Racial Wealth Gap, Coalition of Communities of Color (2022).

TANF Redesign Principles

- Ground solutions and change in the **lived experience** of TANF families
- Allow for **flexibility** to the extent possible so that our programs truly meet families' unique struggles and needs
- Seek to understand differences in culture to better design programs and policy in **culturally responsive** ways
- **Engage** individuals, families and communities in **systems change**, recognizing and supporting their **leadership**
- **Trust families** to make decisions for themselves
- **Create opportunity** for both stabilization and economic mobility
- Ensure social service supports **foster independence** through providing basic needs while families seek opportunities for meaningful work, educational attainment, and personal growth
- **Ensure transparency** in decision-making and **ongoing communication** with impacted families and communities
- **Utilize a trauma-informed lens** in decision-making and center **all dimensions of health** (physical, mental, emotional, intellectual, social, spiritual, generational, environmental, occupational)
- Consider the role TANF plays within the larger context of **whole wellbeing** for individuals, families, and communities

TANF Redesign Goals

1. Families have the resources and financial flexibility they need to be stable and the opportunity for personal and professional growth, enabling them to reach their full potential.

2. Services are offered respectfully, in ways that uphold people's dignity and reflect the diverse cultural needs and experiences of Oregon families, resulting in reduced racial and ethnic disparities and more equitable outcomes.

3. Families receiving TANF are empowered and trusted to make decisions on their own behalf, maintaining agency over their lives and future.

4. TANF Redesign demonstrates concrete changes in the lives of Oregon families through qualitative and quantitative data, and impacted communities have ongoing ways to continue improving the program.

Over the course of the redesign process, ODHS and partners grounded our work in the lived experiences of Oregon families experiencing poverty. This included input shared by the TANF Equity Alliance, which conducted virtual focus groups, surveys, and engagement with TANF families in 2020 and 2021 from immigrant and refugee communities, urban Indigenous communities, and people of color. In the spring of 2022, ODHS also collaborated with community partners in several regions of Oregon to hold listening to sessions with families receiving TANF, including events in Klamath Falls and Newport and an online session with families in Multnomah and Washington Counties.

The TANF Redesign group went through a collective process over the past several months to identify the legislative priorities and program investments put forward for the 23-25 session. This started with a freeform collaborative brainstorm to share concrete change concepts including legislative, administrative rule, and other programmatic changes that are needed to make the TANF program more effective, equitable and culturally responsive.

The TANF Redesign partnership also collaborated with the Poverty Relief Task Force's Basic Income Subcommittee to align the TANF Redesign policy option package.

TANF Redesign Membership

- TANF Equity Alliance (El Programa Hispano, Native American Youth and Family Center, Oregon Food Bank, Oregon Center for Public Policy, Partners for a Hunger Free Oregon, Oregon Law Center, The Leadership Lab, Urban League of Portland),
- Confederated Tribes of Siletz Indians,
- Klamath Tribes,
- TANF Families, and
- Organizations outside of I-5 corridor

Poverty Relief Task Force Membership

- Assist,
- Confederated Tribes of Grand Ronde,
- Multnomah County Idea Lab,
- Neighborhood Partnerships,
- ODHS Self-Sufficiency Programs,
- ODHS Aging and People with Disabilities,
- Oregon Department of Revenue,
- Oregon Food Bank,
- Oregon Health Authority, and
- Oregon Housing and Community Services

TANF Redesign Policy Option Package

ODHS staff have met weekly with community partners over the past seven months to forge a partnership and shared vision for the future of the TANF program. A policy option package (POP) has been designed in support of our shared goals. The POP would increase cash assistance to families, reach more people in need, roll back punitive policies that harm families and increase financial stability for participating families. The package includes:

- **Raising the TANF monthly cash grant to 50 percent of the Federal Poverty Limit**

Family Size	Current Grant Amount	Monthly Income at 50% FPL	Change in Grant Amount
1	$339	$537	$198
2	$432	$726	$294
3	$506	$915	$409
4	$621	$1,105	$484
5	$721	$1,294	$573
6	$833	$1,483	$650
7	$923	$1,672	$749
8	$1,030	$1,861	$831
9	$1,093	$2,051	$958
10	$1,204	$2,240	$1,036

- **Expanding TANF program eligibility to include undocumented persons and all pregnant individuals**

Current TANF policy excludes certain populations from receiving TANF cash supports. This proposal seeks to expand TANF eligibility to undocumented parents/caretakers as well as individuals who are pregnant for less than eight months.

- **Eliminating the no-adult standard**
  The no-adult standard is used to determine grant amounts for families where an adult in the household is ineligible to receive the TANF grant. The grant amount is determined by counting all individuals in the home – even those with no relation to the child – which often results in a smaller monthly cash grant for the family. This policy places undue burden on families that include an adult who is not receiving TANF benefits due to disability or citizenship status, and on families with limited housing options or that live in multigenerational households. The proposal seeks to eliminate the no-adult standard.

- **Ending time limits**
  Oregon cannot provide cash assistance from federal TANF funds for longer than 60 months to a family that includes an adult recipient. When an adult is "timed off" the TANF program, the cash grant is reduced for the household. Program time limits restrict families' access to much needed cash assistance, which can have detrimental impacts to children in that household.[17] The proposal seeks to eliminate state time limits (as other states have done), so that families can maintain vital cash supports or access them when needed.

Next Steps

The data show that communities of color experience poverty at disproportionate levels in Oregon and are overrepresented on the TANF caseload, but these data alone don't tell the bigger and more complex story about the

[17] A Roadmap to Reducing Child Poverty, National Academies of Sciences, Engineering and Medicine (2019).

systemic inequities driving such outcomes.[18] To reveal that story and advance equity through the use of data, Self-Sufficiency Programs (SSP) must be a better partner in community-led data justice efforts, developing outcome measures that truly matter to and are determined by the most impacted communities. The TANF Redesign partnership has helped the agency identify the limits of our data and how we use it, and it has pointed to a need for continued trust-building, listening, and power-sharing. Our ongoing work with community will entail developing a collaborative research agenda that helps SSP identify service gaps, unintended consequences, and policy solutions that are responsive to the diverse communities we serve.

[18] Understanding how data justice pertains to our work as a governmental institution, Oregon Health Authority (2022).