OREGON DEPARTMENT OF HUMAN SERVICES
WAYS AND MEANS REFERENCE DOCUMENT
2023-25

https://www.oregon.gov/dhs/ABOUTDHS/DHSBUDGET/Documents/2023-2025-ways-means-reference.pdf

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Oregon
Kate Brown, Governor

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Director Fariborz Pakseresht**,**
Oregon Department of Human Services

Governor Tina Kotek's 2023-25 Governor's Recommended Budget (GRB) is titled "Mission Focused" because it zeroes in on her top three priorities – housing and homelessness, improving access to mental health and addiction services, and improving educational outcomes across grades pre-K-12. It also reflects the Governor's commitment to putting customer service at the forefront of state agencies' work. From technology investments to added staffing, it would provide key resources to empower our state workforce to deliver for people in communities throughout Oregon.

I'm pleased to report that the GRB, which includes a proposed budget of $17.8 billion in total funds and 11,111 positions for ODHS, contains a range of investments that will support our ongoing efforts in all three of our agency-wide focus areas – strengthening our foundations to ensure we can serve our communities equitably and effectively, preparing for and responding to emergencies, and creating the future of human services. Highlights of investments (in General Fund dollars) include:

Strengthening foundations

- The GRB allocates critical funds to support the well-being of older adults and people with disabilities, including $405 million toward **rates for providers** around the state who deliver essential services to people with the highest needs. Another $38.2 million would ensure that individuals of any immigration status can access Medicaid health care and long-term services and supports through the **Healthier Oregon Program.**

- The GRB also includes $46 million to support the **ONE eligibility system**, which helps one in three people in Oregon apply for and manage medical, food, cash and child care benefits. The budget supports both maintenance and improvements for this key software along with funding to maintain staff who help connect people with benefits. An additional $3 million would go toward **modernizing the mainframe** and provider payment systems.

- Two other investments would strengthen our ability to serve families involved in the Child Welfare system, including $1 million to assist Child Welfare caseworkers in matching parents with providers in cases where

alcohol and drug treatment services are needed, and $4 million to expand **legal representation** services delivered through the Oregon Department of Justice for Child Welfare cases.

Preparing for and responding to emergencies

- The GRB proposes an initial investment of $2 million in the **Office of Resilience and Emergency Management** (OREM), an ODHS office created after the historic 2020 wildfires to better serve communities impacted by disaster and help the state prepare for future emergencies. Over the past two years, OREM has delivered more than 2 million meals to wildfire survivors; sheltered 4,400 people in the wake of wildfires; sourced and delivered water to people impacted by drought; ensured that Oregonians who rely on electric-powered, life-sustaining equipment were able to survive public-safety power shutoffs; and helped local jurisdictions evacuate people to safety during the wildfires.

Creating the future of human services

- Several investments strengthen the ways we support Oregon families, maximizing their capacity to care for their children and nurture children's healthy development at home, including a $7 million allocation that would allow us to hire more **Child Protective Services** workers, expanding our capacity to assess and address family needs so more children can remain safely with their families instead of entering foster care. Additional investments include $7 million to expand the **FOCUS Program** — a program that allows children with complex needs to remain in their own communities in a culturally appropriate foster care home, relative care or parent's home – while a $17 million investment would raise the monthly **pay for resource parents** to provide foster care. Increasing these rates both attracts and retains more, and more diverse, families to provide this care.

- An additional $1.4 million would fund the **Model Employer Program**, which allows ODHS to hire people with intellectual and developmental disabilities more quickly and easily, creating more opportunities for young people and adults with disabilities to contribute to the state workforce.

- Another $4 million would fund staffing capacity and systems costs to implement the Oregon Health Authority's **1115 Medicaid Waiver.**

The resources identified in this budget would allow ODHS to make significant strides in supporting the well-being of individuals, families and communities in Oregon. Of course, this work cannot happen without the tens of thousands of staff – both in ODHS and in our partner organizations – who provide people in Oregon with the services and supports they need to thrive. I continue to be amazed by the compassion, commitment and skill these staff members bring to their work, navigating the many challenges and delivering for our communities every day. I am deeply grateful for all they do.

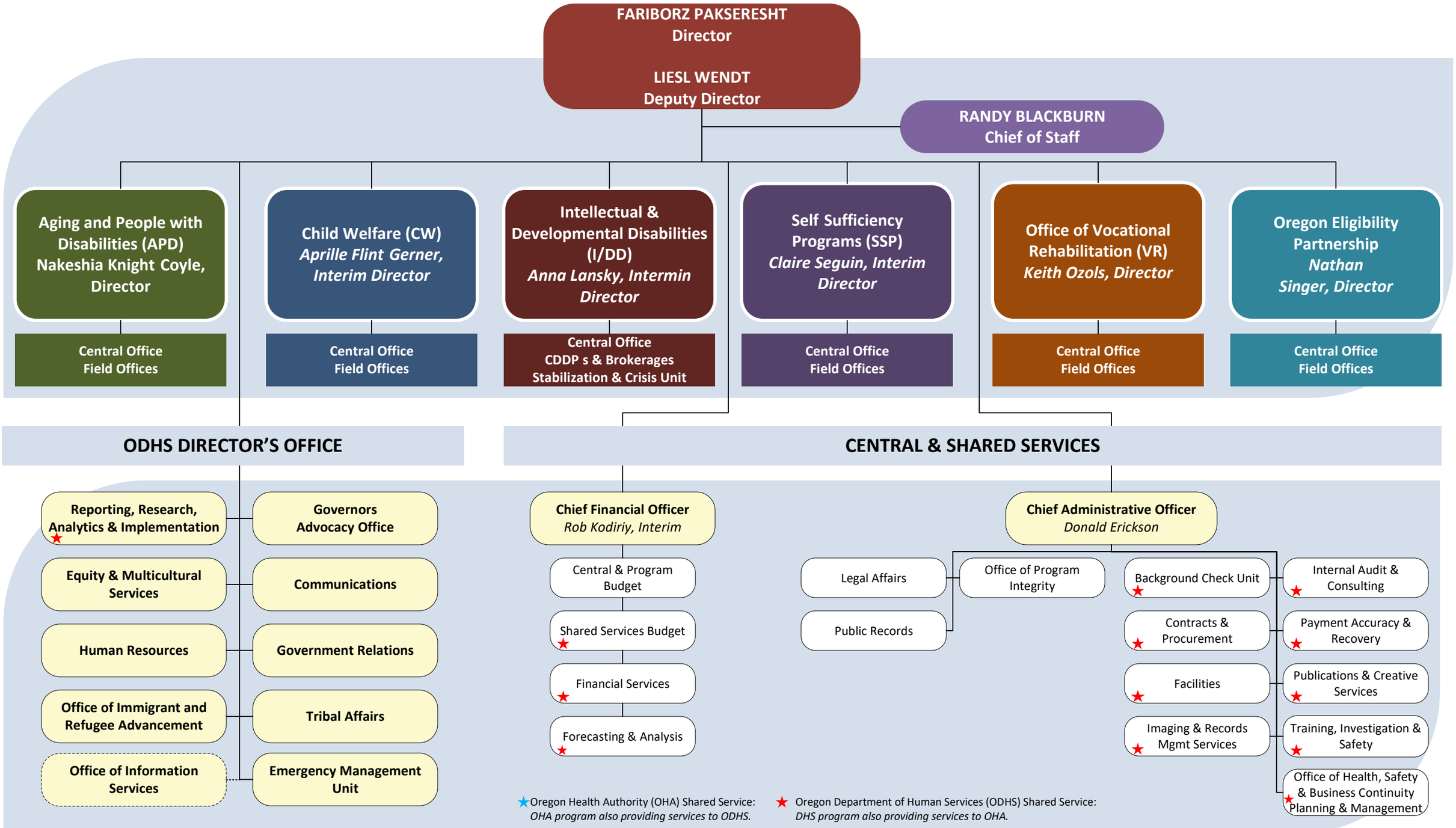
Sincerely,



Fariborz Pakseresht
Director, Oregon Department of Human Services

OREGON DEPARTMENT OF HUMAN SERVICES (ODHS)

LAST UPDATED 01/31/2023



Oregon Department of Human Services

Overview

The mission of the Oregon Department of Human Services (ODHS) is to help Oregonians in their own communities achieve safety, well-being, and independence increasingly through locally informed, culturally appropriate, customer focused Services and customer service provided at the state and/or local level in a way that protects, empowers, respects choice, and preserves dignity of all Oregonians in need of ODHS services.

As described in more detail in the ODHS GB Director's letter is based on advancing the Building Well-being Together initiative through investments in the following three key areas:

1. **Strengthening ODHS foundations –** building the capacity we need to serve our communities more equitably and effectively;

2. **Preparing for and responding to emergencies –** providing mass care, shelter, food, and water in times of disaster while investing year-round in agency and community preparedness; and

3. **Creating the future of ODHS and human services in Oregon –** working internally and externally to break down siloes, connect systems together and identify gaps in services. This includes engaging local communities impacted in the process. By analyzing these gaps, we can better identify and implement, including input from local communities to determine for any improvements or rule/statutory which pay include systemic barriers we are dedicated to dismantling. ODHS acknowledges that people and communities are the experts in their own lives and partnering with them to design services that better support their needs and goals will lead to better outcomes.

Funding

The ODHS Governor's Budget (GB) provides ODHS a General Fund investment of $5.33 billion General Fund and $17.76 billion total funds for the 2023-25 biennium.

Major changes from 21-23 LAB to 23-25 GB are driven by:

- Roll up of 21-23 investments
- Phase out of one-time funding for nonrecurring expenditures
- Standard inflation
- Forecasted Cost per Case and Caseload changes including related staffing

- Backfill of General Fund for one-time revenues and capped federal fund grants
- Changes in Federal Medicaid Assistance Percentages (FMAP)
- Transfer of the Employment-Related Day Care and Inclusive Partners Programs from ODHS to Department of Early Learning and Care (DELC)
- Statewide rate adjustments
- Reductions to meet the statewide General Fund budget
- Investments into Policy Option Packages

Strategic Funding Investments and Adjustments

Due to time constraints, the GB document will not include descriptions of each major Policy Option Package (POP) and other Package investments in the appropriate program budget narratives in the following sections of the ODHS GB document. The list of GB-approved POPs is below in numerical order.

POP #	ODHS POPs at GB	GF	OF	FF	TF	POS	FTE
105	Healthier Oregon Program (HOP)	$ 38,232,495	$ -	$ 4,042,868	$ 42,275,363	48	36.50
106	Chief Data Office	$ 433,310	$ -	$ 288,873	$ 722,183	3	2.37
109	Ofc of Resiliency and Emergency Mgt Staffing	$ 1,930,603	$ -	$ 1,446,210	$ 3,376,813	48	12.00
118	Child Safety	$ 6,907,091	$ -	$ 2,302,362	$ 9,209,453	202	50.50
119	Parent Alcohol & Drug Support Services	$ 1,088,443	$ -	$ 362,841	$ 1,451,284	8	6.00
122	FOCUS Expansion	$ 7,292,700	$ -	$ -	$ 7,292,700	-	-
123	FC/Resource Parent Reimbursement Rates	$ 17,363,200	$ -	$ 10,519,135	$ 27,882,335	-	-
126	Model Employer	$ 1,424,399	$ -	$ 1,424,399	$ 2,848,798	29	16.38
128	Child Welfare and IDD Parents	$ 387,997	$ -	$ 564,445	$ 952,442	2	1.50
129	ODDS Systems	$ 711,758	$ -	$ 6,410,420	$ 7,122,178	29	22.35
142	Combined Eligibility Worker	$ 30,000,000	$ -	$ 21,728,451	$ 51,728,451	300	300.00
143	ONE Ongoing Maintenance	$ 16,200,175	$ 840,000	$ 22,148,479	$ 39,188,654	34	26.00
148	RSA Audit Report	$ -	$ -	$ -	$ -	5	5.00
201	Medicaid Waiver Placeholder	$ 4,479,037	$ -	$ 6,810,361	$ 11,289,398	55	34.65
203	Mainframe Migration/Provider & Client Pmt Sys	$ 2,958,688	$ 880,474	$ 1,991,333	$ 5,830,495	10	7.14
301	ERDC Expansion - DELC Companion	$ -	$ 4,892,534	$ 1,099,439	$ 5,991,973	-	-
	TOTAL	**$ 129,409,896**	**$ 6,613,008**	**$ 81,139,616**	**$ 217,162,520**	**773**	**520.39**

Conclusion

For the 23-25 biennium, the GB invests in an array of services that promote safety, wellbeing, diversity and improving the economic sustainability, increasing safety, and achieving Wellbeing for some of Oregon's most vulnerable citizens. These investments will help ODHS meet the needs of Oregonians in this period of increasing diversity, change and growth.

Oregon Department of Human Services
Central Services

Overview

ODHS Central Services provide essential supports to ODHS programs, helping each achieve their vision, realize target outcomes, and advance the wider agency mission.

It consists of the Office of the Director and Policy including the Chief of Staff, Tribal Affairs, the Deputy Director, the Office of the Chief Financial Officer, the Office of Immigrant and Refugee Advancement, and the Governor's Advocacy Office. Central office also includes the Office of Equity and Multicultural Services (OEMS), the Office of Resilience and Emergency Management (OREM), the Office of Human Resources, the Central ODHS Budget, Planning and Analysis Office, the Public Affairs office which includes Government Relations, Public Records, Legal Unit and Communications, the Office of Program Integrity, and the Office of Reporting Research, Analytics and Implementation. The Office of Business Information Services, the Office of Information Support Services and the Integrated Eligibilityand Medicaid Eligibility ONE Program Office are all being moved budgetarily into a separate Oregon Eligibility Partnership structure as part of the Governor's Budget (GB). These offices provide essential business supports to programs in achieving the department and programs mission,vision, and outcomes.

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

Control over major costs. ODHS centrally manages many major costs. ODHS also strongly supports and actively participates in statewide efforts to locate work across the enterprise and install performance management systems to perform administrative functions more efficiently and effectively.

ODHS continues with the Fundamentals map process, including Quarterly Performance Reviews. ODHS has an expectation of managers and all staff to bring forward ideas for process improvement.

ODHS is also in the initial stages of the Wellbeing project, including a dedicated focus of becoming a non-racist Agency and looking at new inventive ways to look at how human services are delivered in 2022 and beyond. Being more customer-centric and doing outreach to local communities, with an intentional focus on engaging marginalized and underserved communities.

Oregon Department of Human Services
Central Services

The ODHS Governor's Budget (GB) provides funding for Central Services at $54.2 million General Fund and $113.7 million Total funds:

Major changes from 21-23 LAB to 23-25 GB include:

- Standard inflation
- Phase out of one-time funding for wildfires
- Statewide rate adjustments
- Reductions to meet the statewide General Fund budget
- Investment into Policy Option Packages

Strategic Funding Investments and Adjustments

POP #	ODHS POPs at GB	GF	OF	FF	TF	POS	FTE
106	Chief Data Office	$ 433,310	$ -	$ 288,873	$ 722,183	3	2.37
109	Ofc of Resiliency and Emergency Mgt Staffing	$ 1,930,603	$ -	$ 1,446,210	$ 3,376,813	48	12.00
		$ 2,363,913	**$ -**	**$ 1,735,083**	**$ 4,098,996**	**51**	**14.37**

POP 106 – 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 has 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 positions 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. "

POP 109 - 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.

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

Office of the Director

The ODHS Director's Office is responsible for agency leadership, policy development, resource allocation, and administrative oversight for all programs, staff, and offices in ODHS in a manner that supports equitable outcomes for Oregon's diverse population. These functions are led by the Director and Deputy Director and coordinated by the Director Cabinet members, with the Governor's Office, the Oregon Legislature, state and federal agencies, Tribes, community partners, communities of color, LGBTQIA2S+ communities, local governments, advocacy and client groups, and the private sector. The Director and Deputy Director oversee Internal Audits and the Office of Training, Investigations and Safety, which provide shared services for both ODHS and OHA.

Chief of Staff

The Chief of Staff to the agency enables the Director to work most effectively with internal and external partners to fulfill commitments that achieve the agency's mission, goals, and outcomes. This is a strategic and facilitative role that requires a combination of focus and flexibility, as well as a willingness to play an active, behind-the-scenes role as the Director's trusted advisor.

Governor's Advocacy Office

The Governor's Advocacy Office (GAO) is the office of Human Services Ombuds. Ombuds (also "ombudsman" or "ombudsperson") are neutral or impartial conflict resolution practitioners who may provide confidential and informal assistance to ODHS clients and others affected by the Department's action or inaction. The GAO is a part of the ODHS Director's office and resolve issues and track trends on behalf of the ODHS Director. The office includes:

- ODHS Ombuds - the GAO has Ombuds dedicated to serving client and others with questions, concerns, and complaints about all ODHS programs and services.
- Foster Care Ombuds - the Foster Children's Bill of Rights requires that ODHS foster youth are enabled to make complaints and assert grievances regarding their care, safety, or well-being.
- Client Civil Rights investigations - ODHS non-discrimination rules and policies require investigation of reports of discrimination.
- Oversight of the ODHS formal complaint process - by rule, the Department

maintains a process for handling formal complaints. While complaints may be resolved locally, the GAO partners with supervisors to oversee this process.

Tribal Affairs

The Tribal Affairs Unit within the ODHS Director's Office is a team committed to all Oregon Tribal communities thriving mentally, physically, spiritually, and emotionally. Tribal Affairs works with all five ODHS programs to create and provide Tribally appropriate programming, services, policies, and support. Through Tribal consultation with Oregon's Nine Federally Recognized Tribes, ODHS ensures programming, services and policies meet the needs of Oregon Tribal communities.

Office of Immigrant and Refugee Advancement

The Oregon Legislature through SB 778 established the Office of Immigrant and Refugee Advancement (OIRA). Transferred to ODHS from the Governor's Office in 2022, OIRA is dedicated to identifying the gaps within existing structures and strives to promote the successful social, linguistic, educational, economic, and civic integration of Oregon's immigrant and refugee communities.

The office accomplishes its work through partnering with state agencies, community-based organizations, refugee resettlement agencies (RRAs) and immigrant and refugee advocacy groups to help coordinate strategies, create policy, develop programs, review legislation, develop tracking systems to monitor potential investments and efforts in the state, advocate that resources are being allocated equitably and effectively, and ultimately implement plans that aid in the advancement of immigrants and refugees across the state. The office conducts outreach and education and serves as a resource on state initiatives and programs to ensure equitable access for immigrants and refugees

Office of the Chief Financial Officer

The Office of the Chief Financial Officer provides optimal business services to ensure accountability, data-driven decisions, and stewardship of resources in support of the ODHS mission. This is done by:

- Working closely with ODHS and OHA programs and the OHA Chief

Financial Officer to ensure culturally competent and equitable services and accurate, timely, and efficient recording and management of financial resources.

- Authorizing the redistribution of available resources to meet changing needs; and
- Establishing administrative controls.

This office also oversees budget, planning, and analysis functions for ODHS-based programs as well as coordination and leadership of the ODHS budget with the Governor's Office, Legislature, Department of Administrative Services, Legislative Fiscal Office, and ODHS partners.

Office of Human Resources

Human Resources (HR) enables the organization to equitably recruit, support and engage a diverse workforce in a collaborative partnership to foster an environment where employees maximize their potential to achieve the agency's mission. The office serves as a strategic partner to ODHS programs, providing proactive, comprehensive human resources services in alignment with agency and program mission and goals.

HR works closely with internal customers on workforce strategies that support agency and program strategies as well as a healthy workplace culture of ongoing development and feedback. Through these efforts, HR helps ensure that ODHS has the right people with the right skills, training, and support to do their work, now and in the future.

Budget, Planning and Analysis

This office functions as the central budget for ODHS based programs working under the guidance of the CFO. Main duties include: (1) development and preparation of the department's biennial budget documents and leadership of the ODHS budget with the Governor's Office, Legislature, Department of Administrative Services (DAS), Legislative Fiscal Office (LFO) and DHS partners; (2) initiating, coordinating and developing the department's budget rebalance plans and Legislative Emergency Board items; (3) providing fiscal analysis of proposed legislation and responses to inquiries regarding fiscal impacts of policy changes; and (4) providing management accurate budget and projections to assist in the management of the overall ODHS budget of over $17.1 billion total funds and over 10,450 budgeted positions.

Public Affairs Office

This office supports the ODHS mission by connecting Oregonians with the information they need to access, receive, or understand department services, and to collaborate with the department to advance human services in the state. Within the office, the **Communications** team helps engage the public in the work of ODHS, which leads to more effective and inclusive policy making. This includes implementing communication plans, coordinating social media and website content, writing direct notices to clients, and talking with the media and legislature. The communications team engages with diverse audiences, including employees, clients, legislators, advocacy and interest groups, providers and partners, local governments, state and federal agencies, policymakers, Oregon's Nine Federally Recognized Tribes, the news media, targeted audiences, and the wider public. The unit strives to use culturally relevant and linguistically competent communication practices to effectively reach Oregonians. Effective communication is the primary vehicle to demonstrate public transparency, accountability, and trust. The office also provides support to the department's priority projects as defined by the ODHS Director and executive team.

The Office of Public Affairs also includes the **Government Relations** unit. This unit advances the ODHS mission by ensuring that statutory, policy, and budget implications positively impact the Oregonians that we serve. The Government Relations team coordinates all ODHS legislative matters and works closely with the Governor's Office and key community, state, and federal partners. The team also supports field and central office staff by providing consultation and support related to legislative and policy changes. Staff in this unit support the director of ODHS, the directors of all agency programs, and operations in the field. Legislative work is conducted with the intent of eliminating existing inequities and promoting equitable outcomes, using a comprehensive equity lens.

The ODHS **Public Records** unit reviews, completes, and responds to public records requests from clients, the media, public entities, and individuals. With a focus on equitable service delivery, the unit focuses on consistency, transparency, and adherence to public records law across all programs within the agency. The centralized team affords the ODHS workforce and partner with streamlined responses for records requests and serves as a single point of contact for records-related questions.

The **Legal** unit, also housed in Public Affairs, manages all lawsuits, tort claims, and subpoenas related to ODHS program and operations. Staff in this unit provide expert consultation to ODHS field and central office staff and Department of Justice and Department of Administrative Services Risk Management in policy related to legal matters. The team ensures timely completion of the required judicial documents to move smoothly through a complex legal matter.

Office of Equity and Multicultural Services

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

Office of Program Integrity

The Office of Program Integrity's mission is to support the Oregon Department of Human Services (ODHS) and Oregon Health Authority (OHA) by monitoring and measuring federal compliance, making recommendations, taking appropriate action, providing support, facilitating activities, training/coaching field staff, and reporting trends and statistics to ODHS and OHA leadership, stakeholders, and federal agencies.

Office of Reporting, Research, Analytics, and Implementation

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

Office of Business Information Services
This office is moving to a separate Oregon Eligibility Partnership (OEP) division in the Governor's Budget.

Integrated Eligibility and Medicaid Eligibility Program Office
This office is moving to a separate Oregon Eligibility Partnership (OEP) division in the Governor's Budget.

Office of Resilience and Emergency Management (OREM)
The Office of Resilience and Emergency Management (OREM) focuses on the needs of people before, during and after disasters, reducing disaster impacts in times of crisis and investing in communities year-round to ensure greater resilience. OREM carries out ODHS' roles in Oregon's Comprehensive Emergency Management Plan as the primary agency for mass care, food and water in disaster situations and social services during recovery. The office centers equity in its work, ensuring that the goals and needs of vulnerable communities directly inform resilience plans and that our response systems effectively address disproportionate disaster impacts. OREM also assists other ODHS programs in preventing, mitigating, responding to, and recovering from natural, technical, and human-caused hazards.

OREM recognizes that being ready and quickly responsive hastens recovery. To achieve this, the office adheres to National Incident Management System standards and carries out a statewide strategy that aligns with the 2022-2026 Federal Emergency Management Agency (FEMA) Strategic Plan. Its staff are dispersed around the state to better identify local needs and enhance community-level relationships. To prepare for catastrophic events, OREM is:

- Establishing a mass care network consisting of public and private partners.
- Conducting exercises and drills around the state alongside local, state, federal and Tribal partners.
- Identifying needs and gaps in Oregon's mass care systems.
- Investing in county-level mass care capabilities.
- Helping to build local capacity for emergency preparedness
- Collaborating with a range of partners to advance resilience through education.

Oregon Department of Human Services
Shared Services and Statewide and Enterprise-wide Costs

Overview

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

ODHS Shared Services supports both ODHS and OHA by providing critical business services that are data-informed, accountable, and transparent. ODHS and Oregon Health Authority (OHA) govern their shared services through a board composed of operational leaders from the two agencies who ensure that shared services are prioritized and managed to support program needs. The board and its subgroups have established service level agreements and performance measures for each service, implemented recent budget cuts, moved staff in and out of shared services to rationalize service delivery, and begun implementing more integrated systems to support the performance of all our employees.

Shared Services are completely Other Funded and provide services to both ODHS and OHA. Funding for Shared Services is included in the Shared Services Funding portion of the Statewide and Enterprise-wide Costs (SAEC) budget in each agency.

ODHS Shared Services

The Governor's Budget (GB) for shared services is $180.1 million Other Funds with 729 positions and 723.75 FTE. The GB for SAEC is $389.0 million General Fund and $730.5 million Total Fund.

Major changes between 2021-23 LAB and 2023-25 GB include:

- Phase in of investments made in 2021-23
- Standard Inflation
- Statewide rate adjustments
- Reductions to meet the statewide General Fund budget
- Investment into Policy Option Packages

Strategic Funding Investments and Adjustments

Proposed investments in Shared services include:

Shared Services POPs:

POP #	ODHS POPs at GB	GF	OF	FF	TF	POS	FTE
203	Mainframe Migration/Provider & Client Payment Systems	$ -	$747,465	$ -	$747,465	4	3.00

SAEC POPs:

POP #	ODHS POPs at GB	GF	OF	FF	TF	POS	FTE
203	Mainframe Migration/Provider & Client Payment Systems	$2,583,446	$133,009	$1,428,474	$4,144,929	-	-

203 - Mainframe Migration/Provider & Client Payment System

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.

Oregon Department of Human Services
Shared Services and Statewide and Enterprise-wide Costs

Overview of Shared Services

ODHS Shared Services contains the following key offices and programs:

Shared Services Administration provides leadership and direction for shared services and business continuity planning efforts for both ODHS and OHA.

The Budget Center provides budget planning, financial analysis, position management consultation, motor pool coordination, and technical budget support for ODHS and OHA. These services are provided for department leadership, programs, policy and field managers, staff, and external policymakers.

The Office of Forecasting, Research and Analysis provides accurate, timely, unbiased caseload forecasts and related research and analysis to support budgeting, policy development, identification and elimination of inequitable outcomes, and operational planning. OFRA maintains the Integrated Client Services data warehouse, which provides caseload forecasters and other researchers with data from multiple systems within ODHS and OHA, uniting individual person records from separate siloed enrollment systems into a cohesive whole, showing the interconnected patterns of human services as they are experienced by Oregonians in need.

The Office of Enterprise Data Analytics (OEDA) which conducts inter-agency research and advanced statistical modeling to answer cross agency and/or cross programmatic operational questions. The research analysts, economists, and information technology positions work among agencies to translate data into information; that information promotes data-informed decisions and improves outcomes for children and families. OEDA uses advanced analytics with human service organizations, health organizations, public health organizations, corrections, the courts, employment, housing, and education.

The Office of Financial Services provides leadership, fiscal policy direction, financial systems management, and coordination of core financial accounting, payroll, and financial reporting services for ODHS and OHA. Services include but are not limited to:

- Receipting, recording, and applying millions of dollars in state and federal revenue.
- Accounting for and disbursing resources to clients, providers, vendors, and contractors.
- Managing client trust accounts.
- Administering employee payroll and benefits to approximately 14,500

employees.
- Managing cash flow, completing federal draws, and reconciling Treasury accounts.
- Ensuring accounting transactions are accurately recorded, reconciled, and reported to state and federal partners.
- Compiling, reporting, and managing federal grant awards.
- Developing financial statements, completing tax reporting.
- Overseeing e-commerce programs including ACH and credit card payments and the SPOTS Visa program.
- Managing the federal Public Assistance Cost Allocation plan and process.
- Developing and managing financial systems including all sub-system interfaces; and ensuring a proper control environment is maintained.

The Office of Health, Safety & Employee Well-being (OHSW) provides services including employee occupational health and safety, workers' compensation tracking and program analysis, property loss tracking, threat management assessments and tracking, trauma-informed services, a suicide prevention program, administration of the Employee Assistance Program (EAP), and risk management. Work within these program areas includes the development and delivery of training, regulatory compliance monitoring, strategic planning, and legislative tracking. OHSW also maintains responsibility for statewide emergency management and recovery operations under the Oregon Emergency Operations Plan and the Oregon Recovery Plan and represents ODHS on the Oregon Emergency Response Council.

Background Check Unit

The Background Check Unit (BCU) provides a comprehensive background screening process to determine if an individual should be allowed to have access to vulnerable people, IT systems or client information. BCU also provides centralized support for FBI Criminal Justice Information Services (CJIS) clearance and training for ODHS and OHA staff. BCU is also Oregon's point of contact for processing out-of-state child protective service check requests in support of federal legislation. BCU provides background check services and support to all ODHS and OHA divisions for employment purposes; for those who provide services or seek to provide services as a contractor, subcontractor, vendor, or volunteer; and for those who are employed by qualified entities that provide care and are licensed, certified, registered, or otherwise regulated by ODHS or OHA.

The Office of Facilities Management manages 2.7 million square feet of leased property for OHA and ODHS statewide. This includes support and management of over 160 offices on behalf of ODHS and OHA. This office is responsible for managing maintenance, remodeling, furniture acquisition and reconfiguration, staff relocations, coordination with DAS and state brokers on lease negotiations, and analysis of the costs and benefits of space utilization, ADA compliance, Trauma Informed spaces, and energy conservation.

The Office of Imaging and Records Management provides services tailored to business and program operational needs related to:

- Agencies' delegated authority regarding imaging and electronic and physical document and records management.
- Data entry and transmission of data to mainframe applications that generate payment to medical and childcare providers.
- Imaging and data capture of source documents into a central repository.
- Imaging and data capture of documents into electronic workflow, eliminating the need for the customer(s) to process physical documents.
- Archive storage of physical records.
- Tracking and shipping of archived records; and
- Destruction of physical documents/records per agreement and the Secretary of State's Office retention schedule.

The office converts more than three million pieces of paper – applications, bills, claims, checks, and more – each month, making information more readily available and saving money on storage costs.

The Office of Contracts and Procurement provides contract and procurement services for ODHS and OHA by procuring supplies and services in the most cost-effective manner through innovative and responsible solutions. The unit provides guidance, training, and support to meet contracting and procurement needs and assists agencies with supplier diversity programs that seek to include women- and minority-owned and emerging small businesses.

The Office of Investigations, Training and Safety ensures safety and protection to the more than 77,500 people per biennium who receive mental health, developmental disability, or children's therapeutic services in Oregon. The office consists of four primary functional units: Investigations, Children's Care Licensing, Contested Case – Administrative Law Judge Hearings, and Training and Transformation (TnT - which includes: Quality Management and Prevention,

Policy and Legal, Data, and Investigator training). Together, these functional units provide services to several programs of ODHS and OHA that serve some of Oregon's most vulnerable citizens.

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

The Office of Payment, Accuracy and Recovery identifies, establishes the extent of, and recovers monies owed to ODHS or OHA by clients, providers, and third-party payers for services provided by our state and federally funded health and human services programs. The office carries out these responsibilities in a customer sensitive manner and returns owed monies timely to agency programs. Its staff work in collaboration with agency programs to continuously improve the accuracy of provider and client payments and program integrity and to serve as a deterrent presence through working relationships with law enforcement and client and provider organizations, and by publicly communicating the outcomes of OPAR's fraud investigation and collection-related unit activities.

Publications and Creative Services manages the writing, design, development, printing, and distribution of ODHS and OHA publications for internal and external audiences, including those in accessible formats and multiple languages. This unit plays a central role in document translation services for both agencies. PCS provides consulting to plan professional quality print and digital publications that reflect ODHS and OHA style guidelines; edits and proofs materials created by staff experts and partners in their individual fields; and provides graphic design, layout, illustration, and form creation services.

Oregon Department of Human Services
Shared Services and Statewide and Enterprise-wide Costs

Overview of Statewide and Enterprise-wide Costs (SAEC)

ODHS has statewide assessments that include Department of Administrative Services (DAS) charges such as the State Government Service Charge, Risk Assessment, and enterprise technology services Charges. Rent for all of ODHS is in the Facilities budget. This budget includes the computer replacement budget. The Shared Services funding is the revenue for the ODHS portion of ODHS and OHA shared services. When the agency split, ODHS and OHA agreed to share information technology, financial, investigations, and other services to avoid cost increases and permit a greater focus on improving performance and efficiency.

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

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

Oregon Department of Human Services
Child Welfare Programs

Overview

The Child Welfare Vision for Transformation is based on a belief that children do best growing up in a family and on values related to honoring and supporting cultural wisdom, building community resilience and voice, and ensuring the self-determination of our communities of color and those who have historically experienced the worst outcomes.

The Child Welfare Division serves children and families who are facing challenges that can affect child safety and responds when children are subject to abuse and neglect. Skilled and diverse Child Welfare staff respond to reports of child abuse and neglect, helping to assess whether supports or services can be provided to the family to prevent the need for out-of-home care and coordinating foster care placement in cases where a child cannot be maintained safely at home. The primary goal is to keep children safe while providing equitable services to support timely and safe return to their families in cases where an out of home placement is necessary.

The Child Welfare Division's work encompasses the following areas:

1. Child Abuse Hotline
2. Child Safety Program
3. Child Fatality Review and Prevention Program
4. Family Preservation
5. Child and Family Well-Being Programs
6. Permanency Program
7. Program Design & Delivery
8. Federal Policy, Planning & Resources, and Child Welfare Policy

Other Central Office Programs and Focus Areas

Child Welfare is working to improve equity and inclusion in all aspects of our program and to provide inclusive, equitable and culturally responsive and appropriate services to children, young adults, and families. Additionally, Child Welfare is working with communities, Tribal Nations, and other child welfare partners to:

- Centering equity in all aspects of the work
- Creating more transparent and meaningful partnerships
- Sharing quality data and outcomes

- Including the voices of the community and those with lived Child Welfare experience in planning and in decision-making
- Creating a shared vision for how meaningful partnership will promote improved child and family outcomes

Child Welfare is constantly looking for ways to assess how policies, rules, organizational culture, and practices are contributing to inequitable outcomes. Among the division's priorities are:

- Better honoring the sovereignty of Oregon Tribal Nations,
- Re-envisioning and increasing the use of culturally relevant services and supports,
- Increasing the inclusion of and sharing power with those most impacted by child welfare systems and reviewing all policy, rules, and procedures for evidence of unintended contributors to equitable outcomes.

Funding

The Governor's Budget (GB) for Child Welfare is $975.8 million General Fund and $1.59 billion total funds for the 2023-25 biennium.

Major changes from 2021-23 LAB to 2023-25 GB are driven mainly by:

- Standard inflation
- Forecasted Cost per Case and Caseload changes
- FF to GF fund shift related to changes in Federal Fund Match Rates
- General Fund backfill of capped federal fund sources
- Statewide rate adjustments
- Reductions to meet the statewide General Fund budget
- Investment into Policy Option Packages

Strategic Funding Investments and Adjustments

The Child Welfare Division's mission is to ensure every child and family is empowered to live a safe, stable, and healthy life. This mission is based on a set of beliefs and core values:

- *We believe* our child welfare agency and its dedicated and diverse partners can better ensure people's safety, health, and well-being if they work in constant collaboration and proactively engage individuals, families, and communities.
- *We believe* children, youth and young adults do best growing up in a family.
- *We believe* when families and communities are strong, fewer children experience

abuse and neglect.

- *We believe* earlier, less intrusive support for families means more children can remain safe and healthy at home and in school, where they can maintain the bonds and connections that are critical to their well-being, leading to better long-term outcomes for children and young adults.
- *We* believe families and communities working together in a more proactive, holistic way will also help free up budget and staff resources. This allows ODHS and its partners to allocate resources in ways that have the greatest impact for children and young adults. Integrating services will mean less need for costly foster care, residential placements, and other crisis support, creating opportunities for more innovation, creative solutions, and new business models.

POP #	ODHS POPs at GB	GF	OF	FF	TF	POS	FTE
118	Child Safety	$ 6,907,091	$ -	$ 2,302,362	$ 9,209,453	202	50.50
119	Parent Alcohol & Drug Support Services	$ 1,088,443	$ -	$ 362,841	$ 1,451,284	8	6.00
122	FOCUS Expansion	$ 7,292,700	$ -	$ -	$ 7,292,700	-	-
123	FC/Resource Parent Reimbursement Rates	$ 17,363,200	$ -	$ 10,519,135	$ 27,882,335	-	-
	Total Child Welfare GB POPs	**$ 32,651,434**	**$ -**	**$ 13,184,338**	**$ 45,835,772**	**210**	**56.50**

POP 118 Increase 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.

POP 119 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.

POP 122 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.

POP 123 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 64% 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.

Conclusion

We want to break the cycle that causes harm to individuals and drives Oregonians into expensive state-sponsored programs. Our strategies focus on helping ensure that Oregonians are safer in the future than they are today by increasing resources proven to result in the greatest reduction in overall risk. Though those strategies require some upfront, taxpayer investment, we are committed to being accountable for needed service delivery and performance metrics focused on improvements in

the lives of those we serve and long-term reductions in the demand for state services. We know that abuse and neglect will never totally be eliminated, but we believe that Oregon should be a place where our children, are safe, and we believe our budget proposal will improve the state's ability to work with individuals and communities to achieve that goal, while reducing the demand for costly state services in the future.

Oregon Department of Human Services
Self Sufficiency Programs

Overview

Oregon Department of Human Services' Building Well-being Initiative (BWBI) is advancing a future where all who live in Oregon, regardless of race, identity, age, disability, or place, have the needed supports to achieve whole well-being for self, family, and community.

In alignment with the agency-wide BWBI, Self-Sufficiency Programs (SSP) is working toward a future where its services and resources are centered around whole-person well-being. This represents a fundamental shift from SSP's previous system-centered approach in which services and resources are primarily shaped by federal programs and funding sources like TANF and SNAP. As we move the person or family to the center of our work, federal programs like these become tools in a suite of resources to help families meet their basic needs and achieve economic stability. This approach acknowledges the complexity of needs that must be met if individuals and families are to thrive in our economic and social climate – including stable housing, affordable childcare, and adequate cash resources. Without these basic supports, individuals and families cannot be expected to exit poverty.

In Oregon, the burden of poverty is not equally shared: Communities of Color are disproportionally impacted as are residents of rural communities, women, youth, LGBTQ communities, people with disabilities, immigrants, and refugees.

SSP recognizes the structural racism and oppression embedded within our programs and is committed to addressing historic and current harms while working with impacted communities to transform these systems. With this transformation, individuals and families can not only reach stability but also have access to asset-building tools, generational wealth, and equal economic and social mobility opportunities.

The programs within SSP include:

- Supplemental Nutrition Assistance Program (SNAP) and related programs:
  - SNAP Employment and Training Program (STEP)
  - Able-Bodied Adults without Dependents (ABAWD) Program
  - SNAP Nutrition Education (SNAP-Ed)
- Commodities Supplemental Food Program (CSFP)

- The Emergency Food Assistance Program (TEFAP)
- Temporary Assistance for Needy Families (TANF) and related programs:
  - Job Opportunity and Basic Skills (JOBS) program
  - Family Support and Connections (FS&C)
  - State Family Pre-Supplemental Security Income (SSI) and Supplemental Security Disability Income (SSDI)
- Temporary Assistance for Domestic Violence Survivors (TA-DVS)
- Youth Services
- Child Care (moving to Division of Early Learning and Care in 2023)

Seeking Self-Sufficiency

SSP administers an array of programs to Oregonians experiencing low or no income. These benefits and services are aimed at helping individuals and families move out of poverty into economic stability. Historically, SSP's programs have operated within silos – each with its own unique resources, policies, processes, and systems. This approach has created a fractured service array and presents challenges to individuals and families as they navigate multiple programs and services. SSP is now taking steps to unify its service approach, thereby improving the accessibility and navigability of its programs. The launch of the ONE eligibility system and the Oregon Eligibility Partnership (OEP) represents the first wide-scale attempt to weave together department-wide services for individuals and families. We acknowledge that there is still a long way to go.

We also acknowledge that federal programs alone are not enough to move individuals and families into economic stability, a key social determinant of health. SSP needs added capacity and state investment to build policy and programs in partnership with impacted communities to better collaborate with community partners and our sister agencies to coordinate a comprehensive suite of services that meaningfully improve well-being for Oregonians.

SSP continues to see increased caseloads driven by the shortage of affordable housing, the COVID-19 pandemic, catastrophic wildfires, economic conditions, and a shortage of available and affordable childcare and attainable living-wage jobs. Recent forecasting data also predict that the current economic downturn will

deepen these trends.[1]

SSP is committed to creating an integrated human service continuum of care that addresses these compounding trends and serves the holistic needs of individuals and families. To do this, we must think differently and creatively, listen more effectively to communities, and collaborate across multiple systems to create and coordinate services. We must also allocate more resources toward the most impacted communities to reduce systemic disparities. In other words, our work is larger than the programs we currently administer; we must focus on holistically improving the conditions in people's environments, from food security to housing security to wealth building.

The social determinants of health are foundational to the well-being of individuals and families[2] and SSP policies and programs must be structured to address that reality. In addition to maintaining and optimizing federal program administration, SSP is arranging our broader policy work around food security, housing security, economic and social mobility, equitable budgeting and implementation, and data. In our future vision, we are committed to investing in communities across all aspects of peoples' lives.

Funding

The Self Sufficiency Programs Governor's Budget (GB) is $262.49 million General Funds, $4.69 billion total funds primarily driven by SNAP benefits.

Major changes from 2021-23 LAB to 2023-25 GB are driven by:

- Phase in of investments from 2021-23
- Phase out of one-time funding
- Standard inflation
- Mandated staffing increases
- Transfer of ERDC program from ODHS to DELC
- Transfer of Oregon Eligibility Partnership (OEP) positions to the new OEP budget structure
- Statewide rate adjustments
- Reductions to meet the statewide General Fund budget

[1] Parolin, Z. & Christopher Wimer (April 2020) Forecasting Estimates of Poverty during the COVID-19 Crisis. Center on Poverty and Social Policy at Columbia University Policy Brief available for download at https://static1.squarespace.com/static/5743308460b5e922a25a6dc7/t/5e9786f17c4b4e20ca02d16b/1586988788821/Forecasting-Poverty-Estimates-COVID19-CPSP-2020.pdf

[2] Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved [date graphic was accessed], from https://health.gov/healthypeople/objectives-and-data/social-determinants-health

- Investment into Policy Option Packages

Strategic Funding Investments and Adjustments

No Policy Packages were funded in this division at the Governor's Budget.

Oregon Department of Human Services
Aging and People with Disabilities Programs

Overview

The Department of Human Services Aging and People with Disabilities (APD) program mission is to help Oregonians in their own communities achieve well-being and independence through opportunities that protect, empower, respect choice, and preserve dignity.

The state of Oregon is a leader in long term care systems and was ranked number four nationally in AARP's latest ranking done in 2020. In 1981 Oregon received the first waiver nationwide for long term care services allowing Oregonians receiving Medicaid to choose services in their own home or their communities rather than an institutional such as a nursing home. In 2013, Oregon transitioned most of its services into the 1915(K) State Plan Option. The K Option provides significant benefits to the State in cost savings and allows Oregonians individual choices to best serve their needs. Oregonian's value receiving long term care services in a non-institutional setting with nearly 88% choosing alternatives that allow them to remain independent and safe.

Long Term Care Setting (as of March 2022)	**# of Recipients**	**% of LTC Case load**
Nursing Facility	3,788	11.43%
In Home	17,339	52.30%
Community Based Setting	12,024	36.27%
Total	**33,151**	**100.00%**

Oregon's population is aging

The aging population is growing rapidly. The number of people 65 and older in the United States is expected to increase to 70 million by 2030, and to 88.5 million ─ or 20 percent of the population ─ in 2050.

The aging population in Oregon will continue to grow dramatically as more baby-boomers reach retirement age. In 2016, approximately 17 percent of Oregon's population was 65 years or older. By 2030, the percentage is expected to increase to nearly 20 percent. In addition, nearly 10 percent of Oregon's population that is younger than 65 is living with a disability. Further, in Oregon, people 85 years or older make up a small but rapidly growing group within the total population.

Guided by the ODHS Equity North Star, APD programs and services continue to evolve through a focus on equity and inclusion for individuals of all races, ethnicities, sexual orientations, gender identities and expressions, disabilities, ages, geographic locations, and Tribal affiliations. By working closely with communities to design and deliver services, APD helps ensure that all of Oregon's older adults and people with disabilities have access to the supports they need to achieve and maintain whole well-being.

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

Funding

The cost to operate the Aging and People with Disabilities (APD) Governor's Budget (GB) is $1,59 billion general funds and $4.86 billion total funds for the 2023-25 biennium.

Major changes from 2021-23 LAB to 2023-25 GB are driven by:

- Phase-in of rate increases and new programs from 21-23
- Phase-out of funding for one-time activities related to COVID-19
- Standard inflation
- Above Standard Inflation for In-Home, CBC and Nursing Facilities
- Forecasted Cost per Case and Caseload changes including AAA staff funding
- FF to GF fund shift related to changes in Federal Fund Match Rates
- Backfill of one-time American Rescue Plan Act (ARPA) funding for ongoing program activities
- Statewide rate adjustments
- Reductions to meet the statewide General Fund budget
- Investment into Policy Option Packages

Strategic Funding Investments and Adjustments

The following Independence, Safety and Health investments were funded in the Governor's budget to improve services to Oregonians:

POP #	ODHS POPs at GB	GF	OF	FF	TF	POS	FTE
105	Healthier Oregon Program (HOP)	$17,495,346	$ -	$ -	$17,495,346	-	-

POP 105 - 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.

Conclusion

For the 23-25 biennium, APD is proposing a package of services that promote safety and well-being for Oregon's older adults and people with disabilities. These investments will help ODHS meet the needs of Oregonians in this period of change and growth.

Oregon Department of Human Services
Intellectual and Developmental Disabilities Program

Overview

The Office of Developmental Disabilities Services (ODDS) provides support across the lifespan to Oregonians. ODDS, partners, and the developmental disabilities community come together to provide services, supports, and advocacy to empower Oregonians with intellectual and developmental disabilities to live full lives in their communities.

ODDS serves people with intellectual disabilities (IQ 75 or below) or developmental disabilities such as autism, Down syndrome, and cerebral palsy.
These disabilities are lifelong and have a significant impact on a person's ability to function independently. Some people with I/DD may also have significant medical or mental health needs. Most people with I/DD meet Medicaid financial eligibility requirements.

The I/DD program fulfills its mission and carries out its responsibilities whileadhering to the following values:

- Choice, self-determination, and person-centered practices
- Children and families together
- Health, safety, and respect
- Community inclusion and community living
- Strong relationships
- Service equity and access

ODDS worked with a diverse group of partners representing all areas of the intellectual/developmental disabilities (I/DD) service delivery system to develop a strategic plan that will guide its work for the next biennium and beyond. The strategic planning process resulted in a firm understanding that the person, their family, and the goals they want to achieve remain at the core of our system. As a result of this process, the agency also committed to develop a Service Equity Plan that includes reaching out to underserved populations, removing barriers to access, and providing services by staff who have appropriate cultural and linguistic capacities.

ODDS seeks to achieve the following strategic goals**:**

- Create a system that is sustainable and easy to use with effective communication and equitable access.

- Honor and support people to make their own choices about who they want to be and what they want to do in their lives.
- Support equal opportunity for living options and meaningful employment in an integrated community setting.
- Provide families the amount and type of supports they need to raise their children at home, or when necessary, in another family home within their community.
- Support health and safety while people live rich, full lives.

History and Future State

Oregon is recognized nationally as an innovative leader in developing community-based services for persons with I/DD. Oregon is one of the few states that have no state- or privately-operated, institutional-level services specifically for people with developmental disabilities. In fact, the majority of persons with developmental disabilities in Oregon are served in their own home or their family's home.

The work of ODDS and its partners and stakeholders aims to achieve a self-directed, family-involved, individually focused, culturally appropriate, and sustainable approach to service. According to the 2020-21 National Core Indicators' National Adult Family Survey Report and National Child Family Survey Report, people with I/DD and their families report high levels of satisfaction with services when they have increased control, the ability to integrate into their home communities more fully, and the benefits of home and community life.

Ongoing input from our partners both nationally and in Oregon indicates that the number of people with I/DD-related needs is growing. There also is an increase in the number of people who need services that have co-occurring mental health needs or are coming from the corrections system. Efforts to ensure the long-term sustainability of ODDS programs and services will be essential in meeting these growing needs. To reach underserved and underrepresented communities, moreover, ODDS must continue its efforts to build a diverse workforce capable of delivering linguistically and culturally agile services.

Before COVID-19, the Direct Support Professional (DSP) workforce was in crisis with a national staffing shortage. COVID-19 made the situation worse. ODDS took numerous measures to recruit and retain workers throughout the pandemic, including rate increases for care workers and provider agencies, retention

incentives, incentives for new care workers, and a recruitment campaign involving the launch of the Impact Oregon website. ODDS expects these workforce shortages to continue after the pandemic and will continue its efforts to increase this vital workforce.

In 2021, the Oregon Legislature funded HB 3352, formerly called Cover All People, and renamed Healthier Oregon, to ensure that more Oregonians can access comprehensive Oregon Health Plan benefits, including long-term services and supports. This program will allow I/DD eligible individuals, regardless of immigration status, to access needed home- and community-based services.

Funding

The Governor's Budget (GB) to operate the People with Intellectual & Developmental Disability (I/DD) program for the 2023-25 biennium is $1.66 billion in general funds and $4.63 billion total funds.

Major changes from 2021-23 LAB to 2023-25 GB are driven by:

- Phase-in of rate increases from 2021-23
- Standard inflation
- Forecasted Cost per Case and Caseload Program changes, including County Developmental Disabilities Programs (CDDPs) and Brokerage funding
- Changes in Federal Fund Match Rates
- Backfill of one-time ARPA funding for ongoing program activities
- Transfer of Inclusive Partners Program from DD Council to DELC
- Statewide rate adjustments
- Reductions to meet the statewide General Fund budget
- Investment into Policy Option Packages

Strategic Funding Investments and Adjustments

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

- Stable and competent workforce for I/DD services throughimplementation of transparent rate models
- Case management system and IT improvements
- Increased home and community-based services reach
- Service capacity and service equity

POP #	ODHS POPs at GB	GF	OF	FF	TF	POS	FTE
105	Healthier Oregon Program (HOP)	$ 12,865,521	$ -	$ -	$ 12,865,521	-	-
126	Model Employer	$ 1,424,399	$ -	$ 1,424,399	$ 2,848,798	29	16.38
128	Child Welfare and IDD Parents	$ 387,997	$ -	$ 564,445	$ 952,442	2	1.50
129	ODDS Systems	$ 711,758	$ -	$ 6,410,420	$ 7,122,178	29	22.35
	Total I/DD POPs	**$ 15,389,675**	**$ -**	**$ 8,399,264**	**$ 23,788,939**	**60**	**40.23**

POP 105 Healthier Oregon Program – Long-Term Services and Supports

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.

POP 126 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.

POP 128 Supported Parenting Waiver Service (IDD Parents and CW)

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.

POP 129 ODDS Systems - Case Management and Provider 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.

Conclusion

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

Oregon Department of Human Services
Vocational Rehabilitation Programs

Overview

Vocational Rehabilitation (VR) is a state and federal program authorized by state law and the federal Rehabilitation Act of 1973 and amended in 1998 and in 2014 by the Workforce Innovation and Opportunity Act (WIOA).

VR staff work in partnership with Oregonians with disabilities, communities, and businesses to develop employment opportunities and provide individualized services to each eligible person.

Employment helps people with disabilities live independently, become involved in their communities, and live more engaged and satisfying lives.

VR helps Oregonians with disabilities gain employment through a variety of services. These include but are not limited to:

- Helping youth with disabilities transition to jobs as they become adults,
- Providing individualized counseling and supports to job seekers with disabilities to help overcome barriers to employment,
- Helping employers realize and receive the benefits of employing diverse people with disabilities, and
- Partnering with other state and local organizations that coordinate and provide equitable employment and workforce programs.

All working-age Oregonians who experience a disability and are legally entitled to work are potentially eligible for VR services. Individuals who experience a medical, cognitive, or psychiatric diagnosis that results in a functional impediment to employment are typically eligible. Recipients of Social Security disability benefits are presumed eligible for services.

Current Funding Levels

The Governor's Budget (GB) to operate the Vocational Rehabilitation (VR) program for the 2023-25 biennium is $39.91 million in general funds and $148.1 million total funds.

Major changes from 2021-23 LAB to 2023-25 GB are driven by:

- Standard inflation
- Changes in Federal Reallotment funding
- Backfill use of one-time OF revenue

- Statewide rate adjustments
- Reductions to meet the statewide General Fund budget
- Investment into Policy Option Packages

VR is funded through the U.S. Department of Education. It receives a formula-based grant with Match and Maintenance of Effort requirements. The match rate for Vocational Rehabilitation is 21.3 percent General Fund; 78.7 percent Federal Funds. For Independent Living the match rate is 10 percent General Fund; 90 percent Federal Funds. Grant dollars cannot be utilized by other programs. Program income, which is reinvested back into VR, includes Social Security reimbursement and Youth Transition Program grants.

Strategic Funding Investments and Adjustments

We have prepared a strategic budget to improve our programs effectiveness and enhance the program's ability to provide further employment outcomes for Oregonians. Continuous program improvements focus on return-on-investment through outcomes for our clients.

POP #	ODHS POPs at GB	GF	OF	FF	TF	POS	FTE
148	RSA Audit Report	$ -	$ -	$ -	$ -	5	5.00

POP 148 RSA Audit Report

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 POP 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.

Conclusion

As the economy continues to recover from the impact of the pandemic, the focus on workforce development, employment and opportunity for *all* Oregonians will increase. The Vocational Rehabilitation program welcomes the opportunity to help the growing number of Oregonians with disabilities meet their employment goals,

This proposal represents the next phase of strategic investments required to leverage employment services to enhance the lives of Oregonians and contribute to local economies. VR will also continue to identify new ways to enhance its work with the Oregon Workforce Investment Board, Local Workforce Investment Boards, and the Workforce Policy cabinet in the implementation of the Oregon Workforce Talent Development Board's strategic plan and local board's efforts to better align economic and workforce development activities. All of these efforts will provide greater access for Oregonians who experience disabilities who are seeking competitive integrated employment. This is an intentional approach to equity for people with disabilities as the core mission for VR.

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

ODHS Mission

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

About Central and Shared Services

ODHS Central Services provide essential supports to ODHS programs, helping each achieve their vision, realize target outcomes and advance the wider agency mission.

The mission of OHA | ODHS Shared Services is to provide critical business services that are data-informed, accountable and transparent. ODHS and Oregon Health Authority (OHA) govern their shared services through a board composed of operational leaders from the two agencies who ensure that shared services are prioritized and managed to support program needs. The board and its subgroups have established service level agreements and performance measures for each service, implemented recent budget cuts, moved staff in and out of shared services to rationalize service delivery and begun implementing more integrated systems to support the performance of all our employees.

ODHS Central Services Offices

Office of the Director

The ODHS Director's Office is responsible for agency leadership, policy development, resource allocation and administrative oversight for all programs, staff and offices in ODHS in a manner that supports equitable outcomes for Oregon's diverse population. These functions are led by the Director and Deputy Director and coordinated by the Director Cabinet members, with the Governor's Office, the Oregon Legislature, state and federal agencies, Tribes, community partners, communities of color, LGBTQIA2S+ communities, local governments, advocacy and client groups and the private sector. The Director and Deputy

Director oversee Internal Audits and the Office of Training, Investigations and Safety, which provide shared services for both ODHS and OHA.

The Office of the Director houses the following units:

Chief of Staff
The Chief of Staff to the agency enables the Director to work most effectively with internal and external partners to fulfill commitments that achieve the agency's mission, goals, and outcomes. This is a strategic and facilitative role that requires a combination of focus and flexibility, as well as a willingness to play an active, behind-the-scenes role as the Director's trusted advisor.

Office of the Chief Financial Officer
The Office of the Chief Financial Officer provides optimal business services to ensure accountability, data-driven decisions, and stewardship of resources in support of the ODHS mission. This is done by:

- Working closely with ODHS and OHA programs and the OHA Chief Financial Officer to ensure culturally competent and equitable services and accurate, timely and efficient recording and management of financial resources.
- Authorizing the redistribution of available resources to meet changing needs; and
- Establishing administrative controls.

This office also oversees budget, planning and analysis functions for ODHS-based programs as well as coordination and leadership of the ODHS budget with the Governor's Office, Legislature, Department of Administrative Services, Legislative Fiscal Office and ODHS partners.

Office of Immigrant and Refugee Advancement
The Oregon Legislature through SB 778 established the Office of Immigrant and Refugee Advancement (OIRA). Transferred to ODHS from the Governor's Office in 2022, OIRA is office is charged with identifying, developing and implementing statewide immigrant and refugee integration strategies and policies to support immigrants and refugees as they resettle and rebuild their lives in Oregon.

The office accomplishes its work through partnering with state agencies, community-based organizations, refugee resettlement agencies (RRAs), faith organizations and immigrant and refugee advocacy groups to help coordinate strategies, create policy, develop programs, review legislation, develop tracking systems to monitor potential investments and efforts in the state, advocate that resources are being allocated equitably and effectively, and ultimately implement plans that aid in the advancement of immigrants and refugees across the state. The office conducts outreach and education and serves as a resource on state initiatives and programs to ensure equitable access for immigrants and refugees.

Governor's Advocacy Office

The Governor's Advocacy Office (GAO) is the office of Human Services Ombuds. Ombuds (also "ombudsman" or "ombudsperson") are neutral or impartial conflict resolution practitioners who may provide confidential and informal assistance to ODHS clients and others affected by the Department's action or inaction. The GAO is a part of the ODHS Director's office and resolve issues and track trends on behalf of the ODHS Director. The office includes:

- ODHS Ombuds - the GAO has Ombuds dedicated to serving client and others with questions, concerns and complaints about all ODHS programs and services.
- Foster Care Ombuds - the Foster Children's Bill of Rights requires that ODHS foster youth are enabled to make complaints and assert grievances regarding their care, safety or well-being.
- Client Civil Rights investigations - ODHS non-discrimination rules and policies require investigation of reports of discrimination.
- Oversight of the ODHS formal complaint process - by rule, the Department maintains a process for handling formal complaints. While complaints may be resolved locally, the GAO partners with supervisors to oversee this process.

Tribal Affairs

The Tribal Affairs Unit within the ODHS Director's Office is a team committed to all Oregon Tribal communities thriving mentally, physically, spiritually and emotionally. Tribal Affairs works with all five ODHS programs to create and provide Tribally appropriate programming, services, policies and support. Through Tribal consultation with Oregon's Nine Federally Recognized Tribes,

ODHS ensures programming, services and policies meet the needs of Oregon Tribal communities.

Office of Budget, Planning and Analysis

This office functions as the central budget for ODHS based programs working under the guidance of the CFO. Main duties include: (1) development and preparation of the department's biennial budget documents and leadership of the ODHS budget with the Governor's Office, Legislature, Department of Administrative Services (DAS), Legislative Fiscal Office (LFO) and DHS partners; (2) initiating, coordinating and developing the department's budget rebalance plans and Legislative Emergency Board items; (3) providing fiscal analysis of proposed legislation and responses to inquiries regarding fiscal impacts of policy changes; and (4) providing management accurate budget and projections to assist in the management of the overall ODHS budget of over $17.1 billion total funds and over 10,450 budgeted positions.

Office of Business Information Services

This office is moving to a separate Oregon Eligibility Partnership (OEP) division in the Governor's Budget.

Office of Equity and Multicultural Services

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

Office of Human Resources

Human Resources (HR) enables the organization to equitably recruit, support and engage a diverse workforce in a collaborative partnership to foster an environment where employees maximize their potential to achieve the agency's mission. The office serves as a strategic partner to ODHS programs, providing proactive, comprehensive human resources services in alignment with agency and program mission and goals.

HR works closely with internal customers on workforce strategies that support agency and program strategies as well as a healthy workplace culture of ongoing development and feedback. Through these efforts, HR helps ensure that ODHS has the right people with the right skills, training and support to do their work, now and in the future.

Office of Integrated Eligibility (Oregon Eligibility Partnership)

This office is moving to a separate Oregon Eligibility Partnership (OEP) division in the Governor's Budget.

Office of Program Integrity

The Office of Program Integrity's mission is to support the Oregon Department of Human Services (ODHS) and Oregon Health Authority (OHA) by monitoring and measuring federal compliance, making recommendations, taking appropriate action, providing support, facilitating activities, training/coaching field staff and reporting trends and statistics to ODHS and OHA leadership, stakeholders and federal agencies.

Office of Public Affairs

This office supports the ODHS mission by connecting Oregonians with the information they need to access, receive or understand department services, and to collaborate with the department to advance human services in the state. Within the office, the **Communications** team helps engage the public in the work of ODHS, which leads to more effective and inclusive policy making. This includes implementing communication plans, coordinating social media and website

content, writing direct notices to clients and talking with the media and Legislature. The communications team engages with diverse audiences, including employees, clients, legislators, advocacy and interest groups, providers and partners, local governments, state and federal agencies, policymakers, Oregon's Nine Federally Recognized Tribes, the news media, targeted audiences and the wider public. The unit strives to use culturally relevant and linguistically competent communication practices to effectively reach Oregonians. Effective communication is the primary vehicle to demonstrate public transparency, accountability and trust. The office also provides support to the department's priority projects as defined by the ODHS Director and executive team.

The Office of Public Affairs also includes the **Government Relations** unit. This unit advances the ODHS mission by ensuring that statutory, policy and budget implications positively impact the Oregonians that we serve. The Government Relations team coordinates all ODHS legislative matters and works closely with the Governor's Office and key community, state and federal partners. The team also supports field and central office staff by providing consultation and support related to legislative and policy changes. Staff in this unit support the director of ODHS, the directors of all agency programs and operations in the field. Legislative work is conducted with the intent of eliminating existing inequities and promoting equitable outcomes, using a comprehensive equity lens.

The ODHS **Public Records** unit reviews, completes, and responds to public records requests from clients, the media, public entities and individuals. With a focus on equitable service delivery, the unit focuses on consistency, transparency and adherence to public records law across all programs within the agency. The centralized team affords the ODHS workforce and partner with streamlined responses for records requests and serves as a single point of contact for records-related questions.

The **Legal** unit, also housed in Public Affairs, manages all lawsuits, tort claims and subpoenas related to ODHS program and operations. Staff in this unit provide expert consultation to ODHS field and central office staff and Department of Justice and Department of Administrative Services Risk Management in policy related to legal matters. The team ensures timely completion of the required judicial documents to move smoothly through a complex legal matter.

Office of Reporting, Research, Analytics and Implementation

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

Office of Resilience and Emergency Management

The Office of Resilience and Emergency Management (OREM) focuses on the needs of people before, during and after disasters, reducing disaster impacts in times of crisis and investing in communities year-round to ensure greater resilience. OREM carries out ODHS' roles in Oregon's Comprehensive Emergency Management Plan as the primary agency for mass care, food and water in disaster situations and social services during recovery. The office centers equity in its work, ensuring that the goals and needs of vulnerable communities directly inform resilience plans and that our response systems effectively address disproportionate disaster impacts. OREM also assists other ODHS programs in preventing, mitigating, responding to, and recovering from natural, technical and human-caused hazards.

OREM recognizes that being ready and quickly responsive hastens recovery. To achieve this, the office adheres to National Incident Management System standards and carries out a statewide strategy that aligns with the 2022-2026 Federal Emergency Management Agency (FEMA) Strategic Plan. Its staff are dispersed around the state to better identify local needs and enhance community-level relationships. To prepare for catastrophic events, OREM is:

- Establishing a mass care network consisting of public and private partners.
- Conducting exercises and drills around the state alongside local, state, federal and Tribal partners.
- Identifying needs and gaps in Oregon's mass care systems.
- Investing in county-level mass care capabilities.

- Helping to build local capacity for emergency preparedness
- Collaborating with a range of partners to advance resilience through education.

ODHS Shared Services Offices

Background Check Unit

The Background Check Unit (BCU) provides a comprehensive background screening process to determine if an individual should be allowed to have access to vulnerable people, IT systems or client information. BCU also provides centralized support for FBI Criminal Justice Information Services (CJIS) clearance and training for ODHS and OHA staff. BCU is also Oregon's point of contact for processing out-of-state child protective service check requests in support of federal legislation. BCU provides background check services and support to all ODHS and OHA divisions for employment purposes; for those who provide services or seek to provide services as a contractor, subcontractor, vendor or volunteer; and for those who are employed by qualified entities that provide care and are licensed, certified, registered or otherwise regulated by ODHS or OHA.

Budget Center

This area provides budget planning, financial analysis, position management consultation, facilities and motor pool coordination and technical budget support for ODHS and OHA. These services are provided for department leadership, programs, policy and field managers, staff and external policymakers.

Office of Contracts and Procurement

The Office of Contacts and Procurement (OC&P) supports all offices of ODHS, OHA and the Home Care Commission by procuring supplies and services in the most cost-effective manner through innovative and responsible solutions. The unit provides guidance, training and support to meet contracting and procurement needs and assists agencies with supplier diversity programs

that seek to include women- and minority-owned and emerging small businesses.

Office of Enterprise Data Analytics

The Oregon Legislature in 2015 created the Oregon Enterprise Data Analytics (OEDA) unit to conduct inter-agency research. The legislation encouraged the expansion of data informed decisions throughout state government. The research analysts, economists and information technology positions work among agencies to translate data into information; that information in turn promotes data-informed decisions and improves outcomes for children and families. OEDA uses advanced analytics with human service organizations, health organizations, public health organizations, corrections, the courts, employment, housing and education.

Office of Facilities Management

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

OFS manages 2.7 million square feet of leased property for OHA and ODHS statewide. This includes support and management of over 160 offices on behalf of ODHS and OHA. This office is responsible for managing maintenance, remodeling, furniture acquisition and reconfiguration, staff relocations, coordination with DAS and state brokers on lease negotiations, and analysis of the costs and benefits of space utilization, ADA compliance, Trauma Informed spaces and energy conservation.

Office of Financial Services

The Office of Financial Services (OFS) provides leadership, fiscal policy direction, financial systems management and coordination of core financial accounting,

payroll and financial reporting services for ODHS and OHA. Services include but are not limited to:

- Receipting, recording and applying millions of dollars in state and federal revenue;
- Accounting for and disbursing resources to clients, providers, vendors and contractors;
- Managing client trust accounts;
- Administering employee payroll and benefits to approximately 14,500 employees;
- Managing cash flow, completing federal draws and reconciling Treasury accounts;
- Ensuring accounting transactions are accurately recorded, reconciled and reported to state and federal partners;
- Compiling, reporting and managing federal grant awards;
- Developing financial statements and completing tax reporting;
- Overseeing e-commerce programs including ACH and credit card payments and the SPOTS Visa program;
- Managing the federal Public Assistance Cost Allocation plan and process; and
- Developing and managing financial systems including all sub-system interfaces and ensuring a proper control environment is maintained.

The size and scope of the financial structure of these agencies is the most complex in the state of Oregon. Currently OFS is responsible for more than 20 interfaced financial systems, 35 treasury accounts, 200 funds (state, federal, other, lottery), 400 program areas, 800 SPOTS Visa cards and grants/fees (funding sources). The office reports to the ODHS OCFO and the OHA CFO.

Office of Forecasting and Research and Analysis

The Office of Forecasting and Research and Analysis (OFRA) supports ODHS and OHA by providing accurate, timely, unbiased caseload forecasts and related research and analysis to support budgeting, policy development,

identification and elimination of inequitable outcomes, and operational planning. OFRA maintains the Integrated Client Services data warehouse, which provides caseload forecasters and other researchers with data from multiple systems within ODHS and OHA, uniting individual person records from separate siloed enrollment systems into a cohesive whole, showing the interconnected patterns of human services as they are experienced by Oregonians in need. This unit reports to the ODHS Office of the Chief Financial Officer (OCFO).

Office of Health, Safety & Employee Well-being

This office provides services including employee occupational health and safety, workers' compensation tracking and program analysis, property loss tracking, threat management assessments and tracking, trauma-informed services, a suicide prevention program, administration of the Employee Assistance Program (EAP) and risk management. Work within these program areas includes the development and delivery of training, regulatory compliance monitoring, strategic planning and legislative tracking. OHSW also maintains responsibility for statewide emergency management and recovery operations under the Oregon Emergency Operations Plan and the Oregon Recovery Plan and represents ODHS on the Oregon Emergency Response Council.

Office of Imaging and Records Management

This office provides services tailored to business and program operational needs related to:

- Agencies' delegated authority regarding imaging and electronic and physical document and records management;
- Data entry and transmission of data to mainframe applications that generate payment to medical and childcare providers;
- Imaging and data capture of source documents into a central repository;
- Imaging and data capture of documents into electronic workflow, eliminating the need for the customer(s) to process physical documents;
- Archive storage of physical records;
- Tracking and shipping of archived records; and

- Destruction of physical documents/records per agreement and the Secretary of State's Office retention schedule.

The office converts more than three million pieces of paper – applications, bills, claims, checks and more – each month, making information more readily available and saving money on storage costs.

Office of Internal Audit and Consulting

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

Office of Payment Accuracy and Recovery

OPAR is responsible for identifying, establishing the extent of, and recovering monies owed to ODHS or OHA by clients, providers and third-party payers for services provided by our state and federally funded health and human services programs. The office carries out these responsibilities in a customer sensitive manner and returns owed monies timely to agency programs. Its staff work in collaboration with agency programs to continuously improve the accuracy of provider and client payments and program integrity and to serve as a deterrent presence through working relationships with law enforcement and client and provider organizations, and by publicly communicating the outcomes of OPAR's fraud investigation and collection-related unit activities.

Office of Training Investigations and Safety (OTIS)

This office ensures safety and protection to the more than 77,500 people per biennium who receive mental health, developmental disability or children's therapeutic services in Oregon. The office consists of four primary functional units: Investigations, Children's Care Licensing, Contested Case – Administrative Law Judge Hearings and Training and Transformation (TnT, which includes

Quality Management and Prevention, Policy and Legal, Data, and Investigator training). Together, these functional units provide services to several programs of ODHS and OHA that serve some of Oregon's most vulnerable citizens, including:

- Adults and children with intellectual/developmental disabilities;
- Adults with mental illness;
- Adults with substance abuse disorder (SUD) in residential settings;
- Aging adults and people with disabilities; and
- Children and young people under the age of 21 living in residential settings, other Child Caring Agencies or in school or daycare settings.

Publications and Creative Services

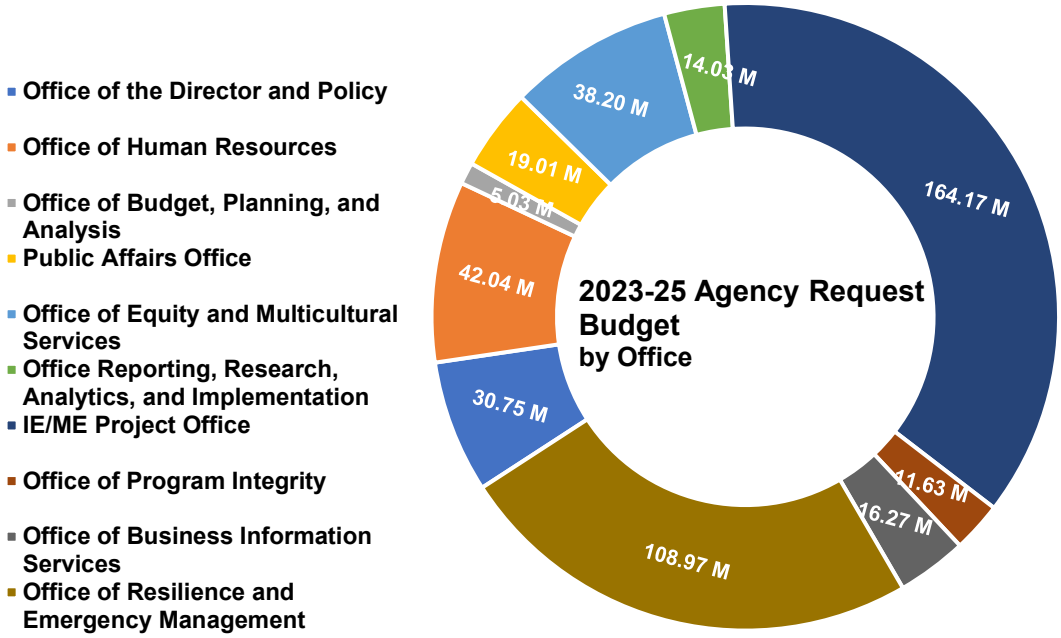
Publications and Creative Services (PCS) manages the writing, design, development, printing and distribution of ODHS and OHA publications for internal and external audiences, including those in accessible formats and multiple languages. This unit plays a central role in document translation services for both agencies. PCS provides consulting to plan professional quality print and digital publications that reflect ODHS and OHA style guidelines; edits and proofs materials created by staff experts and partners in their individual fields; and provides graphic design, layout, illustration and form creation services.

State Assessments and Enterprise-wide Costs

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

Oregon Department of Human Services: Central Services

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



Note – This display is using ARB totals by office as the Governor's Budget is only available at the appropriation (Division) level at this time, ODHS will be working with CFO over the next few weeks to get the more granular office detail numbers.

Program Overview

Oregon Department of Human Services Central Services' budget consists of the following:

- Office of the Director.
- Office of the Chief of Staff,
- Office of the CFO.
- Office of Budget, Planning, and Analysis.
- Office of Equity and Multicultural Services.
- Office of Human Resources.

- Office of Program Integrity.
- Office of Public Affairs.
- Office of Reporting, Research, Analytics, and Implementation; and
- Office of Resilience and Emergency Management.

These offices provide essential supports to ODHS programs in achieving departmental and programmatic missions, visions, and outcomes.

The Governor's Budget moves two offices previously included in Central Services budget into a new budget structure. Oregon Eligibility Partnership (OEP) is the new division that does eligibility using the one system. It is also responsible for the maintenance and operation of the ONE system. The offices were the Office of Business Information Services and the Office of Integrated Eligibility.

Program Description

Office of the Director

The ODHS Director's Office is responsible for agency leadership, policy development, resource allocation, and administrative oversight for all programs, staff, and offices in ODHS in a manner that supports equitable outcomes for Oregon's diverse population. These functions are led by the Director and Deputy Director and coordinated by the Director Cabinet members, with the Governor's Office, the Oregon Legislature, state and federal agencies, Tribes, community partners, communities of color, LGBTQIA2S+ communities, local governments, advocacy and client groups, and the private sector. The Director and Deputy Director oversee Internal Audits and the Office of Training, Investigations and Safety, which provide shared services for both ODHS and OHA.

The Director's Office includes the following units:

Chief of Staff

The Chief of Staff to the agency enables the Director to work most effectively with internal and external partners to fulfill commitments that achieve the agency's mission, goals, and outcomes. This is a strategic and facilitative role that requires a combination of focus and flexibility, as well as a willingness to play an active, behind-the-scenes role as the Director's trusted advisor.

Office of the Chief Financial Officer
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- Working closely with ODHS and OHA programs and the OHA Chief Financial Officer to ensure culturally competent and equitable services and accurate, timely, and efficient recording and management of financial resources.
- Authorizing the redistribution of available resources to meet changing needs; and
- Establishing administrative controls.

This office also oversees budget, planning and analysis functions for ODHS-based programs as well as coordination and leadership of the ODHS budget with the Governor's Office, Legislature, Department of Administrative Services, Legislative Fiscal Office, and ODHS partners.

Office of Immigrant and Refugee Advancement
The Oregon Legislature through SB 778 established the Office of Immigrant and Refugee Advancement (OIRA). Transferred to ODHS from the Governor's Office in 2022, OIRA is dedicated to identifying the gaps within existing structures and strives to promote the successful social, linguistic, educational, economic, and civic integration of Oregon's immigrant and refugee communities.

The office accomplishes its work through partnering with state agencies, community-based organizations, refugee resettlement agencies (RRAs) and immigrant and refugee advocacy groups to help coordinate strategies, create policy, develop programs, review legislation, develop tracking systems to monitor potential investments and efforts in the state, advocate that resources are being allocated equitably and effectively, and ultimately implement plans that aid in the advancement of immigrants and refugees across the state. The office conducts outreach and education and serves as a resource on state initiatives and programs to ensure equitable access for immigrants and refugees.

Governor's Advocacy Office

The Governor's Advocacy Office (GAO) is the office of Human Services Ombuds. Ombuds (also "ombudsman" or "ombudsperson") are neutral or impartial conflict resolution practitioners who may provide confidential and informal assistance to ODHS clients and others affected by the Department's action or inaction. The GAO is a part of the ODHS Director's office and resolve issues and track trends on behalf of the ODHS Director. The office includes:

- ODHS Ombuds - the GAO has Ombuds dedicated to serving client and others with questions, concerns, and complaints about all ODHS programs and services.
- Foster Care Ombuds - the Foster Children's Bill of Rights requires that ODHS foster youth are enabled to make complaints and assert grievances regarding their care, safety, or well-being.
- Client Civil Rights investigations - ODHS non-discrimination rules and policies require investigation of reports of discrimination.
- Oversight of the ODHS formal complaint process - by rule, the Department maintains a process for handling formal complaints. While complaints may be resolved locally, the GAO partners with supervisors to oversee this process.

Tribal Affairs

The Tribal Affairs Unit within the ODHS Director's Office is a team committed to all Oregon Tribal communities thriving mentally, physically, spiritually, and emotionally. Tribal Affairs works with all five ODHS programs to create and provide Tribally appropriate programming, services, policies, and support. Through Tribal consultation with Oregon's Nine Federally Recognized Tribes, ODHS ensures programming, services and policies meet the needs of Oregon Tribal communities.

Office of Budget, Planning and Analysis

This office functions as the central budget for ODHS based programs working under the guidance of the CFO. Main duties include: (1) development and preparation of the department's biennial budget documents and leadership of the ODHS budget with the Governor's Office, Legislature, Department of Administrative Services (DAS), Legislative Fiscal Office (LFO) and DHS partners; (2) initiating, coordinating and developing the department's budget rebalance plans and Legislative Emergency Board items; (3) providing fiscal

analysis of proposed legislation and responses to inquiries regarding fiscal impacts of policy changes; and (4) providing management accurate budget and projections to assist in the management of the overall ODHS budget of over $17.1 billion total funds and over 10,450 budgeted positions.

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

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

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

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

Communications Unit
This office supports the agency mission by providing accurate information to

employees, clients, legislators, community partners, interest groups, providers, local governments, state and federal agencies, policymakers, news media, targeted audiences, and the public. Effective communication is the primary vehicle to demonstrate public transparency, accountability, and trust. The office also provides support to the department's priority projects as defined by the Director and executive team.

Government Relations Unit
This unit serves the agency's mission by ensuring that statutory, policy and budget initiatives positively impact Oregonians. The government relations team coordinates ODHS legislative matters with, and provides timely and transparent communications to, the Oregon Legislature, Governor's Office, and key community partners. The unit also supports field and central office staff, providing consultation and support in legislative and policy changes, primarily working with central office staff on policy development for program services. During a legislative session, this unit tracks, assigns, reviews, and focuses on policy implications related to ODHS programs and operations. Staff in this unit support the director of ODHS, the directors of all ODHS programs and district managers in field offices. Legislative work is conducted with the intent of eliminating existing inequities and promoting equitable outcomes, using a comprehensive equity focus.

Public Records Unit
The ODHS Public Records Unit centrally tracks, processes, and responds to record requests from media, individuals (and/or their representatives) and public entities. PRU processes a consistent average of 600 requests per month and serves requestors Monday through Friday with an online portal being available 24/7. The unit focuses on consistency, transparency, and adherence to state, federal and Public Records Law.

The project to centralize public records was prioritized under the 2019 Executive Order for Child Welfare which included improving compliance with Oregon Public Records Law. Compliance with Public Records Law includes meeting statutory time frames, communicating with requestors timely and thoroughly, and citing applicable state and federal laws in correspondence.

The unit currently processes a mix of public record requests and requests from individuals (or their representatives) for their own records. PRU has

agreements with each program area on which type of individual record requests are handled by PRU and which are handled by the program.

To provide exceptional customer service and accurate and timely decisions, PRU partners with ODHS programs, Oregon Health Authority, Law Enforcement Agencies, Department of Administrative Services and Department of Justice. The costs of The Public Records Unit are predominantly for staff and equipment. There is also a cost to maintain and enhance the Adobe Experience Manager used to track and process record requests.

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

Office of Reporting, Research, Analytics, and Implementation
The Office of Reporting, Research, Analytics, and Implementation (ORRAI) creates reports, conducts research, analyzes data, implements research, and provides caseload/workload estimates for all programs. ORRAI provides mission critical information to the director and executive staff, program directors, legislators, partner agencies, and the public. The office translates data into information and develops practitioner tools to ensure decisions are data informed. The Office is reliant on predictive analytics to improve outcomes for children and families. ORRAI also implements an equity analysis to identify inequities and progress towards equitable outcomes, as well as to inform agency programs and decision-making.

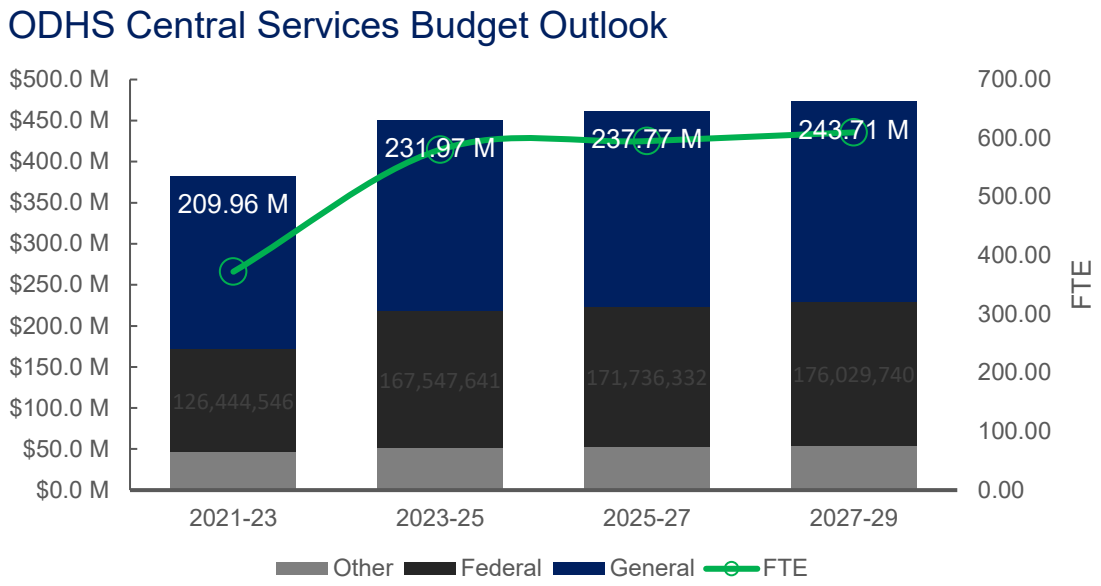
Office of Resilience and Emergency Management (OREM)
OREM focuses on the needs of people before, during and after disasters, reducing disaster impacts in times of crisis and investing in communities year-round to ensure greater resilience. OREM carries out ODHS' roles in Oregon's Comprehensive Emergency Management Plan as the primary agency for mass care, food and water in disaster situations and social services during recovery. The office centers equity in its work, ensuring that the goals and needs of vulnerable communities directly inform resilience plans and that our response systems

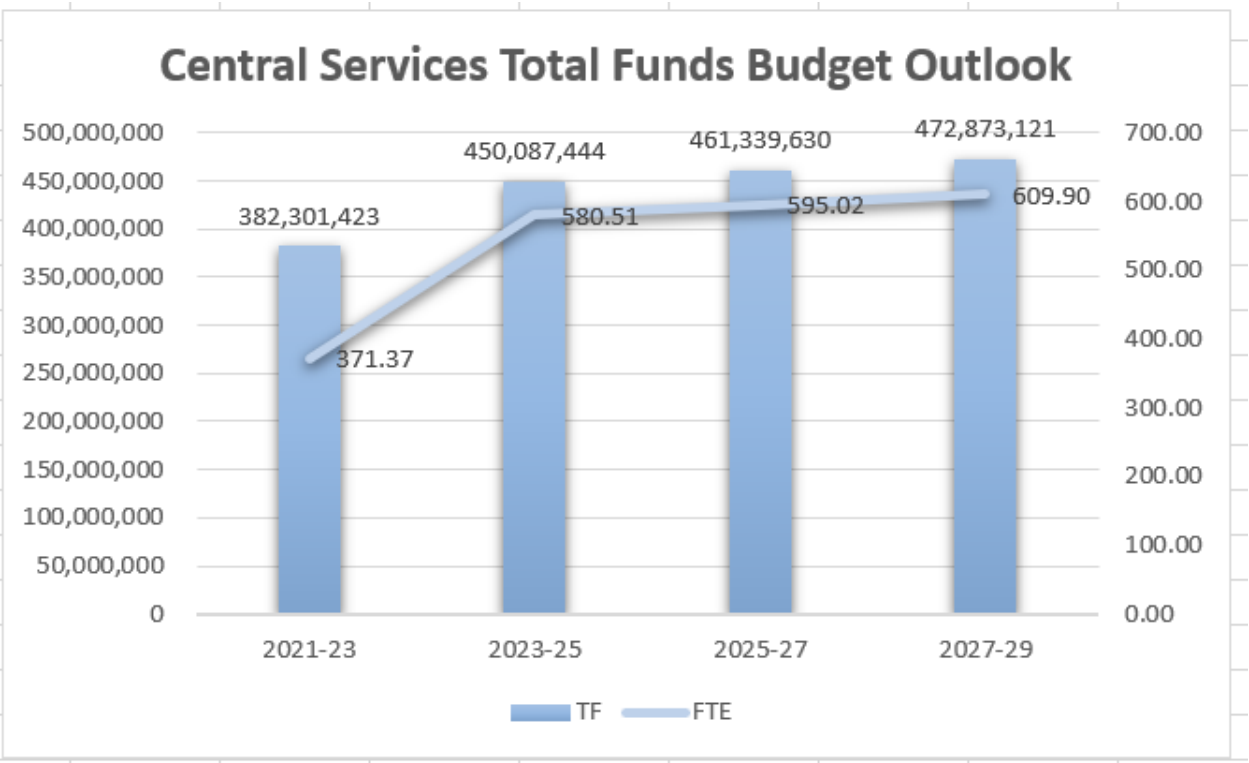
effectively address disproportionate disaster impacts. OREM also assists other ODHS programs in preventing, mitigating, responding to, and recovering from natural, technical, and human-caused hazards.

OREM recognizes that being ready and quickly responsive hastens recovery. To achieve this, the office adheres to National Incident Management System standards and carries out a statewide strategy that aligns with the 2022-2026 Federal Emergency Management Agency (FEMA) Strategic Plan. Its staff are dispersed around the state to better identify local needs and enhance community-level relationships. To prepare for catastrophic events, OREM is:

- Establishing a mass care network consisting of public and private partners.
- Conducting exercises and drills around the state alongside local, state, federal and Tribal partners.
- Identifying needs and gaps in Oregon's mass care systems.
- Investing in county-level mass care capabilities.
- Helping to build local capacity for emergency preparedness
- Collaborating with a range of partners to advance resilience through education.

Program Justification and Link to Focus Areas





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

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

- ***Control over major costs***

The department centrally manages many major costs. Some of these costs, like many DAS charges, are essentially fixed to the agency. Others, like facility rents, are managed centrally to control the costs. Also, the department strongly supports and actively participates in statewide efforts to locate work across the enterprise

and install performance management systems to perform administrative functions more efficiently and effectively.

- ***Performance management system***

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

- A clear statement of the outcomes ODHS must achieve,
- Descriptions of the processes ODHS uses to achieve its outcomes,
- Measures of success for each outcome and process,
- Owners for each measure,
- Written "breakthrough" strategies for each initiative that will significantly improve outcomes and processes,
- A quarterly, all-day, all-leadership review of progress on each measure and strategy, and
- Best practices in installing performance management require specific skills – especially in project management, LEAN tools, data analysis, and professional development of managers. ODHS has reallocated resources and used savings to make some of these investments, but it must increase these skills as much more needs to be done.

Program Performance

Legal Unit

	This measure counts the number of subpoenas, tort claims, lawsuits, and PJRs received by the ODHS Legal Unit to be managed and handled. It is important for workload management, staffing levels and an indicator if additional resources are needed.			
Fiscal Year	Subpoenas Received	Tort Claims Received	Lawsuits Received	PJRs Received
July 2013 - June 2014	211	86	37	10
July 2014 - June 2015	158	89	28	7
July 2015 - June 2016	171	77	43	15
July 2016 - June 2017	189	78	40	15
July 2017 - June 2018	247	102	36	40
July 2018 - June 2019	208	131	39	68
July 2019 - June 2020	195	122	38	49
July 2020 - June 2021	222	60	19	49
July 2021 - May 2022	213	93	34	29
TOTALS	1814	838	314	282

Tort claims are a 60-day timeline for response with agreement from DAS Risk Management on extension. Lawsuits/PJRs operate under court timelines for

DOJ to respond. The ODHS Legal Unit also operates under those timelines. It is not tracked as DOJ is the responder and can file for extensions or parties can agree to extending timelines. Expunction work and manual tracking began in 1/1/2022 with the new statutory change.

The Oregon expunction statutes were amended in 2021 to require a juvenile department initiated automatic expunction process for youths with a juvenile record. As of January 2022, all juvenile departments are required to initiate an automatic expunction for any youth with a juvenile department record who turns age 18 on or after 1/2022. Court issued expunctions have remained steady at an estimated 3 court orders per month statewide with a 21 day from receipt compliance requirement.

Currently only two small jurisdictions (Klamath and Benton) are regularly complying with the new requirements for youths turning age 18 on or after 1/2022. For those jurisdictions we receive an average of 5 expunction letters per month. It is estimated that if all juvenile jurisdictions, including the larger jurisdictions of Multnomah, Clackamas, Washington, Lane, and Marion, regularly comply with the statutory automatic expunction requirement, ODHS will receive an average of 100 expunction letters per month. This means that the backlog in most juvenile department jurisdictions will hit ODHS in the coming months and through the first half of 2023, increasing the average exponentially. We do not have reliable estimates for this number during the "catch-up" phase during the first half of 2023 to clear backlogs.

Prior to January 2022 approval of applications for expunction of juvenile records were not automatic. As of January 2022, Senate Bill 575 makes approval of requests for expunction of juvenile records by those persons reaching age 18 prior to January 2022 automatic. ODHS will receive expunction letters on all expunction requests directing ODHS to expunge the subject activities that brought the then minors under the juvenile departments' jurisdiction. The attorney advising the juvenile departments on the new "automatic expunction on request" process anticipates average monthly requests to increase. Using a conservative 25% of all eligible "automatic expunction on request" cases the estimated increase is 25 expunction letters that ODHS will need to process per month.

Rules Programs: Rules Coordinators serve all programs, the public, community partners, work with Legislative Coordinators, rule writers, managers to develop the rules and filings. The Rules Program Manager serves the Rules Coordinators, rule writers, management and leadership with rulemaking process, consistency, and policies to support the rules program – and guides the public to the processes and program. Based on the previous two years, ODHS filed a total of 1179 rules. Estimate a similar amount filed for the next biennium. Note: there was an influx of rules filed due to Covid-19 changes to rule. Rules filed in 2021: 354 Permanent, 288 Temporary for a total: 642. Rules filed in 2020: 368 Permanent, 169 Temporary for a total: 537.

Public Records Unit

ODHS Public Records Unit					
Number of record requests received					
	2019	**2020**	**2021**	**2022**	**23-25 projections**
	*3365	6580	*5009	*3308	6720 per year
This measure counts the number of record requests received by PRU to be processed. It is important for workload management, staffing levels and an indicator if additional resources are needed. Counts with an * are less than a full year of data. 2019 - PRU was not formed until mid 2019. 2021 - a data integrity issue was discovered in AEM, count is for 8 months. 2022 is through June 15. Average monthly requests received is about 560 for a total projection of 6720 per year.					
Quality of service provided					
	2019	2020	2021	2022	23-25 projections
% of Department of Justice appeals upheld	no data	81%	80%	no data	85%
Currently this measure is calculated based on the percentage of DOJ appeals where PRU's decision is upheld. In the future, PRU will have a formal quality assurance plan with metrics. Quality assurance is important to ensure compliance with state and federal law as well as to identify training needs and					
Timeliness of service provided					
	2019	**2020**	**2021**	**2022**	**23-25 projections**
	no data	99%	98%	98%	99%
Public record requests have 5 day and 15 day statutory deadlines. This metric captures the percentage of requests that are processed within those timeframes or a timely extension letter is provided to the requestor. Timeliness is important to ensure compliance with Public Records Law timeline requirements and customer service to requestors. Timeliness measure is also important					
Cost per service unit					
	2019	**2020**	**2021**	**2022**	**23-25 projections**
					3,450,592
Projections taken from Public Affairs Financials April 2022					

Enabling Legislation/Program Authorization

ORS 409.010

Funding Streams

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

Funding Justification and Significant Changes to CSL

Due to the timing of the release of GB, details lower than Division level were not available.

Oregon Department of Human Services: Shared Services

Primary Long Term Focus Area:	Excellence in State Government
Secondary Long Term Focus Area:	N/A
Program Contact:	Eric Moore, (503) 884-4701

Note – This display is using ARB totals by office as the Governor's Budget is only available at the appropriation (Division) level at this time, ODHS will be working with CFO over the next few weeks to get the more granular office detail numbers.

Program Overview

When ODHS and OHA split, the agencies agreed to retain many functions as shared services to prevent cost increases, maintain centers of excellence, and preserve standards that help the agencies work together.

ODHS Shared Services supports ODHS and OHA by providing essential business services through collaborative partnerships and informed decision making so that ODHS and OHA can achieve their missions and navigate their visions.
ODHS Shared Services operates by the following guiding principles:

- Educate, advocate, innovate
    - Educate – Provide customers clarity regarding the scope of business services available and the fundamental business operations of the agencies. Ensuring programs have knowledge about business processes, budget elements and operational components for each service.

    - Advocate – Recommend, negotiate and encourage collaborative engagement on behalf of ODHS/OHA Shared service programs and customers to support clarity of business needs, requests, and questions.
    - Innovate – Use our collective expertise, through an agile approach, to meet customers where they are at and guide them towards solutions that meet their needs (what they want, where they want it, when they want it, how they want it and delivered by who they desire.) Reduce and remove barriers by leaning and integrating systems while maximizing return on investment for those functions within our scope.
- Equity through outcome parity
    - Equity through outcome – Ensure Shared and Central Services customers are provided with access to what they need to be successful in their desired goals. Parity in this context refers to comparable outcomes regardless of intersectional challenges.
- Customer centered
    - Starting with the end user perspective – Truly understanding the customer, so we can anticipate their wants and needs, understand their communication preferences, create meaningful experiences, and build lasting relationships.

ODHS Shared Services Administration provides leadership and direction for our offices. Shared Services Administration works with the Shared and Central Service managers to maintain updated service level agreements that define and guide the service array and delivery for each unit and ensures that all services and business practices are conducted in a culturally responsive and equitable manner.

Program Description

ODHS Shared Services contains the following key offices and programs:

Shared Services Administration

This office provides leadership and direction for the Shared Services offices.

The goals of the Shared Services offices are to:

- Implement standardized business practices that are used throughout ODHS/OHA;

- Increase the efficiency, effectiveness, and coordination of administrative services through the consolidation of functions across ODHS/OHA;
- Provide relevant information and recommendations regarding budget, forecasting and analysis of policy issues;
- Ensure effectiveness and efficiency in program management and measurement of results;
- Develop clear, concise information to support effective decision-making;
- Work effectively across ODHS/OHA to ensure department policies are incorporated and appropriately reflected in both agencies' budgets; and
- Provide reliable caseload and cost-per-case forecasts for all major programs, incorporating impacts of policy changes, changing demographics and any other relevant information available.

Administrative Rule Program
This office supports all ODHS and OHA programs, many of which are joint federal and state programs. It is responsible for working with agency leadership and cross-division teams to develop and implement policies and processes that promote transparency in, and public access to, the rulemaking process, and to increase the standardization of the rulemaking process across each agency. The office provides leadership, training, and support for ODHS|OHA rulemaking coordinators and works with those coordinators to improve the readability of agency rules while ensuring compliance with federal and state requirements. The office assists with and performs, on a limited basis, each step of the rulemaking process for the agencies.

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

Budget Center
This office provides program and administrative budget planning, financial analysis and technical budget support for ODHS and OHA. These services are provided for department and program leadership, policy and field managers, staff and external policymakers:

- Monthly and quarterly budget financial services
- Budget and position tracking and reporting services
- Legislative fiscal coordination
- Budget and position technical assistance and training
- Shared Services budget committee staffing

Office of Contracts and Procurement (OC&P)
This office provides contract and procurement services for ODHS and OHA by making purchases, conducting solicitations, and preparing and processing contracts with other government agencies, businesses, and service providers.

There are approximately 560 ODHS/OHA program personnel who work directly with OC&P to put contracts in place which support both agencies. Additionally, there are approximately 1,000 ODHS/OHA administrative support personnel who require OC&P services related to purchases supporting ODHS/OHA business operations.

Office of Enterprise Data Analytics (OEDA)
The Oregon Legislature created OEDA in 2015. The office produces evidence-based, actionable information though inter-agency research to improve the lives of Oregonians. They collaborate across state agencies such as OHA, Oregon Youth Authority, the Departments of Employment and Housing and others to create useful insights.

Office of Facilities Management (OFM)
The Facilities Center is a shared service office that provides Facilities functions for ODHS/OHA. The office acquires and administers leases and contracts for approximately 165 ODHS/OHA facilities statewide; coordinates construction, remodeling and modifications of facilities to meet service delivery needs; plans and manages modular furniture installations; monitors energy use; manages mail

and parcel delivery; plans, develops, installs, and repairs ODHS/OHA telecommunications systems; audits the ODHS/OHA telephone bills; and conducts detailed research and analysis of phone systems to determine the most appropriate systems for both agencies' operations.

Facilities Management works with community colleges, cities and county governments to deliver its services. It also helps ODHS/OHA managers, staff and community partners develop and organize offices to meet the service delivery needs. Services include:

- Acquisition and administration of ODHS/OHA leases and contracts for an estimated 165 leased facilities statewide;
- Coordination of construction and remodeling of leased facilities, facilities project management; and
- Plans modifications of workspace to accommodate changes in program service delivery needs.

Telecommunications administers the ODHS/OHA telecommunications. Services include:

- Planning, development and installation of telecommunications systems in 165 buildings statewide;
- Upgrading and repairing current systems;
- Telephone billing audits; and
- Detailed research and analyses of phone systems to determine the most appropriate systems for the department's operations.

Office of Financial Services (OFS)

This office provides accounting services, administers employee benefits and payroll, prepares financial reports, and collects funds owed to ODHS and OHA. This office provides accurate, accountable and responsive financial management and business services to ODHS and OHA clients, providers, vendors, stakeholders and employees in support of both agencies' missions and in compliance with state laws and federal policies, rules and regulations. OFS is organized by functional area with the goal of maximizing operational efficiency. OFS works closely with the DAS State Controller's Division, other state agencies and the federal government.

The **Accounts Receivable Unit** produces invoices, collects funds due back to ODHS/OHA, and provides ODHS/OHA Accounts Receivable collection data annually to the Legislative Fiscal Office (LFO). This unit also receives, and processes garnishments levied on the department.

The **Receipting Unit** deposits all negotiable instruments received by ODHS/OHA; accurately records the revenue and reduction of expense transactions into SFMA for these receipts, as well as from credit card and ACH activity in ODHS/OHA Treasury accounts.

The **Disbursements and Travel Unit** processes invoices for goods and services including rent, utilities, supplies, interagency services, SPOTS VISA and travel claims for ODHS/OHA employees and other authorized non-state individuals.

The **Contract Payments Unit** processes contract payments for services with providers and local governments, ensures payments are within contract limitations, and processes contract settlements as needed.

The **Payroll Unit** processes agency payroll data and ensures that each employee of ODHS/OHA receives proper compensation in pay and benefits for work done.

The **Strategic Systems Unit** takes financial data from the various ODHS/OHA proprietary payment and receipting systems, converts the data and interfaces the data into SFMA. Interfaced transactions include payments, payment cancellations, accounts receivable and recoupments. This unit is also responsible for the SFMA structures and cash flow management,

The **Management Reporting and Cost Allocation Unit** develops, maintains and implements the department-wide cost allocation plan to allocate indirect administrative expenditures to federal, state and other sources; and provides data management support to internal customers as well as division support in the monitoring of budget to actual reporting.

The **Statewide Financial Reporting and Trust Accounting Unit** prepares annual financial report information for inclusion in the statewide Combined Annual Financial Report; manages trust accounts.

The **Reconciliation Unit** completes all reconciliation reports, compares results in SFMA, the State Treasury and ODHS/OHA proprietary systems.

The **Federal and Grant Reporting Unit** maintains, analyzes reviews and reports on various grant types such as entitlement, block and categorical grants; and submits, receipts, and distributes federal draw requests for federal expenditure disbursements.

The **Portland Accounting Unit** provides accounting services for Public Health Division (PHD) programs including accounts payable, monitoring sub-contractor expenditures, cash receipting, accounts receivable, audit coordination, and grant financial review and reporting.

The **Internal Control and Policy Unit** monitors system security and control structure. Forgery Services Section handles and researches overpayments, forged, counterfeit and altered checks.

Office of Forecasting, Research and Analysis (OFRA)

This office provides client caseload forecasting services for ODHS and OHA. The Office of Forecasting, Research and Analysis assists program managers in determining projected need for services and to develop the budget to address these needs; anticipating changes in federal and other funding streams that may affect the ability to provide services; assuring compliance with federal funding regulations and requirements; managing appropriation allotments and cash flow throughout the biennium; providing analysis and estimates to respond to inquiries from internal and external parties; and providing information and assistance in managing the ODHS/OHA budgets during the biennium.

Client caseload forecasting encompasses the production of semi-annual caseload forecasts for various ODHS programs (divisions); the monitoring of actual client counts compared to the forecast; and the tracking and researching of local, state and national trends affecting client caseloads.

Office of Health, Safety and Employee Well-being

ODHS|OHA employees are critical in maintaining continued service to our consumers. Keeping our workforce safe and healthy and supporting their overall well-being encourages less turnover, enhances work product and can reduce the impact and cost of injuries and illness, thereby helping to control healthcare costs and disruption to family and community life. OHSE provides direction and leadership through a suite of services designed to reduce risk to our employees, volunteers, clients and stakeholders and ultimately provide a workplace that is free from recognized hazards and supports employee well-being.

Areas of focus include Occupational health and safety compliance (Including Case Management of WC and Liability claims), Wellness, Workplace Incident Response and Threat Management. Focusing our approach and emphasizing Total Worker Health has competitive advantages as it relates to recruitment, retention, employee satisfaction, community engagement and reputation and a sustainable workforce culture. This evidence based, proven approach has been documented in long term studies and is the basis of the National Institute for Occupational Safety and Health (NIOSH) and the Centers for Disease Control (CDC) Total Worker Health approach and is part of PEBBs 2020 Wellness Initiative and aligns with the Governors Executive Order on Wellness and the ODHS/OHA Strategic Wellness Plan.

Office of Imaging and Records Management Services (IRMS)
This office provides document and records management services for ODHS and OHA through imaging, electronic workflow, data entry, archiving and retention services, including:

- Data capture services for billing claims related to medical and dental services, hospitals, nursing homes, in-home services, home-delivered meals and childcare;
- Imaging services related to Oregon Health Plan applications, SNAP applications, Senior Prescription Drug applications, ODHS case management files, Human Resources documents, checks, hearing documents, intentional program violations, childcare, medical claims, sterilization consent forms, Financial Services documents, and client case records; and
- Electronic and physical records archival, retrieval and coordination of destruction services.

This office electronically images more than 300,000 documents each month. IRMS provides images of checks to Financial Services to allow for timely receipt and deposit of funds and provides images to the Background Check Unit to assist in expediting retrieval of records to answer provider questions.

IRMS also receives an average of 29,000 paper claims and checks each month for data capture. Most are for medical and dental services, hospitals, nursing homes, in-home services, home-delivered meals, and childcare. IRMS provides data and images, which allow SNAP programs, Oregon Health Plan and Oregon Health

Authority staff to answer provider and client questions regarding eligibility and payment. The Electronic Document Management System (EDMS) electronically images documents and stores the images on a Storage Area Network (SAN), providing a single repository resulting in immediate accessibility to all authorized ODHS/OHA staff throughout the state of Oregon.

Internal Audits and Consulting (IAC)
This unit provides independent and objective information about ODHS and OHA operations, programs and activities to help management make informed decisions and improve services. The unit assists management through reviews of ODHS/OHA programs and activities, ensuring effective and efficient use of resources to achieve the department's goals and outcomes. The unit performs independent audits and reviews, which encompass:

- Reliability and integrity of financial and operational information,
- Effectiveness and efficiency of operations,
- Safeguarding of assets,
- Evaluation of management controls (which may be related to investigations of alleged misconduct and illegal activities), and
- Compliance with laws and regulations, contracts, and grant awards.

These services are important because they help decrease the amount of fraud, waste and abuse; ensure the reliability and integrity of financial and operational information; ensure effectiveness and efficiency of operations; ensure adequacy of internal controls to prevent or minimize alleged misconduct and illegal activities; and ensure compliance with laws and regulations, contracts and grant awards.

Office of Payment Accuracy and Recovery (OPAR)
This office provides recovery services for ODHS and OHA by identifying and recovering moneys paid in error to clients or providers; investigating allegations of fraudulent activities; investigating and recovering state funds expended for services when a third party should have covered the service and the recovery of claims made by a client; and recovering funds from the estates of Medicaid recipients for the cost of cash and medical benefits provided.

OPAR strives to improve program integrity, payment accuracy and financial recovery on behalf of many ODHS/OHA programs (SNAP, Medicaid, Temporary

Assistance to Needy Families (TANF), Child Care, and others). Specific services provided include:

- Audits and investigations
- Establishment of overpayment debts and collection of those debts
- Facilitation of third-party recoveries
- Identification of third-party resources
- Assistance to ODHS field staff with data integrity issues
- Recovery of Medicaid, Clawback and General Assistance funds from estates of deceased clients

Office of Training Investigations and Safety (OTIS)
This office conducts investigations and provides protective services in response to reported abuse and neglect of seniors and people with physical disabilities; adults with developmental disabilities or mental illness; and children receiving residential treatment services. The types of abuse we investigate may include physical, sexual, verbal and financial abuse; neglect, involuntary seclusion, and wrongful restraint.

Publication and Creative Services (PCS)
This section manages the writing, design, development, printing and distribution of ODHS and OHA publications for internal and external audiences, which includes alternate formats and alternate languages. Provides consulting to plan professional quality publications that reflect ODHS and OHA style guidelines; edit and proof materials created by staff experts and partners in their individual fields; provide graphic design, layout, original and digital illustration, forms creation, graphic artwork and Web and electronic materials.

Safeguards & Privacy Services Office
The ODHS Safeguards and Privacy Services Office (SPSO) supports ODHS|OHA programs to develop and improve business systems, provide key services, communicate, and collaborate with partners and communities, and ensure the public trust in sharing and systems while providing awareness and solutions to achieve compliance with federal and Oregon privacy and security laws, rules and policies. The SPSO collaborates with and serves Federal, state, Tribal, and local government partners, private for-profit and non-profit organizations, local communities, contractors, providers, and client/consumers.

SPSO helps customers develop more efficient systems, data-sharing and research collaborations, and services assisted by data-sharing. SPSO assists customers to identify innovative approaches to sharing that maintain privacy and security compliance while building service capacity, braiding local community and agency resources, and freeing resources for other program growth by more efficient sharing of data sets and assets for broader eligibility determination and person-centered service delivery across programs and agencies.

Part of the SPSO work involves identifying and advocating for removal of policy, procedural and operational barriers created by institutional bias that place undue burdens or curtail beneficial data-sharing with or on the behalf of traditionally marginalized communities ODHS|OHA serve

Lastly the SPSO promotes coordination of data protection and recovery, and data-sharing between ODHS|OHA partners during emergencies and disasters. Guidance includes working with Emergency Management to meet requirements for CJIS and other high security information use in emergency planning and response.

Trauma Aware Program

The Trauma Aware Program honors equity as foundational to our role as a human services agency and is committed to integrating equity into all we do. The Trauma Aware Program subscribes to the elements of the ODHS Equity North Star and honors Tribal Nations which moves our organization towards becoming an agency free of racism, discrimination, and bias. The Trauma Aware Program works in partnership with the ODHS Office of Equity and Multicultural Services the RiSE initiative (ODHS culture change initiative), the OHA Office of Equity and Inclusion and the Public Health Office of Equity. Additionally, the Trauma Aware Program identifies the State of Oregon's Diversity, Equity and Inclusion Action Plan as a priority and engaging in the Roadmap: The Path to Implementing the Diversity, Equity, and Inclusion Action Plan.

Trauma informed care practices, equity, and building resiliency are critical to our workforce, our service recipients and all Oregonians. This proposal works in partnerships with trauma informed processes to enhance an organizational culture of safety and wellness. Trauma informed care practices and building resiliency are critical to our workforce, our service recipients, and all Oregonians. Resiliency and Wellbeing is also a part of the work of the Trauma Aware Program. Data shows

that engagement in employee wellness is linked to greater employee retention. It is also documented that even if an employee does not participate in wellness or wellbeing programs or activities, employees have greater loyalty and believe in their employer. As we create the future of human services in Oregon, it is essential to invest in the wellbeing and resiliency of our employees.

Volunteer Services
Housed within Shared Services Administration, the Volunteer Program engages individuals in our communities who want to donate their time to improve the lives of others. The mission of the Volunteer Program is to help achieve the goals and outcomes of ODHS through integrating the work of state and community partners. The program provides on-the-job skills, training, and experience to individuals seeing to further their self-development and careers, making it essential to the Governor's Economic Recovery Plan, specifically Action 5, Creating Opportunities for Oregonians. The program also supports the agency's community engagement efforts as well as Self-Sufficiency Programs' Work Experience program, where clients receiving services volunteer to gain valuable on-the-job experience.

Program Justification

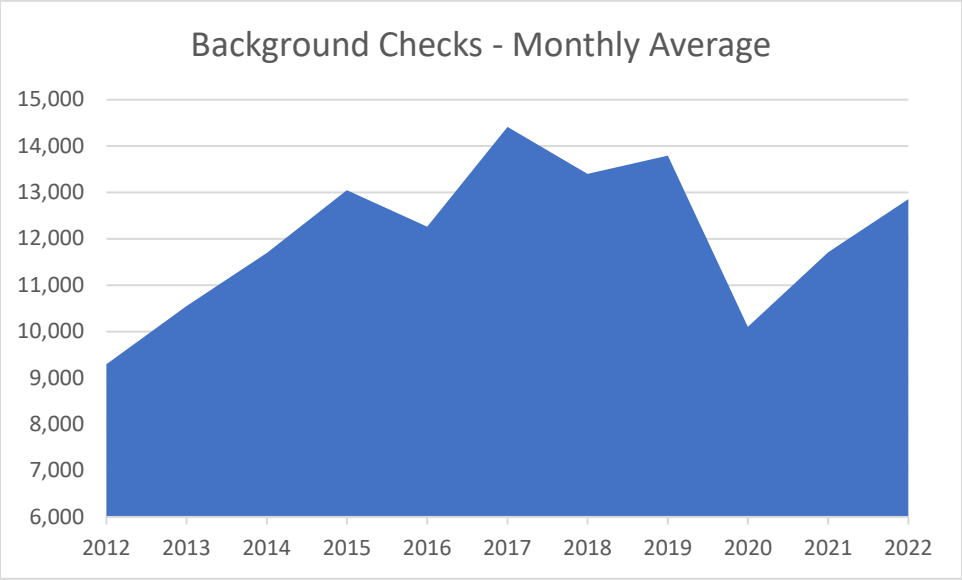
ODHS Shared Services administration (SSA) provides leadership and direction that creates the foundation and facilitate the integration of equity, well-being, service and inclusion throughout our offices. SSA is striving to create a service equity committee in effort to align with OEMS' guidance to support our agency work toward equitable outcomes our staff and for all populations using ODHS services. SSA accomplishes our mission though policymaking, service level agreements, strategic planning, consulting, research, advocacy, and continuous learning

ODHS SSA provides critical program supports necessary to achieve the mission of the agency: Helping Oregonians achieve well-being and independence through opportunities that protect, empower, respect choice and preserve dignity.

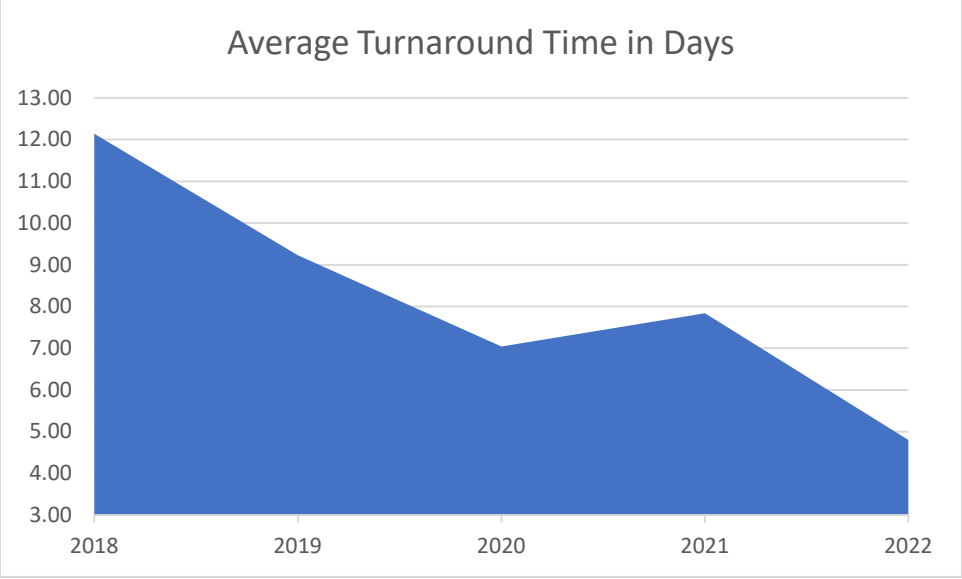
Program Performance

Background Check Unit
The Background Check Unit process background check requests for providers of care across ODHS and OHA.

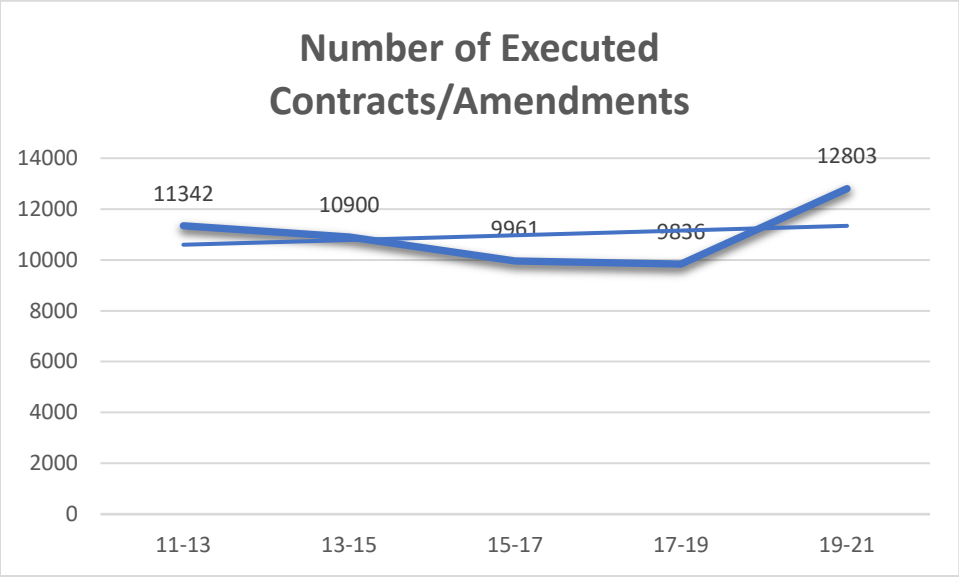
- Background Checks per Year

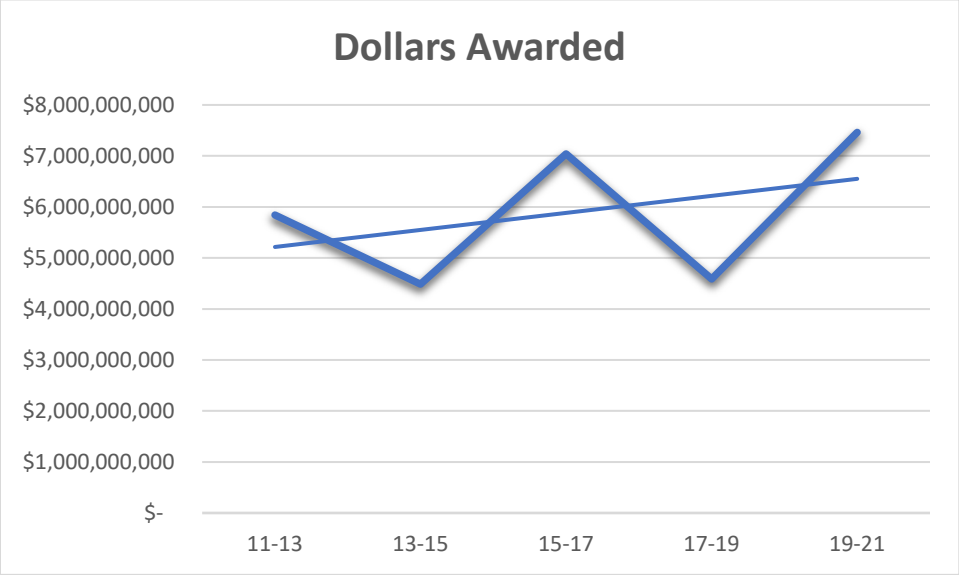


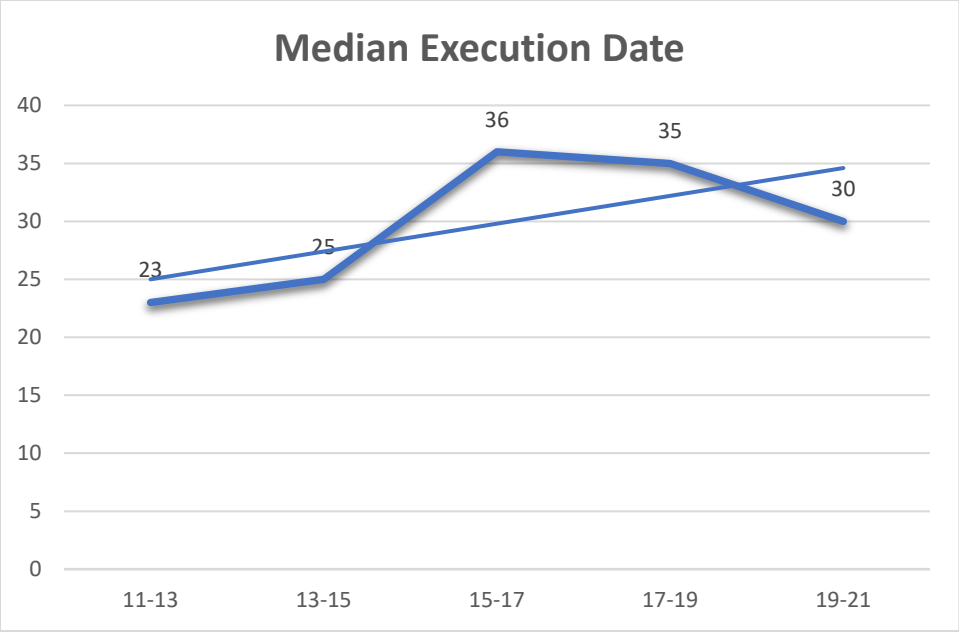
- Quality of Services Provided: Quality is measured based on the percentage of background check determinations overturned by the Office of Administrative Hearings. The goal is 2% or less being overturned:
  - 2022 (to date): 0.87%
  - 2021: 1.9%
  - 2020: 1.1%
- Timeliness of completion of background checks



Office of Contracts and Procurement

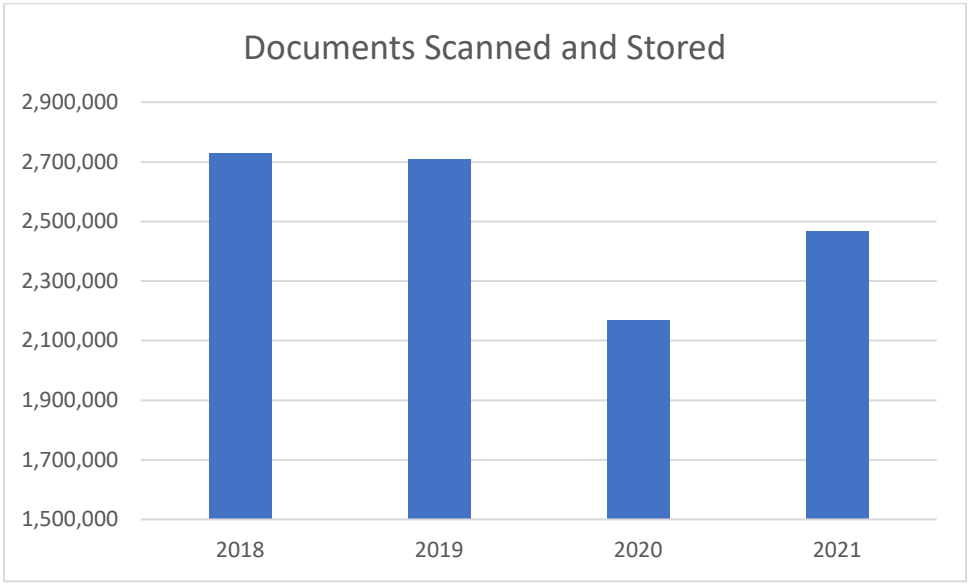




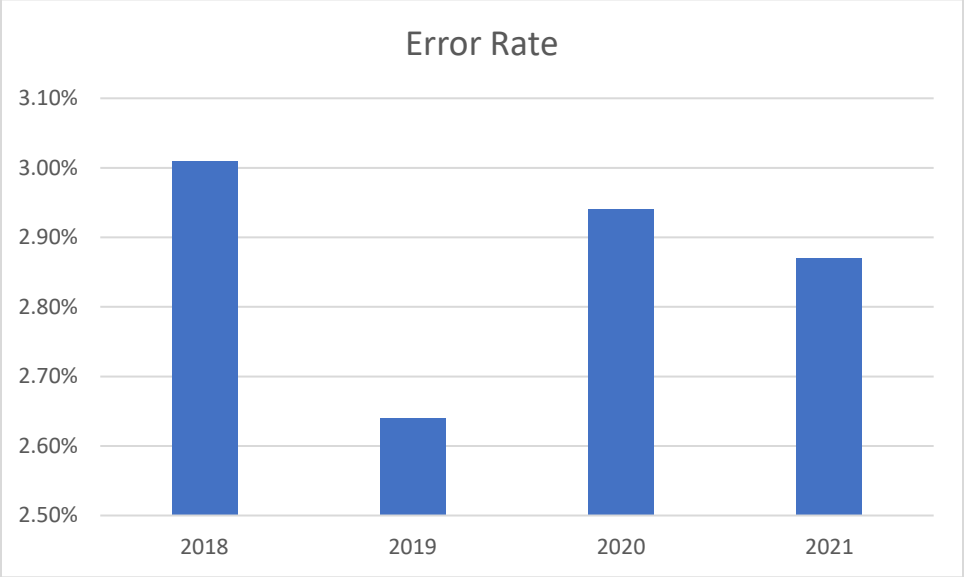


Imaging and Records Management Services
Imaging & Records Management Services provides electronic and physical document and records management in central repositories to support records retention, eligibility services, and provider payments.

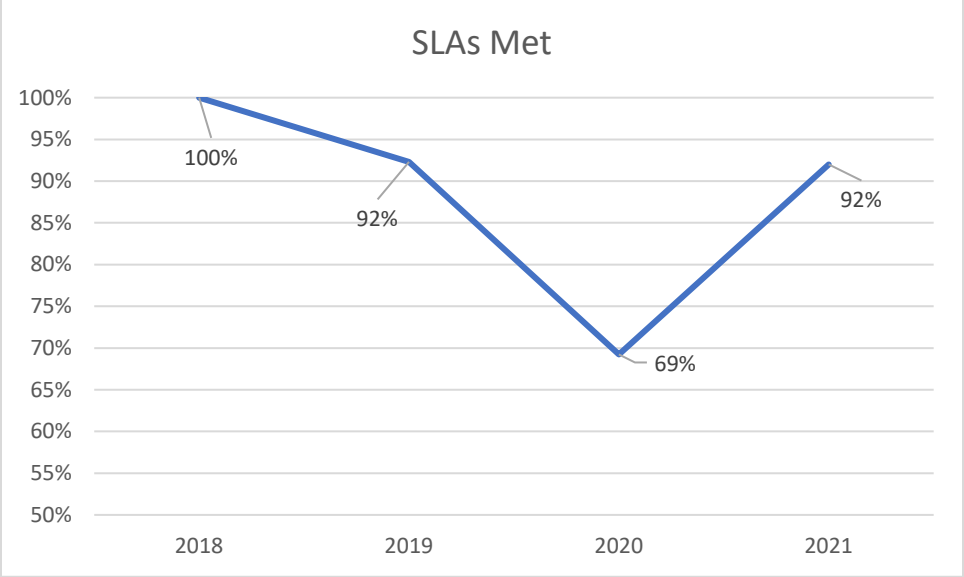
- Documents scanned and physically stored per Year:



- Quality of Services Provided: IRMS determines the quality of its services based on internal quality assurance (QA) activities and customer feedback. The goal is a 2% or less error rate:



- Timeliness of service provided: IRMS hold specific Service Level Agreements with customer for specific bodies of work. This measure is the percentage of SLAs that have been met:



Internal Audits and Consulting

Internal Audits/Consults Completed by FY

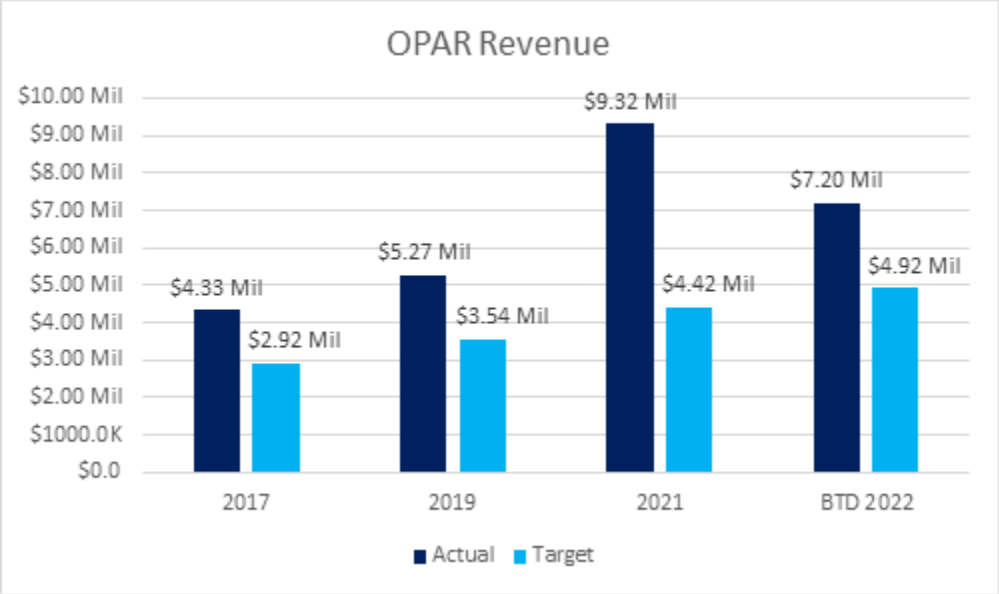
FY16-17	FY17-18	FY18-19	FY19-20	FY20-21
7	6	4	5	7

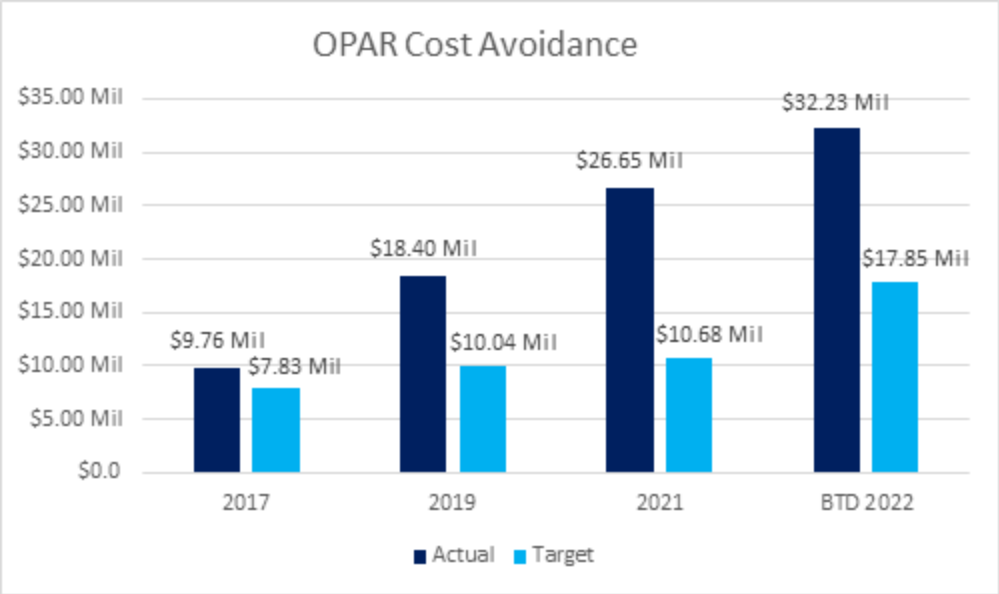
Office of Facilities Management

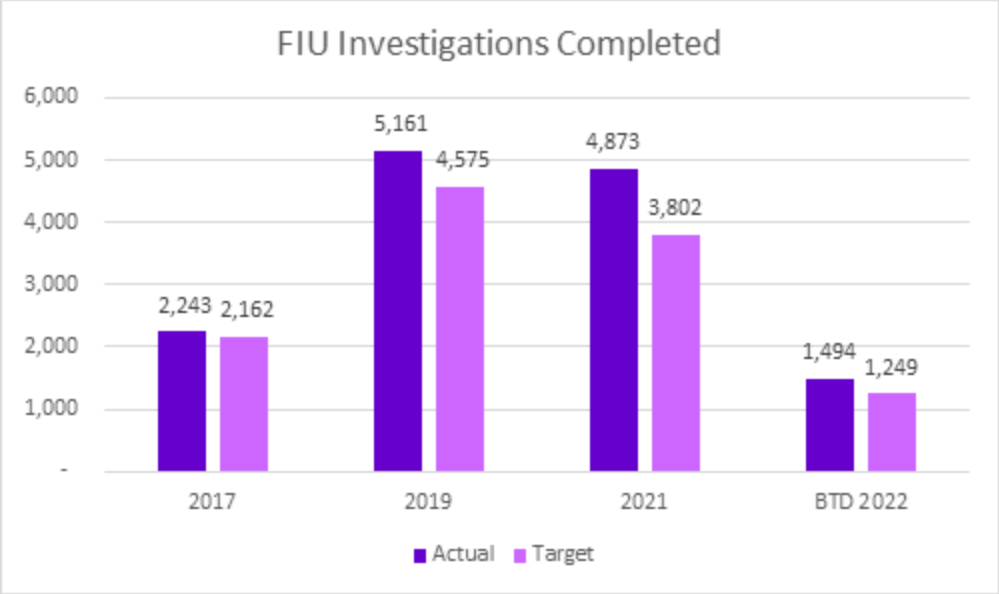
#	Item	Totals	Metric / Description	Cost
1	**# People Served:**	14,500	Approximate total of DHS-OHA Employees Served annually.	NA
2	**Items Produced (see *below*)**	-	-	-
2.a	*# of Offices*	177 office Locations	Leased locations that support the work of DHS-OHA employees.	NA
2.b	*2022 Total Square Feet of Leased Space*	3,455,008	This is the total square footage of DHS-OHA leased space, cost shown is recurring monthly.	$5,385,690
2.c	*Enhancements (Ergonomic modifications, Space Utilization based upon bulk of most common work order requests)*	5,690	Ergonomic adjustments aid in promoting a healthy work environment. Space utilization relates to configuring or reconfiguring offices to better suit employees and guests. Programs typically pay these costs.	NA
2.d	*Janitorial Services*	20 contracted vendors provide janitorial services for DHS-OHA offices	Cleaning services provided in all DHS-OHA offices to ensure an healthy, clean work environment, cost shown is recurring monthly.	$487,651
2.e	*Building Maintenance*	Approximately 708 OFM requests to landlords to complete building maintenance items. Most requests are for plumbing, lighting and HVAC maintenance.	Facilities oversight that ensures timely resolution to issues that are the responsibility of the leased building's landlord/ownership. Costs are paid by landlord.	NA
2.f	*Utilities*		The setup and maintenance to ensure utilities such as electricity, natural gas, water and sewage and waste disposal	$306,370
3	Quality of Services	~80% Customer Approval	Based upon passive surveys submitted by staff	-
4	Timeliness of Provided Services	18 Days average completion of typical OFM work	Facilities work and timing to complete are impacted by many factors, often out of our direct control	-
5	# of Work Orders	See Below	Facilities Work Order Requests made by DHS-OHA office management. These requests include a wide-variety of work. Most frequently, they are for ergonomic adjustments or office reconfugurations to add, reduce or restructure office cubicles. Most work orders are paid by the requesting programs	-

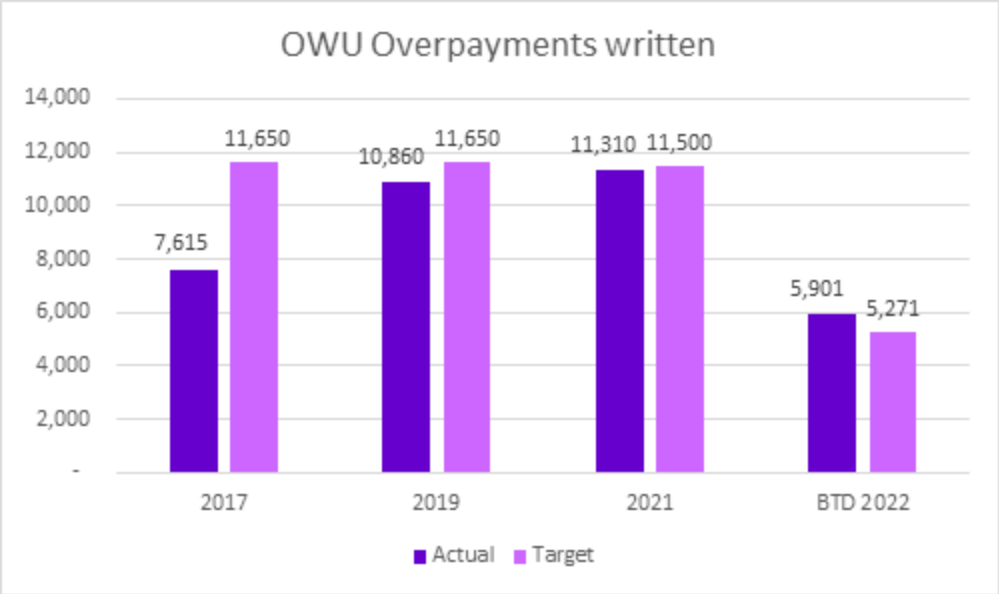
OFM Work Order Data			
Year	# of Work Orders Received	# Completed	Avg. Completion Rate (In Days)
2012	196	196	17
2013	250	250	16
2014	244	244	22
2015	182	182	16
2016	202	202	18
2017	95	95	16
2018	1255	1255	17
2019	1540	1540	20
2020	850	850	17
2021	553	553	24
2022	323	323	16
Total	**5690**	**5690**	**18 Days**

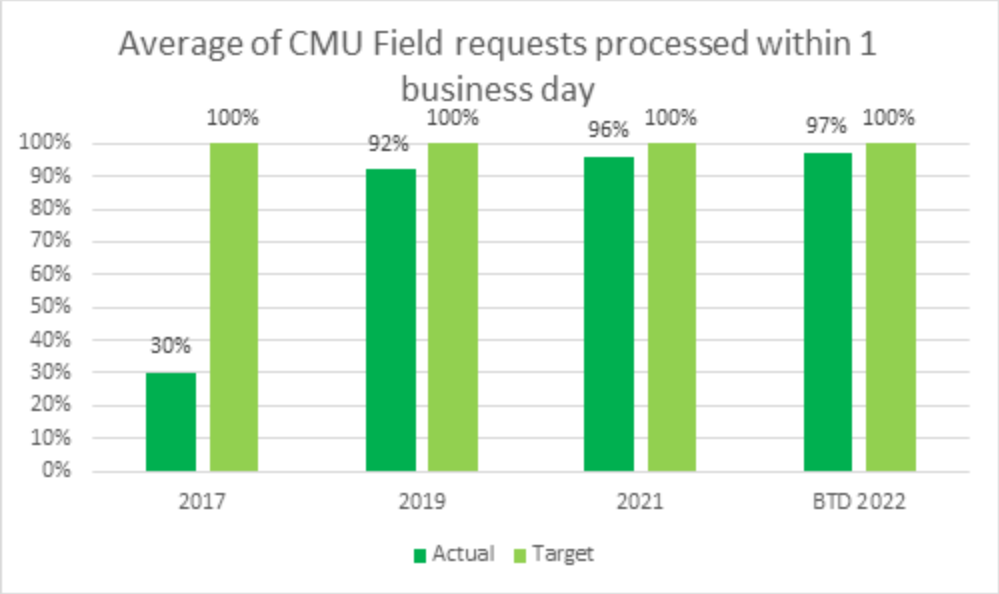
Office of Payment Accuracy and Recovery

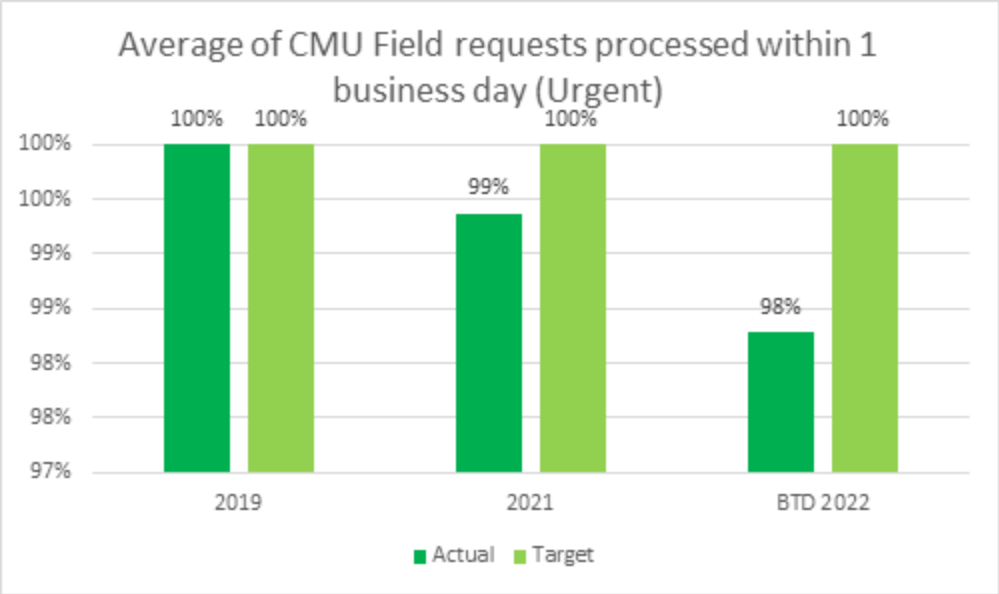


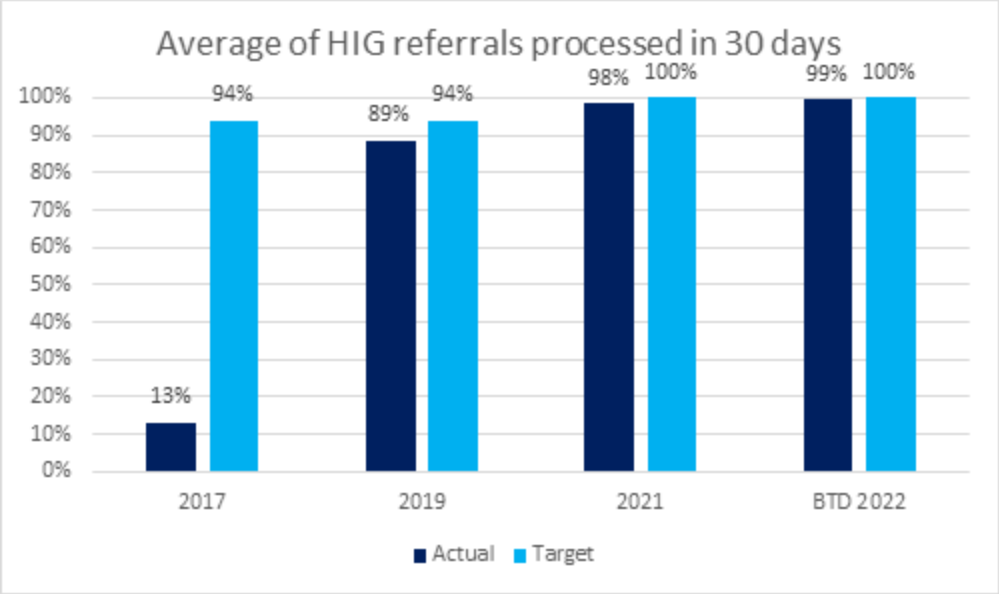

OPAR Cost Avoidance
$35.00 Mil
$30.00 Mil
$25.00 Mil
$20.00 Mil
$15.00 Mil
$10.00 Mil
$5.00 Mil
$0.0
$9.76 Mil
$7.83 Mil
$18.40 Mil
$10.04 Mil
$26.65 Mil
$10.68 Mil
$32.23 Mil
$17.85 Mil
2017
2019
2021
BTD 2022
Actual
Target


FIU Investigations Completed
6,000
5,000
4,000
3,000
2,000
1,000
-
2,243
2,162
5,161
4,575
4,873
3,802
1,494
1,249
2017
2019
2021
BTD 2022
Actual
Target


OWU Overpayments written
14,000
12,000
10,000
8,000
6,000
4,000
2,000
-
7,615
11,650
10,860
11,650
11,310
11,500
5,901
5,271
2017
2019
2021
BTD 2022
Actual
Target

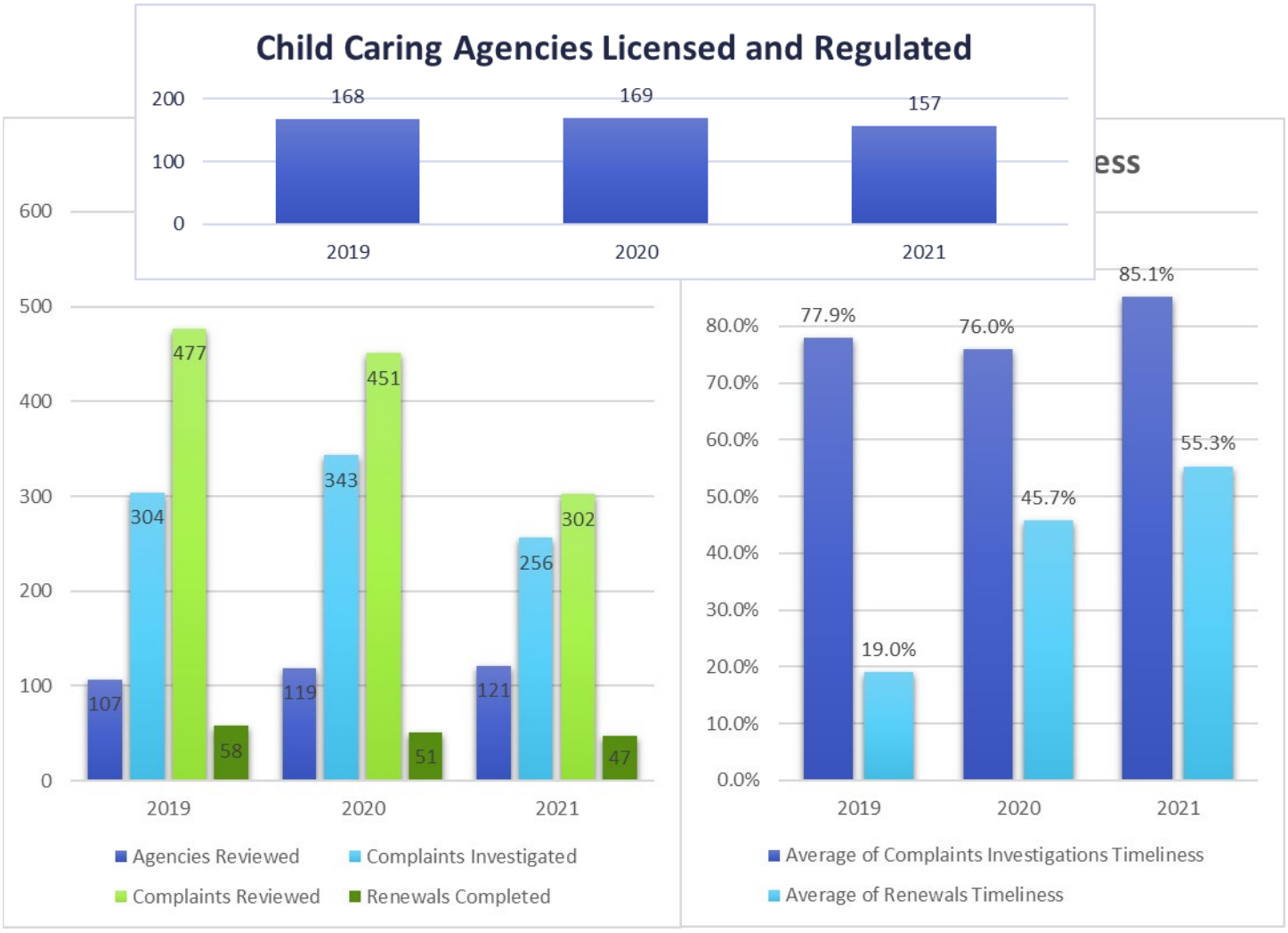

Average of CMU Field requests processed within 1 business day
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
30%
100%
92%
100%
96%
100%
97%
100%
2017
2019
2021
BTD 2022
Actual
Target





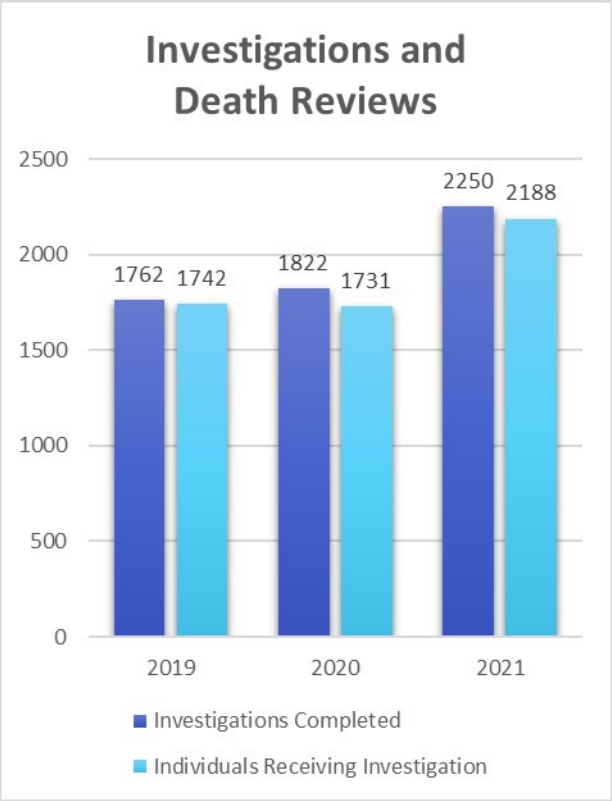
Office of Training, Investigations and Safety

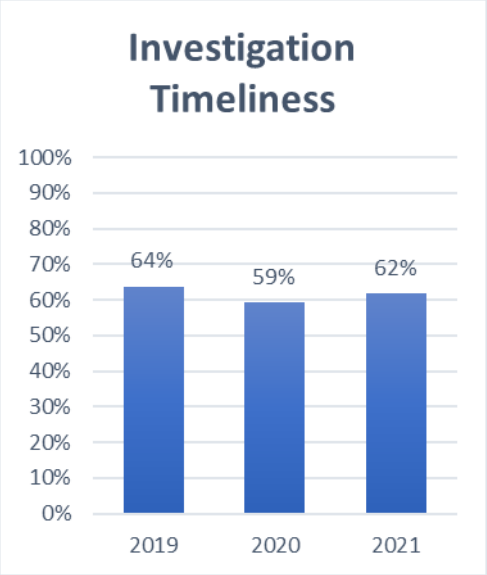
Children's Care Licensing (CCLP)
Unit Purpose: The Children's Care Licensing Program is responsible for ensuring the safety and well-being of children while they are in the care of a Child Caring Agency (CCA). The CCLP's work includes reviewing CCAs for compliance with statutory and administrative rule standards, responding to complaints, providing protective services, and coordinating with other State offices to ensure child safety.


Child Caring Agencies Licensed and Regulated
200
100
0
168
169
157
2019
2020
2021
600
500
400
300
200
100
0
107
304
477
58
119
343
451
51
121
256
302
47
2019
2020
2021
Agencies Reviewed
Complaints Investigated
Complaints Reviewed
Renewals Completed
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
77.9%
19.0%
76.0%
45.7%
85.1%
55.3%
2019
2020
2021
Average of Complaints Investigations Timeliness
Average of Renewals Timeliness

Investigations (IU)

Unit Purpose: The Investigations Unit is responsible for assuring protective services are offered or provided, and investigations are commenced, in response to the reported abuse and neglect of adults who receive mental health and/or developmental disability services, and children in Child Caring Agencies, day care, and school settings. More information can be found on the OTIS Digital Data Book page: https://www.oregon.gov/dhs/pages/otis.aspx

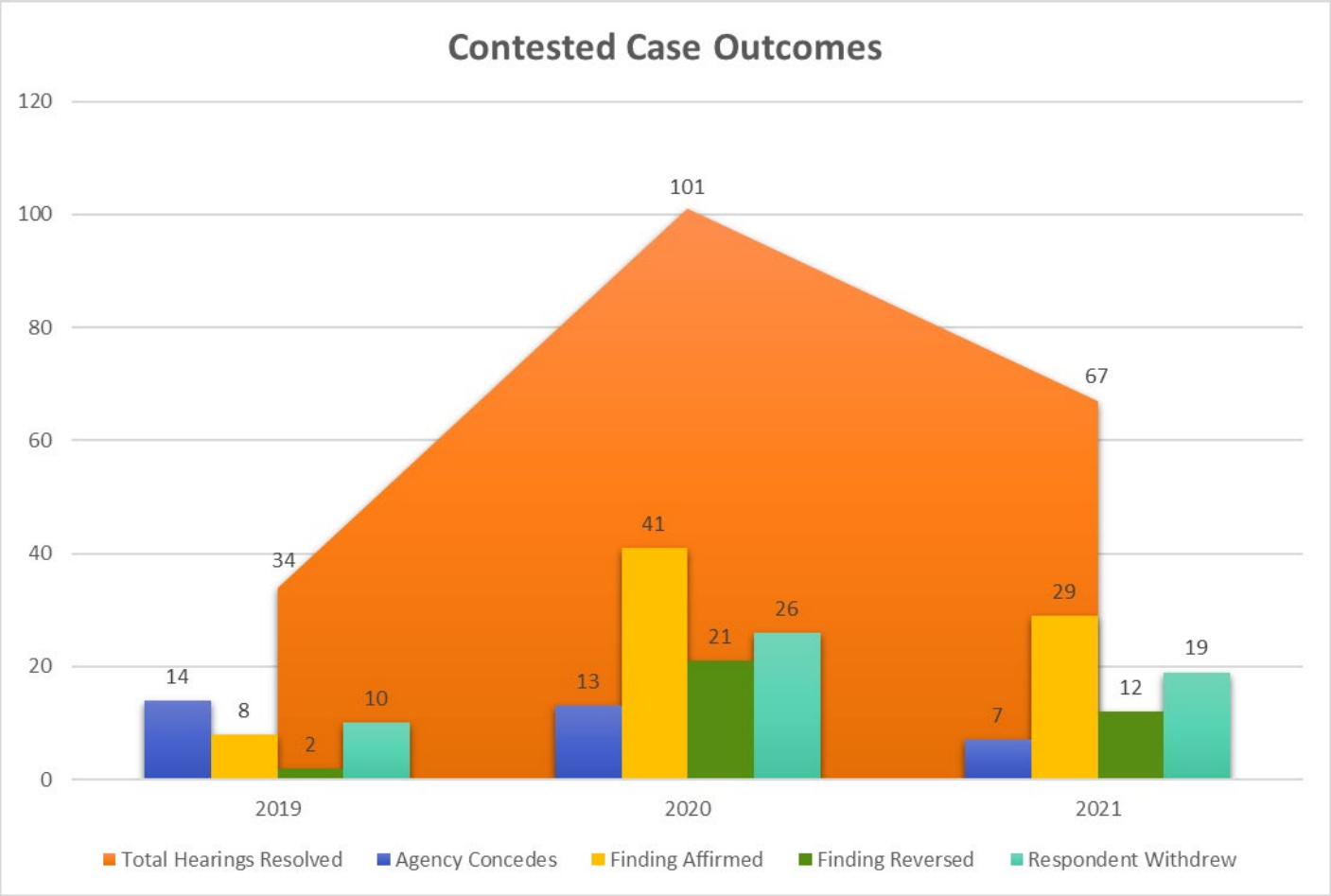




*Death reviews are not included in timeliness metric

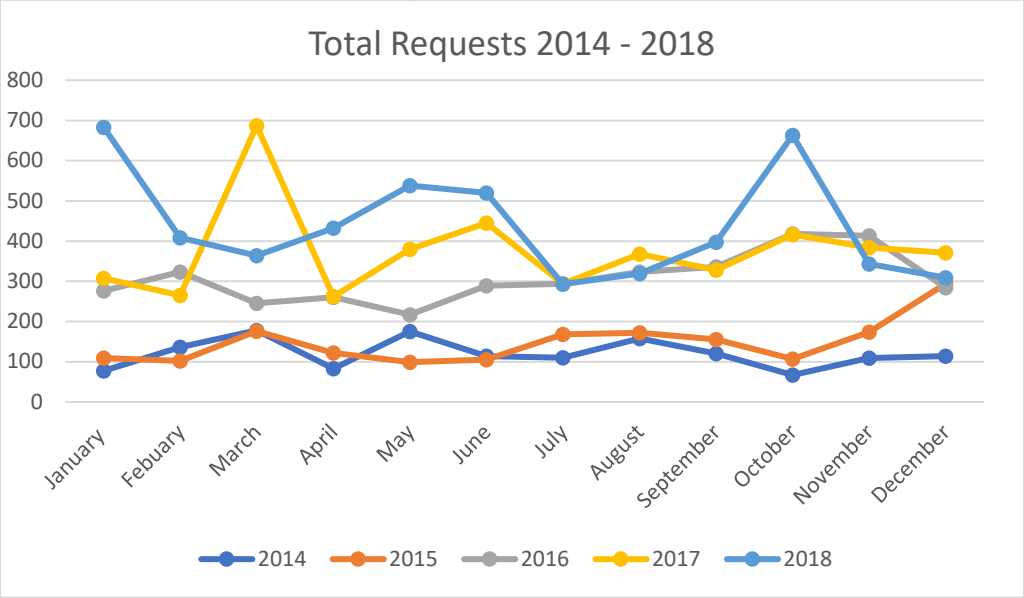
Contested Case - Appeals Team (ATEAM)

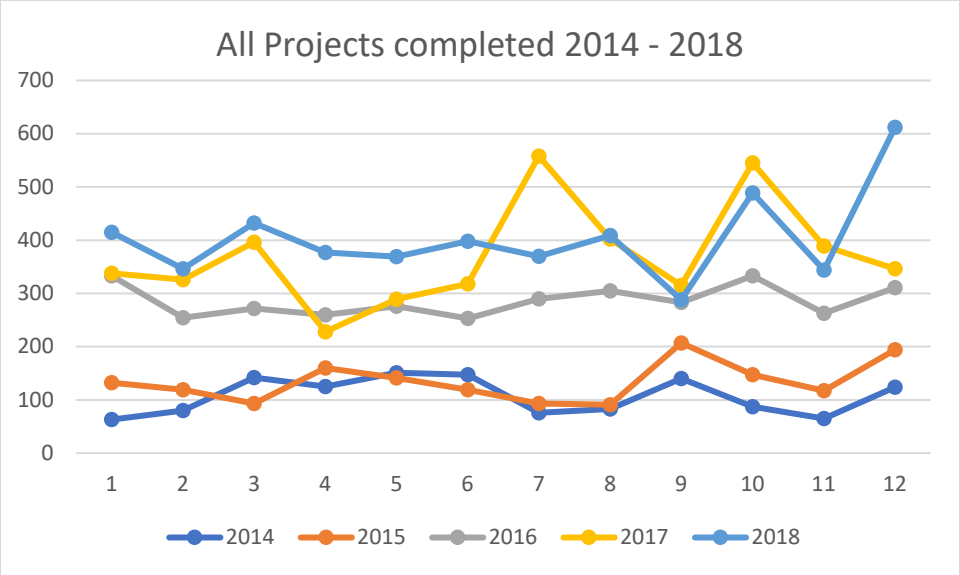
Unit Purpose: The ATEAM is responsible for ensuring due process is followed and the agency is properly represented during an appeal of a final order. The ATEAM's work includes reviewing investigative reports and substantiated allegations of abuse being contested to assure fairness and to prepare the case and witnesses and represent the agency at hearing.

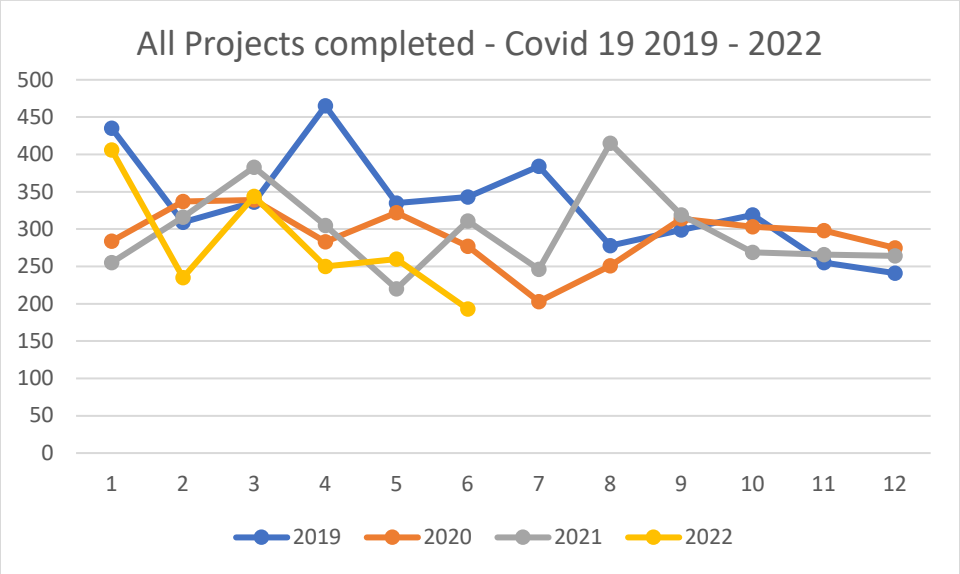


Publications and Creative Services

Projects Received and Completed




All Projects completed 2014 - 2018
700
600
500
400
300
200
100
0
1
2
3
4
5
6
7
8
9
10
11
12
2014
2015
2016
2017
2018


All Projects completed - Covid 19 2019 - 2022
500
450
400
350
300
250
200
150
100
50
0
1
2
3
4
5
6
7
8
9
10
11
12
2019
2020
2021
2022

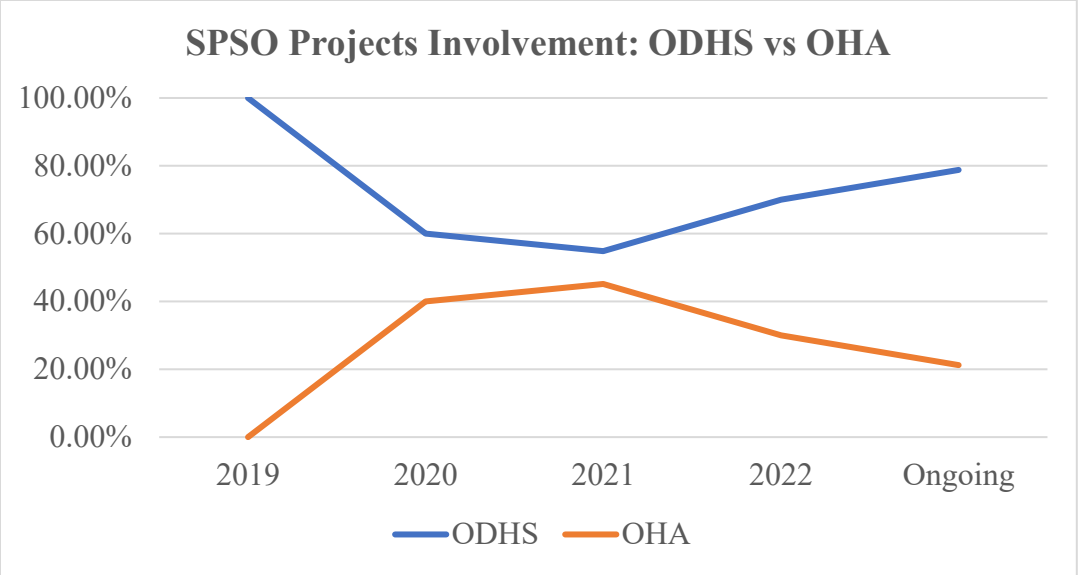
Safeguards & Privacy Services
The following statistics per work type include annual data for 2019-2021, and data to date as of June 23 for 2022.

PROJECT COMPLETIONS
Project work statistics account for both project management and project involvement. Project types include the following:

- Business Operations: Projects where business processes and tools are being changed or developed in order to streamline processes, reduce costs, meet a developing or future need, increase service equity, and/or improve emergency response and business continuity.
- CJIS Outsourcing: Providing project management for acquisition of CJIS outsourcing approval from Oregon State Police (OSP) for ODHS|OHA contractors developing or with access to CJIS systems and networks. Work includes all contractual processes, documentation, clearances and training necessary for outsourcing approval.
- Compliance: Projects required to improve and maintain compliance to Federal and Oregon privacy and security laws, policies and requirements.
- IT: IT projects to improve or expand delivery of services, service equity, accountability and transparency for customers and partners.
- Policy: Projects involving development of policy and procedures to meet present or future needs, and improve best practice.

Table 1: Project Completions by Year and Project Type

	Business Operations	CJIS Outsourcing	Compliance	IT	Policy	Total
2019	0	0	1	0	0	1
2020	1	0	5	2	0	8
2021	6	0	6	6	1	19
2022	1	0	8	0	0	9
Ongoing	1	4	22	3	0	30
Total	9	4	42	11	1	67



CONTRACT AND SECURITY REVIEWS

SPSO performs reviews of contracts to both ensure that required privacy and security language is included, as well as to consult business options related to language and framing requirements, processes, and procedures expected of a contractor. The SPSO also holds language accountability for contracts involving 3rd party background checks versus contracts using language that uses Background Check Unit (BCU) for background checks.

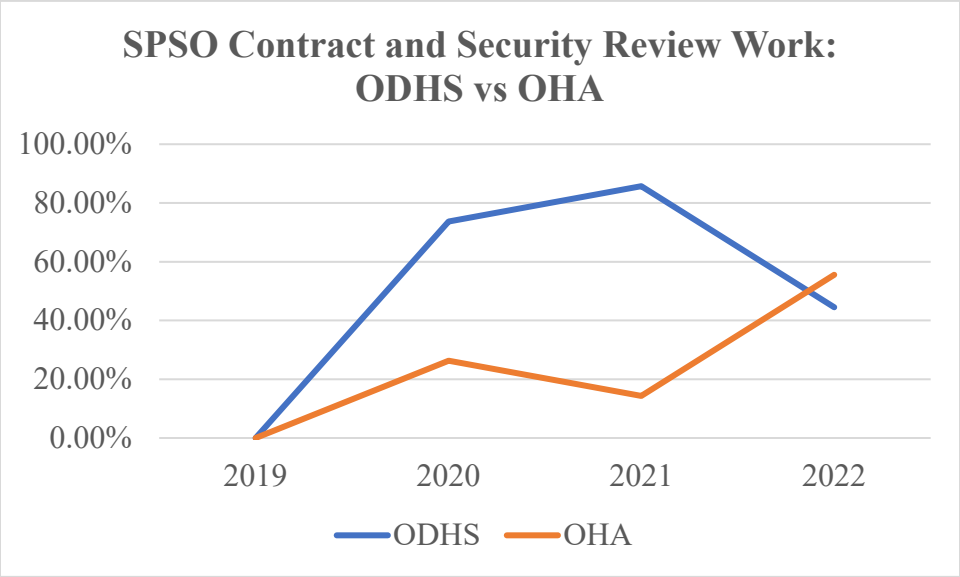
Types of reviews involved include:

- Contract Review: Review of privacy and security language as relates to the intended services. This includes referral to BCU when services require a BCU background check.
- Contract Review + CJIS Security: A contract review with additional assistance in applying the right level of CJIS security requirements and exhibits.
- Security Review: When a program intends to change OC&P language library template for 3rd party checks, SPSO problem-solves with the program involved on how best to achieve desired effects while maintaining the best security posture.
- Solicitation Development: Working with a program to develop solicitation requirements for a CJIS project.
- Contract Template Development: Assisting OC&P to develop new language library templates to meet Federal privacy and security requirements.

Table 2: Contract and CJIS Security Reviews by Year and Review Type

	Contract Review	Contract Review and CJIS Security	Security Review	Solicitation Development	Contract Template Development	Total
2019	0	0	0	0	0	0
2020	84*	0	1	0	2	87*
2021	2	4	0	1	0	7
2022	3	2	3	0	0	8
Total	89*	6	4	1	2	102

*These contract reviews were completed as part of a multi-month retrospective analysis of open contracts needing specific CJIS-related language. These are not indications of typical contract review traffic.



TECHNICAL ASSISTANCE AND CONSULTATION

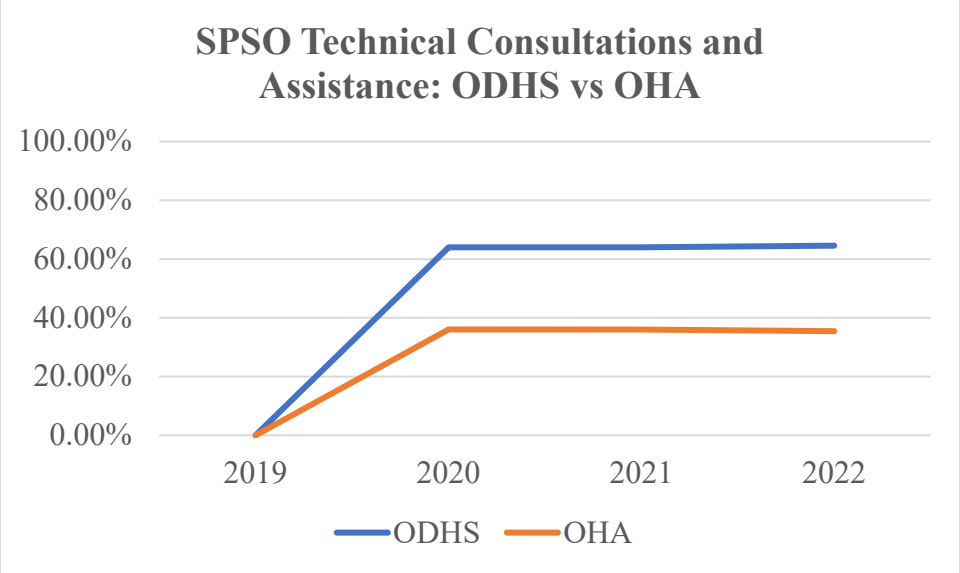
SPSO regularly provides a variety of consultatory services to ODHS|OHA staff, local offices, and programs due to business needs, privacy and security concerns, or more detailed work when business tools or procedures are necessary. Categories include:

- Technical Assistance: Consultation where a business product (guidance document, set of requirements, form, etc.) is required to assist the program need.

- Technical Consultation: Discussion(s) with the individual, local office or program to problem-solve or provide business resources and referrals to meet their business or privacy/security need.
- Education & Awareness: Article, transmittal, or other form of communication for sharing via OWL, Discover, OHA Staff News or presentation that increases awareness about scams, fraud, social engineering or other privacy and security topics.

Table 3: Technical Assistance and Consultation

	Technical Assistance	Technical Consultation	Education & Awareness	Total
2019	1	1		2
2020	5	154	17	176
2021	32	692	24	748
2022 to Date	4	110	5	119
Total	42	957	46	1045



AUDIT FINDING CLOSURES

SPSO assists the Information Security and Privacy Office (ISPO) and ODHS|OHA programs as a contributor and/or coordinator to successfully close or mitigate findings from Federal and Oregon audits. SPSO collaborated in closing 26 CJIS-related findings during 2021, and closed a recent IRS finding in April 2022. While the finding is closed, SPSO is currently coordinating efforts of ODHS and OHA

Human Resources to implement hiring process changes necessary to avoid future IRS findings.

Volunteer Services

Year	Number of Volunteers	Hours	Miles	Hourly Value of Volunteers	Total Value of Volunteer Time
2008	711	186,043	2,177,356	$17.84	$3,319,010
2009	1219	317,855	2,391,999	$18.47	$5,870,784
2010	1252	349,567	2,971,836	$18.85	$6,589,351
2011	1277	323,464	3,373,603	$19.33	$6,252,562
2012	1137	305,490	3,547,026	$21.14	$6,458,068
2013	1024	289,676	3,295,742	$21.35	$6,184,590
2014	828	232,420	3,659,834	$21.99	$5,110,927
2015	725	196,757	3,148,830	$22.75	$4,476,235
2016	643	165,867	3,005,655	$24.15	$4,005,691
2017	590	175,398	3,101,975	$24.89	$4,365,675
2018	511	130,748	2,424,762	$25.40	$3,321,011
2019	357	61,059	676,990	$26.39	$1,611,347
2020	177	23,758	241,502	$28.22	$670,451
2021	98	18,179	203, 032	$29.95	$544,461
2022 to-date	114	5,425	50,751	$29.95	$162,478

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

Shared Governance
ODHS and OHA govern their shared services through committees composed of operational leaders of the two agencies. This approach ensures shared services are prioritized and managed to support program needs. The committee and its subgroups have established service level agreements and performance measures for each service, implemented recent budget cuts selectively, moved staff in and out of shared services to rationalize service delivery, and started implementing more integrated systems to support the performance of all our employees.

Best practices in installing performance management require specific skills - especially in project management, Lean tools, data analysis, and professional development of managers. ODHS has reallocated resources and used savings to make some of these investments, but in order to increase these skills much more needs to be done.

Enabling Legislation/Program Authorization
ORS 409.010

Funding Streams
Funding streams are billed through an approved cost allocation plan. The model contains a billing allocation module and a grant allocation module.

The billing allocation module allocates Shared Service costs to the two agencies. The billing module allocates costs to customers within each agency. It does not allocate costs directly to Federal grants.

The grant allocation module allocates costs within ODHS to State and Federal grants. These costs include those directly incurred by ODHS, Shared Service costs allocated to ODHS by the billing allocation module, and external costs allocated to ODHS by other State agencies.

Both modules allocate aggregated costs on a monthly basis and use similar allocation methods.

Funding Justification, Significant Changes and Comparison to 23-25 CSL

Due to the timing of the release of GB, details lower than Division level were not available.

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

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

Program Overview

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

Program Description

ODHS has statewide assessments that include DAS charges such as the State Government Service Charge, Risk Assessment and enterprise technology services Charges. Rent for all of ODHS is in the Facilities budget. This budget includes the computer replacement budget. The Shared Services funding is the revenue for the ODHS portion of ODHS and OHA shared services. When the agency split, ODHS and OHA agreed to share information technology, financial, investigations, and other services to avoid cost increases and permit a greater focus on improving performance and efficiency.

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

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

Program Justification and Link to Focus Areas

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

Program Performance

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

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

Enabling Legislation/Program Authorization

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

Funding Streams

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

Funding Justification, Significant Changes and Comparison to 23-25 CSL

Due to the timing of the release of GB, details lower than Division level were not available.

Oregon Department of Human Services
Self-Sufficiency Programs

Program Overview

Oregon Department of Human Services' Building Well-being Together (BWBT) initiative is advancing a future where all who live in Oregon, regardless of race, identity, age, disability or place, have the needed supports to achieve whole well-being for self, family and community.

In alignment with the agency-wide BWBT initiative, Self-Sufficiency Programs (SSP) is working toward a future where its services and resources are centered around whole-person well-being. This represents a fundamental shift from SSP's previous system-centered approach in which services and resources are primarily shaped by federal programs and funding sources like TANF and SNAP. As we move the person or family to the center of our work, federal programs like these become tools in a suite of resources to help families meet their basic needs and achieve economic stability. This approach acknowledges the complexity of needs that must be met if individuals and families are to thrive in our economic and social climate – including stable housing, affordable childcare, and adequate cash resources. Without these basic supports, individuals and families cannot be expected to exit poverty.

In Oregon, the burden of poverty is not equally shared: Communities of Color are disproportionally impacted as are residents of rural communities, women, youth, LGBTQ communities, people with disabilities, immigrants and refugees.

SSP recognizes the structural racism and oppression embedded within our programs and is committed to addressing historic and current harms while working with impacted communities to transform these systems. With this transformation, individuals and families can not only reach stability but also have access to asset-building tools, generational wealth and equal economic and social mobility opportunities.

Equity North Star

The path to this envisioned future is guided by the ODHS Equity North Star, which

puts race and intersectionality at the center of our decisions and positions communities as shapers of ODHS policies, programs and delivery strategies. SSP recognizes that solutions must be grounded in the lived experience of families and the balance of decision-making power must be shifted to communities who are most affected. Accordingly, SSP will leverage community engagement efforts to identify shared concerns and community-driven solutions. SSP will act with intentionality, humility, curiosity and respect while ensuring affected communities' access to complete information and ability to influence the outcomes.

Community-driven accountability mechanisms will create greater transparency and invite disempowered groups to shape the future of SSP and its services. Rather than expanding the reach and resources of the agency itself, SSP will invest in partners who are rooted in community and already performing invaluable work. Together with our partners, SSP is committed to addressing the roots of systemic oppression and aligning services and resources around a more equitable future.

Program – Current State

SSP administers an array of programs to Oregonians experiencing low or no income. These benefits and services are aimed at helping individuals and families move out of poverty into economic stability. Historically, SSP's programs have operated within silos – each with its own unique resources, policies, processes and systems. This approach has created a fractured service array and presents challenges to individuals and families as they navigate multiple programs and services. SSP is now taking steps to unify its service approach, thereby improving the accessibility and navigability of its programs. The launch of the ONE eligibility system and the Oregon Eligibility Partnership (OEP) represents the first wide-scale attempt to weave together department-wide services for individuals and families. We acknowledge that there is still a long way to go.

We also acknowledge that federal programs alone are not enough to move individuals and families into economic stability, a key social determinant of health. SSP needs additional capacity and state investment to build policy and programs in partnership with impacted communities, and to better collaborate with community partners and our sister agencies to coordinate a comprehensive suite of services that meaningfully improve well-being for Oregonians.

Program – Future State

SSP continues to see historic caseloads driven by the shortage of affordable housing, the COVID-19 pandemic, catastrophic wildfires, economic conditions and a shortage of available and affordable childcare and attainable living-wage jobs. Recent forecasting data also predict that the current economic downturn will deepen these trends.[1]

SSP is committed to creating an integrated human service continuum of care that addresses these compounding trends and serves the holistic needs of individuals and families. To do this, we must think differently and creatively, listen more effectively to communities and collaborate across multiple systems to create and coordinate services. We must also allocate more resources toward the most impacted communities to reduce systemic disparities. In other words, our work is larger than the programs we currently administer; we must focus on holistically improving the conditions in people's environments, from food security to housing security to wealth building.

The social determinants of health are foundational to the well-being of individuals and families[2] and SSP policies and programs must be structured to address that reality. In addition to maintaining and optimizing federal program administration, SSP is arranging our broader policy work around food security, housing security, economic and social mobility, equitable budgeting and implementation, and data. In our future vision, we are committed to investing in communities across all aspects of peoples' lives.

[1] Parolin, Z. & Christopher Wimer (April 2020) Forecasting Estimates of Poverty during the COVID-19 Crisis. Center on Poverty and Social Policy at Columbia University Policy Brief available for download at https://static1.squarespace.com/static/5743308460b5e922a25a6dc7/t/5e9786f17c4b4e20ca02d16b/1586988788821/Forecasting-Poverty-Estimates-COVID19-CPSP-2020.pdf

[2] Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved [date graphic was accessed], from https://health.gov/healthypeople/objectives-and-data/social-determinants-health

Program Goals

SSP will:

- Ground solutions and change in the lived experience of individuals and families
- 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
- Use a trauma-informed lens and center all dimensions of health (physical, mental, emotional, intellectual, social, spiritual, generational, environmental, occupational) in decision-making

Programs within SSP

- Supplemental Nutrition Assistance Program (SNAP) and related programs:
    - SNAP Employment and Training Program (STEP)
    - Able-Bodied Adults without Dependents (ABAWD) Program
    - SNAP Nutrition Education (SNAP-Ed)
- Commodities Supplemental Food Program (CSFP)
- The Emergency Food Assistance Program (TEFAP)
- Temporary Assistance for Needy Families (TANF) and related programs:
    - Job Opportunity and Basic Skills (JOBS) program
    - Family Support and Connections (FS&C)
    - State Family Pre-Supplemental Security Income (SSI) and Supplemental Security Disability Income (SSDI)
- Temporary Assistance for Domestic Violence Survivors (TA-DVS)
- Youth Services

- Child Care (moving to Division of Early Learning and Care in 2023)

Benefits overview

Supplemental Nutritional Assistance Program (SNAP)

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

Adults 60 and older and people with disabilities who are receiving SNAP in Oregon are served by SSP in partnership with the Aging and People with Disabilities (APD) program and their contracted partners (Area Agencies on Aging (AAAs), Disability Services Offices, and Councils of Government).

SNAP is the largest food security program in Oregon and the United States. Recent research has shown that SNAP benefits reduce the depth and severity of poverty and improve diet-related chronic health conditions, lowering medical costs for the individual and the state.[3] SNAP benefits add approximately $1.1 billion per year to the Oregon economy, benefiting both urban and rural communities.[4] Oregon's Double Up Food Bucks program supports our efforts to stretch SNAP food dollars further for SNAP households. $20 in SNAP can be matched up to $20 in fresh fruit and veggies at participating farmer's markets across the state. Families can find a participating market at doubleuporegon.org.

Oregon is federally required to offer an Employment and Training (E&T) program to assist SNAP households in obtaining skills, training and work or experience, which in turn increases their ability to secure and maintain living-wage employment. Oregon has two voluntary SNAP E&T programs: the SNAP Training and

[3] Steven Carlson and Brynne Keith-Jennings, "SNAP Is Linked with Improved Nutritional Outcomes and Lower Health Care Costs," Center on Budget and Public Policies, January 17, 2018, https://www.cbpp.org/research/food-assistance/snap-is-linked-with-improved-nutritional-outcomes-and-lower-health-care
Barbara A. Laraia, "Food Insecurity and Chronic Disease," Advances in Nutrition: An International Review Journal, 4(2):203-212, 2013, https://doi.org/10.3945/an.112.003277

[4] Calculation based on internal ODHS data and source: Patrick Canning and Brian Stacy, "The Supplemental Nutrition Assistance Program (SNAP) and the Economy: New Estimates of the SNAP Multiplier," United States Department of Agriculture, July 2019, https://www.ers.usda.gov/webdocs/publications/93529/err-265.pdf?v=6395.4

Employment Program (STEP) – nationally called the SNAP 50/50 program – and the Able-Bodied Adults Without Dependents (ABAWD) program. The ABAWD program establishes time limits for SNAP participants aged 18 to 49 who can work, do not have a child under 18 as part of their SNAP case and do not live in a waived area.[5]

Oregon SNAP encompasses several additional programs including the SNAP Nutrition Education (SNAP-Ed) program, which is active in all 36 counties. ODHS oversees SNAP-Ed program and planning, and Implementing Agencies deliver programming and work directly in communities. The state's singular Implementing Agency is Oregon State University Extension Service (OSU ES). Partners at OSU ES live and work in the diverse communities SNAP-Ed serves, including Tribal communities across the state.

The focus of SNAP-Ed is directed at school-aged children, with strategic initiatives and supports aimed at serving older adults, Federally Recognized Tribes and other Tribal communities in Oregon, Black communities and other Communities of Color.

Commodities Supplemental Food Program (CSFP)

This federal program provides a prescribed nutritious commodity package each month to help meet the needs of older adults experiencing low income. Food packages are distributed through local agencies and include canned fruits and vegetables, canned meat, poultry and other protein items, and grain products such as pasta and rice. While CSFP food packages do not provide a complete diet, they are a good source of the nutrients many older adults experiencing food insecurity struggle to access, helping these adults combat poor health conditions and avoid hospitalizations and nursing home placements.[6] Recipients are also offered the opportunity to receive nutrition education instruction and information, often in their

[5] The law allows states to ask FNS to temporarily waive the ABAWD time limit based on evidence showing that an area has an unemployment rate of over 10 percent or does not have a sufficient number of jobs. An ABAWD time limit waiver does not waive the general SNAP work requirements. Source: https://www.fns.usda.gov/snap/ABAWD/waivers

[6] Ziliak, J., Gundersen, C. (August 2021). The Health Consequences of Senior Hunger in the United States: Evidence from the 1999-2016 NHANES. Report for Feeding America. Available from Feeding America: https://www.feedingamerica.org/sites/default/files/2021-08/2021%20-%20Health%20Consequences%20of%20Senior%20Hunger%201999-2016.pdf

preferred language and with culturally appropriate recipes.

The Emergency Food Assistance Program (TEFAP)

This federal program helps supplement the diets of Oregonians experiencing low income by providing emergency food and nutrition assistance at no cost. The amount of food Oregon receives is based on the number of unemployed persons and the number of people with incomes below the federal poverty level. Oregon SSP provides funding to purchase USDA commodities – as well as administrative funds to support statewide food distribution – to the Oregon Food Bank (OFB), the state's distributing agency. OFB works with a cooperative network of regional food banks, partner agencies and programs to distribute emergency food to families.

Temporary Assistance for Needy Families (TANF)

The TANF program provides cash benefits and job support services to families with children experiencing deep poverty. These benefits are designed to help meet a family's basic needs while they find or prepare for work. In 2022, the Oregon Legislature approved a series of investments put forward by SSP to improve TANF access and cash supports, including:

- A permanent end to full-family sanctions which deny cash to entire families when the caretaker is "noncompliant" with program requirements,
- A reinvestment of Oregon's TANF reserves into tri-annual clothing allowances that will enable parents to buy seasonally appropriate clothing for their children, and
- Increasing the resource limit to allow more families to access TANF.

SSP also convenes a weekly collaborative session with community partners and Tribal nations to ensure that impacted communities are leading and shaping Oregon's TANF program.

Job Opportunity and Basic Skills (JOBS)

JOBS is the employment and training component of TANF. It provides services for family stabilization, well-being, education, and employment readiness. Family

coaches meet with families and connect them to local services such as work experience and on-the-job training; English language classes; high school, GED, and college degree programs; parenting classes; and medical, mental health, or substance treatment programs.

Family Support and Connections (FS&C)

FS&C provides support to families experiencing low income to increase protective factors and decrease risks associated with child abuse and neglect. Protective factors include nurturing and attachment, knowledge of parenting and child and youth development, parental resilience, social connections and concrete support for parents. Identifying protective factors helps parents find resources, supports and coping strategies that support effective parenting even in times of stress, increasing the well-being of children and families. Front-end support and primary and secondary prevention services are used to build upon family strengths, address family functioning and develop skills that lead to self-sufficiency and reduce the need for Child Welfare intervention.

In 2022, the Oregon Legislature approved expansion of FS&C funded by TANF Federal Funds, providing an additional $7.3 million dollars to reach more families. With this increased funding, FS&C will expand eligibility requirements and support, intentionally increase cultural responsiveness in services, onboard culturally specific organizations and center parent voice in program design. This expansion will allow FS&C to serve more families, prioritizing Black, Indigenous and families of color.

State Family Pre-Supplemental Security Income (SSI) and Supplemental Security Disability Income (SSDI)

State Family Pre-SSI/SSDI provides temporary cash assistance, case management and professional-level support to TANF-eligible adults and their families. The program is available to participants who have been assessed by the program's disability analysts. The program is voluntary but provides additional staff resources for those selected to participate. Selected individuals must sign an interim assistance agreement to repay the adult portion of their State Family Pre-SSI/SSDI grant back to the state when they are found eligible for federal disability program benefits. State Family Pre-SSI/SSDI expenditures are funded with state only, non-Maintenance of

Effort dollars.

Temporary Assistance to Domestic Violence Survivors (TA-DVS)

TA-DVS provides short-term financial assistance and support services to families with children affected by domestic violence when other resources are not available. TA-DVS is used to help domestic violence survivors and their children address their safety concerns and stabilize their living situation. This reduces the likelihood of the survivor returning to the domestic violence situation and can prevent life-threatening situations. This program also includes safety planning and connection to community resources.

Survivor Investment Partnership (SIP)

SIP provides flexible financial assistance to survivors of domestic and sexual violence and builds capacity to expand SSP's support for survivors through collaboration with Tribal nations and culturally specific domestic violence sexual assault (DVSA) providers. SIP includes intergovernmental agreements (IGA) with the Nine Federally Recognized Tribes in Oregon, contracts with culturally specific DVSA providers, and flexible funding for survivors that enables supports beyond what ODHS programs can provide. SIP funding allows survivors to access needed supports safely within their communities in a culturally responsive way.

Refugee Program

The Refugee Program serves individuals and families who have fled persecution in their country of origin and were legally admitted for resettlement by the United States. A collaborative effort between ODHS and partner Refugee Resettlement Agencies (RRAs), the program helps refugees and those eligible for refugee services to successfully resettle in Oregon by providing case management, financial, medical, employment and acculturation services.

The Refugee Program began significant rebuilding efforts following the 2020 election and change in administrative direction regarding immigrants and refugees. Crises in Afghanistan and Ukraine have also necessitated the expansion of the Refugee Program's efforts and collaborations with ODHS' Office of Resilience and

Emergency Management, as well as the state's RRAs.

Youth Services

My Future - My Choice (MFMC)

MFMC is an age-appropriate, medically accurate, comprehensive, trauma-informed and inclusive sexual health education program developed for the 6th grade. It can be delivered with the support of trained high school peer educators and meets all Oregon sexual health education standards. It supports sexual violence prevention and teen pregnancy prevention efforts to help reduce the need for public assistance in the future. ODHS partners with the Oregon Department of Education, the My Future - My Choice Advisory Committee, and the Teen Advisory Board to further develop and implement the program.

Youth Experiencing Homelessness Program (YEHP)

YEHP provides services and supports to unaccompanied youth and young adults under the age of 24 without shelter and 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. ODHS partners with a cross-system advisory group to coordinate statewide policy and planning to address the needs of youth experiencing homelessness.

In 2021, ODHS in collaboration with the Corporation for Supportive Housing (CSH) released the results of a statewide analysis that examined the need and pipeline for housing and services for youth experiencing or at risk of experiencing homelessness.[7] Unique in the study was a comprehensive effort to recruit and engage youth across the state with lived experience of homelessness to inform and design housing and services programs that may receive state funding. The project was born from the 2020 session of the Oregon Legislature after a proposed bill requested a study to better understand the level of investment required to address statewide housing and service gaps for young people.

[7] https://www.oregon.gov/dhs/CHILDREN/Homeless-Youth/Documents/CSH-YH-Needs.pdf

Child Care Eligibility

In 2021, the Oregon Legislature passed House Bill 3073, establishing a new early learning agency – the Department of Early Learning and Care (DELC) – that consolidates all childcare programs and early care and education programs in one place, effective July 2023. This consolidation includes the Employment Related Day Care program (ERDC), a childcare subsidy program previously housed in ODHS SSP.

ERDC assists families with childcare costs. The program has a dual generational goal of helping families maintain stable employment and education while helping children access high-quality childcare, thus increasing their likelihood of success in school. Families in this program pay a share of the childcare cost, called the copay. The amount of the copay is based on a sliding scale using family size and income. Families may qualify for childcare assistance while they are attending school, searching for a job after a lay-off or temporary loss of employment, or during periods of medical leave.

ERDC also works with providers and other childcare partners across the state to help families find and keep high-quality childcare, improve the availability of quality childcare in Oregon, and develop resources for families and childcare providers.

ODHS has worked closely with the Early Learning Division to implement policies introduced as part of House Bill 3073 and to ensure a smooth transition of ERDC that is seamless for families and providers. After the transition to DELC, ODHS will continue to determine family eligibility for the program through the ONE system.

Design and Implementation

Design and Implementation (D&I) provides program direction, guidance, planning, implementation, and training. D&I staff coordinate closely with central SSP office staff in Salem as well as service delivery offices across the state, with the goal of increasing Oregonians' access to holistic, person- and equity-centered, and community-based services, programs and supports.

D&I works closely with Child Welfare and collaborates with other agencies and statewide initiatives to align and improve cross-program work. D&I's efforts help

ensure effective service delivery and improve accessibility for the individuals and families for whom these services are designed. Current cross-agency or cross-program collaborations include efforts related to domestic violence, housing, substance use disorder and mental health treatment, vocational rehabilitation, health care and education. D&I emphasizes participant and community voice and centers the culture and language needs of those served. D&I staff develop and research methods to better understand the communities served through enhanced data collection and analysis related to race, ethnicity, language and disability.

Service Delivery Structure

To help Oregonians across the state get the benefits and assistance they need, SSP offers local service delivery offices across the state, satellite locations and virtual eligibility centers (for support by telephone). This structure allows staff to offer personalized services to Oregonians in the way they want to be served. The ONE system allows for the sharing of work by staff across the state, providing equity in access to services as well as supporting the goal of delivering benefits on a same day/next day basis.

SSP has 16 districts with a total of 80 offices, including virtual eligibility centers and satellite locations. The SSP workforce serves customers in twenty-one different languages including English, enhancing the program's ability to meet the needs of Oregonians, and reflecting the demographics of diverse communities across Oregon.

Self-Sufficiency Training Unit (SSTU)

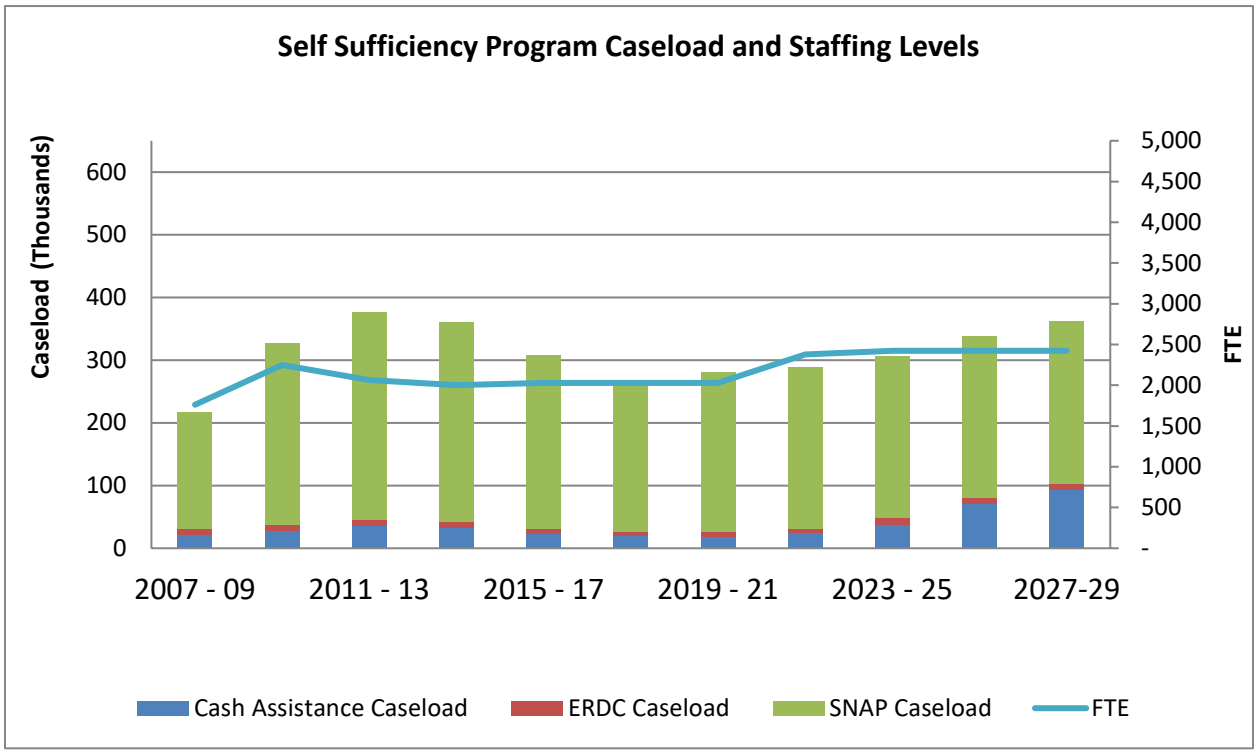
SSTU provides training and professional development for staff to develop the technical and interpersonal skills necessary for success their roles. Trainings are based on position competencies and adhere to the Department of Administrative Services (DAS) Training Standards.

When ODHS' Oregon Eligibility Partnership (OEP) was launched in January 2022 to support a single delivery eligibility system, a training component was included. SSTU will work closely with OEP to transition positions that specifically support eligibility training, while at the same time balancing the training needs of SSP. SSTU will continue to provide new-hire and ongoing training to Family Coaches, Engagement Specialists and Operations Managers while supporting additional

training needs as they emerge. SSTU collaborates with Child Welfare efforts regarding Family Preservation and developing values-based training that is trauma-informed and supports Oregon's diverse communities.

Oregon Department of Human Services: Self-Sufficiency Design and Delivery

Primary Long-Term Focus Areas:	Strengthening our foundations, responding to emergencies, and creating the future of human services
Secondary Long-Term Focus Areas:	ODHS Equity North Star, community engagement
Program Contact:	Ivonne Lopez



Program Overview

Self-Sufficiency Programs (SSP) Design and Delivery ensures resources and services reach all communities across Oregon through service design, planning implementation, training and reporting. Design and Delivery oversees eligibility and benefit personnel needed for the issuance of SSP benefits and services to

support a diverse population experiencing low income and in need of economic supports and self-sufficiency services to meet their basic needs.

SSP provides individuals and families in Oregon essential services in their own communities using the ONE system and in partnership with OEP. Client demand for in-person and virtual services drives SSP staffing levels.

Major cost drivers for SSP's Delivery and Design personnel need are federal or state program mandates, economic conditions affecting caseload size – such as the number of Oregonians needing assistance – personnel turnover, related training and travel costs, work efforts required to provide services and personnel packages such as position cost and infrastructure improvements.

Program Description

Design and Implementation (D&I)

D&I provides program direction, guidance, consultation, planning, implementation and training. D&I staff serve as a link between operations in service delivery offices across Oregon and the SSP central office teams in Salem. D&I coordinates between the two areas with the goal of increasing Oregonians' access to holistic, person- and equity-centered and community-based services, programs and supports.

D&I works closely with other ODHS programs and collaborates with many agencies and statewide initiatives to align and improve cross-program work. D&I's efforts ensure effective and sustainable service delivery that improves accessibility for the individuals and families SSP serves. Current cross-agency and cross-program collaborations include efforts related to domestic violence, housing, substance use disorder and mental health treatment, vocational rehabilitation, health care, family preservation and education. D&I emphasizes participant and community voice and centers the culture and language needs of those served. D&I staff develop and research methods to better understand the communities served through enhanced data collection and analysis related to race, ethnicity, language and disability.

Self-Sufficiency Training Unit

The Self-Sufficiency Training Unit (SSTU) provides training and professional development for staff to develop the technical and interpersonal skills necessary for success in their roles. Trainings are based on position competencies and adhere to the Department of Administrative Services (DAS) Training Standards.

When ODHS' Oregon Eligibility Partnership (OEP) was launched in January 2022 to support a single eligibility delivery system, a training component was included. SSTU is working closely with OEP to transition positions that specifically support eligibility training while balancing the training needs of SSP. SSTU will continue to provide new-hire and ongoing training to Family Coaches, Engagement Specialists, and Operations Managers and support emergent training needs. SSTU collaborates with Child Welfare on Family Preservation efforts and in the development of values-based training that is trauma-informed and supports Oregon's diverse communities.

Service Delivery Structure

To help individuals and families across the state get the benefits and assistance they need, SSP has service delivery offices in every county across the state, satellite locations, and virtual eligibility centers for support by telephone. This structure allows staff to offer personalized services to clients in the way they want to be served. The ONE Oregon Eligibility system allows for the sharing of work by staff across the state, providing equity in access to services as well as supporting the goal of delivering benefits on a same day/next day basis.

SSP has 16 districts with a total of 80 offices, including virtual eligibility centers and satellite locations. The SSP workforce serves customers in twenty-one different languages including English, reflecting the diverse demographics of communities across Oregon.

Program Justification

Strengthening our Foundations

Staff efforts strengthen ODHS foundations through collaborations that continually improve the delivery of basic needs programs, including financial assistance, food assistance, medical insurance (referral only), child care, domestic violence services, employment and training, and refugee and youth services. Staff also

respond to disaster program delivery when needed and as identified as eligible by federal programs.

SSP staff coordinate with ODHS Child Welfare to work with families that have, or are at risk of having, Child Welfare involvement; our goal is to increase family stability and keep children and parents together whenever possible. D&I collaborates with Child Welfare and community partners in designing the least intrusive, most family-centered and culturally responsive service delivery.

Additional collaborations have been built around domestic violence, housing, alcohol, drug and mental health treatment, workforce development, vocational rehabilitation, health care and education with community partners and Tribal Nations.

ODHS Equity North Star

SSP Design and Delivery is guided by the ODHS Equity North Star – with the goal that all who live in Oregon, regardless of race, identity or place, have the resources and support they need to achieve whole well-being for themselves, their families and their communities. SSP staff work to provide services and resources to clients that support their goals in achieving well-being, basic health, safety and independence.

Insufficient and ill-designed resources and supports disproportionately impact people with disabilities, Oregon Tribal Nations, Black individuals and families, and other people of color. To ensure resources and services support impacted communities, it is vital to build and maintain an infrastructure that supports family stability and engagement.

Program Performance

SSP uses a Management System to prioritize, connect, enable and drive all work in a way that ensures every resource connects back to our goals and every employee receives the maximum authority to act to achieve those goals. In 2019, the Oregon Legislature approved new SSP Key Performance Measures (KPMs). Connecting to economic stability – a key social determinant of health – the KPMs track the following outcomes for SSP clients:

1. Housing stability
2. Food security

3. Living wages
4. Hope/self-efficacy

SSP's Fundamentals Map outlines the program's mission critical functions and operating principles. Operating and Supporting Processes each have their own distinct Process Measures. Process and Outcome measures described in the map are reviewed through a Quarterly Target Review (QTR) process to help SSP manage, make decisions, and understand the "why" behind our efforts. Disaggregated measures help SSP track the programs' ability to meet the needs of all populations served and to make necessary improvements. In addition to the four Key Performance Measures, SSP's work is evaluated based on the following:

Operating Processes

OP1 Fostering community and partner relationships
OP2 Developing and maintaining resources
OP3 Determining eligibility
OP4 Developing and supporting participant goals
OP5 Engaging individuals

Supporting Processes

SP1 Developing and implementing policy
SP2 Evaluating and improving performance
SP3 Managing business operations
SP4 Retaining a strong and professional internal workforce

Outcome Measures

O1 Highly engaged, skilled, professional workforce
O2 Workforce reflects communities
O3 Strong sustainable and outcome-oriented community relationship
O4 Improved economic stability
O5 Safe, stable, attached families
O6 Increased family goal attainment
O7 Awareness and access to services
O8 External customer satisfaction

In alignment with the agency-wide BWBI, the SSP's Fundamentals Map and the Key Performance, Process and Outcome Measures it contains, assist the program

in understanding how we can build a future where all our services and resources are centered around whole-person well-being.

Enabling Legislation:

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

Funding Streams:

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

Funding Justification and Significant Changes from CSL to ARB

Due to the timing of the release of GB, details lower than Division level were not available.

Oregon Department of Human Services: Virtual Eligibility Center – OHP unit

Primary Long Term Focus Area:	Accurate and equitable ONE eligibility determinations
Secondary Long Term Focus Area:	Timely call times and benefit issuance
Program Contact:	Nathan Singer

Program Overview

The Oregon Health Plan (OHP) unit makes up a portion of ODHS' state and contract staff who make eligibility determinations for OregonEligibility (ONE) programs, which include medical, food, cash and child care assistance. These staff are primarily assigned to our Virtual Eligibility Center (VEC), which takes statewide calls and works on applications submitted online. They are part of a larger network which includes local Aging and People with Disabilities (APD) and Self-Sufficiency Programs (SSP) offices and Type B Transfer AAAs, all of which determine eligibility for benefits statewide. These units currently serve the highest caseload in Oregon history with almost 1.5 million individuals receiving some level of benefit(s). Throughout this VEC and OHP unit will be used synonymously.

Program Description

The VEC staff respond to client inquiries about their applications and coverage for medical, food, cash and child care eligibility. They are the voice and primary ambassadors for these programs, providing clients with resources by telephone or the clients' other preferred methods of contact. Customers typically inquire about their application status, information on their benefits and coordination of other benefits or services. They also call to make changes in their personal information that may affect their eligibility.

These staff and the ONE eligibility system serve some of Oregon's most impacted populations, taking applications online, through the mail, over the phone or in an office. These staff focus on honoring individuals' choices about how they want to engage with us, and on bringing the right resources to the people we serve, rather than making them navigate multiple agencies and divisions to get the benefits they need.

Currently we serve almost 1.5 million individuals, with about 48 percent of individuals submitting applications online through our statewide applicant portal. This includes every generation of individuals from newborns to individuals seeking long-term care or eligibility for end-of-life hospice care. We have provided more benefit dollars for food assistance through pandemic and emergency allotments than during any pre-pandemic period. This unit also works to support Heritage Native Americans and Oregon Tribal Nations.

This unit also supports work within ODHS' Oregon Eligibility Partnership (OEP), which is the program area bringing eligibility information together across agencies, so that staff have a single resource for direction related to eligibility operations. OEP is also responsible for maintaining the ONE system, coordinating governance, operational direction, quality assurance, hearings, and more. Note that some of these functions currently reside in other budget areas.

This unit and our staff currently are supporting a historic caseload. The percentage of staff to cases and support to do this work is the highest ratio of cases per worker we have ever seen, and the need to unwind the pandemic will bring unparalleled operational pressure which will cause longer call times and delays in benefits and backlogs. ODHS's requests in these budgets are critical to ensuring Oregonians can receive accurate and timely benefits determinations that are provided in an equitable fashion.

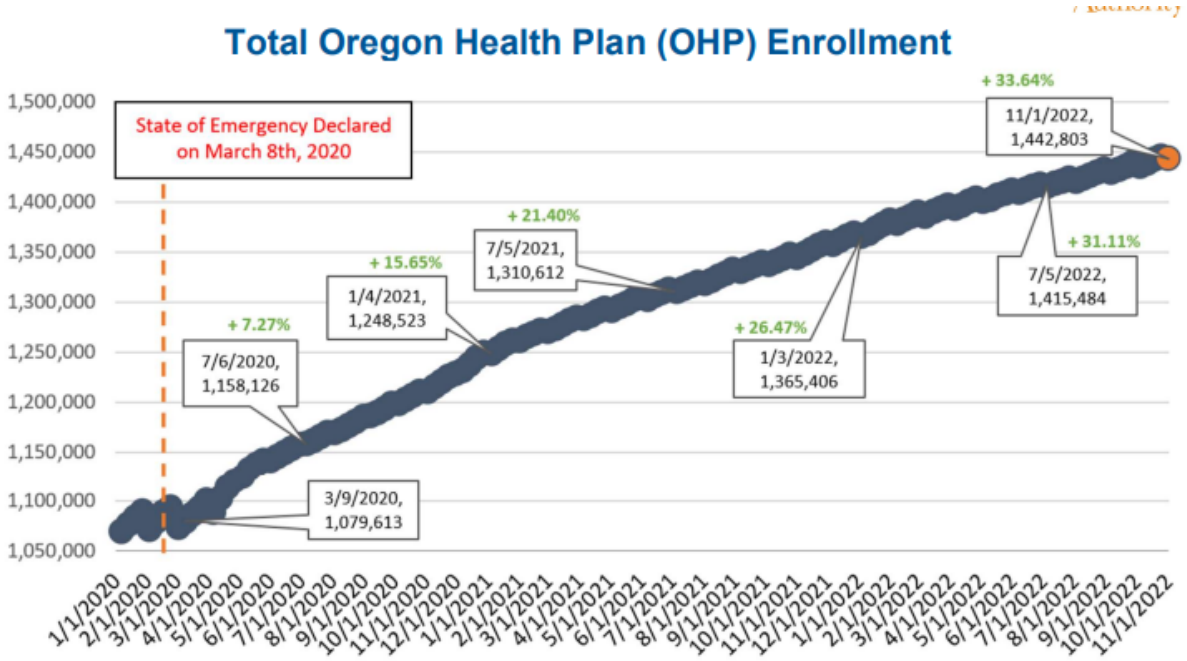
Program Justification

This program is the front door for many in Oregon who need assistance to reach their potential and achieve and maintain health, safety and independence. This program is essential to our core work, providing individuals with benefits and also improving service equity by capturing REAL+D information, honoring actual name versus legal name, and providing application options in multiple languages.

Program Performance

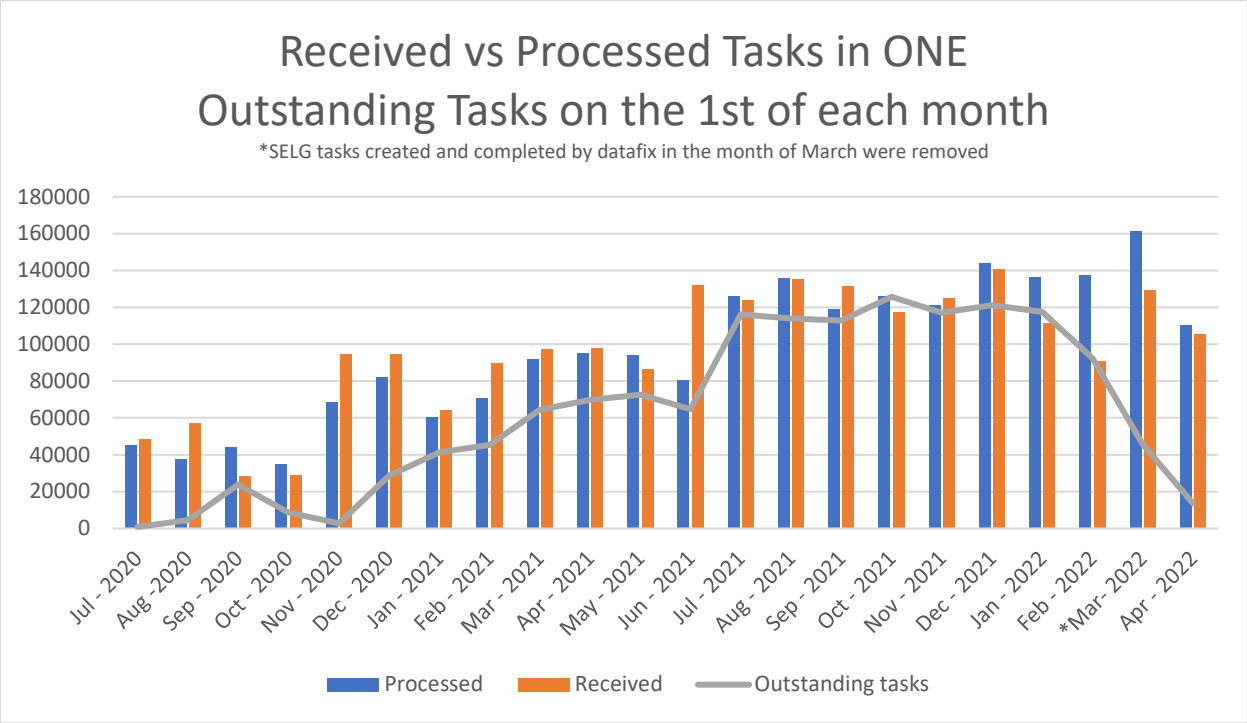
The VEC staff answer calls from individuals needing assistance with applying for, redetermining and information related to medical, food, cash and child care benefits.

Oregon has seen historic growth in our OHP caseload and continued growth in applications. As of fall 2022, Oregon was receiving on average 60,000 new applications requesting benefits, 130,000 redeterminations coming due and over 120,000 changes each month. Below is the growth of OHP alone since the pandemic.



From July 2020 through April 2022 Oregon received over 2,131,801 tasks to take some action around a new application, redetermination or change to someone's

eligibility within the ONE system. During that time the team has been able to process 2,124,005 of those tasks. The graph below shows the impact of tasks processed and received. It is important to note that redeterminations for medical had no negative action associated with them during the COVID-19 Public Health Emergency, and so tasks could be closed for those and other SNAP related tasks during this time in order to assist with keeping up with the historic volume of cases.

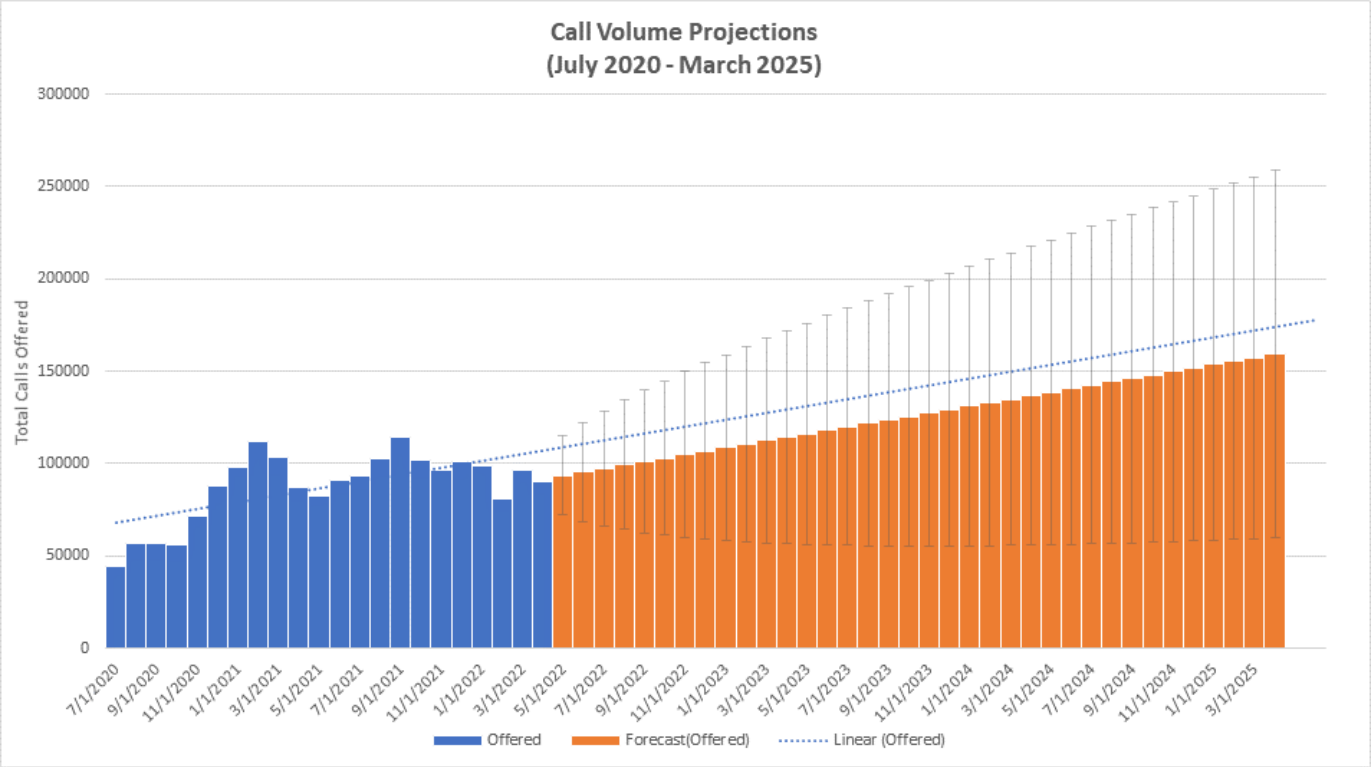


During a similar timeframe the VEC 800 number received 1,924,548 calls, staff were able to answer 1,074,642 of those calls. Note that callers may have hung up due to wait times or calls may have disonnected prior to being able to answer, local offices also receive calls from individuals around eligibility and those calls are not included in these numbers. During this timeframe the average wait time was 19 minutes for calls answered, average maximum wait time for calls answered was 2 hours and 5 minutes, and the average answer rate was 56 percent. It is important to note that the group answering these calls have not been receiving additional staff for growth or were reflected in the Department's eligibility workload model since transferring back from OHA, and have the highest caseload to worker ratio of any

of our eligibility areas and this is the highest since the ODHS first started reporting on those ratios decades ago.

Date	Received	Answered	Average Wait	Max Wait	Answer Rate
7/1/2020	44606	23939	0:19:23	2:20:40	53.67%
8/1/2020	57136	25489	0:26:56	2:30:41	44.61%
9/1/2020	57144	31497	0:19:54	2:00:00	55.12%
10/1/2020	56138	37861	0:09:45	1:35:42	67.44%
11/1/2020	71518	44831	0:13:11	1:12:30	62.68%
12/1/2020	87612	54341	0:14:39	1:38:58	62.02%
1/1/2021	98111	50845	0:20:58	1:51:25	51.82%
2/1/2021	112333	58603	0:20:52	2:02:30	52.17%
3/1/2021	103529	62231	0:16:14	1:39:57	60.11%
4/1/2021	87140	45617	0:22:51	2:15:32	52.35%
5/1/2021	82163	45502	0:21:08	2:14:04	55.38%
6/1/2021	90816	52918	0:18:14	2:07:56	58.27%
7/1/2021	93620	51138	0:21:04	2:24:32	54.62%
8/1/2021	102617	49854	0:27:49	2:27:59	48.58%
9/1/2021	114642	48901	0:32:56	2:36:42	42.66%
10/1/2021	101630	55145	0:19:58	2:33:16	54.26%
11/1/2021	96329	48635	0:21:22	2:31:40	50.49%
12/1/2021	101011	47491	0:23:55	2:33:38	47.02%
1/1/2022	98480	52681	0:21:25	2:34:01	53.49%
2/1/2022	80981	56595	0:11:17	1:32:42	69.89%
3/1/2022	96786	69992	0:08:54	1:32:40	72.32%
4/1/2022	90206	60536	0:11:04	1:46:38	67.11%

Based on the call volume, caseload growth, and our work we expect call volume to grow. Below is a graphical representaiton of forecasted call colume growth over the next several years.



Enabling Legislation/Program Authorization

The requirements for determining eligibility are set forth for the Supplemental Nutrition Assistance Program (SNAP) in 7 CFR 272 and Medicaid and Medical Program in 42 CFR 432 in regards to merit staff and State authorization for personnel, TANF and Child Care programs are authored under 45 CFR 260 and 45 CFR 98. ODHS is a business associate of OHA who is the single state Medicaid agency pursuant to 42 CFR 431; and under this authority ODHS performs the determinations for eligibility on behalf of ODHS along with Type B AAA county employees. This unique model in Oregon is within ODHS's statutory direction within ORS 410, which allows county governments to choose to perform the duties related to seniors and individuals experiencing a disability on behalf of the Department as outlined in Oregon Administrative Rule (OAR) and statute.

Funding Streams

This program is funded from a cost allocation of federal funds from the Center for Medicare & Medicaid Services (CMS) and the Department of Agriculture Food

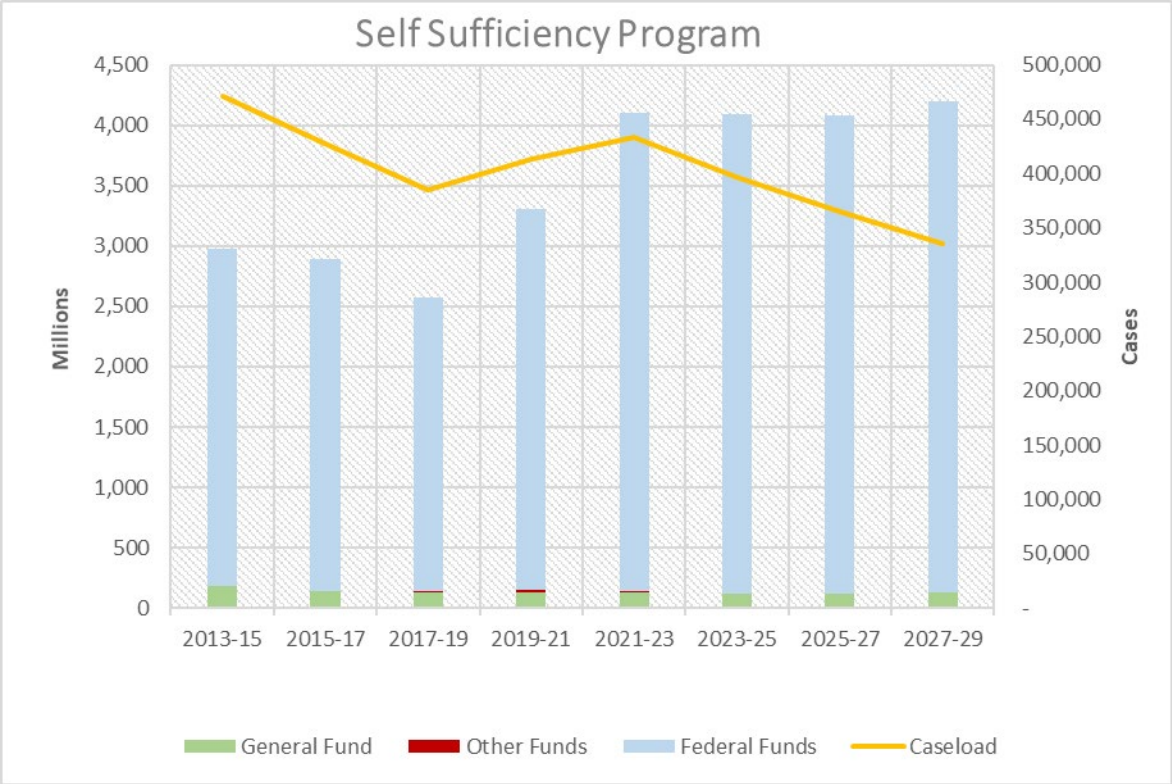
and Nutrition Services (FNS), as well as General Fund for programs which do not have administrative federal funds, such as Employment Related Day Care (ERDC), Temporary Assistance to Needy Families (TANF) or the General Fund portions of Healthier Oregon or Veteran and COFA dental programs.

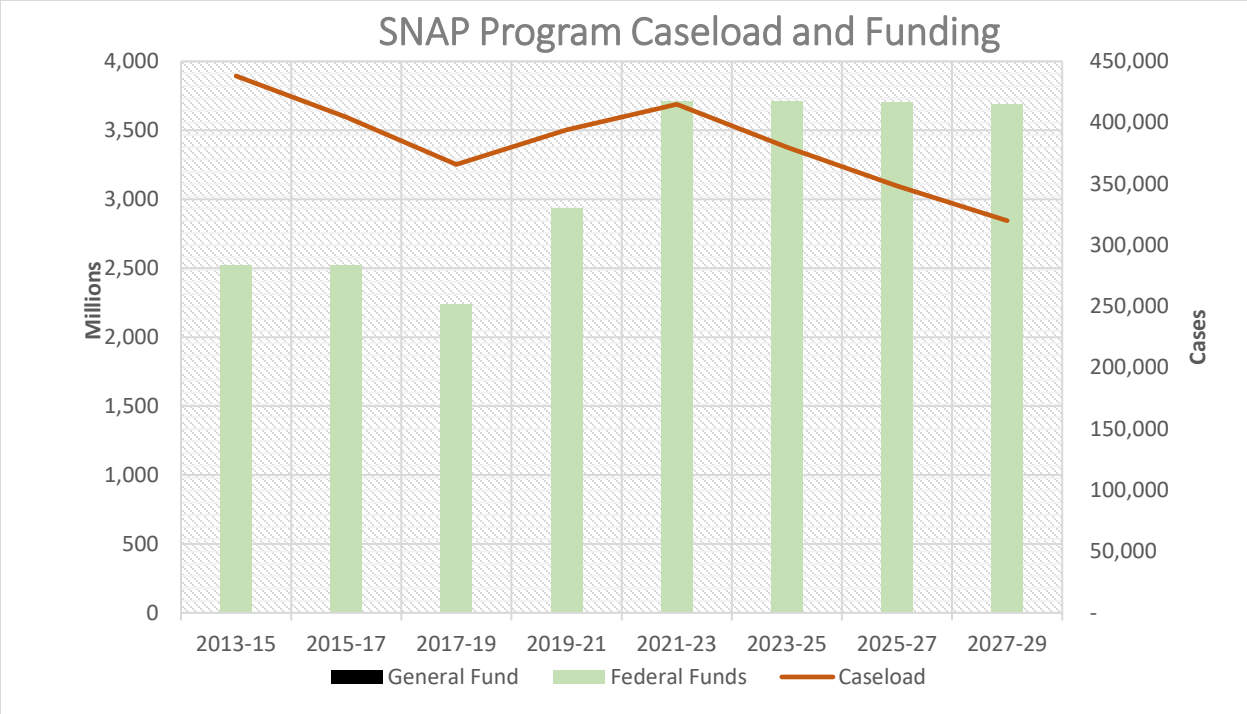
Funding Justification and Significant Changes from CSL to ARB

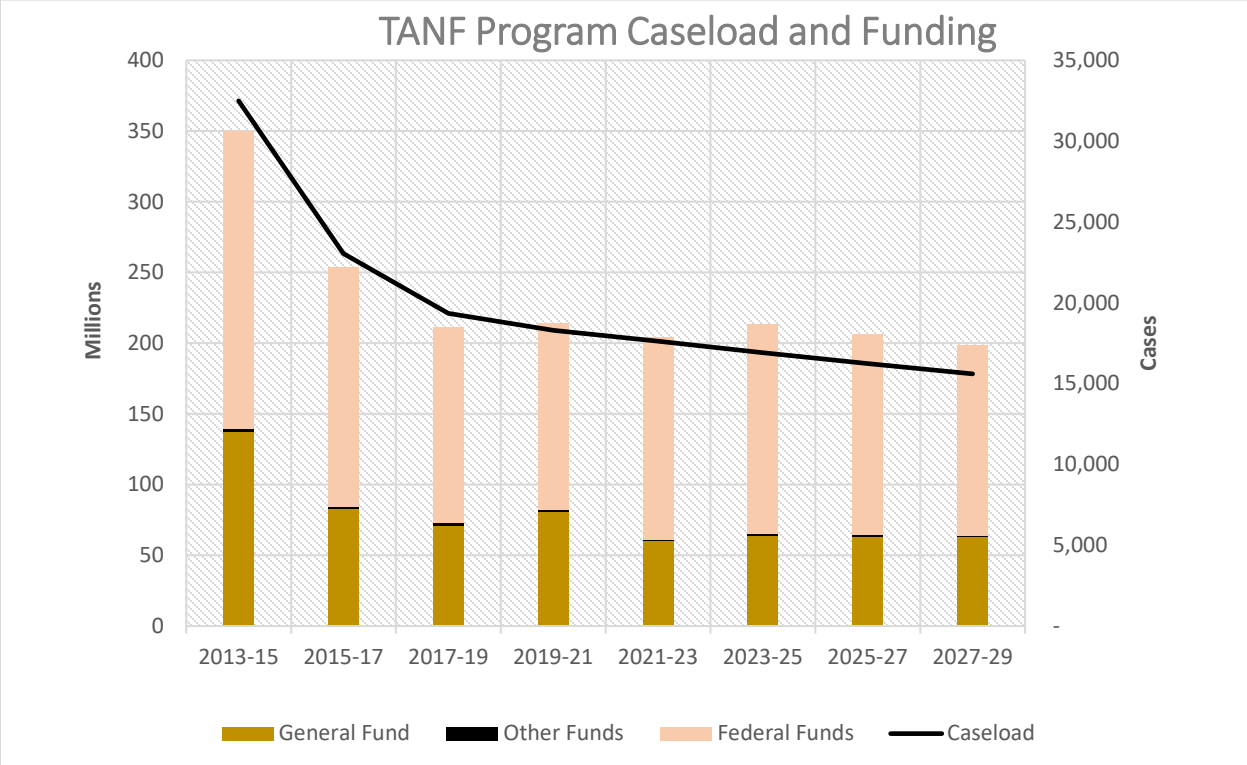
Due to the timing of the release of GB, details lower than Division level were not available.

Oregon Department of Human Services: Self-Sufficiency Programs

Primary Long-Term Focus Area:	Strengthening our foundations, responding to emergencies and creating the future of human services
Secondary Long-Term Focus Area:	ODHS Equity North Star, community engagement
Program Contact:	Claire Seguin, Self-Sufficiency Programs Deputy Director




SNAP Program Caseload and Funding
Millions
Cases
4,000
3,500
3,000
2,500
2,000
1,500
1,000
500
0
450,000
400,000
350,000
300,000
250,000
200,000
150,000
100,000
50,000
-
2013-15
2015-17
2017-19
2019-21
2021-23
2023-25
2025-27
2027-29
General Fund
Federal Funds
Caseload


TANF Program Caseload and Funding
Millions
Cases
400
350
300
250
200
150
100
50
0
35,000
30,000
25,000
20,000
15,000
10,000
5,000
-
2013-15
2015-17
2017-19
2019-21
2021-23
2023-25
2025-27
2027-29
General Fund
Other Funds
Federal Funds
Caseload

Program Overview

During the Oregon Legislature's 2022 session, Oregon Department of Human Services (ODHS) formally introduced three agency-wide goals – strengthening our foundations, responding to emergencies and creating the future of human services. These goals have set the tone – and the primary long-term focus area – for Self-Sufficiency Programs' (SSP) efforts and legislative priorities. In addition, SSP is guided by the ODHS Equity North Star[1] and by the agency's Building Well-being Initiative (BWBI) to advance a future that all who live in Oregon, regardless of race, identity or place, have the resources and support they need to achieve whole well-being for themselves, their families and their communities.

SSP recognizes that our efforts must be grounded in the lived experience of individuals and families in Oregon and the balance of decision-making power must be shifted to communities who are most affected. Accordingly, SSP will leverage community engagement efforts to identify shared concerns and community-driven solutions. SSP will act with intentionality, humility, curiosity and respect while ensuring affected communities' access to complete information and ability to influence the outcomes.

SSP uses a Management System to prioritize, connect, enable and drive all work in a way that ensures every resource connects back to our goals and every employee receives the maximum authority to act to achieve those goals. In 2019, the Oregon Legislature approved new SSP Key Performance Measures (KPMs). Connecting to economic stability – a key social determinant of health – the KPMs track the following outcomes for SSP clients:

1. Housing stability
2. Food security
3. Living wages
4. Hope/self-efficacy

SSP's Fundamentals Map outlines the program's mission critical functions and operating principles. Operating and Supporting Processes each have their own distinct Process Measures. Process and Outcome measures described in the map are reviewed through a Quarterly Target Review (QTR) process to help SSP manage, make decisions and understand the "why" behind our efforts. Disaggregated measures help SSP track the programs' ability to meet the needs of

[1] https://www.oregon.gov/dhs/DHSNEWS/Documents/ODHS-Equity-North-Star.pdf

all populations served and to make necessary improvements. In addition to the four Key Performance Measures, SSP's work is evaluated based on the following:

Operating Processes

OP1 Fostering community and partner relationships
OP2 Developing and maintaining resources
OP3 Determining eligibility
OP4 Developing and supporting participant goals
OP5 Engaging individuals

Supporting Processes

SP1 Developing and implementing policy
SP2 Evaluating and improving performance
SP3 Managing business operations
SP4 Retaining a strong and professional internal workforce

Outcome Measures

O1 Highly engaged, skilled, professional workforce
O2 Workforce reflects communities
O3 Strong sustainable and outcome-oriented community relationship
O4 Improved economic stability
O5 Safe, stable, attached families
O6 Increased family goal attainment
O7 Awareness and access to services
O8 External customer satisfaction

In alignment with the agency-wide BWBI, the SSP's Fundamentals Map and the Key Performance, Process and Outcome Measures it contains, assist the program in understanding how we can build a future where all our services and resources are centered around whole-person well-being.

Program Description: Temporary Assistance for Needy Families

Program Contact: Annette Palmer

Temporary Assistance for Needy Families (TANF) is a public cash assistance program for children and their parent or caretaker experiencing low income. TANF is supported by both TANF Federal Funding and State General Funds. The program is designed to offer families assistance to meet their basic needs while they work toward economic stability. In addition to the cash portion of the

program, TANF provides a wide range of services and programs, some of which include:

- Support services to assist with urgent needs like rent and utilities and general needs like clothing and transportation for skill development and employment.
- Jobs Participation Incentive (JPI) program, a state funded employment program that provides an additional $10.00 in SNAP benefits to families with children.
- Employment Payments, a cash program provided to families with TANF benefits closed due to employment. Payments are spread over a three-month period following the closure of TANF benefits.
- State funded Pre-Supplemental Security Income (SFP) program, provides cash assistance, case management and professional level support assistance with the Social Security Administration application process.

Program Justification

Strengthening our Foundations

The program administers day-to-day operations and delivery of TANF benefits and services to eligible families living in poverty and connects families to community resources and contracted services. Families can take part in personalized assessments to assist in goal development and exploration of pathways to economic stability and a future beyond Self-Sufficiency Program benefits. Transitional services are provided, lessening the benefit cliff often associated with leaving TANF.

Responding to Emergencies

Throughout the COVID-19 public health emergency (PHE), TANF program eligibility processes and rules were amended to minimize additional program impacts on families. The COVID-19 PHE provided an opportunity for Oregon's TANF program to look at future readiness and response tactics in times of crisis.

Creating the Future of Human Services, ODHS Equity North Star

SSP is engaging in a redesign of the state's TANF program, collaborating with advocates, contracted partners, Tribal partners and individuals with lived experience to build a robust and equitable infrastructure. The redesign will ensure community is involved at every step of program design, delivery and implementation with families at the center of decision making. Community listening sessions and other engagement practices guarantee the voices of families currently receiving TANF – and who have received TANF in the past – will be woven throughout the program's future design.

Community Engagement

The TANF program works with Tribal Nations and community partners to provide appropriate services to current TANF participants and as part of the ongoing TANF redesign process. The TANF program continues to invest funds into efforts that maximize benefit dollars targeted at building participant development in work related activities, identifying and building on skills and leveraging community collaborations to provide solid foundations that lead to employment retention and advancement. Community engagement and lived experience voices are valued to develop and deliver a more equitable program.

Program Performance

TANF program performance is measured using the following Self-Sufficiency measures:

OP2 - Core resources available
OP3 - Timely issuance of SNAP benefits and all benefits
OP4 - Assessments completed
OP4 - Participants with active plan steps
OP5 - Participant show rate to appointments
OP5 - Family/Participant involvement
OP5 - Customer interaction reflect service equity
SP1 - Developing and implementing policy
SP2 - Accuracy of benefits SNAP, TANF, ERDC

SP3 - Program spending with SSP spending Plan
O2 - Workforce parity to communities
O4 - Living wage jobs
O7 - Eligible <18-year-olds receiving TANF

Enabling Legislation

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

Program Description: Refugee Program

Program Contact: Annette Palmer

The Refugee Program serves individuals and families in immigration categories approved by the Federal Office of Refugee Resettlement (ORR): Refugees, Asylees, Cuban/Haitian entrants and parolees, Amerasians, victims of human trafficking (international) and certain family members, Iraqi/Afghan Special Immigrant Visa holders and certain Parolees. The program provides cash assistance and medical assistance to refugees who are ineligible for Temporary Assistance for Needy Families (TANF) cash assistance and Medicaid. The program partners with Refugee Resettlement Agencies (RRA) and nonprofit community-based organizations to provide additional services.

Resettlement services are comprehensive. Initial resettlement and case management services are delivered by RRAs located in the Portland and Salem areas, where many refugees first seek services. These services may include essential tasks such as picking up refugees at the airport, finding them a place to live and helping to furnish their home with the necessities. Employment-related services are delivered by the Immigrant and Refugee Community Organization (IRCO). IRCO services include job search assistance, employment acculturation, pre-employment training, English language classes, citizenship and naturalization assistance.

Those served through the Refugee Program come from all over the world. During FFY 2021, Oregon's Refugee Program assisted people from 25 different countries. Most refugees who are resettled in the U.S. speak little to no English. Limited English capacity is expected and integrated into Refugee Program services.

Program Justification

Strengthening our Foundations

The Refugee Program administers benefits and services offered to refugees once they arrive in the U.S. Cash and medical assistance, employment services and acculturation services provide needed supports for refugees to restart their lives in the U.S. The Refugee Program works in collaboration with other ODHS programs, resettlement agencies, the Social Security Administration and community-based organizations to ensure families and individuals receive needed services and have a strong support system.

Responding to Emergencies

As overseas emergencies and disasters occur, many people seek protection in the U.S. The Refugee Program provides benefits and services while working with ODHS' Office of Resilience and Emergency Management (OREM), local resettlement agencies, community-based organizations and other government agencies to provide effective assistance to refugee communities. These collaborations are vital to ensuring families and individuals receive emergent services quickly.

Creating the Future of Human Services

The Refugee Program is expanding its contracted provider network to include more community-based organizations alongside the state's resettlement agencies. This brings a broad service array and additional culturally specific services to refugee communities. The Refugee Program is working collaboratively with Oregon's Office of Immigrant and Refugee Advancement to further develop and evolve the future of the program.

ODHS Equity North Star

Refugees coming to the U.S. have faced oppression and persecution in their country of origin. The Refugee Program aims to provide benefits and services with equity, accessibility and a trauma-informed approach. ODHS collaborates with RRAs and community organizations to support refugees. RRA staff and community partners represent a diverse population from a variety of cultures and many have experienced the resettlement process firsthand as refugees themselves.

Community Engagement

The Refugee Program works directly with community-based organizations, RRAs, ODHS district offices and attends in-person and virtual listening sessions to hear directly from Oregon's communities and refugees about their needs and experiences. Collaboration and information meetings occur frequently and are need-based. This is ensures ongoing dialogs and collaborations are in place to serve the refugee populations more equitably in Oregon.

Program Performance

The Refugee Program is not currently included in SSP's QTR measures and outcomes due to historic program structure and computer system integration. The program is in the process of building and maintaining data dashboards and updating its data collection system to broaden the scope of information that can be gathered. These additions will move the Refugee Program toward building QTR measures.

Enabling Legislation/Program Authorization

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

Program Description: Domestic Violence Programs

Program Contact: Kirstin Holman

SSP Domestic Violence Programs include three unique programs that support domestic violence and sexual assault (DVSA) survivors in crisis, provide ongoing safety planning and connect survivors to DVSA experts.

Temporary Assistance for Domestic Violence Survivors (TA-DVS)

TA-DVS provides short-term financial assistance, safety planning and connection to community resources for families affected by domestic violence when other resources are not available. TA-DVS is used to help domestic violence survivors and their children address their safety concerns and stabilize their living situation. This reduces the likelihood of the survivor returning to the domestic violence situation and can prevent life-threatening situations.

Co-located Domestic Violence (DV) Advocates Program

The Co-located DV Advocates Program contracts with local DVSA nonprofit agencies. DVSA advocates are housed in Child Welfare (CW) and Self-Sufficiency (SSP) Offices to provide confidential advocacy services to ODHS survivors and staff.

Survivor Investment Partnership (SIP)

SIP provides flexible financial assistance to survivors of domestic and sexual violence and builds capacity to expand the agency's collaborative efforts for survivors with Oregon Tribal Nations and culturally specific DVSA providers. SIP funding allows for survivors to access needed supports safely within their communities in a culturally responsive way.

Program Justification

Strengthening our Foundations, Responding to Emergencies

By providing financial and community support to help survivors gain stability away from the domestic violence situation, SSP's Domestic Violence Programs strengthen foundations of the individuals, families and communities we serve. These programs respond to emergencies every day as survivors seek services during crisis periods of experiencing and fleeing domestic violence.

Creating the Future of Human Services

Developing and enhancing programs such as SIP to meet the needs of survivors in their own communities, works toward creating the future of human services by empowering communities and survivors to navigate their safety in a trauma-informed, equitable and culturally appropriate way.

ODHS Equity North Star

Domestic Violence Programs partner with communities to develop programs which strive to make services accessible to underserved, culturally specific populations. The SIP program was developed to provide funding to Confederated Tribes of Oregon, as well as culturally specific DVSA organizations, to give communities autonomy on how best to provide services for their members.

Community Engagement

Community engagement in all our Domestic Violence Programs continues to be prioritized, including quarterly meetings with co-located advocates both statewide and on a local level, ongoing collaboration with Oregon Confederated Tribes and

culturally diverse community members, as well as meetings, trainings and advanced education opportunities provided to staff who support families in crisis.

Program Performance

At this time, no formal QTRs exist for SSP's Domestic Violence Programs due to the unique circumstances and confidentiality of survivors. Staff supporting the program's domestic violence support efforts continue to work on developing measures that will provide data on program efficacy.

Enabling Legislation

Temporary Assistance for Domestic Violence Survivors (TA-DVS)

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

Co-located Domestic Violence Advocates Program

This program is enabled by HB 5030-A of the 2011 Oregon Legislative Assembly Joint Committee on Ways and Means. The bill includes funding for contracted domestic violence specialists in ODHS office.

Survivor Investment Partnership (SIP)

SIP is enabled by SB 5529 of the 2021 Oregon Legislative Assembly Joint Committee on Ways and Means. The bill includes funding to contract with Confederated Tribes in Oregon and culturally specific DVSA organizations to provide DVSA services to survivors. This flexible funding can be used to address safety needs not able to be supported through TA-DVS. The bill also funds three positions within ODHS to implement the SIP program.

Program Description: Employment and Training Programs

Program Contact: John Briscoe

SSP Employment and Training Programs include the TANF Job Opportunity and Basic Skills (JOBS) program, SNAP Training and Employment Program (STEP) and the Able-Bodied Adults Without Dependents (ABAWD) program. Each of these offers a variety of employment and training services to TANF and SNAP

participants, including stabilization, well-being, training and education, job preparation and employment placement services.

JOBS Basic and JOBS Separate State Program Services

The JOBS Program is funded through a combination of TANF Federal Funding and State General Fund. Due to restrictions of TANF Federal Funding, services to some participants are provided fully through State General Fund. JOBS services are offered by contracted local service providers. Participants are eligible for payments from ODHS to help families stabilize and engage in a personal development plan.

SNAP Employment & Training

The SNAP Employment and Training Programs – STEP and ABAWD – are funded by a combination of SNAP Federal Funding, State General Fund and local investment which pulls down additional federal funds. State General Fund investment allows for expanded support service payments. SNAP Employment and Training services are offered by contracted local service providers. Participants are eligible for payments to help engage in their personal employment plan.

Program Justification

Creating the Future of Human Services

Employment and training services utilize a family engagement model. Using a person-centered, trauma-informed model encourages empowerment and ownership of a person's plan to achieve personal stabilization and self-sufficiency. Oregon's Employment and Training Programs are recognized nationally and have been used as models for setting future program redesign federally.

ODHS Equity North Star

Employment and training services provide streamlined access to people experiencing low income, offering holistic supports to close opportunity gaps. These services make it possible for TANF and SNAP participants to get individualized support needed to build a pathway to economic mobility. Oregon's TANF and SNAP participants represent the state's diversity. Program services are designed to ensure activities are accessible to all, are culturally appropriate, are delivered with service equity and include diverse representation among providers.

Community Engagement

Employment and Training services have benefitted from community focus groups, with an emphasis on prioritizing participant voice and identifying gaps between current services and community needs. Employment and Training services have been expanded upon based on the needs expressed in such forums. Employment and Training will continue to evaluate policies and program design based on community voice.

Program Performance

Employment and Training program performance is measured using the following Self-Sufficiency measures:

OP2 - Core resources available
OP4 - Participants with active plan steps
OP5 - Family/Participant involvement
O4 - Living wage jobs

Enabling Legislation

Temporary Assistance for Needy Families

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

SNAP Employment and Training

The SNAP Employment and Training program is mandated by Federal legislation currently found in the 2018 Agricultural Improvement Act signed in 2019.

Program Description: Employment Related Day Care

Program Contact: Kirstin Holman

The Employment Related Day Care (ERDC) program helps families experiencing low income pay for quality child care. Child care helps parents stay employed and gain self-sufficiency by assisting with the consistent child care parents need to remain on the job. Quality child care provides a stable space for children to learn and build upon key developmental milestones while their parents are away at work and prepares them for kindergarten and beyond.

HB 3073 from Oregon's 2021 legislative session moves the ERDC program to the newly created Department of Early Learning and Care (DELC). The transfer consolidates state-run child care subsidy programs into one agency, bringing greater program alignment and better access for families. The legislation included expansion and enhancements to the ERDC program. ODHS will be collaborating with the Early Learning Division to move the program and implement significant policy updates by July 1, 2023. ODHS will continue to assess program eligibility through the ONE system.

Availability of subsidized child care is a federal requirement for Oregon's Child Care Development Fund (CCDF) federal funding. CCDF funding maintains Oregon's child care licensing system.

Program Justification

Creating the Future of Human Services

ODHS holds contracts with various school districts to pay for child care while teen parents are completing their high school diplomas and/or GEDs; program enhancements will bring teen parents into the eligible population within ERDC with the transition to DELC. This will allow all teen parents across the state the same access to quality care while they complete high school or their GED.

Future enhancements include interlinking ERDC with TANF JOBS related child care. Families who come to qualify for ERDC after receiving child care assistance through TANF JOBS support services payments will be able to obtain and maintain employment by securing child care before their job stability is put at risk by interlinking these programs.

In ERDC's transition to DELC, eligibility criteria will be expanded to allow for students to access child care subsidy without the requirement to be employed. Presently, students of higher education can only qualify for ERDC if they are working and their student hours are limited to the number of their employment hours. This expansion will allow for students of higher education as well as teen parents completing their high school diploma or GED to have provision of child care coverage.

Additionally, families will have the opportunity to access child care assistance through ERDC when unable to work due to caring for their child's needs, such as a

child's illness. Families will also be able to qualify at initial certification when on leave for medical reasons – for example, maternity leave when another child is in care with a provider.

ODHS Equity North Star

The ERDC program serves families from a variety of cultural and linguistic backgrounds in urban and rural communities who need assistance covering child care costs through subsidy payments to a chosen child care provider. By building and sustaining connections to child care and early education programs as well as safety net programs, this approach provides broader access and outreach opportunities to connect with Oregonians with an array of child care needs.

Policy changes are being made to the ERDC program in its transition to the Department of Early Learning and Care to allow for eligibility to undocumented children. Current policy does not allow for this population to be eligible for child care subsidy despite child care need.

Community Engagement

Child care subsidy programs engage with child care providers and provider unions with the goal of giving additional stability to Oregon's child care provider base, including both licensed programs and facilities as well as license-exempt home-based care, commonly referred to as "family, friend and neighbor care." All provider types can become listed and approved for payment through ODHS/DELC to be paid on behalf of eligible families receiving subsidy.

Program Performance

ERDC program performance is measured by the eligible working families receiving ERDC (<6 and 6 to <13).

Enabling Legislation

The ERDC program is authorized under the Code of Federal Regulations Title 45 Public Welfare, Subtitle A Department of Health and Human Services, Subchapter A General Administration, Part 98 Child Care and Development Fund (CCDF). The Department of Education, Early Learning Division is currently Oregon's lead agency for CCDF and transfers approximately 70% of CCDF funds to ODHS to maintain the child care subsidy program.

A significant portion of the ERDC program is codified in State statute chapters 329.

Program Description: Food and Nutrition Programs

Program Contact: Heather Miles

Supplemental Nutrition Assistance Program (SNAP)

The Oregon Department of Human Services (ODHS) administers the federal Supplemental Nutrition Assistance Program (SNAP) which provides a food benefit and additional services to Oregonians that meet financial and non-financial eligibility criteria. Program benefits are 100% Federal Funds and program administration is 50% Federal and 50% General Fund. Most of the administration funding is allocated towards Eligibility Workers to ensure benefit eligibility and issuance is responsive and timely.

SNAP EBT

SNAP benefits are issued monthly onto an Electronic Benefit Transfer card (EBT) for households to use to purchase eligible foods at USDA Food and Nutrition Service (FNS) approved retailers/vendors and farmer's markets. Oregon SNAP uses the vendor FIS Solutions to support timely delivery of electronic benefits onto Oregon EBT cards through ONE system interfaces.

SNAP Cash Out

To qualify for SNAP Cash Out, all individuals in the household must be considered disabled or aged 65 and older and residing in Clackamas, Columbia, Multnomah and Washington counties. Qualifying households receive their monthly allotment as cash on their EBT card or through direct deposit. This is a federally approved program option that cannot be expanded beyond these four Oregon counties but is 100% funded for benefit issuance.

SNAP Nutrition Education

Oregon's SNAP Nutrition Education (SNAP-Ed) program is administered through a partnership with Oregon State University Extension Services (OSU-EXT). SNAP-Ed is an evidence-based federal grant-funded program

that helps people lead healthy, active lives by working alongside people to identify ways to make their SNAP dollars stretch, how to shop for and cook healthy meals and how to stay physically active.

SNAP Outreach

SNAP Outreach passes through federal funding to 13 contracted community agencies statewide to support activities that distribute information about SNAP, dispel myths and offer application assistance to individuals. Contracted community partners may request up to 50% federal reimbursement for costs related to SNAP Outreach allowable activities which expands the reach of the SNAP and reduces barriers to accessing the program.

Food Assistance

The Emergency Food Assistance Program (TEFAP) and Commodity Supplemental Food Program (CSFP) are federal food assistance programs wherein ODHS partners with the Oregon Food Bank network to administer food assistance across the state through local food pantries and food boxes.

Program Justification

Strengthening our Foundations

Oregon SNAP continues to focus on increasing awareness and participation for the program to ensure that access and availability of services are provided in a timely and accurate manner. Where possible, TEFAP and CSFP program funding is used to purchase and distribute more locally grown, fresh, nutrient dense and culturally specific foods throughout Oregon. Leveraging federal food dollars through program funding means that any General Fund allocations can stretch the program reach beyond the federal investment and is not duplicative of federal food orders. TEFAP and CSFP programming help support Oregon's larger food infrastructure and reaches program recipients beyond other food programming like SNAP.

Responding to Emergencies

SNAP provides food assistance through disaster and COVID-19 pandemic-related food programs such as Emergency Allotment (EA) benefits, Disaster SNAP (DSNAP) and Pandemic EBT (PEBT). TEFAP can provide the Disaster Household

Distribution (DHD) program in the event of a state disaster. This program can temporarily increase food resources in affected communities through food pantries prior to the activation of Disaster SNAP.

Creating the Future of Human Services

SNAP benefits help to reduce hunger as part of Oregon's larger food network and are an integral part of strengthening an individual/household's ability to navigate temporary or larger scale crisis. The SNAP-Ed State Plan is 100% federally funded block grant that is used to provide evidence-based services to increase SNAP participants awareness of stretching food dollars, increasing awareness of healthy options, increasing knowledge and understanding that supports increased physical activity and to work with community partners to build healthier and stronger community foundations.

ODHS Equity North Star

In 2021, 1 in 6 Oregonians on average received SNAP benefits across all age ranges, race and ethnicity and disabilities. The program continues to pursue waivers and state options that increase the program's reach to underserved populations. SNAP EBT and SNAP Cash Out increase access and improve connections for all SNAP participants, ensuring that flexibility and usage of the program is supported through benefit delivery systems.

Culturally specific workgroups have been implemented for SNAP-Ed to address needs for under-represented communities including older adults, Tribal partners, Pacific Islander, Latinx and African Heritage communities. TEFAP and CSFP ensure that additional food resources are available throughout the state's 20 regional food banks and 1,400 food pantries in the food bank network.

Program Performance

SNAP

The program is measured through state and federal standards for timely issuance of benefits (new and recertifications), accuracy of benefit calculations and ease of accessibility and connection to services. Evaluation is assessed in Self-Sufficiency measures OP2, OP3, SP1, SP2, O4, O7 and O8.

SNAP EBT

The program is measured through state and federal standards for timely issuance of benefits (new and recertifications), accuracy of benefit calculations and ease of accessibility and connection to services. Evaluation is assessed in Self-Sufficiency measures OP3, SP1, SP2, SP3, O7 and O8.

SNAP Cash Out

The program is measured through state and federal standards for timely issuance of benefits (new and recertifications), accuracy of benefit calculations and ease of accessibility and connection to services. Evaluation is assessed in Self-Sufficiency measures OP3, SP1, SP2, O7 and O8.

SNAP-Ed

SNAP-Ed performance is measured through state and federal standards that are part of an evidence-based national framework. These measures are not currently part of the ODHS measures but there are connecting elements that can demonstrate links.

SNAP Outreach

SNAP Outreach activities are incorporated into the agencies broader service array which better connects individuals to supports the family in reaching goals. Evaluation is assessed in Self-Sufficiency measures OP3, SP1, SP2, SP3, O7 and O8.

Food Assistance

TEFAP and CSFP performance is evaluated throughout the year in a combination of program funding evaluation and onsite evaluation for quality control of food storage and oversight per federal regulations. Evaluation is assessed partly in Self-Sufficiency measure SP3.

Enabling Legislation

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

Program Description: Family Support and Connections

Program Contact: Xochitl Esparza

Family Support and Connections (FS&C) is a child abuse and neglect primary and secondary prevention program that provides a wide array of contracted services to TANF eligible families including home visits, resource brokering and parenting classes. In 2022, the Oregon Legislature approved an expansion to include families receiving SNAP benefits. FS&C is intended for eligible families who may be at risk for involvement with the child welfare system.

Program Justification

Strengthening our Foundations

FS&C focuses on building safer, healthier communities by promoting its goal of increasing protective factors and promoting child and family health and well-being. By achieving this goal, the program supports the community in reducing or preventing children from families experiencing low income from entering the child welfare system.

Research consistently demonstrates children and young people have better outcomes when they remain safely in their homes while receiving services and allowing them to maintain ties with their family, friends, schools and communities.[2] By supporting family preservation and prevention, FS&C is a critical part of Oregon's service continuum, supporting existing agency and state efforts such as the 2020-2024 Healthier Together Oregon plan and the CW Vision for Transformation.

ODHS Equity North Star

Recent research suggests investments in prevention go beyond protecting children from maltreatment to preventing maltreatment's devastating consequences.[3] It is recognized that racial disparities in child welfare impact Black, Indigenous and families with lower socioeconomic status disproportionately.

To better implement cultural responsiveness in service delivery and increase outreach and access to FS&C services prioritizing Black, Indigenous, People of Color and rural communities, designated funding is allocated for FS&C providers

[2] Child Welfare Information Gateway. Children's Bureau/ACYF/ACF/HHS (April 2021). "In-Home Services to Strengthen Children and Families." Available at: https://www.childwelfare.gov/pubPDFs/inhome_services.pdf

[3] https://www.childwelfare.gov/pubPDFs/cm_prevention.pdf

to be used for what may be needed in the community such as hiring staff representative of the diversity of the local community, purchasing culturally specific curriculum and utilizing translation and interpretation services for materials and communication needs. Furthermore, with the funding increase approved in 2022, FS&C is pursuing expanded access and outreach for these populations offering the funding opportunity to culturally specific organizations and Oregon Tribal Nations.

Community Engagement

FS&C program staff work within the existing community structure to coordinate referrals and deliver direct services where gaps or needs exist for a family. This includes collaboration with Self Sufficiency (SSP) and Child Welfare (CW) program staff and contracted and other community partners.

FS&C contracted providers organize local core teams to coordinate program delivery and services. Each district's program is guided by local steering committees comprised of representatives from SSP, Child Welfare and public and private partners that may include local service providers, consumer parents, advocates, faith-based representatives, persons with disabilities and members of the public. Steering committees must include cultural diversity in the district they serve. Steering committees provide advice, guidance and support for the FS&C Core Team concerning program requirements such as, planning and implementation, overcoming barriers to services, community relations and advocacy, process improvement and goal setting.

Program Performance

The primary performance measure for FS&C is the percentage of children entering foster care who received TANF and or SNAP 60 days prior to foster care entry. Because the families FS&C serves are connected to TANF and/or SNAP, they may be included in SSP's Key Performance Measures: living wage jobs, housing stability, food security, self-efficacy/hope.

Enabling Legislation

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

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

Youth Experiencing Homelessness Program

Program Contact: Xochitl Esparza

The 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. ODHS partners with a cross-system advisory group to coordinate statewide policy and planning to address the needs of youth experiencing homelessness.

Program Justification

Creating the Future of Human Services

YEHP is testing new ways to address youth homelessness such as deploying Direct Cash Transfers to young people and providing the necessary supports so that they can safely meet their housing needs. Additionally, the program is creating the structure necessary to create a Youth Advisory Board so that young people routinely inform program design for YEHP and sister agencies serving youth.

ODHS Equity North Star

National estimates provide that approximately one in 30 youth (aged 13-17) and one in 10 young adults (aged 18-25) experience homelessness over the course of a year.[4] Black, Indigenous, youth of color and LGBTQ2S+ youth experience higher rates of homelessness.

Community Engagement

ODHS convenes a Youth Experiencing Homelessness Advisory Committee involving the Youth Development Division, the Housing and Community Services Department, the Department of Education, the Oregon Youth Authority among other agencies and nonprofit organizations to develop a comprehensive and

[4] Dworsky, A., Gitlow, E., Horwitz, B., & Samuels, G. M. (2019). *Missed opportunities: Pathways from foster care to youth homelessness in America*. Chicago, IL: Chapin Hall at the University of Chicago.

coordinated approach to services and support for youth experiencing homelessness and their families.

In 2021, ODHS in collaboration with the Corporation for Supportive Housing (CSH) released the results of a statewide analysis that examined the need and pipeline for housing and services for youth experiencing or at risk of experiencing homelessness.[5] Unique in the study was a comprehensive effort to recruit and engage youth across the state with lived experience of homelessness to inform and design housing and services programs that may receive state funding. The project was born from the 2020 session of the Oregon Legislature after a proposed bill requested a study to better understand the level of investment required to address statewide housing and service gaps for young people.

Program Performance

YEHP measures are included in contracts with youth-serving community-based organizations. Several contracts include measures related to permanent connections for youth, education, well-being and housing stability.

Enabling Legislation/Program Authorization

Oregon State Statute 417.799 gives ODHS responsibility for coordinating statewide planning for delivery of services to youth experiencing homelessness.

My Future-My Choice

Program Contact: Bill Baney

Program Description

The My Future-My Choice (MFMC) program includes age appropriate, medically accurate sexual health education curriculum and services for middle school students and a high school leadership and mentor component. MFMC's goals are to promote sexual risk avoidance as the healthiest choice for young people, increase knowledge of sexual health and promote the benefits of delaying sexual activity using a positive youth development framework.

MFMC seeks to support higher risk youth populations who experience elevated rates of sexually transmitted illnesses (STIs), unplanned pregnancy and sexual violence in their communities. These services support community prevention

[5] https://www.oregon.gov/dhs/CHILDREN/Homeless-Youth/Documents/CSH-YH-Needs.pdf

efforts to enable TANF families in breaking the generational dependence on public assistance. MFMC expands on the historical teen pregnancy prevention program to provide education and tools for youth to resist multiple risk-taking behaviors. ODHS partners with the Oregon Department of Education and the MFMC Advisory Committee to develop and implement the program.

Program Justification

Strengthening our Foundations

Oregon teen pregnancy rates have consistently stayed below the national average. According to national data from the U.S. Department of Health and Human Services, the 2019 national rate for births to teens between the ages of 15 to 19 is 16.7 per 1,000 teens. In Oregon, the teen pregnancy rate among youth 15 to 19 years continues to decline, from 38.6 per 1,000 in 2010 to 18.1 per 1,000 in 2019. Similarly, the teen birth rate among youth 15 to 19 years declined from 28.45 per 1,000 in 2010 to 9.6 per 1,000 in 2020.

MFMC works closely with system/sector partners at the state and local level to ensure aligned, coordinated and deliberate access to resources and materials to increase youth sexual health education and services.

Community Engagement

MFMC utilizes a peer mentor/training model. High school students lead or co-lead 5 of the 10 program modules. In addition, the program uses a Teen Advisory Board (TAB) to help inform curriculum revision, material development and delivery format. TAB members are provided with compensation (stipends) for the time and expertise offered.

Program Performance

No specific or unique QTR measures have been identified for MFMC because objectives associated with the program are tailored to meet the needs of a comprehensive sexual health program. As a program to reduce teen pregnancy, MFMC is designed as a primary prevention program.

Enabling Legislation

The Oregon Legislature passed HB 2509 in 2009, which requires that all schools provide comprehensive sexual health education. The My Future–My Choice curriculum complies with all requirements of this legislation for sixth grade.

ODHS partners with Oregon Health Authority and Oregon Department of Education to share in responsibility for collaborative efforts to increase youth sexual health education and services.

Other Family Support

Program Contact: James Barta, Xochitl Esparza

Program Description

The Tax-Filing Infrastructure Grant Program is a funding opportunity for culturally specific and responsive organizations, Tribal governments and under-resourced rural community service organizations. The goal of the program is to improve access for low-income Oregonians to the Earned Income Tax Credit (EITC) and other tax benefits. Grant funding allows community-based organizations to offer tax navigation, preparation and filing services. Through the utilization of existing tax benefits, Oregon residents have the opportunity to bring more than $100 million in federal dollars to the state's economy every year.

These grants will:

- Strengthen the existing network of culturally specific and responsive tax preparation organizations;
- Bring tax navigation and preparation services to geographically diverse areas of Oregon;
- Improve organizational capacity of tax preparation organizations;
- Expand the recruitment and retention of qualified tax preparers; and
- Fund the development of technological resources, training systems, outreach and education materials to ensure the removal of tax-filing barriers.

This program will seat an advisory council representing different populations throughout Oregon to support the process and implementation of the grant program.

Program Justification

Removing Barriers to Economic Stability

Oregon has a historically low participation rate in EITC. It has been the second-to-last state in the use of the credit among eligible families, despite EITC's proven

ability to boost the income of low-wage earning families.[6] The benefits of EITC are well-documented and between 2011-2013, federal EITC, along with the federal Child Tax Credit (CTC), helped to lift 129,000 Oregonians out of poverty.[7] Appropriate tax preparation and navigation assistance should be provided to help eligible Oregonians overcome barriers preventing access to these benefits. This grant program promises to strengthen and grow Oregon's network of free taxpayer services and ensure that these organizations are culturally diverse and meet the needs of residents. State funding will allow more organizations flexibility in securing needed funds and build the capacity to offer free tax services and support.

ODHS Equity North Star, Community Engagement

This program is directed to populations who, due to systemic discrimination, are underutilizing valuable cash assistance. By working with community-based organizations who serve the affected communities, Oregon will more effectively reach all Oregonians regardless of their identity or place. This program will reach all parts of the state and all populations, particularly those underserved by existing tax-filing infrastructure. Expanding access to tax services in Oregon can advance long-term, equitable, antiracist policies that can upend existing inequalities.

Program Performance

Program performance measures are to be determined. It will take an estimated three years to receive the data to determine the rate of eligible Oregonians signing up for credits such as EITC. A likely short-term measure will be community partner reports detailing the number of Oregonians filing their taxes.

Enabling Legislation/Program Authorization

The Oregon Legislature passed HB 4117 in February 2022, which gives ODHS responsibility for coordinating statewide planning for the delivery of services. The Tax-Filing Infrastructure Grant Program complies with the requirements of this legislation.

Funding Resources

The Self Sufficiency Program uses a combination of general and federal fund resources. The TANF Program requires a minimum state expenditure level, known

6 Bauer, Janet; Oregon Center for Public Policy. 2022. "*HB 4117: Invest in Taxpayer Assistance*." Oregon Center for Public Policy. February 4. Accessed July 11, 2022. https://www.ocpp.org/2022/02/04/hb-4117-invest-taxpayer-assistance/.

7 Oregon Fact Sheet: Tax Credits Promote Work and Fight Poverty, Center on Budget and Policy Priorities, September 2016.

as Maintenance of Effort (MOE). Total fund split is 96.5 percent federal funds, 3 percent Other Funds and <1 percent General Fund.

Federal and Other Fund Splits:

Food Stamp	90%	SNAP benefits are 100 percent federally funded. Oregon is responsible for 50 percent of the administrative costs. Oregon's portion of the administrative costs for SNAP comes from the State General Fund.
TANF Block Grant	6.0%	The TANF Federal block grant funds programs throughout DHS and requires a minimum state expenditure level, known as Maintenance of Effort (MOE). The TANF program is authorized under Title IV-A of the Social Security Act, as amended by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) and the Deficit Reduction Act of 2005.
Federal Funds - Other	3%	Consists of multiple grants which include but are not limited to; Able Bodied Adults with childrean, Abstinence Education, Emergency Food Assistance and Title XX Social Services Block Grant.
Other Funds	<1%	Primarily the Rescue Plan Act for the Food Assistance program with some Miscellaneous funds related to the JOBs and TANF program

Funding Justification and Significant Changes to 21-23 CSL

Due to the timing of the release of GB, details lower than Division level were not available.

Oregon Department of Human Services
Child Welfare Division

Vision for Transformation

The Child Welfare Vision for Transformation is based on a belief that children do best growing up in a family and on values related to honoring and supporting cultural wisdom, building community resilience and voice, and ensuring the self-determination of our communities of color and those who have historically experienced the worst outcomes.

ODHS Child Welfare will achieve this Vision for Transformation through:

- Assessing child safety and providing in-home supports to prevent placements away from parents, family, friends and community;
- Expanding services to prevent foster care placements and ensure that intensive interventions are as effective as possible;
- Ensuring foster care is family and community-based, time-limited, culturally responsive and designed to stabilize families rather than serving primarily as a placement for children;
- Establishing that children and young adults will be in the care of family, friends and neighbors whenever possible, and helping children keep connections to their cultures, Tribal Nations and communities;
- Recognizing the necessity of short-term, individually customized treatment programs for children who have higher-level physical, developmental, and mental health needs. These supports should occur while children or youth are living in families with birth or adoptive parents, relatives, close friends or foster caregivers (resource families);
- Collaborating and building strong relationships with Tribes, communities, people with lived expertise and systems partners;
- Striving for a well-supported workforce that has development opportunities and access to the resources and services needed to support our children, families and communities; and
- Dismantling structural and systemic racism and moving toward a more equitable and fair system of support for all families.

The Child Welfare Division's mission is to ensure every child and family is empowered to live a safe, stable, and healthy life. This mission is based on a set of beliefs and core values:

- *We believe* children, youth and young adults do best growing up in a family.
- *We believe* our child welfare agency and its partners can better ensure people's safety, health and well-being if they work in constant collaboration and proactively engage individuals, families and communities.
- *We believe* when families and communities are strong, fewer children experience abuse and neglect.
- *We believe* earlier, less intrusive support for families means more children can remain safe and healthy at home and in school, where they can maintain the bonds and connections that are critical to their well-being, leading to better long-term outcomes for children and young adults.
- *We believe* families and communities working together in a more proactive, holistic way will also help free up budget and staff resources. This allows ODHS and its partners to allocate resources in ways that have the greatest impact for children and young adults. Integrating services will mean less need for costly foster care, residential placements, and other crisis support, creating opportunities for more innovation, creative solutions, and new business models.

About the Child Welfare Division

The Child Welfare Division serves children and families who are facing challenges that can affect child safety and responds when children are subject to abuse and neglect. Skilled and diverse Child Welfare staff respond to reports of child abuse and neglect, helping to assess whether supports or services can be provided to the family to prevent the need for out-of-home care and coordinating foster care placement in cases where a child cannot be maintained safely at home. The primary goal is to keep children safe while providing equitable services to support timely and safe return to their families in cases where an out-of-home placement is necessary.

The Child Welfare Division's work encompasses the following areas:

1. Child Abuse Hotline

2. Child Safety Program
3. Child Fatality Review and Prevention Program
4. Family Preservation
5. Child and Family Well-being Programs
6. Permanency Program
7. Program Design & Delivery
8. Federal Policy, Planning & Resources, and Child Welfare Policy
9. Other Central Office Programs and Focus Areas

In Oregon during Federal Fiscal Year (FFY) 2021:

- 8,620 children spent at least one day in foster care
- 162,185 total contacts (calls and cross-reported police reports) answered by The Oregon Child Abuse Hotline (ORCAH)
- 78,775 reports of abuse and neglect were received
- 42,876 reports were referred for investigation
- 7,352 reports were founded for abuse or neglect involving 10,766 victims
- 41.5 percent of the victims were younger than 6 years old

Of the total children served in foster care, 65.4 percent were White, 18.6 percent were Hispanic, 7.1 percent were Black or African American, 4.7 percent were American Indian or Alaska Native, 2.7 percent did not have race recorded and 1.5 percent were Asian or Pacific Islander.

Child Abuse Hotline

The Oregon Child Abuse Hotline (ORCAH) is crucial to the Child Welfare system in Oregon. The program is responsible for receiving calls from mandated reporters and community regarding child safety and determine if reports are screened-in for investigation.

Child Safety Program

The Child Safety program responds to reports of child maltreatment to determine if a child has experienced abuse or neglect or is safe.. Response is sometimes done in partnership with local law enforcement and Oregon Tribal Nations. The program also

assesses whether there is a risk of future maltreatment while offering locally based services for intervention.

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

Commercial Sexual Exploitation of Children (CSEC)
The CSEC coordination provides culturally and linguistically responsive multi-disciplinary services by connecting Child Welfare staff to key partners in order to help youth who are being sexually exploited to access safe shelter and wrap-around services supporting their physical and emotional needs. These partners include:

- National Center for Missing & Exploited Children
- Law Enforcement Agencies (LEA)
- Federal Bureau of Investigation (FBI)
- Other community agencies

Addiction Recovery Teams (ART Teams)
These teams provide coordinated, culturally, and linguistically responsive, multi-disciplinary services to family members who struggle with substance use and/or substance use disorder a. Issues around substance abuse are identified through a comprehensive safety assessment.

Domestic Violence/Sexual Assault
ODHS makes grants available to domestic violence and sexual assault service providers throughout Oregon. These providers offer culturally and linguistically responsive crisis lines, crisis response, emergency shelter and other related services to survivors of sexual assault and domestic violence and their children.

Child Fatality Prevention and Review Program

This program was created to improve child safety and prevent child maltreatment fatalities in Oregon. The goals of this program align with the Family First requirement to create a state fatality prevention plan. It also provides a unique and necessary opportunity to promote a system shift toward prevention policies and practices that address risk to Oregon's most vulnerable children.

The Child Fatality Prevention and Review program coordinates the Critical Incident Review Team (CIRT), which is an approach Oregon's Child Welfare system has used for many years to respond to critical incidents that result in child fatalities. With several significant changes to the CIRT statute in 2019, there was a need to increase program capacity to comply with the law and respond to the extensive increase in the number of assigned CIRTs. The development of this program has created opportunities for Oregon's Child Welfare system to better understand, learn from and prevent these tragedies. The work of the CIRT is intended to advance quality improvement in Oregon's Child Welfare system. Moving CIRT coordination out of the Child Safety Program and into Child Fatality Prevention and Review has increased the independence and transparency of child safety and fatality reviews. The program will continue to work across systems and with community partners such as public health and other child- and family-serving agencies in Oregon to improve child safety outcomes and prevent child maltreatment fatalities in our communities.

Family Preservation

Child Welfare is actively building the new Family Preservation Program with 2021-23 state investments in the program's initial infrastructure. Designed to strengthen families and prevent children's entry into foster care whenever safely possible, the program is a key step in Oregon's implementation of the federal Family First Prevention Services Act. The system strives to spare children and families from the trauma of separation by addressing family stressors and establishing supports that maximize families' potential to meet their children's needs.

Currently, when Child Welfare safety assessment indicates that a child is unsafe and the family needs supports and/or services to resolve this, the agency works with the family and team to determine whether the child's placement with their parent or guardian can be safely maintained. When it is determined that a family can remain intact given the right supports, Child Welfare partners with the family and team to plan and deliver services, create a safety plan and conduct ongoing monitoring. The vision for this program is to be able to provide services and supports to families and children more broadly than an assessment indicating lack of safety.

Child and Family Well-being Programs

Child and family well-being programs include Foster Care, Youth Transition Services and Health and Wellness Services.

Foster Care

Oregon's Foster Care program values foster care services as a support to families, not a substitute for parents and families. In order to support the families it serves, the program engages parents, youth, kin, community partners, legal professionals, Tribal partners, resource families and others as a way to holistically support family safety and stabilization. Foster Care services include Relative Care, Family Foster Care and professional levels of care – such as Shelter Care and Behavioral Rehabilitation Services, which are provided in therapeutic home or residential settings through contracted Child Caring Agencies (CCAs). The foster care system operates 24 hours a day, seven days a week, to accept and care for children who cannot remain safely at home.

Oregon's goal aligns with the federal requirement of placing a child in the least restrictive, most appropriate setting that meets the child's individual needs when the child cannot safely be cared for by parent(s).

This program focuses on the well-being of children and young adults while they are in foster care and is responsible for recruitment of resource (foster) families that reflect the characteristics of children in foster care. This program certifies, trains, and retains resource families (both general applicants and kith/kin caregivers). Resource families are trained by agency staff and through contracted experts. Resource families participate in a Structured Analysis Family Evaluation (SAFE) home study, designed to evaluate a family's suitability and readiness to meet the needs of children and young adults that enter the child welfare system. Resource families must also pass:

- A criminal background check,
- Reference checks, and
- A review of Oregon's abuse registry, which includes all prior abuse reports received on children and adults

The program also recruits, contracts, trains, supports, and monitors all contracted CCAs.

ODHS partners with community members, Oregon Tribal Nations, local and national foster care organizations, provider organizations, youth-led organizations and organizations representing diverse cultural perspectives to deliver services throughout the state.

ODHS also works in collaboration with multiple state, Tribal and local government agencies – including Oregon Healthy Authority, Oregon Department of Education, local law enforcement and Oregon Tribal Nations – as well as community programs, schools, the faith community and volunteer programs to identify and develop a local array of equitable, culturally and linguistically responsive services. The program supports the overall well-being of children in foster care by:

- Addressing behavioral, emotional, and social functioning
- Meeting core educational needs
- Ensuring appropriate physical, dental and mental health care
- Maintaining safe family and community connections

Youth Transition Services

The Child Welfare Youth Transition programs, including the Independent Living Program (ILP), serves current and former foster children and young adults up to age 21. Services include assistance with developing life skills and learning about:

- Financial literacy
- Communication and social skills
- Relationship building skills
- Resources available in local communities
- Informed decision-making
- Parenting
- Health
- Education support
- Housing

- Transportation options
- Job readiness

The program helps young people develop plans to complete high school and successfully transition to post-secondary education or employment. Housing support options are available to eligible youth through transitional living programs, the independent living housing subsidy program and the federal Chafee housing program.

Health and Wellness Services

ODHS places high priority on ensuring that children in out-of-home care receive appropriate medical, dental and mental health care. In addition to the appointments and screenings that are required when a child enters foster care, children are assessed by a contracted nurse shortly after entering care to address any immediate health needs. Support is provided to the child and resource parents for any health-related or medication issues the child may have. Contracted nurses provide:

- Medication management services
- Case consultation
- Medical care coordination
- Nursing delegation
- Resource parent teaching and training
- Other nursing services as needed

The Health and Wellness team provides resources, support and case consultation to staff and provides resources for resource parents who care for medically fragile children. Annual psychotropic medication reviews and psychotropic medication authorizations are completed by a Nurse Consultant for all children in care who are currently prescribed psychotropic medications.

Medical Assistance Resource Coordinators (MARCs) assist with access to care issues and help coordinate services with Coordinated Care Organizations (CCOs) throughout the state to ensure children's health, mental health and dental needs are being met.

Permanency Program

Child Welfare prioritizes the safe and successful reunification of children with their parent(s). Specially trained staff partner with parents to develop and meet goals for change so that children can remain safely at home or return home after placement in substitute care. Permanency staff work together with families, children, community partners and the legal system to create and support case plans with the goal of reunification. Once children are placed with a permanent adoptive or guardian family, the Permanency program continues to provide services and supports to children up to age 18 to help meet the special needs and challenges of those who have experienced abuse and neglect. These efforts include consideration of the child's specific cultural, developmental, and linguistic needs.

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

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

In-Home Safety and Reunification Services (ISRS)
This program provides culturally responsive, intensive, short-term services to families with children who can remain safely in their homes, and to children

and families who have been safely reunited. ISRS provides a combination of safety and strengths-based services that lead to lasting safety changes within

the family. These services are time-limited and are complemented by SPRF services for families in need of longer term or more intensive services.

System of Care (SOC)
System of Care funds support Oregon's most vulnerable children by providing local Child Welfare offices with the flexibility to purchase services to meet a family's specific needs and ensure the safety, permanency, and well-being of their child(ren) in culturally and linguistically responsive ways. Families are directly involved in case planning and the identification of needed services. Whenever possible, community partners share funding of custom-designed services.

Program Design & Delivery

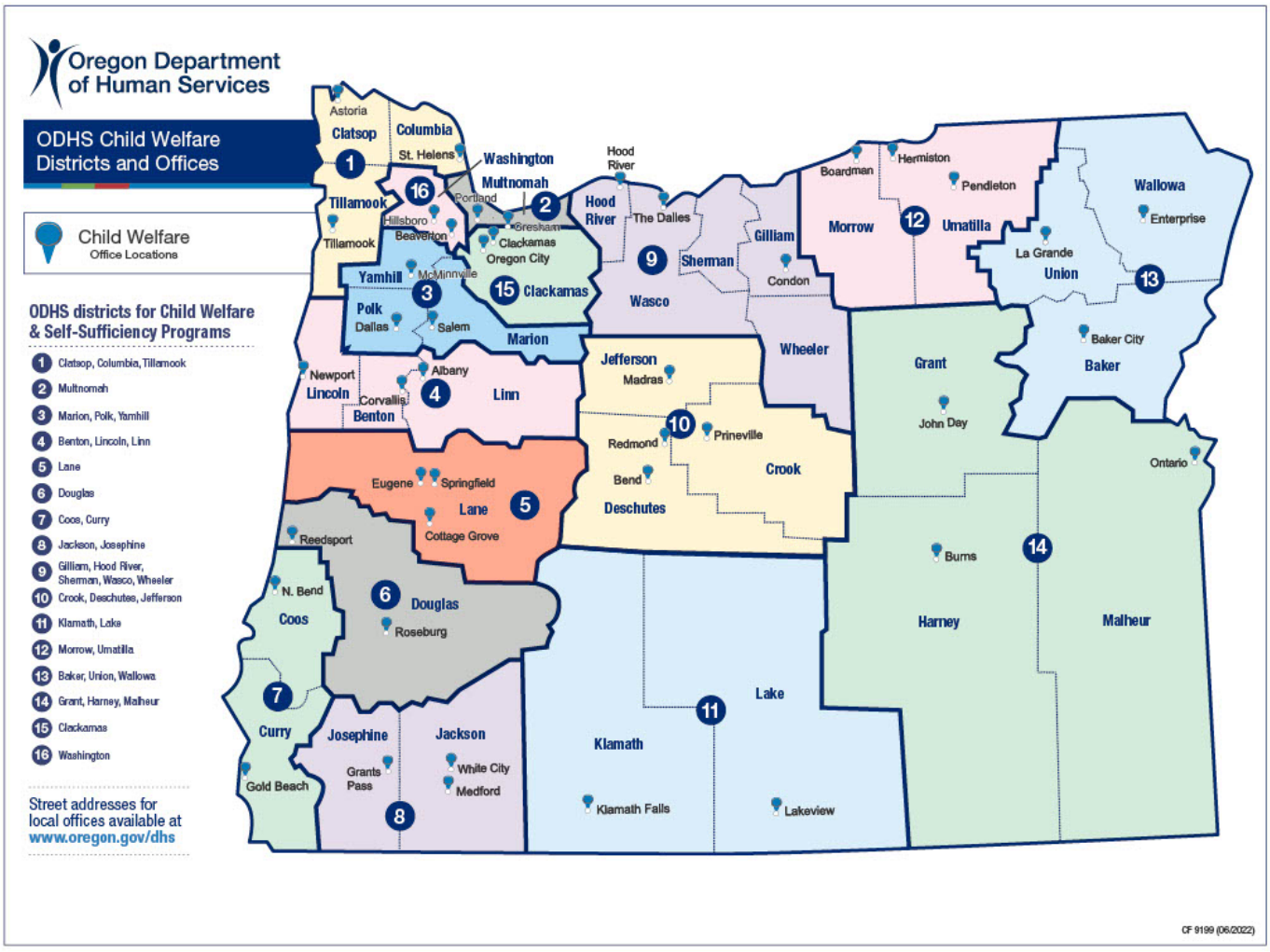
Oregon has a state-administered child welfare program. The Child Welfare Executive Leadership team, in collaboration with the Child Welfare design program managers and staff, provide leadership, guidance and central office support to program and delivery staff through:

- Collaborating with community partners and Tribal Nations
- Developing policy and rule
- Complying with federal and state regulations
- Monitoring quality assurance and continuous quality improvement
- Managing projects and providing technical assistance
- Evaluating and analyzing the program
- Designing training and workforce resources for staff and resource families
- Ensuring the integrity of business processes and standards
- Identifying and implementing equity-building, evidence-based and best practices frameworks

Managers and supervisors in local Child Welfare offices provide clinical and case-level supervision of direct service staff across the program areas. Whenever possible, Child Welfare staff coordinate with ODHS Self-Sufficiency Programs staff to support family stability and prevent entry/re-entry into the child welfare system. Child Welfare staff coordinate with other child- and family-serving systems including housing-focused organizations, Oregon Health Authority, Oregon Department of

Education, county-based health and support services and others. Child Welfare employees provide direct services to children and families in local offices.

Figure 1: Child Welfare district map



Federal Policy, Planning & Resources (FPPR)

FPPR is responsible for ensuring that Child Welfare remains in compliance with federal program standards, maximizing continued federal financial support for the Child Welfare programs and services described above. FPPR submits all required federal reporting and responds to related inquiries. The primary goal of FPPR is to optimize the use of federal funds while ensuring that all funds are used solely for allowable purposes. These include:

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

Child Welfare Policy

Child Welfare Policy is responsible for ensuring that policy, procedure, and rules are updated in accordance with statutes and requirements. The team provides leadership to the PARRC ensuring that any new rules and any policy changes have the opportunity for public comment. The team also reviews all proposed and existing policies to ensure that they are in alignment with the Vision for Transformation and supports updates to those that need changes.

Other Central Office Programs and Focus Areas

Equity, Training and Workforce Development and Resource Family Training

Child Welfare staff and leaders are supported by the central office Equity, Training and Workforce Development team, which consists of service delivery leaders and contracted providers who collectively ensure that we have a diverse, skilled and engaged workforce that reflects and embraces the communities we serve.

The workforce development framework is grounded in a clear research-informed and data-driven systems of best-practices related to:

- Recruiting, screening, selection and onboarding quality recruits;
- Providing pre-service and ongoing training and development for staff and resource families that develop baseline and developmental knowledge, skills and abilities;
- A transfer-of-learning, coaching, supervisory and consultation frameworks that work to continuously increase the competence and confidence of staff at all levels;
- Developing leadership with promotional readiness and succession planning to retain high-performing and adaptive leaders for the future;
- Using continuous quality improvement processes that are informed by a robust workforce development evaluation plan; and
- Evolving technology to increase access to learning, attend to diverse adult learning needs and track and report on the developmental learning of all staff and resource families.

Diversity, Equity, and Inclusion

Child Welfare is working to improve equity and inclusion in all aspects of our program and to provide inclusive, equitable and culturally responsive and appropriate services to children, young adults and families. Additionally, Child Welfare is working with communities, Tribal Nations and other child welfare partners to:

- Center equity in all aspects of the work;
- Create more transparent and meaningful partnerships;
- Share quality data and outcomes;
- Include the voices of community, and of people with lived experience in child welfare systems, in our planning and in decision-making; and
- Create a shared vision for how meaningful partnership will promote improved child and family outcomes.

Child Welfare is constantly looking for ways to assess how policies, rules, organizational culture and practices are contributing to inequitable outcomes. Among the division's priorities are:

- Better honoring the sovereignty of Oregon Tribal Nations;
- Re-envisioning and increasing the use of culturally relevant services and supports; and
- Increasing the inclusion of and sharing power with those most impacted by child welfare systems and reviewing all policy, rules and procedures for evidence of unintended contributors to inequitable outcomes.

Oregon Indian Child Welfare Act/ Indian Child Welfare Act (ORICWA/ICWA)

In collaboration with the ODHS Tribal Affairs Unit and central office leaders, Child Welfare continuously partners with Tribes, Tribal partners and Native American children and families to improve compliance with and integration of the spirit of ICWA and ORICWA in all our work. Native American children are currently over-represented in Oregon's child welfare system. Compliance with the Indian Child Welfare Act is a federal mandate and Oregon's state ICWA, which passed in the summer of 2020, further spells out Child Welfare's responsibility to protect and honor Tribal sovereignty, culture, and traditions. ODHS currently has ICWA Consultants, Active Efforts Specialists and identified ICWA liaisons who work to:

- Improving ICWA/ORICWA compliance,
- Enhancing Tribal relationships,
- Providing technical assistance and expert consultation, and
- Supporting Child Welfare staff in improving outcomes for Tribal children and families, and
- Reducing disproportionality and disparities.

Family First and System Integration

The Federal Family First Prevention Services Act was passed by Congress in February 2018. It changed how Title IV-E funding can be used for prevention and preservation and the type of placements in foster care. The Family First Prevention Plan is an important tool for implementing ODHS Child Welfare's Vision for Transformation goals, helping to strengthen families so that more children can remain safely with their parents and kinship caregivers. Family First presents an unprecedented opportunity to give child welfare systems the tools they need to make transformative changes.

Family First supports in-home services that utilize evidence-based practices approved by the Federal Clearinghouse in the following categories:

- Mental health prevention and treatment programs or services
- Substance abuse prevention and treatment programs or services
- In-home parent skill-based programs or services, and
- Kinship navigator programs

Oregon is using a phased-in approach toward implementation with ongoing, structured opportunities for partner feedback and adjustment. Lessons learned from other states and jurisdictions underscore the importance of progressively scaling up an evidence-based service array, with ample occasion for communication and collaboration between program developers, field staff, service providers, community partners, Tribes, families and youth with lived experience, and others.

This team is leading the implementation with the newly created Family Preservation team and working across divisions with ODHS as well as with community partners and organizations to focus on the prevention of Child Welfare involvement.

Interstate Compact on the Placement of Children (ICPC)

The ICPC is the statute that governs the movement of children across state lines. All 50 states, the District of Columbia and the U.S. Virgin Islands are members of the ICPC.

The ICPC covers:

- Children in Oregon foster care being placed in other states,
- Children in the custody of another state's public child welfare agencies being placed in Oregon, and
- Private adoption and residential treatment placements that cross state lines.

According to the Association of Administrators of the Interstate Compact on the Placement of Children (AAICPC) the ICPC applies to approximately 5

percent of all child welfare cases nationwide. The Oregon ICPC program includes a team of central office staff who provide training and case consultation to Child Welfare local office staff, attorneys and members of the public. The program also includes a team of regionally based workers who complete home studies with Oregon families seeking to care for children from other states.

OR-Kids

OR-Kids, a Criminal Justice Information System (CJIS), is the statewide data child welfare information system with more than 3,637 Child Welfare Division users and 877 partner users across the state. It provides reports to internal and external partners, including Child Welfare caseworkers, ODHS Office of Financial Services, ODHS Human Resources and the Federal Agency Administration of Children and Families.

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

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

Strategy and Innovation

The Strategy and Innovation program supports the Continuous Quality Improvement (CQI) team and the Project Management Office. Both teams support the agency’s efforts to make significant, and sustainable improvements to Oregon's child welfare system by identifying, prioritizing and executing a portfolio of projects and CQI strategies to improve practice.

- Continuous Quality Improvement

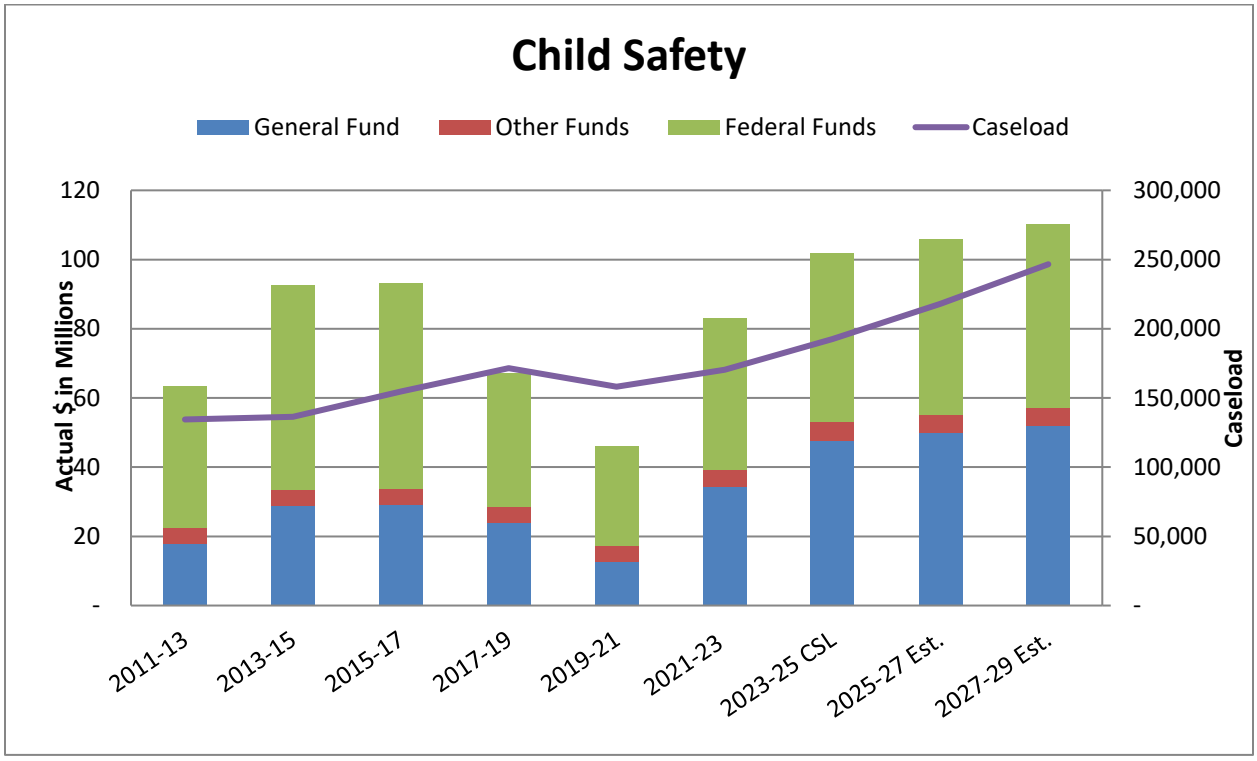
The Continuous Quality Improvement team is a newly created program in Child Welfare. From the 2021 legislative session, a policy option package granted positions to start the statewide improvement efforts to improve our Federal Performance measures. The CQI team works with districts on their individualized quality improvement plan, provides technical assistance on continuous quality improvement strategies and provides data literacy tools and education while creating a comprehensive and cohesive approach to improvement in Child Welfare.

- Project Management Office (PMO)

Services of the PMO include strategic planning, project management, portfolio management, audit tracking and data analysis. The PMO supports projects both within the program and at the agency level to advance the program's Vision for Transformation.

Oregon Department of Human Services: Child Safety

Primary Long-Term Focus Area:	Safe and thriving communities with a reduction of disparate outcomes for children of color
Secondary Long-Term Focus Area:	Prevention
Program Contact:	Deena Loughary



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

Program Overview

This program provides protective and social services to children and families when allegations of child abuse or neglect are reported. Specially trained Child Protection Services (CPS) case workers conduct comprehensive safety assessments and make determinations about the following: child safety, the presence of abuse, if services would benefit a family or whether safety intervention is required due to

the presence of safety threats. Services are delivered through Child Welfare staff or contracts that require linguistically and culturally appropriate service provision. Services are designed to keep children safely with their parents, whenever possible, and to reunite children quickly and safely with their parents when they have been removed.

Program Description

The Oregon Department of Human Services (ODHS) Child Welfare Child Safety Program currently consists of one Child Safety Program Manager, two Assistant Managers, 6 Child Protective Services Program Coordinators (rule writing, implementation, training, and curriculum development, etc.) and 14 Child Safety Consultants who provide consultation, coaching, training, and support to caseworkers, supervisors, Program and District managers on the safety model practice, Oregon Administrative Rules and statutes. The Child Safety Consultants are located in the local child welfare delivery offices around the state and provide consultation and support to all 16 districts in Oregon. Child Welfare's Alcohol and Drug Services Coordinator and Domestic & Sexual Violence Fund Coordinator are also located within the Child Safety Program. Domestic Violence and Sexual Assault (DVSA) shelter and service programs are funded by the ODHS to help people in Oregon be safe, healthy, and independent. In addition, the program has 1 Child Protective Services Supervisor and 7 SSS1 caseworkers who function as a mobile CPS team.

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

- Commercial Sexual Exploitation of Children, which provides statewide consultation and technical assistance on child welfare cases where children are or at risk of being sexually trafficked;
- Child Protective Services, which includes assessments for familial and third-party child abuse allegations and certified resource parent assessments;
- The appeals process for people with founded CPS dispositions;
- The CPS Mobile Team, which supports the delivery offices statewide; and
- Continuous Quality Improvement, including ongoing fidelity reviews in all 16 districts followed by the creation of Action Plans to make improvements to practice in screening and assessments.

CPS caseworkers in local offices respond to and assess allegations of child abuse and neglect, for both familial and third party allegations. In 2022, the Child Safety Program established a new Oregon Administrative Rule to guide CPS caseworkers for third party CPS assessments that do not include assessing the parents' capacity for keeping their child safe. On all allegations of abuse and neglect, CPS caseworkers are usually the first contact for families. The CPS caseworkers also respond to and assess allegations in resource or foster homes certified by Child Welfare, Office of Intellectual & Developmental Disabilities, and Oregon Youth Authority. CPS staff work closely with law enforcement agencies and other members of multidisciplinary teams in each county to assess child abuse reports.

When a child is unable to remain safely in their home, foster care is a temporary safety service, designed to keep children safe while Child Welfare works to manage safety threats and enhance the parents' protective capacities. The priority is to place children with kith/kin and work with families to make sure that children are only removed when an in-home safety plan cannot be implemented. When children are placed in care, which can only be done with court approval, Child Welfare places urgency on ensuring that children return home quickly and connect to family or other relatives whenever possible. Child abuse assessments are not voluntary. They are inherently intrusive and can be traumatic to families. Oregon's Safety Model is a family engagement model that requires Child Welfare caseworkers to work and partner with families and children to gain a comprehensive understanding of family functioning. Historically, Oregon's CPS assessments were focused on the allegations. With the adoption of the Safety Model, CPS caseworkers must assess the allegation but also determine if family behaviors, conditions, or circumstances are making children unsafe. Oregon's Safety Model consists of 16 universal safety threats that are analyzed from the safety-related information gathered by CPS Staff during the comprehensive safety assessment.

The Child Safety Program can best be described in two sections: CPS Assessment and In-Home services.

CPS Assessment

From January 1, 2021 to December 31, 2021, there were 175,038 contacts and 80,209 reports of child abuse or neglect; approximately 25 percent of reports were assigned for safety assessments. As part of the comprehensive safety assessment,

the CPS caseworker gathers comprehensive safety-related information in the following categories: Extent of the maltreatment, circumstances surrounding the abuse, adult functioning, child functioning, parenting practices and disciplinary practices. Cultural and linguistic considerations are also factored into the process. This important safety-related information is used to determine overall child safety. If children are determined to be safe after the comprehensive safety assessment, the case is closed. If children are determined to be unsafe, safety planning occurs with either an in-home or out-of-home plan. The case will open, and the family will transition to a Permanency case worker once the CPS assessment concludes. The comprehensive safety assessment may take up to 60 days to complete based on the required elements of the safety model and CPS Assessment Rules.

In-Home Safety and Reunification Services (ISRS)

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

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

Over the year (FFY 2019), a total of 7,271 children were served in their homes. All children served in-home receive case management and safety services. Over 2,800 children (2,836 or 34.8 percent) also received additional services. Services offered primarily fall within two categories: In-Home Safety and Reunification Services (ISRS) and Strengthening, Preserving and Reunifying Families (SPRF) Program Services. In-Home Safety and Reunification Services (ISRS) are services designed

to provide for the immediate safety of children at risk of abuse by managing the safety threats within the family to prevent removal; or when children have been placed in protective custody, to help them return home with in-home safety services.

The goal of these programs is to foster collaboration between state and community programs and resources, as well as help children remain safely with their families. State and community programs and resources can help stabilize the family in their time of need, work with the family to develop goals for family preservation services, family reunification services and empower the family to make changes that may alleviate the need for an out-of-home placement.

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

Culturally relevant and linguistically specific services are especially important in helping African American and Native American children remain home with their families.

A key partner for program success is the Department of Justice (DOJ) Attorney General's Office, which provides legal representation to ODHS for all juvenile dependency work involving children under its jurisdiction. Oregon Child Welfare has full representation by DOJ, which also files and litigates termination of parental rights cases.

Program Justification and Link to Focus Areas

There is a direct link between the Child Safety Program and the Healthy and Safe Communities focus area, in that Oregonians will be safe where they live, work and play.

Each year, thousands of Oregon families come through the child welfare system due to allegations of child abuse or neglect. Child Welfare services are designed to strengthen families and to prevent further child abuse and neglect, prevent the unnecessary removal of children from families and promote reunification. Drug

and alcohol abuse, together with domestic violence, are the two major family stressors contributing to children entering foster care in Oregon. By supporting families early with services designed to keep children safely with their parents, costly foster care placements are avoided. The total average monthly cost per child in foster care in 2020 was approximately $4,288.

Program Performance

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

- **First contact**: To measure how well ODHS ensures initial child safety, the timeliness of first contact is measured for those reports of child abuse and neglect that are assigned for in-person investigation. According to ROM (Results-Oriented Management CPS.03), 71.2 percent of assignments met the required time period in 2021. The Department's Program Improvement Plan will focus on this measurement for improvement.
- **Assessment**: ODHS measures the comprehensiveness of the CPS assessment by the level of services that were provided and the appropriateness of safety planning for the child by monitoring whether the child experienced repeat maltreatment within 12 months of a prior abuse. The period for this federal measurement is 12 months and the state measurement are 6 months.
- **Re-abuse:** For 2021, Child Welfare is above the national standard of 9.1% for this measurement, at 12 percent. Cases involving parental factors of domestic violence and substance abuse continue to be identified as themes for re-abuse across the state. The Department's Program Improvement Plan will focus on this measurement and activities to decrease re-abuse in Oregon.

Enabling Legislation/Program Authorization

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

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

occasions since then with multiple amendments that have strengthened and refined the scope of the law.

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

Funding Resources

Child Safety Program uses a combination of general and federal fund resources. Some of the resources are dedicated and do not require a match, while other fund sources are leveraged funds which are matched.

Total Fund Split is 47 percent General Fund, 48 percent Federal Funds and 5 percent Other Funds.

Federal and Other Fund Splits:

Title IV-E, including Chafee ETV	11%	The largest federal funding stream dedicated to child welfare purposes, Title IV-E of the Social Security Act provides support to states through five main programs: (1) foster care; (2) adoption assistance; (3) guardianship assistance; (4) Family First Prevention Services program; and (5) the John H. Chafee Foster Care Program for Successful Transition to Adulthood and Chafee Education and Training Vouchers Program.
SSBG	23%	Social Services Block Grant is a flexible source of federal funds that allows states to tailor social service programming to their populations' needs. Through the SSBG, states provide essential social services linked to its goals to reduce dependency and promote self-sufficiency; protect children and adults from neglect, abuse and exploitation; and help individuals who are unable to take care of themselves to stay in their homes or to find the best institutional arrangements.

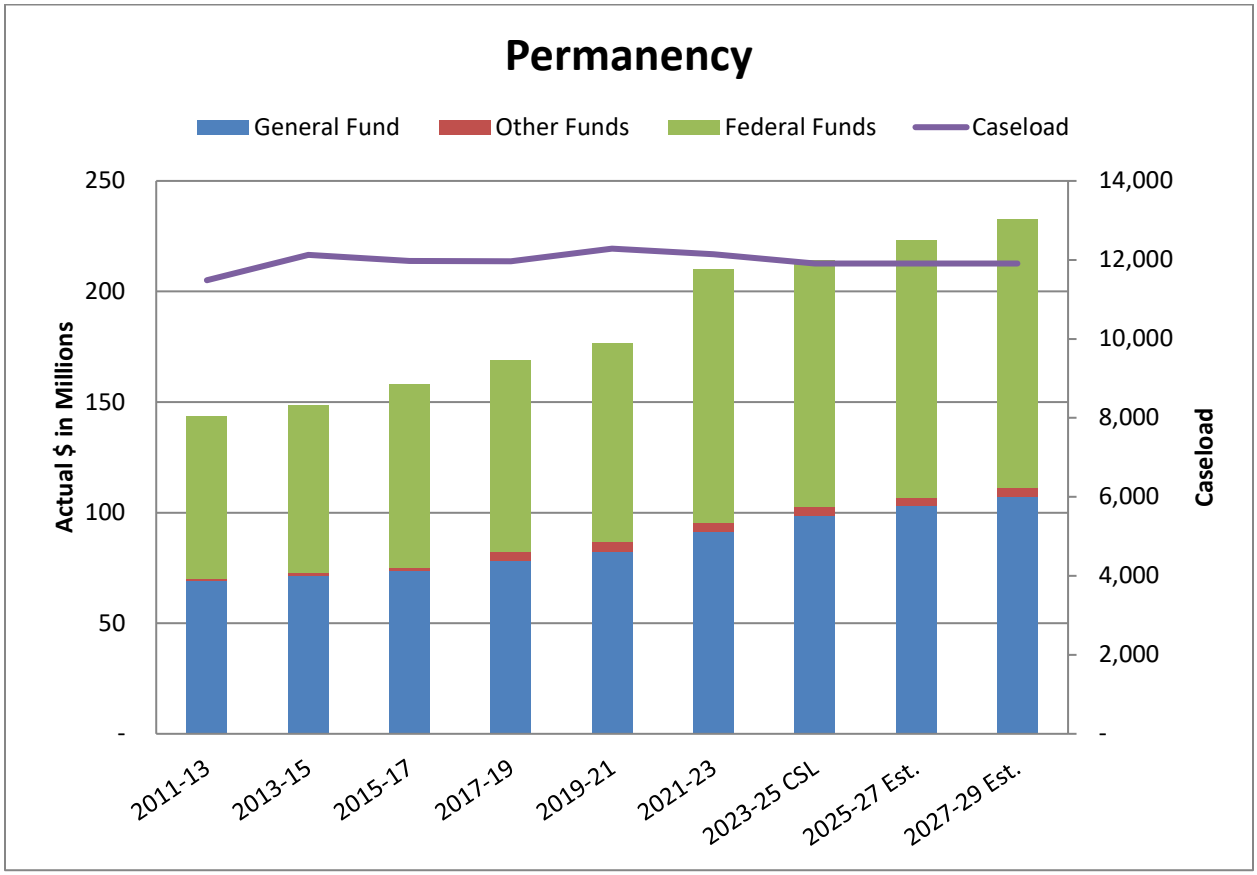
Title IV-B Sub-Part 1	5%	Stephanie Tubb Jones Child Welfare Services promotes flexibility in the development and expansion of a coordinated child and family services program that utilizes community-based agencies and ensures all children are raised in safe, loving families. CWS funds can be used for a wide variety of child welfare services.
Title IV-B Sub-Part 2	4%	The purpose of MaryLee Allen Promoting Safe and Stable Families is to enable states to develop and operate coordinated programs of community-based family support services, family preservation services, family reunification services, and adoption promotion and support services.
Family Violence Prevention and Services Act	4%	The purpose of this funding resource is dedicated to the support of the emergency shelter and related assistance for victims of domestic violence and their children.
TANF – EA	1%	TANF is a federal block grant to states that operates according to four overarching purposes, one of which is to aid needy families with children so that the children can live in their own homes or the homes of relatives. For children removed from their homes due to abuse and neglect by their parents, TANF can be used to provide financial assistance and an array of services to support children living with non-parent caregivers. In addition, federal law allows states to use TANF dollars for programs or activities a state conducted under its pre-1996 (pre-TANF) Emergency Assistance program.
Other Fund	5%	These include dollars from the Child Abuse Prevention and treatment Act, the Children's Justice Act and the Victims of Crime Act. Also consists of child income-related funding which include but are not limited to: Child Support, Social Security Income and other Social Security Benefits (i.e., death benefits or disability benefits).

Funding Justification and Significant Changes to CSL

Due to the timing of the release of GB, details lower than Division level were not available.

Oregon Department of Human Services: Permanency

Primary Long-Term Focus Area:	Healthy and Safe Communities
Secondary Long-Term Focus Area:	Achieving permanency for children involved with the child welfare system
Program Contact:	Kim Keller



Program Overview

The Child Permanency Program helps children in foster care achieve legal permanency through reunification, adoption or guardianship. If children achieve legal permanency through adoption or guardianship, this program continues to provide support to the families and their children to meet their special needs and lifelong challenges.

Program Description

The primary permanent plan for all children who enter the foster care system is reunification with a parent, except in rare circumstances. Reunification services are delivered through the efforts of delivery staff with consultation, support, training and technical assistance from central office consultation staff. If a child in foster care is unable to be safely reunited with a parent, Child Welfare pursues adoption or guardianship.

Adoption and guardianship services are delivered through the joint efforts of delivery (field) and design staff. When children are unable to return to their parents' custody, the Division's efforts are directed to finding a permanent family so the children can leave the foster care system. Research shows that children who turn 18 and age out of the foster care system have poorer outcomes compared to children raised in a permanent home. Delivery staff carry out the process of preparing children for adoption or guardianship, legally freeing children for adoption, working with relatives for family support and/or placement or searching for another appropriate permanent resource family, transitioning the child(ren), and monitoring the placement until the adoption or guardianship is finalized. Central office staff support delivery staff in determining which children should move toward an adoption plan and how to legally free them for adoption, ensuring the completeness of the file for adoption, negotiating Adoption Assistance, finalizing the adoption and supporting families after the adoption. Similarly, Design staff provide the same support and carry out the same tasks when the plan is guardianship.

During the 19-21 biennium, ODHS returned 3,976 children to a parent and completed 1,625 adoptions and 735 guardianships. Most children adopted or placed in guardianships through Oregon's foster care system are eligible for ongoing financial support and medical coverage. Overall, approximately 12,000 families receive ongoing adoption and guardianship financial support to assist with meeting their children's special needs. Child Welfare also provides administrative oversight in all private and independent adoptions and operates a Search and Registry Program that is mandated by law. This adds program responsibility for an additional 700 to 900 children who are adopted privately or independently each year in Oregon.

ODHS works closely with the Department of Justice (DOJ), which provides legal representation for ODHS caseworkers. DOJ also represents ODHS in termination of parental rights cases and in guardianship petitions.

Other key partners include private mediators and attorneys, private adoption and recruitment agencies, the Oregon Post Adoption Resource Center, and the Division of Medical Assistance Programs at the Oregon Health Authority.

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

Program Justification and Link to Focus Areas

The Child Permanency Program is designed to impact the safe and equitable reduction of children in foster care, which promotes healthy and safe communities. Children in foster care, their parents and resource parents need targeted, family-focused, timely and culturally responsive services to achieve reunification. Those who cannot safely be reunified with their biological or legal parents need safe and appropriate alternate forms of permanency. Children who have experienced abuse and neglect are better able to recover from that trauma when they can achieve permanency. Evidence shows that children who do not have permanency are more likely to experience issues in the future such as lack of education, unemployment, homelessness and incarceration at much higher rates than the general population. Specifically, children formerly in foster care who age-out have higher rates of mental illness, including clinically diagnosed mental health problems, depression and post-traumatic stress disorder. These children have a greater chance of involvement with the corrections community, experiencing early parenting and/or using the services provided by the Oregon Health Authority and the Addictions

and Mental Health program. The safety and stability that come with a permanent home help mitigate the risk of poor future outcomes for those who were abused and placed into foster care as children.

Other non-monetary post-adoption and guardianship services are important in assisting families in providing care for children who often enter adoption and guardianship with significant special needs. Children who have experienced significant abuse and neglect will be challenged to address their history as they move through different developmental stages. Ongoing support of families who are parenting these children is essential to preserve placements. Post-adoption and guardianship services provided by the Oregon Post Adoption Resource Center (ORPARC) include information and referral, consultation in response to imminent and current family crises, in-home family therapy, support groups, training, and a lending library. In calendar year 2021, 5,298 direct contacts were made for support, 4,135 people attended trainings, and there were 696 library users. In addition, 15,649 unique web visitors were served through the Oregon Post Adoption Resource Center website. Children who disrupt from adoption or guardianship re-enter the foster care or residential treatment system at a significant cost to the state.

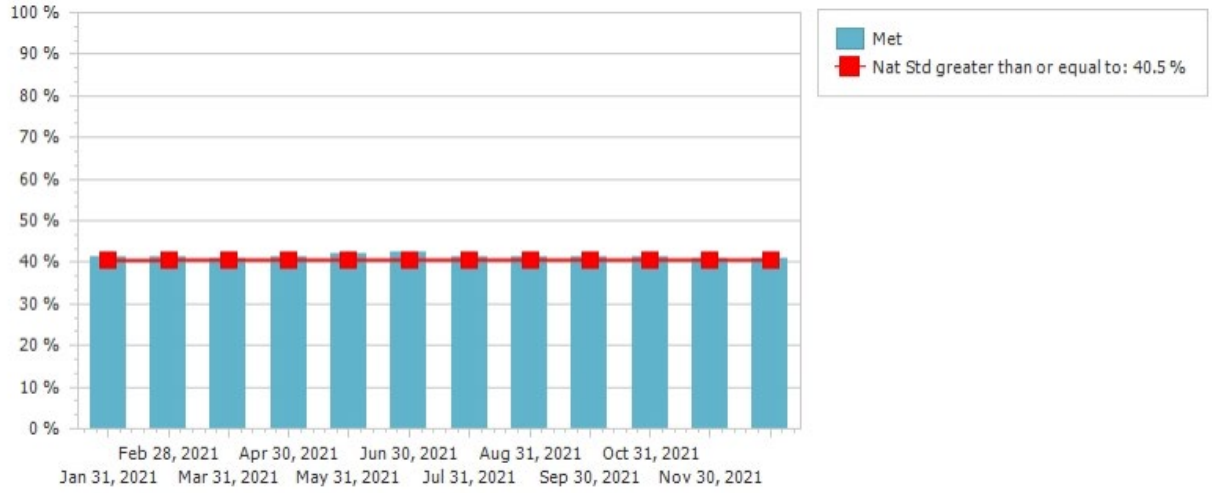
Program Performance

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

PA.01 (Fed) Permanency in 12 Months

Of all children who enter foster care in a target 12-month period, the percent discharged to permanency within 12 months of entering foster care

Report Time Period: January 1, 2021 - December 31, 2021

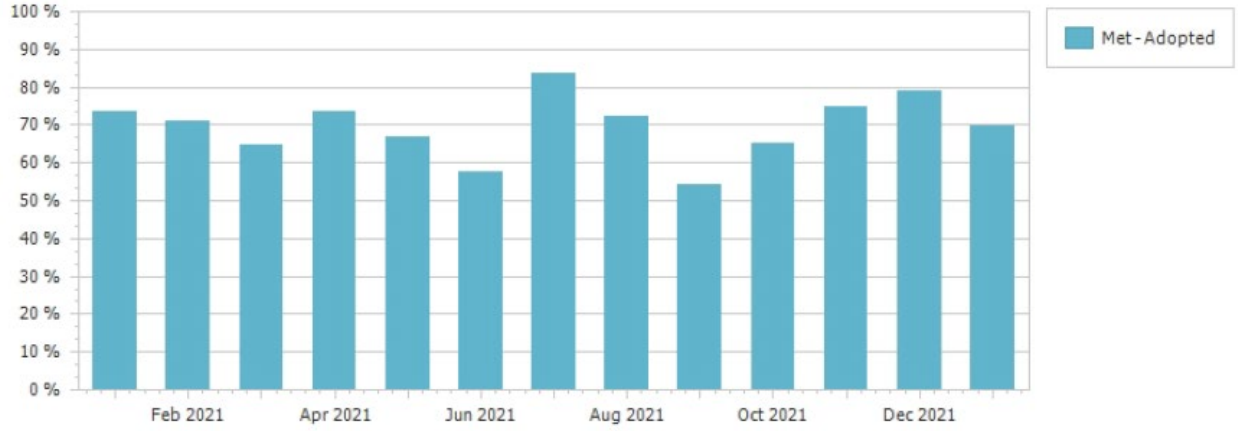


The Federal Standard for Permanency in 12 months is 40.5 percent or higher for children who have entered foster care achieved permanency in less than 12 months. In 2021, Oregon is maintaining Permanency in 12 months with 41.5 percent.

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

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

Report Time Period: January 1, 2021 - December 31, 2021



Report Period	Jan 2021		Feb 2021		Mar 2021		Apr 2021		May 2021		Jun 2021		Jul 2021		Aug 2021	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Total	60	100.0%	45	100.0%	51	100.0%	30	100.0%	12	100.0%	33	100.0%	37	100.0%	65	100.0%
Met - Adopted	44	73.3%	32	71.1%	33	64.7%	22	73.3%	8	66.7%	19	57.6%	31	83.8%	47	72.3%
Not Met - Not Adopted	16	26.7%	13	28.9%	18	35.3%	8	26.7%	4	33.3%	14	42.4%	6	16.2%	18	27.7%
Remained foster care	12	20.0%	8	17.8%	13	25.5%	5	16.7%	4	33.3%	13	39.4%	4	10.8%	10	15.4%
Other Discharges	0	0.0%	0	0.0%	1	2.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Adoptive placement	4	6.7%	5	11.1%	4	7.8%	3	10.0%	0	0.0%	1	3.0%	2	5.4%	8	12.3%
Dates of TPR	Jan 2020		Feb 2020		Mar 2020		Apr 2020		May 2020		Jun 2020		Jul 2020		Aug 2020	

Report Period	Sep 2021		Oct 2021		Nov 2021		Dec 2021		Total: Jan - Dec 2021	
	Count	%	Count	%	Count	%	Count	%	Count	%
Total	48	100.0%	46	100.0%	64	100.0%	38	100.0%	529	100.0%
Met - Adopted	26	54.2%	30	65.2%	48	75.0%	30	78.9%	370	69.9%
Not Met - Not Adopted	22	45.8%	16	34.8%	16	25.0%	8	21.1%	159	30.1%
Remained foster care	15	31.3%	12	26.1%	14	21.9%	5	13.2%	115	21.7%
Other Discharges	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.2%
Adoptive placement	7	14.6%	4	8.7%	2	3.1%	3	7.9%	43	8.1%
Dates of TPR	Sep 2020		Oct 2020		Nov 2020		Dec 2020		Jan - Dec 2020	

Since 2019, Oregon has been trending upwards with the percent of children discharged with a finalized adoption in less than 12 months of becoming legally free (2019: 47.9 percent, 2020: 57.3 percent, and 2021: 69.9 percent).

Enabling Legislation/Program Authorization

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

- Public Law 96-272 Adoption Assistance and Child Welfare Act of 1980 which established the program of adoption assistance and introduced the requirement to make reasonable efforts to keep children out of foster care
- Public Law 105-89 The Adoption and Safe Families Act which set federal timelines for moving children out of foster care
- Social Security Act, Section 473 which mandates the payment of adoption assistance for eligible children
- Social Security Act, Section 473 which allows non-mandatory payment of guardianship assistance for eligible children
- Oregon Revised Statute 418.330 which provides state funded guardianship assistance
- The Indian Child Welfare Act (ICWA)
- ORS 419A and 419B which provide a series of requirements for services to children in the foster care system
- ORS 109.309 which mandates the Department of Human Services to provide administrative services for independent adoptions, ORS 109.450 to operate a state Search and Registry program, and various other adoption related statutes within ORS Chapter 109.
- The Oregon Indian Child Welfare Act passed in 2020 which created provisions that promote Indian children's continued connection to culture, family and tribe.

Funding Streams

The adoption and guardianship subsidy programs are funded through a combination of General Fund dollars and federal Title IV-E funds. Title XIX Medicaid funds the provision of medical coverage for children in adoptions and guardianship subsidies.

Total Fund Split is 47 percent General Fund, 52 percent Federal Funds and 1 percent Other Funds.

Federal and Other Fund Splits:

Title IV-E	51%	The largest federal funding stream dedicated to child welfare purposes, Title IV-E of the Social Security Act provides support to states through five main programs: (1)

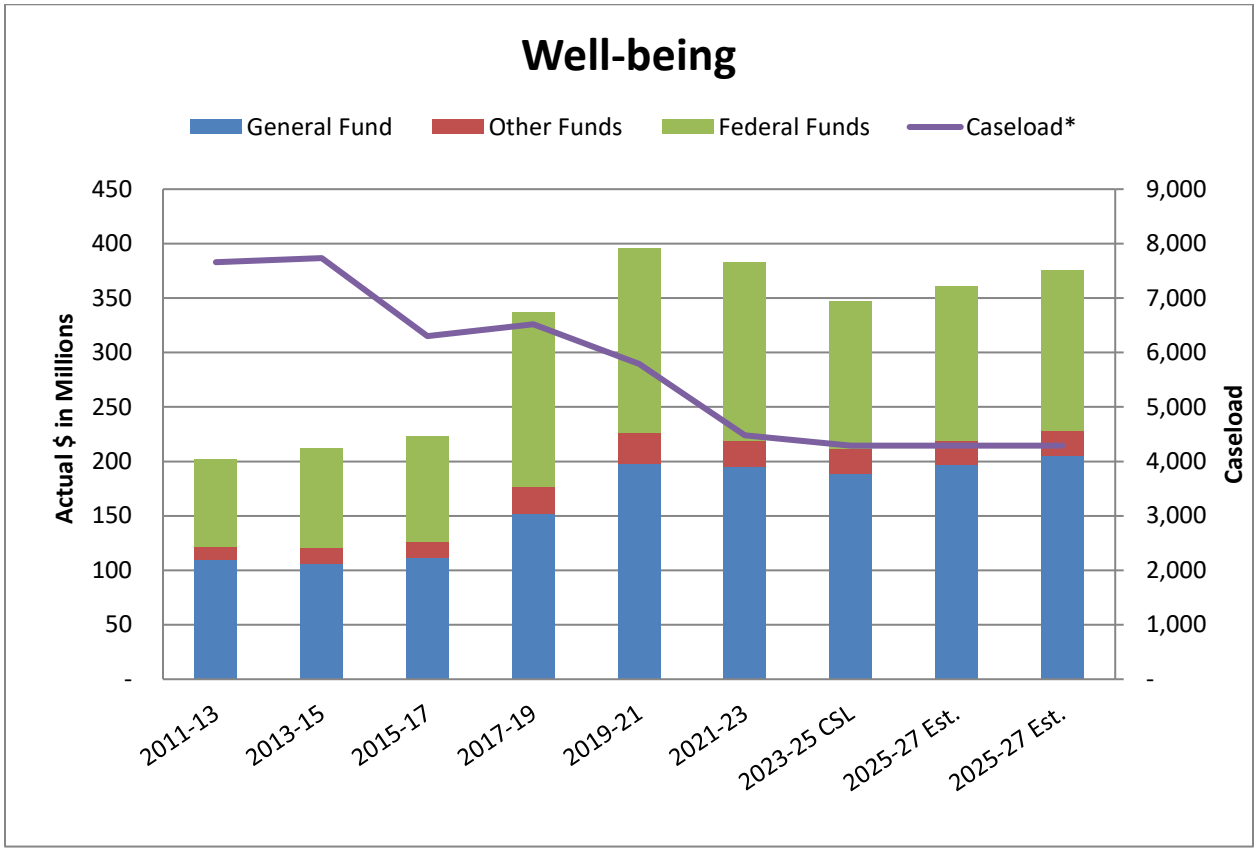
		foster care; (2) adoption assistance; (3) guardianship assistance; (4) Family First Prevention Services program; and (5) the John H. Chafee Foster Care Program for Successful Transition to Adulthood and Chafee Education and Training Vouchers Program.
IV-B sub-part 2	1%	The purpose of Mary Lee Allen Promoting Safe and Stable Families is to enable states to develop and operate coordinated programs of community-based family support services, family preservation services, family reunification services, and adoption promotion and support services.
Other Fund	1%	Consists of child income-related funding which include but are not limited to: Child Support, Social Security Income and other Social Security Benefits (i.e., death benefits or disability benefits).

Funding Justification and Significant Changes to CSL

Due to the timing of the release of GB, details lower than Division level were not available.

Oregon Department of Human Services: Well-being

Primary Long-Term Focus Area:	Safer, Healthier Communities
Secondary Long-Term Focus Area:	Supporting families through trauma-informed, community-centered, culturally responsive services focused on well-being
Program Contacts:	Stacey Loboy Sara Fox Kelly Brezinski



Note: On average, in 23-25 the caseload as of the Spring 2022 forecast is projected to be 4,290 children in paid foster care on any given day in Oregon.

Program Overview

The Child Well-being Program, including the Foster Care, Youth Transitions and Treatment Services programs, is designed to function as a critical safety network for children with immediate safety needs, as well as to provide support and services to youth and young adults in foster care. ODHS is responsible for caring for children until they can safely live with their parents per ORS 418.015. These children are placed in the legal custody of ODHS by a court. Under limited circumstances and for a short time, a family may place a child in state custody voluntarily. However, most of the children served in foster care are there involuntarily, with court intervention, as a result of abuse or neglect they experienced in their family home.

Program Description

The Foster Care services program operates 24 hours a day, seven days a week to accept and care for children, youth, and young adults who cannot remain safely in their family homes. The children, youth and young adults range in age from newborn to 21 years old. In the federal fiscal year (FFY) 2021, a total of 9,838 children spent at least one day in in family foster care, professional treatment programs, psychiatric residential treatment, pre-adoptive placements, developmental disability placements and/or independent living, with the majority of these children and youth residing in family foster home settings. There were approximately 3,200 Oregon resource parents or relative caregivers for children needing placement as of the end of FFY 2021.

ODHS partners with community members and organizations representing diverse community and cultural perspectives to deliver foster care services to children youth and young adults across the state. The agency has federal and state mandates, as well as an internal vision, to provide efforts to reunify children with their parents. 54.7 percent of children entering care returned home to a parent in FFY 2020. There are approximately 37 licensed private Child Caring Agencies in Oregon that are caring for children and youth, most often because the child or youth has a significant behavioral or mental health need. Approximately 200 children are placed with Licensed Child Caring Agencies to provide a higher level of specialized care.

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

Child Welfare supports programming that helps to attend to the safety and well-being needs of children, youth and young adults while expanding the available service array to meet the unique and diverse needs of communities whose children have been historically overrepresented in child welfare systems. ODHS works in collaboration with multiple Tribal Nations; state agencies such as the Oregon Health Authority, Oregon Youth Authority, Oregon Department of Education; ODHS partner programs including the Office of Developmental Disabilities Services and Self-Sufficiency Programs; and local law enforcement in addition to community programs, schools, business and faith communities and volunteer programs. With the Vison for Transformation, Child Welfare continues to focus on safely and equitably reducing the number of children that enter the foster care system and providing for the care and well-being of children who do enter the system. Children who must enter the foster care system often have greater needs than those who can remain at home. The program needs well-trained and supported staff to meet the needs of children experiencing foster care, their parents and their resource parents.

The average monthly cost per child in foster care is approximately $4,288. There are multiple cost drivers to this program area including the number of children entering the substitute care system due to abuse or neglect, and the length of time they experience substitute care. A significant cost driver is an increased cost of living within the community and daily expenses for providing food, clothing, shelter, education, or other support services for children and youths. As an example, resource parents caring for a 10-year-old child are currently reimbursed at a rate of $24.09 per day. This is intended to cover the cost of providing food, clothing, shelter, school supplies and the cost to participate in activities, etc. Often the additional costs for the child are paid for by the resource parent, which remains a barrier for many families and the private child-caring agencies across the state. After a 10 percent reduction in the reimbursement rates in 2011, they were last increased in 2018.

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

The Well-being program is also responsible for the certification and support of resource families and relative caregivers who care for children in the Department's custody. This includes recruitment, assessment, retention, training and support. Training of these families is conducted both by agency staff and through contracted providers. Families participate in a Structured Analysis Family Evaluation (SAFE) home study assessment, designed to evaluate a family's readiness to meet the needs of children that enter the system.

Program Justification and Link to Focus Areas

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

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

Program Performance

Program performance is measured in the following ways:

- The number of children entering foster care during FFY 2021 (2,371) dropped from FFY 2020 (2,748), a decrease of 13.7 percent. The number of children leaving foster care decreased by 10.1 percent during the same period.
- For FFY 2021, 54.3 percent of children who left foster care were reunified with their families.
- The median months to exit foster care is 21.3 months, which is higher than FFY 2020 (20.9 months). For children who were reunited with families, this time period includes the trial home visit, which can be up to six months.
- The number of resource families (i.e., foster families) on 9/30/2021 was 3,364 families. This is a decrease of 435 homes from 9/30/2020.
- Teens (13 years and older) comprised 30.3 percent of the foster care population. A total of 2,616 teens spent at least one day in foster care during FFY 2021.
- A total of 272 current and former foster care youth received scholarships for higher education for the 2020-2021 school year through a federal grant awarded to ODHS and implemented with the assistance of the Office of Student Access and Completion.
- The number of youth receiving ILP services in FFY 2021 (1,201) decreased by 3.9 percent from FFY 2020 (1,250).

Enabling Legislation/Program Authorization

Several federal acts are centered on the care for children through substitute care programs. Some of the more prominent federal acts and federal regulations are noted below.

- *Adoption Assistance and Child Welfare Act P.L. 96-272*. To establish a program of adoption assistance, strengthen the program of foster care assistance for needy and dependent children, and improve the child welfare, social services and aid to families with dependent. It requires states to ensure and the courts to determine that reasonable efforts

continue to be made on behalf of each individual child to mitigate the need for continued foster care.

- *Indian Child Welfare Act (ICWA) PL 95-60*. To establish standards for the placement of Indian children in foster and adoptive homes and to prevent the breakup of Indian families.
- *Adoption and Safe Family Act PL 105-89.* To promote the adoption of children in foster care by placing limitations and timelines.
- *Foster Care Independence Act of 1999 PL 160-169.* To help children make a successful transition from foster care to adulthood and self-sufficiency.
- *Fostering Connection to Success and Increasing Adoption Act PL 110-35.* To support and connect relative caregivers and improve outcomes for children in foster care.

Funding Resources

Well-Being Program uses a combination general and federal fund resources. Some of the resources are dedicated and do not require a match, while other fund sources are leveraged funds which are matched.

Total Fund Split is 60 percent General Fund, 37 percent Federal Funds and 3 percent Other Funds.

Federal and Other Fund Splits:

Title IV-E, including Chafee ETV	23%	The largest federal funding stream dedicated to child welfare purposes, Title IV-E of the Social Security Act provides support to states through five main programs: (1) foster care; (2) adoption assistance; (3) guardianship assistance; (4) Family First Prevention Services program; and (5) the John H. Chafee Foster Care Program for Successful Transition to Adulthood and Chafee Education and Training Vouchers Program.
IV-B sub-part 2	<1%	The purpose of Mary Lee Allen Promoting Safe and Stable Families is to enable states to develop and operate coordinated programs of community-based family support services, family preservation services, family reunification services, and adoption promotion and support services.
TANF – EA	7%	TANF is a federal block grant to states that operate according to four overarching purposes, one of which is to aid needy families with children so that the children can live in their own homes or the homes of relatives. For children removed from their homes due to abuse and neglect by their parents, TANF can be used to provide financial assistance and an array of services to support children living with non-parent caregivers. In addition, federal law allows states to use TANF dollars for programs or activities a state conducted under its pre-1996 (pre-TANF) Emergency Assistance program.

Title XIX	5%	Medicaid is a federal-state health care financing program that provides health insurance to millions of low-income individuals. In addition to funding basic health care services, Medicaid can be used to support certain activities related to child welfare, described below.
Other Fund	3%	Consists of child income-related funding which include but are not limited to: Child Support, Social Security Income and other Social Security Benefits (i.e., death benefits or disability benefits).

Funding Justification and Significant Changes to CSL

Due to the timing of the release of GB, details lower than Division level were not available.

Oregon Department of Human Services
Aging and People with Disabilities

Program Mission

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

Program Vision

Oregon's older adults, people with physical disabilities and their families have easy access to services, support and early interventions that help maintain independence, promote well-being, honor choice, respect cultural preferences and uphold dignity.

Program Goals

- Well-being: Older adults and people with disabilities feel safe and experience their best quality of life.
- Accessibility: Oregonians can readily and consistently access services and supports to meet their needs.
- Quality outcomes: Oregonians engage in services and supports that are preventive, evidence-informed and lead to quality outcomes.
- Service equity: Oregonian's experience programs, services, and supports that are designed and improved in ways that are responsive to historical inequities, current disparities, and individual experiences.
- Engagement: Consumers are empowered by information, communication, and advocacy through strong, collaborative partnerships with stakeholders and rich community dialogue.

About the Aging and People with Disabilities Program

During the 2023-25 biennium, Aging and People with Disabilities (APD) expects to serve:

- More than 36,000 older adults and people with physical disabilities per month who qualify for Medicaid-funded long-term services and supports;
- More than 90,000 older adults who benefit from Older Americans Act services;

- About 180,000 people who need nutrition assistance or Medicare Premium benefits;
- About 44,500 people who live in long-term care settings that APD licenses;
- More than 43,000 people who receive a Social Security Disability determination and need help accessing federal income benefits available to individuals with a disability;
- More than 2,000 people ages 60 and older who seek help through Oregon Project Independence to remain living in their homes;
- More than 4,000 individuals who will qualify for the Oregon Project Independence-Medicaid and Family Caregiver Assistance Programs.
- More than 2,000 people who receive long-term care options counseling from the Aging and Disability Resource Connection; and
- Individuals who will make more than 50,000 calls seeking to report abuse or neglect or request information and referral services from Adult Protective Services

APD encompasses the following programs and units:

Aging and Disability Resource Connection

Individuals living in Oregon needing information and referral services about resources for older adults and people with disabilities, including APD programs or services, can contact the state's Aging and Disability Resource Connection (ADRC) of Oregon. The ADRC is a collaborative public-private partnership that streamlines consumer access to a complex aging and disability service delivery system. ADRC services are free to Oregonians and the service raises visibility and awareness of the full range of options available. The ADRC provides trusted information and assistance to help people to make informed decisions. Through options counseling, Oregonians can develop action plans to address long-term services and supports needs that align with consumer preferences, their financial situation, strengths, values and needs.

If a person is likely to be eligible for Medicaid long-term services and supports, they will be referred to an APD local office or Area Agency on Aging (AAA) for a full eligibility assessment.

Throughout Oregon, APD local offices and AAAs are responsible for providing direct client services. Employees also determine eligibility for older adults and people with disabilities for medical programs provided through the Oregon Health Authority (OHA) and for the Supplemental Nutritional Assistance Program (SNAP). During the 2021 calendar year, the ADRC received 89,504 direct contacts and 159,305 website visits.

The ADRC, as with all of APD, must keep pace with growth in the older adult population and is increasingly serving a more diverse population. APD strives to identify disparities in outcomes for diverse populations, provide equitable access to services and identify strategies to serve all individuals in a culturally and linguistically appropriate manner.

Adult Protective Services

APD and some AAA offices are responsible for investigating instances of abuse against older adults and persons with disabilities across the state. Abuse is costly both from a human and financial perspective. A person who has experienced abuse is likely to have increased health and long-term care costs. In Oregon, 18.2 percent of the population is over the age of 65 and 9.9 percent who are younger than 65 live with a disability. In 2021, local Adult Protective Services (APS) offices received a total of 47,818 calls. These numbers are slightly up from 2020, when local offices received 46,239 calls. Of the cases investigated, 25 percent to 35 percent were in community-based long-term care settings such as adult foster homes, assisted living facilities, residential care facilities and memory care settings.

APS in 2021 completed 11,109 abuse investigations in community settings in 2021, as well as 5,634 investigations in licensed long term care settings, though some investigations may have started in 2020. Financial exploitation and neglect remain the most common forms of abuse for older adults and people with disabilities. In the 2021 calendar year, 28 percent of abuse allegations in the community were for financial exploitation.

Many alleged victims involved in APS investigations do not have Medicaid at the time of the investigation. APS involvement is often the first occasion that APD works with these individuals and helps protect them from neglect and harm.

Safety, Oversight and Quality Unit

The APD Safety, Oversight and Quality Unit (SOQ) licenses many providers of long-term care for older adults and people with disabilities. The providers offer a wide range of services. Through oversight, investigation of complaints and reports of potential abuse, and corrective action, SOQ reduces future incidence of unsafe conditions and improves the quality of care. These services are most effective when they are provided in a quality model aimed at preventing harm.

The providers licensed by SOQ include adult foster homes, assisted living facilities, residential care facilities, nursing homes, conversion facilities, intensive intervention care facilities and facilities with memory care endorsements. SOQ strives to ensure service equity and the delivery of culturally and linguistically appropriate services.

Medicaid Services

Each month, about 36,000 older adults and people with physical disabilities[1] use Medicaid long-term services provided through APD. By federal law, each state must develop criteria for access to nursing facility care paid for by Medicaid. Criteria must include financial and asset tests as well as service eligibility criteria. The federal government, through Centers for Medicare and Medicaid Services (CMS), must approve any criteria established by the states.

Older adults and many individuals with disabilities need assistance from other people to perform daily activities and to ensure their health and safety and to meet their daily needs. To accurately identify those who need assistance, ODHS created a standardized assessment tool that idenfitites needs in activities of daily living (ADLs). From those ADLs, service priority levels (SPLs) determine eligibility for Medicaid long-term services and supports. SPLs prioritize services for older adults and people with physical disabilities whose well-being and survival would be in jeopardy without services. Level 1 reflects the highest level of need while Level 18 is reflects those individuals with the lowest level of need. ADLs are personal activities required for continued health and well-being and include mobility, eating, toileting, cognition, and personal hygiene. Prior to 2003, ODHS served

[1] Includes individuals with traumatic and acquired brain injuries.

individuals through SPL 17. Since then**,** because of budget constraints, only levels 1-13 have been funded.

In 2021, the legislature approved an expansion through an 1115 demonstration waiver to provide supports to individuals who do not qualify for the traditional Medicaid long term services and supports. The new program will serve individuals with higher incomes and assets and those who meet SPL 14 through 18.

Once determined elgibile, APD assists thousands of Oregonians who require ADL services as well as those requiring instrumental activities of daily living (IADL) services – which include housekeeping and meal preparation – in selecting competent providers and establishing effective working relationships with those providers. Due to the increasingly diverse population served, the program requires supports that are equally diverse and linguistically and culturally appropriate.

Oregon Deaf and Hard of Hearing Services

Oregon Deaf and Hard of Hearing Services (ODHHS) serves as a resource for all Oregonians, to improve quality of life for Deaf and hard of hearing people and their families. APD's ODHHS is engaged in ongoing training to improve the experiences of people seeking services and of public employees working with an agency.

Senior Health Insurance Benefits Assistance (SHIBA)

In 2021, there were 877,232 Medicare beneficiaries in Oregon. Older adults who are newly eligible for Medicare may be unsure about where to start with enrollment and may not understand which plan best fits their unique health care needs. The Senior Health Insurance Benefits Assistance (SHIBA) program offers Medicare-eligible adults and their families free, objective and comprehensive one-on-one benefits counseling so people can make informed decisions about their Medicare coverage.

Direct services are provided by SHIBA staff and a team of nearly 200 certified volunteer counselors who provide information about what Medicare plans are available, help with Medicare appeals and educate consumers on how to protect, detect and report Medicare fraud, waste and abuse. During the 2021 federal fiscal

year, SHIBA certified counselors provided 16,013 one-on-one counseling sessions to Oregonians.

Services, Design and Delivery

APD's budget is sectioned into three key areas: program services, program design and program delivery.

Program services focus on supporting older adults and people with disabilities in maintaining the utmost independence while supporting their individual needs. Services are provided through the following:

- Older Americans Act
- Oregon Project Independence
- Financial support services
- In-home services
- Community-based care facilities including adult foster homes
- Nursing facilities

Older Americans Act

A federal program, the Older Americans Act is administered in Oregon through APD as the State Unit on Aging. It provides federal funding for locally developed programs serving individuals ages 60 and older. APD distributes funds to local Area Agencies on Aging (AAAs) for service delivery through subcontractors. It is estimated that approximately 85,000 Oregonians currently access these services. The AAAs develop services that are within federal expectations and meet the needs and preferences unique to individuals in their local area. Program mandates require that services target those with the most significant economic and social need, to minorities and to those residing in rural areas. There are no income or asset requirements to receive services except those related to the Senior Community Service Employment Program (SCSEP).

APD distributes federal funds to the AAAs using a federally approved intra-state funding formula that's based on the demographics and square mileage of each area. APD encourages and incentivizes culturally specific and linguistically competent supports within all programs. Programs include family caregiver supports, nutrition via congregate and home-delivered meal programs, older adult employment, legal services, elder abuse prevention services and more. Most AAAs also sponsor and promote evidence-based wellness and chronic health condition management activities, and many also provide assistance to local senior centers.

Oregon Project Independence (OPI)

OPI is a state-funded program offering in-home services and related supports to individuals 60 years of age and older or people who have been diagnosed with Alzheimer's or a related dementia disorder. Approximately 2,000 Oregonians are served in this program during a calendar year. OPI represents a critical element in Oregon's strategy for preventing or delaying instances where individuals must leave their own homes to receive services in more expensive facility settings – or depleting their personal assets sooner than necessary and accessing more expensive Medicaid health and long-term service benefits. The program was expanded by the 2005 Oregon Legislature to include younger adults with disabilities. However, funding was not provided until 2014 and 2015. The funding allowed for a pilot program to expand the program to adults ages 19-59 with physical disabilities.

OPI is administered statewide by local Area Agencies on Aging (AAAs). Many areas have waiting lists due to high demand and limited program funding. Client eligibility is determined by an assessment of functional ability and natural supports related to activities of daily living. Typical services include assistance with housekeeping, bathing, grooming, health care tasks, meal preparation, caregiver respite, chore services, adult day services and transportation.

The OPI program has no financial asset limitations for clients. A sliding fee scale is applied to clients with net monthly income between 100 and 200 percent of the federal poverty level (FPL) to pay toward the cost of service. A small group with income above 200 percent of FPL pays the full rate for services provided. Generally, this is because they benefit from case management and ongoing support and monitoring in addition to the purchased services.

Financial support services

APD has programs designed to meet a variety of special circumstances for certain low-income populations. These include:

a.) General assistance (GA) program – With this program, APD serves individuals with severe disabilities who are experiencing homelessness or who are at risk of homelessness. To be eligible for the GA program, individuals must meet all the following criteria:

- Be experiencing homelessness or at risk of experiencing homelessness.
- Be an adult, age 18-64, with no minor children living with them.
- Have a severe disability that meets Social Security disability criteria.
- Be receiving Presumptive Medicaid medical assistance.
- Meet all eligibility criteria for Supplemental Security Income (SSI).
- Apply for SSI and appeal any denials received; and
- Sign an Interim Assistance Agreement (IAR), allowing ODHS to recover GA funds paid to them once awarded SSA benefits.

General assistance program benefits include up to $545 per month in housing assistance, $90 in utility assistance per month, $60 in cash assistance per month, and free assistance with the Social Security application and appeals process.

b.) Cash payments – special needs – APD is required to meet maintenance of effort (MOE) payments for low-income aged and disabled Oregonians who receive federal Supplemental Security Income (SSI) benefits. These benefits are focused on payments that allow clients to maintain independence and mobility in a safe environment. Examples of special needs payments include help for non-medical transportation, repairs of broken appliances such as a furnace, or for such things as adapting a home's stairs into a ramp.

c.) Employed Persons with Disabilities Program (EPD) – This program allows people with a disability to work to their full extent and not lose Medicaid coverage. To be eligible, a person must be deemed to have a disability by Social Security Administration criteria, be employed and have adjusted income of less than 250 percent of FPL. Eligible individuals pay a monthly

participation fee and are eligible for the full range of Medicaid benefits and services, including long term services and supports.

d.) Other benefits – Medicare eligible individuals often need help paying for their Medicare related cost sharing requirements. APD determines client eligibility and submits client data to CMS for two Medicare-related programs: Medicare buy-in and Medicare Part D low-income subsidy. APD served more than 140,000 clients in March 2020 in these two programs. These programs may help low-income Medicare beneficiaries with their Part B premiums, deductibles, and co-payments. Securing this coverage also ensures Medicare remains in a "first payor" status, ultimately saving the state's Medicaid program significant money.

Social Security Disability Determination Services

APD determines eligibility for Social Security Disability and Supplemental Security Income benefits on behalf of the Social Security Administration. In 2020, 33,617 cases were adjudicated which increased to 38,785 cases in 2021.

Medicaid Services and Supports

Medicaid-funded long-term services and supports assist eligible individuals with fundamental ADLs such as mobility, elimination, cognition, eating, bathing, dressing and personal hygiene. These services ensure that the person is living in a safe and healthy environment. All services promote choice, independence, and dignity. Services can be provided in nursing facilities or in community settings such as residential care, assisted living, memory care or foster homes, or in the person's own home. Oregon has been able to create cost-effective programs that meet people's needs in their homes and other community settings using these options, sparing Oregonians from the unnecessary use of much higher cost services, primarily those offered in nursing facilities. All options are funded with support of the Medicaid program through home- and community-based waivers or state plan options.

In-home services are the cornerstone of Oregon's community-based care system and were created to meet the preferences of older adults and people with disabilities throughout Oregon. For older adults or people with physical disabilities, the ability to live in their own homes is compromised by the need for

support in regular activities of daily living (ADLs). For more than 25 years, Oregon has created options to meet people's needs in their own homes.

Services to older adults and people with physical disabilities are designed to support assistance with fundamental ADLs including mobility, cognition, eating, elimination, personal hygiene, dressing, and bathing. To receive in-home services, an individual must be financially eligible for Medicaid and meet SPL criteria. A case manager works with the client and together they identify needs and develop a plan for the in-home services. There are different options that an individual can select to receive in-home services.

a.) Medicaid client-employed Homecare Workers: Homecare Workers (HCW) are hired directly by the consumer and provide many of the services Medicaid recipients need to remain in their own homes. The consumer, or their selected representative, is responsible for performing the duties of an employer. These duties include selecting, hiring, and providing on-site direction in the performance of provider duties that are authorized by a case manager to meet the client's individual needs. The HCW must pass a criminal background check performed by the state. In partnership with the consumer, APD develops and authorizes a service plan, makes payment to the HCW on behalf of the consumer and provides ongoing contact with the consumer to ensure service needs are met. About 19,000 consumers are expected to receive services supplied by HCWs by the end of the 2021-23 biennium.

   The Oregon Home Care Commission (HCC) was established in 2000 by an amendment to the Oregon Constitution. It is a public commission dedicated to ensuring high-quality home care services to individuals using consumer-employed providers. Service Employees International Union Local 503, Oregon Public Employees Union, represents approximately 16,000 HCWs. For purposes of collective bargaining, HCC serves as the HCW employer of record. The commission maintains a statewide, computerized registry of workers and provides an extensive training curriculum. The HCC also makes training available to clients to better understand their employer responsibilities and increase their skill in managing the use of HCWs.

b.) In-home agency services*:* Many clients prefer to receive their in-home services through an in-home care agency. In-home care agencies (IHCA) are licensed by the Oregon Health Authority. These agencies employ, assign and

schedule caregivers to perform the tasks authorized by the client's case manager. APD contracts with licensed IHCAs throughout the state. IHCAs work closely with ODHS case managers and clients to ensure services are provided as authorized and to ensure the quality of the work performed.

c.) Medicaid Independent Choices Program*:* This program offers choices to clients in the way they receive in-home services and increases clients' self-direction and independence. Clients receive a cash benefit based on their assessed need. They purchase and directly pay for services. Clients are responsible for locating providers, paying their employees, and withholding and paying necessary taxes. Depending upon how they manage their service benefit, many can purchase a few additional services or items otherwise not covered by Medicaid to increase their independence or well-being.

d.) Medicaid adult day services: Adult Day Services (ADS) provide supervision and care for clients with functional or cognitive impairments. Service may be provided for half or full days in stand-alone centers, hospitals, senior centers, and licensed care facilities. ADS providers are certified, but not licensed, by ODHS.

e.) Medicaid home-delivered meals: Home-delivered meals are provided to those who are homebound and unable to go to sites, such as senior centers, for meals. These programs generally provide a hot midday meal and often frozen meals for days of the week beyond the provider's delivery schedule.

f.) Medicaid (state plan) personal care services: Individuals who do not meet service priority levels (SPLs), but have some personal care needs, may qualify for Medicaid Personal Care Services. Services are generally limited to no more than 20 hours a month. Personal care services are more limited than the standard Medicaid Long-term Services and Supports benefit.

g.) Medicaid specialized living services: The services are provided through a contract with APD and targeted to a specific group of clients living in their own apartments and assisted by a specialized program offering direct service and structured supports.

Community-based facilities

Community-based facilities include a variety of 24-hour care settings and services that provide alternatives to nursing facilities. Services include assistance with ADLs, medication oversight and social activities. Services can also include nursing and behavioral supports to meet complex needs. These facilities, all of which must meet state and federal guidelines related to health and safety, include the following:

a.) Adult foster homes: Services are provided in home-like settings licensed for five or fewer individuals who are not related to the foster home provider. Homes may specialize in certain services, such as serving ventilator-dependent residents.

b.) Assisted living and residential care facilities: Licensed 24-hour service settings serve six or more residents and facilities range in size from six to more than 100 beds. The difference between residential care and assisted living is generally in the structural set up of the facility and the fact that individuals typically have shared rooms in residential care. Either type of facility can seek a Memory Care endorsement on top of the underlying licensure, provided they meet additional requirements for Memory Care Facilities. Registered nurse consultation services are required by regulation.

c.) Conversion facilities: A conversion facility is a nursing facility that has decided to "convert" its license to that of a residential care facility. The facility must go through the federal process of closing the nursing facility before going through a state process for converting the building to a residential care facility.

d.) Intensive intervention care facilities: Intensive Intervention Care (IIC) facilities are small residential care facilities designed to serve individuals with significant behavioral and mental health needs. Five or fewer people can live in a single IIC home.

e.) Enhanced care services: Specialized 24-hour programs in licensed care settings that provide intensive behavioral supports for older adults and people with physical disabilities who have needs that cannot be met in any other setting. These programs support clients with combined funding from APD and the Oregon Health Authority's mental health program.

f.) Memory Care Community Endorsement: These facilities are licensed as an Assisted Living Facility or Residential Care Facility or Nursing Facility and serve individuals with Alzheimer's disease, other forms of dementia and other cognitive diseases. They are required to have enhanced training and a more secure setting for their residents. The endorsement is in addition to the underlying licensure.

g.) Program for the All-inclusive Care for the Elderly (PACE): PACE is a fully capitated Medicare/Medicaid program built on a care model that combines all Medicare and Medicaid medical services and long-term services and supports into one program. Currently, about 1,700 Oregonians ages 55 and older are served in this program. PACE programs are responsible for providing and coordinating their clients' full health and long-term service needs in these settings or in an in-home setting.

Nursing facilities

Institutional services for older adults and people with physical disabilities are provided in nursing facilities licensed and regulated by ODHS. Nursing facilities provide individuals with skilled nursing services, related services, and ongoing assistance with activities of daily living.

Oregon has led the nation since 1981 in the development of lower cost alternatives to institutional (nursing facility) care. Home- and community-based alternatives to nursing facility services emphasize independence, dignity and choice and offer needed services and supports at lower costs than medical models.

Program Design – APD programs are supported by a variety of staff and services. These include:

- Central leadership and administration
- Medicaid financial eligibility
- Long Term Services and Supports eligibility, design and oversight
- Development and maintenance of policy and administrative rules
- Oversight of licensed care facilities

- Ensuring Medicaid provider enrollment
- Support and leadership for various statutorily required advisory councils.
- Administration of the Older Americans Act
- Home Care Commission.

Program Delivery **–** Direct services to Oregonians are provided through:

- Direct service staff located in local offices throughout the state including financial eligibility staff
- Case management
- Presumptive Medicaid Disability Determination Team
- State Family/ Pre-SSI
- Disability Determination Services
- Administration of Medicare Modernization Act and Buy-in programs
- Provider payments and relations
- Adult Protective Services investigations
- Adult Foster Home, Nursing Facility and Community Based Care licensing
- Long term care referral services registry

Eligibility and case management services are delivered throughout the state by APD and Area Agency on Aging (AAA) employees. ORS Chapter 410 allows AAAs, which are governmental entities, to determine which populations they wish to serve and which programs they wish to administer. Type B Transfer AAAs choose to provide Medicaid services in addition to Older Americans Act and OPI services. In areas where the AAAs (Type A - AAAs) do not provide Medicaid services, APD has local offices to serve older adults and people with disabilities.

APD and AAA case managers perform a variety of roles in serving older adults and people with disabilities and are the front line in protecting individuals from

abuse and neglect. They determine eligibility for long-term services and supports and assist individuals in developing person-centered service plans, accessing supports through APD and other programs, and finding qualified providers. They also address issues and concerns regarding providers and act as advocates and champions for consumer rights.

APD case managers face increasingly complex work. APD has implemented Waivered Case Management expectations requiring monthly contact on every case. Due to changes to the Fair Labor Standards Act, APD added more responsibilities on working with home care workers, including managing hourly caps, limiting overtime, and ensuring access to adequate services. Based on federal expectations, APD has also increased expectations related to person-centered planning and ensuring individuals' safety. Legal requirements have made due process notices more complex and detailed, requiring more case management time to issue each notice.

History

During the past 40 years, there has been a profound shift in society's understanding of the importance of supporting the independence of older adults and people with disabilities. Traditionally, states provided Medicaid long term services and supports in institutional settings such as nursing facilities. Oregon's first nursing facility opened in the 1940s. With the passage of the federal statute creating Medicaid, the state began to pay for nursing facility services for eligible individuals in the 1960s.

The Older Americans Act, also passed in the 1960s, has gradually expanded additional protections and services to vulnerable older adults, including access to home-delivered meals, senior centers, transportation, family caregiver support and legal services as well as support through the Office of the Long-Term Care Ombudsman to uphold rights and resolve complaints.

As professional standards and public thinking about how to best serve older adults and people with disabilities began to change, community living options became more accessible. Leading the nation in the 1970s, Oregon developed legislation that recognized the importance of assisting older adults in maintaining their independence and honoring their inherent dignity. Later, on a national level, the Americans with Disabilities Act strengthened and expanded civil rights in the areas of employment, public accommodations, transportation, and housing. As

accessibility increased, the right to community integration became more attainable for individuals with disabilities and families had more options for members to be able to receive needed supports at home.

Federal dollars to fund Medicaid waivers first became available in 1981 for Home and Community-Based Services. That same year, the Oregon Legislature updated its policies around disabilities and found that significant numbers of people with disabilities lived in institutions because adequate community services did not exist. The legislature mandated that the state work to empower people with disabilities, keep them as independent as possible and develop service settings that were alternatives to institutionalization. The 1981 Oregon Legislature also created the Senior Services Division and a strong statutory mandate to support older adults in their own homes and community settings outside of institutions. This action forged the way for Oregon to lead the nation in the development of lower-cost alternatives to institutional care.

In response to the legislative mandate, Oregon applied for and received the first home and community-based waiver that allowed Medicaid funds to provide long-term services outside an institution. Throughout the 1980s and 1990s, Oregon received waivers that allowed services for unique groups of people. For Medicaid-eligible older adults and people with disabilities in Oregon, this has meant that the provision of long-term care has, in large measure, shifted away from nursing facilities to in-home services, assisted living facilities, residential care facilities and adult foster homes. In 2013, APD worked with the legislature to shift from waivers to a state plan that allowed the state to gain additional federal funds to support individuals receiving services through the Medicaid program.

Future populations

The aging population is growing rapidly across the nation. The number of people 65 and older in the United States is expected to increase to 70 million by 2030, and to 88.5 million – 20 percent of the population – in 2050.

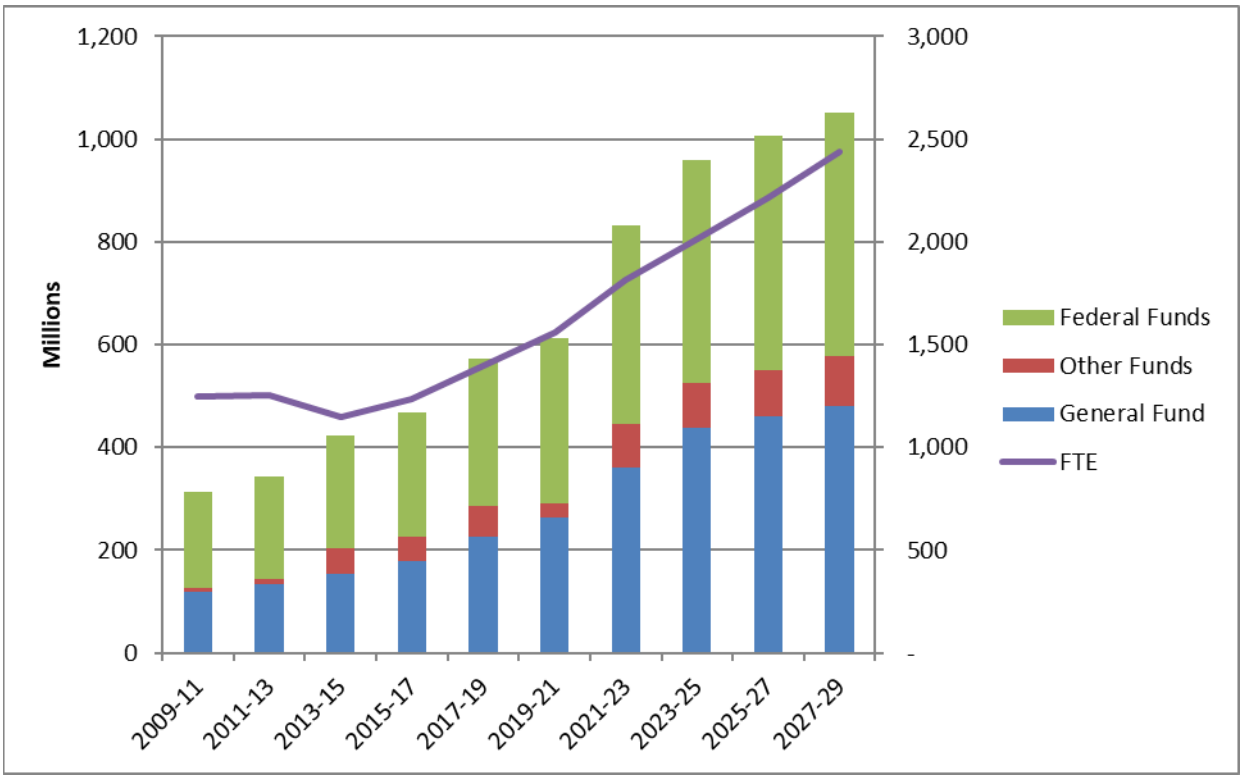
We can expect the aging population in Oregon to continue to grow dramatically as more baby-boomers reach retirement age. In 2016, approximately 17 percent of Oregon's population was 65 years or older. By 2030, the percentage is expected to increase to nearly 20 percent. In addition, nearly 10 percent of Oregon's population

that is younger than 65 is living with a disability. Further, Oregonians 85 years or older make up a small but rapidly growing group within the total population.

Guided by the ODHS Equity North Star, APD programs and services continue to evolve through a focus on equity and inclusion for individuals of all races, ethnicities, sexual orientations, gender identities and expressions, disabilities, ages, geographic locations, and Tribal affiliations. By working closely with communities to design and deliver services, APD helps ensure that all of Oregon's older adults and people with disabilities have access to the supports they need to achieve and maintain whole well-being.

Oregon Department of Human Services: Delivery and Design

Primary Long-Term Focus Area: Safer, Healthier Communities
Secondary Long-Term Focus Area:
Program Contact: Nakeshia Knight-Coyle



APD expects to see a rebound in caseload growth in the coming biennium with increased complexity in the individuals it serves. APD faces immediate challenges to sustain staffing levels to meet the growing need for services and higher expectations on those workers.

Program Overview

The Aging and People with Disabilities (APD) delivery system provides services and supports to Oregonians over the age of 60 and to adults with physical disabilities. The population is a diverse cross-section of Oregonians that requires supports that take into account race, ethnicity, language, gender expression and sexual orientation. APD provides services to individuals recognizing their unique individuality and lived experiences.

Design and Delivery includes staff created programs and services and provides technical assistance for Oregon's long-term care system as well as the staff and partners who directly provide services in over 50 offices located throughout the state.

Program Description

The APD program delivery system directly provides respectful and inclusive services and eligibility determinations to about 300,000 individuals living in Oregon. Among these services are:

- Aging and Disability Resource Connection (ADRC);
- Adult Protective Services (APS);
- Disability Determination Services;
- Financial Eligibility Determinations, including Medicare Premium Assistance, General Assistance and Supplemental Nutrition Assistance Program (SNAP);
- Long-Term Care Licensing;
- Medicaid Long-Term Care Services and Supports;
- Older Americans Act (includes meals and job support);
- Oregon Deaf and Hard of Hearing Services;
- Oregon Home Care Commission;
- Oregon Project Independence (OPI); and
- Senior Health Insurance Benefits Assistance.

About 180,000 individuals access financially based services such as medical assistance and are served by eligibility staff only; case management services are provided to individuals accessing long term services and supports. Approximately 36,000 of the 180,000 individuals who receive financially based services also access Medicaid long-term care services and supports. For these individuals, local case management services generally consist of assessment, choices counseling, service plan development, risk monitoring and ongoing monitoring. Additionally, local offices have memorandums of understanding (MOUs) with local Coordinated Care Organizations. These MOUs focus on joint accountability for coordinating care for individuals accessing long-term care services. State and Area Agency on

Aging (AAA) case managers are the front line in ensuring effective care coordination occurs for individuals served by APD's long-term care system.

Local staff license adult foster homes, including those that do not participate in Medicaid. Local staff also provide adult protective services, consisting of investigations of abuse and neglect against seniors and people with disabilities.

APD has historically earned local service delivery staff through a caseload ratio model (e.g. one eligibility worker for every 500 cases). In the 2013-15 biennium, the Legislature authorized the transition to a workload model. This model differs from the caseload ratio model in that it measures time required to perform tasks and captures work performed for individuals who are never found eligible. However, the model has fallen out of date recently and needs an overhaul. Additionally, it only captures the work that staff are able to do and does not account for changes in expectations and the work they are unable to complete.

The delivery system is comprised of both state staff and staff with Area Agencies on Aging (AAA) located in communities throughout Oregon. Under ORS 410.270, AAAs have the right to elect to deliver Medicaid services locally. Currently, four AAAs have elected this option. These four AAAs (Multnomah County, Northwest Senior and Disability Services, Oregon Cascades West Council of Government. and Lane Council of Governments) serve the most populous areas of Oregon. APD serves the remainder of the state including Washington and Clackamas counties.

The Oregon Home Care Commission (OHCC) is also included in the Design and Delivery Program Area. Under Oregon's constitution, the OHCC is responsible for ensuring the quality of home care services for older adults and people with disabilities. The Commission maintains a website of homecare workers, personal support workers and personal care attendants that can be accessed by all people living in Oregonians, including those not served by Medicaid. Training is provided to both consumers of services and homecare workers in a variety of areas addressing safety and quality. The efforts of the OHCC are critical to the successful delivery of long-term care services to Oregonians.

Finally, the Senior Health Insurance Benefits Assistance (SHIBA) unit offers Medicare eligible adults and their families free, objective and comprehensive one-on-one benefits counseling so people can make informed decisions about their Medicare coverage.

Direct services are provided by SHIBA staff and a team of nearly 200 certified counselors who volunteer their time to provide information about what Medicare plans are available, help with Medicare appeals and educate consumers on how to protect, detect and report Medicare fraud, waste and abuse. During the 2021 federal fiscal year, SHIBA certified counselors provided 16,013 one-on-one counseling sessions to Oregonians with questions about Medicare.

APD's Design and Delivery area also includes the staff that design and administer services centrally. Some of the major services provided include:

- Negotiating system design with federal partners;
- Developing program policy and maintaining administrative rules;
- Paying providers;
- Executing contracts;
- Negotiating and implementing collective bargaining agreements; and
- Maintaining provider rates.

Program Justification and Link to Focus Areas

There is a direct link between this program and the goal of Safer, Healthier Communities. The APD Delivery system supports individuals living in their communities in settings of their choice, whether in their own home, a community-based care facility or a nursing facility. Partnerships between local law enforcement, local court systems, and local advocates are critical to ensuring that older adults and people with disabilities are protected from neglect and abuse.

Enabling Legislation/Program Authorization

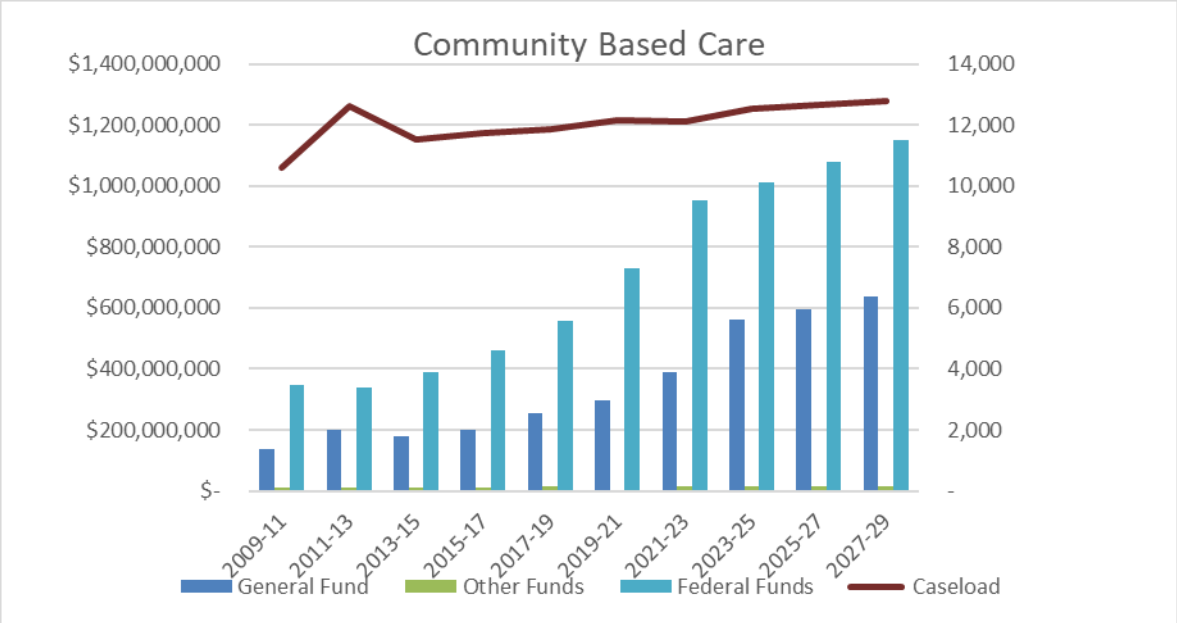
Oregon Revised Statutes 410.070 charges the agency with primary responsibility for the planning, coordination, development, and evaluation of policy, programs and services for older adults and people with disabilities in Oregon. Area Agencies on Aging have universal responsibilities as articulated in ORS 410.210. Additionally, ORS 410.270 authorizes Area Agencies on Aging to perform services locally that would otherwise be administered by state staff if they elect to do so.

Funding Justification and Significant Changes to CSL

Due to the timing of the release of GB, details lower than Division level were not available.

Oregon Department of Human Services: Medicaid Long-Term Care Community-Based Care

Primary Long-Term Focus Area: Safer, Healthier Communities
Secondary Long-Term Focus Area:
Program Contact: Nakeshia Knight-Coyle



Program Overview

Community-based care is considered the middle layer of Oregon's long-term care continuum and includes a variety of 24-hour care settings and services for older adults and people with physical disabilities who are unable to perform all of their own activities of daily living. These services are part of Oregon's nationally recognized home and community-based care system, which provides a critical, cost-effective alternative to nursing facilities.

Eligibility for services is based upon a combination of financial criteria and service needs. An individual's service needs are calculated as a "service priority level" which ranges from 1 (highest need) to 18 (lowest need). In the 2003 budget crisis, funding to serve individuals with service priority levels 14 through 17 was eliminated (SPL 18 was not funded at that time). These levels remain unfunded

through Medicaid; however, some (not all) of the needs can be met for these individuals through Older Americans Act and Oregon Project Independence programs.

Program Description

The State of Oregon strives to meet the needs and expectations of increasingly diverse populations, and community-based care provides a critical alternative to nursing facilities for seniors and people with disabilities who cannot meet their own daily needs.

Eligibility for long-term care services and supports is based upon a combination of financial criteria and service needs. Recipients contribute their own funds toward room and board directly to community-based care facilities, while the state pays for services consisting mostly of assistance with activities of daily living (walking, transferring, eating, dressing, grooming, bathing, hygiene, toileting, and cognition) and instrumental activities of daily living (meal preparation, housekeeping, laundry, shopping, medication, and oxygen management). Nursing facility care is a guaranteed Medicaid benefit to eligible individuals. If the state did not use alternatives to nursing facility level of care, more than 31,000 individuals, including more than 12,000 in community-based care settings, would likely be receiving services in nursing facilities at approximately 300 percent of the cost of community-based care services.

Community-based care includes:

- Adult foster homes, which serve five or fewer individuals in a home-like setting.
- Residential care facilities (RCF), which serve six or more individuals in a facility with private or shared rooms and common areas.
- Assisted living facilities (ALF), which serve six or more individuals in their own apartments.
- Memory care facilities, licensed as either an ALF or RCF, with an endorsement allowing them to specialize in serving individuals with dementia.

- Enhanced-care services, which serve APD eligible individuals complicated by significant mental health needs. This program is jointly funded between ODHS and the Oregon Health Authority.
- Program of All-Inclusive Care for the Elderly (PACE) serves more than 1,750 individuals via a fully capitated premium. The program is jointly funded with Medicare and Medicaid dollars and provides an integrated program for medical and long-term services. Participants are 55 years of age or older, generally attend adult day services, and live in a variety of settings representative of Oregon's long-term care continuum. PACE providers are responsible for providing and coordinating the full health and long-term service needs of their clients in all of these setting types.

APD competes with the private pay market for access to most community-based care. Most facilities have a mix of private pay and Medicaid residents. As the society ages and if the economy strengthens, APD may lose access due to competition for open beds with the private pay market.

Adult foster homes are represented by SEIU and have collective bargaining rights. Factors such as safety and quality cannot be negotiated; however, issues such as training, and service rates are mandatory subjects of bargaining.

Each community-based care setting must meet federal and state laws and regulations related to health, safety, and service delivery. Mandatory services include assistance with activities of daily living, medication oversight, and social activities. Some settings that serve individuals with more complex needs may include additional services, such as nursing and behavioral supports.

Program Justification and Link to Focus Areas

Community-based care is a direct link to the Safer, Healthier Communities focus area (Oregonians are healthy and have the best possible quality of life at all ages). The program maximizes federal resources while reducing unnecessary costs in higher levels of care. With one of the lowest levels of nursing facility utilization in the country, Oregon is at the forefront of using community-based care as a core alternative to nursing facilities. With ongoing support, Oregon can meet the target of serving 90 percent of the publicly funded long-term care caseload in-home and community-based care in the next five years (up from 86 percent).

Program Performance

A key goal of the Oregon Department of Human Services (ODHS) is that people are safe and living as independently as possible. ODHS currently measures this goal based on the percentage of individuals living in their own homes in lieu of a licensed care facility, as well as the percentage of individuals who move to a less restrictive service settings such as community- based care.

Community-based care service plans have been proven to be a cost-effective alternative to nursing facility care. Costs range by facility type and assessed need of the individual. The monthly average cost by setting is as follows:

- Adult Foster Home: $4,965
- Regular Residential Care Facility: $1,795
- Contracted Residential Care Facility: $6,190

The cost of similar services provided in a nursing facility exceeds $13,400 per month.

Enabling Legislation/Program Authorization

Community-based care is operated under a variety of Medicaid home and community-based options. The newest mechanism is the 1915(k) State Plan Option or, "K plan." Through the K plan the state provides services that substitute for nursing facility services, the mandated benefit for Medicaid eligible individuals. The K plan provides an enhanced federal match allowing the state to draw down additional federal funds to support the Medicaid program. Additionally, ORS 410 and ORS 443 provide statutory policy and structure to the services offered.

Funding Streams

Community-based care services are funded through the Medicaid program. The services are designed and approved using Medicaid 1915c Home and Community-Based Waivers, and primarily, the Community First Choice Option in the Medicaid State Plan. The program 1915c Waiver funding match rate is current Federal Medical Assistance Percentage (FMAP), 60.22% Federal funds and 39.78% State General Funds and for 1915K, FMAP + 6%: 66.22% Federal funds and 32.78% State General Funds. There is a small amount of funding from the estates of

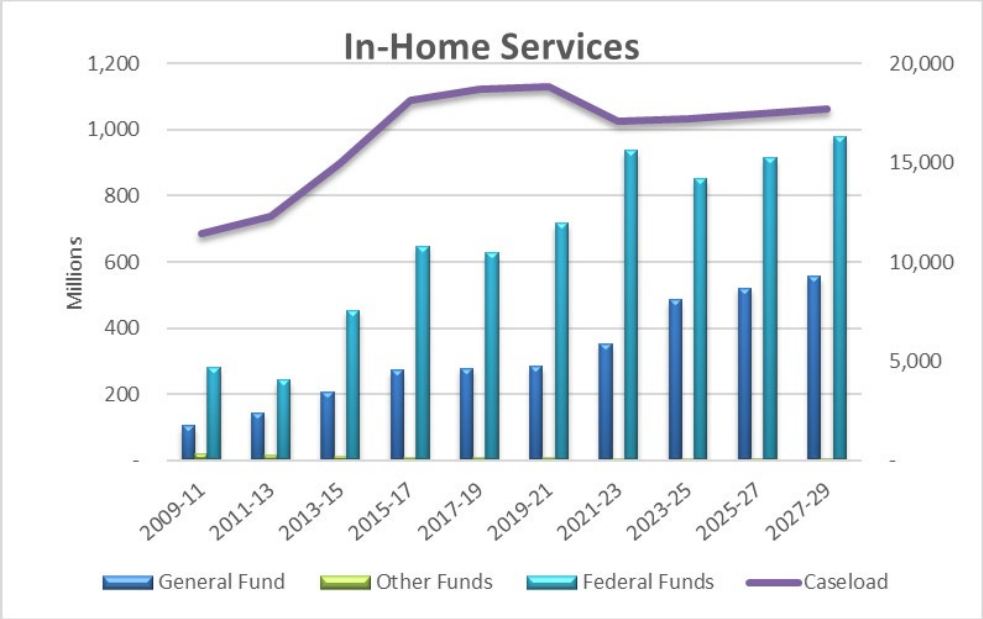
former recipients. When a Medicaid recipient passes away, ODHS is required by federal law to recover money spent for the individual's care from the recipient's estate. These funds are reinvested in services for other individuals, offsetting the need for general funds.

Funding Justification and Significant Changes to CSL

Due to the timing of the release of GB, details lower than Division level were not available.

Oregon Department of Human Services: Medicaid Long-Term Care In-Home Services

Primary Long-Term Focus Area: Safer, Healthier Communities
Secondary Long-Term Focus Area:
Program Contact: Nakeshia Knight-Coyle



In the 2013-15 biennium, in-home agency and personal care budgets were moved from 'other services' to In-Home care for reporting purposes. In 2021-23 there was a significant federal funds increase from Home and Community Based American Rescue Plan Act.

Program Overview

In-home services are the least restrictive service offered in Oregon's long-term care continuum. This program funds Medicaid long-term care services to older adults and people with disabilities in their own homes. Individuals are eligible to receive the same services in a nursing facility. In 2013, Oregon added a new Medicaid, 1915(k) State Plan Option, or "K plan," that provides additional flexibility and federal funds. Approximately 52 percent of individuals served in Oregon's long-term care system are served in their own homes. In-home services offer an opportunity to provide individualized care in a respectful, sensitive, and inclusive manner to Oregonians from a variety of diverse backgrounds.

Program Description

This cost-effective program enables older adults who have low incomes and people with disabilities to remain in their own homes and established communities. Individuals from culturally diverse backgrounds benefit from this program that provides enhanced independence, health, safety, and quality of life. Oregon's model of long-term care is referred to as a social model, distinctly different from a medical model of care. Social models of care focus on client autonomy, respect, choice, and individualized care planning. Individuals are viewed holistically and provided with supports that enhance independence, dignity and respect.

Eligibility for services is based upon a combination of financial criteria and service needs. An individual's service needs are calculated as a "service priority level" which ranges from 1 (highest need) to 18 (lowest need). In the 2003 budget crisis, funding to serve individuals with service priority levels 14 through 17 was eliminated (SPL 18 was not funded at that time). These levels remain unfunded through Medicaid; however, some (not all) of the needs can be met for these individuals through Older Americans Act and Oregon Project Independence programs.

In-home supports include necessary assistance with activities of daily living (walking, transferring, eating, dressing, grooming, bathing, hygiene, toileting and cognition) and instrumental activities of daily living (meal preparation, housekeeping, laundry, shopping, medication and oxygen management). Assistance ranges from several hours per week to 24 hours per day. Without these supports, more than 19,000 individuals would likely receive services in a more costly nursing facility. Oregon provides a variety of in-home service options available to individuals based on preference, choice and cost-effectiveness.

Consumer-Employed Provider Program

Individuals participating in this program receive services from homecare workers. The in-home recipient is the employer and is empowered and responsible to hire, train, supervise, track hours worked, address performance deficiencies and discharge providers. Homecare workers are paid a set rate established through collective bargaining, which the State pays on the individual's behalf. The Oregon Home Care Commission establishes homecare worker enrollment standards and training required, both of which contribute to the quality of in-home services. APD

is forecast to serve approximately 20,000 individuals in this program in the 2021-2023 biennium.

Independent Choices Program

This program is a 1915(j) State Plan Option and allows individuals to exercise more decision-making authority in identifying, accessing, managing and purchasing goods and services that enhance independence, dignity, choice and well-being. This option is popular among individuals who wish to take complete control over the planning, budget and provision of services. In the Independent Choices Program, the cost of the established service plan is "cashed-out" and deposited into the eligible individual's dedicated Independent Choices Program checking account. The individual then pays providers directly based on an individually negotiated rate. Participants have the flexibility to use a portion of the funds to purchase goods that enhance their independence and are unavailable through the medical plan, such as a wheelchair lift for a vehicle or a wheelchair ramp for their home. The state performs periodic monitoring with an emphasis on to ensure that the funds are used to meet the individual's service needs and that funds are used appropriately.

Specialized Living Services

These services are designed to serve a specific special-needs consumer base, such as those with traumatic brain injuries or quadriplegia who would otherwise require 24-hour care. The services are provided through contracts with qualified vendors who provide specialized, shared-attendant services to individuals living in their own homes or apartments.

Cost Drivers

The major cost drivers of the in-home services program are the current number of eligible individuals, their level of needed assistance, the length of time receiving services, and the growing population of those requiring services. The population served is much different than it was 30 years ago when Oregon first received a waiver to allow in-home services. With the advancement of medical technology and treatment options, individuals are living longer with chronic disease and significant disabilities. Another major cost driver is the provision of wages and benefits for homecare workers tied to collective bargaining. This includes set

wages, paid time off, workers' compensations premiums, unemployment insurance and other benefits.

Program Justification and Link to Focus Areas

In-home services link to the Safer, Healthier Communities focus area. In the early 1980s, Oregon was the first state awarded a Medicaid 1915(c) Home and Community-Based Services waiver from the Centers for Medicare and Medicaid Services, which allowed Oregon to serve individuals in their homes and communities. In 2013, Oregon added a new, 1915(k) State Plan Option, or "K plan," that provides additional flexibility and funds. In an independent study conducted by AARP, Oregon received an overall ranking of 4th out of 50 states in terms of choice of settings and providers, quality of life and quality of care, and effective transitions from nursing facilities back into the community. Across the nation, Oregon continues to be a leader for serving individuals in their own homes.

The program empowers individuals to direct their own services and make choices that enhance their quality of life, live with dignity, and remain as independent as possible. Health and safety are maintained through the provision of necessary assistance with activities of daily living and instrumental activities of daily living. Consistent provision of services, including medication management and the preparation of nutritious meals, delays or diverts an individual's entry into more costly care settings.

Program Performance

A key goal of the Oregon Department of Human Services (ODHS) is that people are safe and living as independently as possible. ODHS currently measures this goal based on the percentage of individuals living in their own homes in lieu of a licensed care facility, as well as the percentage of individuals who move to a less restrictive service setting.

Enabling Legislation/Program Authorization

Medicaid is an entitlement program that was enacted in 1965 under Title XIX of the Social Security Act. Eligible individuals have the right to receive long-term care services in a nursing facility. While states are not required to participate in Medicaid, they must follow Medicaid rules to receive federal matching funds. Oregon's Long-Term Care system operates under a variety of Medicaid options

which allows long-term care services to be provided in home and community-based settings, more cost effective than the required nursing facility service.

Funding Streams

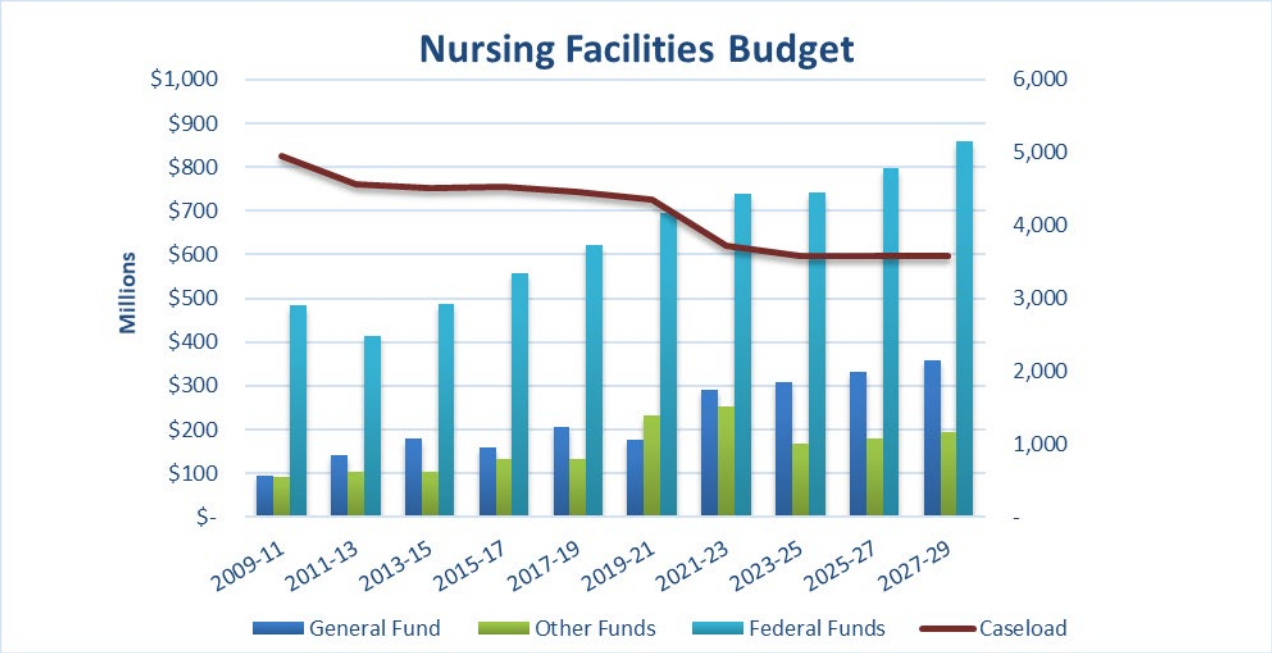
In-home services are funded through the Medicaid program. The services are designed and approved using Medicaid 1915c Home and Community-Based Waivers, and primarily, the Community First Choice Option in the Medicaid State Plan. The program 1915c Waiver funding match rate is current Federal Medical Assistance Percentage (FMAP), 60.22 percent federal funds and 39.78 percent General Fund; for 1915K, the rate is FMAP plus 6 percent (66.22 percent) federal funds and 32.78 percent General Fund. There is a small amount of funding from the estates of former recipients. When a Medicaid recipient passes away, ODHS is required by federal law to recover money spent for the individual's care from the recipient's estate. These funds are reinvested in services for other individuals, offsetting the need for general funds.

Funding Justification and Significant Changes to CSL

Due to the timing of the release of GB, details lower than Division level were not available.

Oregon Department of Human Services: Medicaid Long-Term Care Nursing Facilities

Primary Long-Term Focus Area:	Safer, Healthier Communities
Secondary Long-Term Focus Area:	
Program Contact:	Nakeshia Knight-Coyle



Caseload has shifted toward an overall downward trend as more and more individuals choose to receive long-term care services in a home or community-based setting. In 2019-21 the caseload began to decline because of COVID-19.

Program Overview

Nursing facility services are the institutional option available in Oregon's long-term care continuum, which also consists of in-home and community-based care. Nursing facilities are generally considered the most restrictive setting of the three options offered; however, this program is important for individuals with the highest levels of acuity and is a mandated federal benefit under the Medicaid program. Nursing facility services are the guaranteed benefit (entitlement) by federal law for individual who meet nursing facility level of care criteria set by the state.

Program Description

Nursing facilities are most appropriate for people with high acuity needs requiring 24-hour medical oversight and a protective/structured setting. They offer short-term care for individuals who need rehabilitation services or 24-hour nursing. They may be appropriate for a limited number of individuals who need long-term care due to permanent health problems too complex or serious for in-home or community-based care settings.

Nursing facility rates cover basic, complex, pediatric, enhanced care, and post-hospital extended care. Services vary in nursing care facilities, but generally consist of the following:

- Medical treatment prescribed by a doctor;
- Physical, speech, and occupational therapy;
- Assistance with personal care activities such as eating, walking, bathing, and using the toilet (custodial care); and
- Social services.

Oregon currently has 130 licensed nursing facilities. These facilities have approximately 2.26 million annual resident days, of which nearly 65.7 percent are Medicaid clients. The majority of residents are admitted directly from acute care hospitals with a very small percentage from home.

Payer	Long-Term Care – Nursing Facility
Medicare	14.03%
Medicaid	70.81
Private Pay	15.16%

There has been a significant increase in the number and percentage of Medicaid consumers receiving services. As such, there has also been an increase in revenue coming from Medicaid in the last biennium. It is now about 71% of NF revenue compared to about 61% previously.

The main cost drivers are low census in nursing facilities, the length of stay in a nursing facility, and the steady increase in the daily reimbursement rate. The

nursing facility reimbursement rate is tied to the provider assessment statute. The current nursing facility reimbursement basic rate is $440.82 per resident per day. It includes a 5 percent increase provided during the pandemic. The provider assessment rate is $32.91.

In the 2021-2023 biennium, the provider assessment is expected to account for approximately $142.2 million of $3.6 billion in total APD program expenditures.

Program Justification and Link to Focus Areas

Nursing facility services link to the Safer, Healthier Communities focus area. Though nursing facility level of care is a guaranteed benefit, Oregon has been the national leader in creating cost-effective alternatives that meet people's needs in their homes and other community settings, such as assisted living facilities, in-home care, retirement communities, residential care and adult foster homes. Oregon continues to work closely with individuals and their families to offer the full array of community-based services. The new State Plan Authority approved by the Centers for Medicare and Medicaid Services in July 2013 provides Medicaid-funded resources to assist individuals in transitioning from nursing facilities.

Nursing facilities are an important service in our continuum, meeting the needs of some individuals with higher acuity levels; however, ODHS still believes there are opportunities to decrease usage. Oregon continues to highlight, strengthen and encourage the use of community-based care facilities instead of nursing facilities. ODHS has established a goal of decreasing the percentage of long-term care recipients utilizing nursing facility services to 10 percent. As of May 2020, the percentage of long-term care recipients utilizing nursing facilities services is 12.4 percent.

Program Performance

Nursing facilities are heavily regulated by the federal government and are licensed and routinely monitored by the state. The state establishes requirements for nursing facilities that promote quality of care and maximization of personal choice and independence for residents.

ODHS remains diligent in diverting and relocating people who receive Medicaid-funded long-term care services from nursing facilities into home or community

settings. One-way performance is measured in this program is by the occupancy percentage of nursing facilities. Oregon has one of the lowest occupancy percentages in the nation at 67.5 percent compared with the national average of 78 percent.

Enabling Legislation/Program Authorization

Medicaid is an entitlement program that was enacted in 1965 under Title XIX of the Social Security Act. While states are not required to participate in Medicaid, in order to receive federal matching funds states must follow the Medicaid rules. Oregon's long-term care system operates under Medicaid state plan authority. All clients qualify for nursing facility care have the choice of receiving care in other settings such as in-home or in community-based care settings.

Oregon's nursing facility reimbursement rate and accompanying provider assessment authorization is promulgated in ORS 409.736. The 2013 Legislative Assembly reauthorized the provider assessment through 2020.

Funding Streams

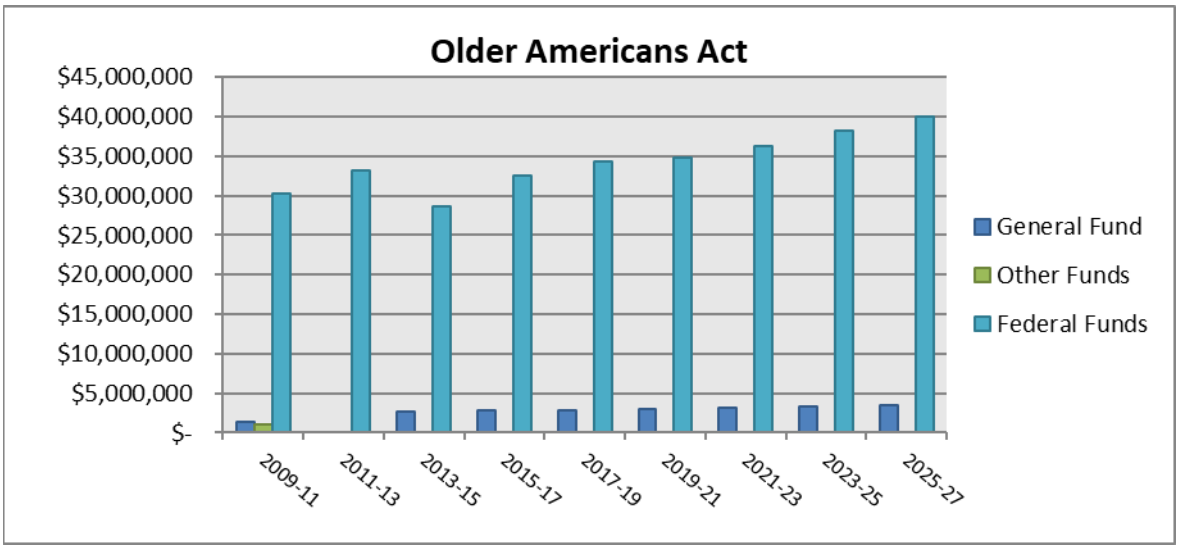
Nursing facility services are funded through the Medicaid program; therefore, the federal government pays 60.22 percent, Federal Medical Assistance Percentage (FMAP), with the balance being split between General Fund and provider taxes. There is also funding provided through the estates of former recipients. When a Medicaid recipient passes away, the state is required by federal law to recover expenditures for the individual's care from the recipient's estate. These funds are reinvested in services for other individuals, offsetting the need for general fund

Funding Justification and Significant Changes to CSL

Due to the timing of the release of GB, details lower than Division level were not available.

Oregon Department of Human Services: Older Americans Act

Primary Long-Term Focus Area: Safer, Healthier Communities
Secondary Outcome Area:
Program Contact: Nakeshia Knight-Coyle



Older Americans Act funding comes primarily from the federal government. In 2019, OAA funding helped serve nearly 213,000 Oregonians.

Program Overview

Services and supports available to individuals under the Older Americans Act (OAA) provide vital assistance designed to prevent or delay entry into Medicaid-funded long-term care such as in-home or 24-hour residential services. The OAA is a federal law that set out a national aging network structure consisting of the U.S. Administration on Aging (AoA, now part of the Administration for Community Living), State Units on Aging (ODHS/Aging and People with Disabilities program), and Area Agencies on Aging (AAAs). The OAA authorizes funding and services through this network to serve older individuals in their homes and communities, through local entities. All individuals aged 60 or older, regardless of income are eligible to receive services but the programs are targeted towards those in greatest social or economic need. A specific focus on how to better serve diverse populations of older adults across race/ethnicity, sexual orientation, gender, veteran status and other intersecting categories are essential with the continually changing demographics of Oregon.

Program Description

Older Americans Act services are administered entirely by 16 local Area Agencies on Aging. To qualify for OAA supported services an individual must meet the following criteria:

- Be 60 years of age or older;
- Be a caregiver of someone 60 years of age or older (or younger if the person is diagnosed with Alzheimer's Disease or related dementia) or an older relative caring for a child 18 year of age or younger or an individual with disabilities age 18 or older; or
- Be 55 or older and have an adjusted income at or below 125 percent of Federal Poverty Level for the Senior Community Service Employment Program (Title V).

Please Note: There is no income or asset/resource criteria for eligibility, except for the Senior Community Service Employment Program (Title V).

The Older Americans Act authorizes services and funding by title

Title III

Supportive Services – Provides assistance to maintain independence through assisted transportation, information and referral/assistance, in-home care, adult day care, chore services, home modification and other housing help, legal assistance, mental health outreach and assistive devices. Title III also partially funds Oregon's Aging and Disability Resource Connection (ADRC), which provides unbiased information, referral and options counseling for individuals (consumers, family members and caregivers) needing long-term services and supports.

Nutrition Services – In order to reduce hunger and food insecurity and promote socialization, health and well-being, OAA authorizes both home-delivered (commonly known as Meals on Wheels) and congregate

(community setting, senior center, community center, etc.) meals programs. The act also requires nutrition education and counseling.

Services Incentive Program (NSIP) – Supplements funding authorized under Title III for food used in meals served under the Older Americans Act. States receive an allocation based on the number of meals served under the OAA in the state, in proportion to the total number of meals served by all states.

Preventive Health Services – Authorizes evidence-based programs that promote healthy lifestyles through physical activity, appropriate diet and nutrition, and self-management of chronic health conditions.

National Family Caregiver Support Program – Provides individual and group options counseling, training and respite care for family members and friends who are primary caregivers to seniors. This program also provides support to older relatives and raising grandchildren.

Title V

Senior Community Service Employment Program (SCSEP) – Authorizes a community service and work-based training program for older workers that provides subsidized, service-based training for low-income persons 55 or older who are unemployed and have poor employment prospects. Participants are paid minimum wage for approximately 20 hours per week while they develop valuable skills and connections to help them find and keep jobs in their communities. Title V funding is awarded to ODHS/APD from the U.S. Department of Labor and is competitively sub-granted to a qualified job training organization.

Title VII

Elder Rights Services – Provides a focus on the physical, mental, emotional and financial well-being of older Americans. Services include pension counseling, legal assistance, and elder abuse prevention education.

Ombudsman Program – Establishes an Office of the State Long-Term Care Ombudsman program to identify, investigate and resolve complaints made by or on behalf of residents of licensed care facilities (nursing homes, assisted living and adult foster homes) and promote system changes that will improve the quality of life and care for residents. The allocation for this program is 100 percent passed through to the Office of the Long-Term Care Ombudsman, a separate state agency from APD.

OAA Funding – OAA funding is granted to each State Unit on Aging (ODHS/APD) based on a population formula. The State Unit on Aging sub-grants Title III funds to Oregon's 16 designated Area Agencies on Aging (AAA) based on a state population formula. The AAAs work with their local communities to assess and develop a menu of services that meet the needs of older adults in their planning and service area. Subsequently, the AAA submits an Area Plan to the State describing the delivery of OAA services in their communities; this is basis for the funding agreement between the AAA and ODHS/APD.

Program Justification and Link to Focus Areas

OAA program services contribute to the Safer, Healthier Communities goal. The OAA, in partnership with providers and clients, provides vital support for older adults who are at significant risk of losing their independence by providing food, job training/opportunities, social support, transportation, chronic disease self-management and fall prevention.

Annual State Program reports are submitted to the Administration on Community Living, consisting of service unit data and client demographics. Evidence-based programs supported by the preventive health services funding under Title III have provided an opportunity to demonstrate health care cost-saving based on the research supporting the programs. The Senior Community Service Employment Program tracks six performance measures each year including employment and retention. Performance standards and measures have recently been established for the Aging and Disability Resource Connections Program and will be tracked appropriately.

Program Performance

- **Number of people served/items produced**
  OAA data reporting requires AAAs to capture identifiable unduplicated clients who receive "registered services" and an estimated number of clients receiving "non-registered services." Registered services include personal care, home care, chore, meals, day care, case management, assisted transportation and nutrition counseling. Non-registered services include but are not limited to information and assistance, health promotion programs, group education, etc. The AAAs served approximately 85,822 distinct individuals in state fiscal year 2021.

- **Quality of the services provided**
  Program standards have been established for the major services and annual program monitoring is conducted.

- **Timeliness of services provided**
  The Family Caregiver Support Program of the OAA is the only service area that consistently encounters wait lists.

- **Cost per service unit**
  Varies depending on the level of community support, the OAA funding on average supports about one-third of the cost of service. Further funding comes from local governments, donations, and fundraising.

Enabling Legislation/Program Authorization

Federal Law: 45 CFR, Part 1321.

Funding Streams

OAA funds are 100 percent federal. The law has a required Maintenance of Effort and state match of $5 million per biennium, which is met with state funding authorized for the Oregon Project Independence Program (ORS 410.410 to 410.480). OAA funding was never intended nor does it fully fund services. Each dollar of OAA funding is leveraged with $2 of state and local funds, participant donations, and community fundraising. Additionally, the services are enhanced with the in-kind support of volunteers, donated community space and equipment, etc.

Funding Justification and Significant Changes to CSL

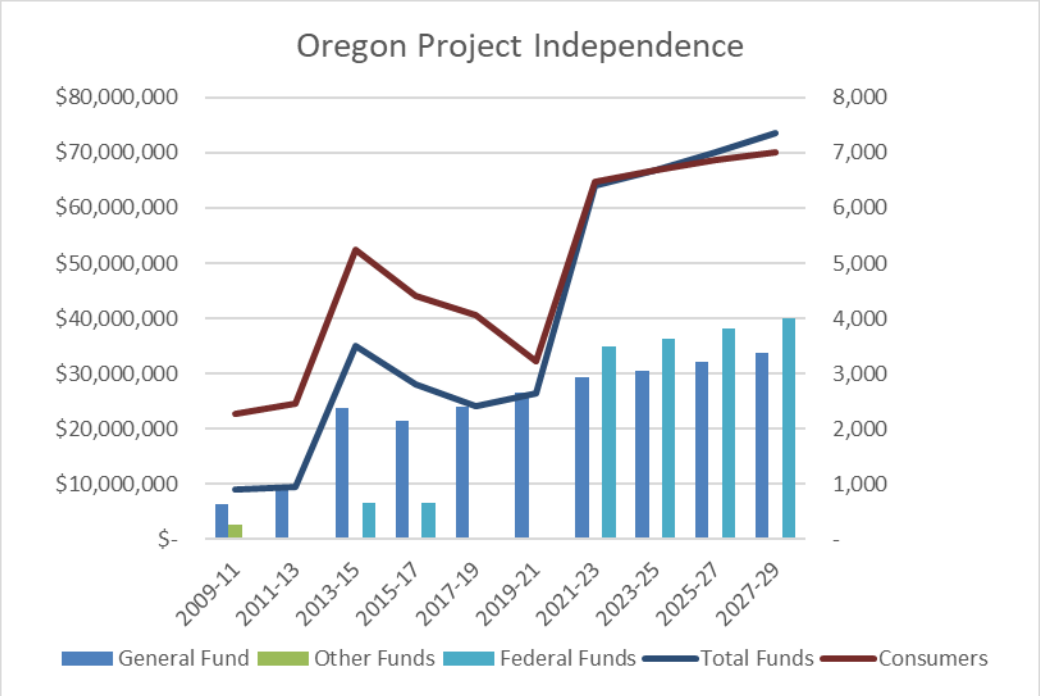
N/A

Oregon Department of Human Services: Oregon Project Independence

Primary Long-Term Focus Area: Safer, Healthier Communities
Secondary Long-Term Focus Area:
Program Contact: Nakeshia Knight-Coyle

Program Overview

Oregon Project Independence (OPI) provides preventive and in-home services and supports to a diverse population of eligible individuals to reduce the risk of out-of-home placement and promote self-determination. This program optimizes eligible individuals' personal and community support resources to prevent, or delay spend down to Medicaid-funded long-term care.



Program Description

Oregon Project Independence (OPI) is a state-funded program offering in-home services and related supports to a diverse population in Oregon. ODHS/APD strives to deliver in-home services in a culturally and linguistically appropriate manner. OPI provides essential services such as personal care, homecare and chore assistance, adult day care, service coordination, registered nursing (teaching/delegation of nursing tasks to caregivers), case management and home-delivered meals. This program complements services provided under the Older Americans Act.

Traditionally, OPI has served individuals who are 60 years of age or older who are assessed as needing assistance with activities of daily living (eating, dressing/grooming, bathing/personal hygiene, mobility, elimination and cognition) and/or instrumental activities of daily living (housekeeping, shopping, transportation, medication management and meal preparation) and are not receiving Medicaid. Also, individuals under age 60 who have been diagnosed with Alzheimer's disease or a related disorder are also eligible. The program was expanded by the 2005 Oregon Legislature to include younger adults with disabilities and recently $6 million to continue funding for a pilot program has been made available to support this limited expansion.

In 2021, the Oregon Legislature passed legislation that allowed ODHS APD to apply for an 1115 Demonstration Waiver with the Centers for Medicare and Medicaid Services (CMS) to begin to match OPI General Fund dollars with federal Medicaid funds. In a collaborative process with community partners, APD developed and submitted the 1115 Waiver in November 2021. APD has been in negotiations with CMS since January 2022 and expects to implement in October 2022. This change will allow the state to increase the number of individuals served through OPI, and a family caregiver assistance program, while maintaining the unique nature of the OPI program.

In the traditional OPI program, there are neither income nor resource requirements for eligibility; however, these factors are taken into consideration when assessing the individual's risk of needing Medicaid long-term care. In the demonstration waiver, the waiver does have income and asset limits. OPI clients do not pay a charge for the service coordination they receive. For traditional OPI, services other than service coordination are provided at no cost to families with net incomes at or

below 150 percent of the federal poverty level (FPL). Families with net incomes from 150 percent to 400 percent FPL pay a fee toward services using a sliding scale based on income. Families with net incomes at or above 400 percent FPL pay the full cost of the services provided (other than service coordination). In the demonstration waiver, there will be no copayments or cost-sharing for eligible individuals. In part, this is because APD wants to ensure that as many people as possible access OPI through the demonstration waiver rather than the state general funded program.

Oregon Project Independence services are delivered statewide through the network of 16 designated Area Agencies on Aging (AAAs). Administrative cost efficiencies have been realized in one area of the state where neighboring AAAs collaborated to jointly secure contracted services of a single in-home care agency. AAAs share these types of innovations and strategies. In the waiver, in areas served by local APD offices, the APD office will determine eligibility, and ongoing case management will be performed by the AAA.

Program Justification and Link to Focus Areas

OPI contributes to the Safer, Healthier Communities focus area, and its desired outcome is to "decrease the number of older Oregonians that access full Medicaid-funded health and long-term care system." AAAs are currently maintaining waiting lists of individuals who are eligible to be served by OPI. The demonstration waiver should eliminate any waitlists allowing the state to serve more than twice the current number of people.

OPI and the new demonstration programs empower individuals to direct their own services and make choices that enhance their quality of life, live with dignity and remain as independent as possible. Health is maintained through the provision of necessary assistance with activities of daily living and instrumental activities of daily living.

Program Performance

APD recently conducted an analysis of the Return on Investment (ROI) for OPI. Nationally recognized researchers estimated that the estimate of OPI's ROI is 3.8 to 1. For fiscal year 2016-17, they estimated that, at a minimum, benefits totaled $49.4 million and came at a cost of $13.0 million.

Data on number of individuals accessing OPI over the last 20 years:

Biennium	Number of unique consumers
2001 - 2003	4,415
2003 - 2005	2,939
2005 - 2007	3,637
2007 - 2009	3,414
2009 - 2011	2,278
2011 - 2013	2,455
2013 - 2015	5,250
2015 - 2017	4,403
2017 - 2019	4,055
2019 - 2021*	3,213

2019-2021 OPI unique consumers as of June 30, 2020

The number of unduplicated consumers decreased in 2019-2021 due to COVID impact on LTSS and rising costs associated with homecare worker and in-home care agency rates.

Quality of the services provided

Personal and home-care services are delivered via licensed in-home care agencies or registered home care workers. Quality of care standards for in-home care agencies are set forth in licensing rules found in OAR Chapter 333, Division 536; compliance with licensing standards is monitored by the Health Care Licensing and Certification unit of the Public Health Division. Homecare Workers who provide services to OPI clients are required to be registered with the Oregon Home Care Commission and receive background checks and ongoing training.

Enabling Legislation/Program Authorization

OPI is authorized under Oregon law at ORS 410.410 to 410.480.

Funding Streams

Currently, OPI is funded by the state General Fund. Services are expanded through the utilization of program income generated from client cost sharing based on a sliding fee schedule. Once the 1115 Medicaid Demonstration Waiver is approved

by the Centers for Medicare and Medicaid Services (CMS), the program funding stream will expand to include federal dollars.

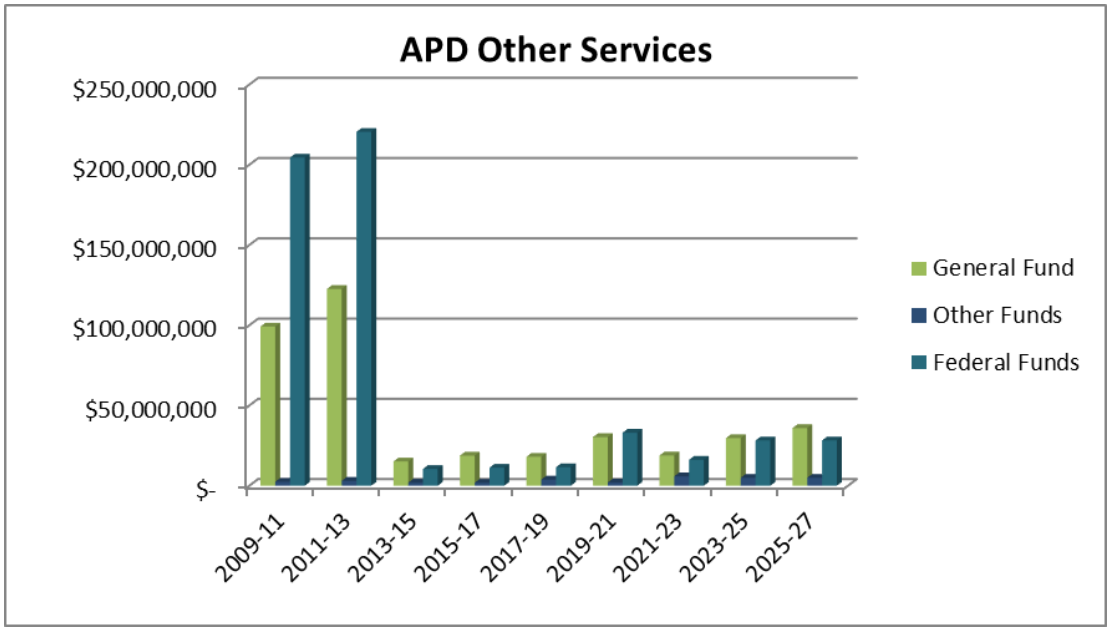
OPI General Funds serve as the required Maintenance of Effort (45 CFR Sec. 1321.49) and state match (45 CFR Sec. 1321.47) to receive federal funding under the Older Americans Act. At least $5 million per biennium in state funds is needed to maintain the Maintenance of Effort and match requirements of the OAA. The intent is that the $5 million remains outside of the Demonstration Waiver to serve individuals who cannot meet the new criteria and to maintain the MOE requirement.

Funding Justification, And Significant Changes to CSL

N/A

Oregon Department of Human Services: Other Services

Primary Long-Term Focus Area: Safer, Healthier Communities
Secondary Long-Term Focus Area:
Program Contact: Nakeshia Knight-Coyle



Costs for 2009-2011 and 2011-2013 are higher due to the transfer of the funding for Medicare Part A and Medicare Part B buy-in programs from the Oregon Health Authority (OHA) to Aging and People with Disabilities (APD). These funding sources were transferred back to OHA in 2013-2015, but APD continues to administer the programs.

Program Overview

The Other Services category is dominated by federally mandated programs, such as the Medicare Buy-in and the Medicare Part D low-income subsidy programs, which help low-income Medicare beneficiaries meet their cost sharing requirements. This cost-effective investment ensures that Medicare remains in a first-payer position, thereby reducing or eliminating costs to the state's Medicaid health programs (Oregon Health Plan). Other services also include programs that support individuals living as independently as possible in the community. For example, home-delivered meals provide a critical support to many individuals who otherwise may not be able to remain independent in their own home.

Program Description

Federal law requires states to provide payments for Medicare beneficiaries who meet specific income guidelines. APD helps consumers access this benefit. Medicare beneficiaries include individuals aged 65 or older and people with disabilities who have been receiving Social Security Disability payments for at least two years. The passage of the Medicare Improvements for Patients and Providers Act (MIPPA) of 2008 expanded the asset allowance and eliminated the estate recovery component of Medicare Savings Programs. These changes eliminated many of the barriers to the Medicare buy-in programs for a significant number of Oregonians.

Oregon is expected to serve more than 180,000 older adults and people with disabilities in the following programs:

- **State Medicare buy-in:** By purchasing Medicare Part B (which has a federally required premium) for individuals eligible for both Medicare and Medicaid (dual-eligibles), the Medicaid program pays for medical services (such as physician, radiology and laboratory services) only after Medicare has paid as primary payer.

- **Medicare savings programs:** Clients in these programs receive federally mandated assistance with their Medicare Part B premiums. Specified low-income Medicare beneficiaries and qualified individuals are those individuals who have income between 100 percent and 135 percent of the federal poverty level.

- **Qualified Medicare Beneficiaries:** Beneficiaries receive state assistance for the costs associated with the Medicare hospital benefit, Part A, and physician services, Part B, that would otherwise be required of them – including premiums, deductibles and co-payments. These clients have income equal to or less than 100 percent of the federal poverty level.

- **Medicare Part D:** Medicare Part D is the Medicare pharmacy benefit. All clients in the Medicare buy-in programs receive assistance from CMS with their Medicare Part D premiums and co-insurance amounts. Oregon pays a per-person monthly premium to Medicare for eligible clients.

Along with mandated programs, APD works to provide services that support individuals in their own home. These supports reduce reliance on nursing facilities and licensed community-based care while simultaneously improving quality of life and saving taxpayers' money. These programs provide supplemental services as needed to in-home clients and are not tracked as a separate caseload. These programs include:

- **Medicaid Adult Day Services:** Adult day services provide supervision for adults with functional or cognitive impairments who cannot be left alone for significant periods of time. Services may be provided for half or full days in stand-alone centers, hospitals, senior centers and licensed care facilities.

- **Medicaid Home-Delivered Meals**: Home-delivered meals are provided for Medicaid eligible clients receiving in-home services who are homebound and unable to go to the congregate meal sites, such as senior centers, for meals. These programs generally provide a daily hot mid-day meal and often frozen meals for days of the week beyond the provider's delivery schedule.

- **Cash payments:** APD makes special-needs payments to reduce the need for more expensive long-term care payments and to allow a client to retain independence and mobility in a safe environment. Special needs payments may be used for such things as adapting a home's stairs into a ramp or repairing a broken furnace. Clients can also receive cash payments to help pay Medicare Part D prescription drug copays, payments for non-medical transportation and a one-time emergency payment for an unexpected loss (such as stolen cash, a car repair or a broken appliance). The budget supporting these payments meets the federal requirement for APD's maintenance of effort (MOE).

Program Justification and Link to Focus Areas

Other Services are targeted supports that help Oregonians remain in the least restrictive setting possible. ODHS strives to provide services in a respectful, culturally, and linguistically appropriate manner. These services tie to Strategy 1 on changing how health care is delivered in Oregon by supporting efforts to increase home- and community-based care to 90 percent of the total Medicaid long-term care caseload. The Safer, Healthier Communities focus area also envisions an integrated system that these community supports will help realize.

These services allow individuals to receive services at the right time and in the right place. They maximize expenditures by using the federal portion of Medicaid funding to provide person-centered services when the person needs them. It ties directly to the desired outcome of Ensuring Financial Stability for the Long-Term Care Service Systems and Supports.

Other Services complement and enhance in-home service plans, contributing to overall cost-effectiveness and the sustainability of the plan. Other services not only have a positive impact on consumers, but also their natural support system (relatives/friends/neighbors), preventing burnout and the need for higher cost services.

Program Performance

In an independent study conducted by AARP in 2017, Oregon received an overall ranking of 4th out of 50 states in terms of choice of settings and providers, quality of life, quality of care and effective transitions from nursing facilities back into the community. With approximately 52 percent of the Medicaid caseload served in their own homes, Oregon continues to rank in the highest percentile.

Enabling Legislation/Program Authorization

Services in this category are operated under both the Medicaid state plan options, including the "K plan" and Oregon's Home and Community Based Care 1915(c) waiver. The state provides services that "waive" against nursing facility services, the mandated entitlement for Medicaid eligible individuals under Title XIX of the Social Security Act. Additionally, ORS 410 and ORS 443 provide statutory policy and structure to the services offered.

Funding Streams

Other services are mostly funded through the Medicaid program; therefore, the federal government pays approximately 60.22 percent and the General Fund covers 39.78 percent. There is a small amount of funding that is state general fund only, which serves to meet the state's maintenance of effort requirements. Finally, there is a small amount of funding from the estates of former recipients. When a Medicaid recipient passes away, the state is required by federal law to recover

money spent for the individual's care from the recipient's estate. These funds are reinvested in services for other individuals, offsetting the need for general funds.

Funding Justification and Significant Changes to 23-25 CSL

Due to the timing of the release of GB, details lower than Division level were not available.

Oregon Department of Human Services
Office of Developmental Disabilities Services

Program mission

The Office of Developmental Disabilities Services (ODDS) provides support across the lifespan to Oregonians. ODDS, partners, and the developmental disabilities community come together to provide services, supports and advocacy to empower Oregonians with intellectual and developmental disabilities to live full lives in their communities.

Program vision

People and families access quality supports that are simple to use and responsive to their strengths, needs and choices, while they live and thrive as valued members of their community.

Program values

ODDS fulfills its mission and carries out its responsibilities while adhering to the following values:

- Choice, self-determination and person-centered practices
- Children and families together
- Health, safety and respect
- Community inclusion and community living
- Strong relationships
- Service equity and access

ODDS worked with a diverse group of partners representing all areas of the intellectual/developmental disabilities (I/DD) service delivery system to develop a strategic plan that will guide its work for the next biennium and beyond. The mission, vision and goals included here reflect that effort and plan.

The strategic planning process resulted in a firm understanding that the person, their family and the goals they want to achieve remain at the core of our system. As a result of this process, the agency also committed to develop a

Service Equity Plan that includes reaching out to underserved populations, removing barriers to access and providing services by staff who have appropriate cultural and linguistic capacities.

ODDS seeks to achieve the following strategic goals**:**

- Create a system that is sustainable and easy to use with effective communication and equitable access.
- Honor and support people to make their own choices about who they want to be and what they want to do in their lives.
- Support equal opportunity for living options and meaningful employment in an integrated community setting.
- Provide families the amount and type of supports they need to raise their children at home, or when necessary, in another family home within their community.
- Support health and safety while people live rich, full lives.

People served

ODDS serves people with intellectual disabilities (IQ 75 or below) or developmental disabilities such as autism, Down syndrome and cerebral palsy. These disabilities are lifelong and have a significant impact on a person's ability to function independently. Some people with I/DD may also have significant medical or mental health needs. Most people with I/DD meet Medicaid financial eligibility requirements.

Community First Choice Option services

The I/DD service system is composed of three basic components: program design, program delivery and program services that are primarily offered through the Affordable Care Act's Community First Choice Option (CFCO).

Under CFCO, eligible persons must receive a functional needs assessment that informs the planning process. They also participate in a person-centered planning process that focuses on the person's strengths, community engagement, personal goals and outcomes. The planning process results in an annual Individual Support Plan (ISP) that documents the services the person will access in order to meet their goals. Together, the functional needs assessment and the ISP inform the amount of and/or rate for services that are available to the person.

Program services

ODDS offers a broad array of services to optimize choice and offers cost-effective supports based on functional need.

Attendant care

Attendant care provides support for people to perform activities of daily living and instrumental activities of daily living (ADL/IADL). This is the primary service available to people with I/DD through CFCO. Attendant care services are generally categorized based on the setting where the person lives. Services that now fall under attendant care include:

- In-home supports for children and adults
- Children's Intensive In-Home Services (CIIS)
- 24-hour services:
  - Group home for children and adults
  - Adult and child foster care
  - Supported living (adults only)
- Day services
- Stabilization and Crisis Unit (SACU)

In-home supports for children and adults

These services are designed to provide ADL/IADL supports in the home or in the community. Children who receive these supports live with family, and adults live either with family or in their own home. In-home services are provided to the majority of individuals served by ODDS. Without these services, many individuals would require much more expensive out-of-home services such as group or foster homes.

Persons who live in their own home or with their family can access a range of services needed to successfully support these individuals. These services may include professional behavior services, assistive technology, or environmental modifications.

For both children and adults, in-home services are provided by Personal Support Workers (PSWs) or by Direct Support Professionals (DSPs) who are affiliated with Medicaid-certified provider agencies. PSWs are hired directly by the person

receiving services or by their employer representative. DSPs are employees of private organizations who contract with the state to provide services.

Children's Intensive In-Home Services (CIIS)

These services consist of three model waiver programs that provide intensive supports to children living in the family home:

- The first program is for children with significant behavioral issues who, without supports, would require specialized out-of-home services.
- The second program is for children with medical conditions who, without supports, would require nursing facility services.
- The third program is for children with intense medical needs. These children are dependent on life support technology such as ventilators that, without these in-home services, would require a hospital setting.

With the implementation of the Community First Choice Option, children who do not have the intensive needs described above can access in-home support services through their local Community Developmental Disabilities Programs (CDDP) upon completion of a needs assessment and an Individualized Support Plan (ISP).

24-hour services

24-hour services are for children and adults who can no longer remain at home or adults who choose to receive services in a 24-hour setting such as a group home, foster home, or supported living service. These services are provided in settings outside the family home with the exception of supported living.

Group home and supported living services are provided by private organizations that contract with the state. Child foster care providers are private providers licensed through either ODHS Child Welfare or their local Community Developmental Disabilities Programs. Adult foster care providers are represented by the Service Employees International Union. In all of these settings, a diverse workforce and the ability to provide linguistically and culturally appropriate services are critical to removing barriers to service access.

People usually receive 24-hour services when they are unable to stay at home on their own or with their family. This may be due to their own needs or the

caregiver's ability to continue providing services.

Children with disabilities enter 24-hour comprehensive services as a voluntary placement when the intensive needs of the child cannot be met in the family home. Involuntary placements can also be made through Child Welfare action. In these cases, Child Welfare maintains responsibility for the court relationship, but I/DD provides the specific disability-related care.

Day Services

Day services are available for people who are over 18 and out of school. Many adults receiving 24-hour services also receive day services. These services are available for up to 25 hours a week for out-of-home activities, including employment-related activities. Adults receiving in-home supports are also able to receive day services as part of their attendant care. Day support activities that fall under the category of attendant care are provided through CFCO and provide supports promoting integration, independence and participation in the person's community.

Stabilization and Crisis Unit (SACU)

SACU is a 24-hour service provided under the CFCO. SACU provides a safety net for Oregon's vulnerable individuals with I/DD who have the most intense medical and behavioral challenges. SACU provides services when no other community-based option is available for a person. This includes persons with I/DD coming out of the Oregon State Hospital or corrections systems, as well as those from crisis situations where counties and private providers cannot meet the needs of the person to ensure health and safety. SACU focuses on supporting people in community-based settings and enabling them to return to less intensive service levels as quickly as possible.

SACU provides 24-hour residential, and day supports to people with I/DD from across the state who have significant medical or behavioral needs. The services are provided in licensed five-bed group homes.

In 1987, Oregon began to move people with developmental disabilities who were living at the state institution (Fairview Training Center and Eastern Oregon Training Center) to private providers. SACU was established to serve the small number of people with complex medical or behavioral needs who could not yet

be supported by private providers.

Today, the profile of those SACU serves has changed as private agencies increase their skills to meet challenging needs and agree to provide needed services. While the population SACU initially served included a relatively high number of people with autism diagnoses, today's intensive support needs are more related to co-occurring mental health diagnosis and/or personality disorders.

Transportation

Non-medical transportation is also provided to help persons with I/DD in in-home and 24-hour services when public transportation is either not available or not feasible, to help them participate in employment or other services.

Ancillary services

In addition, people with I/DD served through ODDS are able to access vital ancillary services including:

- Professional behavioral services
- Assistive devices
- Assistive technology
- Environmental modifications
- Long-term care community nursing
- Specialized nursing

Employment First policy

This policy states that employment in fully integrated work settings will be the first and priority option explored in service planning for all working-age adults and students preparing to transition to the world of work. The policy is based on the general philosophy that persons with I/DD have the ability, with the right supports, to be productive and contributing members of their communities through work. It also recognizes intrinsic and financial benefits of paid work to persons with I/DD and their families.

In alignment with this policy, ODDS stopped funding services in a Sheltered Workshop setting in September 2020. Additionally, ODDS has continued to support and implement SB 494 passed in 2019 to phase out subminimum wage by

2023. Further, ODDS continues to work with stakeholders to ensure that people with I/DD have access to employment supports and services, and we continue to track and report progress made in ensuring people with I/DD (including those who had been in Sheltered Work or who are transition age) are accessing Competitive Integrated Employment.

Employment services

Employment services have been strengthened and improved as part of the Employment First initiative. ODDS has restructured these services to encourage integrated, competitively paid employment for people with I/DD. Employment services are not offered through the CFCO; they remain available through the Medicaid waivers.

Employment services include:

- Employment path identification
- Job discovery
- Job development
- Job coaching
- Small group supported employment

Family support services

These services are available to any family with a child with I/DD who is under age 18 and is not eligible for Medicaid. The program offers minimal support services with the most common request being for respite care.

All children in this program have case managers through their county CDDP and state-funded services are allocated based on need. Most participating children are also in school programs and the case manager coordinates between school and home. Family support services can be more cost effective by allowing the family to support the child with a small amount of funding, without accessing Medicaid.

Family-to-family networks

These family-driven networks provide training, information, referral and general support with families providing support among one another. Just having another family to connect with or problem solve with is often what it takes to be

supported in the family home.

Program design and delivery

ODDS programs are supported by central office staff and services. Central operations provide strategic planning, program funding, policy development, service equity initiatives, general oversight and technical support to community services as well as support and leadership for various advisory councils.

The structure for service delivery and design includes a central program administration office within ODHS and contracted services with Community Developmental Disabilities Programs (CDDPs) and brokerages.

Contracted CDDPs, often operated by county governments, are responsible for eligibility determination and redeterminations, protective service investigations, and foster care licensing and reviews. After eligibility is established through the CDDP, adults who live in in-home settings can choose to be served by the CDDP or by a brokerage.

Brokerages provide case management services, including assessment and service planning for adults in-home.

Case Management

These services are provided through certified entities called brokerages or through CDDPs. CDDPs support children and adults while brokerages support adults in in-home settings.

A functional needs assessment is administered to determine the person's level of need and the amount or rate of services that will be available. The services coordinator (SC) or personal agent (PA) then works with the person, family, and others important in the person's life to complete an Individual Support Plan (ISP) and a Career Development Plan (CDP). They then work with the person to identify necessary supports required to meet the needs identified through the assessment and the goals identified in the ISP/CDP. SCs and PAs provide referrals to providers and other resources necessary to meet the person's needs. SCs and PAs continuously monitor the individual's ISP implementation, their satisfaction with services and supports, and the plan and services in place to ensure the person's health and safety.

Quality Improvement

In 2017, ODDS created a Quality Improvement unit. This unit is responsible for coordinating quality assurance and quality improvement for I/DD services, including:

- Regular quality reviews of brokerages and CDDPs.
- Oversight of licensing activities.
- Coordinating with abuse investigator specialists (AISs) and the Office of Training, Investigations and Safety (OTIS).
- Establishing quality metrics for I/DD programs; and
  Collecting and analyzing data to measure overall system performance and to inform policy decisions.

Brokerages and Community Developmental Disabilities Programs (CDDP) field reviews

The Quality Improvement unit conducts field reviews on a two-year cycle in each CDDP and brokerage. The reviews are focused on ensuring Centers for Medicare and Medicaid Services (CMS) Assurances are met through performance measures approved by CMS. The reviews assist I/DD in identifying program-specific strengths and areas requiring improvement and inform the training and technical assistance we provide to individual CDDPs and brokerages. The reviews also facilitate the identification of common trends across the state that may suggest a need for system changes, improvements, best practices implementation and training.

I/DD Licensing unit

The Intellectual/Developmental Disabilities (I/DD) Licensing unit oversees a statewide program responsible for licensing and the quality of care in programs serving persons with I/DD, including the licensing of adult foster homes and 24-hour residential facilities. It oversees and is responsible for the Medicaid-agency certification of agencies and the endorsement of 24-hour residential programs, supported living programs, community living supports, direct nursing supports, professional behavior services, employment services and host homes. It also certifies support service brokerages and child foster homes throughout the state. Through licensing and certification, the I/DD licensing team ensures that providers of services comply with requirements for federal and state reimbursement. The I/DD Licensing unit also conducts complaint investigations

and determines necessary corrective action up to and including civil penalties or revocation of a license or certificate.

History and future trends

Oregon is recognized nationally as an innovative leader in developing community-based services for persons with I/DD. Oregon is one of the few states that have no state- or privately-operated, institutional-level services specifically for people with developmental disabilities. In fact, the majority of persons with developmental disabilities in Oregon are served in their own home or their family's home.

The work of ODDS and its partners and stakeholders aims to achieve a self-directed, family-involved, individually focused, culturally appropriate, and sustainable approach to service. According to the 2020-21 National Core Indicators' National Adult Family Survey Report and National Child Family Survey Report, people with I/DD and their families report high levels of satisfaction with services when they have increased control, the ability to integrate into their home communities more fully, and the benefits of home and community life.

Ongoing input from our partners both nationally and in Oregon indicates that the number of people with I/DD-related needs is growing. There also is an increase in the number of people who need services that have co-occurring mental health needs or are coming from the corrections system. Efforts to ensure the long-term sustainability of ODDS programs and services will be essential in meeting these growing needs. To reach underserved and underrepresented communities, moreover, ODDS must continue its efforts to build a diverse workforce capable of delivering linguistically and culturally agile services.

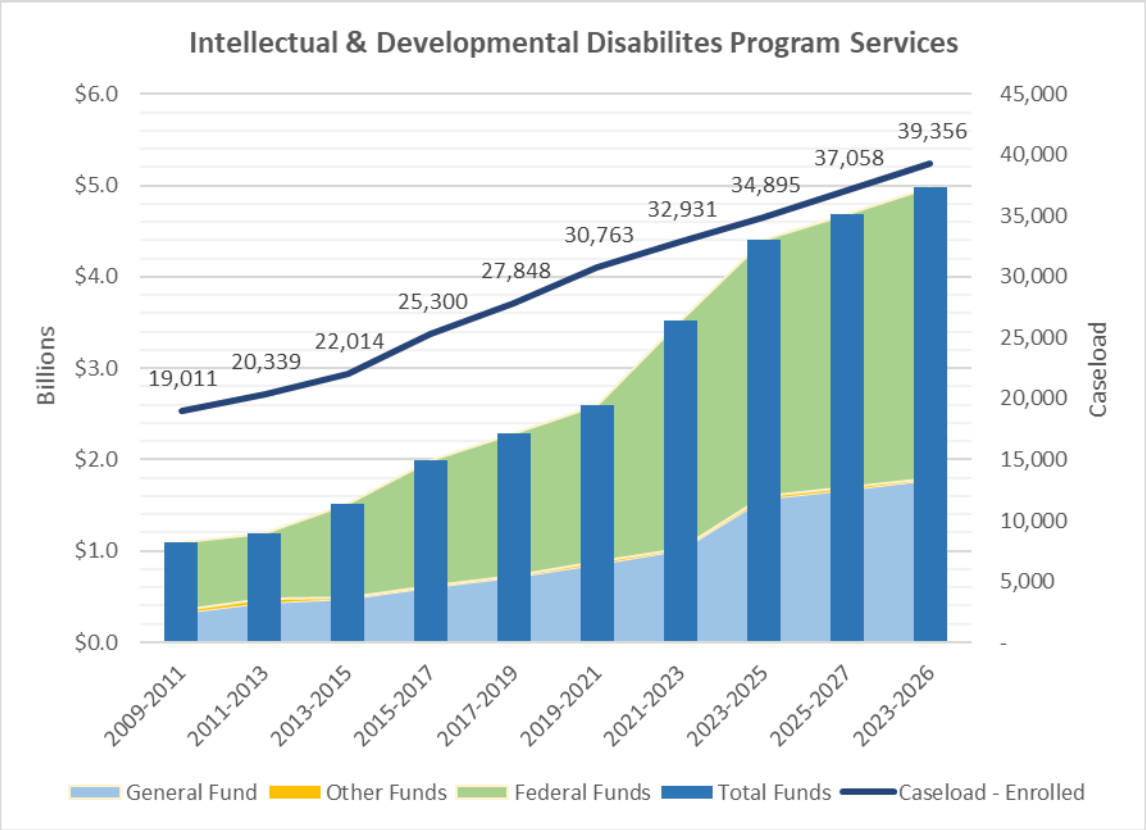
Before COVID-19, the Direct Support Professional (DSP) workforce was in crisis with a national staffing shortage. COVID-19 made the situation worse. ODDS took numerous measures to recruit and retain workers throughout the pandemic, including rate increases for care workers and provider agencies, retention incentives, incentives for new care workers, and a recruitment campaign involving the launch of the Impact Oregon website. ODDS expects these workforce shortages to continue after the pandemic and will continue its efforts to increase this vital workforce.

In 2021, the Oregon Legislature funded HB 3352, formerly called Cover All People and renamed Healthier Oregon, to ensure that more Oregonians can access comprehensive Oregon Health Plan benefits, including long-term services and supports. This program will allow I/DD eligible individuals, regardless of immigration status, to access needed home- and community-based services.

Oregon Department of Human Services: Program Services

Primary Long-Term Focus Area: Safer and Healthier Communities
Secondary Long-Term Focus Area:
Program Contact: Anna Lansky

Program Services – Caseload and Funding



Note: Effective 2013-2015, K Plan increased enrollment as well as lifted spending caps.

Program Overview

Oregon home and community-based services for people with intellectual and developmental disabilities are provided under several Medicaid authorities including Community First Choice Option (CFCO), also known as K Plan, and five 1915(c) waiver programs. ODDS also operates a small Family Support program funded by state General Funds providing limited flexible supports for individuals and families.

Currently, ODDS home and community-based services support more than 32,000 adults and children with intellectual and developmental disabilities to live their lives in their communities. More than 18,000 of these individuals receive services in their own of family homes.

Program Description

Oregon home and community-based services for people with intellectual and developmental disabilities are provided under several Medicaid authorities including Community First Choice Option (CFCO), also known as K Plan, and five 1915(c) waiver programs. Supports provided under K Plan are services such as attendant services that support individuals in accomplishing activities of daily living and instrumental activities of daily living (ADL/IADL), relief care, behavioral support services, transportation, environmental modifications and assistive technology and devices.

The Adult and Children Waivers provide services such as case management, employment services and other ancillary services (direct nursing services, specialized medical supplies, environmental safety and vehicle modifications, and family training). Services through the Children's Waiver are provided to children in all settings, including family homes, group homes, host homes and foster care through Community Developmental Disabilities Programs (CDDPs). Services through the Adult Waiver are provided to adults, age 18 and older. Adults receiving service through CDDPs may reside in all settings including their own homes, family homes, supportive living, group homes, and foster care. Adults served through Support Services Brokerages receive services in their own or family home. Individuals receiving services through either waiver can access all K Plan services. Under CFCO, an individual can elect to live in any setting of their choice, but it may impact whether they receive case management support through a CDDP or Brokerage.
Of the more than 32,000 individuals enrolled in services (May 2022 Variance Report), 3,235 live in 24-hour group homes, 3,229 in foster homes and 763 in supported living. 18,042 individuals who receive I/DD services in addition to case management reside in their own or family homes. 7,469 of the adults served at home receive case management support through Support Services Brokerages; 14,849 adults living in all settings receive case management through the CDDP system. In-home support services average approximately $4,065 per month per

individual while out-of-home services average approximately $10,202 per month.

For both children and adults, the direct care services are provided through Personal Support Workers (PSWs), provider agencies, behavior consultants and respite providers. Personal Support Workers were provided collective bargaining rights in 2010 through HB 3618.

Employment services

ODDS currently offer supported employment services, such as job development, job coaching, supported small-group employment, Discovery and Employment Path. Discovery and Employment Path help individuals explore and learn skills to help them gain competitive integrated employment. These services are currently provided though all five waivers.

People who are employed in the community have the highest level of integration and have stronger social networks. The more people with developmental disabilities can achieve paid employment, the less dependence there is on public resources and the greater the state's flexibility in designing future services that respond to the needs of this population.

Oregon has been very successful in developing community-based care to move away from institutions as a model of care. Individuals with developmental disabilities fully engaging with their communities brings positive outcomes while being fiscally beneficial. Based on federal requirements, community employment services will be the only employment services to receive federal funding as of September 1, 2020.

Model Waivers

ODDS administer three Model Waivers through the Children's Intensive In-Home Services (CIIS) unit: Medically Involved Children's Waiver, Medically Fragile Model Waiver and Behavioral Model Waiver for children. Currently, these waivers serve about 376 kids. Children receiving service through Model Waivers are also able to access K Plan services. These services are substantially the same as individuals served through the Comprehensive and Support Services Waivers, including attendant services, relief care, behavioral support services, environmental modifications and assistive technology and devices.

Family Support Program

Limited supports for children are offered by ODDS through the Family Support Program and are available to any family of a child under age 18 who is not receiving K plan or waiver services. The program is funded by General Fund and offers flexible supports with the most common request being for attendant care and respite services. On average, during 2019-21 biennium, the program served 12 families per month at an average monthly cost of about $223. All children in these programs have case managers through their county Community Developmental Disabilities Program (CDDP).

Program Justification and ODHS Equity North Star

ODDS service and supports focus on individuals with intellectual/developmental disabilities (I/DD) to ensure they are healthy, have the best possible quality of life in their communities among families and friends and are working or attending school to achieve their greatest potential. The service equity focus of I/DD service delivery system reflects the ODHS Equity North Star pillar: "staff and communities will know services and supports are working when all who live in Oregon, regardless of identity or place, can achieve well-being". This is being achieved through investments into the direct workforce, development of robust and diverse network of providers including culturally specific providers, improved language access, building cultural agility and ensuring that individuals' goals and preferences are respected and supported in the context of their communities, families and culture. ODDS continuously works to ensure that services are provided in a linguistically and culturally competent manner.

I/DD services and supports not only connect individuals and families to needed home and community-based services, but also link them to resources critical to the social determinants of health, such as housing, food and employment, through other governmental and community resources. When compared to the entire Medicaid population, adults in the Medicaid-funded home and community-based services with I/DD are uniquely more reliant on the service system to make lifestyle changes and to adequately access health care. Funding I/DD programs to support the necessary lifestyle choices that reliably and consistently follow through with medical recommendations will result in significant cost savings to the state's

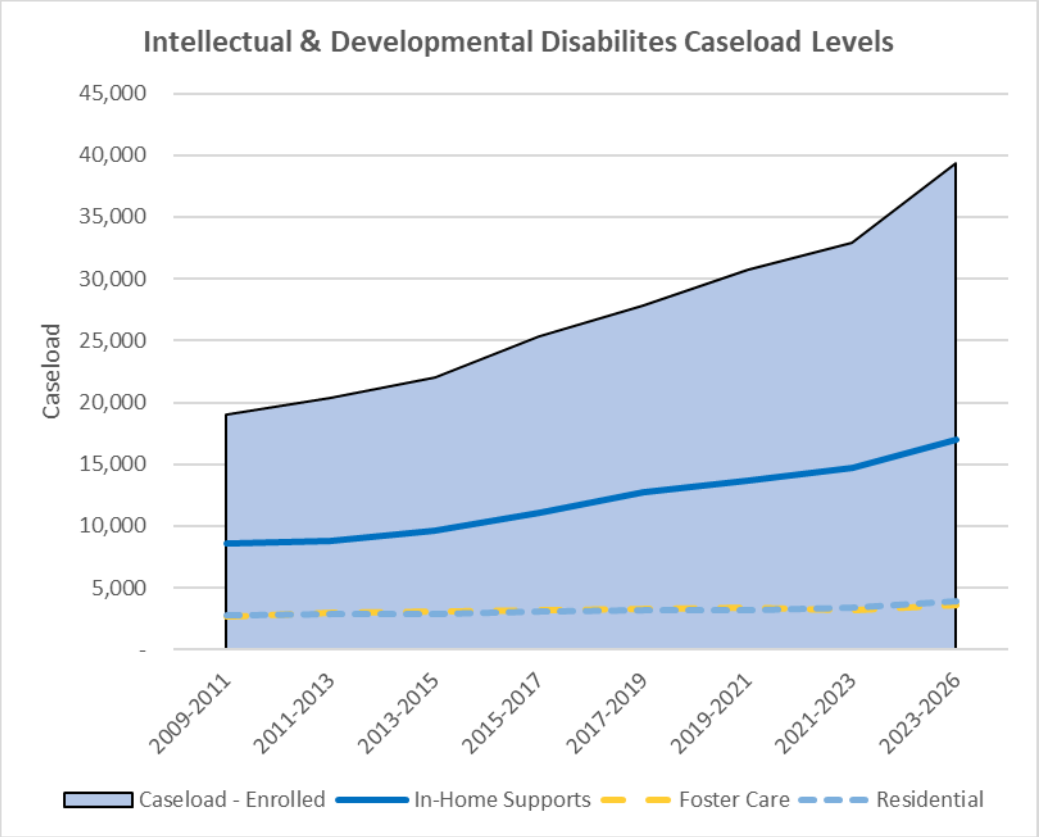
medical programs. Families and case managers are critical to help with health care coordination in the communication and implementation of treatment.

I/DD services are critical to the financial stability of a family and to the person with intellectual/developmental disabilities. With supports, families are not forced to decide between working and supporting their family member. It is also important that working-age adults with developmental disabilities are supported to work. Oregon has implemented an Employment First policy. This prioritizes individuals in actively engaging in developing work skills and defining work interests, pursuing job development or being employed in the community, and receiving support to maintain employment. In addition to being happier and healthier, individuals with I/DD who are employed broaden their network of supports.

Important equity milestones will be achieved in July 2023 by opening I/DD services to all eligible individuals regardless of their immigration status in the United States, pending legislative approval for funding. Effective January 1, 2018, Senate Bill 558 – also known as Cover All Kids – made the Oregon Health Plan (OHP) available to more children and teens younger than 19, regardless of immigration status. This coverage did not include long term services and supports at the time. In 2021, the Oregon Legislature passed House Bill 3352, formerly called Cover All People and renamed "Healthier Oregon," to ensure more Oregon adults can access comprehensive Oregon Health Plan benefits, including long term services and supports. The program will be phased in by enrolling people aged 19-25 and 55 and older into program starting July 1, 2022 and opening up I/DD home- and community-based services to all ages in July of 2023. This effort directly reflects ODHS Equity North Star pillar: "We are dedicated to making services, supports and well-being accessible to all".

Program Performance

Supporting individuals to live at home or live on their own is the most desirable outcome for people with I/DD and is most cost effective for the state. The number of people supported at home has been the largest area of growth in the I/DD system.



Spring 2022 Forecast

Enabling Legislation/Program Authorization

Oregon Revised Statutes 427.005, 427.007 and 430.610 through 430.695 enable the provision of family support for children with developmental disabilities. Oregon Revised Statutes 427.410 enables the provision of Support Services for adults through Support Services Brokerages.

At the federal level, in addition to all applicable Medicaid statutes and regulations, services must comply with the Title II of the Americans with Disabilities Act (ADA) of 1990 and Section 504 of the Rehabilitation Act of 1973. Compliance with these federal laws is subject to the U.S. Supreme Court's *Olmstead* Decision of 1999 and the U.S. Department of Justice's interpretation of that decision as it relates to the ADA and Rehabilitation Act. The *Olmstead* ruling applies to ODDS services.

Funding Streams

The services are designed and approved using Medicaid 1915c Home and Community-Based Waivers, and primarily, the Community First Choice Option in the Medicaid State Plan. The program 1915c Waiver funding match rate is current Federal Medical Assistance Percentage (FMAP), 60.22 percent federal funds and 39.78 percent General Fund and for 1915K, FMAP + 6 percent; 66.22 percent federal funds and 32.78 percent General Fund.

Funding Justification and Significant Changes to CSL

Due to the timing of the release of GB, details lower than Division level were not available.

Oregon Department of Human Services: Delivery and Design

Primary Long-Term Focus Area: Safer, Healthier Communities
Secondary Long-Term Focus Area:
Program Contact: Anna Lansky

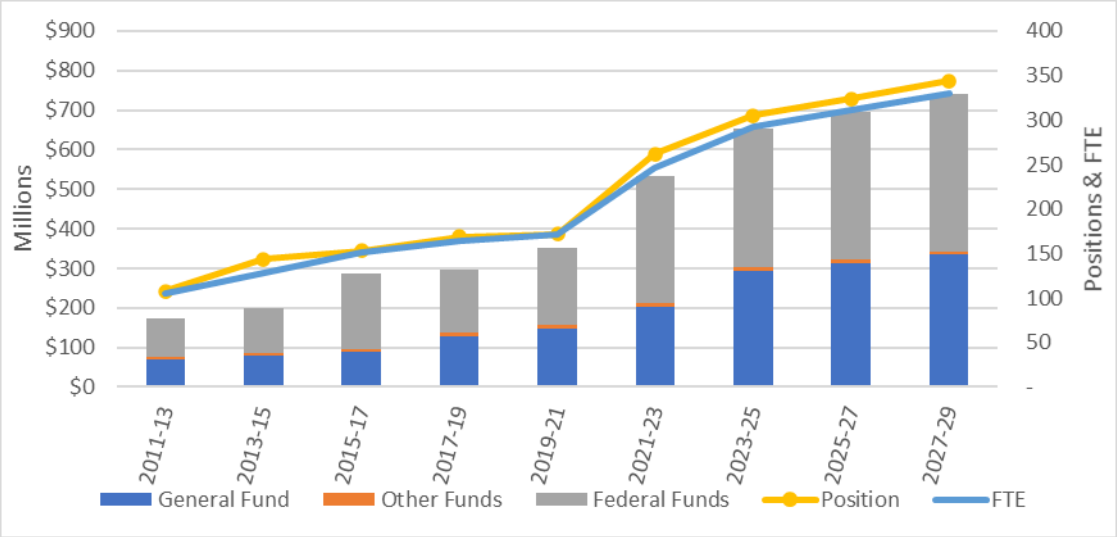


Figure I: Funding of I/DD Delivery and Design (not reflective of funding or FTE for the Stabilization and Crisis Unit (SACU)).

Program Overview The Office of Developmental Disabilities Services (ODDS) manages a lifespan program that provides support and funding to children and adults with intellectual and developmental disabilities (I/DD) to live fully engaged lives in their communities. Programs are provided in the community in the person's own home, family home, foster care or group home, or in supported living programs. Design and Delivery provides administrative and operational support to these programs.

Program Description

More than 32,000 Oregonians with I/DD are receiving case management and other supports through the ODDS program. Since implementation of Community First Choice Option (CFCO) – also known as K Plan – in July 2013, the Oregon I/DD service delivery system has undergone significant changes. CFCO has moved the program along the equity trajectory by ensuring that all eligible Oregonians can access home and community based servcies and supports based on their needs.

The structure for service delivery and design includes a central program administration office, the Children Intensive In-Home Services (CIIS) unit and contracted services with Community Developmental Disabilities Programs (CDDPs) and Support Service Brokerages. Additionally, the ODDS central office provides strategic planning focused on service equity, program funding, policy development and training, provider licensure and certification, general oversight and technical support to community services. Contracted Community Developmental Disability Programs (CDDPs) are responsible for eligibility determination, program enrollment, case management, abuse investigation and foster care licensing and certification. Adults receiving in-home services can also choose to get case management through contracted Brokerages.

With CFCO, people can choose the setting in which they live, which increases the importance of supporting and strengthening the ability of families and communities to be more inclusive and provide natural supports to those with I/DD.

ODDS delegates the responsibility for administration of the Community Developmental Disabilities Programs (CDDPs) to local county government first, in accordance with state statutes (ORS 407). ODHS will implement state contracts with a private agency for counties who do not wish to pursue this program. Local oversight responsibilities include determining eligibility for developmental disabilities services. CDDPs also are responsible for case management services, evaluation and coordination of services, planning and resource development, developing and monitoring Individual Support Plans (ISPs) and documentation of service delivery to comply with state and federal requirements. CDDPs also perform adult abuse investigations, quality assurance services and licensing and cetification tasks for foster homes, including site reviews. ODDS provides funding for the equivalent of nearly 1,097 full-time employees of CDDPs through contracts. CDDPs provide case management for all individuals, except adults choosing to be served by a Support Service Brokerage. Adults living in their own or family home have a choice of case management providers, between the local CDDP and a Brokerage. Children are all served by the CDDPs, except those case managed by ODDS staff through the Children's Intensive In-Home Services or Children's Residential Services programs.

There are 14 Support Service Brokerages statewide. Brokerages vary in size and support from 251 to 720 people. People with I/DD are enrolled in Brokerages from the county when they select Brokerage case management services. Once in a Brokerage, the Brokerage Personal Agent (PA) completes a needs assessment, develops the Individual Support Plan, and assists the person in determining services needed, amount of service and possible workers or provider agencies. PAs help the individual to design plans that meet their needs as determined by the need's assessment. ODDS provide funding for 319 full-time employees to the Brokerages. In order to not duplicate services, once a person is in a Brokerage, they do not also get case management from the CDDP.

The majority of individuals receiving services are eligible for Medicaid. The state uses Medicaid Home and Community-Based Services (HCBS) that allow for shared funding from the federal government. Through the CFCO State Plan Option, the states receive FMAP plus an additional 6 percent in federal match.

ODDS staff provide policy and program design, training, technical support, provider licensure and certification, quality assurance, and field support of CDDPs, Brokerages, and direct service providers. There are more than 3,900 private service provider agencies, including 1,418 foster care providers and more than 12,000 Personal Support Workers. Regulatory oversight for licensed settings is provided by the ODDS Licensing Unit.

Central office staff provides programmatic and budget analysis support to Department of Administrative Services Labor Management, collective bargaining for the Adult Foster Homes, Home Care Workers and Personal Support Workers.

The Delivery system also includes the Children's Intensive In-Home Services (CIIS) and the Children's Residential Services comprised of state staff under ODDS' umbrella. These units operate and provide case management services to the three Model Waivers for children and provide case management support to children in residential services.

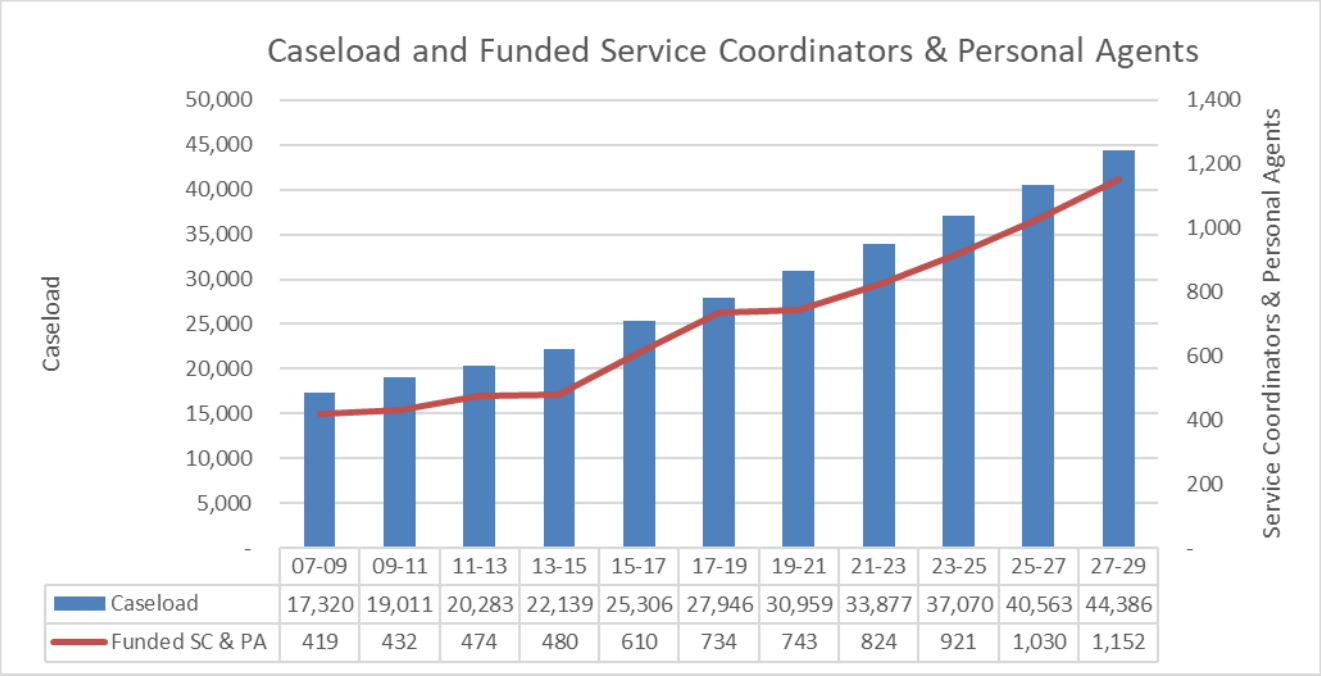
Program Justification and Link to Equity North Star

ODDS vision is: People and families access quality supports that are simple to use and responsive to their strengths, needs and choices, while they live and thrive as valued members of their community. ODDS is working to fully align with ODHS Equity North Star in every aspect of its operations.

The program delivery and design system, administered and monitored by central staff and implemented through the CDDPs and Brokerages, is designed to ensure that individuals with I/DD are supported in context of their community, family and culture so that they are healthy, safe and fully engaged in their community. The goal is to help individuals have the best possible quality of life and outcomes at every life stage. Person-centered strategies are used to optimize the person's outcomes and use of natural supports. In collaboration with local CME partners, CDDP and Brokerages, ODDS works to ensure that systems, services, supports and well-being are accessible to all. These goals are accomplished through partnerships with other ODHS programs, state agencies, local communities and organizations at the state and local level. This Delivery and Design strategy reflects the North Star commitment "to partnering with communities to develop and deliver policies and programs that are equitable and improve community conditions".

Program Performance

Adequate personnel resources are necessary to ensure delivery of programs and provision of services within Developmental Disabilities in a linguistically and culturally competent manner. The chart below provides a comparison of the caseload growth to the equivalent contracted CDDP and Brokerage personnel: CDDP Service Coordinators and the Brokerage Personal Agents.



	07-09	09-11	11-13	13-15	15-17	17-19	19-21	21-23	23-25	25-27	27-29
Caseload	17,320	19,011	20,283	22,139	25,306	27,946	30,959	33,877	37,070	40,563	44,386
Funded SC & PA	419	432	474	480	610	734	743	824	921	1,030	1,152

Figure II: Growth of I/DD Caseload and CDDP Service Coordinators and Brokerage Personal Agents.

Enabling Legislation/Program Authorization

The services are designed and approved using Medicaid 1915c Home and Community-Based Waivers and the 1915k CFCO Medicaid State Plan. Individuals can also be court committed to the state care and custody under ORS 427. Case Management can also be authorized under the Medicaid State Plan. Federal authorization for all services is at 42 C.F.R. 441 and Section 1915(c) of the Social Security Act. Authorization to provide the services in Oregon is in ORS 410.070, 409.050.

At the federal level, in addition to all applicable Medicaid statutes and regulations, services must comply with the Title II of the Americans with Disabilities Act (ADA) of 1990 and Section 504 of the Rehabilitation Act of 1973. Compliance with these federal laws are subject to the U.S. Supreme Court's Olmstead Decision of 1999 and the U.S. Department of Justice's interpretation of that decision as it relates to the ADA and Rehabilitation Act. The Olmstead Decision requires states to provide services and supports in non-segregated settings.

Funding Streams

The services are designed and approved using the Community First Choice Option in the Medicaid State Plan and Home and Community-Based Waivers, which provide a federal match to the program's General Fund. The program funding match rate for waivered services is the current FMAP rate which is 60 percent federal funds and 40 percent General Fund and for CFCO services is the current FMAP rate plus an additional 6 percent; 66 percent federal funds and 34 percent General Fund.

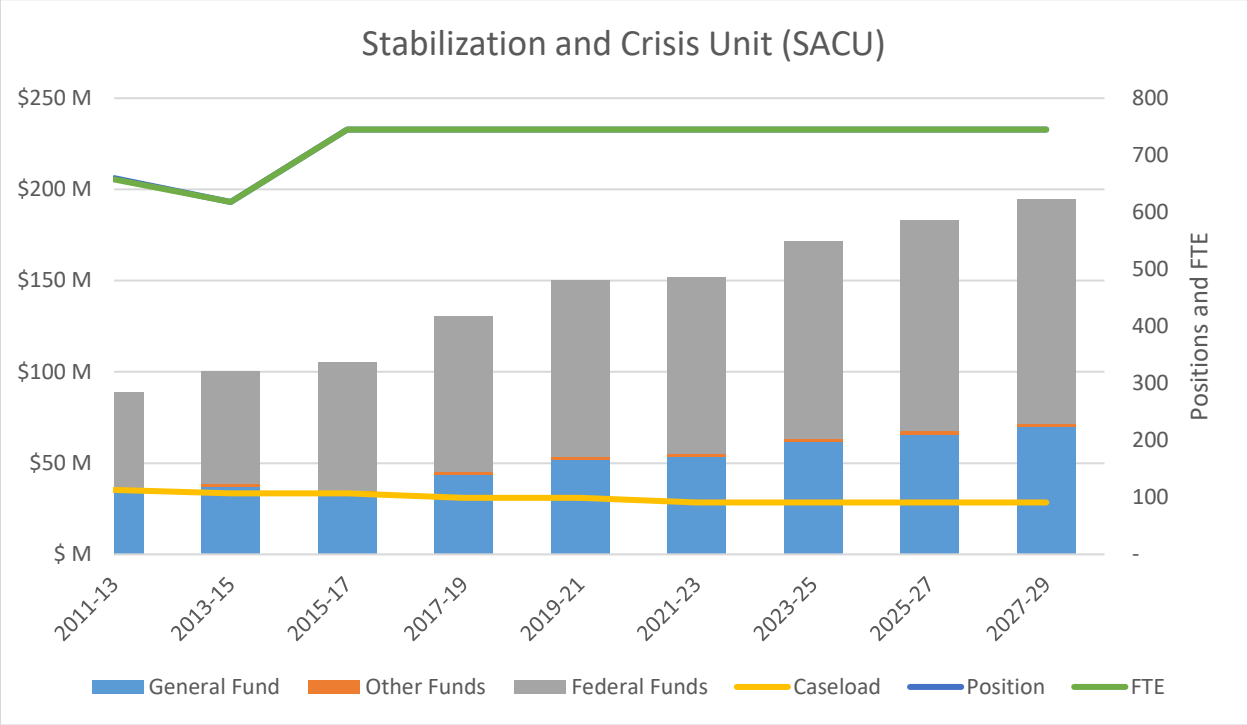
The administration of CDDP, Brokerage, and central office staff are funded at the Medicaid administrative match of 50:50. Authorization to provide the services in Oregon is in ORS 410.070, 409.050. Case Management services delivered by CDDPs and Brokerages are billed FFS and are federally matched at the federal FMAP waivered rate.

Funding Justification and Significant Changes to CSL

Due to the timing of the release of GB, details lower than Division level were not available.

Oregon Department of Human Services: Stabilization and Crisis Unit (SACU)

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



**A 7 percent overall budget reduction occurred in 2011.*

Program Overview

The Stabilization and Crisis Unit (SACU) is a safety net resource for Oregonians with intellectual and developmental disabilities (I/DD) who have no other option for a residential bed due to significant I/DD and mental health challenges. SACU serves the most vulnerable, intensive, behaviorally and medically challenged individuals with I/DD. This includes people with developmental disabilities coming out of crisis situations, including hospitals, correctional systems or private providers where current supports cannot meet the needs of the individual and ensure their health and safety. Almost all individuals served by SACU present with

dual diagnoses of mental health and I/DD. This program is an integral part of the overall I/DD continuum of services. SACU focuses on supporting people in community-based settings and preparing them to return to less intensive service levels once stabilized.

Program Description

SACU provides 24-hour residential services to individuals with I/DD who have significant behavioral, mental health or medical care needs. The services are provided in licensed four- and five-bed group homes located across six counties from the Portland metropolitan area to Eugene.

As individuals enter SACU, staff work with each person to modify behaviors and increase individual skills. Many of the individuals supported have challenging behaviors that are frequent and intense, and staff may provide physical interventions as trained through the Oregon Intervention System (OIS). All individuals have focused behavioral protocols that require frequent staff training and a high level of data collection and review. The program utilizes a person-centered approach where services are specifically tailored to the individual's needs, and it complies with all state and federal regulations.

There is an active referral list of adults and children waiting to enter SACU. Before entry into SACU, individuals are first referred by the local Community Developmental Disabilities Program to community-based providers across the state. When a person is denied or terminated from a current provider program, they move to a SACU placement. Nearly all individuals served have co-morbid (co-occurring) disorders of mental illness and I/DD. The acuity level of challenging behaviors requires intensive 24-hour supervision and behavioral support services to ensure safety to themselves and the community. Challenging behaviors range from aggression toward people or property, including self-injurious behaviors. SACU also supports up to 10 individuals with medically fragile conditions that require 24-hour nursing care and support services.

More than 50 percent of these individuals have a history of criminal charges and/or current or pending legal sanctions. The convictions range from such crimes as assault, criminal mischief, theft, harassment, public indecency, possession, rape, sex abuse, and murder. A number have legal sanctions as a result such as parole,

probation, Psychiatric Security Review Board (PRSB), or are registered sex offenders. Some are civilly committed as they have been found to be a danger to themselves or others. The majority of individuals referred to SACU have an identified need for a secured facility due to their risk of flight and/or offensive behavior. In addition, a large percentage of individuals require a secure placement where housing modifications are implemented to avoid injury to self and others.

SACU serves 70 adults who need acute stabilization and crisis services. These individuals have been identified due to extreme behavioral and psychiatric needs that have not been successfully provided in the community.

SACU has 15 beds available for children (up to 18 years old) who are in acute crisis situations and require stabilization. These children come from a variety of settings including the family home, foster care, 24-hour group home care and institutional care.

SACU serves up to 10 individuals in specialized medical facilities due to their fragile medical conditions and I/DD needs.

In all the homes, SACU staff provide services that ensure health and safety needs are met and that the individual has the ability to participate in the community. As the goal of the program is to have the individual live in the most independent, least restrictive community setting, it is important to ensure the individual can be supported in the same type of setting.

All of the individuals in SACU qualify for Medicaid, currently use the Oregon Health Plan and are served by Coordinated Care Organizations to meet their medical needs. Since there are high medical, behavioral and mental health needs, the program treatment plans are critical for individual stabilization and coordination of health services.

From the initial homes established in 1987 through today, the profile of the individuals served by SACU has dramatically changed. As private agencies increased their skills to meet challenging needs and were able to provide services, the individual who needs safety net services has changed. In 2000, SACU had six homes serving 30 people with high medical needs. Today these medical homes

serve only up to 10 individuals. These individuals now receive care in community and nursing facilities.

In the past, the numbers of people with intensive behaviors were people who had a diagnosis of autism. Today, intensive behaviors are related to co-occurring mental health diagnosis and/or criminal convictions.

With the 2015-2017 budget, SACU completely transformed the organizational structure to increase efficiencies and lower injuries and overtime. The agency formed seven island structures within the existing three regions and created a staffing float pool, which allows for more flexibility in direct care staffing. SACU also created the Crisis Outreach Assessment Team (COAT), a rapid-response team that responds to an individual's crisis as it is occurring. COAT also completes mental health assessments allowing SACU to better support the individuals served. In addition, SACU contracted with a national consultant, Benchmark, to review SACU as a whole and make recommendations for improved services as well as individual and staff safety.

Program Justification and Link to Focus Areas

SACU links to the Safer, Healthier Communities focus area. SACU helps individuals with intellectual/developmental disabilities be healthy and have the best possible quality of life by helping them live in their communities and work or attend school to achieve their potential. Stabilization and training are provided for adults and children who have entered the program in crisis. SACU helps individuals transition back into community settings with support from their families, caregivers or private providers.

Individuals enrolled have no other alternatives for a residential placement. They are in crisis due to a family breakdown; discharge from a hospital, psychiatric or correctional setting, or discharge from a private provider who can no longer support them due to the intensity of their behavioral or medical needs. SACU provides a critical alternative to assist the person to return to a healthy and productive life through a high-quality residential program, including community-based housing, appropriate nutritional and medical care, and interventions.

In addition, the safety net provided by SACU allows for targeted, community-based support to individuals in crisis or with otherwise unmet intensive needs, individuals receive the services they need for the time they need them and are then assisted to transition back to families or private providers.

Program Performance

Staff ratios are quite high; at minimum all require a 1:1 staffing level. Many require a greater staffing level while in the community. The goal is to stabilize behaviors and health issues in a residential setting so that transition to a private provider is successful. Average length of stay for SACU adults overall (in both medical and behavioral beds) is 6 years.

SACU is focusing on placement of these long-term individuals in private care. These types of individuals, who can now be served by private providers due to improvements in community service skills and capacity, are no longer prioritized for this program.

SACU continues to build strong data tracking, including clinical data (individuals' incidents, medication errors, safety records, restraints, and a number of other elements), staffing data (ratios, overtime), and programmatic data (admissions, transfers, exits, length of stay). SACU uses this data to make programmatic changes.

Enabling Legislation/Program Authorization

Virtually all individuals served by SACU are funded through Medicaid Home and Community-Based Waivers and the 1915(k) Medicaid State Plan. The individuals served by SACU would be entitled to nursing home or intermediate care facilities for persons with intellectual and developmental disabilities (ICF/IDD) institutional services. Oregon no longer uses institutional care, but the service would be required if we could not meet the need in the community.

Other federal laws and rulings that impact services delivered through SACU are the Americans with Disabilities Act and the Supreme Court Ruling in *Olmstead v. L.C.* (1999), which generally require individuals to be served in least restrictive, non-institutional settings. Oregon commitment statutes in ORS 427 also require the

State to provide care and custody to a person who presents harm to themselves or others, and SACU's status as the safety net is integral to accomplishing this.

Additional statutes that guide the delivery and program are found in ORS 412, 430, 409 and 410. The Oregon Administrative Rules (OARs) that govern the operations of SACU require that individuals be supported in the community and in pursuit of educational and vocational activities.

At the Federal level, in addition to all applicable Medicaid statutes and regulations, services must comply with the Title II of the Americans with Disabilities Act (ADA) of 1990 and Section 504 of the Rehabilitation Act of 1973. Compliance with these Federal laws is subject to the U.S. Supreme Court's *Olmstead* decision of 1999 and the U.S. Department of Justice's interpretation of that decision as it relates to the ADA and Rehabilitation Act. The *Olmstead* ruling is relevant to SACU in that it requires all services allowed in the waiver, including SACU, create inclusion in the community equitably across the state.

Funding Streams

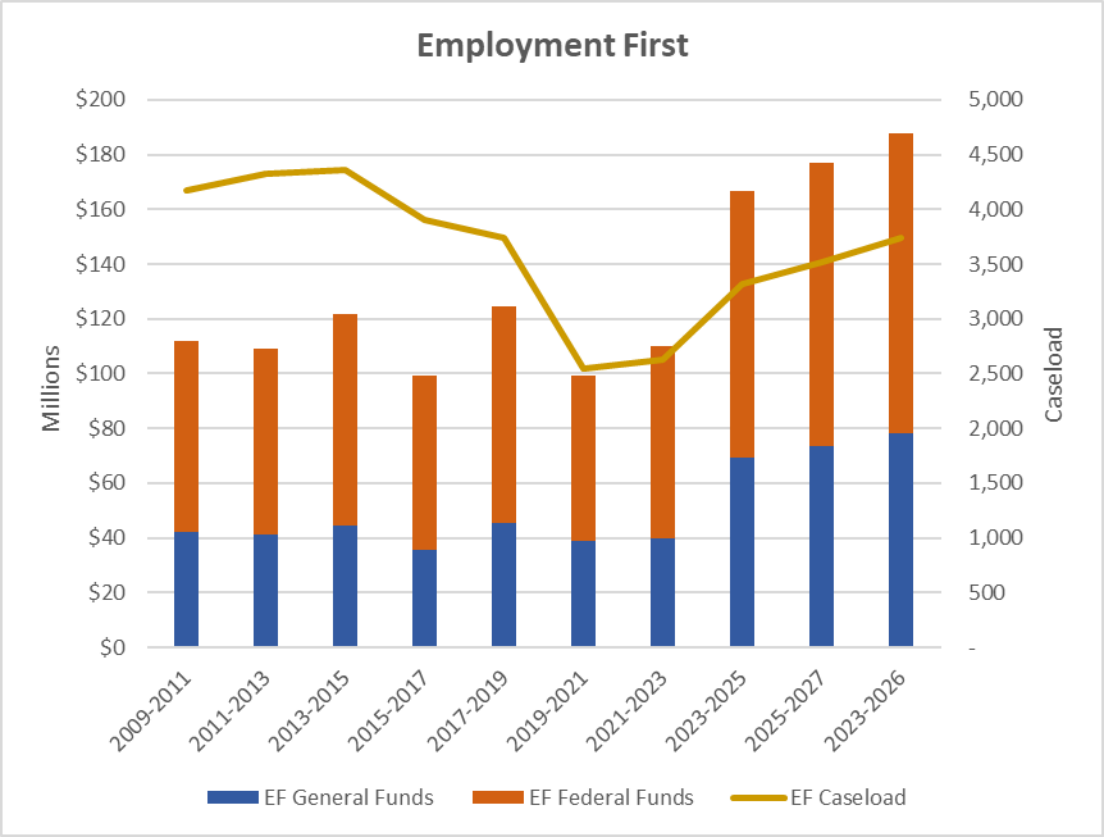
The services are designed and approved using a Medicaid 1915(c) Home and Community-Based Waiver and a 1915(k) Medicaid State Plan which provides a federal match to the program's General Fund. The program funding match rate is 63 percent federal funds and 37 percent General Fund for waiver services and 69 percent federal funds and 31 percent General Fund for 1915(k) State Plan services. Based on their income level, some individuals also pay an Other Funds contribution toward their room and board costs.

Funding Justification and Significant Changes to CSL

There are no investments in the Agency Request Budget, only the regular essential packages that are part of the normal budget build process.

Oregon Department of Human Services: Employment First Intellectual and Developmental Disabilities Services

Primary Outcome Area:	Thriving Oregon Economy
Secondary Outcome Area:	Safer Healthier Communities
Program Contact:	Acacia McGuire Anderson, 503-884-4910



Program Overview

Employment First is a nationwide initiative which helps individuals with intellectual and developmental disabilities (I/DD) reach and maintain competitive integrated employment by ensuring that employment is the first and priority option in each state. Research has shown that people who are employed in the community have the highest level of integration and have stronger social networks. The more people with developmental disabilities that achieve paid employment, the less dependence there is on public resources and the greater the state's flexibility in designing future services

that respond to the need of this population. For these reasons and many more, in 2008 Oregon was an early adopter of the Employment First initiative. Employment First is both a national initiative and a state policy. In Oregon, Employment First includes the ODHS Office of Developmental Disabilities Services (ODDS), ODHS Vocational Rehabilitation (VR), and the Oregon Department of Education (ODE). Employment First is working to increase employment opportunities for individuals with I/DD. New federal regulations, as well as the *Lane v. Brown* settlement agreement, place even greater emphasis on the state's need to provide community-based employment services to people with I/DD. Finally, due to COVID-19 there has been an interruption in employment services and an increase in job loss or job reduction; this is in part because people with I/DD are at greater risk of negative effects from COVID-19. As individuals decide to return to work, increase hours, etc. the Employment First services become even more critical. These services can help people with I/DD identify accommodations that can help keep them safe and healthy while at work and can also help people return to work.

Program Description

Employment First is based on the general philosophy that individuals with intellectual and developmental disabilities have the ability to be productive and contributing members of their communities through work. This philosophy also recognizes intrinsic and financial benefits of paid work to individuals with disabilities and their families, and that improved economic self-sufficiency has been shown to reduce reliance on government services. Oregon has been very successful in developing community-based care to move away from institutions as a model of care. Having individuals with developmental disabilities fully engaged in their communities is highly desirable as an outcome and fiscally efficient. The Employment First initiative is designed to ensure that employment supports are provided in the community.

All people with developmental disabilities who are eligible to receive services through either the Comprehensive or Support Services waiver and the Community First Choice (K Plan) may choose to receive residential support through in-home services, foster care, group homes or supported living services, as well as employment and/or day services. Employment supports include:

- Employment Path services – supporting individuals in learning employment skills

- Supported Small Group services – supports for individuals to work in the community with up to seven other individuals who have disabilities and make minimum wage or better
- Job coaching – support to work independently in a community-based job making minimum wage or better
- Discovery – a time-limited service designed to help an individual learn more about their employment strengths and potential job interests

The Employment First policy states that work in integrated jobs is the first and priority option in planning employment services for working-age adults and youth. Services should be planned to use person-centered practices that identify an individual's talents, skills, and interests. This information can then help inform employment options and career opportunities.

In 2014, CMS issued additional guidance regarding their Home and Community Based Services (HCBS) regulation requiring that employment supports be community-based by March 2019. Further, DHS reached a settlement in *the Lane v. Brown* case in January 2016 which requires that ODDS, VR, and ODE work together to ensure that individuals who are currently in a sheltered workshop (or who have been in a sheltered workshop as of 2012) or individuals eligible for ODDS services transitioning out of high school receive supported employment services to help them obtain competitive integrated employment. Additionally, the Rehabilitation Act was amended formally as of June 30, 2016 via the Workforce Innovation and Opportunity Act, which requires competitive integrated employment as the outcome to be considered a successful placement through VR.

These federal and state changes, as well as implementing Employment First policies, require some fundamental systems transformation. Many providers needed support to change business practices to support individuals in jobs throughout their communities. Due to this technical assistance and other support, the last sheltered workshop in the state of Oregon closed August 31, 2020.

It continues to be critical for business partners to embrace the benefits of hiring people with developmental disabilities. Employment First partners with the Oregon Council on Developmental Disabilities and other stakeholder and advocacy organizations to develop policies and communications that strengthen employment outcomes.

As part of the department's strategic planning to integrate those with developmental disabilities into their communities, as well as new federal regulations which require that all employment supports be community-based, Oregon has moved away from the Sheltered Workshop model into a community based model as the last Sheltered Workshop in Oregon closed August 31, 2020. For people with developmental disabilities, the goal is that their time in career exploration and hours working in the community will increase and time spent in sheltered workshops decreases. This goal aligns with federal regulations, as well as the *Lane v. Brown* settlement agreement.

Program Justification and Link to Focus Areas

Employment First links to the Thriving Oregon Economy focus area. Individuals with developmental disabilities are healthier, safer and happier when they are engaged in meaningful work. Individuals are more likely to be able to live with their family longer when they have their own daily schedule that is similar to working parents. As with all other citizens, for individuals with I/DD, employment has many positive impacts. These impacts include increasing self-worth, building relationships, and access to community resources. Employment improves economic well-being as well as physical and mental health. Employment supports are key in moving people with developmental disabilities away from 24-hour support services, which results in fewer public funds being spent.

Employment First also links to other economic development strategies to increase workforce diversity while meeting business needs in ways that result in jobs and prosperity for all Oregonians. Hiring people with disabilities is not only of benefit to those individuals, but also to businesses. Businesses report that their employees with disabilities help with overall retention, contribute to a positive workplace culture, are dedicated and hard workers, etc. Some information from Oregon employers can be found here: Employer Testimonial.

Program Performance

Employment trends have been tracked since 2007. Since Employment First began in 2008, there has been growth in community employment. Additionally, according to the September 2022 Employment Outcome Survey data 1,536 people received individual supported employment services (this was after the rate dropped to about 1100 people in September 2020 due to COVID-19). This is a 25 percent increase in people working in individual supported employment services from March 2018. For

more information, please visit the Employment First Outcomes and Successes Report.

Employment First and its partners have reached the goals outlined in the 2015-2017 Bid ensuring that by 2016, no transition age youth may enter a sheltered workshop when leaving school as there were no new entries into a sheltered workshop setting allowed by Oregon Administrative Rule as of 7-1-2015. Although there were over 4,200 individuals in a sheltered workshop setting (totaling more than 45 sheltered workshops) in 2012, currently there are none.

For more details regarding process, please visit our bi-annual data reports: http://www.oregon.gov/DHS/EMPLOYMENT/EMPLOYMENT-FIRST/Pages/data-reports.aspx

Employment First Goals:

By June 30, 2022, based on the *Lane v. Brown* settlement, Employment First (through ODDS and Vocational Rehabilitation) must place 1,115 individuals currently or recently in a sheltered workshop in competitive integrated employment; and

By June 30, 2022, based on the *Lane v. Brown* settlement and Executive Order 15-01, Employment First must provide supported employment services to 4,600 transition age youth or individuals currently or recently in a sheltered workshop. This is required by the *Lane v. Brown* Settlement Agreement and ODHS along with ODE is progressing toward system change to ensure these outcomes are reached.

To date, Oregon has achieved these goals and is in substantial compliance with the *Lane v. Brown* Settlement Agreement. However, COVID-19 has impacted provider capacity. This makes this biennium critical to ensuring that Oregon continues to meet the new Key Performance Measure goal of ensuring 1700 individuals with IDD are working by 2026. Without continued efforts, Oregon stands to lose providers who deliver these services and ultimately, could fail to meet metrics.

Enabling Legislation/Program Authorization

The provisions of employment-related services for individuals with developmental disabilities are in ORS 430.610, .650, and .670. The enabling statutes are in ORS 409.050 and ORS 410.070.

At the federal level, in addition to all applicable Medicaid statutes and regulations such as the Home and Community Based Services regulation and Workforce Innovation and Opportunity Act mentioned above, services must comply with the Title II of the Americans with Disabilities Act (ADA) of 1990. Compliance with these federal laws are subject to the U.S. Supreme Court's *Olmstead* decision of 1999 and the U.S. Department of Justice's interpretation of that decision as it relates to the ADA and Rehabilitation Act. ADA and *Olmstead* are relevant to Employment First since the program must assure statewide access in the least restrictive environment.

As of January 2016, the *Lane vs. Brown* case has been formally settled and Oregon via ODHS and ODE are mandated to effectively implement policies to achieve the required outcomes of the Settlement Agreement, which is mandated under federal jurisdiction.

Funding Streams

All funding for Employment First through ODDS is matched through the Medicaid 1915(c) Home and Community-Based Waiver. When a person is getting job development from Vocational Rehabilitation (VR), OVRS Title 1 case service funding is used.

Funding Justification and Significant Changes to CSL

Due to the timing of the release of GB, details lower than Division level were not available.

Oregon Department of Human Services
Vocational Rehabilitation Program

Program Vision

Every Oregonian with a disability who desires to work is given an equitable opportunity and means.

Program Mission

Vocational Rehabilitation's mission is to assist Oregonians with disabilities to achieve, maintain and advance in employment and independence.

About Vocational Rehabilitation

Vocational Rehabilitation (VR) is a state and federal program authorized by state law and the federal Rehabilitation Act of 1973 and amended in 1998 and in 2014 by the Workforce Innovation and Opportunity Act (WIOA).

VR staff work in partnership with Oregonians with disabilities, communities and businesses to develop employment opportunities and provide individualized services to each eligible person.

Employment helps people with disabilities live independently, become involved in their communities and live more engaged and satisfying lives.

VR helps Oregonians with disabilities gain employment through a variety of services. These include but are not limited to:

- Helping youth with disabilities transition to jobs as they become adults,
- Providing individualized counseling and supports to job seekers with disabilities to help overcome barriers to employment,
- Helping employers realize and receive the benefits of employing diverse people with disabilities, and
- Partnering with other state and local organizations that coordinate and

provide equitable employment and workforce programs.

All working-age Oregonians who experience a disability and are legally entitled to work are potentially eligible for VR services. Individuals who experience a medical, cognitive or psychiatric diagnosis that results in a functional impediment to employment are typically eligible. Recipients of Social Security disability benefits are presumed eligible for services.

VR has a diverse staff of counselors with interdisciplinary expertise in the areas of:

- Intellectual and developmental disabilities (I/DD)
- Deafness and hearing loss
- Mental health
- Motivational interviewing
- Spinal injury
- Traumatic brain injury
- Other disability specific areas of specialization

Additionally, VR counselors consider the participant's cultural and linguistic needs and the intersection of barriers to employment that race, language and disability can present for Oregonians seeking employment.

Individuals VR serves

VR employees provide direct services through a network of local offices across Oregon. Visit the ODHS website for a full list of local VR offices.

Services are provided by rehabilitation counselors, transition service specialists, workforce and business coordinators, support staff and contracted employment specialists who deliver direct client services through 34 field offices around the state. VR, as a core Workforce Innovation and Opportunity Act (WIOA) partner, is also co-located in some WorkSource Oregon Centers and other human services agencies across the state as part of an effort to increase access to the larger workforce support system in Oregon. VR is responding to historical inequities in service access and to changing Oregon

demographics by prioritizing equity in our service delivery model and providing culturally and linguistically appropriate services.

In State Fiscal Year 2021, VR**:**

- Helped 12,240 individuals, including
    - 3,570 who entered an individualized plan for employment and
    - 2,562 who obtained employment outcomes.
- Contracted with 65 sites on behalf of over 200 high schools to provide VR Plan services for approximately 1,300 students.
- Provided Pre-Employment Transition Services for more than 5,000 students.
- Helped 574 individuals with intellectual and developmental disabilities (I/DD) obtain jobs.
- Served 930 Oregonians who reported some level of hearing loss as their primary disability, representing 8 percent of the total population served that year.

Among the clients rehabilitated in VR in SFY 2021:

- 78 were American Indian or Alaskan Native
- 250 were Hispanic or Latino
- 1,796 were White
- 47 were African American
- 18 were Native Hawaiian or other Pacific Islander
- 37 were Asian

Programs and Services

VR services are provided in five primary areas:

- Substantial VR services
- Youth programs
- Supported employment
- Career counseling information and referral
- Independent living

VR is also engaged in Oregon's Employment First program in partnership with the ODHS Office of Developmental Disability Services and is actively engaged in improving workforce partnerships as part of a core partner in state workforce programs.

Substantial VR Services

These are individualized services provided to VR clients whose disabilities present a barrier to employment. A rehabilitation counselor conducts a comprehensive assessment to evaluate a client's career potential. This includes assistance determining which services can help support an individual in achieving their employment potential. Vocational counseling and guidance build on this assessment and help the client identify a vocational goal. The counselor works with the client to develop an individualized plan for employment and helps the client access appropriate services in support of the plan.

Youth Programs

a) Youth Transition Program (YTP): YTP is a partnership between VR, the Oregon Department of Education (ODE), the University of Oregon's College of Education and local Oregon school districts. At least 75 percent of students with disabilities in YTP complete high school and transition to a job or postsecondary education at a rate exceeding the national average. 97.5 percent of YTP students who exited last year did so with a state-recognized completion document. This internationally and nationally recognized school-to-work transition program is a proven best practice for supporting young people with disabilities. YTP bridges the gap between school and work by coordinating vocational rehabilitation services while the student is in school and ensuring a smooth transition to adult services and employment after completing school. YTP currently serves more than 6,300 students in more than 200 schools across Oregon.

b) Pre-Employment Transition Services (Pre-ETS): In 2014, Congress passed the Workforce Innovation and Opportunity Act (WIOA). The legislation

allows students ages 14-21 who are potentially eligible for VR services to receive Pre-Employment Transition Services (Pre-ETS). These services provide students an opportunity to access:

- Career Exploration
- Post-Secondary Counseling
- Self-Advocacy Instruction
- Work-Based Learning Experiences
- Workplace Readiness Training

Pre-ETS services are organized and delivered in collaboration with Local Education Agencies and Local Education Service Districts. In 2021, VR provided 15,638 pre-employment transition services to 5,949 students.

Supported Employment Services

These services are for individuals with the most significant disabilities for whom employment is not possible through traditional means, but who can obtain and maintain competitive employment in the community with job coaching and ongoing supports. Substantial and supported employment services are provided on a time-limited basis for each client. Oregon Health Authority, ODHS Office of Developmental Disability Services, other community programs, families and private employers are responsible for the subsequent services once VR has found employment for an individual and completed training. Supported Employment Services provide individuals with both traditional VR services and support services provided by job coaches, typically at job sites.

Career Counseling, Information and Referral (CCIR)

The WIOA created CCIR services in the 2014 update to the Rehabilitation Act and states began related subminimum wage projects in 2017. These services provide career counseling, information, and referral to individuals of any age known by VR to be employed at subminimum wage. Employers with 14C certificates from Department of Labor are allowed to employ individuals at less than minimum wage. These employers are required to inform employees about training opportunities but are prohibited from providing CCIR services as the latter is a VR function.

Independent Living

These services are available through seven Centers for Independent Living (CILs). The CILs are nonprofit organizations that provide:

- Information and referral to services
- Independent living skills training
- Peer counseling
- Systems and individual advocacy
- Transition services for youth

CILs also provide a range of services based on local needs, many of which complement services provided through other state and federally funded programs. Services are provided through a peer-mentoring model with an emphasis on self-help, self- advocacy, and consumer responsibility.

CILs are part of a federal program established in the Rehabilitation Act of 1973. Oregon's State Independent Living Council was established by Governor's Executive Order 94-12 in 1994. VR is the Designated State Entity for the SILC and the CILs in Oregon and has the responsibility to:

- Receive, account for, and disburse funds received by the state
- Provide administrative support services to the CILs
- Keep records and provide access to such records as required by the Administration on Community Living (the federal authority for the Independent Living program)
- Fund and support the State Independent Living Council's resource plan

The Work Incentive Network (WIN) provides benefits planning through contracts with six CILs. Through the state's General Fund dollars, WIN is able to provide benefits and work incentives planning to any Oregonian with a disability who receives a public benefit and who wants to obtain, maintain, or increase their employment. In doing so, the network empowers individuals to make informed decisions regarding their employment and benefits while

understanding how to maintain access to crucial services and medical coverage. People who successfully have access to and receive disability benefits are better able to secure employment, live independently, engage with their communities, and live a higher quality of life. Through employment, they also pay taxes and reduce reliance on publicly funded services.

VR Partnerships

Employment First

Youth and adults with intellectual and developmental disabilities (I/DD) are significantly underrepresented in Oregon's workforce. With appropriate services and assistance, most people with I/DD can work successfully in the community. The state is seeking to increase employment of and work opportunities for people with I/DD by achieving targeted outcomes that align with the Employment First policy and the Lane vs. Brown Settlement Agreement.

The Governor's Executive Order (EO) 13-04 and subsequent EO 15-01 directs state agencies and programs, including VR, ODHS Office of Developmental Disability Services and the Oregon Department of Education, to increase community-based employment services for people with I/DD and to reduce state support of sheltered work. VR has specialized counselors around the state committed to working with people with I/DD to help them find employment in their communities.

Tribal Partnerships

The VR program continues to partner with and support the Tribal VR programs of the Confederated Tribes of the Umatilla Indian Reservation, Warm Springs, Confederated Tribes of Siletz Indians, Confederated Tribes of Grand Ronde and Klamath Tribes. Each federally recognized Tribe shares a unique vision for its program and identifies how ODHS VR can support the delivery of services to

Tribal members.

This collaboration includes:

- Supporting shared clients with complex disability-based barriers to employment who require specialized rehabilitation services
- Cross-training new VR counselors on the cultural customs specific to the Tribal Nation
- Hosting joint rehabilitation trainings for state and Tribal VR counselors
- Facilitating Tribal VR directors and Tribal leaders to meet with the ODHS Director
- Sharing space within WorkSource buildings

Workforce Partnerships

With the passage and implementation of the Workforce Opportunity and Innovation Act (WIOA) of 2014, VR has been identified as a core partner in the workforce system. VR has been working closely with the core workforce partners to create a system that is less siloed, more efficient, inclusive, equitable and diverse.

VR, ODHS Self Sufficiency Programs, the Oregon Employment Department, local workforce development boards and Adult Basic Education programs around the state have been meeting to ensure all services are aligned and minimize duplication and to create opportunities for expanding services in ways that meet the needs of shared clients. Moving toward this shared purpose has increased awareness of the needs of individuals with disabilities seeking employment while creating more opportunities for clients in local communities.

VR continues to create diverse opportunities for individuals with disabilities to gain equitable access to employment supports and to benefit from various workforce strategies. Moving forward, VR will enhance employer outreach strategies to demonstrate that VR's diverse clients are reliable, dependable, and skilled workers who also happen to have disabilities. VR will also engage

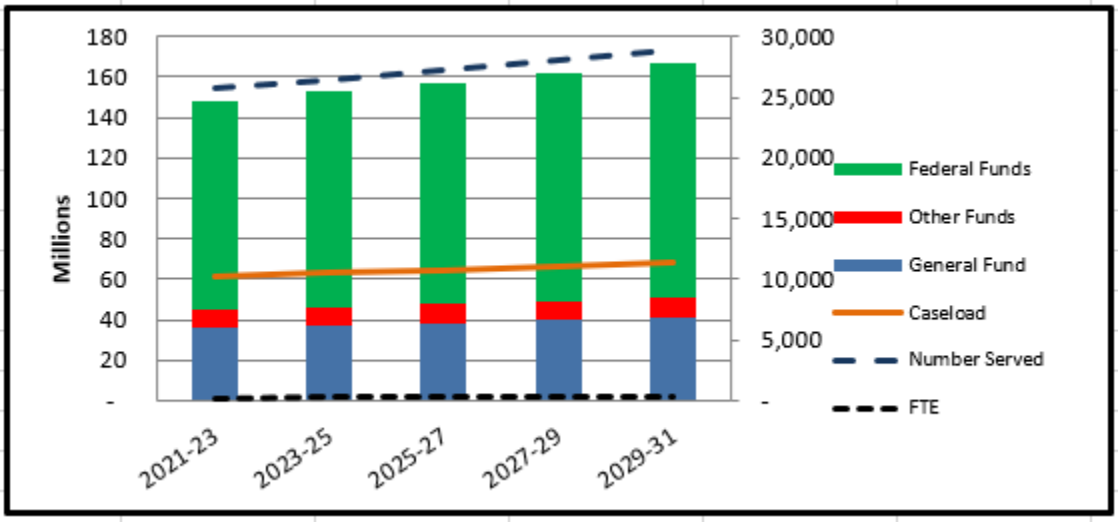
employers to provide work-based learning opportunities for all clients, including youth transitioning into post-secondary careers and apprenticeships. One of these opportunities is the federally funded Inclusive Career Advancement Program that will provide 500 people with disabilities with the supports they need to access a postsecondary education.

As a core partner in the workforce system, VR is represented on the nine local workforce development boards in Oregon. VR also has a large role in the statewide Workforce and Talent Development Board. VR and its workforce partners have developed and updated the unified state plan that guides collaborative efforts to build an effective and strong workforce support system throughout Oregon.

Oregon Department of Human Services: Vocational Rehabilitation

Primary Long-Term Focus Area:	A Thriving Oregon Economy
Secondary Long-Term Focus Area:	Safer, Healthier Communities
Program Contact:	Keith Ozols

Vocational Rehabilitation Funding Sources, Caseload Levels and FTEs



Note: Cost-per-case increase is the result of a growing number of people with cognitive disorders requiring services that come with higher costs.

Program Overview

Vocational Rehabilitation (VR) helps Oregonians with disabilities obtain, maintain, regain and advance in employment through counseling, specialized training and job placement. This includes helping youth with disabilities transition from educational programs to the workforce; assisting adults with disabilities in achieving, maintaining or advancing in employment; helping employers overcome barriers to employing people with disabilities; and partnering with other state and local organizations that coordinate employment and workforce programs. The public workforce system in Oregon, of which VR is a federally mandated member, includes the following state agency partners: Oregon Employment Department

(OED), ODHS Self Sufficiency Programs (SSP), VR and the Higher Education Coordinating Commission (HECC). Agencies work in conjunction with the Governor's Office and Local Workforce Development Boards. A Workforce System Executive Team is tasked with communication and coordination among partners and ensuring system alignment.

885,741 adults in Oregon have a disability (2020 Behavioral Risk Factor Surveillance System). This is equal to 26 percent (or 1 in 4) of Oregon adults. Employment helps people with disabilities become more self-sufficient and involved in their communities and live more engaged and satisfying lives.

All working-age Oregonians who experience a disability that creates a barrier to employment, and are legally entitled to work, are potentially eligible for VR services. Individuals who experience a medical, cognitive or psychiatric diagnosis that results in an impediment to employment typically are eligible for services. Recipients of Social Security disability benefits are presumed eligible for services. Approximately 95 percent of all eligible clients currently served by VR are people with significant disabilities. These individuals typically experience multiple functional limitations requiring several services provided over an extended period.

VR has counselors who specialize in the areas of intellectual and developmental disabilities (I/DD), deafness and hearing loss, mental health, motivational intervention, spinal injury and traumatic brain injury; however, the majority of VR counselors provide services to a wide array of Oregonians with disabilities.

Services are provided by rehabilitation counselors and support staff who deliver direct client services through 34 VR field offices and through single employee outstations in one-stop career centers and other human services agencies across the state.

Specialized services designed to maximize clients' independence are provided through seven Centers for Independent Living (CILs) located throughout the state. Information, referral and comprehensive services are provided.

VR staff work in partnership with community organizations and businesses to develop employment opportunities for people with disabilities. These activities range from live resume events and job fairs to presenting disability awareness workshops in local businesses. VR also offers business services that include consultations with employers about diversifying their workforce by hiring people with disabilities, and pre-screening services to match employers with clients who are qualified, reliable job candidates.

Program Description

VR is comprised of five primary areas: basic services, youth programs, supported employment, career counseling information and referral and independent living. VR is also engaged in Oregon's Employment First initiative. VR is a core partner in the implementation of the Workforce Innovations and Opportunities Act (WIOA) and is committed to improving access to the workforce system for Oregonians with disabilities. VR works with the Commission for the Blind and Oregon's Tribal VR (121) Programs.

Substantial Services

These are basic services provided to individuals whose disabilities present an impediment to employment. The Vocational Rehabilitation Counselor (VRC) conducts a comprehensive assessment to evaluate vocational potential, including diagnostic and related services necessary for the determination of program eligibility as well as the nature and scope of services to be provided. Vocational counseling and guidance build on this assessment and help the client identify a vocational goal. The counselor, in partnership with the client, develops an individualized plan for employment and authorizes services and training in support of the plan while maintaining a counseling relationship with the client.

Youth Transition Program (YTP)

YTP operates as a partnership between VR, the Oregon Department of Education (ODE), the University of Oregon's College of Education and local Oregon school districts. Currently serving about 2,400 students in more than 120 school districts, YTP bridges the gap between school and work by providing coordinated vocational rehabilitation services while the student is in school and ensures a smooth transition to adult services and employment after completion of school.

Local YTP teams deliver pre-employment transition services so students can begin career exploration while they are still in school. These services include career counseling, counseling on postsecondary education and training options, work-based learning experience, work-readiness skills development and training in self-advocacy. At least 75 percent of students with disabilities in YTP complete high school and transition to a job or postsecondary education – a rate that exceeds the national average. This internationally and nationally recognized school-to-work transition approach is a best practice for young people with disabilities.

Supported Employment Services
These services enable Oregonians, including youth, with the most significant disabilities to achieve and maintain competitive integrated employment. Vocational Rehabilitation supported employment services (i.e., job coaching, training normally done at the job site) are time-limited, lasting from job placement until the individual is stable in their job and long-term supports are in place. Oregon Health Authority's Behavioral Services, community programs and families, ODHS Office of Developmental Disability Services or private employers provide long-term supports after the individual reaches job stabilization, which continue after the client has exited the VR Program.

Career Counseling, Information and Referral
The WIOA created CCIR services in the 2014 update to the Rehabilitation Act and states began related subminimum wage projects in 2017. These services provide career counseling, information and referral to individuals of any age known by VR to be employed at subminimum wage. Employers with 14C certificates from the Department of Labor are allowed to employ individuals at less than minimum wage. These employers are required to inform employees about training opportunities but are prohibited from providing CCIR services as the latter is a VR function.

Program Justification

VR assists individuals with disabilities to establish a foundation by identifying a personal vision, goals and steps necessary to achieve success in education and employment, and to become independent, productive members of their

communities. The VR program and the services provided align with Governor Brown's initiatives relating to safer and healthier communities, which point to higher rates of employment as key ingredients in community well-being. This is especially important in relationship to Oregonians with disabilities, who are underrepresented in the workforce. Secondarily, by creating better access to the workforce system, we are increasing the number of employable Oregonians, many of whom bring in skills and attributes that contribute to a thriving Oregon economy.

Employment and Jobs

- The VR Program has developed a plan in partnership with the workforce system as defined by the Workforce Innovations and Opportunities Act (WIOA) which includes goals regarding employment outcomes for clients, to increase skills upgrading and certification of Oregonians with disabilities seeking employment
- As a result of the Lane v. Brown Settlement, the state is seeking to increase employment of people with intellectual and developmental disabilities (I/DD) in integrated workplaces through increased efforts around the Employment First initiative. The Governor's Executive Order 15-01 and the Settlement Agreement directs state agencies and programs, including VR, ODHS' Office of Developmental Disabilities Services (ODDS) and the Oregon Department of Education (ODE), to increase community-based employment services for people with I/DD and to reduce state support of sheltered work. VR has specialized counselors around the state committed to working with people with I/DD to find employment in the community.
- VR is continuing to increase community engagement with communities of color, non- or limited-English speaking communities and other communities across the state. VR works with ODHS to provide information in alternative formats and language to communities across the state.

Program Performance

Vocational Rehabilitation measures its performance primarily by employment outcomes. Employment outcomes are defined as the number of individuals who obtained and successfully maintained employment for a minimum of 90 days. The

Workforce Innovation and Opportunities Act of 2014 added several measures with emphasis on long-term employment.

Education

- The internationally recognized Youth Transition Program has expanded to more than 120 school districts in Oregon. More than 75 percent of students with disabilities in YTP complete high school and transition to a job or postsecondary education, a rate that exceeds the national average. YTP bridges the gap between school and entry into the workforce by providing coordinated vocational rehabilitation services while the student is in school and ensuring a smooth transition to adult services and employment after completion of school. YTP currently serves about 2,388 students in more than 120 school districts.
- VR utilizes Supported Employment, an evidence-based model, which allows individuals with developmental and intellectual disabilities to work in competitive employment in the community with needed supports.
- The Independent Living program partners with schools and families to support the transition of students with disabilities to secondary education and/or work.
- Memorandums of Agreement with the Office of Developmental Disabilities Services and the Oregon Department of Education are designed to more effectively align transition services, identify opportunities to braid and leverage funding in order to increase the number of students with disabilities.
- Introduction of services in partnership with ODE to meet WIOA requirements to expend 15 percent of our Federal Funds to meet Pre-Employment Transition Services as required by the WIOA.

Healthy and Safe Communities

The Independent Living Program consists of the following partners: 7 Centers for Independent Living, Oregon State Independent Living Council, Oregon Commission for the Blind and ODHS Vocational Rehabilitation. Federal funding is provided through the Administration on Community Living (ACL) in both direct awards to individual centers and pass-through funding through the Vocational

Rehabilitation program. Pass-through funding requires a minimum State General Fund (SGF) match of 10 percent.

The mission of the Independent Living Network as established through the State Plan for Independent Living (SPIL) is to empower people in Oregon who experience disabilities to direct their lives, access their communities and fulfill their responsibilities at their desired level of independence.

Centers for Independent Living

Centers for Independent Living (CILs) are non-residential community-based organizations that provide services and advocacy for individuals with all types of disabilities. There are nearly 500 CILs across the United States. There are seven private, nonprofit CILs in Oregon. Each CIL has a board of directors. At least 51 percent of board membership must consist of people with disabilities. CIL staff play an important role in the delivery of services to enhance the independence of people with disabilities and are also, as required by the Rehabilitation Act, composed of 51 percent people with disabilities.

Services provided in CILs include peer support, independent living skills training, information and referral, advocacy and transition including services that:

- Facilitate transition from nursing homes and other institutions to the community,
- Provide assistance to those at risk of entering institutions, and
- Facilitate transition youth to postsecondary life.

CILs also work to make communities more accepting of individuals with disabilities. CILs provide services to individuals of all ages and all disabilities. The seven CILs in Oregon are located in Portland, Eugene, Roseburg, Grants Pass, Klamath Falls, Bend and Ontario and are contracted to 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 current 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."

Oregon State Independent Living Council (SILC)
The SILC is established by Executive Order of the Governor as a separate governmental entity, independent of any state agency. The Governor appoints the members of the SILC. Member composition of the SILC must also meet the 51 percent majority of people with disabilities as required by the Rehabilitation Act. The SILC has bylaws and policies and procedures that align with the federal requirements set forth in the Rehabilitation Act and Assurances and Indicators of minimum compliance, as well as state requirements.

Vocational Rehabilitation – Special Services Independent Living Program
Vocational Rehabilitation (VR) serves as the Designated State Entity to receive, administer and account for the funds made available to the State under Title VII, Chapter 1, Part B of the Rehabilitation Act and State General Funds appropriated for Oregon's IL Network. The match rate for Title VII, Chapter 1, Part B funds is 10 percent General Fund; 90 percent Federal Funds. All partners of the IL Program receive funds through VR through executed state contracts.

Enabling Legislation/Program Authorization

VR is a state and federal program authorized by Oregon state law (ORS 344.511et seq.) and the Workforce Innovation and Opportunity Act of 2014.

The Independent Living Program is a federal program established in Title VII of the Rehabilitation Act of 1973, as amended, and regulated by the Code of Federal Regulations, Title 45, and Part 1329. In conjunction, Oregon's State Independent Living Council was established in 1994 by Governor's Executive Order 94-12. VR is listed as the designated state entity for this program in the State Plan for Independent Living, per Section 704 of Title VII.

Funding Streams

VR is funded through the U.S. Department of Education. It receives a formula-based grant with Match and Maintenance of Effort requirements. The match rate for Vocational Rehabilitation is 21.3 percent General Fund; 78.7 percent Federal Funds. For Independent Living the match rate is 10 percent General Fund; 90 percent Federal Funds. Grant dollars cannot be utilized by other programs. Program income, which is reinvested back into VR, includes Social Security reimbursement and Youth Transition Program grants.

FUNDING JUSTIFICATION AND SIGNIFICANT CHANGES to 23-25 CSL

Due to the timing of the release of GB, details lower than Division level were not available.

Oregon Department of Human Services
Oregon Eligibility Partnership

Program Mission

Oregon Eligibility Partnership (OEP) brings the Oregon Health Authority (OHA), Department of Early Learning and Care (DELC), Oregon Department of Human Services (ODHS) and other community partners together to ensure the equitable and efficient delivery of medical, food, cash and child care benefits to eligible individuals and families in Oregon.

Program Vision

The purpose and vision of OEP is to ensure that people in Oregon who need medical, food, cash and/or child care benefits can access these in a timely manner, without having to navigate across complex systems or being told they are in the wrong line, came in the wrong door or called the wrong number. We are committed to creating and supporting a system where service equity is in the forefront of everything we do. We achieve this by coordinating among Oregon's multiple benefits agencies and programs, integrating our resources so people seeking benefits, as well as agency staff, don't have to look in multiple places for support or assistance. We established governance and developed processes to weave together historically independent units to better support individuals and families.

Program Goals

1. Culturally specific and responsive services are provided by highly qualified and diverse staff.

2. The people we serve are given more choices about how we serve them while equity, equal access and service excellence is experienced by those that engage with us.

3. Individuals' lives and choices are honored and respected in our actions.

4. Decisions and actions are led by community and staff.

5. Timely and accurate determinations are completed for medical, food, cash and child care benefits.

6. Data and systems are available to transparently evaluate our work and provide details to communities, advocates and our staff.

7. Governance brings agencies together to solve problems and reflect the objectives and outcomes communities are requesting.

About the Oregon Eligibility Partnership

OEP brings eligibility information together from across agencies, providing staff a single resource for direction related to eligibility operations. OEP is also responsible for maintaining the ONE system and coordinating governance, operational direction, quality assurance, hearings and more.

OEP consists of ODHS state and contracted staff who make financial eligibility determinations for Oregon Eligibility (ONE) programs, which include medical, food, cash and childcare assistance. These staff are primarily assigned to our Virtual Eligibility Center (VEC), which takes statewide calls and works on applications submitted online. They are part of a larger network which includes ODHS Store Front Office (SFO) and Type B Transfer AAA staff which process statewide work and perform in-person interviews with people seeking or managing benefits. These teams currently serve the highest caseload in Oregon history with almost 1.5 million individuals receiving benefits.

OEP encompasses the following programs and units:

The VEC and Storefront Offices

The VEC and storefront office staff respond to client inquiries about their applications for benefits, confirm existing coverage and determine financial eligibility for medical, food, cash and childcare benefits. They are the voice and primary ambassadors for these programs, providing resources by telephone or the customer's other preferred methods of contact including in-person, via mail, or via electronic communication. Customers typically inquire about their application status, information on their benefits and coordination of other benefits or services. They also call to make changes to their personal information that may have an impact on their eligibility.

These staff and the ONE eligibility system serve Oregonians during some of their most critical times, where responsive supports can have critical effect on an individual's ability to thrive. Staff provide these supports by processing applications received online or through the mail, over the phone or in an office; making eligibility determinations, providing due process, and ensuring referrals and support services are provided. These staff focus on honoring individuals' choices about how they want to engage with us, and on bringing the right resources to the people we serve, rather than making them navigate multiple agencies and divisions to get the benefits they need.

Currently we serve nearly 1.5 million individuals, about 48 percent of whom submit applications online through our statewide applicant portal. We serve every generation from newborns to individuals seeking long-term care or eligibility for end-of-life hospice care. We have provided more benefit dollars for food assistance through pandemic and emergency allotments than during any pre-pandemic period. This unit also works to support Heritage Native Americans and Oregon Tribal Nations.

OEP Business Information Services (OEP-BIS)

The Business Information Services has primary responsibility for the Enterprise IT Solutions (ONE, CAM, PTC) utilized by individuals residing in Oregon and staff supporting program and Oregonians' needs. Its responsibilities include:

- Providing support, maintenance, and release management of the system (triage, defects, testing, etc.)
- Governing change request (CR) enhancement process including design and testing and release management for enhancements prioritized by programs
- Performing timely and quality testing and triaging of the ONE System
- Supporting end users (workers through Tier 1 help desk and AP users through AP tech team)
- Phone system and other technical tools
- BA resource and coordination for overall enterprise modernization of Eligibility Systems

OEP Service Delivery Supports (OEP-SDS)

SDS Provides operational direction, support and training to assure a high functioning team of eligibility staff. Establishes operational processes and policy decisions, communicates with program staff on the intent and implementation of those decisions and actively monitors and shifts workflow for VEC and Store Front Office staff to assure equitable service.

Unit activities include:

- Delivery of financial eligibility training to eligibility staff
- Maintenance of ETOPS, QRGS, and IBPS
- Developing and maintaining statewide work model and working with VEC and SFO staff to understand and implement work model
- Coordinating with policy teams to create consistent implementation for eligibility operations
- Collaborating with program District Managers and Program Managers to communicate key eligibility operations topics
- Providing change management support to staff and leadership statewide to assure consistent application and understanding of processes and policies. Statewide Change Network assures immediate strong 2-way feedback channel to identify and resolve issues quickly.
- Maintaining communication between local offices and central supports to foster a common understanding of high-quality service delivery for all programs served by OEP with a goal to become the single voice for all communications about eligibility (same message, same time)

OEP Oversight, Quality Assurance, and Central Coordination (OEP-OQACC)

This unit is a combination of functions intended to provide oversight and assure quality for parts of the eligibility determination process. The unit's responsibilities include:

- Hearings – This team plays a key role in independent and impartial forums for claimants to dispute agency actions and help inform development of good policy. Hearing Representatives represent ODHS in contested case hearings before the Oregon Office of Administrative Hearings under the authority of the Oregon Attorney General.

- Quality Assurance – This team is primarily responsible for delivering high-quality and consistent service through data analysis and performance monitoring. Quality Assurance provides large-scale organization review and oversight of quality and centralized response to service and accuracy in financial eligibility.
- OEP data analysts –Support Agency executives by providing accurate and timely data and reports.
- Quality Support (QST) – This team facilitates customized projects and research for a variety of different stakeholders (GAO, Ombuds Offices, Community partners, etc.)
- Central Coordination - This unit coordinates ONE system related audits, facilitates ONE related work groups as needed, and project manages OEP special projects.

OEP Director's Office (OEP-DO)

This office is accountable for overall direction, priority setting and support for ONE program eligibility operations and staff. The office is also responsible for the direction within OEP and to our partners across ODHS, OHA and ELD/DELC. Further, the OEP Director's Office:

- Provides equity and engagement framework for ODHS around ONE program eligibility and community first decision making.
- Sets strategic vision based on equity and community engagement for the OEP organization and statewide customer service model for ONE eligibility programs.
- Oversees portfolio of short-term and long-term projects.
- Ensures meetings and governance are in place for appropriate engagement, direction, and advisement.
- Oversees legislative, budget, and directional areas for OEP as a program
- Is responsible for the portfolio of key performance indicators and measurements which are transitioning from various business areas and being built within OEP.

The OEP team is responsible for providing equitable and holistic eligibility determinations that allow people to receive accurate and timely eligibility determinations and access to critical resources. The team includes more than 4,000 staff across Oregon who determine eligibility for benefits through the ONE system.

History and Future

ODHS and OHA agreed in January 2021 to establish a single eligibility structure to better ensure transparency, alignment, cohesiveness, equity and streamlined functionality across benefits program areas. This new division would encompass process, system, training, collective impact with partners with the voice of Oregonians, data analytics and metrics, service delivery, and eligibility operations. ODHS created an internal area as the Oregon Eligibility Program, announcing Nathan Singer as the Director, in September 2021. The first phase of bringing central supports within ODHS together around training, service coordination, change management, systems, quality assurance, and hearings was announced in February 2022. In the early part of the winter of 2022, OEP began work with a vendor to establish a roadmap for the future of Eligibility in Oregon. The intent is to move to the original vision of providing a cohesive and person-centered system of services by formally moving all eligibility staff under OEP, allowing a single accountable program responsible to each of the three agencies. The work is expected to continue to operationalize this vision through the 2023-2025 biennium.

Program Justification

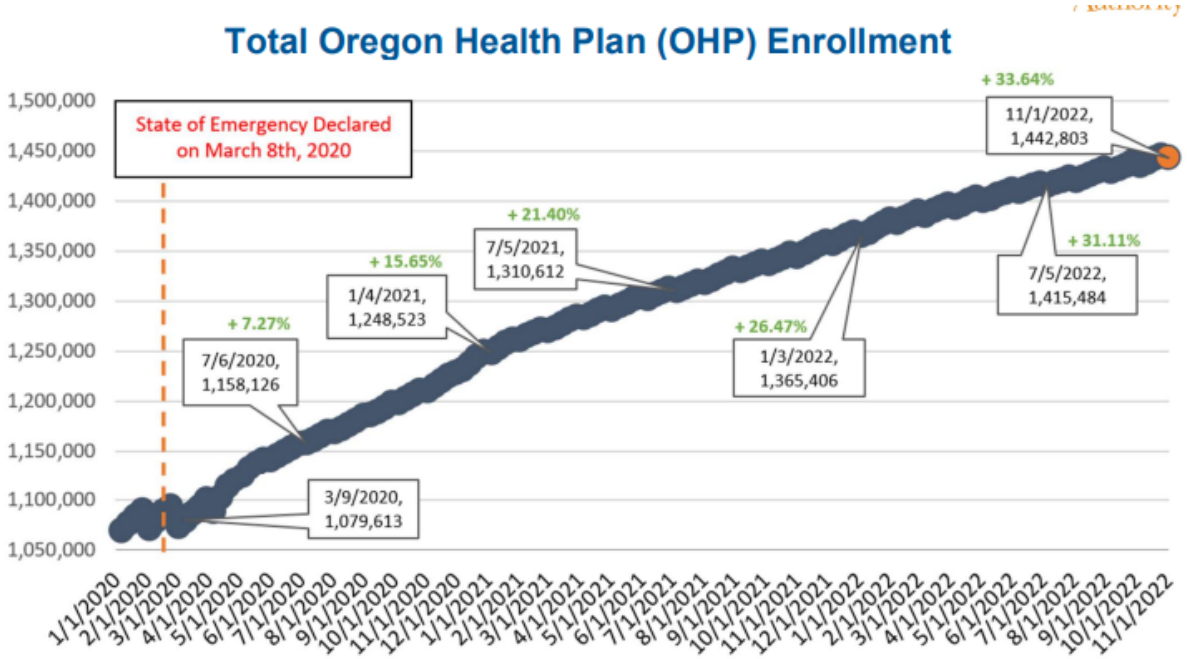
This program is the front door for many in Oregon who need assistance to reach their potential and achieve and maintain health, safety and independence. This program is essential to our core work, providing individuals with benefits and improving service equity by capturing REAL+D information, honoring chosen name versus legal name, and providing application options in multiple formats and languages.

Program Performance

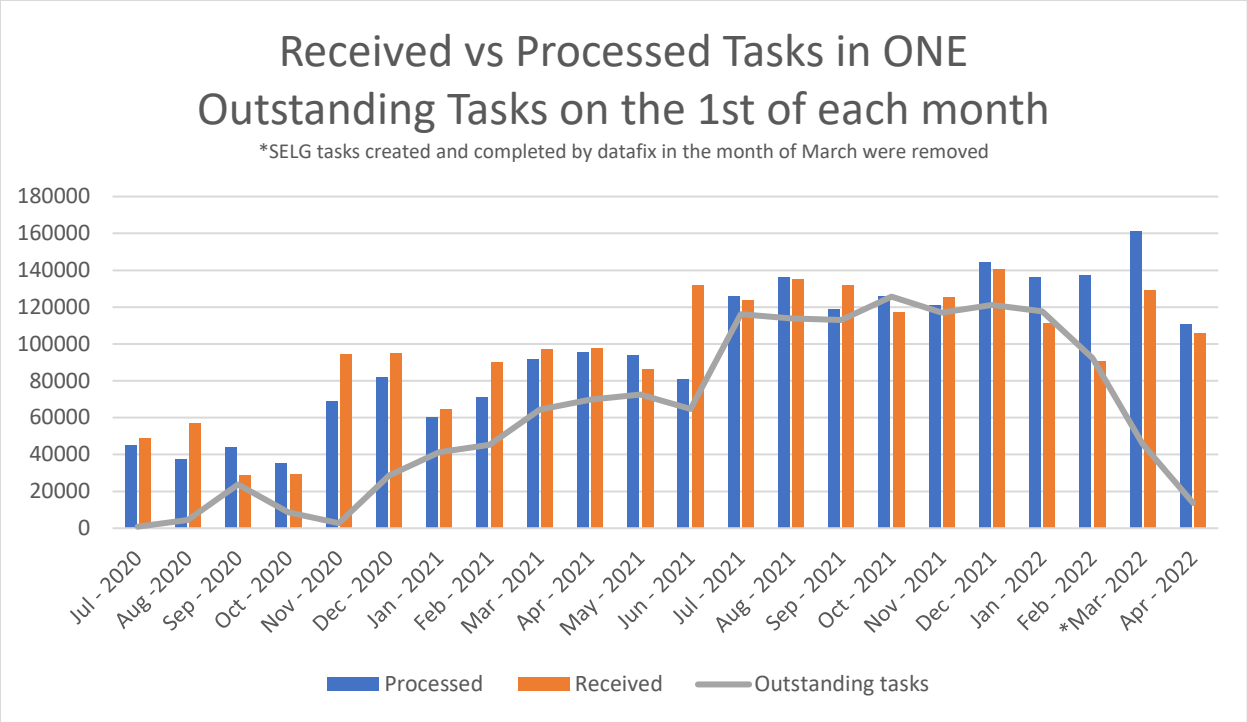
The eligibility staff answer calls, review emails, respond to changes uploaded in applicant portal, and speak with individuals directly who need assistance with applying for or reauthorizing benefits related to medical, food, cash and childcare.

Oregon has seen historic growth in OHP caseload and continued growth in in the number of applications for benefits. [HC1]OHP enrollment is now up over 36%

since the start of the pandemic, and ODHS has seen a 26% growth in application. The below chart shows eligibility for medical assistance and OHP programs in September of 2022. At that time nationally the average growth was 29%, you can see Oregon outpaced that growth by almost 4%.



From July 2020 through April 2022 we received more than 2,131,801 tasks that required staff to take some action related toa new application or redetermination of benefits , or a change to someone's eligibility within the ONE system. During that same time the team was able to process 2,124,005 of those tasks. The graph below shows the number of tasks processed and received. It is important to note that redeterminations for medical had no negative action during the COVID-19 Public Health Emergency, so those and SNAP related tasks could be closed during this time which helped with keeping up with the historic volume of cases.

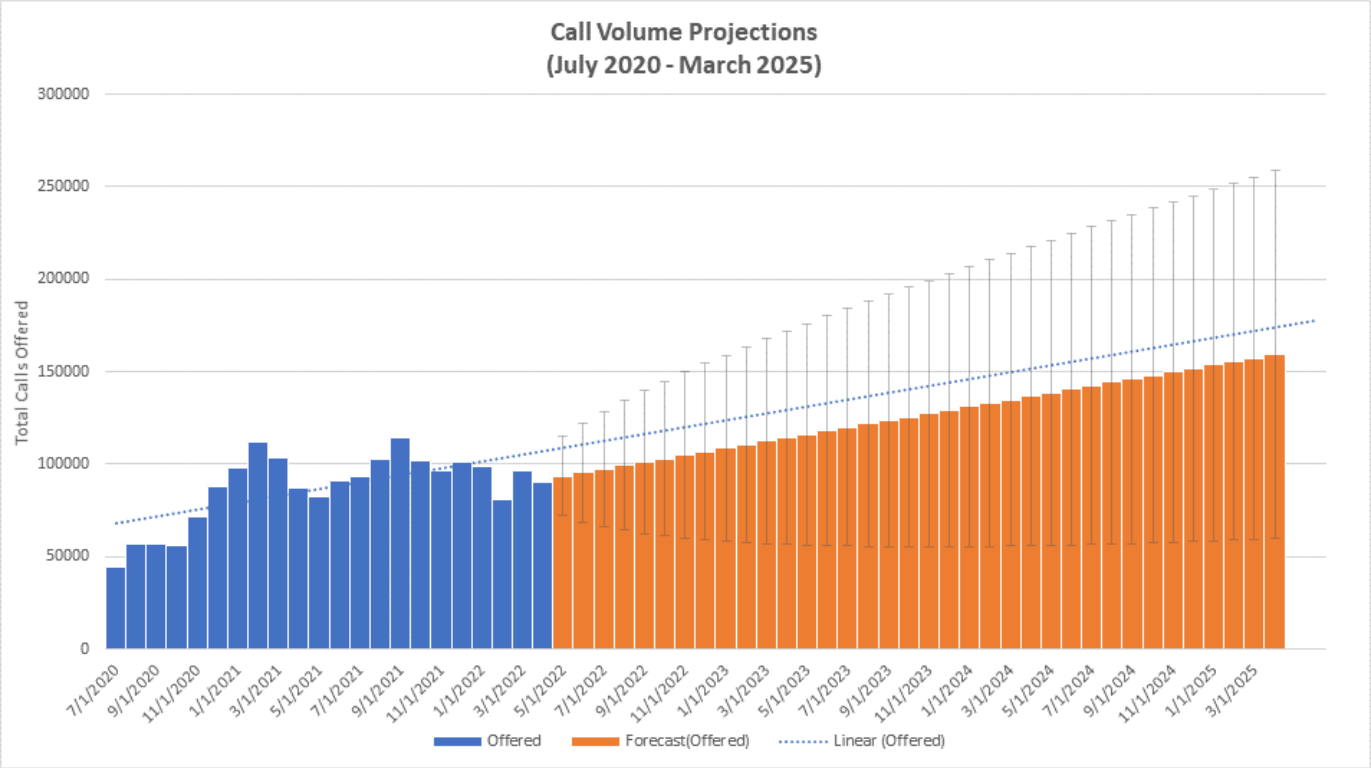


During a similar timeframe the VEC 800 number received 1,924,548 calls, staff were able to answer 1,074,642 of those calls. Note that callers may have hung up due to wait times or calls may have disonnected prior to being able to answer, local offices also receive calls from individuals related toeligibility and those calls are not included in these numbers. During this timeframe the average wait time was 19 minutes for calls answered, average maximum wait time for calls answered was 2 hours and 5 minutes, and the average answer rate was 56 percent. It is important to note that we have not received additional staff to account for the growth nor was this growth reflected in the Department's eligibility workload model going back to the time eligibility was transferredfrom OHA. Currently, their caseload to worker ratio is the highest of any of our eligibility areas and this is the highest volume since ODHS first started reporting on those ratios decades ago.

Date	Received	Answered	Average Wait	Max Wait	Answer Rate
7/1/2020	44606	23939	0:19:23	2:20:40	53.67%
8/1/2020	57136	25489	0:26:56	2:30:41	44.61%
9/1/2020	57144	31497	0:19:54	2:00:00	55.12%
10/1/2020	56138	37861	0:09:45	1:35:42	67.44%
11/1/2020	71518	44831	0:13:11	1:12:30	62.68%
12/1/2020	87612	54341	0:14:39	1:38:58	62.02%
1/1/2021	98111	50845	0:20:58	1:51:25	51.82%

2/1/2021	112333	58603	0:20:52	2:02:30	52.17%
3/1/2021	103529	62231	0:16:14	1:39:57	60.11%
4/1/2021	87140	45617	0:22:51	2:15:32	52.35%
5/1/2021	82163	45502	0:21:08	2:14:04	55.38%
6/1/2021	90816	52918	0:18:14	2:07:56	58.27%
7/1/2021	93620	51138	0:21:04	2:24:32	54.62%
8/1/2021	102617	49854	0:27:49	2:27:59	48.58%
9/1/2021	114642	48901	0:32:56	2:36:42	42.66%
10/1/2021	101630	55145	0:19:58	2:33:16	54.26%
11/1/2021	96329	48635	0:21:22	2:31:40	50.49%
12/1/2021	101011	47491	0:23:55	2:33:38	47.02%
1/1/2022	98480	52681	0:21:25	2:34:01	53.49%
2/1/2022	80981	56595	0:11:17	1:32:42	69.89%
3/1/2022	96786	69992	0:08:54	1:32:40	72.32%
4/1/2022	90206	60536	0:11:04	1:46:38	67.11%

Based on the call volume, caseload growth, and our work we expect call volume to grow. Below is a graphical representaiton of forecasted call colume growth over the next several years.



Enabling Legislation/Program Authorization

The requirements for determining eligibility are set forth for the Supplemental Nutrition Assistance Program (SNAP) in 7 CFR 272 and Medicaid and Medical Program in 42 CFR 432 in regards to merit staff and State authorization for personnel, TANF and Child Care programs are authored under 45 CFR 260 and 45 CFR 98. ODHS is a business associate of OHA who is the single state Medicaid agency pursuant to 42 CFR 431; and under this authority ODHS performs the determinations for eligibility on behalf of OHA along with Type B AAA county employees. This unique model in Oregon is within ODHS's statutory direction within ORS 410, which allows county governments to choose to perform the duties related to seniors and individuals experiencing a disability on behalf of the Department as outlined in Oregon Administrative Rule (OAR) and statute.

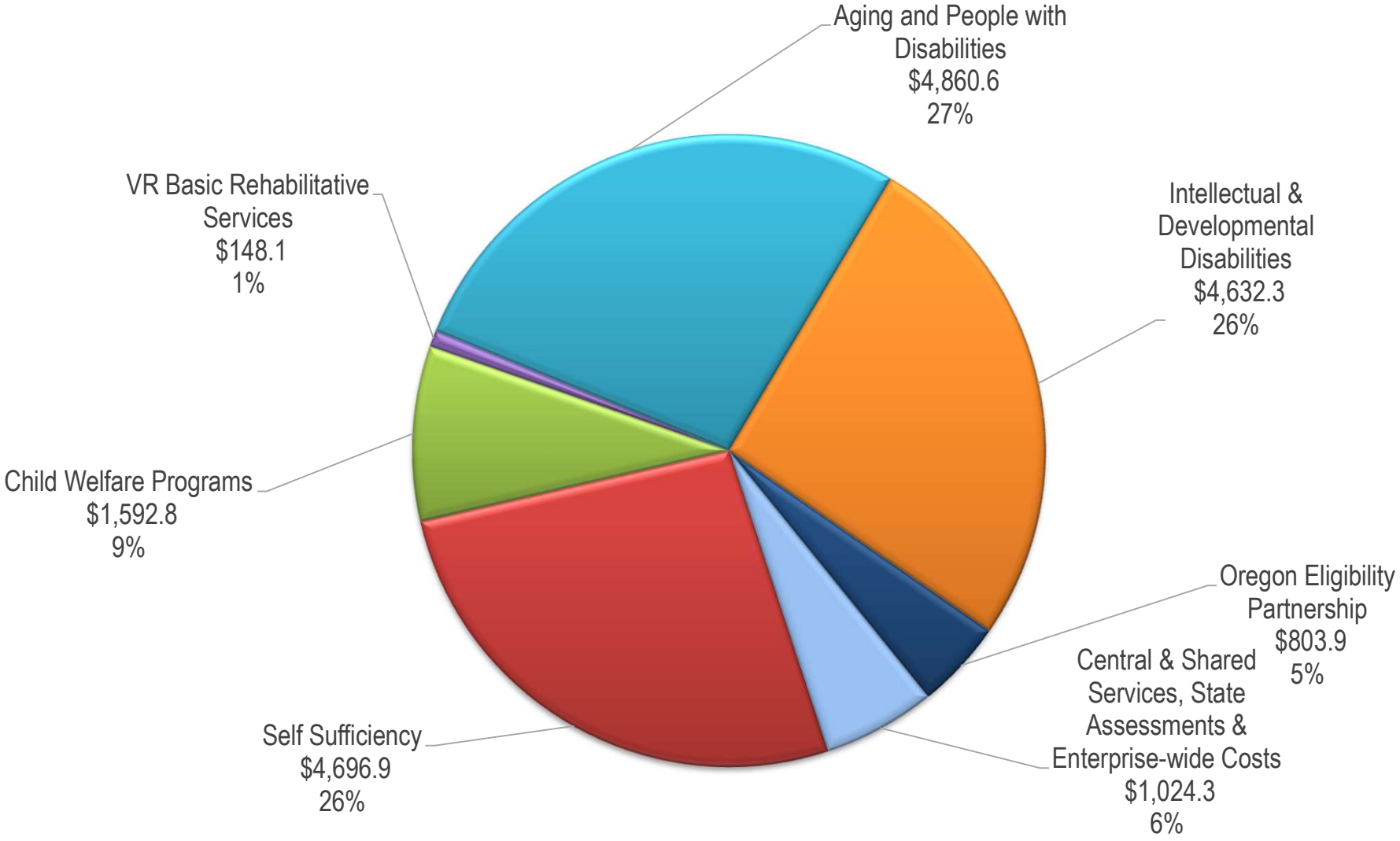
Funding Streams

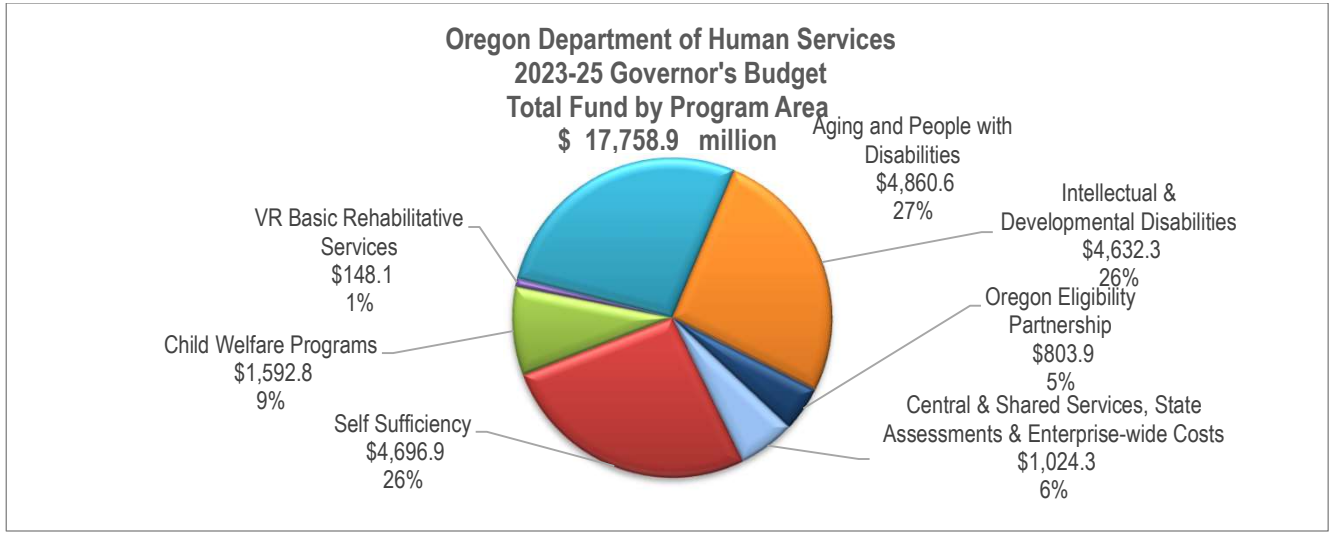
This program is funded using cost allocation to draw down federal funds from the Center for Medicare & Medicaid Services (CMS) and the Department of Agriculture Food and Nutrition Services (FNS), as well as General Fund for programs which do not have administrative federal funds, such as Employment Related Day Care (ERDC), Temporary Assistance to Needy Families (TANF) or the General Fund portions of Healthier Oregon or Veteran and COFA dental programs.

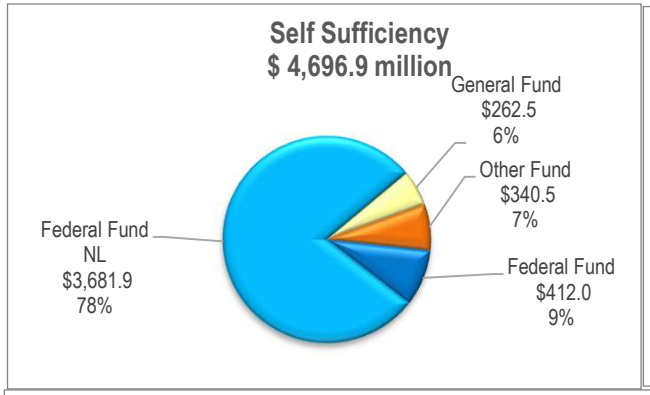
PLACE HOLDER

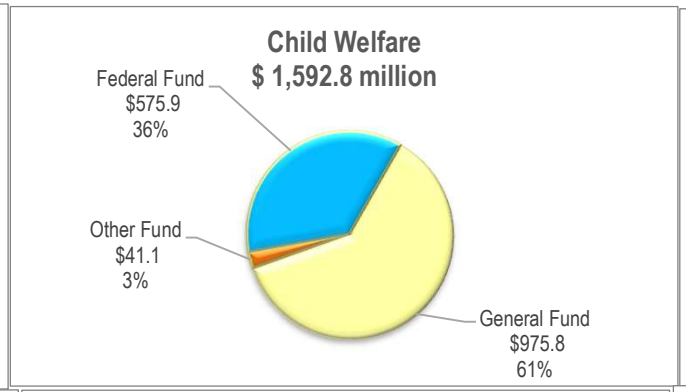
Due to the timing of the release of GB reports
(Program Unit Forms) were not available

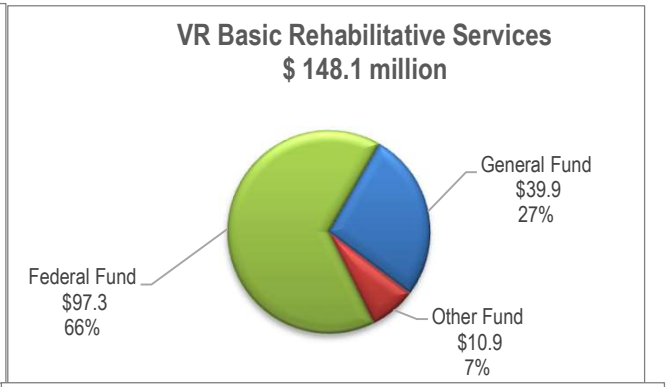
Oregon Department of Human Services
2023-25 Governor's Budget
Total Fund by Program Area
$ 17,758.9 million

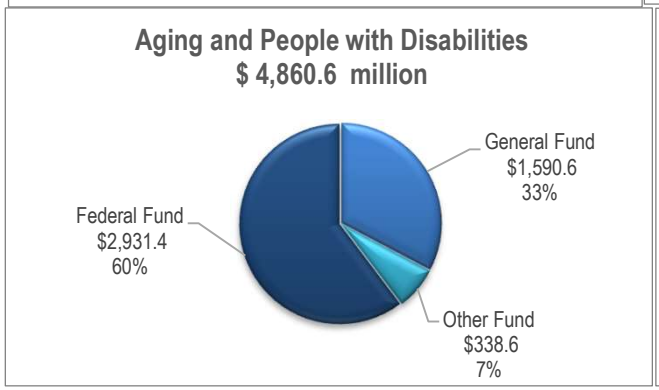


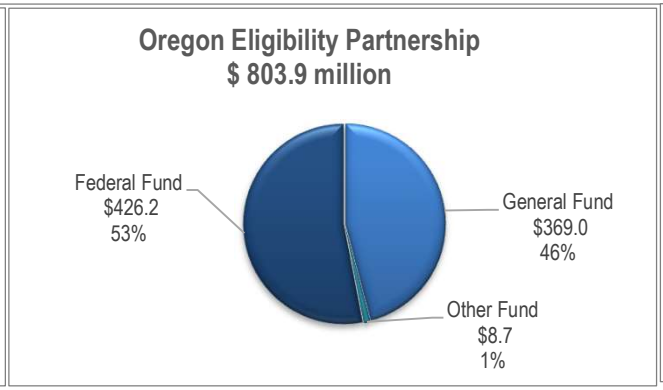

Oregon Department of Human Services
2023-25 Governor's Budget
Total Fund by Program Area
$ 17,758.9 million
Aging and People with Disabilities
$4,860.6
27%
Intellectual & Developmental Disabilities
$4,632.3
26%
Oregon Eligibility Partnership
$803.9
5%
Central & Shared Services, State Assessments & Enterprise-wide Costs
$1,024.3
6%
Self Sufficiency
$4,696.9
26%
Child Welfare Programs
$1,592.8
9%
VR Basic Rehabilitative Services
$148.1
1%

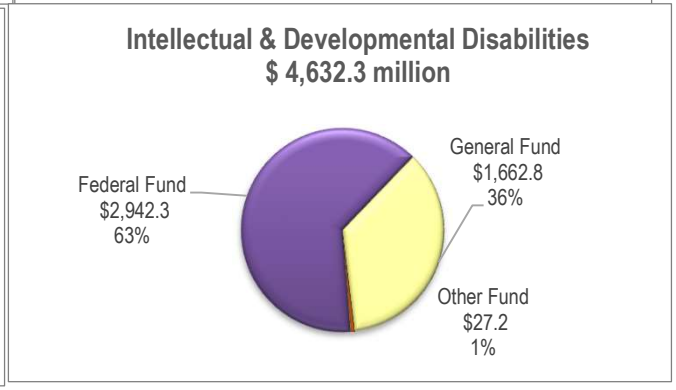

Self Sufficiency
$ 4,696.9 million
General Fund
$262.5
6%
Other Fund
$340.5
7%
Federal Fund
$412.0
9%
Federal Fund NL
$3,681.9
78%

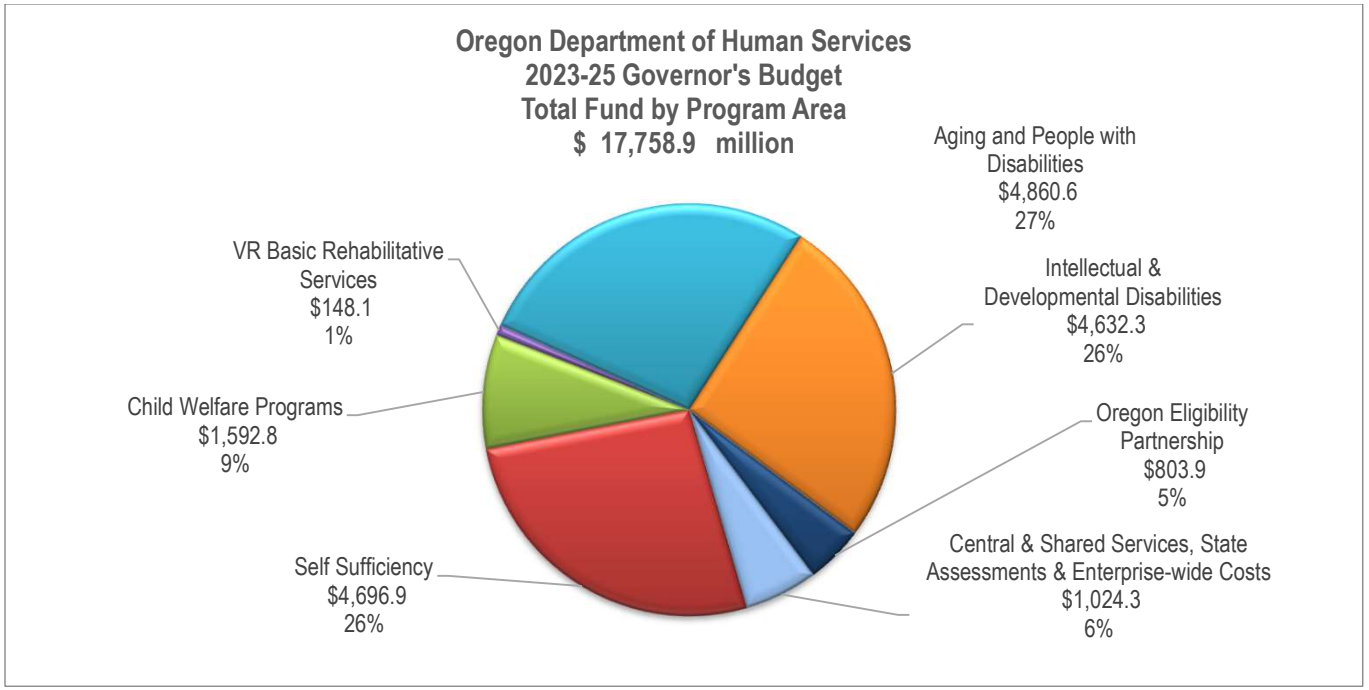

Child Welfare
$ 1,592.8 million
Federal Fund
$575.9
36%
Other Fund
$41.1
3%
General Fund
$975.8
61%

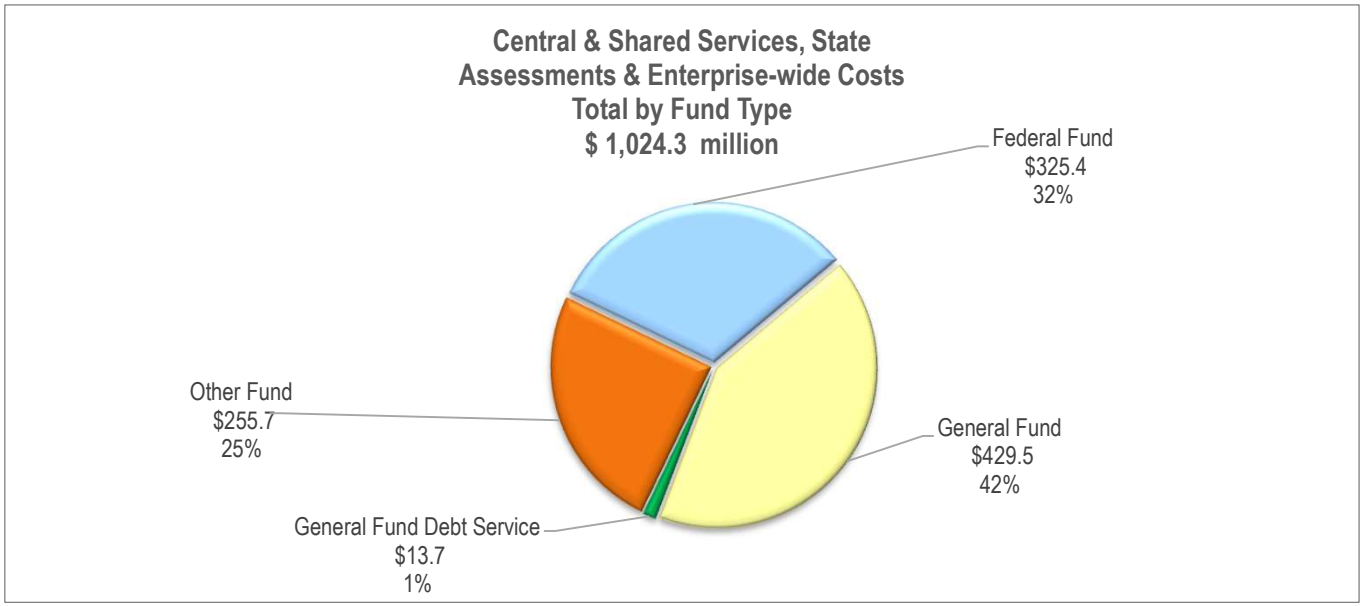

VR Basic Rehabilitative Services
$ 148.1 million
General Fund
$39.9
27%
Federal Fund
$97.3
66%
Other Fund
$10.9
7%

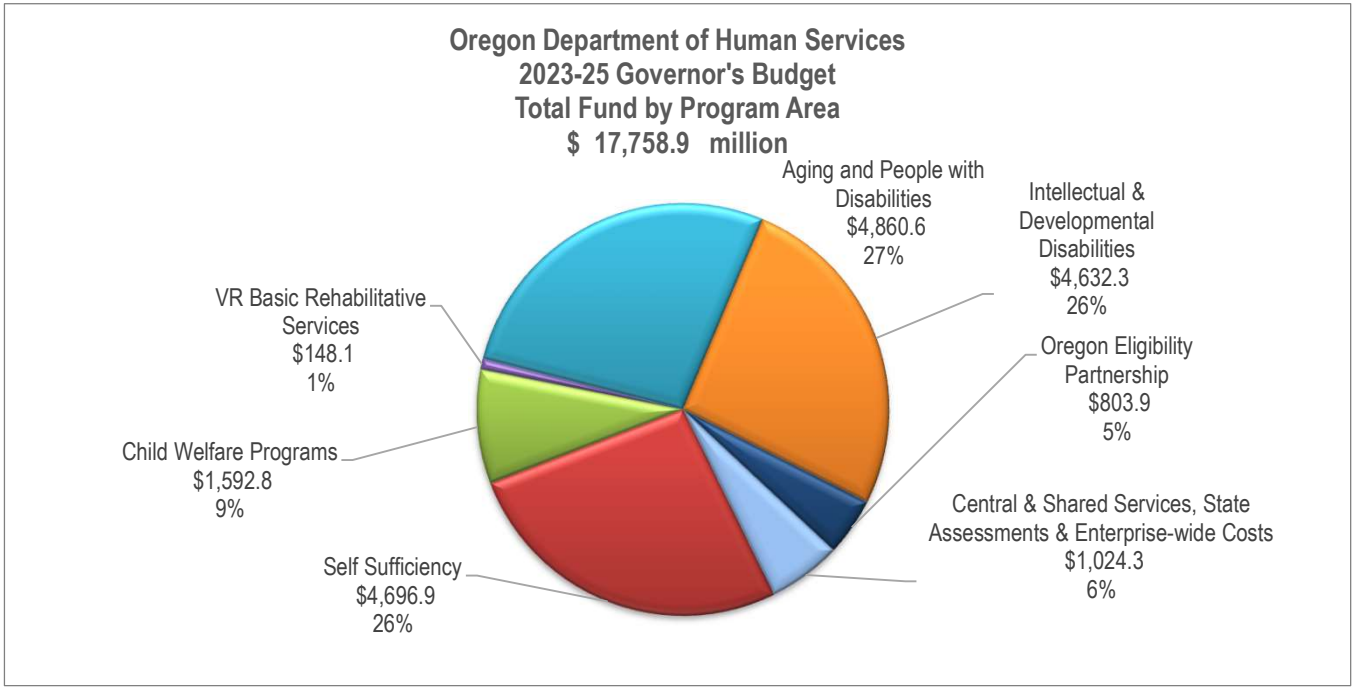

Aging and People with Disabilities
$ 4,860.6 million
General Fund
$1,590.6
33%
Federal Fund
$2,931.4
60%
Other Fund
$338.6
7%

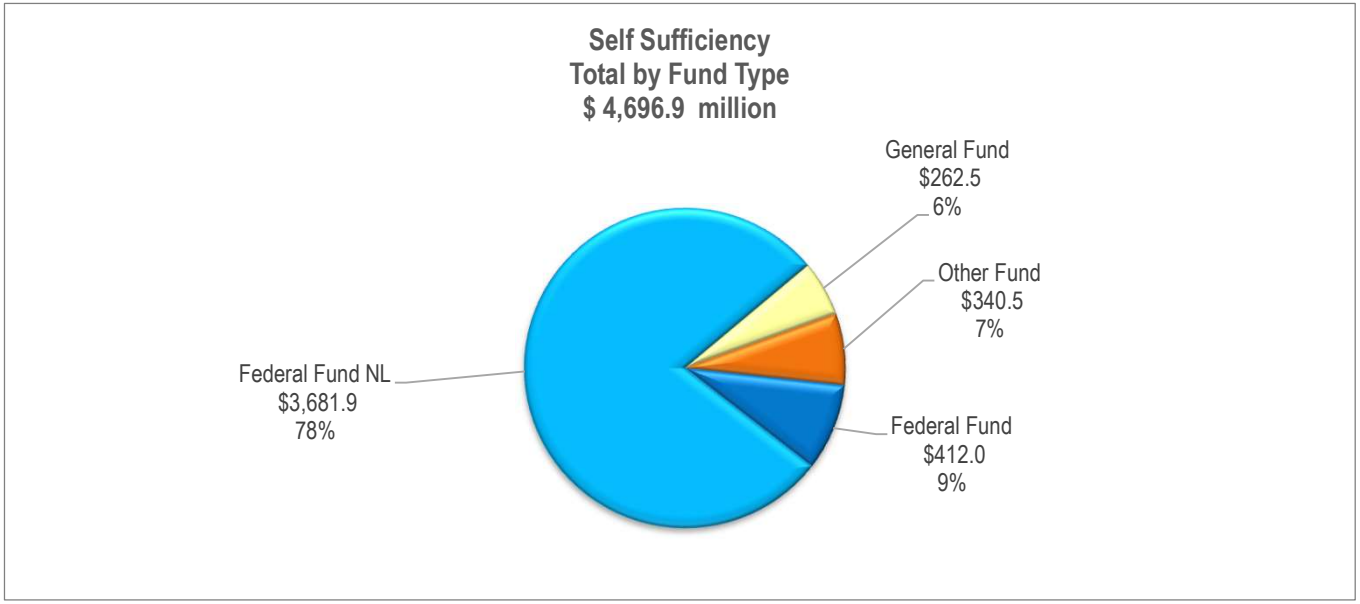

Oregon Eligibility Partnership
$ 803.9 million
Federal Fund
$426.2
53%
General Fund
$369.0
46%
Other Fund
$8.7
1%

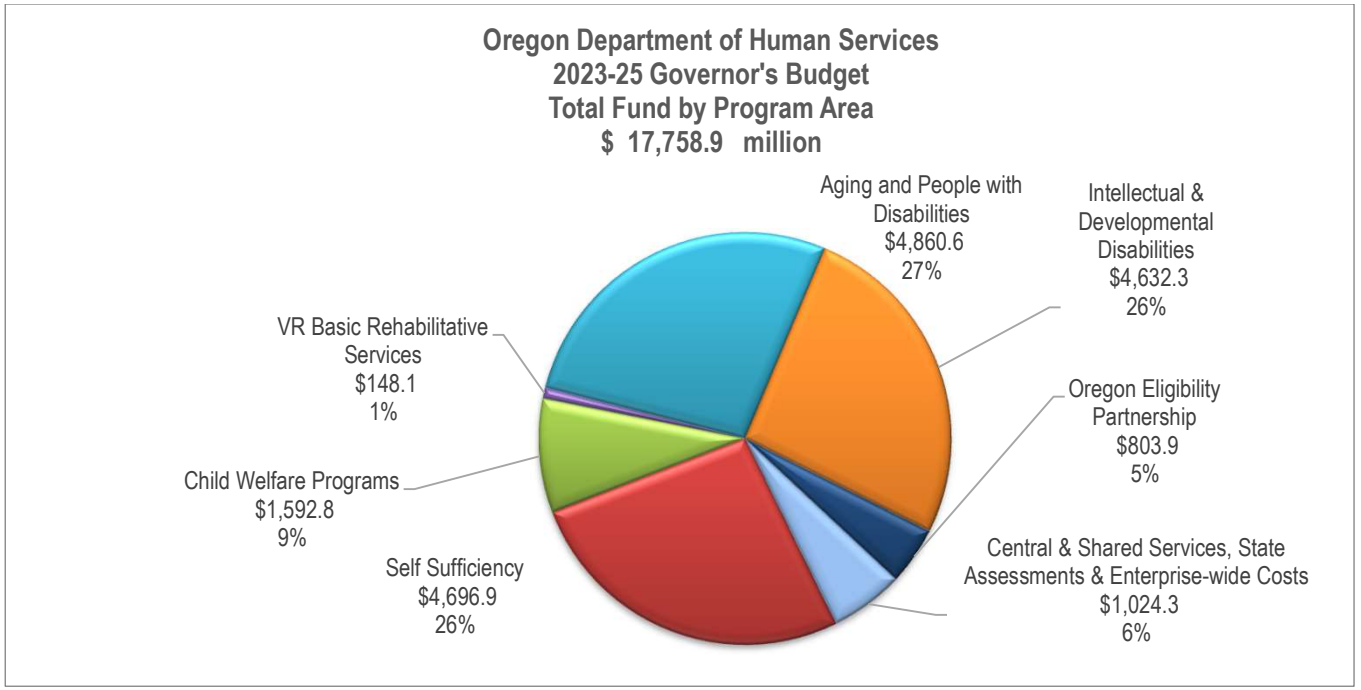

Intellectual & Developmental Disabilities
$ 4,632.3 million
General Fund
$1,662.8
36%
Federal Fund
$2,942.3
63%
Other Fund
$27.2
1%

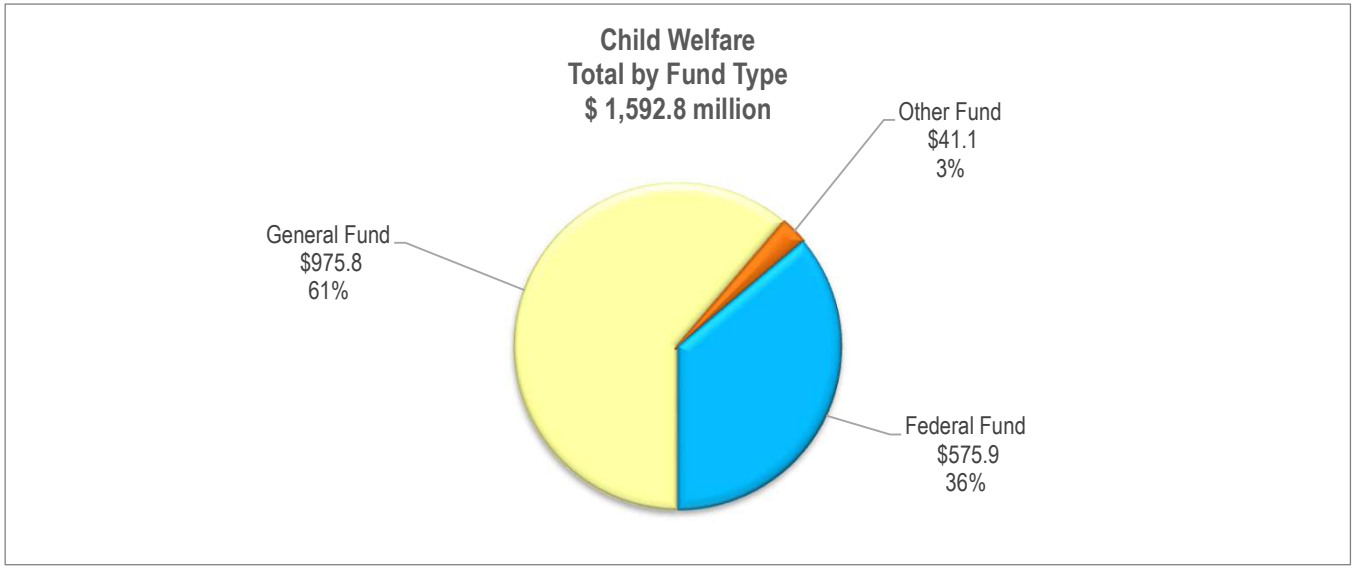

Oregon Department of Human Services
2023-25 Governor's Budget
Total Fund by Program Area
$ 17,758.9 million
Aging and People with Disabilities
$4,860.6
27%
Intellectual & Developmental Disabilities
$4,632.3
26%
Oregon Eligibility Partnership
$803.9
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Central & Shared Services, State Assessments & Enterprise-wide Costs
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Child Welfare Programs
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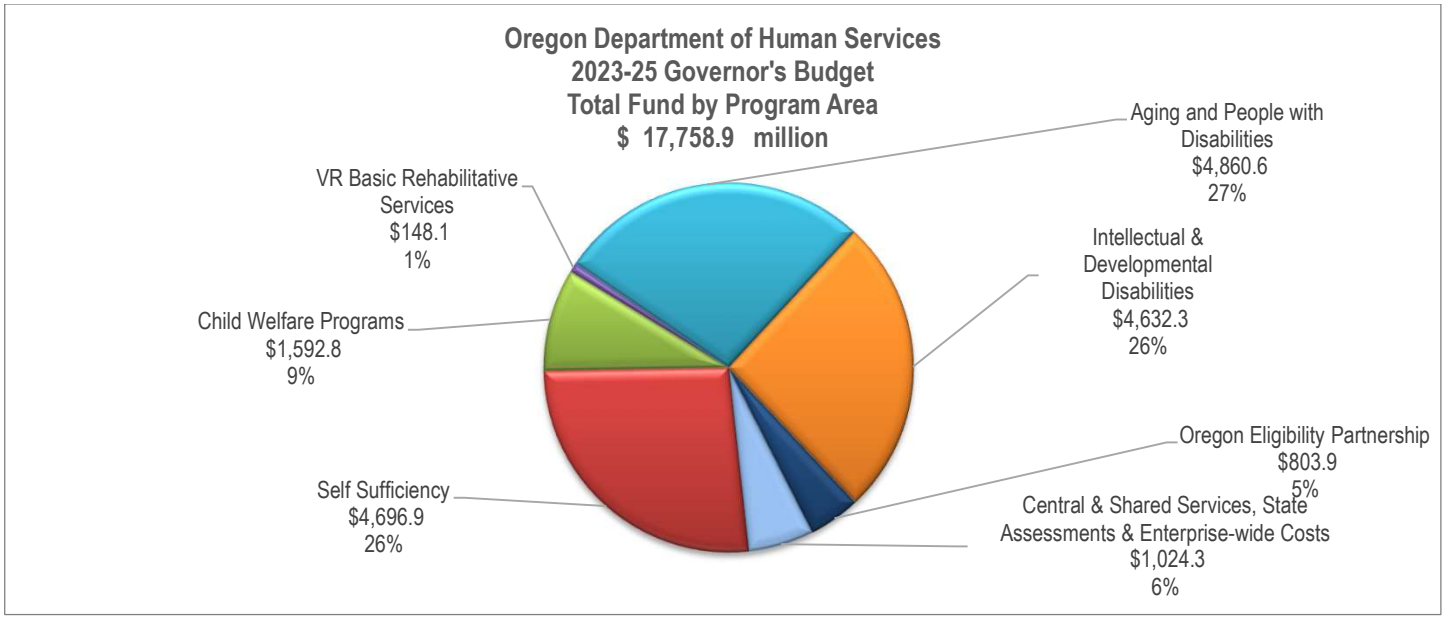

Central & Shared Services, State
Assessments & Enterprise-wide Costs
Total by Fund Type
$ 1,024.3 million
Federal Fund
$325.4
32%
General Fund
$429.5
42%
General Fund Debt Service
$13.7
1%
Other Fund
$255.7
25%

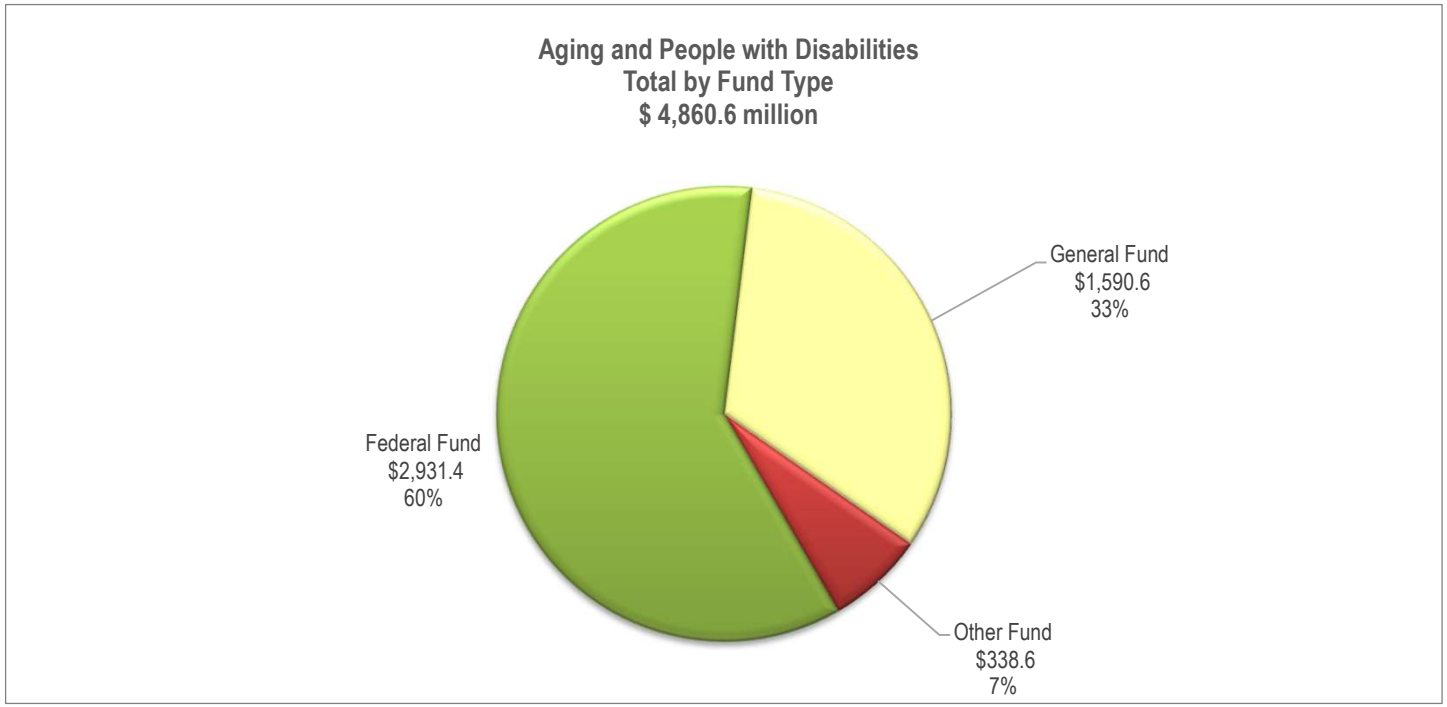

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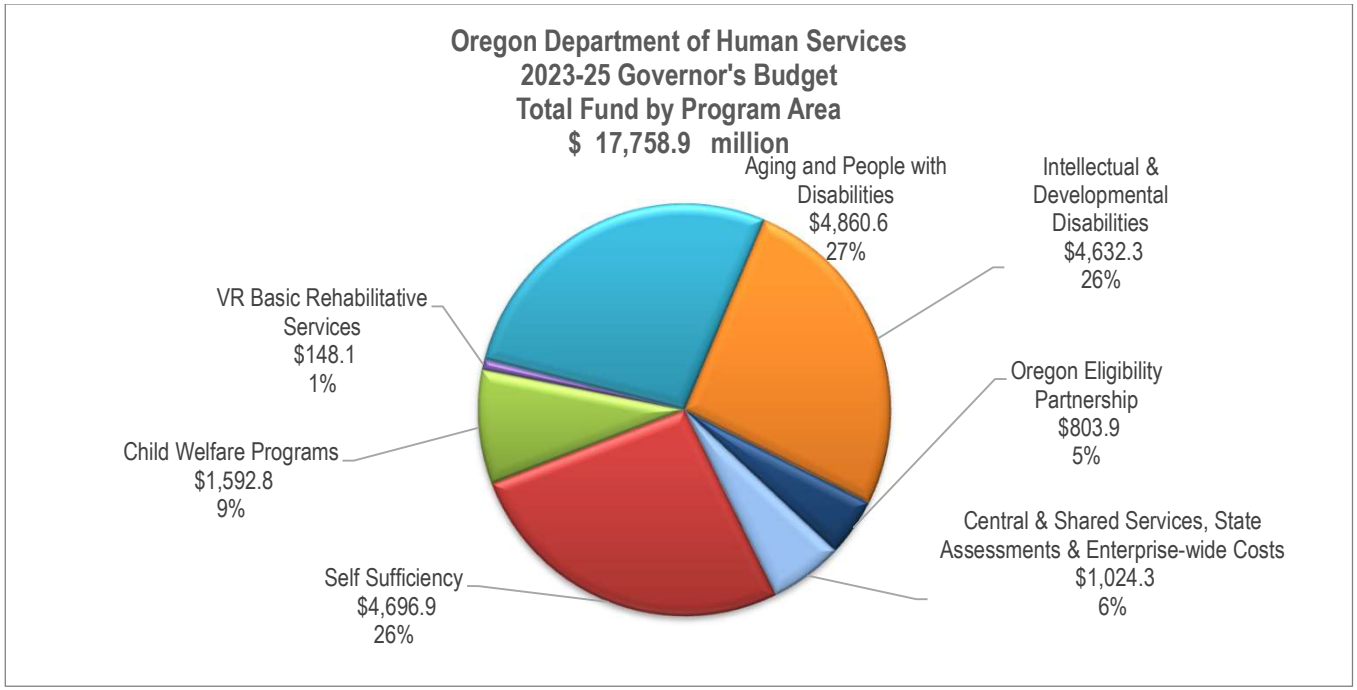

Self Sufficiency
Total by Fund Type
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6%
Other Fund
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Federal Fund
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Federal Fund NL
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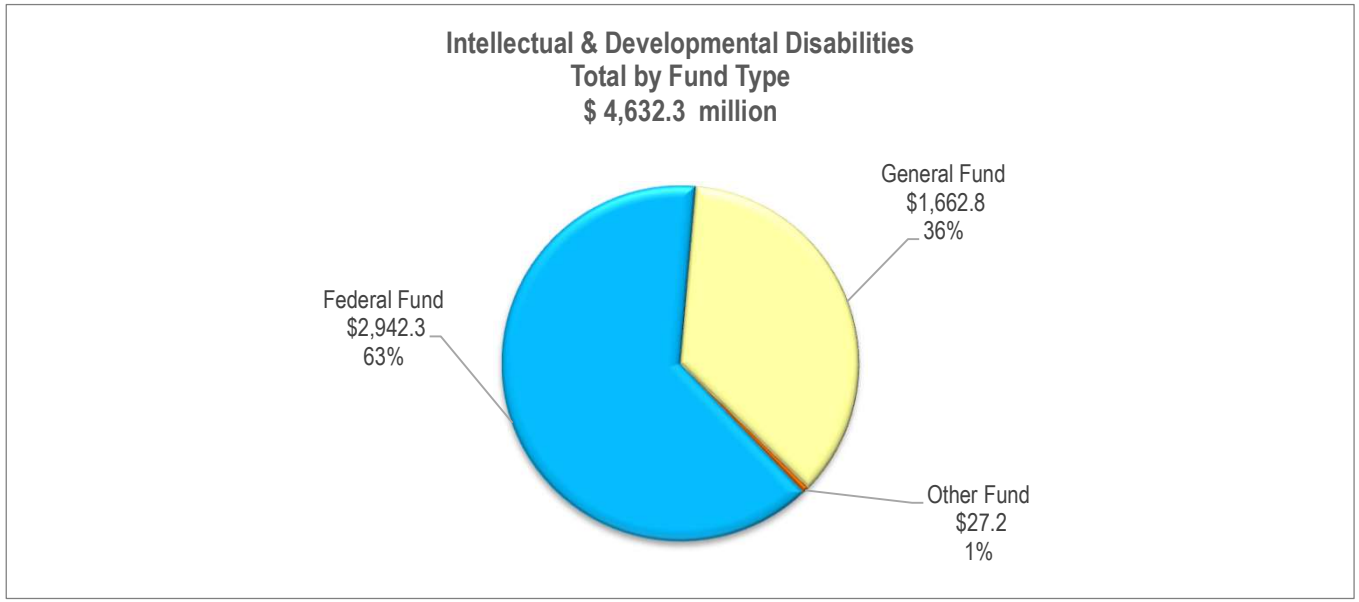

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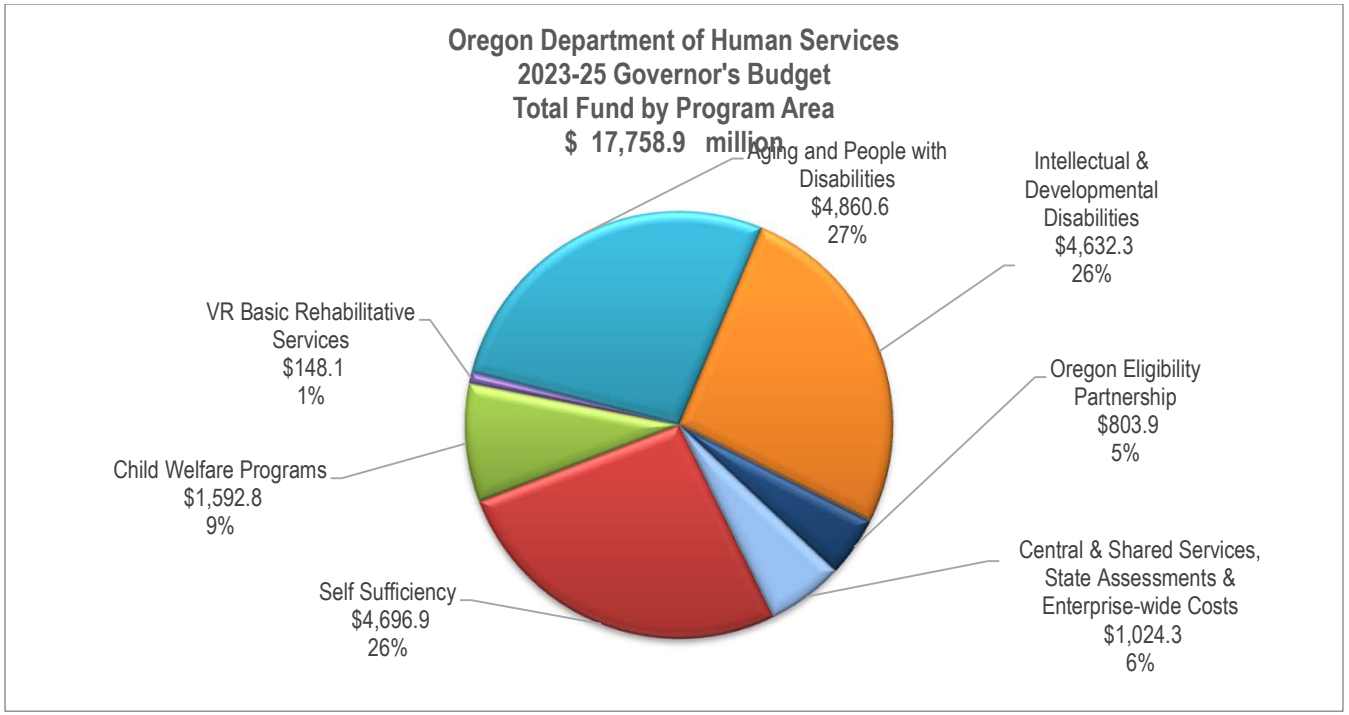

Child Welfare
Total by Fund Type
$ 1,592.8 million
Other Fund
$41.1
3%
General Fund
$975.8
61%
Federal Fund
$575.9
36%

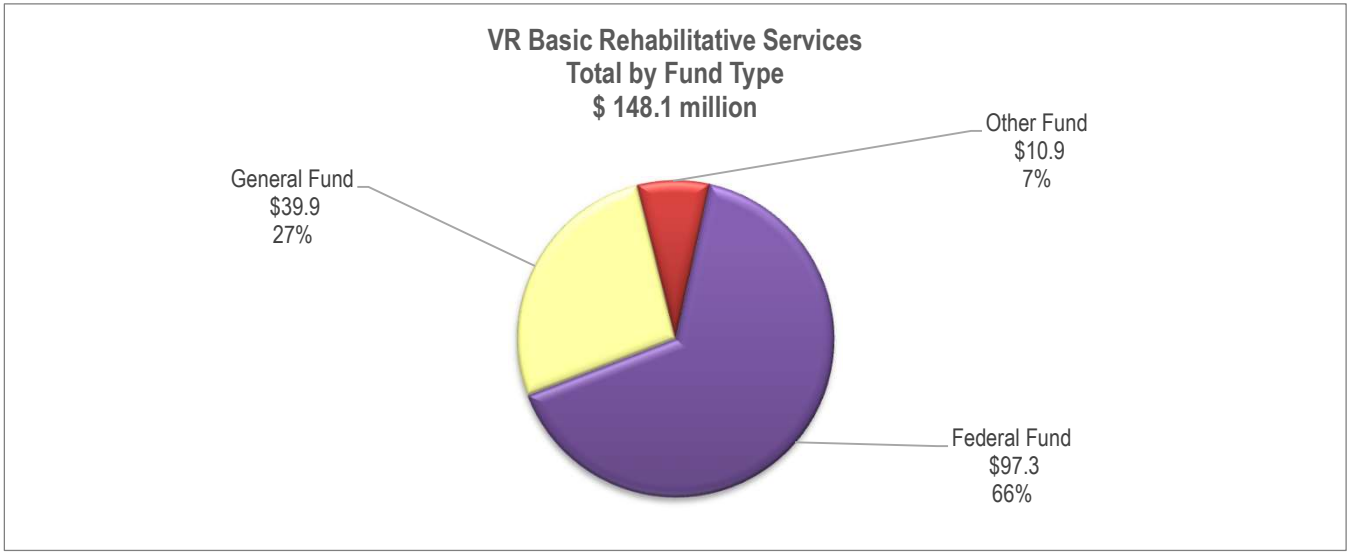

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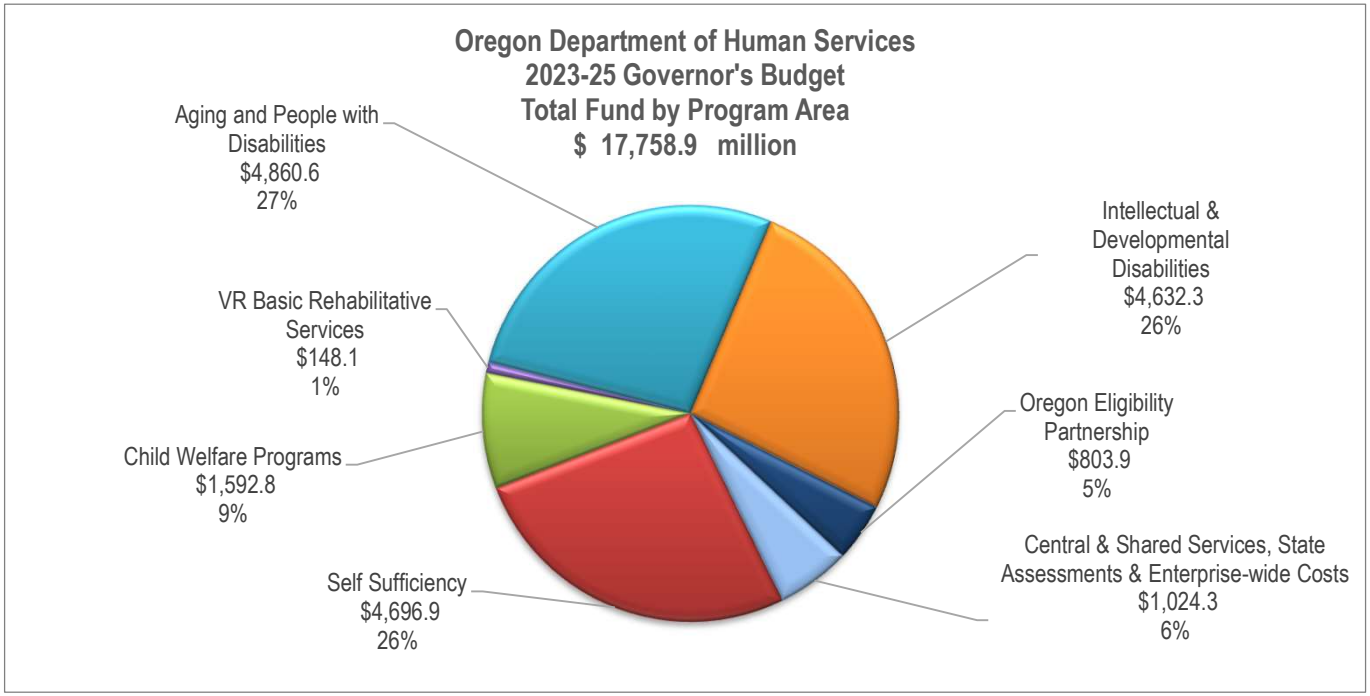

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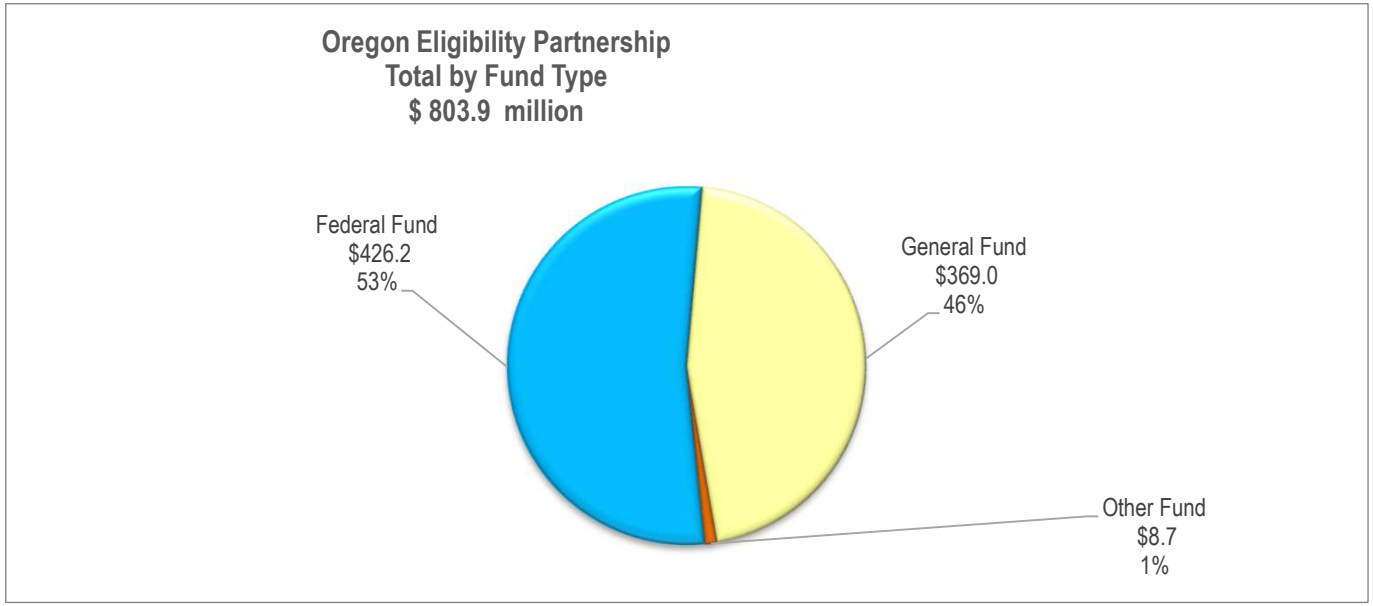

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Intellectual & Developmental Disabilities
Total by Fund Type
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Federal Fund $2,942.3 63%
Other Fund $27.2 1%


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26%
Child Welfare Programs
$1,592.8
9%
VR Basic Rehabilitative Services
$148.1
1%


VR Basic Rehabilitative Services
Total by Fund Type
$ 148.1 million
Other Fund
$10.9
7%
General Fund
$39.9
27%
Federal Fund
$97.3
66%


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Total by Fund Type
$ 803.9 million
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$426.2
53%
General Fund
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46%
Other Fund
$8.7
1%

PLACE HOLDER

Due to the timing of the release of GB reports were not available

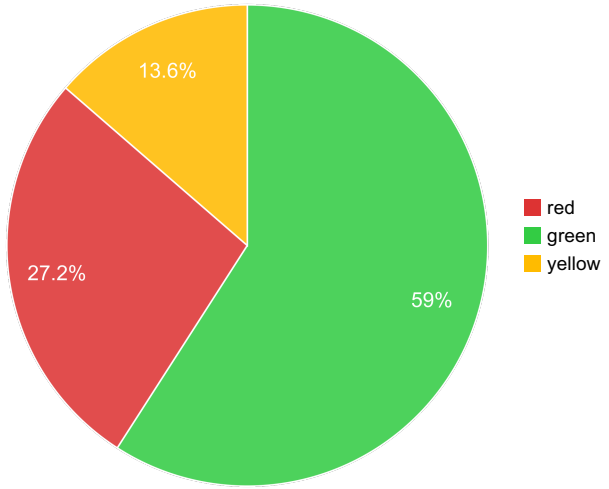
Human Services, Oregon Department of

Annual Performance Progress Report

Reporting Year 2022

Published: 10/3/2022 1:51:06 PM

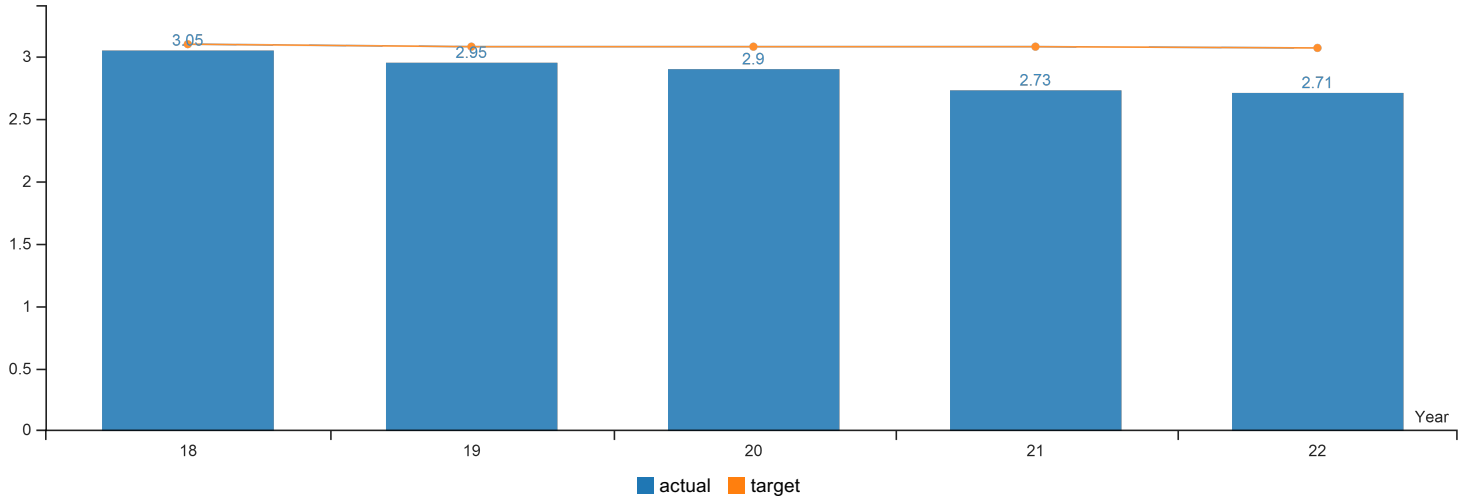
KPM #	Approved Key Performance Measures (KPMs)
1	OLDER ADULTS NEEDING LONG TERM CARE SERVICES (APD) - The percentage of older adults (65+) needing publicly-funded long term care services
2	LONG TERM CARE RECIPIENTS LIVING OUTSIDE OF NURSING FACILITIES (APD) - The percentage of Oregonians accessing publicly-funded 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:	59.09%	13.64%	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	2018	2019	2020	2021	2022
LTC NEED PREVENTION					
Actual	3.05%	2.95%	2.90%	2.73%	2.71%
Target	3.10%	3.08%	3.08%	3.08%	3.07%

How Are We Doing

In 2022, only 2.71% of Oregonians 65 or older needed assistance with publicly funded long-term care. This is a noticeable downward trend that exceeds legislative targets.

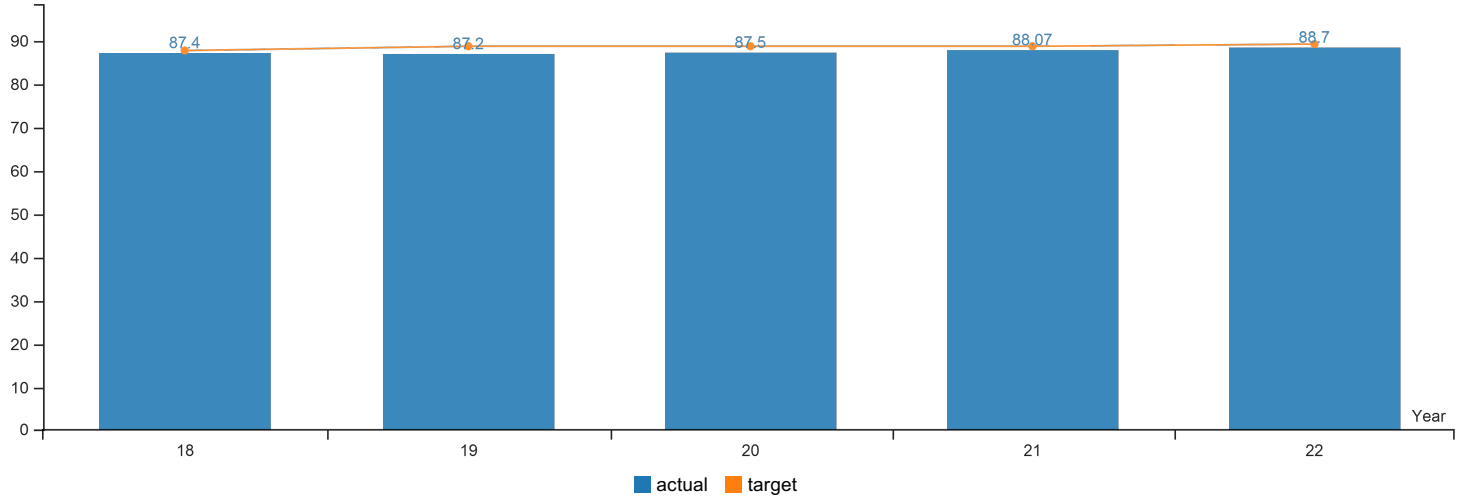
Factors Affecting Results

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.

We are concerned that part of the decline displayed above is related to fears that older adults may have about receiving LTSS during COVID. Additionally, we are exploring the ONE system's impact on older adults. APD will continue to analyze the factors that are decreasing the utilization of publicly funded long term care.

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	2018	2019	2020	2021	2022
LTC RECIPIENTS LIVING OUTSIDE OF NURSING FACILITIES					
Actual	87.40%	87.20%	87.50%	88.07%	88.70%
Target	88%	89%	89%	89%	89.50%

How Are We Doing

APD's performance is slightly behind the goals established. Recent challenges of ensuring workforce across the home and community- based care continuum have led to many individuals staying for longer periods of time in nursing facilities. Additionally, statewide policies have focused on Medicaid services and programs. Affordability for private pay individuals in any setting is challenging. Discussions regarding adult foster home rates are promising as are continued rates in other community-based care settings. Medicaid rates, if too low, increase private pay rates and decrease the capacity in home and community-based-care options.

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 higher incomes and assets receiving services in their own home. The second is the development of a new family caregiver support program, designed to support family caregivers maintain their direct care role.

Factors Affecting Results

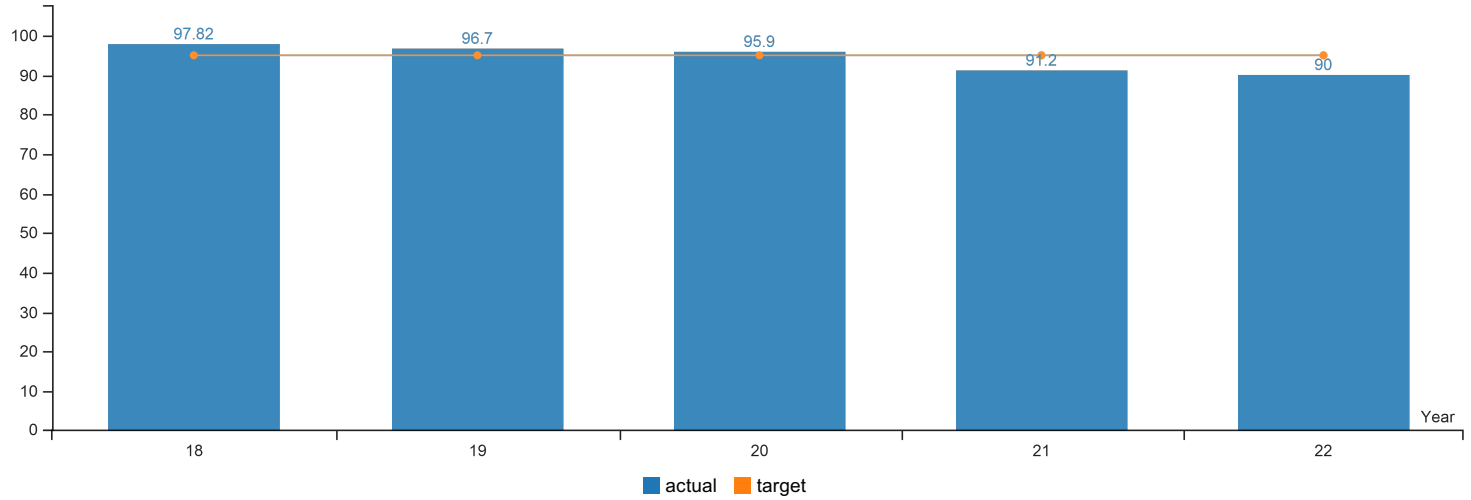
Throughout the pandemic, we have learned, that in most cases, hospitals prefer to discharge older adults and people with disabilities needing additional care to nursing facilities. Institutional care may be appropriate for certain individuals for short periods of time. However, alternatives such as reviewing insurance coverage for Home Health and establishing more intensive supports in other settings could help support the state reaching this KPM.

For Medicaid consumers, DHS must continue to proactively ensure that older adults and people with disabilities 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, addressing the workforce shortage across the long-term care continiuum 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	2018	2019	2020	2021	2022
Actual	97.82%	96.70%	95.90%	91.20%	90%
Target	95%	95%	95%	95%	95%

How Are We Doing

As was the case last year, performance on this measure has dropped below the target goal of 95%. Of particular note is the increase in both APS and NF investigations from the last reporting period to the current one. This, combined with the impact of COVID during the reporting period, has resulted in the decline in response timeliness.

Factors Affecting Results

This measure includes a wide variety of assigned response times and two investigative entities.

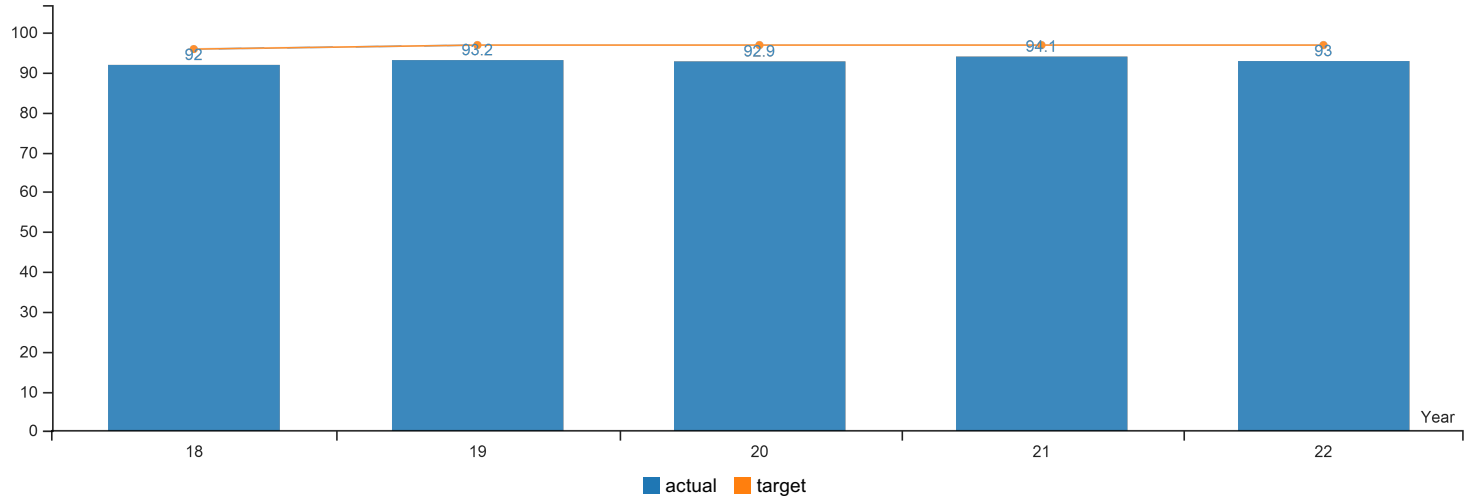
- Community Investigations completed by Adult Protective Services have response times of same day, end of next business day, or within 5 business days.
- Facility (Adult Foster Home, Assisted Living Facility, Residential Care Facility, Memory Care) Investigations completed by Adult Protective Services have response times of same day and end of next business day.
- Nursing Facility investigations completed by the Nursing Facility Licensing Unit within Safety, Oversight and Quality have assigned timelines of two days or ten days.

During this reporting period, there were 16366 investigations completed by APS (compared with 15486 from the past reporting period, an increase of 5.6%. This is a customary increase in investigation numbers and seems to indicate that numbers have stabilized from those seen during the COVID pandemic). Of those, 16129 (98.6%) received a timely response. This is a slight increase from 98.2% last reporting period.

During this reporting period there were 1713 Nursing Facility Investigations (compared with 1303 from the past reporting period, an increase of 31.4%). Of those, 151 (8.81%) received a timely response.

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	2018	2019	2020	2021	2022
Actual	92%	93.20%	92.90%	94.10%	93%
Target	96%	97%	97%	97%	97%

How Are We Doing

The outcome of 93.0% is Federal Fiscal Year 2021 data, for Report year 2022 (October 2020 to September 2021). This period under review indicates a slight decline in absence of repeat maltreatment statewide from the prior reporting year.

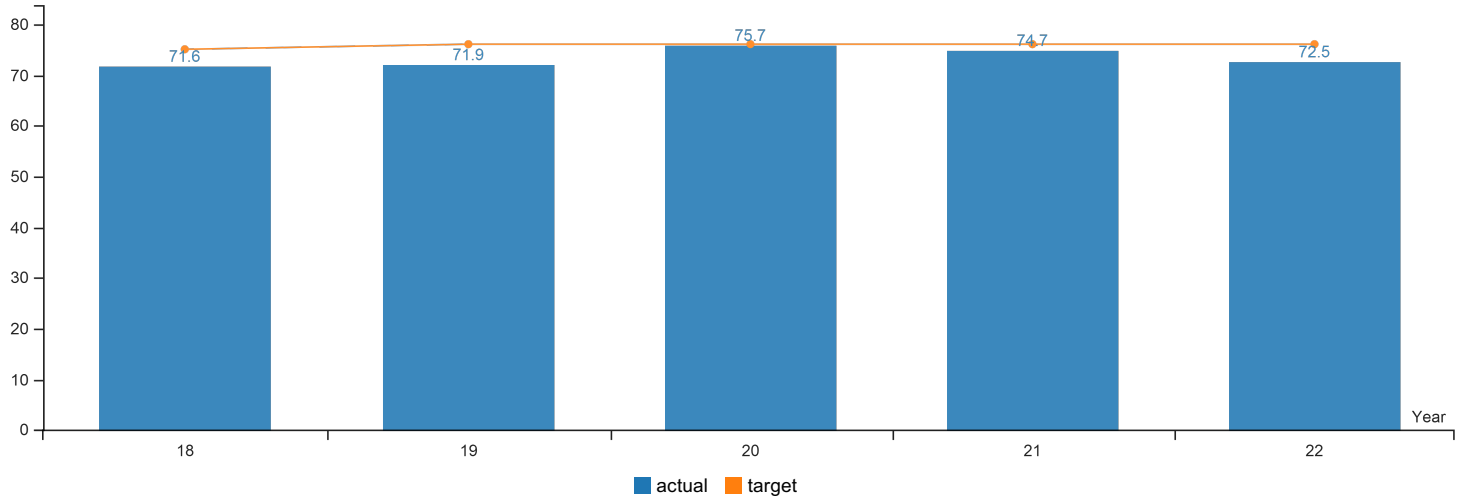
Factors Affecting Results

Cross program collaboration continues to address root cause issues that result in repeat maltreatment of children in Oregon. CQI processes have targeted and improved accuracy of incident date of maltreatment at screening. Oregon statute requires that ORCAH document and assign a new report of abuse for each incident of abuse reported. This at times results in multiple reports for a child victim that have occurred over a period of time, indicating a pattern of abuse that is known such as chronic neglect, exposure to harm through parental factors such as domestic violence and substance abuse, and physically abusive behaviors and parenting practices. Safety and Permanency programs continue to review and coach to improvements on in-home safety plans to improve the sufficiency of safety for children that a safety threat has been identified to ensure that this vulnerable population is not subject to repeat maltreatment.

The impacts of COVID-19 on the isolation of children and families, lack of in person school attendance, limited in-home supports and services has not fully been analyzed at a statewide or national level, however it does indicate that many of the risk factors that are known to impact child safety were experienced by a larger population and with less direct prevention service access during FFY 2021.

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	2018	2019	2020	2021	2022
Actual	71.60%	71.90%	75.70%	74.70%	72.50%
Target	75%	76%	76%	76%	76%

How Are We Doing

The outcome of 72.5% is Federal Fiscal Year 2021 data, for Report year 2022 (October 2020 to September 2021).

Over the past year, Oregon declined by 2.2 percentage points in this measure. This is the 2nd year in a row there has been a decline in the percentage of foster children exiting to reunification within 12 months of foster care entry.

Factors Affecting Results

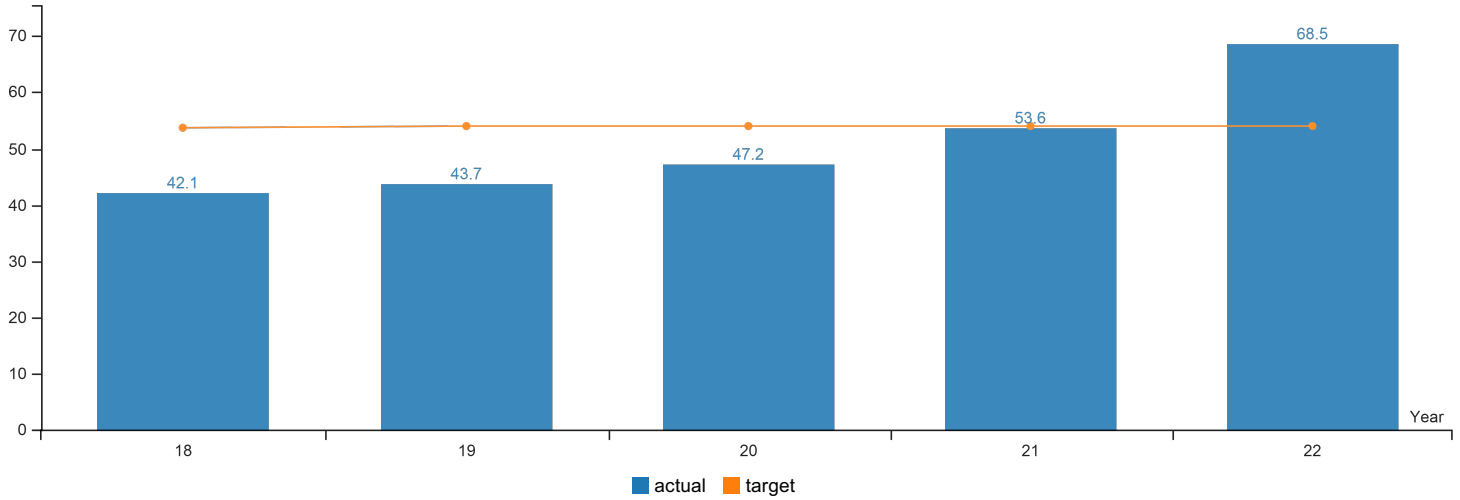
A couple of factors may be contributing to the decrease in timely reunification in Oregon. In the last few years, there has been a significant drop in the removal rate of children causing a 30% or so drop in the total foster care population since 2018. The reasons for this are not fully understood; however, because the number of assigned CPS assessments has not similarly decreased, the drop is likely due to practice changes related to child removal decisions. If true, then children of families with lower acuity and, therefore, more likely to return home sooner would decrease in proportion relative to children less likely to return home sooner.

A second contributing factor has been the increased workload of CPS workers across the state and its corresponding impact on permanency workloads. To address the shortfall of CPS workers and their increased workload, permanency workers have been assigned to complete CPS assessments in large numbers. This has reportedly interfered with their work in returning children home with their families sooner.

In addition to enhancing reunification efforts through the strategies of the Program Improvement Plan, Quality Assurance Reviews, consultation and ongoing training, the newly created CQI team in Child Welfare has recently launched a statewide initiative to improve CW measures. Through a more in-depth root cause analysis, their plan is to identify better lead measures that improve timeliness to reunification in 12 months. They recently had kick-off meetings in September 2022 with staff and community partners in District 6 and 12. With a greater focus on developing district specific strategies, it is hoped we will see improvements in the measure of timely reunification over the next year.

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	2018	2019	2020	2021	2022
Actual	42.10%	43.70%	47.20%	53.60%	68.50%
Target	53.70%	54%	54%	54%	54%

How Are We Doing

The outcome of 68.5% is Federal Fiscal Year 2021 data, for Report year 2022 (October 2020 to September 2021).

Oregon improved performance in this measure by almost 15 percentage points over the prior year, marking the fourth straight year of improvements. This was the greatest improvement of those four years. The target performance for the past year was also more than 11 percentage points higher than when the department first exceeded the target goal in 2015. 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. It's also the second straight year when the actual percentage of target met exceeded 50% and the first year it exceeded 60%.

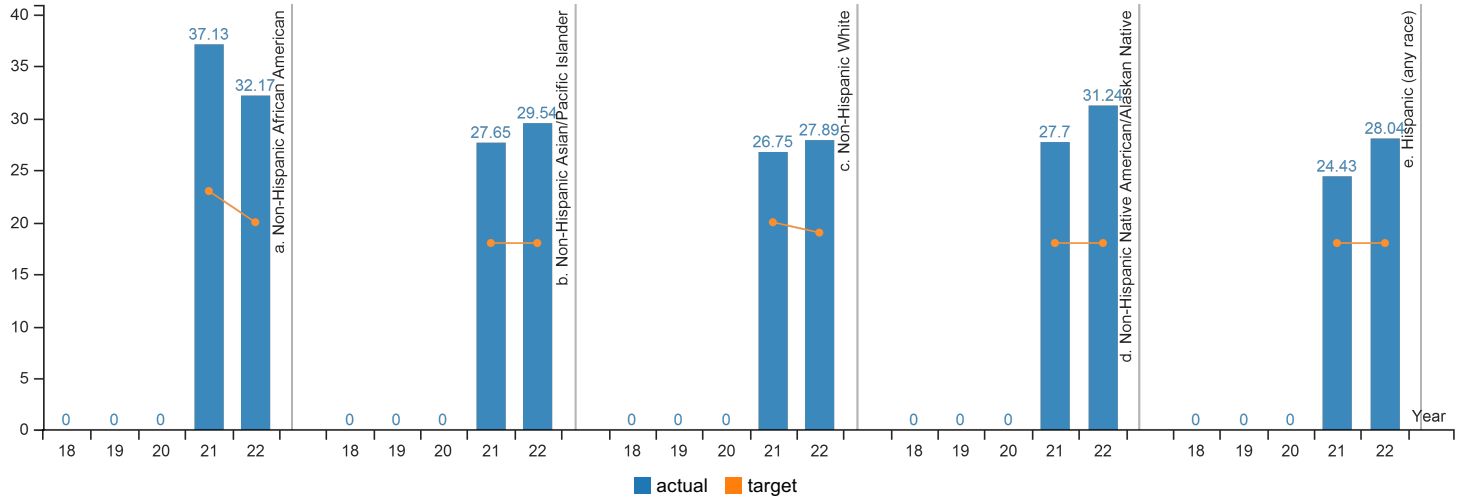
Factors Affecting Results

Oregon continues to coordinate efforts among ODHS Central Office Child Permanency Program staff, ODHS Local Branch Office staff, Courts, the Juvenile Court Improvement Program (JCIP), and other entities/partners to use CQI strategies and activities outlined in our Performance Improvement Plan (PIP). Adoption processes were streamlined and those continue to be assessed and improved when possible. 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	2018	2019	2020	2021	2022
Actual				37.13	32.17
Target				23	20
Actual				27.65	29.54
Target				18	18
Actual				26.75	27.89
Target				20	19
Actual				27.70	31.24
Target				18	18
Actual				24.43	28.04
Target				18	18

How Are We Doing

For reporting year 2022 all races continue to be in red, with Non-Hispanic African American children/young adults continuing to have an average length of stay at exit significantly longer than all other races, however the average dropped by 5 months (down/less is good) from 2021 to 2022. Unfortunately all other races experienced at least a small increase (up/more is bad) in average length of stay, which Hispanic children/young adults experiencing the largest increase at nearly 4 months.

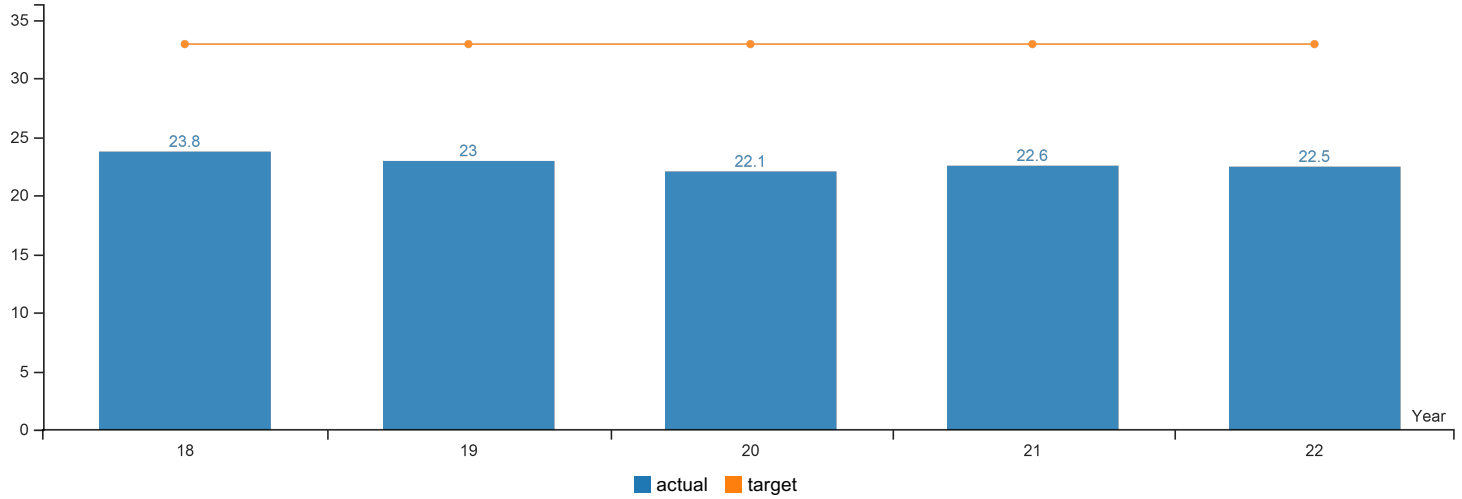
Factors Affecting Results

This KPM is designed to measure the disparity in length of stay by race for children in foster care. In addition to experiencing disparities in length of stay, Black/African American and Alaskan Native/American Indian children and young adults are disproportionately more likely to enter care as we see in our other equity KPM, but this is a statistic we see reflected nation-wide. Multiple studies show that being black and male are strong predictors for longer length of stay. In addition, older children are more likely to experience a longer length of stay.

As this is a brand new KPM it will require further vetting and refinement. Continuing disaggregation by age and location, and attempting to account for other factors that generally contribute to health and well-being, such as education, financial stability, and access to healthcare, will help us 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	2018	2019	2020	2021	2022
Actual	23.80%	23%	22.10%	22.60%	22.50%
Target	33%	33%	33%	33%	33%

How Are We Doing

The outcome of 22.5% is Federal Fiscal Year 2021 data for report year 2022. This data point indicates Oregon is holding steady on the number of children served in the parental home for FFY 2021. The implementation of a Family Preservation approach with the support of the Family First Act continues to move forward in Oregon. The Family Preservation work began in March 2022 so will not have an impact on this current data. Oregon expects to see an increase in children served in home for FFY 2022 as the preservation work in combination with supportive evidence-based services through Family First are slowly implemented in a phased approach across the state.

As stated previously, intentional, and strategic efforts to bring community partners and communities together to develop and support a statewide prevention continuum continue. There also continues to be a focus on putting the Well-being Together Initiative and the Vision for Transformation into action on a local level by strengthening relationships across ODHS programs and within the community and individual families ODHS is serving.

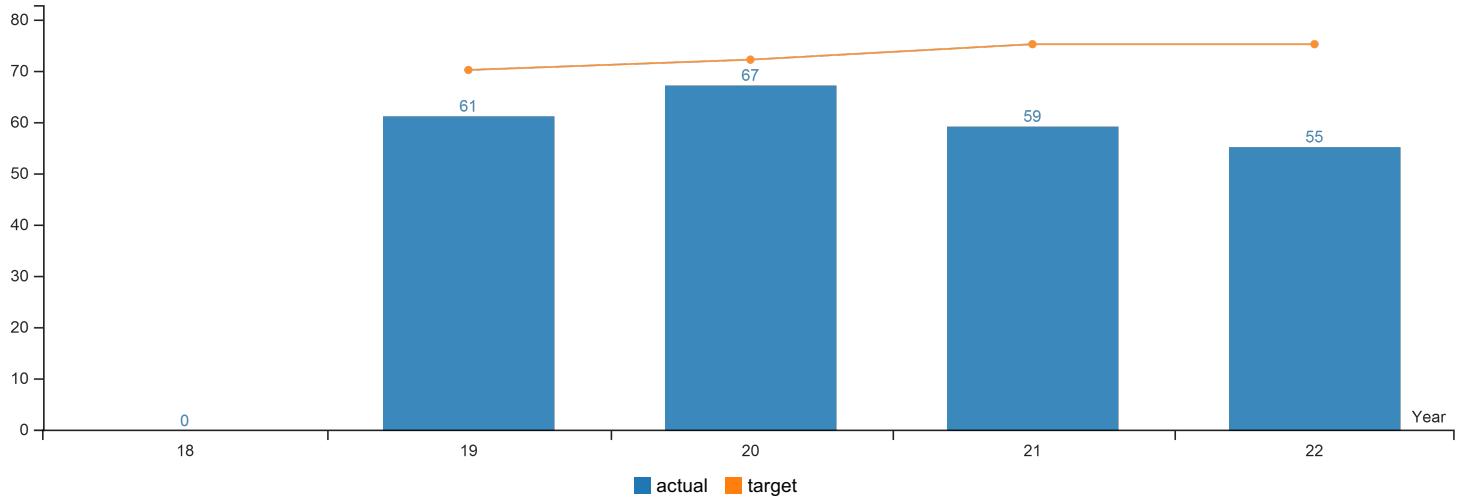
Factors Affecting Results

Oregon continues to evaluate and develop resources in communities throughout the state to support family stability, 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 and implementation stages in three ODHS branches across the state 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. 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 and those reunified after placement in foster care.

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	2018	2019	2020	2021	2022
Actual		61%	67%	59%	55%
Target		70%	72%	75%	75%

How Are We Doing

The annual percentage of applicants who have a determination within 90 days from application has continued to decline since 2021.

Factors Affecting Results

In 2020, ODDS filed a temporary administrative rule that permitted presumptive determinations to be made in certain circumstances when the full rule could not be applied as a result of the COVID-19 pandemic or illness. In late 2021, ODDS received input from CDDPs that they rarely used the presumptive rule to find a person eligible for various reasons. ODDS began educating CDDPs and increased awareness regarding this rule and encouraging determinations to be completed while also arranging for additional testing if necessary.

In addition to education and guidance around the presumptive eligibility rule, ODDS began gathering data on reasons why determinations were not made within 90 days following receipt of an application. This data will continue to be gathered analyzed throughout the next fiscal year, but early trends include 34% delay in getting external medical and psychological records; 33% delay in getting psychological evaluations returned even when the appointment occurred well within 90 days and 11% delay at the individual/family choice to pause or delay application process.

ODDS continues to collaborate with OHA Admin Exam team on increasing rates of reimbursement which will hopefully invite additional evaluators to become admin exam evaluators and streamlining the prior authorization and payment process for evaluators to remove the administrative burdens that have been brought to the Department's and Authority's attention.

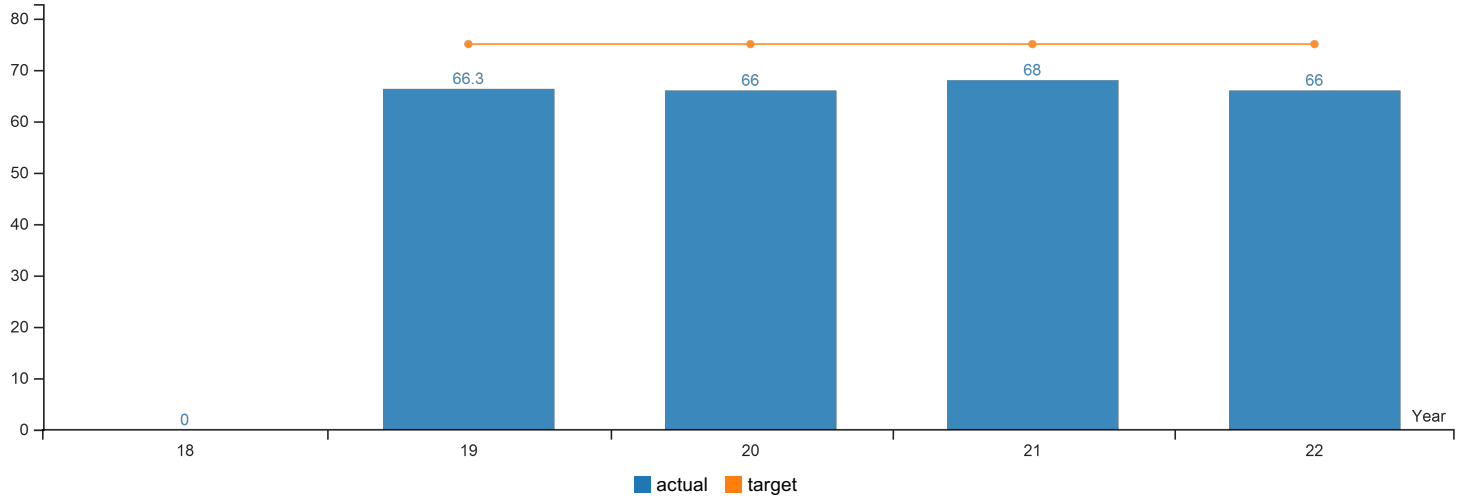
Additional factors impacting results include:

- Limited psychologists willing to accept Medicaid funding for administrative examinations

- Educational settings completing fewer intellectual evaluations due to shortage of evaluators resulting in an increase in CDDPs needing to arrange intellectual testing
- Increased delays in receiving existing medical or psychological evaluations due to fewer support staff at medical and educational offices.

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	2018	2019	2020	2021	2022
Actual		66.30%	66%	68%	66%
Target		75%	75%	75%	75%

How Are We Doing

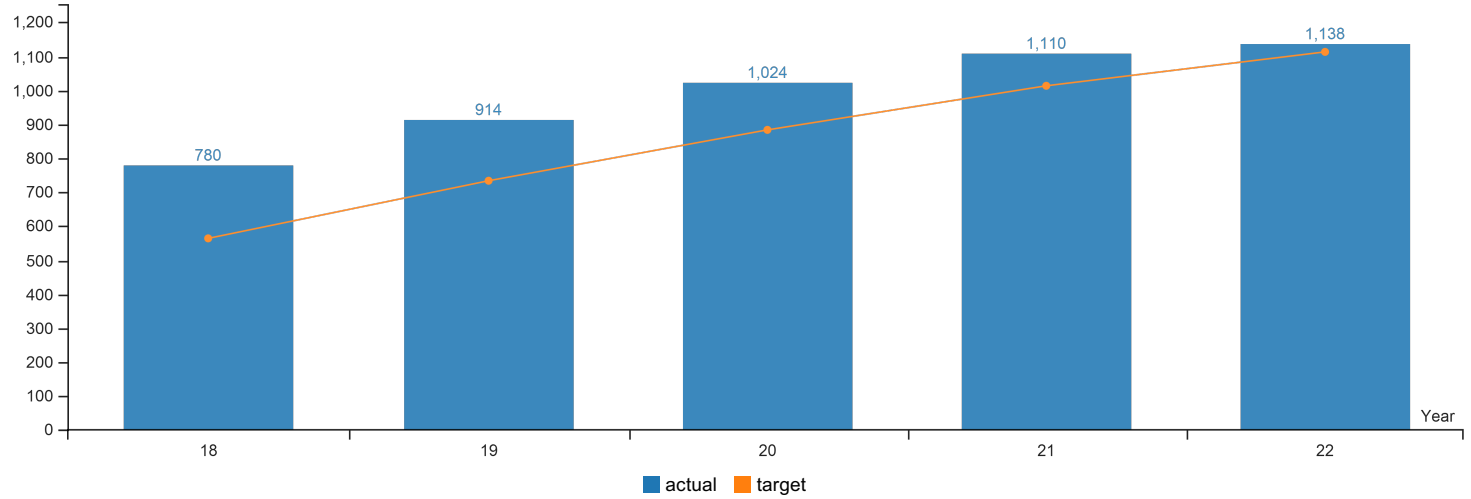
Oregon does not have any institutional care settings for people with intellectual/developmental disabilities. All services are provided in a community setting. A strategic goal of ODDS is to support a person's choice on where they live and how they receive their services. The data does not reflect choice in where a person lives. As discussed over the last fiscal year, the goal of ODDS includes opportunity for an individual to choose where they live. Therefore, this data is not useful in identifying whether 66% is reflective of where adults are *choosing* to live and therefore it is unclear where are target should be. ODDS has proposed to remove this KPM for the reasons identified above. This will be the last report on this KPM.

Factors Affecting Results

The data available is only reflective of where people are receiving their services, not about choice or availability. ODDS offers a realm of community choice options but in-home services are dependent upon an individual having access to their own home or a family home. Additionally, 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 be challenging for them and their families.

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	2018	2019	2020	2021	2022
Actual	780	914	1,024	1,110	1,138
Target	565	735	885	1,015	1,115

How Are We Doing

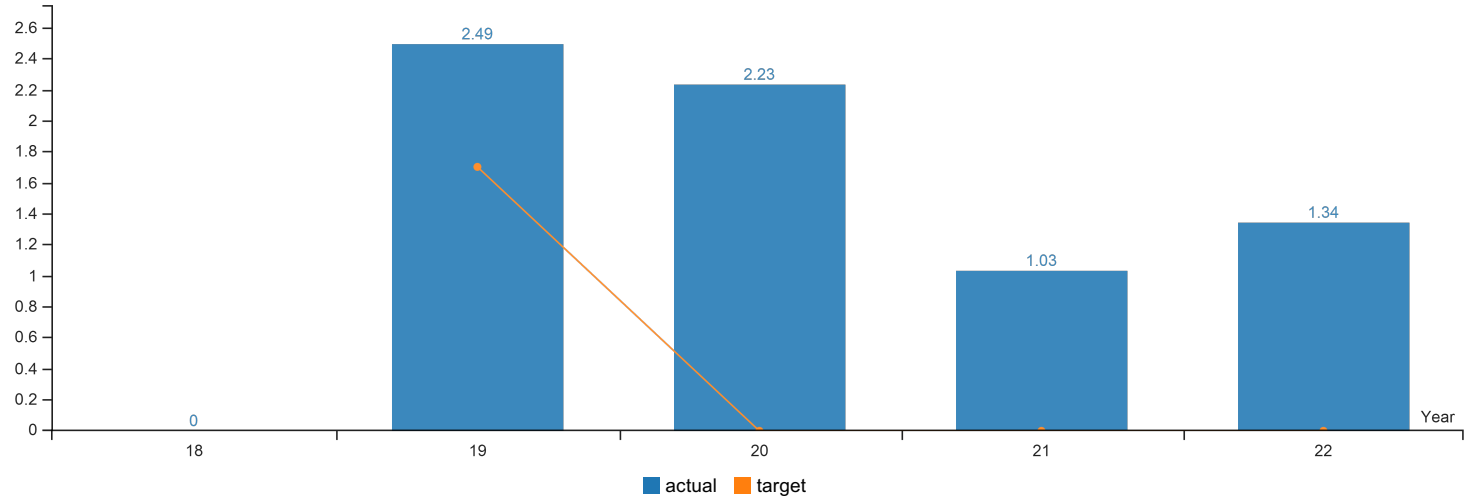
ODHS surpassed it's requirement of ensuring at least 1,115 individuals who are eligible for ODDS services who had been in a Sheltered Workshop obtained and kept a job for at least 90 days. This means that ODHS was in substantial compliance with the Lane v Brown Settlement Agreement, and Judge Acosta dismissed this case on August 12, 2022.

Factors Affecting Results

ODHS (ODDS and VR) worked hard over the course of more than 7 years to ensure people who had been in a Sheltered Workshop could get and keep a competitive, integrated job. ODHS is updating this KPM to continue to focus on ensuring all people with I/DD can access Competitive Integrated Employment.

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	2018	2019	2020	2021	2022
Actual		2.49%	2.23%	1.03%	1.34%
Target		1.70%	0%	0%	0%

How Are We Doing

This metric applies to substantiated abuse of adults in licensed and endorsed programs. 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 population increased by 0.31% over last year's figure. The adult population receiving these services increased 0.7% from 2020 to 2021 (8379 individuals to 8438) and the number of adults with a substantiated abuse allegation rose from 86 in 2020 to 113 in 2021, an increase of 31.4%.

Because of a lack of national abuse data, it is a challenge to establish a meaningful IDD abuse rate target. Targets are currently based on trends of historical data.

Oregon's recent transition to a Centralized Abuse Management (CAM) information system is providing enhanced tracking and monitoring of abuse referrals and investigations. The CAM system 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 an impact on every facet of life and undoubtedly has impacted the abuse of vulnerable populations for the past two years. While we do not have data that clearly informs how the pandemic influenced populations, there are some important possibilities to consider. Implementation of emergency infection control measures 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 service providers.

Decreased staffing may also have reduced the number of potential observers, resulting in reduced reporting of allegations. Viewing the past two years data together, and even with a small increase in the rate this past year, the COVID trend is down significantly from the pre-COVID levels. It appears the unknown COVID factors are having a significant effect on abuse findings and/or reporting for these populations.

Additionally, abuse rates for people with intellectual/developmental disabilities can be affected by other factors including:

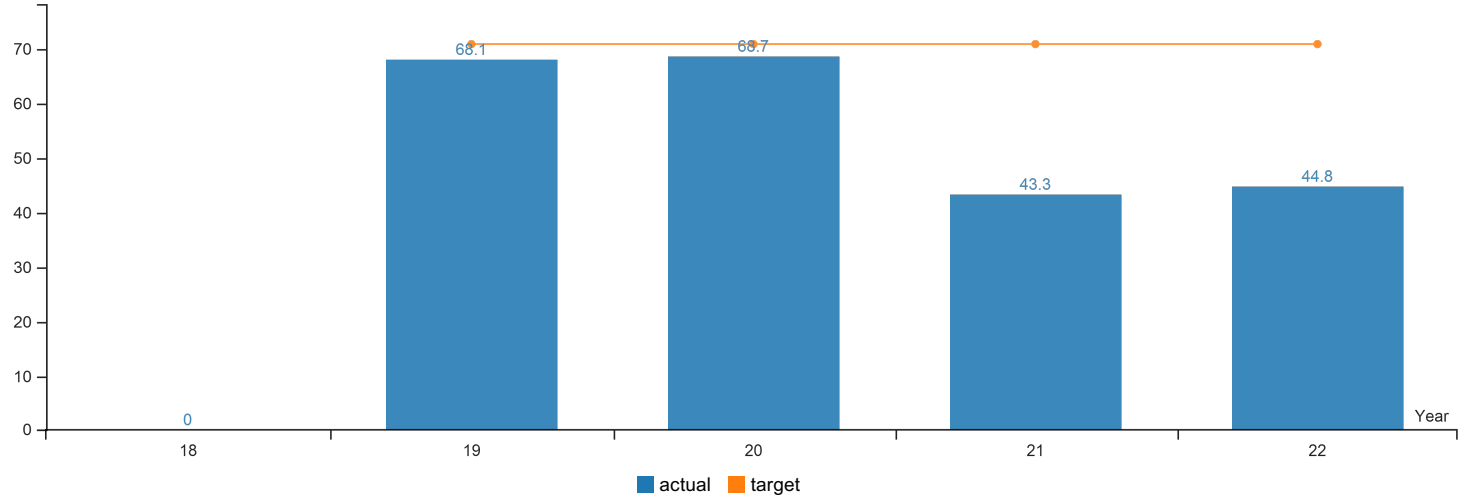
- The high acuity and service needs of residents being served in community-based care settings.
- High turnover rate of treatment and support staff in all settings.
- An adult's right to make decisions about their living situation, companions, etc.
- Barriers to the reporting of abuse by cognitively 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.).

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 multi-disciplinary teams and coordinated-care organizations.

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	2018	2019	2020	2021	2022
Actual		68.10%	68.70%	43.30%	44.80%
Target		71%	71%	71%	71%

How Are We Doing

Office of Self-Sufficiency Programs (SSP) is guided by the Oregon Department of Human Services (ODHS) Equity North Star[1] and by the agency's Building Well-being Initiative (BWBI) to advance a future where all who live in Oregon, regardless of race, identity, or place, have the resources and support they need to achieve whole well-being for themselves, their families, and their communities.

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. Economic mobility is a key social determinant of health. The ability to earn living wages helps maximize human potential. 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 44.8 median percent of those participants are earning living wages. This result is slightly higher compared to last year's result of 43.3 median percent.

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[1] https://www.oregon.gov/dhs/DHSNEWS/Documents/ODHS-Equity-North-Star.pdf

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 2020 and tracks their wages one year later. The data reflects the median percent of their wages in 2021 compared to the Self-Sufficiency Standard. The result is most likely attributed to the continuing COVID-19 health pandemic. It is anticipated that next year's data on this measure will reflect the changes in the economy associated with the continuing health pandemic and potentially also the rise in inflation.

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:

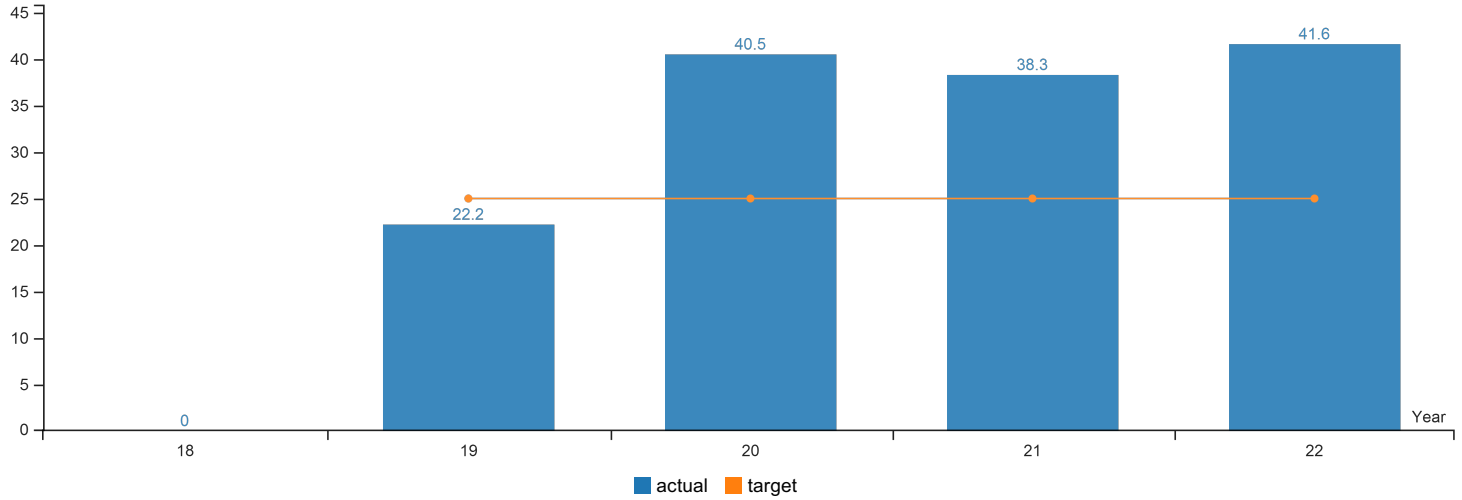
- SNAP Training and Employment Program (STEP) has expanded investments in partnership with OED, community colleges and local community organizations, drawing additional federal dollars to offer a more comprehensive set of training and employment opportunities for SNAP participants.
- Job Opportunity 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.

Additionally, ODHS Employment and Training services have benefitted from community focus groups, with an emphasis on prioritizing participant voice and identifying gaps between current services and community needs. Employment and Training services have been expanded upon based on the needs expressed in such forums and ODHS will continue to evaluate policies and program design based on community voice.

[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	2018	2019	2020	2021	2022
Actual		22.20%	40.50%	38.30%	41.60%
Target		25%	25%	25%	25%

How Are We Doing

The Office of Self-Sufficiency Programs (SSP) is guided by the Oregon Department of Human Services (ODHS) Equity North Star[1] and by the agency's Building Well-being Initiative (BWBI) to advance a future where all who live in Oregon, regardless of race, identity, or place, have the resources and support they need to achieve whole well-being for themselves, their families, and their communities. 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 key social determinant of health and 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[2]. The goal of this measure is to track the percentage of households connecting to Self-Sufficiency programs who report housing stability.

In the Summer 2022, 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 2022. The survey was voluntary and deployed in six languages: Arabic, Russian, Somali, Spanish, Vietnamese, and English. **Of 22,750 SNAP applicants in April 2022, there were 1,785 survey respondents which represents a 7.8 percent overall response rate.**

The survey found that 41.6 percent of respondents reported housing stability, slightly higher compared to 38.3 percent in 2021. Based on the survey, 53.2 percent 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	43.3%
Asian	36.8%
Black and African American	17.5%
Hispanic and Latino/a/x	48.6%
Middle Eastern and North African	16.7%*
Native Hawaiian and Pacific Islander	50%*
Two or more races	39.4%
Unknown	41.5%
White	39.3%
Grand Total	**41.6%**
Individuals with disability(ies) (Included in the counts above)	34%
***small sample size for this population**	

The following are a few of the quotes from survey respondents who opted to provide more input:

“Rent is so high; I can’t afford to continue pay [it] and I’m about to be homeless.”

“I would like to have my own place, but I cannot afford rent in my area, so I am living with a family member.”

"[I’m currently living in a car for almost [a] year."

“[My] housing is inadequate. [There are] leaks when it rains and holes on the wall. The staircase is a safety concern and the landlord is refusing to make repairs.”

“[I] will be moving into rental housing at end of month.”

The general observations based on the comments from survey respondents (offered on an optional basis) is:

- People need help applying for and/or getting on subsidized rent programs (ie Section 8)
- People are interested in purchasing homes but need help finding resources and understanding the process
- People may need education and advocacy on landlord/tenant issues (i.e., being evicted, unit is not habitable or needs repairs)
- People may need eviction prevention support dollars
- People need help with imminent housing transitions (living arrangements with family are about to end)

People are generally really struggling with the current cost of living and balancing housing costs with medical costs

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[1] https://www.oregon.gov/dhs/DHSNEWS/Documents/ODHS-Equity-North-Star.pdf

[2] 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, inflation is making it more difficult 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 and state funding including child tax credits, 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. It is important to note that the statewide eviction moratorium was still in effect until June 30th and safe harbor protections are still in place for those who applied for rental assistance through September 30th.**

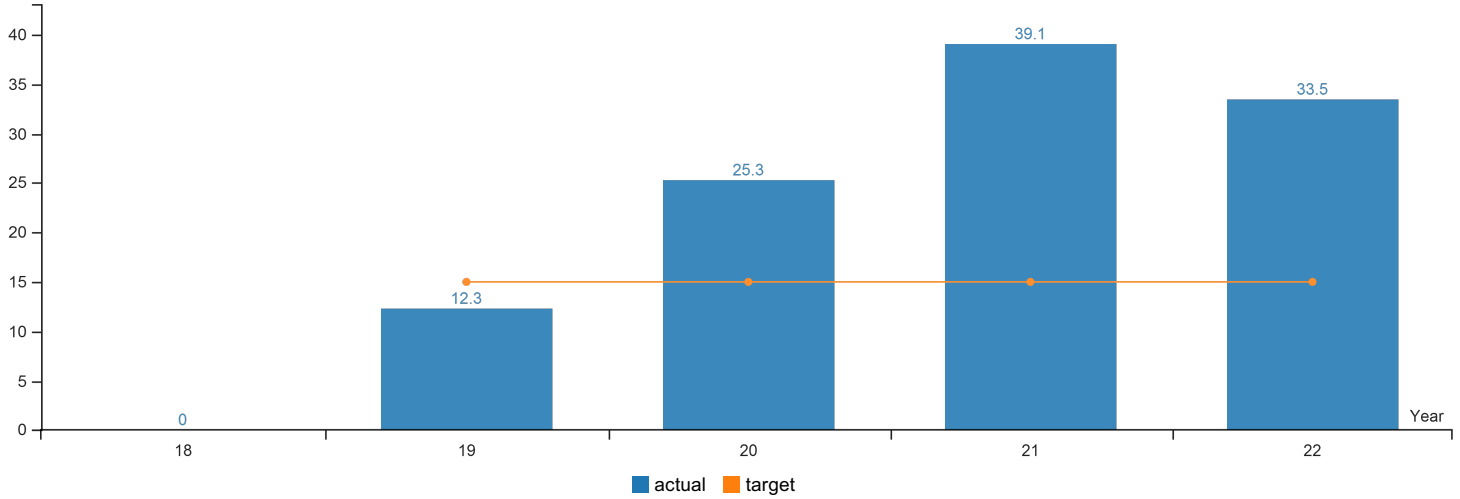
Over the past five years SSP expanded TANF funded supports to cover housing related emergent needs. SSP has also provided for innovative contracting for housing related services, including navigation services, in partnership with community-based organizations and agencies. SSP continues to partner with 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	2018	2019	2020	2021	2022
Actual		12.30%	25.30%	39.10%	33.50%
Target		15%	15%	15%	15%

How Are We Doing

The Office of Self-Sufficiency Programs (SSP) is guided by the Oregon Department of Human Services (ODHS) Equity North Star[1] and by the agency's Building Well-being Initiative (BWBI) to advance a future where all who live in Oregon, regardless of race, identity, or place, have the resources and support they need to achieve whole well-being for themselves, their families, and their communities. 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. Food security has a direct connection to economic mobility – a key social determinant of health. 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 2021" report found that 10.2 percent of Oregon households were food insecure, not significantly different from 10.5 percent in 2020[1].

In the Summer 2022, 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 2022. The survey was voluntary and deployed in six languages: Arabic, Russian, Somali, Spanish, Vietnamese, and English. **Of 22,750 SNAP applicants in April 2022, there were 1,785 survey respondents which represents a 7.8 percent overall response rate.**

Based on the survey, 33.5 percent of respondents reported experiencing food security[2]. This year's result is almost six percentage points lower than the food security rate reported in 2021. This means that 63.6 percent of the respondents reported experiencing food insecurity, meaning that their access to adequate food is limited by a lack of money or other resources.

As a result of the COVID-19 health pandemic, there have been 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, state-level investments through the food banks, the child tax credit and COVID-19 relief. Survey respondents expressed gratitude for these resources, especially the additional SNAP benefits. A theme that emerged from the comments from survey respondents who opted to provide more input, is that inflation is creating additional pressure for individuals and families to meet their most basic needs.

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	33.3%
Asian	26.3%
Black and African American	26.3%
Hispanic and Latino/a/x	40.8%
Middle Eastern and North African	33.3%*
Native Hawaiian and Pacific Islander	0.0%*
Two or more races	27.9%
Unknown	38.1%
White	28.1%
Grand Total	**33.5%**
Individuals with disability(ies) (Included in the counts above)	28.1%

small sample size for this population

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	40.0%
Asian	47.4%
Black and African American	21.8%
Hispanic and Latino/a/x	49.7%
Middle Eastern and North African	33.3%*
Native Hawaiian and Pacific Islander	0.0%*
Two or more races	27.3%
Unknown	43.3%

White	35.3%
Grand Total	**40.0%**
Individuals with disability(ies) (Included in the counts above)	32.2%
***small sample size for this population**	

The following are a few of the quotes from survey respondents who opted to provide more input:

"Food prices are going up and the SNAP allotments stay the same."

"I hope you don't take away the [Emergency Assistance] (EA) Payments for SNAP. Cost of living increases are making it to where food expenses are crazy high and the thought of the EA going away is scary. The $20 match at the farmers market is really helpful and I love it."

"As soon as I got SNAP I stopped worrying."

"I need help, I used to work and get paid and I can barely make it, and I cry all the time and can't deal with this. I go to the store and cry. I never had to put thing back at the grocery store and now I have to. I can't even afford a hamburger."

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[1] https://www.oregon.gov/dhs/DHSNEWS/Documents/ODHS-Equity-North-Star.pdf

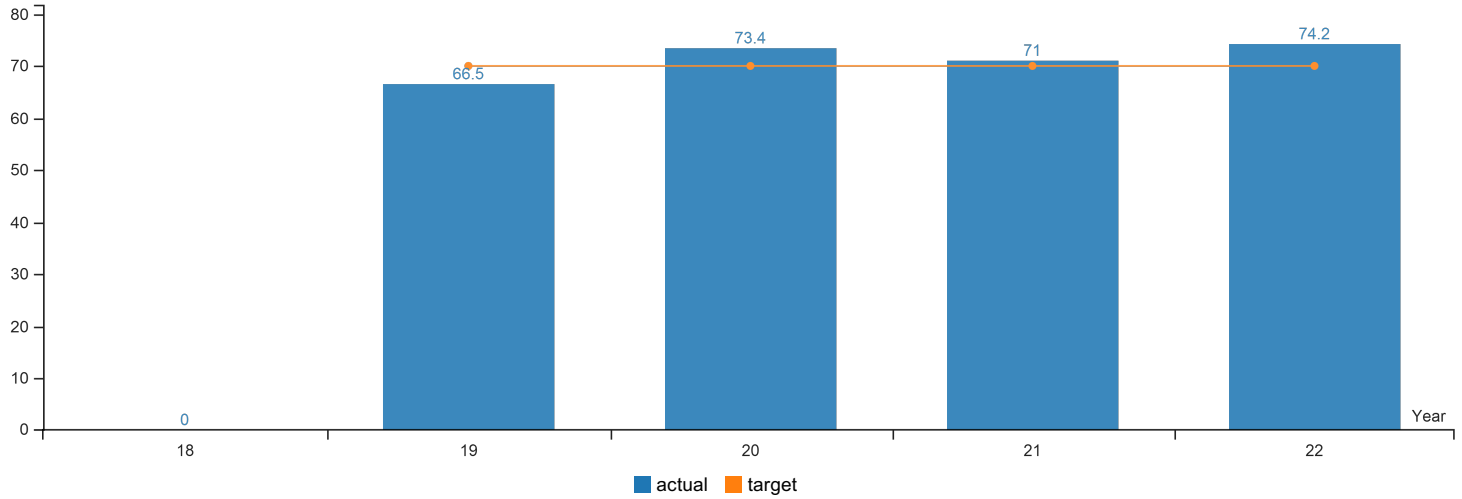
Factors Affecting Results

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 this year is composed of persons applying or reapplying for SNAP or other SSP benefits in April 2022. The continuing COVID-19 health pandemic and rising cost have 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 about 10 percent. Additionally, fewer people are disconnecting from the SNAP program. 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	2018	2019	2020	2021	2022
Actual		66.50%	73.40%	71%	74.20%
Target		70%	70%	70%	70%

How Are We Doing

The Office of Self-Sufficiency Programs (SSP) is guided by the Oregon Department of Human Services (ODHS) Equity North Star[1] and by the agency's Building Well-being Initiative (BWBI) to advance a future where all who live in Oregon, regardless of race, identity, or place, have the resources and support they need to achieve whole well-being for themselves, their families, and their communities.

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[2]. 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[3]. 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 2022, 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 2022. The survey was voluntary and deployed in six languages: Arabic, Russian, Somali, Spanish, Vietnamese, and English. **Of 22,750 SNAP applicants in April 2022, there were 1,785 survey respondents which represents a 7.8 percent overall response rate.**

Based on the survey, 74.2 percent of survey respondents reported feeling more confident about their ability to improve their current circumstances because of their involvement with SSP and the services SSP connected them to. This result is up from 71 percent in 2021. In addition, 75.7 percent of respondents (up from 74.1% in 2021) 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	55.2%
Asian	78.9%
Black and African American	66.7%
Hispanic and Latino/a/x	83%
Middle Eastern and North African	83.3%*
Native Hawaiian and Pacific Islander	75%*
Two or more races	64.9%
Unknown	63.9%
White	75.2%
Grand Total	**74.2%**
Individuals with disability(ies) (Included in the counts above)	68.6%
***small sample size for this population**	

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	46.7%
Asian	68.4%
Black and African American	64.9%
Hispanic and Latino/a/x	82.7%
Middle Eastern and North African	83.3*
Native Hawaiian and Pacific Islander	100%*
Two or more races	66.7%
Unknown	67.78%
White	77.7%

Grand Total	**75.7%**
Individuals with disability(ies) (Included in the counts above)	73.7%
***small sample size for this population**	

The following are a few of the quotes from survey participants who opted to provide more input:

"[I am] very thankful for medical and food stamps. Without them, I would not be alive."

"I'm incredibly lucky to qualify for the food program I wouldn't be as hopeful if it wasn't for the programs."

"Housing and security is a real thing, food and security is a real thing, even for people with two jobs. I have two [jobs] and my food stamps end next month and I'm not really sure how we are going to eat. It's really hard to figure out where the services are, it takes a lot of digging, and right now when it's the hottest all those programs are closed till mid Aug. or Sept."

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[1] https://www.oregon.gov/dhs/DHSNEWS/Documents/ODHS-Equity-North-Star.pdf

[2] "Policy – A Multidimensional Approach", Oxford Poverty & Human Development Initiative, University of Oxford. Available online at: https://ophi.org.uk/policy/multidimensional-poverty-index/

[3] 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

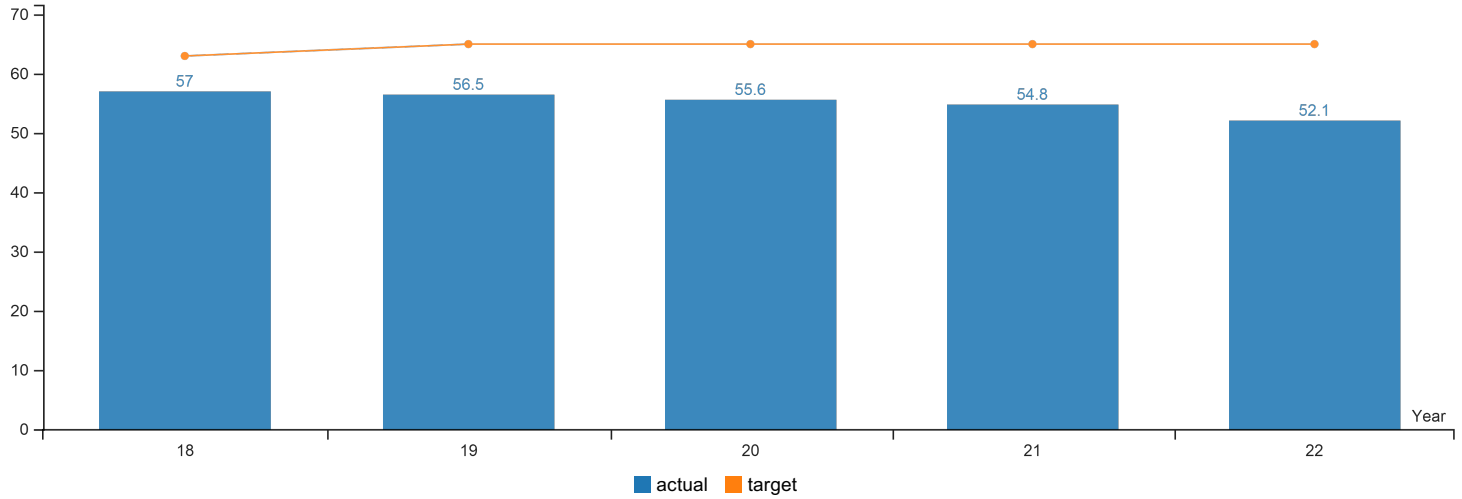
These results are derived entirely from participants' entries on the SSP well-being survey which will continue to be conducted by SSP each year. The surveys have demonstrated that program accessibility matters as does the way we show up for families in our interactions.

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	2018	2019	2020	2021	2022
Actual	57%	56.50%	55.60%	54.80%	52.10%
Target	63%	65%	65%	65%	65%

How Are We Doing

We saw a 2.7 % decrease in OVRS consumers successfully employed at program exit from in 2022 compared to 2021. Considering the continued impact of the 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 2022. 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 2022. A recent report from the Oregon Employment Department that found by April 2022, Oregon's nonfarm payroll employers had regained nine out of 10 jobs lost in spring 2020 it does appear that people with disabilities are recovering at a slower pace compared to job seekers without disabilities.

The Oregon target of 65% has historically been optimistic when compared to the national average. For example, in 2020, the last reported average for all VR programs, the national average was 43.8% compared to Oregon's outcome of 55.6%. Oregon VR will continue to work toward increasing this outcome we see value in this measure.

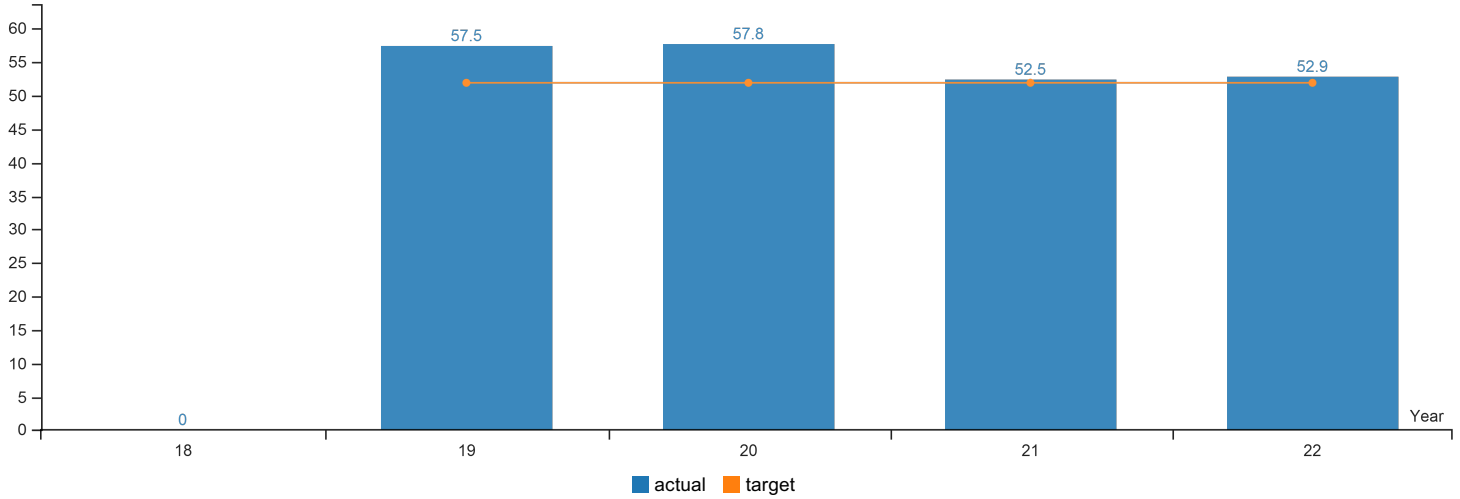
Factors Affecting Results

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 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	2018	2019	2020	2021	2022
Actual		57.50%	57.80%	52.50%	52.90%
Target		52%	52%	52%	52%

How Are We Doing

From Oct. 1, 2020 to Sept. 30, 2021, the most recent period for which all relevant data is available, 52.9% of individuals exited from OVRS services were employed during the second quarter following exit. This is roughly a half percentage point higher retention rate than the previous year. Staff are working toward more effective career counseling and guidance in this post-pandemic environment 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.

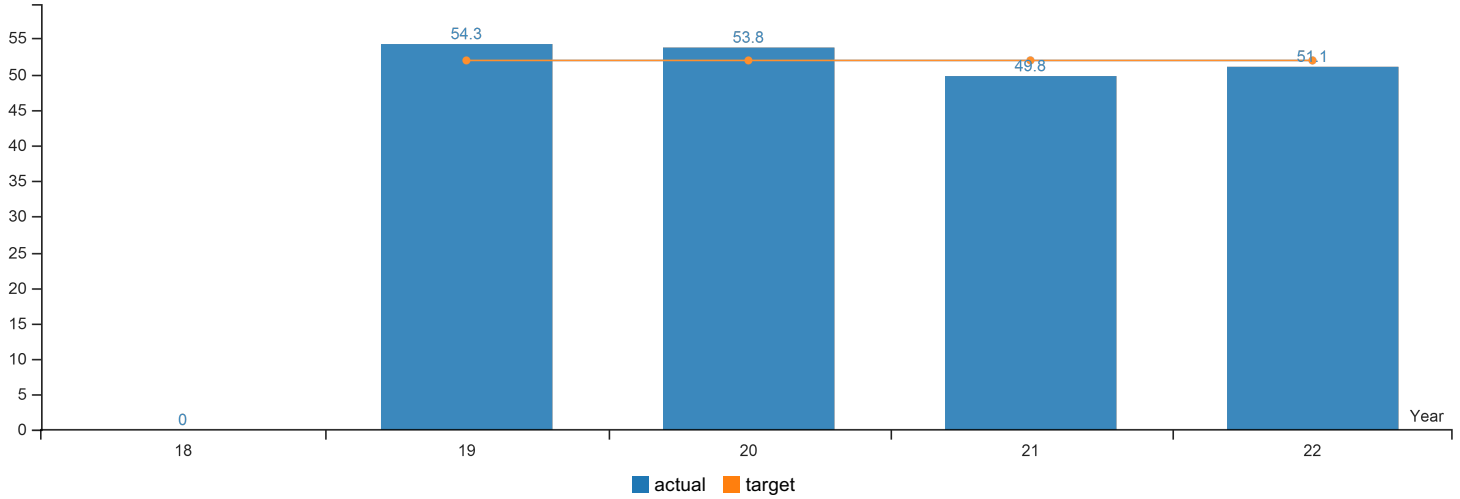
Factors Affecting Results

Considering the lingering impact from the 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	2018	2019	2020	2021	2022
Actual		54.30%	53.80%	49.80%	51.10%
Target		52%	52%	52%	52%

How Are We Doing

From Oct. 1, 2020 to Sept. 30, 2021, the most recent period for which all relevant data is available, 51.1% of individuals exited from OVRS services were employed during the second quarter following exit. This is an increase of over one percentage point higher retention rate than the previous year. Staff are working toward more effective career counseling and guidance in this post-pandemic environment 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.

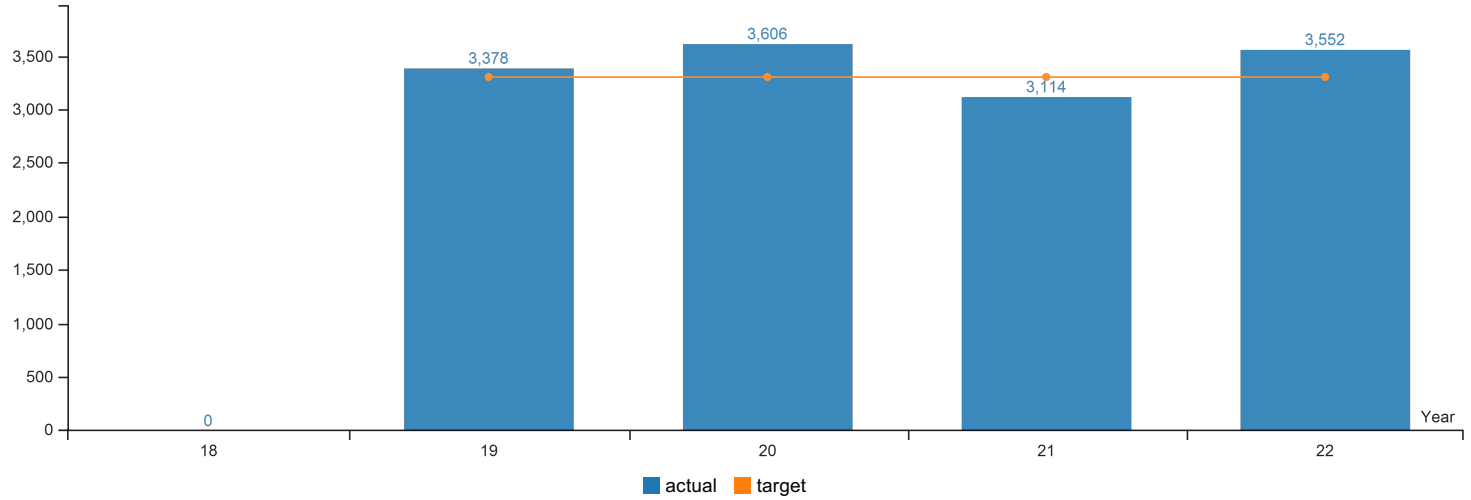
Factors Affecting Results

Considering the lingering impact from the 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 #19.

Successful employment depends on the skills, character, and needs of each client and employer. This variability can impact KPM #19 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	2018	2019	2020	2021	2022
Actual		$3,378.00	$3,606.00	$3,114.00	$3,552.00
Target		$3,300.00	$3,300.00	$3,300.00	$3,300.00

How Are We Doing

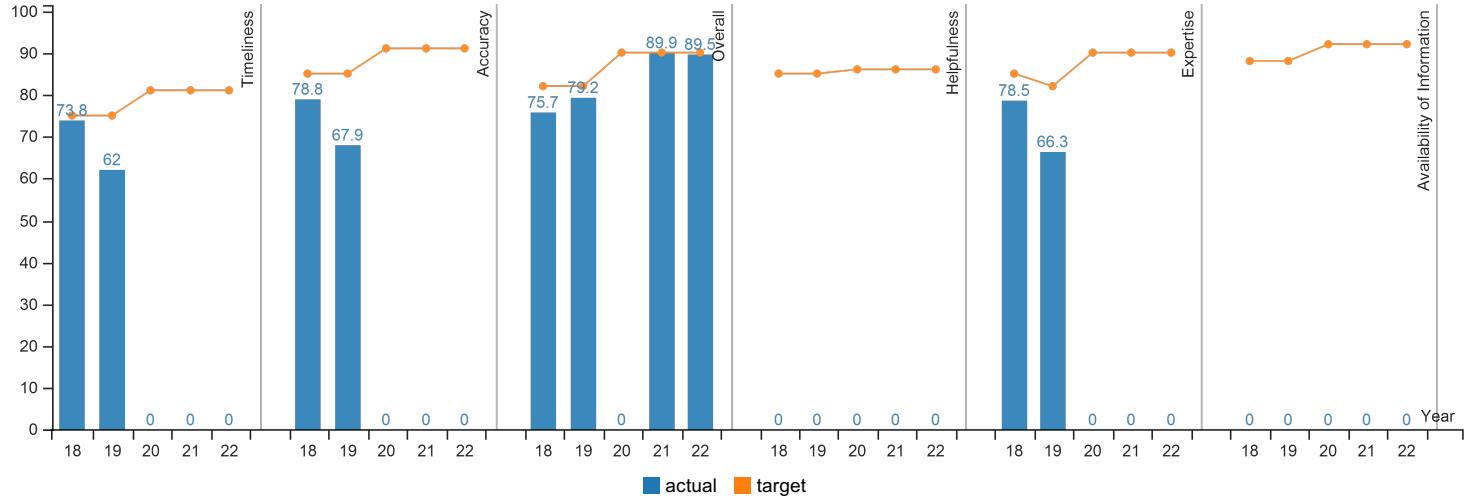
From Oct. 1, 2020 to Sept. 30, 2021, the most recent period for which all relevant data is available, the median quarterly wage at second quarter following OVRS program exit was $3,552. This is $438 increase compared to the same metric in 2021. We are continually working to increase both the hourly wage 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.

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	2018	2019	2020	2021	2022
Actual	73.80%	62%			
Target	75%	75%	81%	81%	81%
Actual	78.80%	67.90%			
Target	85%	85%	91%	91%	91%
Actual	75.70%	79.20%		89.90%	89.50%
Target	82%	82%	90%	90%	90%
Actual					
Target	85%	85%	86%	86%	86%
Actual	78.50%	66.30%			
Target	85%	82%	90%	90%	90%
Actual					
Target	88%	88%	92%	92%	92%

How Are We Doing

The Self-Sufficiency Program's (SSP) Wellness survey is being used as a proxy for the ODHS customer service KPM for 2022. The overall rating is being reported along with a breakdown by race, ethnicity and disability.

In the Summer 2022, 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 2022. The survey was voluntary and deployed in six languages: Arabic, Russian, Somali, Spanish, Vietnamese, and English. **Of 22,750 SNAP applicants in April 2022, there were 1,785 survey respondents which represents a 7.8 percent overall response rate.**

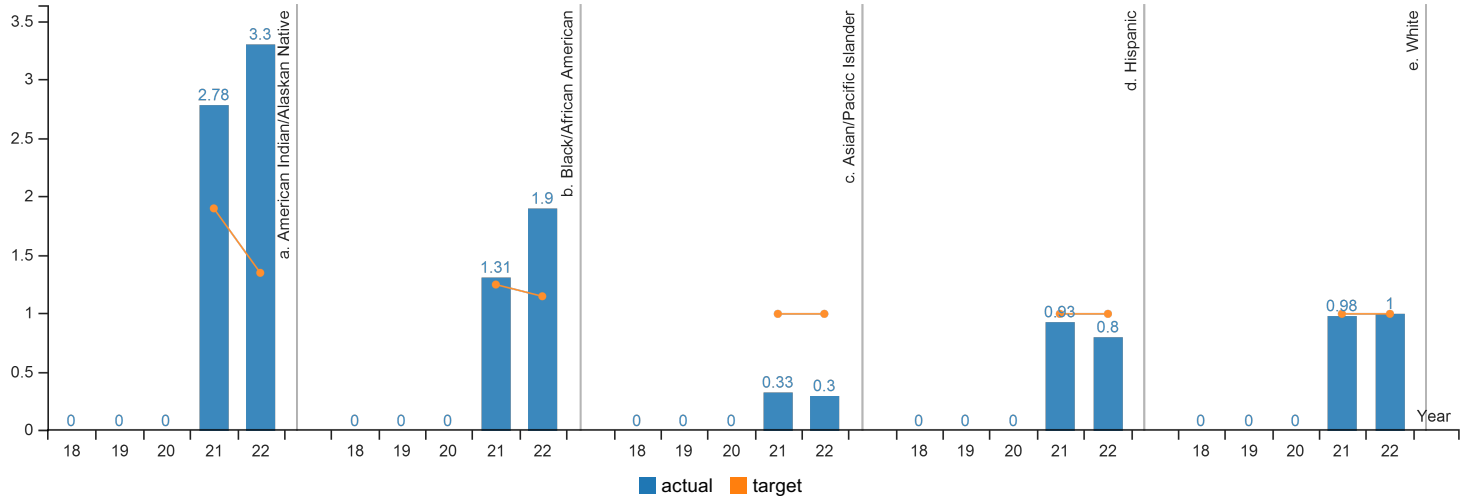
Respondents rated overall satisfaction with services at 89.5%. Below are the disaggregated results by demographic category.

Race/ethnicity/disability	Percentage
American Indian and Alaska Native	93.3%
Asian	94.7%
Black and African American	91.1%
Hispanic and Latino/a/x	91.5%
Middle Eastern and North African	66.7%*
Native Hawaiian and Pacific Islander	100%*
Two or more races	89.2%
Unknown	85.0%
White	89.7%
Grand Total	89.5%
Individuals with disability(ies) (Included in the counts above)	87.8%

small sample size for this population

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	2018	2019	2020	2021	2022
Actual				2.78	3.30
Target				1.90	1.35
Actual				1.31	1.90
Target				1.25	1.15
Actual				0.33	0.30
Target				1	1
Actual				0.93	0.80
Target				1	1
Actual				0.98	1
Target				1	1

How Are We Doing

For reporting year 2022, Asian/Pacific Islanders, Hispanic, and White populations continue to meet or exceed their targets (down/less is good). Black/African American children/young adults have instead moved further away from the target (up/more is bad), and American Indian/Alaskan Native children/young adults increased their already significantly higher rate of disproportionality.

Factors Affecting Results

Beginning with reporting year 2021, this KPM was designed to measure the average disproportionality index across race/ethnicity for children at entry into foster care. American Indian/Alaskan Native children are experiencing the highest rates of disproportionality, meaning Child Welfare is more likely to remove Native children than any other racial or ethnic group. Black and African American children and young adults are nearly twice as likely to be removed as white children. Not only are they more likely to experience a foster care episode, but these children and young adults experience a much longer average length of stay than any other race.

Location and lack of access to important services and community organizations can be contributing factors to an increase in disproportionality, as well as the practice and decisions that occur during an investigation. As this is still a relatively new KPM it will require further vetting and refinement, with the continuing goals of disaggregating further by location, age, decision point, and other elements to ensure an equity-based approach to this measurement.

PLACE HOLDER

Due to the timing of the release of GB, details were not available

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, 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 to 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, ODHS 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, 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.

  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 Department 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.

2023-25 ODHS — Governor's 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
105		APD , IDD & OEP	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.	$ 38,232,495	-	$ 4,042,868	$ 42,275,363	48	36.50
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.	$ 433,310	$-	$ 288,873	$ 722,183	3	2.37
109		Central	Ofc of Resiliency and Emergency Mgt 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.	$ 1,930,603	$ 1,446,210	$ 3,376,813	48	12.00

2023-25 ODHS — Governor's 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
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.	$ 6,907,091	$-	$ 2,302,362	$ 9,209,453	202	50.50
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
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.	$ 7,292,700	$ -	$ -	$ 7,292,700	-	-
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	$ 17,363,200	$ -	$ 10,519,135	$ 27,882,335	-	-

2023-25 ODHS — Governor's 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
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.	$ 1,424,399	$ -	$ 1,424,399	$ 2,848,798	29	16.38
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.	$ 711,758	$ -	$ 6,410,420	$ 7,122,178	29	22.35
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.	$ 30,000,000	$-	$ 21,728,451	$ 51,728,451	300	300.00

2023-25 ODHS — Governor's 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
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.	$ 16,200,175	$ 840,000	$ 22,148,479	$ 39,188,654	34	26.00
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	$ -			$ -	5	5.00
201		Central - OEP	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.	$ 4,479,037		$ 6,810,361	$ 11,289,398	55	34.65
203		Shared	Mainframe Migration/Provider & Client Pmt Sys	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	$ 2,958,688	$ 880,474	$ 1,991,333	$ 5,830,495	10	7.14

2023-25 ODHS — Governor's 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
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.	$ -	$ 4,892,534	$ 1,099,439	$ 5,991,973	-	-
		TOTAL			$ 129,409,896	$ 6,613,008	$ 81,139,616	$ 217,162,520	773	520.39

Oregon Department of Human Services
2023-25 Policy Package

Division:	ODHS
Program:	APD, I/DD, OEP
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.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE

Oregon Department of Human Services:
2023-25 Policy Package

Policy package pricing:	**$38,232,495**	**$0**	**$4,042,868**	**$42,275,363**	**48**	**36.50**

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 Oregon 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.

No.

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.

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?

- 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

OEP: OEP 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 for Services, positions receive a 66% General Fund, 34% Federal Fund split.

19. What are the potential savings?

None.

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	$3,647,021	$0	$2,226,955	$5,873,976	**48**	**36.50**
Services & Supplies	$631,005	$0	$384,564	$1,015,569		
Capital Outlay	$0	$0	$0	$0		
Special Payments	$33,954,469	$0	$1,431,349	$35,385,818		
Other	$0	$0	$0	$0		
Total	**$38,232,495**	**$0**	**$4,042,868**	**$42,275,363**		

Fiscal impact by program

	ODDS	APD	OEP		Total
General Fund	$12,865,521	$17,495,346	$7,871,628		**$38,232,495**
Other Funds	$0	$0	$0		**$0**
Federal Funds	$0	$0	$4,042,868		**$4,042,868**
Total Funds	**$12,865,521**	**$17,495,346**	**$11,914,496**	**-**	**$42,275,363**
Positions	**0**	**0**	**48**		**48**
FTE	**0**	**0**	**36.50**		**36.50**

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:	**$433,310**	**$0**	**$288,873**	**$722,183**	**3**	**2.37**

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/Manager 3	X7193	Chief Data Officer	19	Converts existing LD position to permanent
2	OPA4	X0873	Data Coordinator	19	New position
3	OPA4	X0873	Data Coordinator	19	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.

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	$397,105	$0	$264,736	$661,841	3	2.37
Services & Supplies	$36,205		$24,137	$60,342		
Capital Outlay						
Special Payments						
Other						
Total	**$433,310**	**$0**	**$288,873**	**$722,183**	**3**	**2.37**

Fiscal impact by program

	CS-DO				Total
General Fund	$433,310				**$433,310**
Other Funds	$0				**$0**
Federal Funds	$288,873				**$288,873**
Total Funds	$722,183				**$722,183**
Positions	3				**3**
FTE	2.37				**2.37**

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:	**$ 1,930,603**	**$0**	**$1,446,210**	**$3,376,813**	**48**	**12.00**

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.

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 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): January 1, 2025

End date (if applicable): Ongoing

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.

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	$1,771,433	$0	$1,180,933	$2,952,366	48	12.00
Services & Supplies	$159,170	$0	$265,277	$424.447		
Total	**$1,930,603**	**$0**	**$1,446,210**	**$3,376,813**	**48**	**12.00**

Fiscal impact by program

	CS-OREM				Total
General Fund	$1,930,603				**$1,930,603**
Other Funds	$0				**$0**
Federal Funds	$1,446,210				**$1,446,210**
Total Funds	$3,376,813				**$3,376,813**
Positions	48				**48**
FTE	12.00				**12.00**

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:	**$6,907,091**	**$0**	**$2,302,362**	**$9,209,453**	**202**	**50.50**

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 202 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:

- 2 Child Welfare Manager 2 (PEM-E) to oversee & provide overall program support for a 1:7 ratio.
- 17 Child Welfare Supervisors 2 (PEM-C) to be disbursed statewide to provide supervision in local offices
- 8 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
- 100 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
    - 14 SSS1s to the Mobile CPS Unit to support delivery CPS teams in the reduction of overdue assessment
    - 36 SSS1s based on the 4,000 assignments a month that includes third party investigations
    - 50 SSS1s as a 7% vacancy rate allowance for continual hiring
- 28 Social Service Assistants (SSAs) to provide support to the SSS1s
- 3 Paralegals to provide the legal support necessary with cases that are court-involved, discovery for courts, responses to subpoenas and release of information requests
- 3 Office Managers 2 (OM2s) to support additional SSS1 CPS staff in the local offices
- 33 Office Specialist 2s (OS2) to provide overall support to the operations and business needs

For a total position ask of 202.

The total positions ask of 202 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.

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Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	$6,907,091	$0	$2,302,362	**$9,209,453**	202	50.50
Services & Supplies	$0	$0	$0	**$0**		
Total	**$6,907,091**	**$0**	**$2,302,362**	**$9,209,453**	**202**	**50.50**

Fiscal impact by program

	CW				Total
General Fund	$6,907,091				**$6,907,091**
Other Funds	$0				**$0**
Federal Funds	$2,302,362				**$2,302,362**
Total Funds	$9,209,453				**$9,209,453**
Positions	202				**202**
FTE	50.50				**50.50**

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**

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.

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	$ 980,010	$ -	$ 326,677	$ 1,306,687	8	6.00
Services & Supplies	$ 108,433	$ -	$ 36,164	$ 144,597		

Total	**$ 1,088,443**	**$ -**	**$ 362,841**	**$ 1,451,284**	**8**	**6.00**

Fiscal impact by program

	CW Design	CW Delivery			Total
General Fund	$596,398	$492,045			**$1,088,443**
Other Funds	$0	$0			**$0**
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**

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:	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 (CSCS) and Response and Support Networks (RSN). This proposal requests funding and resources necessary to implement these

	services.

Policy package pricing:	**$ 7,292,700**	**$ -**	**$ -**	**$ 7,292,700**	**0**	**0.00**

Purpose

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

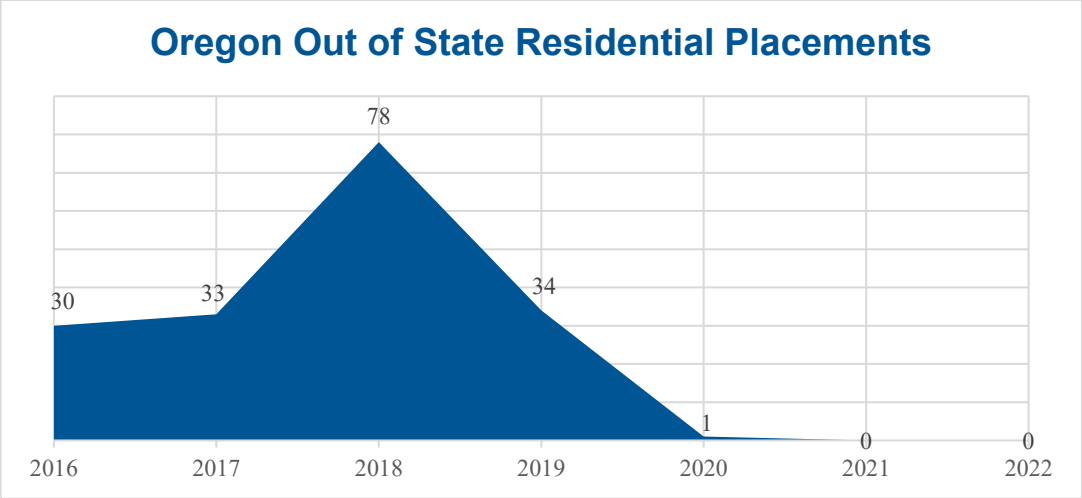
This proposal seeks to better support Oregon children and families by providing intensive individualized services to prevent the need for out of home placement, higher levels of care and placement instability, allowing children with complex needs to access necessary services while remaining within their own communities. To that end, the proposal seeks to address four critical challenges:

Critical Challenge #1: Placement stability

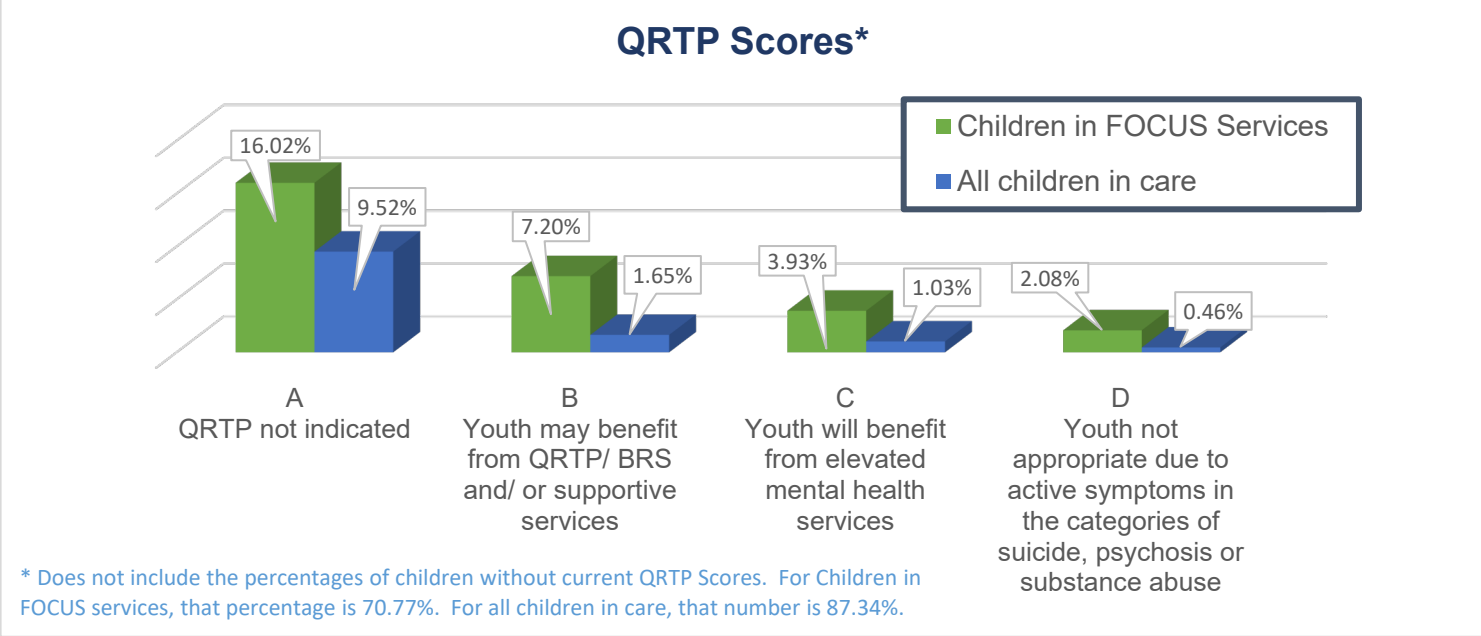
As of April 20, 2022, according to the Oregon Child Welfare Federal Performance Dashboard, children, and young adults in care experience 5.00 moves per 1,000 days, which is higher than the Federal Standard of 4.12. Children with intensive needs often experience many more moves than the average and are 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.

Oregon Department of Human Services:
2023-25 Policy Package

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.



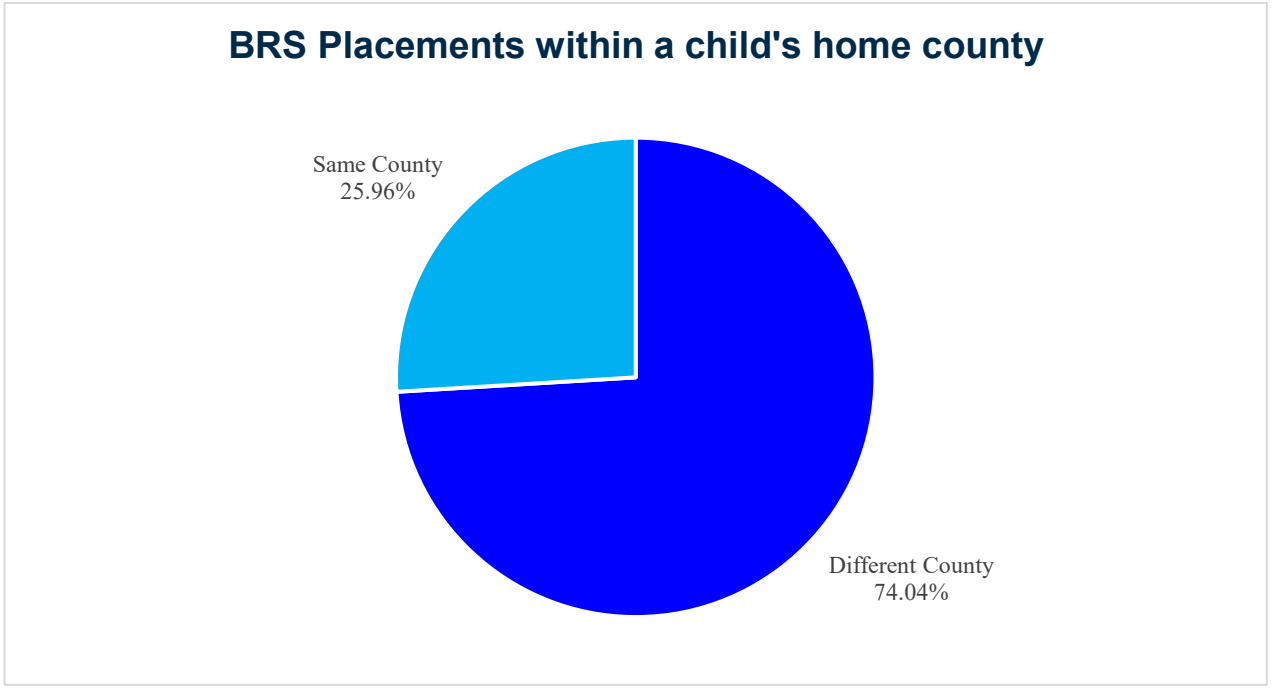
While we celebrate that children have returned from these facilities, access to eligible services remains challenging. The FOCUS program serves some of the most complex and vulnerable children in care, as reflected in the QRTP scores visual below:



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

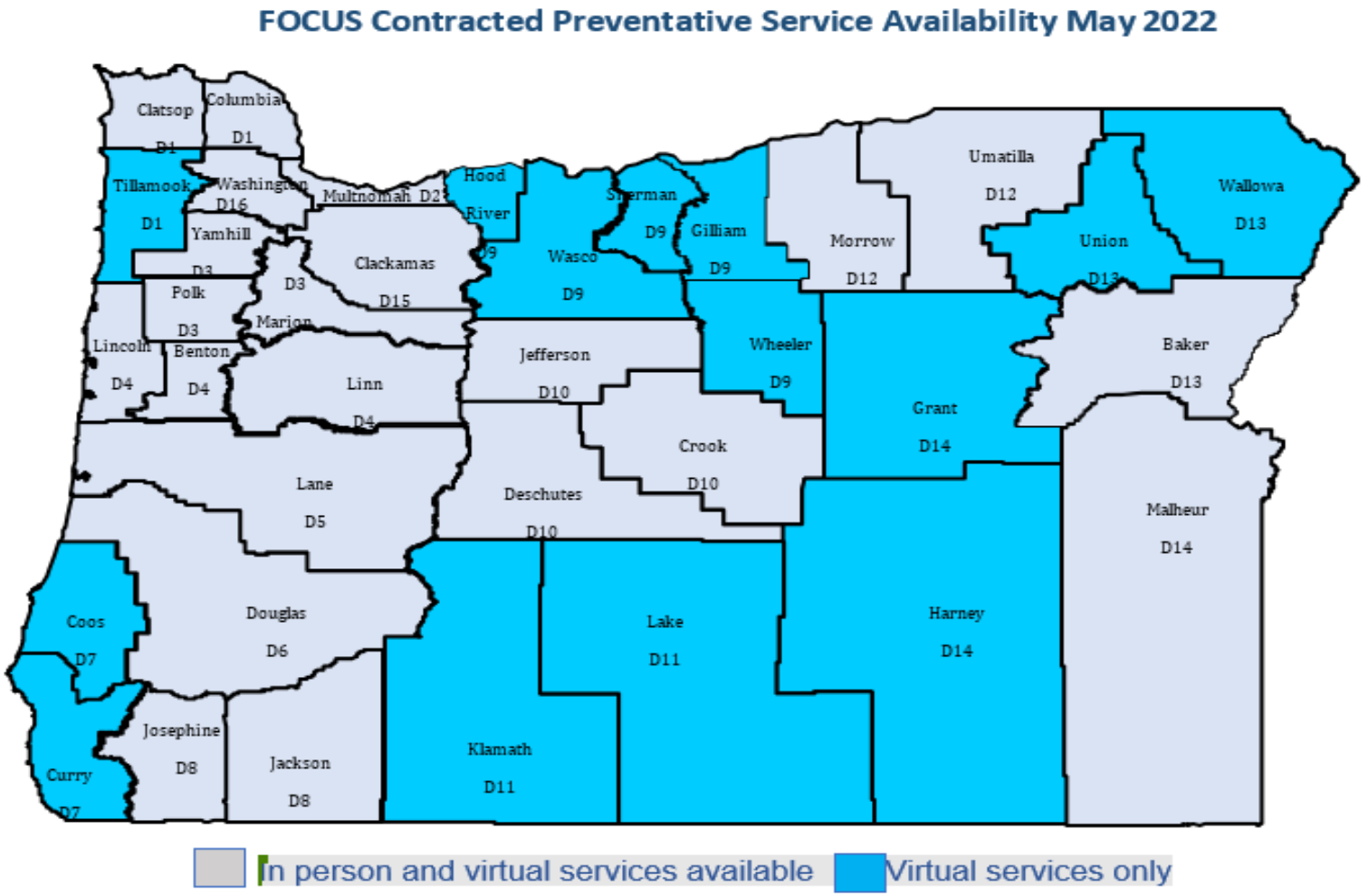
counties were placed in their home counties. By contrast, in Multnomah County, that number is 54 percent. Statewide, 26 percent of children are placed in BRS in their same county.

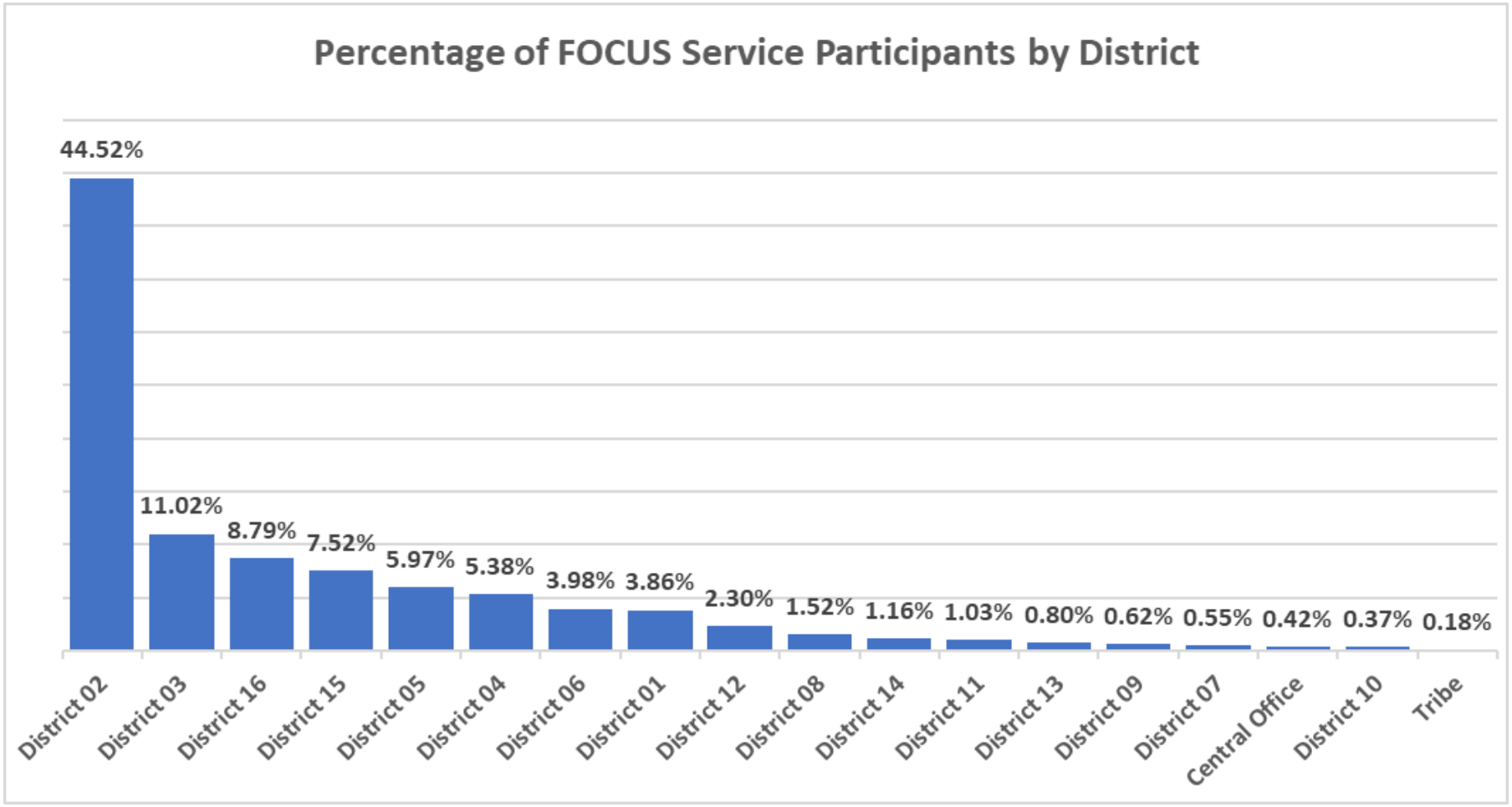


Often children in Eastern, Central and Southern Oregon are removed from their communities to be supported in BRS Programs. In order to build intensive services thoughtfully and successfully in these communities, it is necessary to get to know the strengths and needs of each community, assess service 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:
2023-25 Policy Package

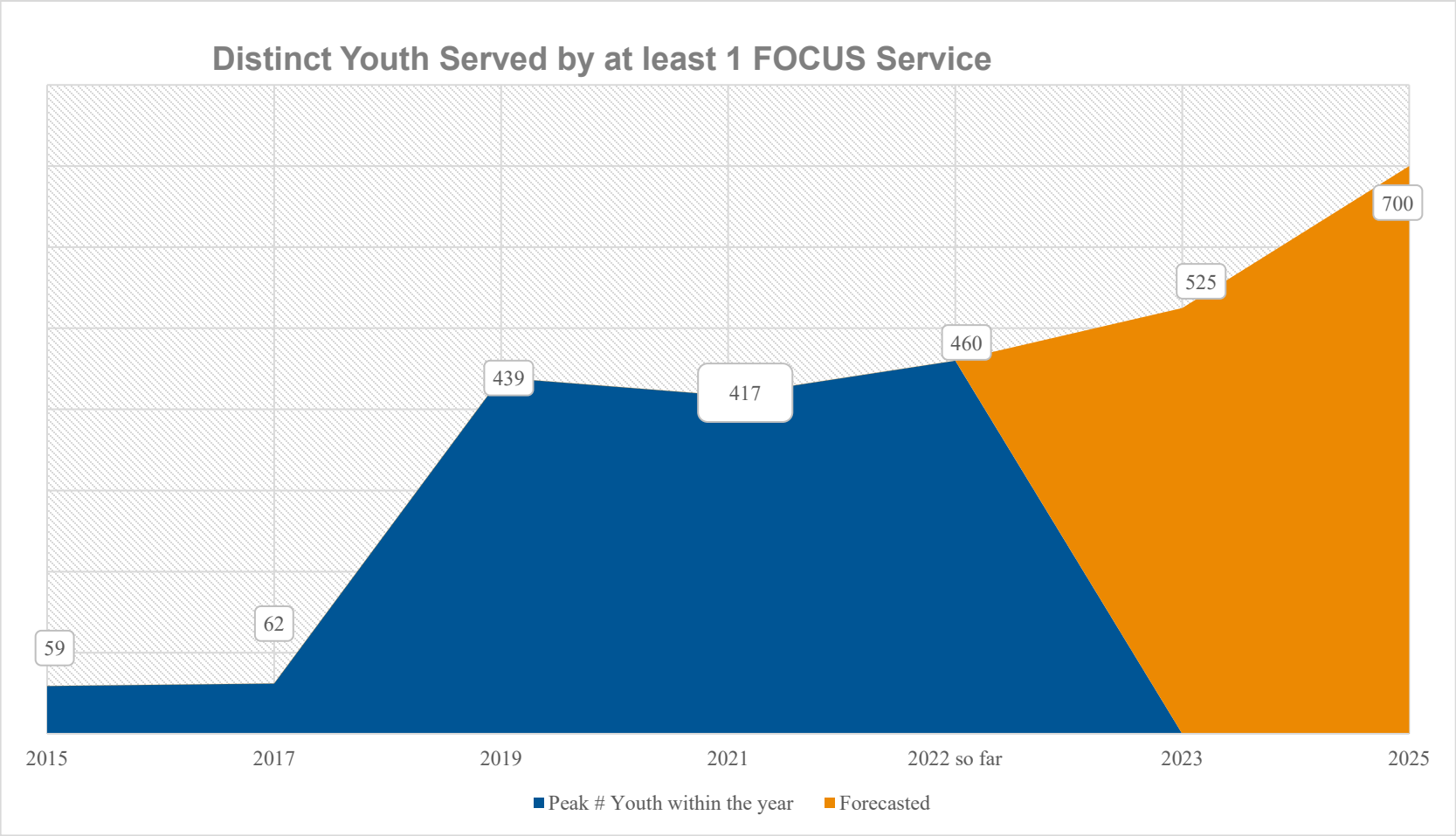




Critical Challenge #3: Removal from home and extended stays in substitute care in order to access supports related to a child's specialized intensive needs

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 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.



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 of other

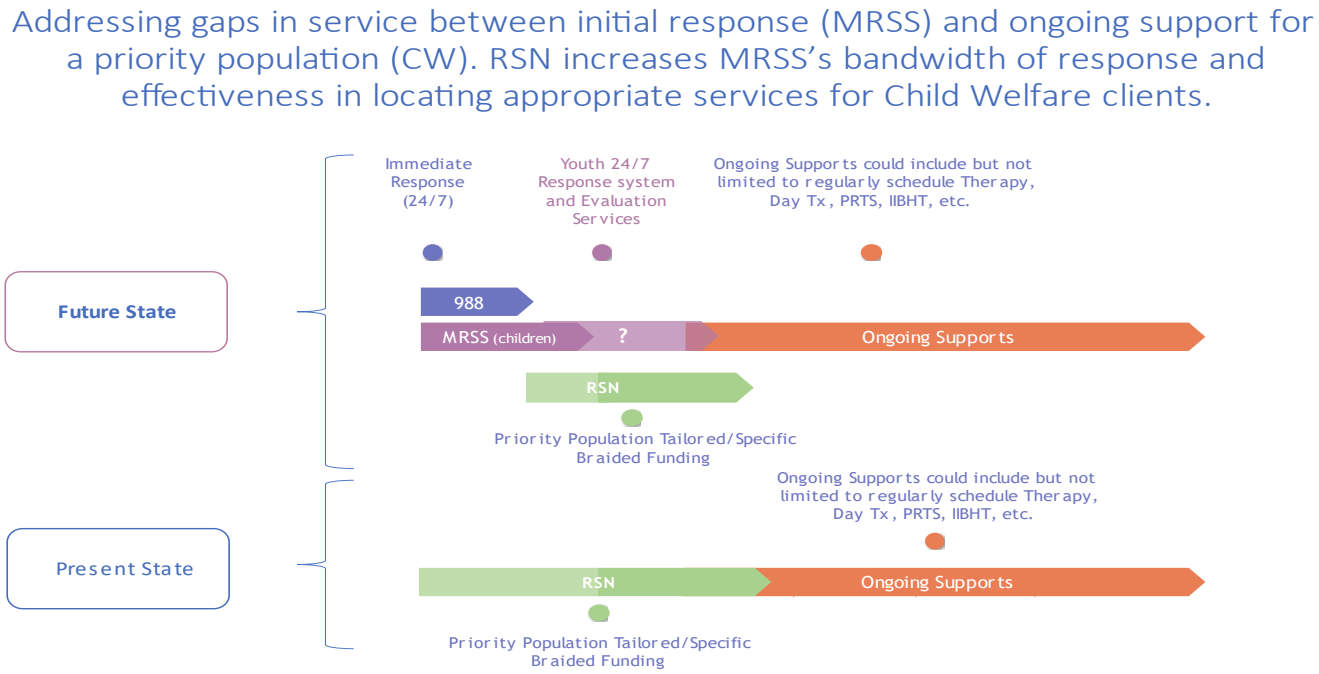
identified districts. Eight districts will have these services in 21-23. Final expansion to the additional eight districts is projected in 2025-2027. The average cost per district for these services is $250,000 per biennium.

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) 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.



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?

Oregon Department of Human Services:
2023-25 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.

Oregon Department of Human Services:
2023-25 Policy Package

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 for the Child Specific Caregiver Supports to identified districts, with the Response & Support Networks to be phased in and in place by July 2024, with allows for time to develop contracts in new areas in the state.

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 12 months of RSN and 21 months of CSCS is $7,292,700 General Fund. The future 24-month biennial costs of these services are $14,908,000 General Fund.

Oregon Department of Human Services:
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Service	Biennial Cost	Monthly Cost	Months	Cost
Response & Support Network (RSN)	$ 8,028,000	$ 334,500	12	3,852,700.00
RSN Adoptive and Guardianship	$ 2,880,000	$ 120,000	12	1,440,000.00
Child Specific Caregiver Supports (CSCS)**	$ 4,000,000	n/a**	n/a**	2,000,000.00
Total	**$14,908,000**	**$ 454,500**		**7,292,700.00**

*23-25 is to get a total of 8 districts with these services. Phase in for 25-27 would add in the final 8 districts. Avg. cost per district is $250,000 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?

Oregon Department of Human Services:
2023-25 Policy Package

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
Special Payments	$7,292,700	$0	$0	$7,292,700	0	0
Total	**$7,292,700**	**$0**	**$0**	**$7,292,700**	**0**	**0.00**

Fiscal impact by program

	CW Program				Total
General Fund	$7,292,700				**$7,292,700**
Other Funds	$0				**$0**
Federal Funds	$0				**$0**
Total Funds	$7,292,700				**$7,292,700**
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 64% 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:	**$17,363,200**	**$0**	**$10,519,135**	**$27,882,335**	**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

Oregon Department of Human Services:
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Proposed rate at 64% cost reimbursed:

Percent of Costs Reimbursed 64%		Proposed Rate			
Description	Current Rate (March 2022)	64%	Change in Rate	% Change in rate	23-25 ADP (Spring22)
Foster care 0-5	$ 693.00	$958.00	$265.00	38%	1,549
Foster Care 6-12	$ 733.00	$963.00	$230.00	31%	1,246
Foster Care 13+	$ 795.00	$1,022.00	$227.00	29%	1,126
Foster care Shelter rate 0-5	$ 932.68	$ 1,198.00	$265.32	28%	117
Foster care Shelter rate 6-12	$ 972.53	$ 1,203.00	$230.47	24%	61
Foster care Shelter rate 13+	$ 1,035.19	$ 1,262.00	$226.81	22%	27
Foster Care Enhanced Shelter rate 0-5	$ 1,652.72	$1,918.00	$265.28	16%	-
Foster Care Enhanced Shelter rate 6-12	$ 1,692.57	$1,923.00	$230.43	14%	1
Foster Care Enhanced Shelter rate 13+	$ 1,754.08	$1,982.00	$227.92	13%	2
Enhanced Supervision 1**	$ 240.00	$ 240.00	$0.00	0%	610
Enhanced Supervision 2**	$ 468.00	$ 468.00	$0.00	0%	259
Enhanced Supervision 3**	$ 960.00	$ 960.00	$0.00	0%	604

Oregon Department of Human Services:
2023-25 Policy Package

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 to 64 percent of the cost of care to raise a child. 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 18-month cost for an increase to 64 percent cost reimbursement. 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.

Foster Care Rates as a Percent of Cost of Raising a Child, Price for 18 months for the 23-25 biennium

Percent of Costs Reimbursed	64%	GF	OF	FF	TF
	Total Foster Care	12,100,052	-	5,754,415	17,854,467
	Total AA/GA	5,263,148	-	4,764,720	10,027,868
	Grand Total	**17,363,200**	**-**	**10,519,135**	**27,882,335**

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 $85 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): 1//2024

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

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 18 months in the 23-25 biennium, will cost $27,882,335 total fund for the 64% 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.

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.

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Special Payments	$17,363,200	$0	$10,519,135	$27,882,335		
Total	**$17,363,200**	**$0**	**$10,519,135**	**$27,882,335**	**0**	**0.00**

Fiscal impact by program

	Child Welfare Program				Total
General Fund	$17,363,200				**$17,363,200**
Other Funds	$0				**$0**
Federal Funds	$10,519,135				**$10,519,135**
Total Funds	$27,882,335				**$27,882,335**
Positions	0				**0**
FTE	0.00				**0.00**

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:	**$1,424,399**	**$0**	**$1,424,399**	**$2,848,798**	**29**	**16.38**

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?

The funding is 50/50 General and Medicaid Match Federal Funds.

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.

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Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	$1,206,495		$1,206,495	$2,412,990	29	16.38
Services & Supplies	$217,904		$217,904	$435,808		
Total	**$1,424,399**	**$0**	**$1,424,399**	**$2,848,798**	**29**	**16.38**

Fiscal impact by program

	ODDS				Total
General Fund	$1,424,399				**$1,424,399**
Other Funds	$0				**$0**
Federal Funds	$1,424,399				**$1,424,399**
Total Funds	$2,848,798				**$2,848,798**
Positions	29				**29**
FTE	16.38				**16.38**

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.

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	$170,637	$0	$170,637	$341,274	2	1.50
Services & Supplies	$18,084		$18,084	$36,168		
Special Payments	$199,276		$375,724	$575,000		
Total	**$387,997**	**$0**	**$564,445**	**$952,442**	**2**	**1.50**

Fiscal impact by program

	ODDS				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:	**$711,758**	**$0**	**$6,410,420**	**$7,122,178**	**29**	**22.35**

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.

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	$ 484,421	$0	$4,359,707	$4,844,128	29	22.35
Services & Supplies	$227,337		$2,050,713	$2,278,050		
Total	**$711,758**	**$0**	**$6,410,420**	**$7,122,178**	**29**	**22.35**

Fiscal impact by program

	ODDS				Total
General Fund	$711,758				**$711,758**
Other Funds	$0				**$0**
Federal Funds	$6,410,420				**$6,410,420**
Total Funds	$7,122,178				**$7,122,178**
Positions	29				**29**
FTE	22.35				**22.35**

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:	**$30,000,000**	**$0**	**$21,728,451**	**$51,728,451**	**300**	**300.00**

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 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 help 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.

Row Labels	Sum of OEP Position Count
Administrative Specialist 1	1
Human Services Specialist 1	26
Human Services Specialist 3	221
Human Services Specialist 4	9
Operations & Policy Analyst 2	1
Operations & Policy Analyst 3	1
Payroll Analyst	1
Procurement & Contract Specialist 2	1
Procurement Manager 1	1
Program Analyst 1	12
Supervisor 2	14
Training & Development Specialist 1	12
Grand Total	**300**

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 better 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?

N/A

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:

Row Labels	Sum of OEP Position Count
Administrative Specialist 1	1
Human Services Specialist 1	26
Human Services Specialist 3	221
Human Services Specialist 4	9
Operations & Policy Analyst 2	1
Operations & Policy Analyst 3	1
Payroll Analyst	1
Procurement & Contract Specialist 2	1
Procurement Manager 1	1
Program Analyst 1	12
Supervisor 2	14
Training & Development Specialist 1	12
Grand Total	**300**

This includes nine infrastructure positions are needed to accommodate workload increases related to additional positions earned. including:

- (One) Procurement and Contract Specialist 2
- (One) Procurement and Contract Specialist 3
- (One) Payroll Analyst
- (Two) Human Resource Analyst 3
- (Two) Administrative Specialist 1
- (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

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	$28,370,787	$0	$20,544,156	$48,914,943	300	300.00
Services & Supplies	$1,629,213		$1,184,295	$2,813,508		
Total	**$30,000,000**	**$0**	**$21,728,451**	**$51,728,451**	**300**	**300.00**

Oregon Department of Human Services:
2023-25 Policy Package

Fiscal impact by program

	OEP				Total
General Fund	$30,000,000				**$30,000,000**
Other Funds	$0				**$0**
Federal Funds	$21,728,451				**$21,728,451**
Total Funds	$51,728,451				**$51,728,451**
Positions	300				**300**
FTE	300.00				**300.00**

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:	**$16,200,175**	**$840,000**	**$22,148,479**	**$39,188,654**	**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,	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

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 adjusted 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, 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

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?

State General Funds and matched Federal Funds (Medicaid and other matchable funds) with a small amount of Other Funds, which are bond carryover from the 2021-23 biennium.

19. What are the potential savings?

Savings resulting from improved health and safety outcomes of our clients and client families.

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	$2,611,349	$0	$2,576,286	$5,187,635	34	26.00
Services & Supplies	$13,588,825	$840,000	$19,124,119	$34,001,019		
Total	**$16,200,175**	**$840,000**	**$22,148,479**	**$39,188,654**	**34**	**26.00**

Fiscal impact by program

	OEP				Total
General Fund	$16,200,175				**$16,200,175**
Other Funds	$840,000				**$840,000**
Federal Funds	$22,148,479				**$22,148,479**
Total Funds	$39,188,654				**$39,188,654**
Positions	34				**34**
FTE	26.00				**26.00**

Oregon Department of Human Services

Vocational Rehabilitation

POP Memorandum

Date: July 11th, 2022
To: ODHS Director's Office
From: Keith Ozols, VR Director
Subject: POPs 2022 Assignment for 23-25 ARB

Policy Option Package to address changes to Vocational Rehabilitation's Technical Assistance Contract with the University of Oregon

Oregon's Youth Transition Program (YTP) is a Vocational Rehabilitation (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 200 schools participating in YTP. The goal of YTP is to assist students with disabilities successfully transition from secondary school into postsecondary education or into competitive integrated employment.

For many years VR has contracted with the University of Oregon (UO) to provide training, evaluation, and technical assistance to the YTP school districts under contract with VR. Early in 2022 the Rehabilitation Services Administration (RSA), VR's federal funders, came to Oregon to conduct a monitoring visit of the program. This was the first time in 12 years that RSA had been to Oregon for a federal review. Oregon VR was informed at that time that the contract with UO did not meet some of the contractual standards and expectations set forth by RSA. The contract with the UO, as it exists today, is what is considered a sub-delegation of authority. In other words, Oregon VR has given too much oversight and supervision of YTP to a third party. RSA informed the program that VR must retain authority over our contractors and cannot contract out for those services. Technical assistance and evaluation of our contracts with YTP school districts must be conducted and administered under VR's authority and by VR staff.

Therefore, after June 30, 2023, VR will no longer be contracting with the UO for Technical Assistance, evaluation and monitoring of our YTP school contractors. This shift is specific to our working relationship with the UO and does not impact our contractual relationships with YTP schools, which are in place through June 30, 2023.

Any needed adjustments to the YTP working relationship or contract will be addressed through the next biennium's contracting cycle.

VR is working with ODHS leadership on a Policy Option Package to address the programmatic changes needed to respond to RSA's guidance. Currently there is roughly $1.5M dedicated to the contract with UO in the 2021-23 biennium. Moving into the next biennium VR will be requesting legislatively approved position authority to hire VR staff to complete the work of the UO contract. This will be a cost neutral request with no request for addition GF over the current CSL. This request will be for approximately 6 FTE that will provide the training, technical assistance, and evaluation of the YTP school districts under contract with VR. This will bring VR into compliance with RSA.

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:	**$4,479,037**	**$0**	**$6,810,361**	**$11,289,398**	**55**	**34.65**

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
	Easier to access and have Medicaid cover housing supports, social supports and pre-treatment services
	Enrolling a higher percentage of people who are eligible
	Reducing churn and providing better continuity of coverage

Ensure access to coverage for all people in Oregon	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?

State General and Medicaid Match Federal Funds.

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	$3,257,130	$0	$3,980,910	$7,238,040	55	34.65
Services & Supplies	$1,221,907	$0	$2,829,451	$4,051,358		
Total	**$4,479,037**	**$0**	**$6,810,361**	**$11,289,398**	**55**	**34.65**

Fiscal impact by program

	OEP				Total
General Fund	$4,479,037				**$4,479,037**
Other Funds	$0				**$0**
Federal Funds	$6,810,361				**$6,810,361**
Total Funds	$11,289,398				**$11,289,398**
Positions	55				**55**
FTE	34.65				**34.65**

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	**$2,958,688**	**$880,474**	**$1,991,333**	**$5,830,495**	**10**	**7.14**
OHA	**$1,985,589**	**$4,229,090**	**$1,088,537**	**$7,303,216**	**21**	**14.50**
Policy package pricing:	**$4,944,277**	**$5,109,564**	**$3,079,870**	**$13,133,711**	**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.

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

[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.

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

<u>Do the Minimum Amount Possible</u>
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	$181,316	$3,621,912	$285,981	$4,089,209	21	14.50
Services & Supplies	$1,804,273	$607,178	$802,556	$3,214,007		
Special Payments	$0	$0	$0	$0		
Total	**$1,985,589**	**$4,229,090**	**$1,088,537**	**$7,303,216**	**21**	**14.50**

ODHS (OFS, SAEC, ONE,) total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	$334,398	$705,961	$501,588	$1,541,947	10	7.14
Services & Supplies	$60,828	$42,309	$71,414	$174,551		
Special Payments	$2,563,462	$132,204	$1,418,331	$4,113,997		
Total	**$2,958,688**	**$880,474**	**$1,991,333**	**$5,830,495**	**10**	**7.14**

Fiscal impact by program

	ODHS	OHA	Program 3	Program 4	**Total**
General Fund	$2,958,688	$1,985,589			**$4,944,277**
Other Funds	$880,474	$4,229,090			**$5,109,564**
Federal Funds	$1,991,333	$1,088,537			**$3,079,870**
Total Funds	$5,830,495	$7,303,216			**$13,133,711**
Positions	10	21			**31**
FTE	7.14	14.50			**21.64**

PLACE HOLDER

POP 301 has been changed in the Governor's Recommended Budget. However, due to time constraints, no updated narrative is available.

PLACE HOLDER

Due to the timing of the release of GB details were not available

UPDATED **OTHER FUNDS ENDING BALANCES FOR THE 2021-23 & 2023-25 BIENNIA**

Agency: **Oregon Department of Human Services**

Contact Person (Name & Phone #): **Sara A. Singer 503-385-7537**

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)
Other Fund Type	**Program Area (SCR)**	**Treasury Fund #/Name**	**Category/Description**	**Constitutional and/or Statutory reference**	**2021-23 Ending Balance In LAB**	**2021-23 Ending Balance Revised**	**2023-25 Ending Balance In CSL**	**2023-25 Ending Balance Revised**	**Comments**
Limited	060-08 APD	Quality Care Fund/OST Acct #1000001346	Grant Fund - Quality Care Fund	ORS 443.001	1,640,710	7,700,000	1,722,746	6,000,000	Revenue reported in 10000-060-08-08-00000, DD transfers monthly revenue from penalties to apply against qualifying expenditures or ORS. Due to limitations on QCF Expenditures during the Covid-19 pandemic Emergency, QCF Expenditures were suspended and will resume once the state of emergency is lifted. As OF Revenues continue, this fund has increased over the course of the biennium. QCF Leadership are developing plans to use the resources available once permitted to do so. APD - Quality Care Fund
Limited	060-08 APD	LTC Quality Assurance Fund/Provider Tax	Other - LTC Provider Tax	Restricted R3: Ch 736 Oregon Laws 2003 S 16 (1) establishes a long term care facility assessment imposed on each long term care facility in this state. Chapter 736 Or Laws 2003 SECTION 22 indicates amounts collected from the assessment under section 16 shall be deposited in a suspense account established under ORS 293.445. After the payment of refunds, the net amount of revenue shall be transferred to the Long Term Care Facility Quality Assurance Fund established under section 24 of this 2003 Act. Chapter 736 Oregon Laws 2003 section 24 establishes the Long Term Care Facility Quality Assurance Fund. Section (2) indicates amounts in the Long Term Care Facility Quality Assurance Fund are continuously appropriated for the purposes of funding long term care facilities, as defined in section 15 of this 2003 Act. Enabling legislation is established in Ch 736 Or Laws 2003 sect 16, 22 & 24, therefore this fund is restricted R3. (GASB 54 analysis Jan-2011)	27,000,000	42,500,000	0	0	Carry over fund from 19-21 was $27M, Currently, as of Dec 22, APD does not plan to use this carryover and DAS is considering it to counter 23-25 budget costs. Thefore the revised Ptax from AY25 CSL is Base + GB reshoot which increases the Ptax by 10.5M + 27M Carryover = 172.4M. The 27M Carryover was also added to revised 21-23 LAB ending balance.
Limited	060-08 APD	APD-XIX Estates Recoveries	Other - Estates Recoveries	Chapter 461 – Division 135 Estate Recovery	0	0	0	0	Estate recoveries budgeted within APD are budgeted to offset Nursing Facilities' cost.
Limited	060-08 APD	APD Client Contributions Grant 411450	Other - Client contributions	OAR 461-160-0610	0	0	0	0	In the Client Employed Provider (Home Care Worker) program, a small number of clients are able to provide a portion of the funds necessary to pay for the services provided. Client contributions, also known as Client Pay-In, are applied to reduce total fund expenditures for home care costs. Client/Provider liabilities collected via PACE. This revenue is also budgeted and applied against current biennium expenditures. Client contributions ended 12/31/21 per HCBS ARPA 10% "continuation" Spend plan. Will need to 0 out 23-25 amounts at April 23 Reshoot.
Limited	060-08 APD	APD - Medicaid Local Match MAP & Admin (Delivery)	Other - Local match	CRF 433.51	0	0	0	0	These are local matching funds for services invoiced to the state for approval and receive a match of 50% for Admin work above workload contract. This is also the Case mgmt match for participating gov't entities that perform above workload funded contract.
Limited	060-08 APD	APD-Medicaid Local Match MAP (Non-Medical Transportation)	Other - Local match	CRF 433.51	0	0	0	0	These are local matching funds for transportation services invoiced to the state for approval and receive a match of FMAP match.
Limited	060-08 APD	APD-Waivered Case Management	Operations - WCM	N/A	0	0	0	0	Limitation needed to process Medicaid match expenditures tied to Random Moment Sample Survey (RMSS) waivered case management activities.
Limited	060-08 APD	Tsfr from Nursing- XIX Adm 50% Non-waiver	Grant Fund	ORS 190.110 and 283.110	0	0	0	0	Funding necessary to meet statutory and regulatory requirements related to Nursing Facility (NF) eligibility for payment of services under Title XVIII (Medicare) and Title XIX (Medicaid) of the Social Security Act. Business and licensing fees.
Limited	060-08 APD	APD General Assistance Program Grant 411320	Operations	ORS 411.710	0	0	0	0	The General Assistance (GA) program is designed to help individuals with severe disabilities who are experiencing homelessness or who are at risk of homelessness. This program is administered by ODHS's Aging and People with Disabilities Collaborative Disability Determination Unit (CDDU). GA program benefits include up to $545 per month in housing assistance, $90 in utility assistance per month, $60 in cash assistance per month, and free assistance with the Social Security application and appeals process.
Limited	060-08 APD	APD Support of Deaf Commission Grant 41355	Grant Fund - Deaf & Hard of Hearing	ORS 410.070 & 410.740	0	0	0	0	Funds transferred from the Oregon Deaf and Hard-of-Hearing Commission. Funding program provided by ODHS. The purpose of the program is to assist members of the public and state agencies in making agency programs available and accessible to individuals who are deaf or hard of hearing.
Limited	060-08 APD	APD LTC Workforce Development and Capital Improvements(ARPA/SFRF)	Other	N/A	24,800,000	12,926,435	0	0	OF is ARPA SF. Average monthly trend data for provider Cap Improvements has been inconsistent but more payments are expected to post before the end of the biennia. These are considered to be rough estimates as more spending is assumed to occur.
Limited	060-10 Child Welfare	0401-General Fund	Fees Related to CFAA & Marriage License Tax	409.300 & 409.273	0	800,000	0	800,000	Marriage License Tax revenue and CFAA revenue are projected and do not have funds available at the start of the Biennium so we carry forward enough money to fund contracts for Community Based Domestic Violence and Sexual Assault Victims contracts for the first quarter of the new biennium allowing the contracts to continue until revenue is received. No change due to COVID19.
Limited	060-10 Child Welfare	1798: #100/ADOPTION APPLICABLE CHILD SAV FUND	Adoptions Appl. Child Savings Fund	418.345 Adoption Applicable Child Savings Fund	18,736,443	18,736,443	19,358,942	25,000,000	Dedicated funds. Moneys received by the Department of Human Services from the General Fund for adoption assistance payments under ORS 418.330 (Payments to adoptive parents or guardians) that have been calculated as General Fund applicable child savings in accordance with 42 U.S.C. 673(a)(8); Moneys in the fund shall be used to supplement existing funds used for child welfare services and may not be used in lieu of these existing funds.
Limited	060-10 Child Welfare	ARPA-SLFRF Provider Training	Other	N/A	0	0	368,899	368,899	These are considered to be rough estimates as more spending is assumed to occur.
Limited	060-09 I/DD	1029 DD COMMUNITY HOUSING FUND OST Acct 1000001029	Operations - Community Housing fund	ORS 427.340 and OAR 411-315-0010 through 411-315-0090	0	500,000	500,000	500,000	Oregon Housing and Community Service Department (OHCDSD) agreement requires $500,000 be kept in reserve to assure the maintenance of assets purchased with GO bonds. Statutorily bound.
Limited	060-09 I/DD	DD Settlement Grant 411420	Other - IDD Settlement Account	N/A	0	1,927,768	1,927,768	1,500,000	The balance in settlement grant 411420. We need to maintain enough balance to cover any future settlements and also any of the remaining $300,000 in CBC liabilities that could be uncollectible.
Limited	060-09 I/DD	IDD Care of State Wards - Room & Board	Trust	N/A	0	0	0	0	Trust recoveries are Other Funds collected from Social Security Administration (SSA), Social Security Insurance (SSI) and child support payments and used to reimburse the state for the maintenance cost of children in care. Trust recoveries come from collection of SSI disability payments (24 percent), child support payments (53 percent) and SSA death and survivor benefits (23 percent). Trust recoveries are used in place of General Funds to match Title XIX federal funds for the long-term care program.
Limited	060-09 I/DD	Local Match - CDDP Case Management & Admin	Other -Local Match	CRF 433.51	0	0	0	0	SE-48: CDDP Case Management Local Match and SE-02 CDDP Admin. These are local matching funds for services paid in eXPRS.
Limited	060-09 I/DD	Local Match - Non-Medical Transportation	Other -Local Match	OAR 411-370 & 411-323 42 CFR 447.45(d)-Transportation SE53	0	0	0	0	These are local matching funds for transportation services invoiced to the state for approval and receive a match of FMAP match.
Limited	060-09 I/DD	SACU - Client Contributions	Other- Client Contributions	N/A	0	0	0	0	Client rent subsidy contributions. This revenue is applied to the following expenditures: rent, utilities, food and medical supplies.
Limited	060-09 I/DD	ODDC from Education-Discretionary Grant 410100	Other grant	ORS 190.110 and 283.110	0	0	0	0	Pass through grant - Education grant to DD Council
Limited	060-09 I/DD	ODDC Child Care Development Fund - Discretionary Grant 209002	Other grant	ORS 190.110 and 283.110	0	0	0	0	Pass through grant - CCDF from ODE
Limited	060-09 I/DD	DD License Renewals- LTC Quality Initiatives	Grant Fund - Quality Care Fund	CFR 34 Part 74.24 Program Income	0	0	0	0	Revenue reported in APD - Quality Care Fund Report DD's estimated accrued revenue is 700k.

UPDATED **OTHER FUNDS ENDING BALANCES FOR THE 2021-23 & 2023-25 BIENNIA**

Agency: **Oregon Department of Human Services**

Contact Person (Name & Phone #): **Sara A. Singer 503-385-7537**

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)
Other Fund Type	Program Area (SCR)	Treasury Fund #/Name	Category/Description	Constitutional and/or Statutory reference	2021-23 Ending Balance In LAB	2021-23 Ending Balance Revised	2023-25 Ending Balance In CSL	2023-25 Ending Balance Revised	Comments
Limited	060-01 Self Sufficiency Programs		CHILD CARE/DEVELOPMENT FUND, DISCRETION		0	0	0	0	Dedicated Funds. Comprised of ERDC Discretionary Funds. This is federal Childcare Funds that are transferred from DOE quarterly and is an OF-FF pass through grant. This grant can have a monthly balance and is always a month or two behind due to having to wait for the month to officially close before we can analyze it for appropriate expenditures and have the A/R Unit set up an A/R to Early Learning. This will be invoiced and zeroed out.
Limited	060-07 Voc Rehab	0401-Other Fund	Matching funds for YTP provided by school districts	CFR 34 Part 74.24 Program Income	1,229,767	9,923,362	0	4,610,337	Restricted R5: 34 CFR 361.60 Subpart C. Fund 3434 is used to accumulate match revenue for the Youth Transition program charged to the Basic 110 Grant, grant 100110 CFDA 84.126. ODHS contracts with school districts who operate the Youth Transitional Programs that are operated under the State Vocational Rehabilitation Programs under the BASIC 110 grant. The contracts indicate the amount of match revenue that the school districts send to ODHS. This match revenue is deposited to fund 3434. School districts later bill ODHS for YTP services. ODHS codes payments federal and state(fund 3434 & 3400). Authority for the match is under 34 CFR 360.60 Subpart c. The ending balance amount assumes GB fund shift package 90 is approved.
				Totals	**73,406,920**	**95,014,009**	**23,878,355**	**38,779,236**	

ODHS 15% Reduction list Prioritized for 23-25 W&M

2023 - 2025 Biennium	modified CSL	$ 5,421,278,293	$ -	$ 657,050,606	7,680,566,236	$ 13,758,895,135	10,320	10,264.58				
	Detail of Reductions to 2023-25 Current Service Level Budget											
4	5	6	7	8	10	12	13	14	15			
SCR or Activity Initials	**Program Unit/Activity Description**	**GF**	**LF**	**OF**	**FF**	**TOTAL FUNDS**	**Pos.**	**FTE**	**Impact of Reduction on Services, People and Outcomes**	**Effective Date**	**Updated for 23-25 GB? (Y/N/NA)**	**Taken in 21-23 LAB? (Y/N)**
APD	Give up 50% Inflation in CBC (6.2% built in at CSL for future changes in CPC) AFC and PACE excluded	(6,668,347)	-	-	(17,099,897)	(23,768,244)	-	-	Reducing DAS approved inflation by 50% in Community Bases Care does not reduce Legislatively Approved rates. However, it does create a risk within the 2023-25 budget where inflation would cover naturally increasing costs in service of care. Such reduction could impact capacity and access for Medicaid eligible older adults and people with disabilities.	7/1/2023	Y	Y
CW	Eliminating office expense by 12.5%	(674,307)		-	(140,839)	(815,146)	-	-	Cutting this budget will create unintended consequences to field operations and the ability to complete work efficiently and timely. We need to continue to provide our offices the ability to order supplies and ship things around the state in order to keep the offices running smoothly.	7/1/2023	Y	N
APD	Give up 50% Inflation (6.2% built in at CSL for future changes in CPC, does not impact HCW bargained rates) for In Home Services	(10,770,470)	-	-	(27,404,225)	(38,174,695)	-	-	Eliminating DAS approved inflation in In-Home services does not reduce Legislatively Approved rates. However, it does create a risk within the 2023-25 budget where inflation would cover naturally increasing costs in service of care. Such reduction could exacerbate workforce shortages and leave older adults and people with disabilities with the supports they need.	7/1/2023	Y	Y
SSP	TANF - Time Limit 60 Months -Full Family Sanction (No Hardship Exemptions)	(11,710,545)		-	-	(11,710,545)	-	-	This action establishes a 60 month time limit for TANF receipt for the entire family allowing no exemptions. The current Oregon time limit is 60 months and state statute allows for only the adults needs to be removed from TANF once the 60 month limitation has been reached and the family has no hardship exemption. Oregon's policy provides for the children in the home to continue to receive TANF. For families who have reached the new time-limit, the entire case would close. Some families may see an increase in SNAP benefits as cash benefits end. Ending TANF cash benefits for the entire family may result in family instability and homelessness. Families would have to rely on other community based safety net programs which have already experienced increased demand. During the biennium an average of 1,298 families are expected to be impacted. Families will also be impacted if they come from another state and the accrued time (alone or in combination with Oregon accrued time) equals to or exceeds 60 months. This action requires an amendment to ORS 412.079. *This reduction will reduce the amount of state expenditures that count toward its MOE obligations.	10/1/2023	N	N
VR	Reduce by 5% GF GL 8000	(9,742,259)				(9,742,259)	-	-	**Based on DRAFT GB MEGATRACKER of 23-25**; The proposed ONE-TIME reduction would result in a 5% decrease in case services potentially forcing the creation of a waitlist. 835 individuals would not receive services, including youth served under intergovernmental agreements with local school districts. This would jeopardize the match dollars that these agreements provide, thus further reducing the program budget. Small, specialized vendors who rely on the program for revenue would experience a sharp drop in income. Additionally, this will impact the ability of the program to meet the required Maintenance of Effort.	7/1/2023		
APD	Give up 100% Inflation in CBC (6.2% built in at CSL for future changes in CPC) AFC and PACE excluded	(6,668,347)	-	-	(17,099,897)	(23,768,244)	-	-	Eliminating DAS approved inflation in Community Bases Care does not reduce Legislatively Approved rates. However, it does create a risk within the 2023-25 budget where inflation would cover naturally increasing costs in service of care. Such reduction could impact capacity and access for Medicaid eligible older adults and people with disabilities.	7/1/2023	Y	Y
CW	Reduce Instate Travel by 25% 1 of 2	(806,119)		-	(129,408)	(935,527)	-	-	Travel is an essential function of a Child Welfare worker's job, there are training needs and the opportunity to learn in a classroom setting. As we come out of the pandemic, limiting travel will affect the ability of the Child Welfare agency to provide staff the required classroom trainings.	7/1/2023	Y	
APD	Estimated WCM savings from RMSS	(12,000,000)		-	-	(12,000,000)	-	-	GF reduction related to projected Savings for WCM.	7/1/2023	Y	N

ODHS 15% Reduction list Prioritized for 23-25 W&M

2023 - 2025 Biennium	modified CSL	$ 5,421,278,293	$ -	$ 657,050,606	7,680,566,236	$ 13,758,895,135	10,320	10,264.58				
	Detail of Reductions to 2023-25 Current Service Level Budget											
4	5	6	7	8	10	12	13	14	15			
SCR or Activity Initials	**Program Unit/Activity Description**	**GF**	**LF**	**OF**	**FF**	**TOTAL FUNDS**	**Pos.**	**FTE**	**Impact of Reduction on Services, People and Outcomes**	**Effective Date**	**Updated for 23-25 GB? (Y/N/NA)**	**Taken in 21-23 LAB? (Y/N)**
SSP	Admin Portion for TANF Time Limits 60 Months (18 month reduction) over the course of the bien	(5,225,276)		-	(3,287,449)	(8,512,725)	-	(48.00)	If we reduced the Time Limit to 60 Months, we would be losing 1298 Cases. Calculation assumptions: Reduce TANF caseload by 1298 cases from ongoing and case maintenance categories. Assumed 26% of clients are JOBS MANDATORY and do equal reductions to coaching and home visits category as well with approx. 2.64 clients per case.	10/1/2023	N	N
I-DD	Give up Medical Inflation on Delivery Side	(8,359,000)		-	(10,955,000)	(19,314,000)	-	-	Standard Inflation is given during CSL to fund normal growth	7/1/2023	Y	N
I-DD	Give Up CME inflation	(6,957,000)		-	(9,162,000)	(16,119,000)	-	-	Standard Inflation is given during CSL to fund normal growth	7/1/2023	Y	N
VR	Reduce by another 5% GF GL 8000 (cumulative total of 10%)	-		-	-	-	-	-	**Based on DRAFT GB MEGA TRACKER of 23-25**; The proposed ONE-TIME reduction would result in a 10% decrease in case services potentially forcing the creation of a waitlist. 1670 individuals would not receive services, including youth served under intergovernmental agreements with local school districts. This would jeopardize the match dollars that these agreements provide, thus further reducing the program budget. Small, specialized vendors who rely on the program for revenue would experience a sharp drop in income. Additionally, this will impact the ability of the program to meet the required Maintenance of Effort. VR, without an investment above the Current Service level is at risk of reinstituting the Order of Selection.	7/1/2023		
CW	Reduce Telecommunication by 25%	(1,141,837)		-	(161,729)	(1,303,566)	-	-	Child Welfare staff need telecom equipment in order to efficiently do their jobs. Cutting this budget will create unintended consequences to field operations and the ability to complete work efficiently and timely. As we continue to support hybrid and work from home, the right mix of desk and cell phones will be necessary to provide the flexibility needed to be successful.	7/1/2023	Y	
SSP	Count 50% of children's SSI income for eligibility and benefit calculation	(863,527)		-	(7,771,737)	(8,635,264)	-	-	This action establishes counting 50% of the SSI Child Standard Payment as income towards the TANF grant, which would make them ineligible due to the income limit. The standard payment for SSI recipients is $841. There would be a small percentage (<5%) or so that would be eligible due to special circumstances and receive a reduced TANF Payment. Cases closed due to over-income limit would be approximately 307, and 801 cases will have reduced payment. SSI 100% has the same impact as 50%. Therefore, there is only one cut at 50%. Amount is adjusted for any overlap in the 60+ months time limit reduction.	10/1/2023	N	N
SSP	Admin Portion Count 50% of children's SSI income for eligibility and benefit calculation	(4,581,488)		-	(2,882,408)	(7,463,896)	-	(41.76)	This action establishes counting 50% of the SSI Child Standard Payment as income towards the TANF grant, which would make them ineligible due to the income limit. The standard payment for SSI recipients is $841. There would be a small percentage (<5%) or so that would be eligible due to special circumstances and receive a reduced TANF Payment. Cases closed due to over-income limit would be approximately 307, and 801 cases will have reduced payment. SSI 100% has the same impact as 50%. Therefore, there is only one cut at 50%. Amount is adjusted for any overlap in the 60+ months time limit reduction.	10/1/2023	N	N
APD	Give up 100% Inflation (6.2% built in at CSL for future changes in CPC, does not impact HCW bargained rates) for In Home Services.	(10,770,470)	-	-	(27,404,225)	(38,174,695)	-	-	Eliminating DAS approved inflation in In-Home services does not reduce Legislatively Approved rates. However, it does create a risk within the 2023-25 budget where inflation would cover naturally increasing costs in service of care. Such reduction could exacerbate workforce shortages and leave older adults and people with disabilities with the supports they need.	7/1/2023	Y	Y
CW	Reduce Professional Services by 25%	(4,776,205)		(237,330)	(1,473,832)	(6,487,367)	-	-	This budget supports contracts for supervision of adoptive placements, both in and out of state. A reduction to this contract would cause a direct impact on timeliness to the permanency plan of adoption because the children would not be able to be placed and supervised as timely as they are now.	7/1/2023	Y	

ODHS 15% Reduction list Prioritized for 23-25 W&M

2023 - 2025 Biennium	**modified CSL**	$ 5,421,278,293	$ -	$ 657,050,606	7,680,566,236	$ 13,758,895,135	10,320	10,264.58			
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SCR or Activity Initials	**Program Unit/Activity Description**	**GF**	**LF**	**OF**	**FF**	**TOTAL FUNDS**	**Pos.**	**FTE**	**Impact of Reduction on Services, People and Outcomes**	**Effective Date**	**Updated for 23-25 GB? (Y/N/NA)**	**Taken in 21-23 LAB? (Y/N)**
SSP	Adult Count 50% of SSI Income for TANF Eligibility (Adults Only)	(1,524,346)		-	(13,719,114)	(15,243,460)	-	-	This action establishes counting 50% of the Adult's SSI Payment as income towards the TANF grant, which could make them ineligible due to the TANF income limit. The standard payment for SSI recipients is $841. There could be a small percentage (<5%) or so that would be eligible due to special circumstances. Estimated cases closed due to being over the income limit would be 1,826, and approximately 96 cases would be reduced to a lower TANF grant amount. SSI 100% has the same impact as 50%. Therefore, there is only one cut at 50%.	10/1/2023	N	N
SSP	Admin Portion Adult Count 50% of SSI Income for TANF Eligibility (Adults Only)	(6,934,082)		-	(4,362,508)	(11,296,590)	-	(63.51)	This action establishes counting 50% of the Adult's SSI Payment as income towards the TANF grant, which could make them ineligible due to the TANF income limit. The standard payment for SSI recipients is $841. There could be a small percentage (<5%) or so that would be eligible due to special circumstances. Estimated cases closed due to being over the income limit would be 1,826, and approximately 96 cases would be reduced to a lower TANF grant amount. SSI 100% has the same impact as 50%. Therefore, there is only one cut at 50%.	10/1/2023	N	N
I-DD	Close SACU Elliot 1 and Elliot 2 Homes	(356,470)		-	(681,831)	(1,038,301)	(29)	(4.93)	Close the Elliot 1 and Elliot 2 homes of the stabilization and crisis unit (SACU) in a phased process, starting 9/1/2023. Eliminates 29 positions and 29 FTE. Individuals currently served in these homes will be transitioned to private agencies.	9/1/2023	Y	N
SSP	NNCR Families: Counting their income towards eligibility (currently based on 2020 caseload)	(374,004)		-	(3,366,032)	(3,740,036)	-	-	By counting the Non-Needy Caretaker Relative Income, this will affect 95% of current NNCR cases, in that they would be over income, and the case would close. The remaining 5% would result in a lower payment amount, as the income they count would be counted dollar for dollar, and reduce their TANF payment by that amount, which also results in a savings. This reduction will reduce the amount of state expenditures that count toward its MOE obligations. This would be a separate reduction, as we already count these families in the Time Limit Reductions. Budget Note: This is TANF Basic only since NNCR UN reductions captured in other reduction item for UN program elimination.	10/1/2023	N	N
APD	Reduce the complex medical add-on for nursing facilities by 40% (Assumes that rates are paid at the current statutory level)	(35,374,264)	-	(2,816,422)	(55,690,057)	(93,880,743)	-	-	This reduction would eliminate half of the 40% premium paid to nursing facilities that serve individuals with certain complex medical conditions. Taking this reduction will require a statutory change to implement and may impact NF providers willingness to pay the provider tax that helps fund NF services.	7/1/2023	Y	N
APD	Reduce Nursing Facilities' rates by 2.5% (excludes Complex)	(7,799,509)		(1,276,614)	(14,122,698)	(23,198,821)	-	-	Reducing Nursing Facilities rates may result in decreased access for Medicaid consumers. Medicaid rates are already substantially below rates facilities may secure from private pay consumers.	10/1/2023	Y	N
I-DD	Eliminate Rent Subsidy Program	(1,692,157)		-	-	(1,692,157)	-	-	This program provides small rent subsidies for individuals living in residential settings. This is a long standing program, ODDS is not adding new people to it at this time.	7/1/2023	Y	N
APD	Reduce In Home Agency rates by 2.5%	(1,299,662)	-	-	(2,432,347)	(3,732,009)	-	-	Reducing In Home Agency rates may result in decreased access for Medicaid consumers. Medicaid rates are already substantially below rates facilities may secure from private pay consumers. Older adults and people with disabilities already face significant barriers in finding care providers.	10/1/2023	Y	N
I-DD	Bring eligibility to state level	(3,102,252)		-	(3,360,773)	(6,463,025)	46	24.08	Transition eligibility staff to the state from CDDPs. This action will reduce the overall CME workload model, including supervisory and support positions which is reflected here. This reduction will require statutory change and Medicaid amendments to be submitted and approved by CMS. CDDPs are expected to oppose this restructure. This reduction will be extremely disruptive to the I/DD program and will require extensive work to ensure smooth transition and to minimize impact to the individuals accessing services.	7/1/2024	Y	N

ODHS 15% Reduction list Prioritized for 23-25 W&M

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	Detail of Reductions to 2023-25 Current Service Level Budget											
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SCR or Activity Initials	**Program Unit/Activity Description**	**GF**	**LF**	**OF**	**FF**	**TOTAL FUNDS**	**Pos.**	**FTE**	**Impact of Reduction on Services, People and Outcomes**	**Effective Date**	**Updated for 23-25 GB? (Y/N/NA)**	**Taken in 21-23 LAB? (Y/N)**
I-DD	Bring all licensing in-house to state level	(516,286)	(1,445,234)	-	(928,948)	(2,890,468)	6	6.00	Transition foster care licensing staff back to the state from CDDPs. This action will impact the overall CDDP workload model, including supervisory and support positions which is reflected here. This will require Medicaid amendments to be submitted and approved by CMS. This reduction will be extremely disruptive to the I/DD program and will require extensive work to ensure smooth transition.	7/1/2024	Y	N
APD	Reduce CBC rates by 2.5%, AFH excluded, priced separately	(6,039,455)	-	-	(14,829,713)	(20,869,168)	-	-	Reducing CBC rates may result in decreased access for Medicaid consumers. Medicaid rates are already substantially below rates facilities may secure from private pay consumers.	10/1/2023	Y	N
APD	Reduce Adult Foster Care bargained rates by 2.5%	(2,138,710)	-	-	(4,002,643)	(6,141,353)	-	-	Reducing Adult Foster Care rates may result in decreased access for Medicaid consumers. Medicaid rates are already substantially below rates facilities may secure from private pay consumers.	10/1/2023	Y	N
I-DD	Reduce and Hold Trust rates to those established	(4,961,814)		-	(9,151,770)	(14,113,584)	-	-	Brings Trust Contributions back to rates prior to 7/1/2021.	7/1/2023	Y	N
APD	Reduce Home Care Workers' rates by 2.5%	(6,165,544)	-	-	(11,577,743)	(17,743,287)	-	-	Reducing homecare workers rates will likely result in reduce access and impact wages for direct care workers. This reduction would need to be collective bargained.	10/1/2023	Y	N
APD	Reduce PACE - PEP and AllCare by 1% (maintains MOE)	(1,926,730)	-	-	(2,772,611)	(4,699,341)	-	-	Reducing PACE rates may result in decreased access for Medicaid consumers and threaten efforts to expand PACE to more areas of the state.	10/1/2023	Y	N
CW	Adoption Services: 15% reduction 1 of 2	(109,174)		(52,464)	(111,893)	(273,531)	-	-	This budget supports contracts for supervision of adoptive placements, both in and out of state. A reduction to this contract would cause a direct impact on timeliness to the permanency plan of adoption because the children would not be able to be placed and supervised as timely as they are now.	7/1/2023	Y	
I-DD	Reduce Supported Living Services	(15,153,932)		-	(27,949,705)	(43,103,637)	-	-	Reduce Supported Living rates across the board. This service delivery model provides supports to about 760 individuals. Reductions to provider rates will have a negative impact on the ability of providers to recruit and retain workers and their ability to maintain competitive wage increases and benefits for DSPs after rate increase granted on July 1, 2022. The same as other services, Supported Living provider agencies experience workforce shortages and must keep up with DSP wage demands in order to recruit and retain workers.	7/1/2023	Y	N
APD	Reduce Adult Day Services rates by 2.5%	(23,387)	-	-	(44,474)	(67,861)	-	-	Reducing Adult Day Service rates may result in additional program closures and threaten the stability of providers who have been able to sustain operations through the COVID pandemic.	10/1/2023	Y	N
I-DD	Reduce to five (5) PSW OT hours for those estab	(16,218,429)		-	(29,793,559)	(46,011,988)	-	-	This reduction holds a specific population of bargained PSWs to a limit of billing no more than 5 overtime hours per payroll week instead of 10. Will require bargaining.	9/1/2023	Y	N
SSP	Eliminate the TANF UN program	(31,418,029)		(566)	(3,829,520)	(35,248,115)	-	-	This action eliminates the TANF UN program beginning 10/2023, which is estimated to impact 2,045 cases monthly. This estimate assumes approx. 10% of the TANF UN cases will transition to the TANF BASIC program due to one parent leaving the family. Net reduction includes the increase to the TANF Basic costs for these 205 cases.	10/1/2023	N	N
SSP	Eliminate the Administrative portion associated with TANF UN program	(10,646,836)		-	(6,687,881)	(17,334,717)		(105.27)	This action eliminates the TANF UN program beginning 10/1/23 which is estimated to impact 1840 cases monthly. This estimate assumes approx.10% of the cases transition to the TANF BASIC program due to one parent leaving the family.	10/1/2023	N	N

ODHS 15% Reduction list Prioritized for 23-25 W&M

2023 - 2025 Biennium	**modified CSL**	$ 5,421,278,293	$ -	$ 657,050,606	7,680,566,236	$ 13,758,895,135	10,320	10,264.58			
	Detail of Reductions to 2023-25 Current Service Level Budget										
4	5	6	7	8	10	12	13	14	15		
SCR or Activity Initials	**Program Unit/Activity Description**	**GF**	**LF**	**OF**	**FF**	**TOTAL FUNDS**	**Pos.**	**FTE**	**Impact of Reduction on Services, People and Outcomes**	**Effective Date**	**Updated for 23-25 GB? (Y/N/NA)**	**Taken in 21-23 LAB? (Y/N)**
CW	Client Transportation: 15% reduction 1 of 4	(1,338,689)		(46,733)	(568,618)	(1,954,040)	-	-	Client transportation includes; transporting children for family visitation, health care and counseling appointments, Court ordered services, to/from foster home and to school to meet their educational needs. Education needs are a part of the collaboration with ODE which offset the total costs. This also includes assisting parents in need of transportation support to attend child visitation, and treatment services primarily through public transportation means. Reduction in transportation support will negatively impact a child educational outcome and increase the departments legal liability to meet these needs. A child or parent unable to visit will reduce family reunification opportunities and will likely require a longer stay in foster care and may move toward higher cost processes (personal cost to the clients and financial cost to the state) toward termination of parental rights (ASFA) requirements.	7/1/2023	Y	
I-DD	Eliminate Family Support Program	(1,083,237)		-	-	(1,083,237)	-	-	This program provides a small amount of support that goes a long way to helping family with care of child with developmental disability. Approximately 325 children and their families will lose service as a result of this program elimination. This program keeps children from entering formal Medicaid K-plan services.	8/1/2023	Y	N
APD	Eliminates the complex medical add-on for nursin	(53,061,397)	-	(4,224,633)	(85,774,633)	(143,060,663)	-	-	This reduction would eliminate 40% of the 40% premium paid to nursing facilities that serve individuals with certain complex medical conditions. Taking this reduction will require a statutory change to implement.	7/1/2023	Y	N
CW	Foster Care Services: 10% reduction 1 of 4	(2,048,930)		(169)	(122,628)	(2,171,727)	-	-	A critical need for resource families is to offer a Respite care Program. Oregon has always struggled with having statewide resources and a statewide model that can be easily replicated with community support. Foster Parent Night Out is proven model design in Oregon with low cost and high impact for the foster families and foster children in care. A 10% reduction would eliminate some of the counties who operate this program to cease operation due to the already marginal budgetary support. Resource families need this necessary support to decrease burnout and turnover.	7/1/2023	Y	
APD	Reducing Indirect Cost from 17.15% to 15.15% (u	(2,917,801)		-	(2,106,788)	(5,024,589)	-	-	Reduce the % applied for administrative overhead for AAAs which can compromise their effective delivery of services.	7/1/2023	Y	N
CW	Other Medical: 15% reduction 1 of 4	(906,790)		(3,706)	-	(910,496)	-	-	Other medical funding is intended to support health care treatments and/or procedures needed by children in foster care that are not covered by Oregon Health Plan. In addition, funds are used by ODHS to obtain health care evaluation services which include case consultation with licensed health care experts, and psychological evaluations and other testing of parents (including drug testing), used to inform case planning. Services assist caseworkers in making informed case planning decisions for the child and family and to better inform the Courts. These services are delivered by local community health care providers. A 15% reduction will end our ability to provide this support for children resulting in unmet health care needs of children, negatively impacting foster parents' ability to care for the child and decreasing the informed case management planning with the family.	7/1/2023	Y	
APD	Reduce PACE - PEP and AllCare by 1% (maintа	(1,926,730)	-	-	(2,772,611)	(4,699,341)	-	-	Reducing PACE rates may result in decreased access for Medicaid consumers and threaten efforts to expand PACE to more areas of the state.	10/1/2023	Y	N

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CW	Independent Living Services: 15% reduction 1 of	(1,404,554)		(10,616)	(914,890)	(2,330,060)	-	-	Transition service for foster youth are mandated by federal regulations as well as Oregon Statute. ODHS meets these needs through the Independent Living Program (ILP) which is designed to assist children and young adults in foster care with the necessary skills; for money management, access to education, housing, and employment to successfully transition to adulthood. Young adults 16-21 years of age are eligible to participate in these services delivered by local community service providers. The program is primarily funded by a federal grants and the state funding is merely established as match funds.	7/1/2023	Y	
APD	Eliminate Consumer Crisis Fund	(2,000,000)		-	-	(2,000,000)	-	-	The consumer crisis fund was established in 2021 to ensure that Medicaid consumers could remain in their own homes even when there are crisis repairs that are necessary to keep them In their home. Removing this funding could endanger Medicaid consumers' ability to remain in their home.	7/1/2023	Y	N
CW	Eliminating temps 25% 1 of 3	(134,699)		(102,881)	(134,610)	(372,190)	-	-	Reducing the number of temporary employees in CW Delivery and Design will remove a support system that is in place to help our full time Child Welfare staff.	7/1/2023	Y	
I-DD	Reduce Job Coaching	(1,407,345)		-	(1,952,655)	(3,360,000)	-	-	This reduction requires CMS notification and the reduction of rates in all 1915c authorities. This service provides job coaching supports to about 1,800 individuals with a goal to support competitive employment. Providers of job coaching are part of the workforce crisis. There is a severe shortage of job coaching providers, especially in the rural areas. COVID-19 pandemic severely impacted employment providers, especially due to initial closures of community businesses. Even as businesses have reopened, there are individuals with I/DD who report having to forego employment opportunities due to shortage of providers of job coaching. Cuts to job coaching rates would further exacerbate job coaches shortages and may cause individuals with I/DD to lose jobs or be unable to take on employment opportunities due to lack of needed supports.	7/1/2023	Y	N
APD	Reduce Social Isolation Funding by 50%	(1,595,311)		-	-	(1,595,311)	-	-	A new service was added in 2021 specifically to address loneliness and social isolation for older adults and people with disabilities. The reduction will decrease the effectiveness of the program. Social isolation are detrimental to the well-being of older adults and people with disabilities.	7/1/2023	Y	N
CW	Eliminating overtime 25% 1 of 3	(811,336)		(175,838)	(114,357)	(1,101,531)	-	-	Reducing overtime in CW Delivery and Design will remove a tool that is utilized when there is a backlog of work to get done including overdue assessments.	7/1/2023	Y	
I-DD	Reduce Brokerage and CDDP Equity (95% equit	(7,568,154)		-	(8,744,903)	(16,313,057)	-	-	Reduces workload model funding to CDDPs and Brokerages by 5% to 95%. Case Management Entities (CMEs) provide critical supports to individuals with I/DD. Community Developmental Disabilities Programs (CDDPs) conduct eligibility and enrollment, provide case management, do foster care licensing reviews and perform adult protective services. Support Services Brokerages provide case management to adults who live in their own or family homes. CMEs are critical to ensuring individuals gain access to needed supports and monitor for service efficacy. Reduction to workload model funding to CDDPs and Brokerages will cause loss of capacity for CMEs needed to perform these critical functions and will result in negative outcomes for individuals with I/DD. CMEs also play vital role in ensuring compliance with Centers for Medicare and Medicaid Services (CMS) federal rules. Reduced capacity at CME level may result in reduced compliance with CME standards and place federal funding at risk	7/1/2023	Y	N
APD	Eliminate Sequestration to AAA's	(2,429,915)		-	-	(2,429,915)	-	-	This would eliminate the sequestration funding given to AAAs to offset the effects of the federal sequestration on Older Americans Act programs. This will limit the AAAs ability to provide services such as home delivered meals to older adults.	7/1/2023	Y	N
I-DD	Reduce all non-bargained In Home Provider Rate	(77,811,517)		-	(143,446,493)	(221,258,010)	-	-	Reduce all non-bargained In Home Agency provider rates. With the introduction of the new rate models, this would be done with targeted reductions to the new rates.	7/1/2023	Y	N

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APD	State Staff Reduction from WLM to 98% staffed -	(2,803,749)		-	(1,862,189)	(4,665,938)	-	-	Reduce the staff earned through the workload model would potentially limiting local office's ability to provide adult protective services, licensing adult foster homes, determining eligibility and assisting consumers in developing person centered service plans,	7/1/2023	Y	N
CW	Regular Foster Care rate reduction of 15% 1 of 3	(7,854,552)		(1,198,152)	(4,260,096)	(13,312,800)	-	-	Family foster care currently provides a foster family between $23.00 - $26.00 per day for a child to cover their food, clothing, shelter, school supplies and incidentals. This daily rate is well below the average cost of raising a child in Oregon. In 2011 a 10% rate reduction occurred and had very negative impact resulting in foster parents deciding to end their fostering service, deciding this was the last straw of no respect from the legislature. In other states Washington and California have both had litigation brought before them as a result of their inadequate foster care rates. In fact, there is direct recommendation and legislative asks to increase foster care rates to better match other states and match to the cost of raising a child in the state.	7/1/2023	Y	
CW	GA estimated cost per case (rate reduction) on ne	(700,891)		-	(826,447)	(1,527,338)	-	-	Assumes negotiated rates will decline for new guardianship assistance cases as a function of the foster care rate reduction.	7/1/2023	Y	
I-DD	Transition Supported Living to In Home Agency R	(1,282,671)		-	(2,329,905)	(3,612,576)	-	-	Assumes negotiated rates will decline for new guardianship assistance cases as a function of the foster care rate reduction.	4/1/2025	Y	N
APD	Reduce Adult Foster Care bargained rates by and	(2,138,710)	-	-	(4,002,643)	(6,141,353)	-	-	Reducing Adult Foster Care rates may result in decreased access for Medicaid consumers. Medicaid rates are already substantially below rates facilities may secure from private pay consumers. Impact to bargaining.	10/1/2023	Y	N
CW	AA estimated cost per case (rate reduction) on ne	(635,236)		-	(910,350)	(1,545,586)	-	-	Assumes negotiated rates will decline for newly adopted children as a function of the foster care rate reduction.	7/1/2023	Y	
CW	In home Safety & Reunification Services: 15% red	(645,022)		(30,651)	(462,322)	(1,137,995)	-	-	In home Safety & Reunification Services provides family preservation, intervention, stabilization and reunification services to children who have been identified as unsafe. Services are designed to ensure a safe environment for children without removing them from their parent or caregiver. In addition, services may be provided to assist in the reunification process to further mitigate concerns of safety for the child. A 15% reduction will reduce the departments ability to provide necessary services to keep children in-home which may in turn require an increase in the number of children entering foster care. ISRS provides services to 7,633 children and families per year.	7/1/2023	Y	N
I-DD	Eliminate Relief Care services	(639,102)		-	(1,160,898)	(1,800,000)	-	-	These services were not reduced from the authorized hours so reduction of this service will have minimal offset. This will require CMS approval and coordination with APD program.	4/1/2025	Y	N
CW	FOCUS: 25% reduction 1 of 3	(3,378,832)		(51,193)	(1,482)	(3,431,507)	-	-	The purpose of the FOCUS Program is help children/youth remain within their communities if possible to address any debilitating psychosocial, emotional, and behavioral disorders by providing an array of services that cannot otherwise be provided through traditional contracted services through this department, OHA or other community social and safety nets. The youth receiving this funding stream are getting additional supports to be successful in our highest levels of BRS care. A 25% reduction will negatively impact these children/youth increasing their instability in placements, with necessary supports and supervision.	7/1/2023	Y	N
I-DD	Reduce Brokerage and CDDP Equity (90% equit	(6,972,954)		-	(8,425,835)	(15,398,789)	-	-	This second cut would reduce CMEs to 90% equity of the final funding decisions based on budget and the workload model.	9/1/2023	Y	N
I-DD	Reduce PSW wages for all services	(22,300,002)		-	(40,952,775)	(63,252,777)	-	-	This is a bargained group that accounts for services to over 10,000 individuals. A wage reduction for this workforce will cause hardship and will likely result in a decrease in this critical workforce.	9/1/2023	Y	N

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I-DD	Eliminate Family Networks	(1,334,132)		-	-	(1,334,132)	-	-	Family networks are family-led organizations working to support children with IDD and their families to build community and community resources. This is a family resource not direct services to individuals.	8/1/2023	Y	N
I-DD	Reduce Adult Foster Care rates for foster service	(5,358,174)		-	(10,042,659)	(15,400,833)	-	-	This is a bargained group that will require additional bargaining to reduce provider rates. An AFH rate reduction will result in a loss of AFH providers which will have a negative impact on people with IDD supported in these homes.	9/1/2023	Y	N
APD	Reduce Nursing Facilities' rates by additional 5%	(15,599,018)	-	(2,553,228)	(28,245,396)	(46,397,642)	-	-	Reducing Nursing Facilities rates may result in decreased access for Medicaid consumers. Medicaid rates are already substantially below rates facilities may secure from private pay consumers.	10/1/2023	Y	N
APD	Eliminate Oregon Care Partners	(4,968,388)		-	(2,429,000)	(7,397,388)	-	-	Oregon Care Partners has been instrumental in approving the quality of care seniors and people with disabilities receive from family and paid caregivers. They provide free training to caregivers and first responders. They have trained thousands of individuals. Without this funding, the quality of care that individuals receive will be diminished. It is also likely that family caregivers will not be able to provide the care needed by their loved ones and will need to turn to paid care, including seeking Medicaid.	7/1/2023	Y	N
CW	Strengthening, Preserving, and Reunifying Famili	(3,342,683)		-	-	(3,342,683)	-	-	ORS 418.575 through 418.598 creates Strengthening, Preserving, and Reunifying Families (SPRF) as programs to serve families involved in the child welfare system. The goal of these programs is to foster collaborations between state and community programs and resources, to help maintain children to remain safely with their families. Services created through these collaborations are centered on housing, mentoring, system navigation, parent education and front-end intervention (early) as the primary services. A 15% reduction will either reduce the 998 children and families to be served.	7/1/2023	Y	N
APD	Eliminate Mental Health Funding	(2,263,533)		-	-	(2,263,533)	-	-	This would eliminate the funding for local organizations to provide evidence-based mental health services to Oregonians and OHSU contract evaluating MH program.	7/1/2023	Y	N
APD	Reduce HCW Benefit Contributions by 25%	(10,086,629)		-	(18,732,310)	(28,818,939)	-	-	The state currently contributes to trusts that provide benefits and training to homecare workers. Reducing these contributions could reduce the trusts ability to provide benefits and training for homecare workers.	1/1/2024	Y	N
APD	Eliminate funding for the Family Caregiver Assista	(8,039,932)	-	-	(11,714,505)	(19,754,437)	-	-	The Family Caregiver Assistance Program was created in 2021 to provide critical supports to family members providing support to older adults and people with disabilities. Removing the program will increase family caregivers stress and potentially limit their ability to continue to provide care to their loved ones.	7/1/2023	Y	N
CW	Family of Origin Supports: 10% reduction 1 of 4	(282,414)		(3,729)	-	(286,143)	-	-	Parent mentors are adults with lived experience in the Child Welfare system. They provide direct service navigation and substance abuse recovery support to parents whose children are in foster care. Peer mentors are an evidence-based strategy that positively impacts parent participation in case planning and ultimately reducing the length of time children are in foster care. This is a community-based service delivered by local service organizations. A 10% reduction in this service delivery could negatively impact parents and their children by delaying the necessary engagement with parents toward recovery and other supports, and may increase the length of time in foster care.	7/1/2023	Y	
I-DD	Eliminate ability to disregard parental income (CA	(38,096)		-	(69,198)	(107,294)	-	-	CAP Waiver; Waitlist any child not qualifying due to parental income for children with IDD under age 18 who live with family. Waitlist those reaching the cap that qualify. Due to this reduction, kids already in services will remain in services, only children entering services will be impacted. This reduction will require CMS approval and may have ADA/Olmstead legal implications.	4/1/2025	Y	N

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I-DD	Eliminate ability to disregard parental income	(5,203,428)		-	(9,451,761)	(14,655,189)	-	-	Eliminate the ability to disregard parental income for children with IDD under age 18 who live with family. This could impact numbers above. Pricing includes the cost of 3 OPA3s for a 12 month period. Under this reduction, children that require parental income disregard to meet Medicaid financial eligibility requirements will loose Medicaid eligibility and Medicaid funded services. This reduction will require CMS approval and may have ADA/Olmstead legal implications. ODDS estimates 1,070 children are estimated to lose eligibility due to this change during the biennium.	4/1/2025	Y	N
I-DD	Reduce Adult 24 Hour Residential	(61,825,978)		-	(113,699,287)	(175,525,265)	-	-	Reduce Adult 24 Hour rates. Group homes provide 24/7 support to over 3,100 people with IDD across the state and these rates pay to recruit and retain direct support staff for these homes. Reductions to funding to agency providers will exacerbate workforce shortage by: 1.Necessitating reductions in DSP wages and benefits providers are able to pay resulting in further destabilization of workforce and loss of staff 2.Increased health and safety risks for individuals receiving services due to lack of staff or staff turnover, unmet needs (including housing) and inadequate supports 3.Closure of programs and reductions in provider capacity to support individuals in all settings 4.Reduction number of homes and placement options available to individuals, especially those with highest levels of need With the new service groups and rate models in place, targeted reductions would be taken to achieve the reduction amount, we would not implement this as an across the board cut.	7/1/2023	Y	N
All Agency	Additional Other Funds reductions to meet reduction target - TBD			(44,722,909)		(44,722,909)	-	-				
	Original 10 list repriced and numbers vetted.	**$ (581,630,801)**	**$ (1,445,234)**	**$ (57,507,834)**	**$ (840,620,709)**	**$ (1,481,204,578)**	**23**	**(233.39)**				

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.)*

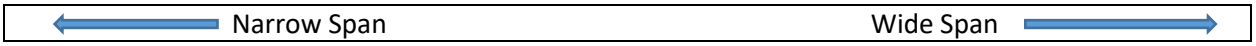
The Agency actual supervisory ratio is calculated using the following calculation;

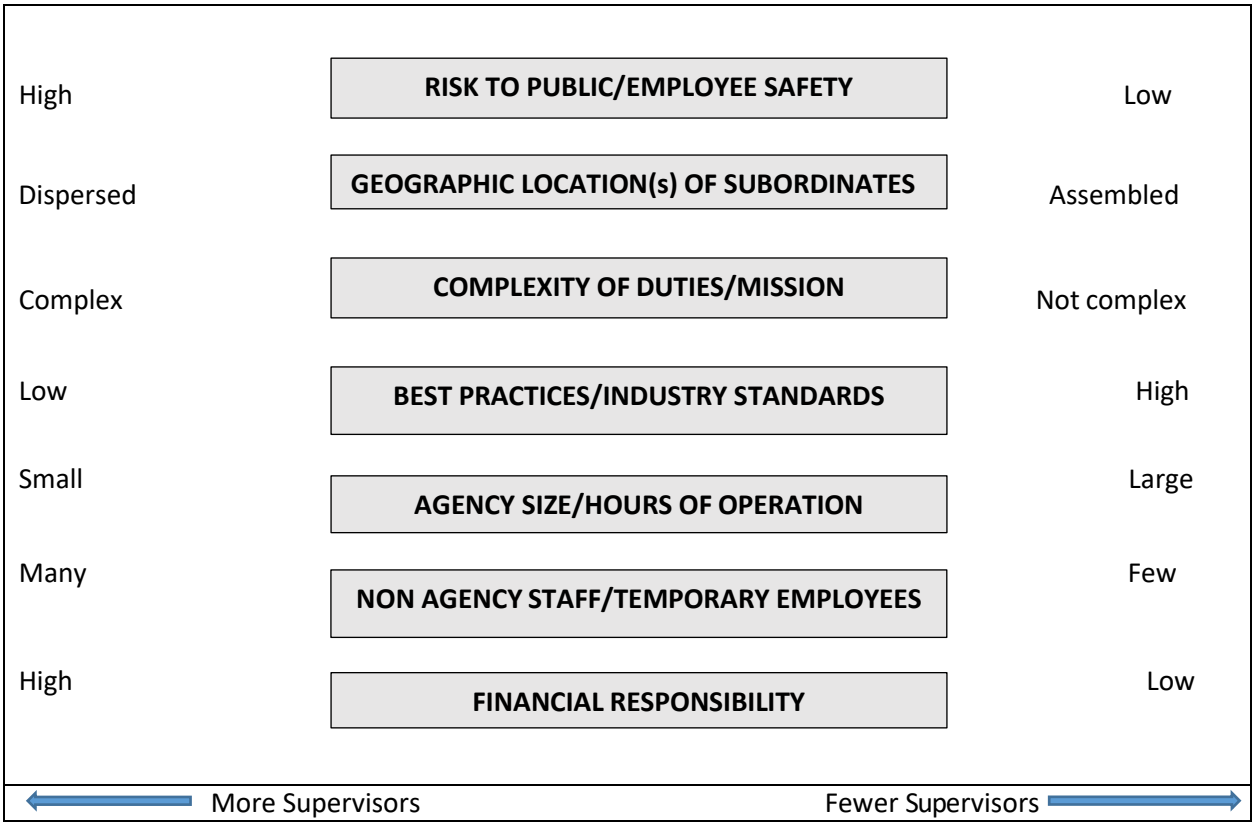
1,044 = 904 + 141 - (1)
(Total supervisors) (Employee in a supervisory role) (Vacancies that if filled would perform a supervisory role) (Agency head)

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.





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

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Signature Line _____ **Date** 7/27/2022

Print Name: Audray Minnieweather-Crutch, ODHS HR Director

Signature Line _____ **Date** 07/26/2022