Oregon Department of Human Services

25-27 ARB Budget Document

Section 3

2025-27 ODHS — Agency Request Budget Policy Packages (POPs)

POP #	LC#	Policy Package Title	Description	General Fund	Other Funds	Federal Funds	Total Funds	POS	FTE
101	322	Strengthening Safety and Regulatory Oversight	When community-based facilities and homes that serve older adults and/or people with disabilities are newly licensed or change hands, Oregon Department of Human Services (ODHS) must be able to conduct timely site visits to help ensure licensing compliance and the health and safety of residents. This policy option package (POP) would provide investments to strengthen ODHS' regulatory oversight of newly licensed APD Residential Care Facilities, APD Adult Foster Homes, ODDS Residential Training Facilities, ODDS Residential Training Homes and ODDS Adult Foster Homes. The funding would allow ODHS to review community-based care facilities and homes within 120 days after being newly licensed or after a change in ownership, helping ODHS identify licensing compliance concerns earlier, provide opportunities for proactive technical assistance and support to help facilities and homes correct identified compliance issues, and most importantly, help ensure the safety and well-being of residents, including those receiving Medicaid-funded HCBS services. Without this investment, APD would lack the staff necessary to conduct timely site visits when facilities are newly licensed or change hands, which could contribute to a continued increase in licensing and abuse complaints and hinder APD's ability to meet CMS HCBS safety requirements. Additionally, a lack of investment here may perpetuate an evolving narrative and public perception that ODHS regulatory oversight is ineffective and is unresponsive to safety concerns that have received wide publicity.	$ 2,500,000	$ -	$ 2,500,000	$ 5,000,000	29	18.75
102		OREM - Climate Response and Building Resilience	As climate-related disasters escalate, OREM's goal to be available daily becomes even more urgent, necessitating sufficient staffing to address emerging challenges like extreme weather events and wildfires in a way that put the community first. Without additional support, OREM's capacity to manage budgets, contracts, and coordinate with other state agencies will suffer, hindering our ability to effectively plan and respond to disasters, ultimately impacting one-third of Oregonians who rely on ODHS programs. The core values driving this POP is to build capacity at the local level and to build capacity and resilience at the community level by, with, and through Tribal Nations, CBOs, NGOs, CCOs, and local government. OREM is obligated to provide support to warming/cooling/cleaner air/emergency shelters under ORS 431A.410 and 431A.412. "	$ 5,000,000	$ -	$ -	$ 5,000,000	-	-
103		Access Rule (CMS)	The Office of Aging and People with Disabilities and the Office of Developmental Disabilities Services currently lack staffing and resources to implement and ensure compliance with the Centers for Medicare and Medicaid Services' (CMS) new Access Rule, which is intended to improve access to care and health outcomes and better promote health equity for Medicaid beneficiaries across fee-for-service (FFS) and managed care delivery systems, including for home and community-based services (HCBS) provided through those delivery systems. This POP will provide ODHS with the necessary resources to implement the new rule and ensure continuous compliance. Without the requested staffing and resources, APD and ODDS will be unable to implement the new federal requirements and, as a result, would stand to lose Medicaid funding for home and community-based services (HCBS) and be substantially hampered in their efforts to improve customer service to Oregon's Medicaid beneficiaries.	$ 2,416,904	$ -	$ 2,416,904	$ 4,833,808	24	19.08
104		Federally Required Changes to Data Services Hub - Required Costs to State.	Oregon uses the Federal Data Services Hub (FDSH) to verify income, social security and other information needed to determine eligibility for medical benefits. Oregon submits almost 500,000 requests and receives nearly 100,000 verifications back each month, which allows the state to automate medical benefits eligibility at one of the highest rates in the nation. Recently announced changes to the FDSH include a new fee charged to states for each completed verification. The Centers for Medicare and Medicaid Services (CMS) posted the interim rule in November 2023 and expects the final rule to be effective in 2024. To meet OEP's customer service goals and ensure Oregonians' timely access to medical benefits, OEP must continue using the services hub, which currently allows automatic verification of approximately 60 percent of the state's medical applications. This policy option package (POP) would allow OEP to continue leveraging FDSH while also avoiding costs to remove the current hub connection. If Oregon elects not to pay the new fee, its eligibility enterprise loses a key automation that increases efficiency and makes verification a less staff-intensive process. As a result, customers will face longer wait times.	$ 4,793,831	$ -	$ 15,224,923	$ 20,018,754	4	3.00
105		Contract and Fiscal Compliance	In 2023, Vocational Rehabilitation (VR) received a monitoring report from the federal Rehabilitation Services Administration (RSA) that had specific corrective actions to address insufficient fiscal oversight and monitoring of contracts administered with VR's federal award. Currently VR does not have adequate staff to effectively address RSA's corrective actions and the long-term solutions that are mandated by federal rules and regulations. This POP would fund four full-time positions to equip VR to meet the expectations of RSA and its Corrective Action Plan as well as improve and expand employment services throughout the state. Without this investment, the state risks non-compliance in the control and administration of the federal grant. This could result in sanctions on its VR program and a reduction in federal grant funds, which in turn would force a reduction in services available to people with disabilities in Oregon.	$ 986,327	$ -	$ -	$ 986,327	4	4.00

2025-27 ODHS — Agency Request Budget Policy Packages (POPs)

POP #	LC#	Policy Package Title	Description	General Fund	Other Funds	Federal Funds	Total Funds	POS	FTE
106		Child Welfare Division Contract Administration Program	With 24 percent of its budget allocated to contracts serving thousands of Oregonians, contract oversight is a critical component of the Child Welfare Division's work. Through effective oversight, Child Welfare ensures high service quality, client safety and responsible stewardship of public funds. Multiple audit findings as well as a recent Child Welfare After Action Report have identified significant deficits in the division's contract oversight practices. Recommendations include centralization of contract oversight duties, dedicated positions, clear performance standards, and stronger training and guidance for contract administrators. This policy option package proposes a staffing investment that would allow Child Welfare to develop a centralized Contract Administration Program aligned with audit recommendations and other expert guidance, providing a standardized contract oversight framework, training and continuous quality improvement (CQI), as well as centralized administration of 250 of the division's highest risk contracts. Without this investment, Child Welfare will lack the capacity for contract oversight, potentially leading to more challenges like the ones that sparked recent media inquiries and audits into Child Welfare contracting practices.	$ 1,902,083	$ -	$ 815,174	$ 2,717,257	15	10.85
107		Increase in payments for JOBS Participation Incentive (JPI)	Oregon's Job Participation Incentive (JPI) is a $10 food benefit issued to qualifying families that participate in the Supplemental Nutrition Assistance Program (SNAP). Families receiving the $10 incentive are counted as part of the state's federally required TANF work participation rate (WPR). The federal Fiscal Responsibility Act of 2023, effective October 1, 2025, specifies that families receiving less than $35 in monthly assistance can no longer be included in states' WPR counts. In this policy option package, ODHS Self-Sufficiency Programs (SSP) proposes increasing the JPI amount to $35, which will ensure that participants can still be counted as part of the state's WPR. Without this investment, families receiving JPI will no longer be included in the WPR and the state anticipates it would then fail to meet federal WPR requirements, resulting in penalty accompanied by a reduction of up to 21 percent (or $35 million) annually in the state's federal TANF funding -- a reduction the state would be federally required to backfill using General Fund dollars.	$ 5,183,325	$ -	$ -	$ 5,183,325	-	-
108		SNAP Elderly Simplified Application Process (ESAP)	The Supplemental Nutrition Assistance Program (SNAP), a federal program that provides monthly benefits to help people buy food, is an important tool for ending hunger in our state. By opting into the federal Elderly Simplified Application Project (ESAP), Oregon can make sure that eligible older adults and people with disabilities aren't missing out on these critical benefits. ESAP would improve overall program access to older adults and people with disabilities by allowing for a simplified 2-page application. It would also extend the certification period to 36 months and allow staff to leverage federal data to verify required household information, which would help reduce workload within the state's eligibility enterprise. The ESAP would also significantly improve customer service to older adults and people with disabilities through a dedicated call center with ESAP specialized staff. If Oregon elects not to participate in the ESAP option, it will miss the opportunities to a.) improve SNAP access for these priority populations, b.) improve customer service and recertification processing timelines and c.) help ease workload demands on Oregon's characteristically overextended eligibility staff.	$ 648,842	$ -	$ 648,842	$ 1,297,684	2	2.00
109		Office and Worker safety	Oregon's Department of Human Services is struggling to maintain adequate safe and secure working environments across its statewide operations. Data shows a 450 percent rise in threatening incidents at offices over the last five years, a trend accompanied by a growing inability to meet employee health and safety needs. This proposal requests funding for facilities improvements and security and outreach contracts, as well as positions to ensure the safety and security of customers and staff at ODHS offices. Given the increasingly high acuity needs of people visiting our offices and the vicarious traumatization of staff, this request is time-sensitive and presented as a risk management strategy. Without the investment, we would expect safety issues to continue to grow in offices, which will put staff and community members in danger while increasing turnover and workplace complaints.	$ 3,486,518	$ 1,397,468	$ 2,599,631	$ 7,483,617	10	4.46
110		Position Authority & Funding for Agency Ops	Currently, staff serving in non-budgeted positions (NBPs) are performing essential, ongoing functions in each of ODHS' major programs. ODHS must fund these positions using temporary sources like vacancy and one-time services and supplies savings. The agency also receives no funding for these positions' cost of living adjustments or pay increases and must cover these through savings as well, which adds to the agency's fiscal challenges. To stabilize ODHS' foundations and ensure these key positions can continue serving the people of Oregon, the department requests position authority and funding for 50 NBPs department-wide. The positions requested in this POP work in critical areas including program leadership, license compliance and regulatory management in Child Welfare and the Office of Developmental Disabilities Services, program design and delivery, and more. Unless ODHS obtains legislative authority for these positions, their ongoing costs will continue to pose a financial risk to the agency.	$ 12,059,966	$ 1,510,477	$ 9,899,676	$ 23,470,119	50	50.00
111		Services and supports for youth with intensive needs and their caregivers FOCUS Expansion	Children do best when they grow up with family – whether with relative caregivers, resource parents or their biological families. Yet children with intensive needs are often placed outside of their homes and communities due to lack of specialized resources to serve them and their caregivers. This POP funds the expansion of two programs, the Response and Support Network (RSN) and Child Specific Caregiver Supports (CSCS) which are currently being piloted in nine counties. The RSN and CSCS programs train and coach caregivers to better serve children in their own homes and communities, rather than moving them to a new environment with higher levels of care. These programs have demonstrated success in stabilizing young people with intensive needs, preventing 75 percent from entering temporary lodging. Funding would provide similar supports to communities across Oregon, supporting Family Preservation, child well-being, placement stability, and permanency, while saving hundreds of thousands of dollars by preventing costly stays in temporary lodging or residential care and related expenses. Without this investment, children and families with complex care needs in underserved areas will not have access to intensive caregiver supports, and a high rate of placement disruption will continue. Other risks include increased need for foster care when parents are not able to meet the needs of their children, reduced resource parent retention rates and increased utilization of temporary lodging.	$ 383,562	$ -	$ 164,381	$ 547,943	3	2.25

2025-27 ODHS — Agency Request Budget Policy Packages (POPs)

POP #	LC#	Policy Package Title	Description	General Fund	Other Funds	Federal Funds	Total Funds	POS	FTE
112		Family First Prevention Services Act Implementation	To continue work currently underway as part of the federal Family First Prevention Services Act (FFPSA), ODHS is requesting funding for implementation of evidence-based programs related to parenting skills, substance use disorder and behavioral and mental health services. Funding would advance FFPSA work serving Tribal communities, kinship caregivers and families across Oregon, promoting resilience and healing by addressing the underlying reasons children enter foster care. Funding will enable ODHS to continue prevention work beyond 2026, when Title IV-E federal grant funding ends. State funding would give ODHS access to 50 percent federal reimbursement dollars for ongoing FFPSA implementation, including training and technical assistance to build the behavioral health and parenting service array. Without a state investment, ODHS will not be able to continue implementing Family First Prevention services and families would lose access to critical services that prevent costly and less-than-ideal downstream Child Welfare interventions such as Child Protective Services (CPS) involvement.	$ 7,041,750	$ -	$ 7,041,750	$ 14,083,500	2	1.50
113		Central Abuse Management System (CAM) M&O	The CAM system serves as the system of record for child and adult abuse investigations conducted by Aging and People with Disabilities (APD), the Office of Training, Investigation and Safety (OTIS), community developmental disabilities programs (CDDPs) and community mental health programs (CMHPs). This system is an important part of the infrastructure necessary for investigating and taking actions around abuse, allegations of harm, and neglect. It is also an essential tool for ensuring timely completion of investigations, providing licensing entities with critical information, and ensuring notifications are complete, accurate and timely. The CAM maintenance and operations budget is underfunded for the number of staff licensures needed and to keep up with operational, regulatory, and system changes necessary to appropriately support abuse investigation operations. This POP would increase funding to allow for additional licenses for all required staff to have access to the system. Further, it would provide for the system modifications to improve federally required reporting and analytics capabilities and facilitate user-based recommendations for improvement. Without this investment, we will falter on one of the key missions of the state - keeping people safe and investigating abuse. We will also be limited in our ability to deliver timely notifications and fall short of federal reporting requirements.	$ 1,250,000	$ -	$ 1,250,000	$ 2,500,000	-	-
201		Mainframe Modernization - Connects with OIS/OHA POP	ODHS continues to utilize mainframe computer systems that are more than 50 years old and increasingly unsupported, which is limiting the agency's ability to timely and accurately meet legislative and customer/provider requests. In bargaining for homecare workers (HCW) and adult foster home (AFH) providers, SEIU regularly voices concerns about this outdated technology and its impacts on providers. ODHS and OHA were funded for an initial phase of planning related to modernizing our mainframe systems. Now, additional funding and staffing are necessary to realize the goal of getting off the aging mainframe – supporting the planning, contracting and implementation necessary to move forward with the transition. Additionally, during this phase ODHS will consider options to move payroll functions off the mainframe and continue to focus on development of new systems for financial costing, reporting, taxation, client benefit issuances and payments. Without this investment, system constraints will continue to impact our ability to implement legislative requirements and respond effectively to customer/provider requests.	$ 2,285,951	$ 534,507	$ 3,653,311	$ 6,473,769	6	5.00
114		Person-Centered Service Planning and Workload model	The Office of Aging and People with Disabilities (APD) must prepare its systems for projected unprecedented consumer population growth and the increasingly complex needs of the population it serves. Simultaneously, the Centers for Medicare and Medicaid Services' (CMS) new rules on access have increased the requirements for person-centered planning and services. In this POP, APD is requesting initial investments to support the increased CMS requirements and ensure compliance with impending regulations. The POP also addresses the need for more staff to support program performance evaluation as well as long-standing caseload issues occurring because APD does not earn case managers for eligible consumers who have not yet accessed paid Long Term Services and Supports (LTSS). Without this investment, APD will be hindered in its ability to adequately serve individuals with complex needs and faces the risk of CMS audit and noncompliance, resulting in the potential loss of federal Medicaid funds.	$ 3,996,665	$ -	$ 3,996,665	$ 7,993,330	40	38.65
115		Children Foster Care capacity and accessibility supports	Children foster care (CFC) providers deliver critical services to children with intellectual and developmental disabilities who for variety of reasons cannot be safely supported in their own family home, including children involved in the child welfare system. Over the course of last several years, CFC providers received modest increases in payment levels, however the funding structure for this group of providers requires overhaul to support this critical capacity. Per legislative direction, ODDS must transition all services to a single assessment instrument. For CFC this means transitioning from current Supplemental Nutrition Assistance Program (SNAP) assessment instrument to the new Oregon Needs Assessment (ONA). This transition requires development of a new provider payment framework – one that also ensures adequate reimbursement to grow and sustain provider capacity. This POP requests resources for implementation of the new payment structure. Additionally, this POP requests funding for capacity for contracted Case Management Entities to implement recruitment and development efforts at the local level for children foster care providers, including culturally and linguistically specific providers. Finally, this POP requests funding to provide home modifications in children foster homes to ensure homes are fully accessible to children. Without this funding, we will lack the capacity to meet the needs of the growing population served by the Office of Developmental Disabilities Services (ODDS) and risk more costly, less appropriate placements for children who need to be served out of home.	$ 1,100,000	$ -	$ 1,500,001	$ 2,600,001	2	2.00

2025-27 ODHS — Agency Request Budget Policy Packages (POPs)

POP #	LC#	Policy Package Title	Description	General Fund	Other Funds	Federal Funds	Total Funds	POS	FTE
116		WIN - Work Incentive Network Benefits Counseling	The Work Incentives Network (WIN) supports Oregonians with disabilities in making informed decisions about how employment may affect their public benefits. Studies have shown that Vocational Rehabilitation clients who receive benefits counseling have higher competitive employment rates than those who do not receive these services. In Oregon today, current demand far exceeds capacity, and many people cannot get these comprehensive benefits planning services in a timely manner. This means that people may be unable to confidently move forward with employment goals and achieve greater economic stability due to the uncertainty of how employment may impact their benefits; it also delays or inhibits much-needed entry of workers into Oregon's workforce. This policy package requests the resources necessary to increase the availability and timeliness of benefits planning services for Oregon residents with disabilities, with a specific focus on improving services to historically underserved communities, including rural and communities of color. Without this investment, unemployed people with disabilities will continue to experience wait times of over six months before they can receive services that are proven to improve employment outcomes for this population.	$ 1,446,600	$ -	$ -	$ 1,446,600	-	-
202		Improve IT Security and Privacy Posture	The human impact of information security and privacy risks in government health and human services data is substantial, encompassing compromised privacy, financial harm, emotional distress, potential medical mismanagement, and erosion of public trust. Preventing, detecting, and mitigating privacy and security incidents continues to be critical as the integration of IT systems and data continues in both State Data Center and cloud environments. The OIS IT Security & Privacy POP is a proactive investment to implement new capabilities to comply with statewide security requirements around controls, address Secretary of State and internal audit findings, and fix information risks and vulnerabilities throughout OHA|ODHS information systems and processes.	$ 1,467,518	$ 97,835	$ 880,512	$ 2,445,865	-	-
117		Service equity and accessibility	ODDS in alignment with the ODHS Equity North Star is working to identify and eliminate disparities that exist within the I/DD service delivery system, improve access and strengthen community engagement and self-advocacy across Oregon. ODDS conducted data analysis related to access to services that identified significant disparities existing for certain populations, including Hispanic or Latino/Latina and Asian groups that are significantly underrepresented in I/DD services. Lack of ODDS system capacity to support community engagement and improved system access at the local case management entity (CME) level intensifies disparities. The purpose of this request is to advance equity initiatives that will result in more equitable, accessible service delivery and increased opportunities for self-determination to communities of color and other historically underserved groups. ODDS is requesting resources to build infrastructure to support government-to-government relationships with Oregon Tribes and system navigation for Tribal members, increase support for language access services, improve customer service, expand family networks capacity statewide, and expand self-advocacy throughout the I/DD service system. Resources requested in this POP will also ensure that CMEs have adequate capacity to develop and implement meaningful community engagement strategies to ensure individuals receiving services, families, and local community partners are fully included in service equity assessments, equity-focused action plan development and implementation, and decisions surrounding services and service equity at the local level. Without this investment, we will continue to lack the capacity needed to build effective relationships between CMEs, Tribes and ODDS; improve service access and customer service; and demonstrate equal partnership with Tribes throughout ODDS programs.	$ 1,578,385	$ -	$ 978,385	$ 2,556,770	6	5.64
501		Foster Care Youth: A Path to Housing Stability	Nationally and in Oregon, young people with experience in the foster care system are disproportionately represented in counts of youth experiencing homelessness. To address this disparity, ODHS Child Welfare is requesting the necessary resources to develop a central strategy for improving housing outcomes for youth transitioning or aging out of foster care. The proposed work aligns with the State of Oregon Homelessness Response Framework (HRF) Pillar 3, Youth Deliverable 8, and will entail a statewide scan of the current service landscape, the development of target outcomes for housing programs serving youth exiting foster care, and the creation of a data-driven plan and associated policies to increase the housing stability of this priority population. Without the requested staffing and other resources, Child Welfare will remain constrained in its ability to conduct comprehensive planning to improve youths' housing outcomes following their exit from foster care.	$ 7,832,505	$ 420,800	$ 714,474	$ 8,967,779	13	9.75
502		YEHP Core Service Maintenance	We have a shared obligation to support youth who are experiencing homelessness, helping them not only find housing but also access the wider array of services and supports they need to build well-being and long-term stability. The Youth Experiencing Homelessness Program (YEHP) coordinates statewide service planning to support youth who are experiencing homelessness. In 2023, House Bill 5019 allocated a one-time investment that allowed YEHP to more than double the number of localities served and triple the number of YEHP providers. However, this funding is set to expire in June 2025. This policy option package proposes an investment that will sustain YEHP's current local presence while also expanding its core services into unserved and underserved communities around the state, allowing more young people to access the supports they need to disrupt the cycle of homelessness and move toward permanent housing stability. YEHP is also requesting an investment to continue and expand its successful Direct Cash Transfer (DCT) initiatives to help more young people surmount financial barriers to secure and stable housing. Without these investments, YEHP's budget will be reduced by approximately 75 percent, which would substantially shrink Oregon's current youth homelessness response system and prevent youth in underserved localities from accessing critical services.	$ 19,905,128	$ -	$ -	$ 19,905,128	6	6.00

2025-27 ODHS — Agency Request Budget Policy Packages (POPs)

POP #	LC#	Policy Package Title	Description	General Fund	Other Funds	Federal Funds	Total Funds	POS	FTE
503	**347**	Aligning and Strengthening the Youth Homelessness Continuum	Oregon has the highest rate in the nation of unsheltered homelessness among unaccompanied youth ages 24 and younger. To reduce homelessness and meet the needs of youth who are unhoused or experiencing housing instability, Oregon must build a comprehensive continuum of services and supports that are specifically tailored to the needs of young people. This POP seeks to advance this work and implement the youth population-specific deliverables of the State of Oregon Homelessness Response Framework (HRF) by: (1) Conducting a youth homelessness landscape scan and needs assessment, (2) Developing recommendations to strengthen homeless prevention and housing supports for youth with experience in the Child Welfare system (in alignment with HRF Pillar 3, Youth Deliverables 3, 5, 6, and 8), (3) Exploring opportunities for alignment across state-funded programs for youth (in alignment with HRF Pillar 3, Youth Deliverable 1), (4) Developing equity and housing-focused outcome measures for state-funded youth homelessness programs (in alignment with HRF Pillar 3, Youth Deliverable 2), and (5) Expanding services through the Youth Experiencing Homelessness Program (YEHP). Without this investment, Oregon would lack a full picture of youth homelessness needs throughout the state and be ill equipped to implement policies and programs that respond effectively to these needs – particularly for youth from marginalized communities and/or communities that lack youth homelessness services. Additionally, needed changes to the state's fragmented youth homelessness service systems would be delayed, leading to ongoing and unnecessary burdens for youth who are trying to access critical services. Finally, without the requested resources, ODHS will not have adequate capacity to develop meaningful outcome measures for youth homelessness services that can be used across all state agencies.	$ 7,193,579	$ -	$ 118,643	$ 7,312,222	5	5.00
560		Ensuring access to services for individuals with behavioral health conditions	People with disabilities who need home- and community-based supports through Aging and People with Disabilities (APD) should not have to jump through excessive bureaucratic hoops because of a mental health condition or substance use disorder. Yet potential consumers under 65 who have a mental health or substance use condition are subjected to an additional application and verification process. This poses significant delays in services, and some people are denied services altogether. This policy option package proposes to eliminate an archaic exclusion that requires APD to deny eligibility for disability supports for individuals whose primary driver of need is mental illness or substance use. The investment would also allow APD to recruit and contract with specialized providers experienced in behavioral health and substance use conditions. Without this investment, people with disabilities who are experiencing mental health or substance use conditions will continue to face unnecessary barriers to needed services and APD will be hindered in this important effort to provide more comprehensive and person-centered services.	$ 9,944,223	$ -	$ 15,743,054	$ 25,687,277	26	11.41
070		Bond revenue shortfall for ONE system development		$ -	$ (3,740,083)	$ -	$ (3,740,083)	-	-
		Total ODHS 2025-27 POPs		**$ 104,403,662**	**$ 221,004**	**$ 70,146,326**	**$ 174,770,992**	**247**	**199.34**

ODHS Policy Option Package (POP) Form

2025-27 Agency Request Budget

Program(s) / Unit(s)	**Office of Aging and People with Disabilities, Safety, Oversight and Quality and Office of Developmental Disabilities Services.**
POP Title	101 - Strengthening Safety and Regulatory Oversight
Related Legislation	Legislative Concept requiring a regulatory review shortly after an APD residential care facility, APD adult foster home, ODDS residential training facility, ODDS residential training home, and ODDS adult foster home has: • Been newly licensed by ODHS or ODDS, or • Had a recent change in ownership. This Legislative Concept would require a regulatory review of these facility types within the following timelines: • 120-day review of APD Residential Care Facilities • 120-day review of APD Adult Foster Homes • 120-day review of ODDS Residential Training Facilities • 120-day review of ODDS Residential Training Homes • 120-day review of ODDS Adult Foster Homes
Summary Statement (5 to 7 sentences)	When community-based facilities and homes that serve older adults and/or people with disabilities are newly licensed or change hands, Oregon Department of Human Services (ODHS) must be able to conduct timely site visits to help ensure licensing compliance and the health and safety of residents. This policy option package (POP) would provide investments to strengthen ODHS' regulatory oversight of newly licensed APD Residential Care Facilities, APD Adult Foster Homes, ODDS Residential Training Facilities, ODDS Residential Training Homes and ODDS Adult Foster Homes. The funding would allow ODHS to review community-based care facilities and homes within 120 days after being newly licensed or after a change in ownership, helping ODHS identify licensing compliance concerns earlier, provide opportunities for proactive technical assistance and support to help facilities and homes correct identified compliance issues, and most importantly, help ensure the safety and well-being of residents, including those receiving Medicaid-funded HCBS services. Without this investment, APD would lack the staff necessary to conduct timely site visits when facilities are newly licensed or change hands, which could contribute to a continued increase in licensing and abuse complaints and hinder APD's ability to meet CMS HCBS safety requirements. Additionally, a lack of investment here may perpetuate an evolving narrative and public perception that ODHS regulatory oversight is ineffective and is unresponsive to safety concerns that have received wide publicity.

	$2,500,026	$0	$2,500,026	$5,000,052	29	18.75

ODHS 2025 POP Long Form

Part 1. SETTING THE STAGE

1. Briefly describe the **core value(s)** driving this POP. In the big picture, why does it matter?

- **Safety and Wellbeing:** ODHS prioritizes safety and wellbeing of individuals receiving intellectual and developmental disability services and older adults and people with disabilities.
- **Regulatory Oversight:** ODHS regulates community-based care facilities and homes to ensure that residents are safe and have adequate care. However, there are a growing number of new licensees opening community-based care facilities and homes. Because many of these licensees have not operated facilities or homes previously, enhanced oversight is needed to ensure these facilities are well-operated and do not put residents at risk. This proposal would help ODHS ensure facilities are operating effectively.
- **Federal Compliance:** The Centers for Medicare and Medicaid Services (CMS) requires states ensure provider qualifications to deliver Medicaid funded Home and Community Based Services (HCBS). CMS also requires states ensure the health and safety of individuals receiving Medicaid-funded HCBS services.

2. Describe the **problem/s or opportunity/ies** this proposal would address.
More people and entities are entering the community-based care market without prior experience operating facilities or homes. At the same time, residents entering these settings are becoming more medically complex. ODHS needs to take steps to assist these new facilities and homes through the provision of initial and ongoing assistance to help new facilities and homes to succeed.

Current state statutes and administrative rules require a person or entity to obtain a license to operate a community-based care facility or home prior to residents moving in, but there is often a substantial gap between the license being issued and ODHS staff visiting the facility to ensure proper management.

This POP addresses five types of facilities regulated by ODHS:

- APD residential care facilities include assisted living facilities and memory care facilities that house six or more individuals.
- APD adult foster homes house five or fewer older adults or people with physical disabilities in a home-like environment.
- ODDS residential training facilities are 24-hour group homes housing six or more individuals with intellectual and developmental disabilities.

- ODDS residential training homes are 24-hour group homes housing five for fewer individuals with intellectual and developmental disabilities.
- ODDS adult foster homes house five or fewer individuals with intellectual and development disabilities in a home-like environment.The current state statute and administrative rules allow for:
- A two-year license for APD residential care facilities (RCF), including assisted living facilities and memory care communities.
- A one-year license for APD adult foster homes (AFH).
- A two-year license for ODDS residential training facilities (RTH).
- A two-year license for ODDS residential training homes (RTH).
- A one-year license for ODDS adult foster homes (AFH).

ODHS licenses a facility or home prior to residents moving in. However, ODHS may not review the home again until one year (AFHs) or two years (RCF, RTF, RTC) later, when the first licensing review is due. Consequently, ODHS may not become aware of compliance and safety concerns of a newly licensed facility or home (including facilities or homes that have had a change of ownership) until a licensing or abuse complaint has been reported or a resident has been harmed.

The Department is seeing an increase in licensing and abuse complaints across all community-based care settings; we believe this increase is due, in part, to the lack of experienced licensees. This will continue to be exacerbated by the rapid rate of growth in community-based care settings.

In 2022, ODDS triaged 432 concerns reported by various partners and community members. In 2023, ODDS triaged 673 concerns. ODDS continues to see this increase due to the enormous provider growth over the last 3 years and the lack of experienced providers.

In 2022, APD triaged 8602 concerns reported by various partners and community members. In 2023, APD triaged 10,931 concerns. APD continues to see this increase due to provider growth and the lack of experienced providers.

Requiring a regulatory review shortly after (e.g., within 120 days) a facility or home has been newly licensed would allow ODHS to be proactive and review performance soon after residents have moved into the new facility or home. This initial review would allow ODHS to identify licensing compliance concerns, particularly those posing health and safety risks to residents and staff, much earlier in the process. This would allow ODHS to assist the licensee with preventative corrective action early in the life of the license, thereby avoiding later problems.

3. What **data** tells you that this problem/opportunity exists? Please be specific and provide data sources.

Please note in Multnomah County, both APD and ODDS AFH's are licensed by the county. The staffing numbers are included below.

The following numbers include licensing **totals for new licenses and CHOWs during the last four years**:

- 159 = total number of newly licensed facilities in APD RCFs, with an average of 40 per calendar year.

- 545 = total number of newly licensed homes in APD AFHs, with an average of 136 per calendar year.
- 930 = total number of newly licensed facilities and homes in ODDS RTFs/RTHs, with an average of 233 per calendar year.
- 255 = total number of newly licensed ODDS AFHs, with an average of 64 per calendar year.

Numbers of substantiated licensing and abuse investigations related to new licenses:

- 315 = total number of investigations for RCFs, with an average of 79 per calendar year.
- 3,991 = total number of investigations for AFHs, with an average of 998 per calendar year.
- 1,640 = total number of investigations for ODDS RTFs, RTHs and AFHs, with an average of 410 per calendar year.

Number of additional reviews needed to meet ODDS anticipated growth rate:

2024 monthly inspections	2025 monthly inspection estimate	Permanent FTE current capacity per month	Capacity with POP request per month
174	295	90	180

4. Is this POP, in whole or in part, a response to an **audit?** Explain.

   No, this POP was not the result of an audit. However, as the number of licensing and abuse complaints increase, there is increased pressure on the Department's capacity to meet state and federally required timelines for response and investigation of complaints. In addition, there is increased concern regarding resident safety amid the increased complaints, and growing demands from residents, families and advocates to strengthen ODHS's regulatory oversight.

5. What has **already been done** to address or mitigate the problem/opportunity?

   To provide earlier feedback to homes, ODDS has been conducting some regulatory reviews of new Residential Training Facilities and Residential Training Homes within 120 days of opening new homes. While there are preliminary positive results, ODDS needs additional resources to continue to meet this review deadline. Training requirements have also been recently enhanced for direct care workers.

6. What are the **risks** if the problem/opportunity is not addressed?

   - There is a risk to resident safety when new providers open their doors, but don't yet know how to effectively manage a facility or home.
   - If a new owner or administrator does not know how to run a facility, workforce turnover and workforce shortages due to lack of training and support to meet the complex care needs of residents is a real risk.

- If a facility is not managed well from the beginning, this can result in loss of bed capacity overall.

7. What solution are you proposing through this policy option package (POP)?

   This POP proposes to increase staffing to allow licensing staff to visit each facility and home within four months of opening to ensure community-based care facilities and homes are functioning according to regulation. This POP will also provide training resources for licensing staff and providers to support consistency in application, interpretation of and compliance with regulatory rules. In addition, the POP would provide sufficient resources to ensure timely processing of 120-day reviews, needed training and technical assistance to support provider compliance with regulatory policy and rules, corrective action oversight, quality assurance and data collection.

   To conduct these visits and track information related to new facilities and homes additional staff are needed, as follows:

   For APD:
   - 4 Client Care Surveyors (for CBC Survey)
   - 1 Administrative Support 2 (for CBC Survey)
   - 1 Compliance and Regulatory Manager 1 (for CBC Survey)
   - 1 Compliance Specialist 3 (for CBC Corrective Action)
   - 2 Operations Policy Analysts 2 (CBC Licensing Coordinators)
   - 2 Operations Policy Analysts 3 (CBC Policy)
   - 1 Compliance and Regulatory Manager 1 (for CBC Policy)
   - 3 Compliance Specialists 2 (APD AFHs)
   - 1 Operations Policy Analyst 2 (APD AFH Licensing Coordinators)
   - 1 Program Analysts 3 (QA review for CBC/AFH program)
   - 2 Learning and Development Specialists 2 (for CBC/AFH program)

   For ODDS:
   - 6 Client Care Surveyors (for ODDS RTHs/RTFs)
   - 2 Administrative Specialists 1
   - 1 Compliance and Regulatory Manager 1
   - 1 Program Analysts 2 (for ODDS QA review for AFH program)

8. What **alternative solutions** were considered and what were the reasons for selecting your solution?

   We considered submitting the Legislative Concept without requesting any financial investment. However, this option is not preferred because the implementation would increase workload without providing sufficient staff resources. Consequently, this would not meet the desired outcome of improved resident safety or provider compliance.

   We considered conducting 120-day reviews without adding staff or changing statutes. However, implementing 120-day reviews will increase community expectations regarding regulatory oversight of licensed facilities and homes. Without added resources the

likelihood of successfully implementing 120-day reviews is reduced. In addition, we believe licensed facilities and homes will question the authority to conduct the reviews.

Furthermore, without additional staff resources the increased workload poses challenges and burdens for the ODHS staff responsible for overseeing licensed facilities and adult foster homes, especially those represented by a union.

9. Has the proposed solution been successful in **other contexts or jurisdictions?** Alternatively, if there is no precedent, explain why you believe this concept will achieve its aims here in Oregon.

Although we are not aware of any precedent, assigning licensors to assist licensees in their first year of operation will have a positive effect. AFH statute states that providers have the burden of proof in the first 24 months to show that they can remain in substantial compliance, and after, that the burden of proof is on ODHS to demonstrate homes are out of compliance. With proactive licensing review during the first year of operations, we expect facilities and homes will be more successful and will experience fewer licensing violations and complaints during initial years of operation.

To provide earlier feedback to homes, ODDS has been conducting regulatory reviews of some new Residential Training Homes within 120 days of opening these new homes. Due to large numbers of new homes each year, the program has focused on the 120-day review for new homes proposed by existing licensees. The preliminary positive result for this sample group is that ODDS has identified compliance issues early, preventing a downward regulatory spiral.

ODDS needs additional staff to meet this review deadline for all RTHs given the provider growth. ODDS increased its provider agencies from 351 in 2021 to over 855 in 2023. It's residential training homes have increased from 827 homes in 2021 to 1498 homes in 2023. This extensive growth has limited ODDS's ability to do 120-day reviews without administrative rule changes and staffing resources. This example has been working, but ODDS cannot continue to meet this need without the current limited duration staff made permanent.

10. Does this POP require a **new statute or changes to existing statute(s)?** If so, have you completed the Legislative Concept request form for statutory changes?

The RCF and APD AFHs could initiate an early inspection program without a legislative change. However, putting this requirement into statute would reduce potential push back from facilities and may make compliance easier to achieve. ODDS would require new statutory language to enact this change for Residential Training Centers.

See associated Legislative Concept request form for recommended statutory changes to ORS 443.416, ORS 443.755 and ORS 443.735.

Part 2. **EQUITY AND INCLUSIVITY**

1. How will this POP **address inequities** faced by impacted communities?

Increasing the frequency of licensing inspections addresses inequities faced by impacted communities by providing more consistent oversight and accountability within care facilities.

Communities that have historically experienced disparities in access to quality care, such as low-income neighborhoods or marginalized populations, often bear the brunt of inadequate oversight and substandard conditions in care settings. By conducting inspections more frequently, this policy ensures that any issues or violations are identified and addressed promptly, mitigating the potential harm experienced by these communities.

Additionally, the increased visibility of inspections can empower residents and advocacy groups to hold facilities accountable for providing equitable and culturally competent care, ultimately contributing to a more just and inclusive healthcare system.

Part 3. **MEASURING PERFORMANCE**

1. Which of your **key performance measures (KPMs)** is this POP connected to?

   These are proposed amended KPMs for the 2025-2027:
   KPM #3: TIMELY APD ABUSE INVESTIGATIONS - The percentage of abuse reports assigned for field contact that meet policy timelines.

   KPM #4: SAFETY IN OREGON's LICENSED LONG TERM CARE FACILITIES – Percentage of Long-Term Care Facilities without Level 3, 4 or Immediate Jeopardy (IJ) licensing violations.

2. If none, are you proposing a **new or modified KPM?**

   Not applicable.

3. How will the work you're proposing help ODHS meet or exceed the **KPM targets?**

This new proposal would help to reduce the number of overall APS investigations because issues will be detected earlier in the operation of the facility or home. Consequently, the remaining APS investigations will be timelier because there are fewer investigations in the queue, improving the targets for KPM #3. Likewise, KPM #4 targets should also improve, because there should be fewer facilities with high levels of harm.

4. What are the envisioned **outputs** of this POP?
   Consider activities you will be able to count in actual numbers: partners engaged, clients served, regions served, applications processed, staff trainings conducted, referrals made, transitions completed, families participating, etc.

There are two primary key measurables that will demonstrate success of this program:

1. Count the number of substantiated abuse allegations and number of substantiated licensing allegations for new facilities and homes and compare data from earlier years to the same data after implementing this new program.

2. Measure the number of substantiated complaints for new facilities and homes and compare them to the number of substantiated complaints for established facilities and homes.

For all five license types, the measurable information to be tracked would include:

- Number of new facilities opened during the calendar year.
- Number of new Change of Owners (CHOWs) during the calendar year.
- Timing for the initial visits to each new facility or home (I.e., are we able to visit each new facility within the 120-day deadline).
- Number of substantiated abuse allegations for new facilities opened during the calendar year.
- Number of substantiated licensing allegations for new facilities opened during the calendar year.

5. **Outcomes** show how people are better off because of the outputs you listed above. What are your expected outcomes?
Consider measurable effects like improved service navigability, reduced racial disparities within programs, expanded access to needed services among key populations, improved transition rates, etc.

Expected Outcomes:

- The primary measurement for success will be improved safety of residents during the first year of operation of new facilities. This can be measured by counting the number of substantiated complaints for new facilities and homes and comparing those numbers to the historical number of substantiated complaints for new facilities and homes.

- As proposed, it will be useful to gather the following data for new facilities and homes following the first year of operation:
  - Number of substantiated abuse investigations; and
  - Number of substantiated licensing complaints.

6. How will you **collect the data** you need to measure the success of this solution? Is this data currently being collected? Have you engaged ORRAI to discuss elements needed to plan for data gathering?

- Corrective Action and Licensing Mgmt. System (CALMS) and Centralized Abuse Management (CAM) system will be used to collect the data, as they are currently
- We have been working with the BOTS program to gather the data from CALMS and ASPEN, to determine the number of cases that would be affected by this new process.
- APD and ODDS will track compliance data for new facilities and homes and record all information related to this new program.

7. To achieve optimal data collection, would you need to make **changes to your case management system?** Describe.

   No, currently we do not anticipate needing changes to the case management system.

Part 4. **IMPROVING CUSTOMER SERVICE**

1. Discuss the ways this POP will **improve customer service**.

   This proposal will improve customer service because facilities and homes will receive feedback concerning their operational performance much sooner after initial licensure, with the department conducting an initial review within four months after opening. The intent is to provide feedback early, to promptly address any issues, and to allow facilities to correct potential problems early.

   More importantly, this POP will support new licensees to provide quality care and services to individuals residing in their licensed facilities and homes and promote an environment that is safe.

2. Will your solution require an IT investment? Explain.

   We do not anticipate that this proposal will require an additional IT investment. Our expectation is that our current CALMS, CAM, and ASPEN programs can be used to meet this timeline.

Part 5. **IMPLEMENTATION**

1. If the legislature allocates funds for the proposed POP, how specifically would we **use the money to implement it?**

   This POP will ensure strengthened regulatory oversight and support for new licensees and owners. Staff will provide increased attention on assuring facility standards promote a homelike, safe and secure environment that supports and enables residents in maximizing their abilities, enhancing dignity, independence, individuality and their decision-making ability. Strengthened regulatory oversight will include:

   - Enhanced review of new provider applicants and administrators.
   - Increased provider and licensor training and policy, rule technical assistance.
   - Increased surveyor and licensor positions to complete 120-day review, evaluation, of new and new ownership facilities.
   - Quality assurance oversight to ensure systems and resources that are implemented are meeting required timelines for licensing, survey, licensing complaints, new provider qualifications.

Adequate manager supervision supporting the 1:12 supervisor to staff ratio.

2. What are the biggest potential barriers or risks to successful implementation?

The biggest potential barrier is the time and funding required to change state business and training practices. It takes time to implement any change and then to evaluate the effectiveness of this change.

APD is working with Human Resources to review and expand the Client Care Surveyor classification family. For example, establish a Client Care Surveyor 3 classification to help support recruitment, compensation, and retention of RN level surveyors. This could impact one of the four CCS2 positions we are requesting as we are striving to have 1 RN in a team of 4 surveyors.

3. What other **ODHS units, public agencies, Tribes, communities or other partners** will be involved in the implementation of this POP? What will their responsibilities be?

   This proposal affects two programs within ODHS - APD and ODDS are both involved.

   The statutes to be edited also affect OHA. OHA intends to join this process and make the same changes to their program that are being proposed here for ODHS.

Part 6. **BUDGET**

1. Are there **prior investments** allocated for this policy package?
   - No, there has not been a previous identical policy package.
   - However, we have submitted a previous successful funding package that focused on increasing the number of Community-Based Care surveyors. (See 2007-09 ODHS POP #106).
2. What **assumptions** affect the pricing of this policy package?

   - The number of staff needed and the appropriate level of those staff.
   - The staffing position levels will be different for the AFHs, as compared to the RCFs and RTFs. For the RCFs and RTFs, Client Care Surveyors are the correct staff positions to review the facilities, while Licensors are the correct staff level for all AFHs and ODDS RTHs.

3. Will there be **changes to caseload, cost per case or services provided** to specific populations? Explain.

   Not applicable.

4. Describe the **staff and positions** needed to implement this policy package, and whether existing positions can be modified to meet the need. Be sure to note what each position type will be responsible for to move the proposed work forward.

   Each of the five programs discussed in this proposal are requesting staff:

APD Positions:

- Four Client Care Surveyors for APD RCF programs to support the 120-day reviews

- Three Compliance Specialists 2 (licensors) for APD AFH program to be based out of APD Central office to support 120-day reviews.
- Three Operations and Policy Analysts 2 (to serve as licensing coordinators) for APD- APD currently uses Administrative Specialist 2 to help process new licensing applications and licenses, but position does not complete the needed research and analysis of applicants to ensure only applicants who are qualified and have demonstrated performance history (when applicable) are issued licenses. The OPA2s will support CMS compliance and increased expectations to complete thorough reviews of new applicants, including changes in ownership.
- Two Operations and Policy Analysts 3 for CBC Policy and Provider Support to assist currently licensed as well as newly licensed facilities with policy and OAR technical assistance, regulatory compliance, and corrective action monitoring.
- Two Compliance and Regulatory Managers 1 for APD CBC Survey Team- with the increase in Client Care Surveyors, another Manager position is needed to align with 1:12 supervisor to staff ratio. The second manager position is needed for the CBC Policy team. With the addition of 4 OPA positions to this unit, an additional manager is needed to align with 1:12 supervisor to staff ratio.
- One Compliance Specialist 3 for CBC Corrective Action Unit to support an anticipated increase in Corrective Action needed because of 120-day reviews and subsequent licensing visits for more serious violations.
- One Administrative Specialist 2 for CBC Survey Unit to support data collection, analysis and reporting of survey findings and outcomes, including 120-day review outcomes.
- One Program Analyst 3 for Safety, Oversight and Quality Operations team to provide CBC and AFH program evaluation and quality assurance. These staff will review and analyze performance data for CBC survey, AFH licensing, and licensing complaints, including evaluate effectiveness of policies and make recommendations for process improvement.
- Two Learning and Development Specialists 2 to support training of new surveyors and licensors, as well as development and training for both CBC and AFH providers based on trends identified through 120-day reviews, surveys and complaints. Currently, APD's has one Learning and Development Specialist to support training for 44 local licensors and over 1300 AFH providers. There are no Learning and Development Specialists for CBC Survey unit, which means existing Client Care Surveyors must help with training. This reduces their capacity to focus on needed survey work and contributes to inconsistent practices. Having dedicated trainers would support consistency, establish standardized training, and afford capacity to develop and provide training to facilities based on findings through the 120-day reviews, surveys and complaints.

Positions for ODDS:

- Six Client Care Surveyors for ODDS RTF/RTH program to perform the 120-day reviews. These staff are currently limited duration and are needed permanently.
- One Compliance and Regulatory Manager 1 for ODDS to manage this unit. This staff is currently limited duration and needed permanently.
- One Program Analysts 2 for ODDS (licensing program coordination)
- Two Administrative Specialist 1s to support this work. This staff is currently limited duration and needed permanently.

5. What are the **startup and one-time costs** associate with this POP?

The primary startup cost involves hiring and training the new staff, as well as cost associated with updating policy and OARs.
For ODDS our staff are currently working a limited duration so no startup costs would be needed.

6. What are the **ongoing costs?**

   Costs of staff associated with the full implementation and operationalization of the early reviews, including the associated costs of travel.

7. What are the **sources of funding (revenue)** and the funding split for each one?

   Fiscal staff indicate these positions will likely be paid using General Funds (GF) and Federal Funds (FF).

8. What are potential **savings?**

   Potential savings will result from less staff time spent imposing civil penalties and writing and reviewing sanctions such as license conditions, non-renewals, and closures. There should be fewer sanctions because the early 120-day review will allow the Department to identify issues with new facilities earlier in the process. If civil penalties and licensing sanctions decrease, the cost associated with administrative reviews and DOJ attorney fees will decrease.

TOTAL FOR THIS POLICY PACKAGE

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal services	$2,231,425	0	$2,231,425	$4,462,850	29	18.75
Services + supplies	$127,037	0	$127,037	$254,074		
Capital outlay	0	0	0	0		
Special payments[1]	$141,564		$141,564	$283,128		
Other	0	0	0	0		
Total	**$2,500,026**	**0**	**$2,500,026**	**$5,000,052**	29	18.75

FISCAL IMPACT BY PROGRAM

[1] Special Payments reflect funds paid to Multnomah County for staffing ODHS' programs.

	APD	ODDS	**Total**
General Fund	$1,283,611	$1,216,415	**$2,500,026**
Other Funds	0	0	**$0**
Now Federal Funds	$1,283,611	$1,216,415	**$2,500,026**
Total Funds	$2,567,222	$2,432,830	**$5,000,052**
Positions	19	10	**29**
FTE	8.75	10.00	**18.75**

Oregon Department of Human Services

ODHS Policy Option Package (POP) Form
2025-27 Agency Request Budget

Program(s) / Unit(s)	Central / Office of Resilience and Emergency Management (OREM).
POP Title	102 - OREM – Climate Response & Building Resilience
Related Legislation	**SB 80 (2023) Section 7** augmented ORS 431A.412 to improve the definition of "support" and added nonprofits and faith-based organizations to the eligible candidates for the warming/cooling/cleaner air support program. **HB 5026 (2023) Budget Notes** page 19 appropriated for water delivery to residents with limited access to safe drinking water because of groundwater contamination or other water issues.
Summary Statement (5 to 7 sentences)	As climate-related disasters escalate, OREM's goal to be available daily to support local jurisdictions and communities becomes even more urgent, necessitating sufficient systems and funding to address emerging challenges like extreme weather events and wildfires in a way that put the community first. Without predictable and sustained financial support, OREM's capacity to support water, warming/cooling/cleaner air needs at the local level will suffer, hindering our ability to effectively plan for and respond to disasters. The core values driving this POP is to build capacity at the local level and to build capacity for OREM to work by, with, and through Tribal Nations, CBOs, NGOs, CCOs, and local government. OREM is obligated to provide support to warming/cooling/cleaner air/emergency centers under ORS 431A.410 and 431A.412.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing	$5,000,000	$0	$0	$5,000,000	0	0

Part 1. SETTING THE STAGE

1. Briefly describe the **core value(s)** driving this POP. In the big picture, why does it matter?

OREM's duty to provide the **warming/cooling/cleaner air/emergency shelter** support program to provide direct, technical, and financial support to local emergency shelters that give people a place to go when their homes or neighborhoods are unsafe due to extreme heat, cold, or unhealthy air quality should be funded at Current Service Level (CSL).
OREM's **Water Delivery Service** program provides water delivery service to Oregonians as a temporary, emergency solution a lack of water due to drought, contamination, or broken water distribution infrastructure.
CSL ask per biennium: $2,500,000.

OREM requires **critical mission management Systems** to deliver services. The itemized list of systems and their associated costs is below:

System Name	**Description**	**FY '26**	**FY '27**	**'25-'27 Biennium Total**
Genasys Protect EVAC	Evacuation Planning	$920,200	$920,200	$1,840,400
DLAN	Situational Awareness & Tracking	$180,000	$180,000	$360,000
ORION	Impact Assessment	$250,000	$250,000	$500,000
Expedition Communications	SatRunner mobile satellite communications, wifi, and cell phone equipment	$26,000	$26,000	$52,000
Starlink	Starlink Data	$180,000	$180,000	$360,000
VisionLink	Case Management	$60,000	$60,000	$120,000
Roadpost	Satphone Data	$45,000	$45,000	$90,000
Unite Us	Closed Loop Referrals	$260,000	$260,000	$520,000

SYSTEMS BIENNIUM TOTAL	$3,842,000

CSL ask per biennium: $2,500,000 ($1,342,000 shortfall acknowledged)

2. Describe the **problem/s or opportunity/ies** this proposal would address.

OREM requires funding to provide support to warming/cooling/cleaner air/emergency shelters to be in compliance with our duties under ORS 431A.410 and 431A.412. OREM requires sustained funding for critical systems that facilitate vulnerable population tracking, work order flow, and reimbursement.

3. What **data** tells you that this problem/opportunity exists? Please be specific and provide data sources.

In 2023, OREM took part in 8 major missions and 54 community engagements. Community engagements included engagements across 17 counties, 3 statewide, 2 tribal, and 3 national engagements. Also, in 2023 OREM responded to 42 requests for assistance across 19 counties and 1 state partner (Hawaii). OREM staff presented about protecting at-risk populations during evacuation at a national conference in Atlanta, Georgia, and presented on 5 topics at the Oregon Emergency Management Association conference in October 2023.

In 2024, OREM responded to the January Winter Storm to provide people with emergency power, and climate control, as well as staffing and feeding support. OREM also provided enormous support in response to the extreme heat and subsequent wildfires that began in late June. The costs of support to the extreme heat and wildfire events of 2024 are ongoing. It would be prudent to have CSL funding to establish mitigation measures before these events and to support response and recovery efforts.

4. Is this POP, in whole or in part, a response to an **audit?** Explain.

No.

5. What has **already been done** to address or mitigate the problem/ opportunity?

OREM has been implementing support to warming/cooling/cleaner air/emergency shelters across Oregon since 2022. This support has been funded by sporadic and unpredictable one-time special purpose appropriations as shown in the table below. OREM provides hydration-support to deliver water to residences that have experienced dry or underperforming wells, broken water infrastructure, or contaminated water sources has been supported by special purpose appropriations. Water funding for this biennium is from HB 5026 (2023), the budget notes read,

"One-time General Fund of $4,000,000 is provided for water delivery for residents with limited access to safe drinking water because of groundwater contamination or other water issues."

One-Time Appropriations	Column1	Column2
Activity	Legislation	One-Time
Cleaner Air	SB 762 (2021)	$5M
Warming/Cooling	SB 1536 (2022)	$2M
Warming/Cooling	SB 1530 (2024)	$2M
Water	HB 5026 (2023)	$4M
TOTALS	**-**	**$29.4M**

6. What are the **risks** if the problem/opportunity is not addressed?

    - OREM will not be able to provide the necessary level of support to communities without sustained mission management systems.
    - OREM will not be able to provide support warming/cooling/cleaner air centers.
    - OREM will not be able to track, manage, and document its missions, equipment, and staff deployments without sustaining mission management systems.
    - OREM staff become overwhelmed by inconsistent and unpredictable sources of funding.
    - Degraded relationships with communities based on broken promises due to unpredictable sources of funding.
    - OREM will not be able to fully leverage investments made in Resilience Hubs and Networks with follow-up planning, training, exercises, and operational support to locals.
    - OREM will be left with unfunded mandates under ORS 431A.410 and ORS 431A.412.

7. What **solution** are you proposing through this policy option package (POP)?

- Permanent funding of systems.
- Permanent funding for warming/cooling/cleaner air shelter support.
- Permanent funding for OREM's Water Delivery Service.

8. What **alternative solutions** were considered and what were the reasons for selecting your solution?

The alternative is a less effective and less impactful OREM that is not reliable, relevant, and responsive.

9. Has the proposed solution been successful in **other contexts or jurisdictions?** Alternatively, if there is no precedent, explain why you believe this concept will achieve its aims here in Oregon.

OREM has successfully provided support to warming/cooling/cleaner air centers since 2022. OREM has successfully supported Oregonians who have struggled with drinking water for the past two years.

10. Does this POP require a **new statute or changes to existing statute(s)?** If so, have you completed the Legislative Concept request form for statutory changes?

OREM put forth a legislative concept (LC) that will provide OREM with more specific and explicit authorities to conduct its missions. Although, OREM already has direct authority for the warming/cooling/cleaner air support missions under ORS 431A.410, the associated LC put forth for the 2025 legislative session is tangentially related.

Part 2. **EQUITY AND INCLUSIVITY**

1. How will this POP **address inequities** faced by impacted communities?

Disasters disproportionally impact historically disadvantaged and disenfranchised populations. OREM staff provides support directly to those populations and provides support to the CBOs, CCO, and CAAs that support those populations.

Part 3. **MEASURING PERFORMANCE**

1. Which of your **key performance measures (KPMs)** is this POP connected to?

Although OREM is in the development of its strategic plan, OREM has not yet developed KPMs overall. Nonetheless, the success of these programs is measured by the increased interaction and support of CBOs, NGOs, CCOs, and other community groups that do the actual work of building resilience in Oregon, and fewer people will be impacted by disasters and the effects are less.
These stories of success in building capacity at the local level are quantifiable and available in our previous grant report. The number of people who receive Water Delivery Service due to dry or underperforming wells, contamination, or broken water distribution infrastructure are also quantifiable, measurable, and available upon request.

2. If none, are you proposing a **new or modified KPM?**

   OREM is in the development of its strategic plan; KPMs may be included as the process continues.

3. How will the work you're proposing help ODHS meet or exceed the **KPM targets?**

   OREM supports all ODHS offices, programs, and clients. The continuation of the programs described in this POP will be able to support all ODHS clientele and offices to get ODHS closer to the goal of enhanced customer service.

4. What are the envisioned **outputs** of this POP?
   Consider activities you will be able to count in actual numbers: partners engaged, clients served, regions served, applications processed, staff trainings conducted, referrals made, transitions completed, families participating, etc.

   Outputs envisioned in this POP are to provide OREM with predictable funding support for systems at a level that allows of disaster response and recovery support for multiple complex incidents simultaneously. OREM requires this minimum amount of sustained funding support to provide direct and technical support to local shelters and to build capacity in local jurisdictions. Field staff must work directly with CBOs, CCOs, CAAs, and local government to understand critical gaps in training, equipment, and resources to make attempts to fill those gaps and thereby build capacity and resilience in those communities.

5. **Outcomes** show how people are better off because of the outputs you listed above. What are your expected outcomes?
   Consider measurable effects like improved service navigability, reduced racial disparities within programs, expanded access to needed services among key populations, improved transition rates, etc.

OREM field staff who engage directly with community members and community leaders to provide shelter support, water delivery, evacuation assistance, and other functions require predictable and sustained funding to ensure OREM's adequate level of customer service. People and organizations benefit directly from these services.

6. How will you **collect the data** you need to measure the success of this solution? Is this data currently being collected? Have you engaged ORRAI to discuss elements needed to plan for data gathering?

OREM collects and stores mission information into a variety of systems. Operational data is

contained in DLAN. Case management information is stored in VisionLink. Impact assessment data is collected and stored in Orien. OREM is helping local jurisdictions manage their evacuation planning with Genasys Protect. All of that data in those systems is required for OREM to properly execute its missions.

7. To achieve optimal data collection, would you need to make **changes to your case management system?** Describe.

No.

Part 4. IMPROVING CUSTOMER SERVICE

1. Discuss the ways this POP will **improve customer service**.

The funding for OREM's missions and systems requested in this POP form will provide direct customer service to ODHS, clientele, and communities.

2. Will your solution require an **IT investment?** Explain.

Yes. OREM requires permanent funding for systems development and annual subscriptions.

Part 5. IMPLEMENTATION

1. If the legislature allocates funds for the proposed POP, how specifically would we **use the money to implement it?**

The money would be used to pay for shelter support, water delivery, and systems acquisitions and subscriptions.

2. What are the biggest potential barriers or risks to successful implementation?

No barriers are foreseen. OREM has already been successfully conducting this work. Predictable funding will only allow OREM to work spend money more efficiently by putting planning and mitigation efforts in-place before disaster strikes.

3. What other **ODHS units, public agencies, Tribes, communities or other partners** will be involved in the implementation of this POP? What will their responsibilities be?

OREM works by, with, and through local partners, community-based organizations, faith-based

organizations, business, state partners, and local jurisdictions to understand needs, gaps, and capabilities. With the funding requested in this POP, OREM will be able to build upon the relationships already established. While OREM will continue to work with local communities whenever possible to solve problems at the local level (see ORS 401.032(2)), outside-ODHS partners will not be responsible for any part of implementing OREM's core duties or systems.

Part 6. **BUDGET**

1. Are there **prior investments** allocated for this policy package?

Yes; see list of one-time special purpose appropriations listed at the top of this POP form.

2. What **assumptions** affect the pricing of this policy package?

Cost estimates are based on historical data and appropriations.

3. Will there be **changes to caseload, cost per case or services provided** to specific populations? Explain.

Yes, these proposed changes would allow OREM to meet anticipated caseloads.

4. Describe the **staff and positions** needed to implement this policy package, and whether existing positions can be modified to meet the need. Be sure to note what each position type will be responsible for to move the proposed work forward.

This POP does not request any additional staffing for OREM.

5. What are the **startup and one-time costs** associate with this POP?

All start-up costs have been met.

6. What are the **ongoing costs?**

Subscription costs for systems and perpetual financial support for OREM's water and warming/cooling/cleaner air shelter support.

7. What are the **sources of funding (revenue)** and the funding split for each one?

General Fund.

8. What are potential **savings?**

Saving will be found in mitigation efforts made possible by predictable funding.

TOTAL FOR THIS POLICY PACKAGE

	General Fund	Other Funds	Federal Funds	Total Funds	Positions	FTE
Personal services						
Services + supplies	$5,000,000			$5,000,000		
Capital outlay						
Special payments						
Other						
Total	**$5,000,000**	**$0**	**$0**	**$5,000,000**	**0**	**0.00**

FISCAL IMPACT BY PROGRAM

	Program 1	Program 2	Program 3	Program 4	**Total**
General Fund	$5,000,000				**$5,000,000**
Other Funds					**$0**
Federal Funds					**$0**
Total Funds	$5,000,000				**$5,000,000**
Positions	0				**0**
FTE	0.00				**0.00**

Program(s) / Unit(s)	Oregon Department of Human Services: Office of Developmental Disabilities Services (ODDS) and Aging and People with Disabilities (APD)
POP Title	103 - Access Rule (CMS)
Related Legislation	
Summary Statement (5 to 7 sentences)	The Office of Aging and People with Disabilities and the Office of Developmental Disabilities Services currently lack staffing and resources to implement and ensure compliance with the Centers for Medicare and Medicaid Services' (CMS) new Access Rule, which is intended to improve access to care and health outcomes and better promote health equity for Medicaid beneficiaries across fee-for-service (FFS) and managed care delivery systems, including for home and community-based services (HCBS) provided through those delivery systems. This POP will provide ODHS with the necessary resources to implement the new rule and ensure continuous compliance. Without the requested staffing and resources, APD and ODDS will be unable to implement the new federal requirements and, as a result, would stand to lose Medicaid funding for home and community-based services (HCBS) and be substantially hampered in their efforts to improve customer service to Oregon's Medicaid beneficiaries.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing	$2,416,926	$0	$2,416,926	$4,833,852	24	19.08

ODHS 2025 POP Long Form

Part 1. SETTING THE STAGE

1. Briefly describe the **core value(s)** driving this POP. In the big picture, why does it matter?

ODHS values its commitment to meet federal requirements for home- and community-based services funded by Medicaid. ODHS' mission "to help Oregonians in their own communities achieve well-being and independence through opportunities that protect, empower, respect choice and preserve dignity" will be at risk if APD and ODDS do not comply with the new CMS Access Rule. Funding this POP will ensure that Oregon's children and adults with intellectual, developmental and physical disabilities, older adults, and their families:

- Have timely eligibility determinations for Medicaid home and community-based services (HCBS), also known as long-term services and supports (LTSS).
- Experience person-centered services, supports and early interventions that are innovative, help maintain independence, promote safety and well-being, and honor choice.
- Receive services and supports that respect cultural preferences and uphold dignity.
- Have timely access to direct care.
- Are protected from negative outcomes, called critical incidents, including abuse and neglect.
- Are able to share lived experiences to inform services and supports and decision making.
- Have a way to report and resolve grievances.

The final CMS Access Rule was published May 10, 2024, and the regulations are effective July 9, 2024. There are 11 distinct new expectations, all with different timelines and sub-requirements. These new expectations include:

- Heightened critical incident reporting, intervention and mitigation. (*Due April 2027)*
- Three new or revised advisory committees (*Due 2025 and 2026)*
- Strengthened person-centered service planning processes (*Due April 2027)*
- New public reporting on quality measures (*Public reporting due April 2028 but work will need to be done by Summer 2026)*
- Payment adequacy to direct care workers (*Due April 2030)*
- Public transparency on rates (*Due July 1, 2026)*
- Public reporting on waitlists for access to waivers (*Due April 2027)*
- Public reporting on timeliness of access to services and supports (*Due April 2027)*
- Creation of a new grievance process (*Due April 2026)*
- New home and community-based care web page (*Due April 2027)*

2. Describe the **problem/s or opportunity/ies** this proposal would address.

ODDS and APD lack the staffing and necessary system resources, such as contracting and information technology, to implement all of the requirements in and to ensure continuous compliance with the Centers for Medicare and Medicaid Services' (CMS) new Access Rule. **Compliance is tied to Oregon's ongoing federal financial participation.**

Some current problems that this POP will address include:

- Person-centered services and supports are applied inconsistently.
- Individuals face barriers in accessing direct care once eligible for services.
- Critical incidents are limited in definition, leading to discrepancies in how and what critical incidents are reported.
- Grievance processes are varied or lacking.
- Individuals' lived experiences are not always factored into decisions concerning supports and services provided.
- There is a lack of transparency about access, quality and compliance with federal regulations.

Continuous compliance with the new rule will include:

- Updating the state's critical incident reporting and incident management system with an electronic information system that collects, tracks and trends data and that identifies critical incidents through required provider reporting and other data sources (e.g., claims, Medicaid Fraud Control Units, Adult Protective Services, Child Protective Services, law enforcement).
- Publicizing waitlists, including the time it takes eligible individuals to access direct care (i.e, a public report on de facto waitlists).
- Modernizing case management systems.
- Implementing CMS' new quality measures and publicly reporting on those measures.
- Creating a new grievance system.
- Ensuring payment adequacy and rate transparency.

3. What **data** tells you that this problem/opportunity exists? Please be specific and provide data sources.

The CMS Access Rule was developed in part as a result of the Office of Inspector General's (OIG) reports of national noncompliance in the areas the Access Rule addresses.

APD has seen an increasing number and percentage of consumers that should be receiving HCBS but have not been able to find a paid caregiver. As a result, they only receive case management services and lack access to HCBS. The number of consumers in this situation fluctuates between 5,000 and 7,000. As of March 2024, this number is over 6,100.

ODDS does not have comparable data. As of December 2023, there were 8,787 individuals who receive case management only in ODDS' system. The difference in the data is that some of these individuals in ODDS' system only need or only choose to access case management services. ODDS earns case managers for this population, while APD does not.

4. Is this POP, in whole or in part, a response to an **audit?** Explain.

No, this POP is a response to federal regulation changes. CMS has released an unpublished version of the new Access Rule upon which this POP is based. The rule will be published on May 10, 2024.

5. What has **already been done** to address or mitigate the problem/ opportunity?

ODDS and APD have begun work to identify areas needing attention and resources needed to implement the new Access Rule and ensure continuous compliance.

6. What are the **risks** if the problem/opportunity is not addressed? The risks of maintaining the status quo include:

There are multiple risks with grave consequences. If APD and ODDS fail to comply, they will lose federal Medicaid funding for their services. They will have inadequate resources to implement the new rule and lack the necessary ongoing resources to ensure continuous compliance. Additional risks include a lack of equity in service eligibility determination and access to direct care, underreported critical incidents and grievances, and the loss of increased transparency in all areas of services offered by APD and ODDS.

7. What **solution** are you proposing through this policy option package (POP)?

This POP will solve ODHS' noncompliance by empowering ODDS and APD to meet the requirements of the new CMS Access Rule. Additionally, the funding will:

- Improve quality, health outcomes and individuals' access to care.
- Increase the quality of the direct care workforce.
- Modernize the case management and incident management systems and fund their ongoing maintenance.
- Improve equitable responses to critical incidents and grievances.
- Increase transparency.

8. What **alternative solutions** were considered and what were the reasons for selecting your solution?

ODDS and APD assessed the possibility of meeting the new CFR without additional resources. **Due to the magnitude of the changes, no alternative will be sufficient.**

9. Has the proposed solution been successful in **other contexts or jurisdictions?** Alternatively, if there is no precedent, explain why you believe this concept will achieve its aims here in Oregon.

All states are currently working to identify ways to meet the new CMS Access Rule.

10. Does this POP require a **new statute or changes to existing statute(s)?** If so, have you completed the Legislative Concept request form for statutory changes?

We do not think that statute changes are necessary at this time. There may be a need for statutory changes to allow additional data sharing between entities with whom ODHS does not currently share data such as Poison Control. No steps have been taken yet, and there is likely time to do this in the 2026 session if necessary.

Part 2. **EQUITY AND INCLUSIVITY**

1. How will this POP **address inequities** faced by impacted communities?
    - Timely eligibility determinations.
    - Person-centered supports and services.
    - Timely access to direct care.
    - Critical incident trends, which may identify inequities on which ODHS will need to respond.
    - Resolving of grievances.

Part 3. **MEASURING PERFORMANCE**

1. Which of your **key performance measures (KPMs)** is this POP connected to? This POP supports:

KPM #1: TIMELY ELIGIBILITY DETERMINATIONS FOR APD LONG TERM SERVICES AND SUPPORTS — The percentage of older adults and people with disabilities who receive timely LTSS eligibility determinations (Timely is defined as within 45 days of the initial date of request for LTSS)

- Providing resources, including to modernize case management systems, will allow for timely eligibility determinations.

KPM #2: ACCESSIBILITY OF APD LONG TERM SERVICES AND SUPPORTS — Percentage of eligible older adults and people with disabilities who receive assistance from paid caregivers

- Payment adequacy will help with retaining direct care workers.

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

- Providing resources will allow for more timely eligibility determinations.

KPM #10: INTELLECTUAL/DEVELOPMENTAL DISABILITY DISPROPORTIONALITY (ODDS) — Percentage of IDD service recipients by race and ethnicity compared to the Oregon population race and ethnicity

- Providing resources will allow for more equitable delivery of services to marginalized populations.

KPM #12: ABUSE/NEGLECT OF ADULTS WITH DEVELOPMENTAL DISABILITIES (ODDS) — The percentage of substantiated abuse/neglect of adults in licensed and endorsed programs

- Providing resources will allow for an increase in oversight of critical incident processes and systems.
- Providing resources will allow for increased collaboration with other ODHS/OHA programs such as OTIS, Child Welfare, Behavioral Health, Medicaid Fraud Unit, etc.

2. If none, are you proposing a **new or modified KPM?**

See above.

3. How will the work you're proposing help ODHS meet or exceed the **KPM targets?**

See above.

4. What are the envisioned **outputs** of this POP?
   Consider activities you will be able to count in actual numbers: partners engaged, clients

served, regions served, applications processed, staff trainings conducted, referrals made, transitions completed, families participating, etc.

We envision the following outputs:

- Increased resources to meet CMS compliance (staff, IT systems, contracting support).
- Increase in the number of individuals able to access direct care through Medicaid HCBS.
- Increase in the population of and quality of the direct care work force.
- Increase in the number of timely and accurately reported critical incidents.
- Increased strategies to mitigate negative outcomes for consumers.
- Increase in the number of grievances resolved.
- Increase in consumer engagement.
- Increase in ODHS/OHA collaboration with other agency partners.

5. **Outcomes** show how people are better off because of the outputs you listed above. What are your expected outcomes?
   Consider measurable effects like improved service navigability, reduced racial disparities within programs, expanded access to needed services among key populations, improved transition rates, etc.

This POP will enable APD and ODDS to consistently use an equity lens for service delivery, increase protection from critical incidents, and improve timely resolution of grievances.

6. How will you **collect the data** you need to measure the success of this solution? Is this data currently being collected? Have you engaged ORRAI to discuss elements needed to plan for data gathering?

We will collect data using a variety of methods and sources including from ORRAI and improved collection from CAM.

7. To achieve optimal data collection, would you need to make **changes to your case management system?** Describe.

Yes, we need modernized case management systems to achieve compliance. ODDS will have a new case management system in Spring of 2025.

Part 4. **IMPROVING CUSTOMER SERVICE**

1. Discuss the ways this POP will **improve customer service**.

This POP will improve customer service by enabling more timely eligibility determinations which leads to quicker access to services, increasing health and safety outcomes with improved critical incident response, improving response to and resolution of grievances, providing more equitable services and supports, and increasing transparency through information sharing.

2. Will your solution require an **IT investment?** Explain.

This solution requires significant system modifications including case management and incident management systems.

Part 5. **IMPLEMENTATION**

1. If the legislature allocates funds for the proposed POP, how specifically would we **use the money to implement it?**

We will use funds to:

- Hire additional state and community partner staff to:
  - Create and maintain a new grievance system.
  - Address new types of critical incidents.
  - Track and report on new quality measures.
- Update our case management and incident management systems.
- Increase workforce recruitment efforts to ensure timely access to services and supports.
- Contract support.

2. What are the biggest potential barriers or risks to successful implementation?

The barriers and risks to successful implementation include the loss of federal Medicaid funding for ODDS and APD, lack of staff and resources to implement and comply with the CMS Access Rule, and case management and incident management systems that are not updated.

3. What other **ODHS units, public agencies, Tribes, communities or other partners** will be involved in the implementation of this POP? What will their responsibilities be?
   - APD — general implementation
   - ODDS — general implementation
   - OHA — overall consultation and approval (as the single state Medicaid agency)
   - CMS — approval of Medicaid State Plan amendments and waivers
   - Potentially ODHS' Self-Sufficiency Programs and Child Welfare — system update consultation and collaboration on critical incidents
   - Oregon Eligibility Partnership (OEP) — staff, process and system support
   - Tribes — rulemaking and Medicaid State Plan amendment consultation

- ORRAI — reporting and data needs
- OFS Budget and Finance — monitoring budget and increased expenditures
- Office of Information Services (OIS)
- Office of Training, Investigations and Safety (OTIS)
- Medicaid Fraud Unit — providing data
- Case management entities (CMEs) and area agencies on aging (AAAs) — incident and grievance management
- Provider agencies — providing wage information, incident management
- OHSU — Poison control

Part 6. **BUDGET**

1. Are there **prior investments** allocated for this policy package?

No prior investments have been made.

2. What **assumptions** affect the pricing of this policy package?

Assumptions include:

- Increase to the direct care workforce.
- Costs may change related to updating incident and case management systems.
- Increase in staff required to comply with Access Rule.
- Increased provider payments as access to direct care waitlists are decreased.

3. Will there be **changes to caseload, cost per case or services provided** to specific populations? Explain.

There is a potential increase in cost-per-case. There could be changes to caseloads from case management only to services caseloads.

4. Describe the **staff and positions** needed to implement this policy package, and whether existing positions can be modified to meet the need. Be sure to note what each position type will be responsible for to move the proposed work forward.

To comply with the new Access Rule, ODDS and APD will each require staff and positions to implement the rule across their delivery systems.

In ODDS, the following staff and positions are needed for implementation:

Critical Incidents (3-year timeline):

- **Hire in January 2027**
  - Compliance and Regulatory Manager 1 (CSR1) x1
    - oversee the compliance-auditors, Corrective Action Coordinators and oversee process development and implementation
- **Hire in January 2025**
  - Operations and Policy Analyst 3 (OPA3) x1
    - Focus on CAM and IMT
  - Program Analyst 3 (PA3) x2
    - One will support CAM and evaluate and suggest changes in operating procedures or practices, evaluate program operations, quality of IT systems (i.e. CAM) and program resources related to IMT.
    - One will support Policy/OAR revisions and assist in completing audits and quality assurance reviews of data capturing systems for IMT.
- **Hire in June 2026**
  - Program Analyst 2 (PA2)
    - Review internal policy and procedures ODDS has implemented (incident reporting, variance, licensing, QA reviews, etc.) and implement LEAN process for SIs/IMT. Support CAM.

Person-Centered Service Plans (3-year timeline):

- **Hire in June 2025**
  - Compliance Specialist 3 (CS3) x2
    - Both will review all internal ODDS units and processes, audit for compliance, cross walk all systems that contain related information, complete scheduled audits and reviews.
- **Hire in January 2026**
  - Compliance Specialist 2 (CS2) x2
    - Complete Quality Assurance activities.
  - Administrative Specialist (AS2) x1
    - provide support to ODDS units
  - Learning and Development Specialist 2 (LDS2) x 1
    - Developing and conducting training statewide

FFS Grievance Process (3-year timeline):

- **Hire in January 2026**
  - Operations and Policy Analyst (OPA2) x1

        - 1 bilingual complaints coordinator

In APD, the following staff and positions are needed for implementation:

Critical Incidents (3-year timeline):

- **Hire in January 2027**
  - Compliance and Regulatory Manager 1 (CSR1) x1
    - oversee the compliance-auditors, Corrective Action Coordinators and oversee process development and implementation
- **Hire in January 2025**
  - Operations and Policy Analyst 3 (OPA3) x1
    - Focus on CAM and IMT
  - Program Analyst 3 (PA3) x2
    - One will support CAM and evaluate and suggest changes in operating procedures or practices, evaluate program operations, quality of IT systems (i.e. CAM) and program resources related to IMT.
    - One will support Policy/OAR revisions and assist in completing audits and quality assurance reviews of data capturing systems for IMT.
- **Hire in June 2026**
  - Program Analyst 2 (PA2)
    - Review internal policy and procedures ODDS has implemented (incident reporting, variance, licensing, QA reviews, etc.) and implement LEAN process for SIs/IMT. Support CAM.

Person-Centered Service Plans (3-year timeline):

- **Hire in June 2025**
  - Compliance Specialist 3 (CS3) x2
    - Both will review all internal ODDS units and processes, audit for compliance, cross walk all systems that contain related information, complete scheduled audits and reviews.
- **Hire in January 2026**
  - Compliance Specialist 2 (CS2) x2
    - Complete Quality Assurance activities.
  - Administrative Specialist (AS2) x1
    - provide support to ODDS units
  - Learning and Development Specialist 2 (LDS2) x 1
    - Developing and conducting training statewide

FFS Grievance Process (3-year timeline):

- **Hire in January 2026**
  - Operations and Policy Analyst (OPA2) x1
    - 1 bilingual complaints coordinator

5. What are the **startup and one-time costs** associate with this POP?
   - System modifications
   - Staff
   - Contracted resources

6. What are the **ongoing costs?**
   - System maintenance
   - Staffing
   - Increase to overall Medicaid expenditures

7. What are the **sources of funding (revenue)** and the funding split for each one?
   - Increased Medicaid administrative expenditures — state and federal funds
     - Federal match 50
     - State match 50
   - All other administrative costs funded by state.

8. What are potential **savings?**
   - Not applicable.

TOTAL FOR THIS POLICY PACKAGE

	General Fund	Other Funds	Federal Funds	Total Funds	Positions	FTE
Personal services	$2,303,468		$2,303,468	$4,606,936	24	19.08
Services + supplies	$113,458		$113,458	$226,916		
Capital outlay						
Special payments						
Other						

Total	**$2,416,926**	**$0**	**$2,416,926**	**$4,833,852**	**24**	**19.08**

FISCAL IMPACT BY PROGRAM

	APD	ODDS	Program 3	Program 4	**Total**
General Fund	$1,208,463	$1,208,463			**$2,416,926**
Other Funds					
Federal Funds	$1,208,463	$1,208,463			**$2,416,926**
Total Funds	**$2,416,926**	**$2,416,926**			**$4,833,852**
Positions	12	12			**24**
FTE	9.54	9.54			**19.08**

Program(s) / Unit(s)	
POP Title	104 - Maintaining technology and supporting effective customer service
Related Legislation	
Summary Statement (5 to 7 sentences)	Oregon Eligibility Partnership (OEP) recently completed the OpenScape eligibility call center system (OSCC) migration. The system, which now supports more than 3,000 customer service representatives, allowed ODHS to create a statewide call center, making it possible for individuals to get support related to medical, food, cash, and child care benefits from a single call rather than by contacting multiple agencies. The rapid and unexpected system migration was completed before OEP could secure the resources necessary to provide timely response to staff requests for assistance; standard support and troubleshooting; system maintenance activities; and regular and ongoing coordination with OIS, DAS and phone center vendors. This POP would allow ODHS to hire additional positions to run and coordinate a statewide Phone Contact Center support/helpdesk within OEP and additional positions for the Governor's Advocacy Office and Ombuds Office to support related concerns that may arise for customers and advocates. Without this investment, customer service will suffer, and Oregon will be unable to fully leverage the OpenScape call center system investments and operational changes. The Oregon ONE Mobile app gives people easy access to information about their medical, food, cash and child care benefits and provides a convenient way to keep their cases current so they receive benefits without interruption. Enabling benefit applicants and recipients to update information and submit required documentation through Oregon ONE Mobile themselves also reduces workload for eligibility staff supporting a historically high level of benefit recipients. Use of Oregon ONE Mobile is steadily increasing and driving a fast-growing need for technical support to improve customer service. This policy option package requests funding to establish a help desk to assist benefit applicants and recipients with

	downloading and using Oregon ONE Mobile. Additional staff would focus on help requests, change requests and other items connected to the mobile application. Without this investment, OEP will be constrained it its capacity to support customers in successfully using the mobile app and will be unable to maximize the potential of this tool to increase efficiency, reduce workload and improve customer experience within the state's eligibility enterprise.

	$4,980,394	$0	$15,038,366	$20,018,760	4	3.00

ODHS 2025 POP Long Form

Part 1. SETTING THE STAGE

1. Briefly describe the **core value(s)** driving this POP. In the big picture, why does it matter?
   Timely completion of eligibility for services supporting health and safety, cost efficiency, and customer service. Ensuring we have data and modules ready from the federal government and providing support for staff and individuals in Oregon for applying is critical to adding capacity and ensuring compliance with federal timeframes and accuracy; while maintain customer service goals and targets.

2. Describe the **problem/s or opportunity/ies** this proposal would address.

   - **Data Services Hub**: New federal fees for completed verifications may increase costs if not addressed.
   - **OpenScape Contact Center**: The rapid system migration requires additional resources for quick response to staff requests, system maintenance, and regular coordination.

- **Mobile App**: Growing use necessitates dedicated tech support to improve user experience and prevent increased workload for eligibility staff.

3. What **data** tells you that this problem/opportunity exists? Please be specific and provide data sources.

    a. **Data Services Hub:** Federal rule changes require Oregon to pay 25% of costs for verifications, with 500,000 requests and 100,000 responses monthly.
    b. **OpenScape Contact Center**: Anecdotal evidence and system user requests highlight the need for enhanced support.
    c. **Mobile App:** Over 49,000 users with increasing downloads indicate the growing need for dedicated tech support.

4. Is this POP, in whole or in part, a response to an **audit?** Explain.

    a. Not Applicable

5. What has **already been done** to address or mitigate the problem/ opportunity?

    a. **Data Services Hub**: None yet; manual verification is a costly alternative.
    b. **OpenScape Contact Center**: Existing helpdesk support doing the best they can.
    c. **Mobile App:** Temporary support by the Applicant Portal Tech Team.

6. What are the **risks** if the problem/opportunity is not addressed?
Manual workarounds to verify formerly automated eligibility fields.

    Longer wait times, increased costs, system delays, inadequate support.

7. What **solution** are you proposing through this policy option package (POP)?

    a. **Data Services Hub:** Pay the federal fees for verifications.
    b. **OpenScape Contact Center**: Rightsize the helpdesk team.
    c. Mobile App: Create a dedicated tech support team

8. What **alternative solutions** were considered and what were the reasons for selecting your solution?

    a. **Data Services Hub:** Manual verification.
    b. **OpenScape Contact Center:** No alternatives.

c. **Mobile App:** Temporary support by the Applicant Portal Tech Team.

9. Has the proposed solution been successful in **other contexts or jurisdictions?** Alternatively, if there is no precedent, explain why you believe this concept will achieve its aims here in Oregon.
   Not applicable.

10. Does this POP require a **new statute or changes to existing statute(s)?** If so, have you completed the Legislative Concept request form for statutory changes?
    No

Part 2. EQUITY AND INCLUSIVITY

1. How will this POP **address inequities** faced by impacted communities?

   Data Services Hub: Maintains high-level automation, minimizing paperwork.
   OpenScape Contact Center: Optimizes system availability for those relying on phone contact.
   Mobile App: Provides access outside regular business hours, supporting those without computers or reliable transportation.

Part 3. MEASURING PERFORMANCE

1. Which of your **key performance measures (KPMs)** is this POP connected to?

   Customer service reviews and timely benefits processing.

   If none, are you proposing a **new or modified KPM?**
   No

2. How will the work you're proposing help ODHS meet or exceed the **KPM targets?**

   More timely benefits and improved customer experience measures. If not funded, then I would expect to see negative trends.

3. What are the envisioned **outputs** of this POP?
   Consider activities you will be able to count in actual numbers: partners engaged, clients served, regions served, applications processed, staff trainings conducted, referrals made, transitions completed, families participating, etc.

a. Ability to sustain the timeliness and number of automated medical applications.

4. **Outcomes** show how people are better off because of the outputs you listed above. What are your expected outcomes?
Consider measurable effects like improved service navigability, reduced racial disparities within programs, expanded access to needed services among key populations, improved transition rates, etc.

   a. Ability to sustain systematic benefits and the customer experience.

5. How will you **collect the data** you need to measure the success of this solution? Is this data currently being collected? Have you engaged ORRAI to discuss elements needed to plan for data gathering?

   a. Data Services Hub: Current service level as baseline.
   b. OpenScape Contact Center: Collecting or planning for phone system customer service experience data.
   c. Mobile App: Currently collected and reported or in process.

6. To achieve optimal data collection, would you need to make **changes to your case management system?** Describe.
No

Part 4. **IMPROVING CUSTOMER SERVICE**

1. Discuss the ways this POP will **improve customer service**.
This sustains our ability to provide timely and accurate eligibility determinations for medical programs and provide quality service in a variety of channels.

2. Will your solution require an **IT investment?** Explain.
No, Oregon already has this. If not funded, then yes; we would need an IT investment to disconnect from the Hub.

Part 5. **IMPLEMENTATION**

1. If the legislature allocates funds for the proposed POP, how specifically would we **use the money to implement it?**

   Data Services Hub: Pay federal fees.
   OpenScape Contact Center: Hire 2 OPA2 positions for helpdesk support.
   Mobile App: Hire 2 Public Service Representative 4 positions for tech support.

Overall, this will help create greater customer service, improve gaps in our operations, and ensure Oregon can continue with a medical process that allowed redetermination rates to be the highest in the country.

2. What are the biggest potential barriers or risks to successful implementation?
   None noted if funded.

3. What other **ODHS units, public agencies, Tribes, communities or other partners** will be involved in the implementation of this POP? What will their responsibilities be?
   None noted; if not funded then OHA, ODHS, and all communities across Oregon.

Part 6. **BUDGET**

1. Are there **prior investments** allocated for this policy package?
   No

2. What **assumptions** affect the pricing of this policy package?
   Federal government funds at 75% per federal regulations, the rate is set by the federal government per returned transaction and will be published by them for each year.

3. Will there be **changes to caseload, cost per case or services provided** to specific populations? Explain.
   No

4. Describe the **staff and positions** needed to implement this policy package, and whether existing positions can be modified to meet the need. Be sure to note what each position type will be responsible for to move the proposed work forward.
   None

5. What are the **startup and one-time costs** associate with this POP?
   None

6. What are the **ongoing costs?**
   These are ongoing expenses into future biennia.

7. What are the **sources of funding (revenue)** and the funding split for each one?
   25% GF and 75% CMS federal funding

8. What are potential **savings?**

Eliminates the extra effort and cost associated with the manual workarounds needed should we decouple from the hub. Ultimately, the costs of the workaround exceed the price we would pay the Feds to use the Data Hub.

TOTAL FOR THIS POLICY PACKAGE

	General Fund	Other Funds	Federal Funds	Total Funds	Positions	FTE
Personal services	$491,292		$136,660	$627,952	4	3.00
Services + supplies	$4,489,102		$14,901,706	$19,390,808		
Capital outlay						
Special payments						
Other						
Total	**$4,980,394**	**$0**	**$15,038,366**	**$20,018,760**	**4**	**3.00**

FISCAL IMPACT BY PROGRAM

	OEP	Program 2	Program 3	Program 4	**Total**
General Fund	$4,980,394				**$4,980,394**
Other Funds					**$0**
Federal Funds	$15,038,366				**$15,038,366**
Total Funds	$20,018,760				**$20,018,760**
Positions	4				**4**
FTE	3.00				**3.00**

ODHS Policy Option Package (POP) Form
2025-27 Agency Request Budget

Program(s) / Unit(s)	**Vocational Rehabilitation**
POP Title	105 - Contract and Fiscal Compliance
Related Legislation	Federal Corrective Action Plan
Summary Statement (5 to 7 sentences)	In 2023, Vocational Rehabilitation (VR) received a monitoring report from the federal Rehabilitation Services Administration (RSA) that had specific corrective actions to address insufficient fiscal oversight and monitoring of contracts administered with VR's federal award. Currently VR does not have adequate staff to effectively address RSA's corrective actions and the long-term solutions that are mandated by federal rules and regulations. This POP would fund four full-time positions to equip VR to meet the expectations of RSA and its Corrective Action Plan as well as improve and expand employment services throughout the state. Without this investment, the state risks non-compliance in the control and administration of the federal grant. This could result in sanctions on its VR program and a reduction in federal grant funds, which in turn would force a reduction in services available to people with disabilities in Oregon.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing	$986,327	$0	$0	$986,327	4	4.00

ODHS 2025 POP Long Form

Part 1. SETTING THE STAGE

1. Briefly describe the **core value(s)** driving this POP. In the big picture, why does it matter?

Every Oregonian with disabilities who wants to work should have access to employment opportunities. VR assists people with disabilities in reaching their employment goals by connecting job seekers with hundreds of local service providers around the state.

VR is administering more than triple the number of contracts compared to a decade ago — with the same number of staff. The VR Contracts team does not have enough staff to

maintain current contracts according to the need. This means not everyone is being served, and people from specific communities and with complex disabilities are disproportionately underserved.

VR is also out of compliance with federal law, a 2023 Monitoring Report from the Rehabilitation Services Administration (RSA) found.

2. Describe the **problem/s or opportunity/ies** this proposal would address.

Equitable service delivery
VR's Business Operations unit is responsible for developing, administering and maintaining more than 350 contracts. These job coaches and job developers provide essential services to help support Oregonians with disabilities get and maintain employment.

This POP presents an opportunity to improve service in priority communities, ensuring equitable access across the state.

This investment would give VR's contracts unit capacity to develop new contracts with service providers who can meet specific needs, such as:

- Located in rural areas of central and eastern Oregon
- Experienced in serving Tribal communities
- Able to provide services in Spanish and other top languages in Oregon
- Able to support people with the most complex disabilities
- Experienced in serving youth transitioning to work or secondary education

Compliance with federal requirements
Federal regulations state that the VR is responsible for oversight of the operations of the Federal award supported activities. To accomplish this VR must monitor its contracted activities under Federal awards to ensure compliance with applicable Federal requirements and that performance expectations are achieved. Monitoring VR must cover each program, function, or activity (2 C.F.R. §§ 200.302(a) and 200.329(a)). VR program implementing regulations at 34 C.F.R. §§ 361.3 and 361.12 require VR to employ methods and practices necessary for the proper administration and for carrying out all functions under VR's State plan. These methods include procedures to ensure accurate data collection and financial accountability. As such, VR must monitor and evaluate grant supported activities to ensure compliance of all activities performed under the VR program.

In addition, the Oregon Department of Administrative Services states that VR's primary role is to monitor performance throughout the life of the contract. Contract monitoring is the process of identifying and tracking key aspects of the contract, and their impact on scope, schedule and budget to ensure active administration of the contract to successful completion.
Effective contract monitoring includes the following seven tasks:

1. Gather the contract and all pertinent contract documents.
2. Decide what to monitor.
3. Decide how it will be monitored.
4. Decide who will monitor.
5. Gather information and data for monitoring.
6. Analyze information and data for monitoring.
7. Act in cases of non-compliance.

VR should also monitor and evaluate other aspects of a contract on an ongoing basis, such as risk, quality, deliverables, performance measures and service level agreements. The key is to work through the seven tasks and build a repetitive process for actively monitoring and managing the contract.

More complex contracts and contracts for services that present a higher degree of risk may require both reviews and visits to the contractor's facilities to ensure performance meets the contract requirements.

Within the narrowest interpretation, both the Federal and State regulations require the grant recipient agency to conduct contract monitoring; neither discusses the option of assigning this task to a third party.

3. What **data** tells you that this problem/opportunity exists? Please be specific and provide data sources.

The thorough RSA's Monitoring Report conducted an extensive and in-depth analysis of the programs existing process, procedures and internal controls over the Federal award. This report identified specific findings and corrective actions that the program would need to address to come into federal compliance. A corrective action plan was developed in conjunction with RSA to meet these expectations and this POP specifically addresses capacity deficiencies.

4. Is this POP, in whole or in part, a response to an **audit?** Explain.

Yes. This POP is completely in response to the recent RSA Monitoring report and the required corrective actions described in that report. Corrective actions require VR to monitor vendors and contractors, follow procedures to identify contractual performance deficiencies and establish corrective action plans. Reports are available to assist in monitoring performance; however, staff are needed to complete the work. Staff are needed to analyze reports to determine performance and compliance. Additional staff will allow VR to correctly track services provided, current contractor staff lists, background checks, minimum qualifications, continuing education, licensing and certification, contract compliance and performance. The ability to complete these tasks will allow VR to become more data informed in our decision making around vendors and contractors. This will also allow us to increase contract efficiency, reduce unneeded costs, and engage in better outcomes.

5. What has **already been done** to address or mitigate the problem/ opportunity?

The VR Program has made significant progress in developing appropriate policies, processes and internal controls to address some of the deficiencies identified by RSA in their monitoring report. But the routine administration and contract evaluation is a new workload, and the program has never had staff in place to conduct this work.

This POP is requesting resources that will meet this new requirement for contract administration.

6. What are the **risks** if the problem/opportunity is not addressed?

Noncompliance with the federal award could result in sanctions on the state program, a reduction in grant funds and other punitive actions.

This would force a reduction in employment services available to Oregonians with disabilities. This would result in an increased unemployment rate for people with disabilities and a significant reduction in transition services for students with disabilities moving from high school to employment or higher education.

7. What **solution** are you proposing through this policy option package (POP)?

   Add appropriate capacity to the contracts, compliance and training units to appropriately administer the VR program.

8. What **alternative solutions** were considered and what were the reasons for selecting your solution?

VR looked at contracting for some of these services, but many of the contract and fiscal administration aspects of this POP are required, non-delegable duties that must fall under the Organizational Structure of the Vocational Rehabilitation Program administration.

9. Has the proposed solution been successful in **other contexts or jurisdictions?** Alternatively, if there is no precedent, explain why you believe this concept will achieve its aims here in Oregon.

Yes. RSA routinely conducts these monitoring audits that result in corrective action plans to address identified deficiencies. RSA works with states and provides Intensive Technical Assistance through TA Centers that they fund, specifically, the Technical Assistance Center for Quality Management (VRTAC-QM: https://www.vrtac-qm.org/). Oregon VR has been working closely with the VRTAC-QM and Oregon VR has been connected to many other VR programs around the country that have made the programmatic adjustments proposed in this POP and those programs have been highly successful in addressing the corrective actions identified by RSA.

10. Does this POP require a **new statute or changes to existing statute(s)?** If so, have you completed the Legislative Concept request form for statutory changes?

No.

Part 2. EQUITY AND INCLUSIVITY

1. How will this POP **address inequities** faced by impacted communities?

This POP presents an opportunity to improve services in priority communities, ensuring equitable access across the state. This investment would give VR's contracts unit capacity to develop new contracts with service providers who can meet specific needs, such as:

- Located in rural areas of central and eastern Oregon
- Experienced in serving Tribal communities
- Able to provide services in Spanish and other top languages in Oregon
- Able to support people with the most complex disabilities
- Experienced in serving youth transitioning to work or secondary education

Part 3. MEASURING PERFORMANCE

1. Which of your **key performance measures (KPMs)** is this POP connected to?

While this POP is not directly connected to VR's KPMs it does support the overall contract services for the program that are measured by the KPM. Specially, contracts support the successful delivery of services that directly affect outcomes of VR's KPMs: Increasing the number of Consumers Employed in the Second and Fourth Quarter after Program Exit and overall increasing the Median Wage in the Second Quarter after Program Exit.

2. If none, are you proposing a **new or modified KPM?**

No.

3. How will the work you're proposing help ODHS meet or exceed the **KPM targets?**

This POP supports all of VR's KPM targets. See our response to the first question in this section for details.

4. What are the envisioned **outputs** of this POP?
   Consider activities you will be able to count in actual numbers: partners engaged, clients served, regions served, applications processed, staff trainings conducted, referrals made, transitions completed, families participating, etc.

   VR will be able to track the following outputs to help us gauge success:
   - Contractor expenditures
   - Referrals to contractors, employment placements and employment retentions
   - Number of clients served under contracts
   - Areas of state served by contractors
   - Contractor performance

5. **Outcomes** show how people are better off because of the outputs you listed above. What are your expected outcomes?
   Consider measurable effects like improved service navigability, reduced racial disparities within programs, expanded access to needed services among key populations, improved transition rates, etc.

   VR anticipates the following outcomes from this POP:

   - Effective management of the Federal Grant

- Increase in the number of services provided because they will be more appropriately authorized
- Increased number of contracts to diverse and non-traditional VR vendors that can provide culturally responsive services
- Create a baseline of performance data to inform decisions
- More control over expenditures to contractors
- Improved employment and wage outcomes for clients served, as reflected in the program's KPMs, because of improved contract oversight and monitoring

6. How will you **collect the data** you need to measure the success of this solution? Is this data currently being collected? Have you engaged ORRAI to discuss elements needed to plan for data gathering?

   Data will be gathered using Smartsheet, ORCA client database, and contractor reports. Smartsheet will be used to gather information for monitoring. It will also be used for tracking youth contracts. The ORCA client database will be used to track referrals, placements and successful closures with job placement services contracts. Contractor reports will be used to assist in tracking needed information for other contracts.

7. To achieve optimal data collection, would you need to make **changes to your case management system?** Describe.

Yes, but those updates are being made concurrently and as a parallel corrective action resulting from the RSA audit. As such it is not part of this POP request because this need is resourced and is currently underway.

Part 4. IMPROVING CUSTOMER SERVICE

1. Discuss the ways this POP will **improve customer service**.

   Contracts with service providers will be set with the expectation of the highest level of customer service, thereby creating more consistency across the state. Under-performing contractors and undesirable service delivery will be addressed by the program with those contracts. This approach will directly improve the quality of services and customer service for VR clients receiving services from VR contracted service providers.

   There will be continuous improvement interventions for all VR vendors and contractors to raise their skills and service delivery methods. VR will train vendors and contactors on

contract administration and service delivery. This will improve the customer service that VR vendors and contractors receive when interacting with the program.
And finally, VR staff will receive substantial and continuous required trainings for all contract administrators in the program that issue Authorizations for services. This will ensure that the staff know how to administer a contract in compliance with federal, state and program requirements. Additionally, staff will have required trainings on the appropriate disability specific services that they are authorizing for their clients to ensure that they are Documented Reasonable, Allowable, Allocable, and Necessary to the specific client needs.

2. Will your solution require an **IT investment?** Explain.

   No.

Part 5. IMPLEMENTATION

1. If the legislature allocates funds for the proposed POP, how specifically would we **use the money to implement it?**

   VR would hire four FTE that would be directly responsible for all the new requirements set forth in the Corrective Action Plan to address the findings in the most recent RSA audit. The positions would be housed in VR's Contracts Unit, Quality Assurance Unit and Training Unit.

   The Contract Unit and Quality Assurance Unit would be responsible for ensuring the effective management of the Federal Grant funds. This will include the development of appropriate procedures and internal controls for all aspects of purchased services; and then this team will implement all of these new polices to ensure compliance. Additionally, these teams will conduct routine monitoring of contract performance and internal Quality Assurance of staff work to ensure compliance. When themes, non-compliance findings and other concerns are identified these teams will work with the VR Training Unit to develop corrective actions (e.g. trainings, cure letters, corrective action plans, etc.).

   On the training side, the new positions will ensure internal training support and compliance of service delivery in coordination with the ODHS Office of Contracts and Procurement. VR will deliver required trainings for all contract administrators in the program that issue authorizations for services. This will ensure that the staff know how to administer a contract in compliance with federal, state and program requirements.

Additionally, staff will have required trainings on the appropriate disability specific services that they are authorizing for their clients to ensure that they are Documented Reasonable, Allowable, Allocable, and Necessary to the specific client needs.

2. What are the biggest potential barriers or risks to successful implementation?

   If this POP is not funded in full, VR is at risk of fiscal sanctions and, therefore, a reduction to employment services available to Oregonians with disabilities. This would increase unemployment rate for people with disabilities and significantly reduce transition services for students with disabilities moving from high school to employment or higher education.

3. What other **ODHS units, public agencies, Tribes, communities or other partners** will be involved in the implementation of this POP? What will their responsibilities be?

   Because these requirements are specific to the administration of the VR federal grant, there will be little required from other partners beyond RSA and VR. With that said VR, will place significant emphasis on ensuring that all ODHS units, public agencies, Tribes, communities and other partners are informed of the changes that VR is required to make. Additionally, VR will provide appropriate supports to ensure that there will be little impact to those partners.

Part 6. **BUDGET**

1. Are there **prior investments** allocated for this policy package?
   No, there have been no prior investments.

2. What **assumptions** affect the pricing of this policy package?
   The four new positions that will implement the work detailed in this policy package will be supported by three teams that currently do not have the resources or capacity. The Business and Operations team will support the contractual monitoring. The Training Team and Policy teams will support the internal professional development of staff that are fiscal agents authorizing payments with federal funds. And the Quality Assurance team will work with these staff to develop and implement the internal controls that will bring the program into compliance with federal rules and regulations.

3. Will there be changes to caseload, cost per case or services provided to specific populations? Explain.

There will be no direct changes to caseloads or cost per case. There is an anticipated change to services provided to specific populations. On the contrary, the result of this policy package will be the qualitative improvement of services delivered by staff or by contracted vendors.

4. Describe the **staff and positions** needed to implement this policy package, and whether existing positions can be modified to meet the need. Be sure to note what each position type will be responsible for to move the proposed work forward.

   The recent federal monitoring report mandated several significant deficiencies in internal controls, quality assurance and the area of monitoring of contracts. The four positions request in this policy package directly address these findings and the corrective actions established by VR's federal funding and oversight agency. The four positions are:
   Program Analyst 3: will lead the development of policies, internal controls and the supporting trainings specific to VR's rules and regulations. This individual will also partner directly with the Quality Assurance team to monitor file reviews to develop new trainings and when appropriate to create individualized performance improvement plan for staff that have multiple findings in their file review. The PA3 will be instrumental in being responsive to emerging needs and that staff are provided with the appropriate supports to conduct their work accurately as contract administrators of federal funds.
   Learning & Development Specialist 2: will support the PA3 in providing all of the appropriate training to new staff and tenured staff that need remedial education on areas of the program that address compliance. At times the LDS2 will also work with the programs other units that support the programs vendor network to ensure they are connected to learning opportunities to so they can operate in contract compliance.
   Procurement & Contract Specialist 2: will work within the programs contract unit to conduct contract monitoring. This entails an in-depth review of the program's vendors to ensure they are in compliance with the contract and that their service delivery models. There are currently over 350 active VR vendors that the program is required to monitor and currently there is no staff capacity to complete this task.

   Operations & Policy Analyst 1: will work with the contracts team to monitor, track and renew all of the legal requirements of all of the vendors that VR contracts with for the direct services delivered to VR clients.

5. What are the **startup and one-time costs** associate with this POP?
   There will be minimal startup cost because the positions will be supervised and supported by existing program units and managers.

6. What are the ongoing costs?

   The ongoing cost will be for the four FTE or $986,327.

7. What are the **sources of funding (revenue)** and the funding split for each one?

   The source of funding for this policy package will be general fund.

8. What are potential **savings?**

   This policy package is designed to bring the program into compliance with federal rules and regulations. If the program continues to operate out of compliance, then there can be federal sanctions levied on the program in the millions. Additionally, the program is expecting that this policy package will improve the efficiency, consistency and quality of services provided by the program.

TOTAL FOR THIS POLICY PACKAGE

	General Fund	Other Funds	Federal Funds	Total Funds	Positions	FTE
Personal services	$962,491			$962,491	4	4.00
Services + supplies	$23,836			$23,836		
Capital outlay						
Special payments						
Other						
Total	**$986,327**	**$0**	**$0**	**$986,327**	4	**4.00**

FISCAL IMPACT BY PROGRAM

	Program 1	Program 2	Program 3	Program 4	Total
General Fund	$986,327				**$986,327**
Other Funds					**$0**
Federal Funds					**$0**
Total Funds	$986,327				**$986,327**
Positions	4				**4**
FTE	4.00				**4.00**

Program(s) / Unit(s)	Child Welfare Contracts
POP Title	106 - Child Welfare Division Contract Administration Program
Related Legislation	
Summary Statement (5 to 7 sentences)	With 24 percent of its budget allocated to contracts serving thousands of Oregonians, contract oversight is a critical component of the Child Welfare Division's work. Through effective oversight, Child Welfare ensures high service quality, client safety and responsible stewardship of public funds. Multiple audit findings as well as a recent Child Welfare After Action Report have identified significant deficits in the division's contract oversight practices. Recommendations include centralization of contract oversight duties, dedicated positions, clear performance standards, and stronger training and guidance for contract administrators. This policy option package proposes a staffing investment that would allow Child Welfare to develop a centralized Contract Administration Program aligned with audit recommendations and other expert guidance, providing a standardized contract oversight framework, training and continuous quality improvement (CQI), as well as centralized administration of 250 of the division's highest risk contracts. Without this investment, Child Welfare will lack the capacity for contract oversight, potentially leading to more challenges like the ones that sparked recent media inquiries and audits into Child Welfare contracting practices.

	$1,902,083	$0	$815,174	$2,717,257	15	10.85

ODHS 2025 POP Long Form

Part 1. SETTING THE STAGE

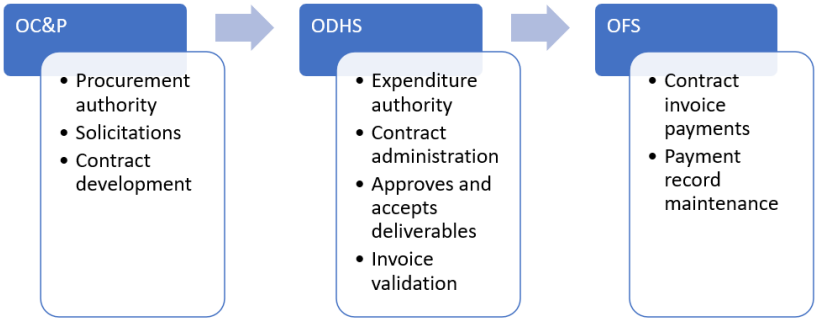
1. Briefly describe the **core value(s)** driving this POP. In the big picture, why does it matter?

   Every family deserves reliable access to equitable, effective, and safe services that support their children's need to experience safe, stable, healthy lives and grow up in the care of their loving family and community. The Child Welfare Division contracts with community partners to provide services that support families and communities in myriad ways, from enhancing parenting skills to helping people with their housing needs and employment goals. With approximately 24 percent of its budget allocated to contracts serving thousands of Oregonians, contract oversight infrastructure is critical to the division's ability to ensure high service quality, client safety, and good stewardship of public funds.

2. Describe the **problem/s or opportunity/ies** this proposal would address.

   ODHS contracting activities are collaboratively handled by the Office of Contracts & Procurement (OC&P), ODHS programs and the Office of Financial Services (OFS). OC&P has procurement authority to conduct activities such as contract solicitation, development, and award. ODHS programs have expenditure authority, and are responsible for contract initiation, contract administration and invoice validation. OFS

processes contract invoice payments and maintains payment records.



The Child Welfare Division's contract administration duties are currently carved out of existing positions, with most contract administrators reporting at least one additional full-time job duty in addition to their job as contract administrator *(2)*. The division lacks positions dedicated to contract administration, and as a result contracts are often administered by staff who have competing work priorities and who may not have the skills or experience this important work requires.

The Child Welfare Division utilizes about 24 percent of its funding, through approximately 600 contracts with community partners, to provide services that support families in myriad ways, including enhancing parenting skills and ensuring child safety and family well-being. Division contract administrators are responsible for ensuring contractors meet the terms of the contract, including monitoring contract requirements such as background checks, staff qualifications and training requirements, ensuring deliverables are received prior to payment, monitoring expenditures and utilization of the contract, managing compliance issues, completing corrective actions, and initiating amendments requests.

Multiple audits have identified significant deficits in contract oversight, with concerns ranging from inconsistent background checks to insufficient financial controls. Lack of data on contracted service outcomes and service efficacy has also been raised as a concern, as well as the lack of culturally specific and responsive services available to families.

3. What **data** tells you that this problem/opportunity exists? Please be specific and provide data sources.

   Data related to lack of adequate contract oversight has been provided by OC&P as well as through internal and external audit findings. Audit citations are referenced in #4.

   - **Millions of dollars are spent each biennium on unutilized contracted services capacity due to lack of adequate contract administration.** Audit 20-001 reviewed two sample ODHS contracts with fixed monthly payments that

collectively paid $1.9 million for unutilized contracted services capacity when the vendor performed at a service level significantly below the contractual requirements. The Child Welfare Division has become aware of similar situations in which contractors are being paid tens of thousands of dollars each month for unutilized contracted service capacity without adequate monitoring.

- **Background checks are not adequately monitored**, with 35 percent of contract administrators reporting that they do not use any verification process to monitor contractor background checks *(2).*
- **Deficits in contract administration have resulted in 82 contract ratifications, reinstatements, cost overruns so far this biennium** (since July 2023) resulting in increased OC&P processing time, gaps in services that impact families and community partners. (Data from OC&P)
- **Performance evaluations are not conducted for most contracts. 60 percent of contract administrators report that contractor performance evaluations are not performed on their contracts**, 68 percent identified the need for guidance and a standardized process for performance evaluations *(2).*
- **At least 82 percent of contract administrators report having at least one additional full-time job duty** in addition to their job as contract administrator. (Audit 20-001 + informal internal survey findings). Of current central office/design contract administrators, 55 percent are program managers with many competing work priorities.
- **Rates vary widely for the same or similar services.** Audit 20-001 found rates for the same or similar services ranging $1,737 to $5,401 per client. In another instance rates ranged from $549 to $1,367 per client.

4. Is this POP, in whole or in part, a response to an **audit?** Explain.

   Yes. Since 2017, five internal and external audits have identified concerns, some specific to the Child Welfare Division and others ODHS/OHA. All five audits identified significant deficits in the Child Welfare Division's contract oversight ranging from inconsistent background checks to insufficient financial controls. These audits mirror concerns that have been expressed by Child Welfare contract administrators, managers, and the Office of Contracts & Procurement, as well the recent After-Action Report completed by the Office of Resilience and Emergency Management.

   Internal and external audits have identified concerns related to the lack of central oversight of contract administration, lack of clear performance standards for contract administrators and limited quality control and have recommended centralization of contract oversight duties, dedicated positions, and clear performance management guidelines for contract administrators *(2, 3, 4).*

Audits have also identified concerns related to the lack of outcome measures included in contracts, limiting the Division's ability to gauge the effectiveness of contracted service and manage performance *(2).* Audits have noted that performance evaluations are not conducted regularly and the need for better data to evaluate and allocate services *(3).*

Audits have identified a lack of culturally appropriate services available and the need to improve equity considerations and methods to increase contracting with small and minority organizations *(1, 3).*

1. *Joint ODHS/OHA Audit Committee.* ***Audit 21-013: ODHS Field-Based Contracting Practices*** *10/31/22.*
2. *ODHS/OHA Internal Audit and Consulting. A****udit 20-001: ODHS Contract Development, Administration, and Oversight Practices.*** *June 2021, amended October 2021.*
3. *SOS Oregon Audits Division* ***Report 2020-26: Oregon Can More Effectively Use Family Services to Limit Foster Care and Keep Children Safe at Home.*** *June 2020.*
4. *SOS Oregon Audits Division Report 2018-11:* ***Statewide Single Audit for Fiscal Year Ended June 30, 2017****. April 2018.*
5. *DHS Internal Audit and Consulting Audit* ***15-001-02: DHS Child Welfare Contract Administration****. April 2018.*

5. What has already been done to address or mitigate the problem/ opportunity?

In 2015 new procurement and contract administration training requirements were written into law (ORS 279A.159) with the passage of HB2375. Mandatory training for contract administrators was developed by DAS providing high level expectations for contract administration. OC&P has developed training and tools for contract administrators (Roles and Responsibilities Matrix, Contract Administration Plan) and recently began a series of monthly presentations for contract administrators. While these improvement efforts are notable, they have been limited in creating meaningful improvements. OC&P's role is primarily to ensure contract development is performed in a manner that complies with procurement rules and regulations, with contract administration responsibilities lying within programs. As such, the training and tools developed by OC&P are broadly focused to apply to any and all ODHS/OHA contracts and as such have limited utility in terms of improving contract oversight.

The Child Welfare Division has made efforts in recent years, including a workgroup to develop a Contract Consistency Proposal (2017) that included program staff, central office contract consultants, OC&P and OFS. Prior proposals have not been fully implemented due to lack of staff resources to develop and sustain stronger systems.

Currently, the division has a small contract support team with three consultants devoted to providing guidance and support to the contract administrators. Due to the size of this

team and the number of contract administrators (50-60) and contracts (600+), the team's ability to provide the guidance and support contract administrators need has been limited. Quarterly meetings are held with district contract administrators to provide updated guidance and support and the team is developing a desk guide that includes best practices for contract administrators. The team also tracks contract requests and enters contract data into the division's case management and payment system (OR-KIDS), but due to capacity the team does not thoroughly review contract requests or final contracts prior to execution.

The division is currently engaged in a project in collaboration with the Director's Office and OC&P to develop performance standards and clear guidance for contract administrators. It includes an assessment tool that can be utilized to evaluate adherence to performance measures, and onboarding practices for contract administrators and managers. Ongoing utilization of the assessment tool and onboarding and training practices will require additional staff resources. Likewise, the effective application of the newly developed standards is dependent on adequate Delivery and Design contract administrator staffing.

6. What are the **risks** if the problem/opportunity is not addressed?

   Lack of contract oversight creates risks to the safety and well-being of children and families, legal and reputational risks to the Child Welfare Division and to the state, as well as risks of overpayment and budgetary waste.

   Inadequate infrastructure results in inconsistent monitoring of key contract requirements such as background checks, incident reports, transportation requirements and contractor staff qualifications and training. These deficits leave children and families at risk of harm due to lack of capacity to perform these important monitoring activities in a thorough and uniform way. ODHS faces legal and reputational risks when requirements designed to ensure client safety are not monitored.

   Internal audits of the division's contracts have highlighted concerns about budgetary waste, including lack of rate consistency, deficiencies in cost monitoring, and lack of coordination between districts contracting with the same providers. Audits have identified millions of dollars spent on unutilized contracted services as well as rates for similar services that vary widely.

   Lack of a performance-based contracting structure provides low contractor accountability as well as insufficient service efficacy data, risking the expenditure of funds on services that do not meaningfully support the division's mission. Additionally, current contracting practices do not prioritize culturally-specific and responsive services, resulting in the risk of investment of funds into services misaligned with ODHS' vision of dismantling racial disparities in Child Welfare.

7. What **solution** are you proposing through this policy option package (POP)?

   This POP proposes the development of a Contract Administration Program to centralize contract oversight duties and implement a standardized contract oversight framework to be utilized statewide to administer all child welfare contracts. The program consists of two major components:

   a) Operations, Training and Continuous Quality Improvement
   Through close collaboration with OC&P, OFS, BCU, DAS and other experts, this team will be responsible for the development and maintenance of a standardized contract oversight framework to include performance standards, onboarding and training, as well as ongoing assessments/audits of performance standards. This team will provide onboarding and training for all Child Welfare contract administrators, review all contract requests and contracts prior to execution, design, develop and improve equitable contract practices including consistent contract performance metrics tied to key performance measures.

   b) Contract Administration
   Two teams of contract administrators will utilize the standardized contract oversight framework to administer most Child Welfare client service contracts (about 70 percent, or 250 contracts). Contract administrators with the skills and experience to provide high-level contract administration will be recruited, with onboarding and training provided by the Operations, Training and Continuous Improvement Team.

   **Treatment Service contracts are not included in this percentage and will continue to be administered by the Treatment Services Program.*

   Note: The remaining client service contracts (~100 contracts) and the non-client service contracts (~160 contracts) will continue to be monitored by staff in designated program areas utilizing the standardized contract oversight framework, with onboarding and ongoing training/support from the Operations, Training and CQI Team.

8. What **alternative solutions** were considered and what were the reasons for selecting your solution?

   The Division has identified two root causes interacting to create an environment of insufficient contract oversight: 1) lack of clear guidance and expectations for contract administrators and 2) lack of staff resources.

Building a centralized team that provides strong onboarding, training, and support to contract administrators without designated centralized contract administration positions has been considered (and is detailed in Part 6. Plan B), however this solution would only address one of the root causes identified by the Division (lack of clear expectations/guidance for contract administrators) and would not provide dedicated staff resources needed to provide strong contract oversight.

9. Has the proposed solution been successful in **other contexts or jurisdictions?** Alternatively, if there is no precedent, explain why you believe this concept will achieve its aims here in Oregon.

   The Child Welfare Treatment Services Program is being used as a model for this POP. The Treatment Services Program includes a team of program analysts who administer roughly 70 contracts with programs that provide proctor foster care or residential treatment through Behavior Rehabilitation Services (BRS), Qualified Residential Treatment Programs (QRTPs), community shelter care as well as placement preservation services. The Treatment Services Program has developed a standardized model for administering these contracts and provides extensive onboarding and support to the contract administrators in this program. The Treatment Services Program's contract administration program has been effective, and many aspects of this proposal are based on the success of this program.

   Oregon Youth Authority utilizes a similar model to administer their placement contracts, with centralized staff administering contracts using a standardized system including regular reviews, and consistent tools and resources.

   In both models, identified strengths include management by leaders with procurement experience and expertise, and the benefits of a centralized team of staff to provide support and collective problem-solving.

10. Does this POP require a **new statute or changes to existing statute(s)?** If so, have you completed the Legislative Concept request form for statutory changes?

    This POP does not require a new statute or changes to existing statutes.

Part 2. **EQUITY AND INCLUSIVITY**

1. How will this POP **address inequities** faced by impacted communities?

   Audits have identified a lack of culturally specific and responsive services within Oregon's Child Welfare Division, which research indicates can impact engagement and participation in services and increase racial disparities. A recent study commissioned by

DAS found substantial barriers within Oregon's contracting system for businesses run by people of color, women and service-disabled veterans.

Implementing this program will include the development of practices designed to equitably solicit contracted service, address structural barriers for minority owned businesses, and increase contracted services provided by community-based organizations guided through engagement efforts intended to increase shared power with communities ODHS serves.

Part 3. **MEASURING PERFORMANCE**

1. Which of your **key performance measures (KPMs)** is this POP connected to?

   - KPM #5 Timely Reunification of Foster Children
   - KPM #7 Reduction of Race/Ethnicity Disparities in Lengths of Stay
   - KPM#8 Children Served by Child Welfare Residing in Parental Home
   - KPM#22 Reduction of Disproportionality of Children at Entry Into Substitute Care

2. If none, are you proposing a **new or modified KPM?**

   N/A

3. How will the work you're proposing help ODHS meet or exceed the **KPM targets?**

   Contracted services are provided to families throughout involvement with child welfare, and as such impact multiple key performance measures. Building a Contract Administration Program will provide the framework needed to enhance and diversify the Division's service array, improve service quality and provide service efficacy data that can be tied to key performance measures.

   - **KPM #5 Timely Reunification of Foster Children**
     Developing a Contract Administration Program will increase availability of high quality, effective, culturally specific and responsive services designed to increase family engagement and support timely reunification.
   - **KPM #8 Children Served by Child Welfare Residing in Parental Home**
     Supportive evidence-based services are a key component of the Family Preservation approach. Developing a Contract Administration Program will increase the availability of high quality, effective, culturally specific and responsive services designed to support stabilization of families and prevent the need for children to reside outside of the parental home.
   - **KPM #22 Reduction of Disproportionality of Children at Entry Into Substitute Care**

Research suggests that culturally specific and responsive services increase engagement and participation in services and reduce racial disparities within child welfare. Developing a Contract Administration Program will increase the availability of high quality, effective, culturally specific and responsive services designed to support families disproportionately impacted by child welfare.

4. What are the envisioned **outputs** of this POP?
Consider activities you will be able to count in actual numbers: partners engaged, clients served, regions served, applications processed, staff trainings conducted, referrals made, transitions completed, families participating, etc.

   The main output would be a centralized contract oversight framework utilized by all Child Welfare Division contract administrators, with training and oversight provided by leaders with procurement experience and expertise. This includes:
   - Clear performance standards for all aspects of contract oversight from contract request to close out, including client safety standards such as monitoring background checks, as well as monitoring of expenditures and utilization and expectations for timely adjustments when requirements are not met.
   - Ongoing liaising with OC&P and DOJ to ensure contracts are legally sufficient and aligned with procurement code.
   - Ongoing assessment/auditing of contract administration performance to provide data (e.g. during this quarter X percent of contract administrators met the standard for monitoring background checks).
   - Standardized contract outcome measures to increase service efficacy data tied to meaningful outcomes (e.g. X percent of families who engaged in this service continued to have children remain in the parental home for the length of the service).
   - Onboarding and training processes required for all child welfare contract administrators and managers.
   - Continuous Quality Improvement system includes focus on practices designed to equitably solicit contracted services, address structural barriers for minority owned business and increase availability of culturally specific and responsive services.

5. **Outcomes** show how people are better off because of the outputs you listed above. What are your expected outcomes?
Consider measurable effects like improved service navigability, reduced racial disparities within programs, expanded access to needed services among key populations, improved transition rates, etc.

   Expected outcomes include:
   - Increased safety and wellbeing of children receiving contracted services, measurable through ongoing assessment/auditing of contract administration

performance measures related to monitoring of client safety contract requirements (background checks, transportation checks, incident reports, staff qualifications/training).

- Reduced risk of overpayment, measurable through ongoing assessment/auditing of contract administration performance measures related to monitoring expenditures and utilization and timely adjustments when capacity requirements are not met.
- Increased availability of culturally specific and culturally responsive services.
- Contracted services spending better aligned with the Child Welfare Division's Vision for Transformation.

6. How will you **collect the data** you need to measure the success of this solution? Is this data currently being collected? Have you engaged ORRAI to discuss elements needed to plan for data gathering?

   Data to measure success will be collected through two primary methods:

   1. ***Child Welfare Contracting Standards Assessment/Audits***
      The Child Welfare Division is currently engaged in a project in collaboration with the Director's Office and the Office of Contracts & Procurement to develop performance standards and clear guidance for contract administrators, as well as an assessment tool utilized to evaluate application of performance standards. If this POP is funded, the Division would have the staffing resources need to utilize this assessment tool to provide ongoing data on the application of performance standards. ORRAI will be engaged to discuss elements needed to plan for ongoing data gathering and reporting.
   2. ***Standardized Contract Outcome Measures***
      If this POP is funded, the Child Welfare Division would have the staffing resources needed to develop and implement consistent outcome measures to be utilized in contracts that tie to important child welfare outcomes, such as keeping children at home and returning children home quickly. ORRAI will be engaged to discuss elements needed to plan for ongoing data gathering and reporting.

7. To achieve optimal data collection, would you need to make **changes to your case management system?** Describe.

   No anticipated changes needed to the Division's case management system.

Part 4. **IMPROVING CUSTOMER SERVICE**

1. Discuss the ways this POP will **improve customer service**.
   This proposal improves customer service by developing systems that are more efficient

and more effective, with greater transparency and stewardship of state and federal funds. This POP will increase families' access to equitable, effective and safe services.

Contracted community partners will experience opportunities to meaningfully influence program and policy decisions and reduced contracting barriers as well as stronger partnerships with the division due to adequate staffing and enhanced provider engagement strategies.

2. Will your solution require an **IT investment?** Explain.

   No anticipated IT investment.

Part 5. **IMPLEMENTATION**

1. If the legislature allocates funds for the proposed POP, how specifically would we **use the money to implement it?**
   Positions: 15
   - **Contract Administration – 10.85 FTE**

     1 CW Manager 2 – Contract Administration Program Manager
     1 Procurement Manager 1 – Contract Administration Team Manager
     2 Procurement & Contract Specialist 3 – Contract Administrators
     3 Procurement & Contract Specialist 2 – Contract Administrators
     2 Procurement & Contract Specialist 1 – Contract Administrators
     1 Operation & Policy Analyst 3 – Contract Administration Consultant
     3 Operation & Policy Analyst 2 – Contract Administration Specialist
     2 Administrative Support Specialist 2 – Administrative Specialists

This proposal would centralize 115 contracts which will be prioritized through the development of a system to assess risk based on specific criterion such as contract complexity, scope, $ etc. as recommended by ARR.

Contract Administration positions will be managed centrally with contract administrators stationed in districts supporting regional coverage areas. Regional contract administrators will collaborate with districts and participate in regionally focused, district-led service array development, community and Tribal engagement, and district specific Continuous Quality Improvement efforts. Centralized management provided by leaders with procurement expertise will ensure contract administrators receive expert guidance and support and ongoing evaluation of contract oversight practices to ensure performance standards and consistently achieved.

Note: *4 existing positions to be repurposed from the current Child Welfare Contract Support Team:*

- 3 OPA3 Contract Consultants will transition to Operations, Training and Continuous Quality Improvement Team.

- 1 AS2 will transition to Operations, Training and Continuous Quality Improvement Team.

Summary/Scope: This proposal includes two teams of highly trained and experienced contract administrators who will utilize standardized oversight framework to administer about 115 child welfare client service contracts. These positions will be primarily managed centrally and stationed in field offices supporting regional coverage areas. These positions will provide centralized oversight on all contracting activities, including verification of background checks, insurance, incident reports, corrective actions, expenditure and utilization tracking, etc. This proposal also includes an Operations, Training and CQI Team responsible for development and maintenance of a standardized oversight framework to include performance standards, onboarding and training as well as ongoing assessments/audits of performance standards. This team will provide onboarding, training and support to the centralized contract administrators as well as contract administrators statewide.

Note: The remaining client service contracts and the non-client service contracts will continue to be monitored by staff in designated program areas utilizing the standardized contract oversight framework, with onboarding and support provided by the Operations, Training and CQI Team. Treatment Services Program contracts will continue to be administered by the Treatment Services Program contract administrators.

2. What are the biggest potential barriers or risks to successful implementation?

   The biggest potential risk to successful implementation is funding the addition of contract administrator positions without establishing an Operations, Training and CQI Team to develop a standardized framework to guide new hires.

   Root cause analysis indicates that the current lack of adequate oversight stems from two primary issues: 1) lack of dedicated positions and 2) lack of standardized guidance and expectations for contract administrators. This POP proposes the development of a program to address both by providing dedicated positions to administer contracts as well as an Operations, Training and CQI Team to develop and maintain standardized oversight framework, including performance standards, onboarding and training as well as ongoing assessments/audits of performance standards.

   Both components are important to the success of the program, however, funding dedicated positions prior to developing standardized framework would hinder successful implementation. For this reason, if a phased implementation is considered it is strongly recommended that the first phase include the development of an Operations, Training and CQI Team with later phases adding dedicated positions for contract administration (as is detailed in Plan B. Proposal B).

3. What other **ODHS units, public agencies, Tribes, communities or other partners** will be involved in the implementation of this POP? What will their responsibilities be?

   With approximately $325 million spent on contracts each biennium, the Child Welfare Division's contracting decisions have widespread impact on communities throughout the state. Development of a Child Welfare Contract Administration Program would include community and Tribal engagement from the earliest stages. First steps will include the development of a Community Engagement Plan in partnership with the OEMS Community Engagement Team as well as consultation with Tribes in alignment with the Tribal Consultation Policy.

   The Office of Contracts & Procurement has expressed full support of this proposal and will be closely involved with the development of standardized contract oversight framework, including performance standards and onboarding and training materials.

   Self-Sufficiency Programs has expressed support of this project and will be invited to participate in all stages of the development of a Child Welfare Contract Administration Program to promote alignment of contracting practices where possible.

   The Office of Resilience and Emergency Management recently completed a Child Welfare After Action Report and will be involved with the development of contract oversight framework, including performance standards.

Part 6. **BUDGET**

1. Are there **prior investments** allocated for this policy package?
   There have not been any prior investments for the policy package.

2. What **assumptions** affect the pricing of this policy package?

   At least four existing Design positions will be repurposed to support this policy package.

   - 3 OPA3 Contract Consultants will transition to Operations, Training and Continuous Quality Improvement Team.
   - 1 AS2 will transition to Operations, Training and Continuous Quality Improvement Team.

3. Will there be **changes to caseload, cost per case or services provided** to specific populations? Explain.

Developing a Contract Administration Program is anticipated to reduce the cost of contracted services and increase rate consistency by centralizing negotiations and providing resources needed to develop systems for standardizing rates.

This Policy Package will also increase the availability of high quality, effective, culturally specific and culturally responsive services intended to support populations disproportionately impacted by child wefare.

4. Describe the **staff and positions** needed to implement this policy package, and whether existing positions can be modified to meet the need. Be sure to note what each position type will be responsible for to move the proposed work forward.

   Positions: 15

   - **Contract Administration – 10.85 FTE**

     1 CW Manager 2 – Contract Administration Program Manager
     1 Procurement Manager 1 – Contract Administration Team Manager
     2 Procurement & Contract Specialist 3 – Contract Administrators
     2 Procurement & Contract Specialist 2 – Contract Administrators for CW
     1 Procurement & Contract Specialist 2 – Contract Specialist for OC&P
     2 Procurement & Contract Specialist 1 – Contract Administrators
     1 Operation & Policy Analyst 3 – Contract Administration Consultant
     3 Operation & Policy Analyst 2 – Contract Administration Specialist
     2 Administrative Support Specialist 2 – Administrative Specialists

   Note: *4 existing positions to be repurposed from the current Child Welfare Contract Support Team:*

   - 3 OPA3 Contract Consultants will transition to Operations, Training and Continuous Quality Improvement Team.
   - 1 AS2 will transition to Operations, Training and Continuous Quality Improvement Team.

   <u>Contract Administration Teams Staff:</u>
   6 PCS 1s, 2s and 3 Contract Administrators will collectively administer about 115 client service contracts (about 70 percent, or 250 contracts). Contracts will be assigned to PCS1, 2 or 3 based on contract complexity, scope and risk, with PCS3s providing oversight on contracts with the highest risk (based on a standardized system based on specific criterion). These positions will provide centralized oversight on contracting activities, including verification of background checks, insurance, incident reports, corrective actions, expenditure and utilization tracking, etc.

2 AS2 Contract Support Specialists (plus one existing position repurposed for this need) will provide contract tracking and data entry, support processing background checks, monitoring staff requirements such as background checks, transportation checks, staff qualifications/training (with oversight from Contract Administrators). In addition to other operational needs such as supporting organizing audits/assessments, data management, meeting scheduling and database support.

1 Procurement Manager 1 - Contract Administration Manager will provide direct supervision of contract administrators (PCS1, 2 and 3) as well as administrative support (AS2). The Contract Administration Manager will organize and manage contract assignments, manage workflow, and review and evaluate contract oversight practices to ensure performance standards are consistently met.

Office of Contracts & Procurement Child Welfare Contract Support

1 Procurement & Contract Specialist 2 - Child Welfare Contract Specialist will be under the Office of Contracts & Procurement. This position will become the primary contact for Child Welfare on contract solicitations and contract development. The Child Welfare Contract Specialist will increase the Office of Contracts & Procurement's capacity to prioritize Child Welfare contracts and will allow the Division to improve contract development methods including solicitation practices that can create substantial barriers for businesses run by people of color, women and service-disabled veterans. This position will be available to consult directly with Child Welfare staff to engage in solicitation planning and throughout the contract development process.

Operations, Training and CQI Team:

1 Operation & Policy Analysts 3 Contract Administration Consultants *(plus three existing positions to be repurposed for this need)* will develop and maintain consistent performance standards and guidance for all Child Welfare Contract Administrators and design and plan improvements to improve contracting practices in alignment with procurement rule and department and agency goals. These positions will also participate in the design and delivery of onboarding and training for Child Welfare Contract Administrators as well as conducting regular audits/assessments of contract administration practices statewide to produce data on gaps and areas in need of improvement.

3 OPA2 Contract Administration Specialists will provide onboarding/training, guidance and support to Child Welfare Contract Administrators to maintain consistent performance standards. These positions will partner with Contract Administration Consultants to participate in regular audits/assessments of contract administration practices statewide to produce data on gaps and areas in need of improvement. Contract

Administration Specialists will also manage all child welfare contract requests ensuring requests sent to the Office of Contracts & Procurement align with department and agency goals.

1 CW Manager 2 Contract Administration Program Manager will oversee the Child Welfare Contract Administration Program. This position will provide the strategic vision for the program, ensuring child welfare contract oversight practices align with procurement rule and department and agency goals. This position will utilize data to maximize operation efficiency and performance outcomes and provide direct supervision to two Contract Administration Managers as well as staff on the Operations, Training and CQI Team.

5. What are the **startup and one-time costs** associate with this POP?
   There are no anticipated start-up or one-time costs associated with this POP.

6. What are the **ongoing costs?**
   Positions and supplies associated with positions will be ongoing costs.

7. What are the **sources of funding (revenue)** and the funding split for each one?

   Positions qualify for some federal fund revenue sources, such as IVE and Block Grants. Anticipated funding split for all positions is 70%GF/30%FF.

8. What are potential **savings?**

The Division spends millions of dollars each biennium on unutilized contracted services capacity due to lack of adequate contract administration and deficiencies in cost monitoring. The development of a Contract Administration Program and implementation of contract oversight framework is projected to save the Division millions of dollars each biennium by strengthening contract oversight practices including cost monitoring.

Additionally, enhancing contract administration will allow the Division to build stronger relationships with contractors, increasing retention and supporting fair negotiations resulting in lower costs for contracted services.

TOTAL FOR THIS POLICY PACKAGE

	General Fund	Other Funds	Federal Funds	Total Funds	Positions	FTE
Personal services	$1,806,383		$774,159	$2,580,542	15	10.85

Services + supplies	$95,700		$41,015	$136,715		
Capital outlay						
Special payments						
Other						
Total	**$1,902,083**	**$0**	**$815,174**	**$2,717,257**	**15**	**10.85**

FISCAL IMPACT BY PROGRAM

	Positions	Program 2	Program 3	Program 4	**Total**
General Fund	$1,902,083				**$1,902,083**
Other Funds					**$0**
Federal Funds	$815,174				**$815,174**
Total Funds	$2,717,257				**$2,717,257**
Positions	15				**15**
FTE	10.85				**10.85**

Program(s) / Unit(s)	**Self-Sufficiency Program Design/TANF Unit**
POP Title	107 - Job Participation Incentive Increase
Related Legislation	Federal Fiscal Responsibility Act of 2023
Summary Statement (5 to 7 sentences)	Oregon's Job Participation Incentive (JPI) is a $10 food benefit issued to qualifying families that participate in the Supplemental Nutrition Assistance Program (SNAP). Families receiving the $10 incentive are counted as part of the state's federally required TANF work participation rate (WPR). The federal Fiscal Responsibility Act of 2023, effective October 1, 2025, specifies that families receiving less than $35 in monthly assistance can no longer be included in states' WPR counts. In this policy option package, ODHS Self-Sufficiency Programs (SSP) proposes increasing the JPI amount to $35, which will ensure that participants can still be counted as part of the state's WPR. Without this investment, families receiving JPI will no longer be included in the WPR and the state anticipates it would then fail to meet federal WPR requirements, resulting in penalty accompanied by a reduction of up to 21 percent (or $35 million) annually in the state's federal TANF funding -- a reduction the state would be federally required to backfill using General Fund dollars.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing	$5,183,325	$0	$0	$5,183,325	0	0.00

ODHS 2025 POP Long Form

Part 1. SETTING THE STAGE

1. Briefly describe the **core value(s)** driving this POP. In the big picture, why does it matter?

Every Oregon family deserves to have their basic needs met. For families with children and little to no income, the TANF program offers essential monthly cash benefits, along with employment-related and other supports, to help them meet these needs. Oregon's ability to support these families and provide TANF access to all eligible individuals relies on maintaining a fully funded TANF program. This funding, in turn, depends on Oregon meeting all federal TANF requirements.

2. Describe the **problem/s or opportunity/ies** this proposal would address.

State TANF programs often struggle to meet the federally mandated WPR due to several challenges. Many TANF recipients face significant barriers to employment, including limited education, lack of job skills, physical and behavioral health issues, and caregiving responsibilities. These obstacles can make it difficult for recipients to consistently participate in work activities as required. Additionally, the administrative burden of documenting and verifying work activities can be substantial. TANF's design requires specific work-related activities for set hours each week, which can be complex and time-consuming to monitor.

As such, states, including California and Washington, use programs like JPI to help meet the WPR. Policy changes, like those introduced by the Fiscal Responsibility Act of 2023, which set a minimum benefit threshold for programs like JPI, further complicate states' efforts to meet WPR requirements. States using these programs are now required to provide a minimum payment of $35 in monthly assistance to families in order to count them towards the WPR.

3. What **data** tells you that this problem/opportunity exists? Please be specific and provide data sources.

Meeting the federally mandated WPR of 50 percent is challenging for most states, leading to the creation of programs like the JPI. Since 2011, Oregon has successfully met this requirement (except in 2021) by combining countable hours from both the Job Opportunity and Basic Skills (JOBS) program and JPI participants. This approach, also used by states such as California and Washington, helps states avoid federal penalties and ensures compliance with TANF work participation requirements. Without JPI, Oregon would rely solely on JOBS program hours for its WPR, falling below the mandated 50 percent threshold, as shown by data from recent federal fiscal years.

4. Is this POP, in whole or in part, a response to an **audit?** Explain.

No

5. What has **already been done** to address or mitigate the problem/ opportunity?

Self-Sufficiency Programs (SSP) has established a dedicated work group to train Family Coaches on accurately recording countable hours for the JOBS program. This ensures that family activities are properly documented and contribute to meeting the Work Participation Rate (WPR). Feedback from service delivery staff indicates that families are actively participating in JOBS services, many of which count towards the WPR.

Additionally, SSP has focused efforts on reallocating resources to identify gaps in understanding and training needs. This reallocation ensures that family engagement in WPR-eligible activities is accurately documented. Notably, 64% of SSP's Family Coaches were hired during the pandemic (2021-2024), underscoring the need for comprehensive training and support. By reallocating resources and enhancing training, SSP can continue to support families while ensuring staff understand the importance of accurately recording participation in activities that impact the WPR. This strategic approach helps address the issue and may offset the need for additional General Fund requests.

6. What are the **risks** if the problem/opportunity is not addressed?

If ODHS cannot continue using JPI to meet the WPR, it may risk falling short of the mandated threshold. This could lead to penalties, including a potential reduction of up to 21 percent (approximately $35 million) in Oregon's federal TANF block grant funding. The severity of the penalty may vary depending on factors such as the extent of the shortfall and participant engagement. Federal regulations require that any federal funding loss from penalties be covered by state General Fund dollars, which cannot be counted toward Oregon's maintenance of effort (MOE) requirement. This could place additional strain on the state's budget.

7. What **solution** are you proposing through this policy option package (POP)?

This proposal recommends increasing the JPI payment amount to $35. By making this adjustment, Oregon can comply with federal requirements and ensure that families receiving JPI are included in the WPR. This change will help Oregon avoid penalties on the TANF block grant for not meeting WPR requirements.

8. What **alternative solutions** were considered and what were the reasons for selecting your solution?

The proposal to increase the JPI payment amount to $35 was selected primarily because it directly addresses the immediate need to meet federal WPR requirements. This solution ensures that Oregon can continue to include families participating in JPI in its WPR calculations, thereby avoiding potential penalties on the TANF block grant. Given the urgency and the lack of alternative proposals at this time, increasing the JPI payment amount represents a feasible and straightforward approach to maintaining compliance with federal regulations and supporting TANF program stability in Oregon.

Following consideration of a range potential solutions for meeting the WPR requirements, SSP has reduced this POP's initial General Fund request by eliminating JPI for two-parent families. Given an estimated all-family WPR of around 41.39 percent based on FFY 2023 data, additional strategies were deemed necessary:

1. Caseload Reduction Credit: The Fiscal Responsibility Act of 2023 reset the base year for caseload reduction credits to 2015, potentially allowing Oregon to lower the required WPR. Initial analysis by the Administration for Children and Families (ACF) suggests Oregon could aim for an adjusted WPR around 12%. However, this adjustment is contingent upon ACF review and approval of a completed ACF 202 form. Risks include the preliminary nature of ACF's estimate and the requirement for annual application if caseload increases beyond the 2015 baseline.

2. Excess Maintenance of Effort (MOE): States can claim excess MOE when they exceed federal spending requirements. This excess can enhance caseload reduction credits, further reducing the WPR target. However, claiming excess MOE relies on clear evidence of spending exceeding federal regulations, necessitating detailed research and strategic discussions to assess feasibility.

3. Local and State-Level Focused Training and Coaching: Reprioritizing resources toward comprehensive training and coaching at local and state levels aims to ensure accurate documentation of activities counting towards WPR under JOBS services. This strategic effort supports ongoing family engagement while emphasizing proper documentation. Risks include potential challenges in balancing new training responsibilities with existing duties and ensuring holistic support for families beyond WPR requirements.

The decision to eliminate JPI for two-parent families was driven by its potential to significantly reduce the POP request while acknowledging the need for additional strategies to meet the WPR effectively. Each alternative solution considered—caseload reduction credits, excess MOE, and focused training—offers unique benefits and risks that require careful evaluation and ongoing refinement to align with Oregon's TANF objectives and federal compliance mandates.

9. Has the proposed solution been successful in **other contexts or jurisdictions?** Alternatively, if there is no precedent, explain why you believe this concept will achieve its aims here in Oregon.

Since 2011, Oregon has implemented JPI as a strategy to meet WPR requirements. Like most states, Oregon often faces challenges in helping TANF recipients maintain stable employment. To address this issue, many states, including California and Washington, extend assistance to employed families through programs like JPI, which aim to avoid federal penalties. By offering small benefits to families who are already meeting activity requirements but are ineligible for regular monthly TANF cash aid, Oregon can effectively support these families while also counting them in the TANF caseload.

10. Does this POP require a **new statute or changes to existing statute(s)?** If so, have you completed the Legislative Concept request form for statutory changes?

No

Part 2. **EQUITY AND INCLUSIVITY**

1. How will this POP **address inequities** faced by impacted communities?

While the POP is not designed to directly address inequity, there is an important indirect relationship: Maintaining the state's maximum TANF block grant amount is crucial to serving families who experience deep poverty. Due to the structural barriers to education, employment, health care and other social determinants of health that disproportionately impact families of color, these families are more likely than their white counterparts to experience deep poverty and thus be eligible for and receive TANF.

Part 3. **MEASURING PERFORMANCE**

1. Which of your **key performance measures (KPMs)** is this POP connected to?

This policy change potentially impacts food security by altering the financial resources available to families through the JPI program. For two-parent families, eliminating the JPI benefit minimally reduces their monthly food budget and may increase vulnerability to food insecurity. Conversely, increasing the JPI payment for single-parent families potentially supports their ability to purchase sufficient and nutritious food. The net effect on overall food security hinges on how these changes influence household spending on food essentials.

2. If none, are you proposing a **new or modified KPM?**

Not currently.

3. How will the work you're proposing help ODHS meet or exceed the **KPM targets?**

See response to question 1, above.

4. What are the envisioned **outputs** of this POP?
   Consider activities you will be able to count in actual numbers: partners engaged, clients served, regions served, applications processed, staff trainings conducted, referrals made, transitions completed, families participating, etc.

   By adjusting the JPI payment to meet the minimum threshold of $35, the aim is to maintain the TANF WPR. This adjustment ensures that employed families receiving assistance through JPI, are counted towards the WPR requirements, thereby bolstering the state's ability to comply with federal regulations.

5. **Outcomes** show how people are better off because of the outputs you listed above. What are your expected outcomes?
   Consider measurable effects like improved service navigability, reduced racial disparities within programs, expanded access to needed services among key populations, improved transition rates, etc.

The expected outcomes of the proposed adjustments are anticipated to yield tangible results in key areas. First, SSP anticipates maintenance of Oregon's WPR by ensuring the inclusion of JPI single parent families in WPR calculations.

In addition, by maintaining its full TANF federal funding, Oregon can continue to ensure TANF access for eligible families.

6. How will you **collect the data** you need to measure the success of this solution? Is this data currently being collected? Have you engaged ORRAI to discuss elements needed to plan for data gathering?

JPI data is currently collected and will continue to be collected after the JPI increase to $35.

7. To achieve optimal data collection, would you need to make **changes to your case management system?** Describe.

No change needed.

Part 4. **IMPROVING CUSTOMER SERVICE**

1. Discuss the ways this POP will **improve customer service**.

By aligning with federal standards, Oregon can maintain its TANF funding, allowing the state to continue providing essential services without disruption. This stability ensures that families have consistent access to benefits and support programs, potentially leading to improved overall satisfaction and well-being for those relying on these critical resources.

2. Will your solution require an **IT investment?** Explain.

This solution requires an update to the ONE system. The TANF team is working to determine the level of effort and whether the increase can be done with a work item (simple change) or change request (complicated change that impacts other ONE system change priorities).

Part 5. **IMPLEMENTATION**

1. If the legislature allocates funds for the proposed POP, how specifically would we **use the money to implement it?**

The investment would be used to make any necessary updates to the ONE system and to fund the $25 per month increase beginning October 1, 2025.

2. What are the biggest potential barriers or risks to successful implementation?

If this proposal requires a substantial technical change within the ONE system, the biggest barrier to implementation is getting the work prioritized to be completed by October 1, 2025.

3. What other **ODHS units, public agencies, Tribes, communities or other partners** will be involved in the implementation of this POP? What will their responsibilities be?

The following units and partners will be involved in the implementation:

- **SNAP Unit**: Will be consulted regarding the changes.
- **Office of Economic Policy (OEP)**: Will review the proposed change.
- **Rules and Hearings Team**: Will review the draft rule change and will be responsible for filing the final rule change.
- **Training Unit**: Will update training materials to reflect the increase to $35.
- **Communications Unit**: Will review materials intended for service delivery staff to ensure they align with the new changes.

Part 6. **BUDGET**

1. Are there **prior investments** allocated for this policy package?

No.

2. What **assumptions** affect the pricing of this policy package?

The pricing of this POP assumes that SSP can bridge the gap in WPR left by removing two-parent families from the JPI program. It also assumes a stable JPI caseload without significant increases, stable technology costs, and ongoing compliance with federal requirements. Additionally, it assumes that adequate training and support will be provided to Family Coaches to ensure accurate documentation of WPR-eligible activities.

3. Will there be **changes to caseload, cost per case or services provided** to specific populations? Explain.

No

1. Describe the **staff and positions** needed to implement this policy package, and whether existing positions can be modified to meet the need. Be sure to note what each position type will be responsible for to move the proposed work forward.

Additional staff and positions are not needed.

4. What are the **startup and one-time costs** associate with this POP?

The one-time costs are related to ONE system changes needed.

5. What are the **ongoing costs?**

The ongoing costs are to pay for the increase in the monthly JPI benefit from $10 to $35.

6. What are the **sources of funding (revenue)** and the funding split for each one?

The funding source is 100% General Fund counted towards the state's TANF Maintenance of Effort requirement.

7. What are potential **savings?**

Although this POP requires a General Fund investment, it will help ensure Oregon meets its federal WPR requirements, thereby avoiding reductions in federal TANF funding due to

penalties. Failure to meet the WPR could result in a penalty of up to 21%, or $35 million annually, from the state's federal TANF block grant funding.

TOTAL FOR THIS POLICY PACKAGE

	General Fund	Other Funds	Federal Funds	Total Funds	Positions	FTE
Personal services						
Services + supplies						
Capital outlay						
Special payments	$5,183,325			$5,183,325	0	0.00
Other						
Total	**$5,183,325**	**$0**	**$0**	**$5,183,325**	**0**	**0.00**

FISCAL IMPACT BY PROGRAM

	SSP	Program 2	Program 3	Program 4	**Total**
General Fund	$5,183,325				**$0**
Other Funds					**$0**
Federal Funds					**$0**
Total Funds	**$5,183,325**				**$0**
Positions	0				**0**
FTE	0.00				**0.00**

Program(s) / Unit(s)	
POP Title	108 - SNAP Elderly Simplified Application Project (ESAP)
Related Legislation	SNAP is administered in accordance with the provisions of the Food and Nutrition Act of 2008 and the regulations in subchapter C of Title 7 in the Code of Federal Regulations. Demonstrations for Individuals Who Are Elderly and/or Have a Disability Section 17(b)(1)(A)
Summary Statement (5 to 7 sentences)	The Supplemental Nutrition Assistance Program (SNAP), a federal program that provides monthly benefits to help people buy food, is an important tool for ending hunger in our state. By opting into the federal Elderly Simplified Application Project (ESAP), Oregon can make sure that eligible older adults and people with disabilities aren't missing out on these critical benefits. ESAP would improve overall program access to older adults and people with disabilities by allowing for a simplified 2-page application. It would also extend the certification period to 36 months and allow staff to leverage federal data to verify required household information, which would help reduce workload within the state's eligibility enterprise. The ESAP would also significantly improve customer service to older adults and people with disabilities through a dedicated call center with ESAP specialized staff. If Oregon elects not to participate in the ESAP option, it will miss the opportunities to a.) improve SNAP access for these priority populations, b.) improve customer service and recertification processing timelines and c.) help ease workload demands on Oregon's characteristically overextended eligibility staff.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing (new perm FTE)	**$648,842**	**$0**	**$648,842**	**$1,297,684**	**2**	**2.00**

Part 1. **SETTING THE STAGE**

1. Briefly describe the **core value(s)** driving this POP. In the big picture, why does it matter?

We all need access to nutritious food to support our health and well-being. But many people in Oregon, including older adults and people with disabilities, don't have enough to eat or don't know where their next meals will come from. The Supplemental Nutrition Assistance Program (SNAP), a federal program that provides monthly benefits to help people buy food, is an important tool for ending hunger in our state. By opting into the federal Elderly Simplified Application Project (ESAP), Oregon can make sure that eligible older adults and people with disabilities aren't missing out on these critical benefits.

2. Describe the **problem/s or opportunity/ies** this proposal would address.

According to the Food Research & Action Center, older adults and people with disabilities can encounter a range of barriers when applying for or getting recertified for SNAP:

> *They may have limited mobility to get to a SNAP office or have difficulty accessing or using online applications, mobile apps, and other technological innovations that can make it easier to access SNAP. Among SNAP households coming due for recertification, households with elderly or disabled members are more likely than others to churn (i.e., experience interruptions in their connections to SNAP due to procedural factors rather than financial ineligibility).*[1]

The Elderly Simplified Application Project (ESAP) is a federal option states can employ to streamline the SNAP application process for older adults and people with disabilities, improving access and timeliness outcomes for these priority populations. ESAP also lengthens the recertification timeline from a 24-month to a 36-month cycle, reducing the number of times people need to reapply for SNAP.

Oregon SNAP has a high program participation rate and along with medical programs it generates the greatest need for application-related customer support. By streamlining the application and recertification processes for both the customer and the eligibility worker, ESAP can help more eligible older adults and people with disabilities access and preserve vital benefits while improving operational efficiency and business outcomes.

3. What **data** tells you that this problem/opportunity exists? Please be specific and provide data sources.

[1] FRAC (2019): Best Practices for SNAP Elderly Simplified Application Projects, p1.

ESAP could improve SNAP access and customer experience for many thousands of people in Oregon. In fiscal year 2022, nationally more than 41 percent of SNAP participants were in households whose members included older adults or people with disabilities.[2] In Oregon as well, these populations represent a significant portion of the SNAP caseload. As of February 2024:

- More than 165,000 SNAP households included a member age 60 or older or experiencing a disability;
- Over 30,000 people were receiving both SNAP and long-term case services each month; and
- On average, 28,000 people receiving SNAP are also receiving in-home care services each month.

Additionally, Oregon Department of Human Services (ODHS) anticipates that the state's demographic trends will translate into increased demand for SNAP by older adults: According to a report created on October 27, 2023 by the Legislative Policy and Research Office, Oregonians aged 65 and older account for 16.8 percent of the state's population currently; by 2050 the percent of older adults is projected to increase to 24 percent.

4. Is this POP, in whole or in part, a response to an **audit?** Explain.

This POP will support the state's overall need to remain in federal compliance for the program and can support Oregon's current Accuracy and Timeliness Corrective Action Plans. Although this is not part of a current audit response it does align with SNAP audit requirements.

5. What has **already been done** to address or mitigate the problem/ opportunity?

Oregon has already implemented the 24-month option for recertifications and the Standard Medical Deduction (SMD) policy option for this priority population.

6. What are the **risks** if the problem/opportunity is not addressed?

Partners for a Hunger-Free Oregon notes that adults ages 60 and older have the lowest SNAP participation rates in the state.[3] By passing on the ESAP option, Oregon would miss out on the opportunity to improve SNAP access for this population as well as for people with disabilities risk. Additionally, by not leveraging ESAP, Oregon would not take advantage of a key opportunity to support greater application processing timeliness and ease the state's eligibility workload.

7. What **solution** are you proposing through this policy option package (POP)?

[2] Center on Budget and Policy Priorities (2023): A closer look at who benefits from SNAP.
[3] Partners for a Hunger Free Oregon (April 2024): Older Populations.

ODHS is recommending that Oregon implement an ESAP option for SNAP. In addition to reducing administrative burdens on older adults and people with disabilities, ODHS estimates that implementation of the ESAP option will:

- Reduce renewal applications each year by over 82,000;
- Save 41,000 staff hours annually;
- Open up more staff capacity to focus on getting medical, cash and child care benefits to eligible customers; and
- Potentially reduce SNAP benefit churn by extending the certification period to 36-months.

8. What **alternative solutions** were considered and what were the reasons for selecting your solution?

Oregon has been implementing alternative solutions like 24-month certifications. Over time as our elderly and disabled service needs and population has grown, the program has continued to increase in volume, which has prompted the need to expand to 36-month certifications to manage the increase in overall workload.

9. Has the proposed solution been successful in **other contexts or jurisdictions?** Alternatively, if there is no precedent, explain why you believe this concept will achieve its aims here in Oregon.

This solution is being implemented in 22 states; like Oregon, 13 of those states also offer the Standard Medical Deduction (SMD) option as a means of streamlining application processing.

10. Does this POP require a **new statute or changes to existing statute(s)?** If so, have you completed the Legislative Concept request form for statutory changes?

This would require updates to Oregon Administrative Rules if approved.

Part 2. **EQUITY AND INCLUSIVITY**

1. How will this POP **address inequities** faced by impacted communities?

This POP acknowledges that the SNAP application process can present unique barriers to older adults and people with disabilities – barriers that hinder these populations' access to benefits that are critical to their health and well-being – and aims to simplify the process and bring about more equitable access to SNAP in Oregon.

Part 3. **MEASURING PERFORMANCE**

1. Which of your **key performance measures (KPMs)** is this POP connected to?

This POP connects to OEP KPMs on SNAP timeliness and accuracy.

2. If none, are you proposing a **new or modified KPM?**

   N/A

3. How will the work you're proposing help ODHS meet or exceed the **KPM targets?**

This project should have a positive effect on SNAP timeliness and accuracy. We can track this element with coding on the eligible ESAP cases. This will improve program timeliness and accuracy by reducing the amount and frequency of times the applicant and worker will need to apply, renew or review their request for SNAP.

4. What are the envisioned **outputs** of this POP?
   Consider activities you will be able to count in actual numbers: partners engaged, clients served, regions served, applications processed, staff trainings conducted, referrals made, transitions completed, families participating, etc.

- Number of improved and simplified applications used by ESAP-eligible applicants (# of application processed)
- Number of days to process ESAP applications

5. **Outcomes** show how people are better off because of the outputs you listed above. What are your expected outcomes?
   Consider measurable effects like improved service navigability, reduced racial disparities within programs, expanded access to needed services among key populations, improved transition rates, etc.

Improved SNAP access by ESAP-eligible populations

6. How will you **collect the data** you need to measure the success of this solution? Is this data currently being collected? Have you engaged ORRAI to discuss elements needed to plan for data gathering?

24-month recertifications data can be used to forecast the effects of implementing the 36-month program. We will collect data for 36-month recertifications by coding in the ONE system, per federal requirement.

7. To achieve optimal data collection, would you need to make **changes to your case management system?** Describe.

New ONE system coding will be necessary to monitor, evaluate and administer ESAP per federal regulations.

Part 4. **IMPROVING CUSTOMER SERVICE**

1. Discuss the ways this POP will **improve customer service**.

The POP will simplify applications, reduce verification burdens and expand certification timelines for households that do not have earned income and in which all adult members are aged 60 or older and/or have a disability.

2. Will your solution require an **IT investment?** Explain.

Federal funds, once approved by FNS, will provide a 50 percent match to Oregon General Fund to complete Mainframe/ONE System enhancements.

- **System Changes:** Mainframe and ONE changes in applicant portal (AP), worker portal (WP) and Interface systems. This is not part of the Maintenance and Operations (M&O) for the program as this is a "new" function that does not currently exist.

Part 5. **IMPLEMENTATION**

1. If the legislature allocates funds for the proposed POP, how specifically would we **use the money to implement it?**

A complete fiscal analysis is needed and will cover the following key areas of anticipated work. Including start-up and ongoing costs to implement the new program:

- **System Changes:** Mainframe and ONE changes in applicant portal (AP), worker portal (WP) and Interface systems. This is not part of the Maintenance and Operations (M&O) for the program as this is a "new" function that does not currently exist.

- **New Personnel:** Additional FTE is needed in Central Teams to implement Elderly Simplified Application Project (ESAP) including new rule creation, defining technical system requirements, staff/community partner training and developing the shortened application.
- **Multimedia printed/virtual packets and communications:** Development of new applications, forms, notices, translations and other Community Supports for the roll-out of ESAP. Internal and External groups.
- **Eligibility Staffing support**: ESAP is intended to streamline workload and reduce barriers to participation and will not result in an ongoing eligibility of call center staffing need.

2. What are the biggest potential barriers or risks to successful implementation?

Potential delays getting the needed ONE system changes implemented.

3. What other **ODHS units, public agencies, Tribes, communities or other partners** will be involved in the implementation of this POP? What will their responsibilities be?

SSP will need to engage multiple partners in more depth to determine implementation timelines – including federal, state agency and community partners such as:

- Oregon Eligibility Partnership (OEP)
- Aging and People with Disabilities (APD)
- Oregon Health Authority (OHA)
- SSP/OEP District and Program Managers
- Partners for a Hunger Free Oregon
- Oregon Food Bank
- 211 Info
- Oregon Hunger Taskforce.

Part 6. **BUDGET**

1. Are there **prior investments** allocated for this policy package?

No

2. What **assumptions** affect the pricing of this policy package?

Level of Efforts needed to make necessary changes to Mainframe and ONE in applicant portal (AP), worker portal (WP) and Interface systems. This is not part of the Maintenance and Operations (M&O) for the program as this is a "new" function that does not currently exist.

3. Will there be **changes to caseload, cost per case or services provided** to specific populations? Explain.

Yes; more analysis will be needed on this.

4. Describe the **staff and positions** needed to implement this policy package, and whether existing positions can be modified to meet the need. Be sure to note what each position type will be responsible for to move the proposed work forward.

More detailed information is forthcoming but at this time it is clear that additional FTE will be needed in Central Teams to implement ESAP, including new rule creation, defining technical system requirements, staff/community partner training and developing the shortened application. There may also be new staff needed in other system program areas.

5. What are the **startup and one-time costs** associate with this POP?

   This is undergoing further analysis.

6. What are the **ongoing costs?**

This is undergoing further analysis.

7. What are the **sources of funding (revenue)** and the funding split for each one?

The SNAP ESAP program is eligible for a 50/50 match of federal funds to state funds.

8. What are potential **savings?**

In the longer term, we anticipate that there will be savings in staff time that can be reallocated to other eligibility work. There will also be some limited administrative savings in the reduction of applications submitted to the department.

TOTAL FOR THIS POLICY PACKAGE

	General Fund	Other Funds	Federal Funds	Total Funds	Positions	FTE
Personal services	$266,260		$266,260	$532,520	2	2.00
Services + supplies	$382,582		$382,582	$765,164		
Capital outlay						
Special payments						
Other						

Total	**$648,842**		**$648,842**	**$1,297,684**	**2**	**2.00**

FISCAL IMPACT BY PROGRAM

	SSP	OEP	Program 3	Program 4	**Total**
General Fund	$138,796	$510,046			**$648,842**
Other Funds					
Federal Funds	$138,796	$510,046			**$648,842**
Total Funds	**$277,592**	**$1,020,092**			**$1,297,684**
Positions	1	1			**2**
FTE	1.00	1.00			**2.00**

	Central/Shared Services **Office of Facilities Management (SS),** **Office of Health, Safety and Employee Wellbeing (HR & SS),** **Trauma Aware (HR & SS)**
POP Title	**109 - ODHS-OHA Office and Worker Safety**
Related Legislation	ORS 276 - Public Buildings and ORS 455 Building Codes ORS 654 and OAR 437 - Occupational Health and Safety
Summary Statement (5 to 7 sentences)	Oregon's Department of Human Services is struggling to maintain adequate safe and secure working environments across its statewide operations. Data shows a 450 percent rise in threatening incidents at offices over the last five years, a trend accompanied by a growing inability to meet employee health and safety needs. This proposal requests funding for facilities improvements and security and outreach contracts, as well as positions to ensure the safety and security of customers and staff at ODHS offices. Given the increasingly high acuity needs of people visiting our offices and the vicarious traumatization of staff, this request is time-sensitive and presented as a risk management strategy. Without the investment, we would expect safety issues to continue to grow in offices, which will put staff and community members in danger while increasing turnover and workplace complaints.

	$3,486,518	$1,397,468	$2,599,631	$7,483,617	10	4.46
	$0	$0	$0	$0	0	0.00

*OHA, DELC or other state partner

ODHS 2025 POP Long Form

Part 1. **SETTING THE STAGE**

1. Briefly describe the **core value(s)** driving this POP. In the big picture, why does it matter?

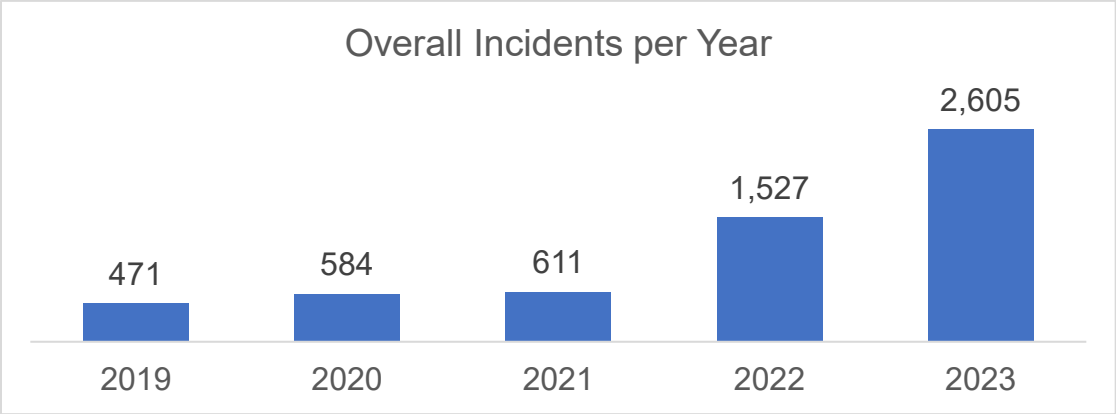
   This request promotes the safety of staff, public property both owned and leased, program participants, and community partners to ensure stewardship and responsible management of state resources and infrastructure improvements to mitigate risks that could otherwise lead to costly liabilities, injuries, or disruption of vital public services.

2. Describe the **problem/s or opportunity/ies** this proposal would address.

   The Oregon Department of Human Services (ODHS) and Oregon Health Authority (OHA) face critical challenges in managing more than 11,000 agency employees across seven major ODHS programs in at least 168 facilities across Oregon. With a surge in reported employee safety concerns, Occupational and Health Safety Complaints, and labor relations complaints, coupled with a notable increase in threatening incidents within ODHS and OHA offices over the past five years, there is a pressing need for an safety and security resources to mitigate risks to both employees and the vulnerable populations served. Insufficient security measures for public property and at ODHS activities, a lack of risk identification and mitigation strategies at each site, a budget deficit for security and safety contracts, and a lack of staffing to ensure incident management and trauma response measures jeopardizes service delivery, presents danger for people, and puts the State at risk of costly tort liability, staff turnover, and decreased customer service.

3. What **data** tells you that this problem/opportunity exists? Please be specific and provide data sources.

Health and Safety (Source: Workday) Incidents Dramatically Increasing



Intensity of Claims in 2023

Low (Report only - No Further Action)	Medium (Required Action for workers compensation, liability, safety or consultation and Citizen Report)	High (Required in depth investiation including Restrictions of Access, severe injury claims management)
566	1,075	964

4. In the simplest way possible, how would you describe this POP to a legislator and show how it addresses **a problem/opportunity that impacts their constituents.**

   ODHS and OHA serve vulnerable populations in 168 locations statewide. Customer service and staff safety in large offices open to the public require an intentional safety, security, and wellness strategies. Safety and security risks must bemitigated in a manner that promotes inclusivity, reduces trauma to staff and community members, and fosters environments where all community members feel valued and respected when engaging with State health and human services. Physical, environmental and psychological safety threats, as well as provide proactive life-saving measures must be provided through security, occupational health and safety, and trauma recovery support. . The investment proposed in this POP reduces the strain on law enforcement, mitigates unnecessary long term physical and psychological risk factors, builds safe rapport within communities, ensures access to critical services, and averts lawsuits.

5. Is this POP, in whole or in part, a response to an **audit?** Explain.

   - The Department of Homeland Security did an audit of several buildings in Portland and this is responsive to the recommendations from that audit
   - ODHS/OHA Internal audit is currently preparing an audit of staff and office safety
   - This Safety POP is in response to significant and rapid escalation of high acuity in offices and in the community for ODHS and OHA staff across Oregon that impact the overall safety and wellbeing of staff, people serviced by ODHS, as well as community and Tribal partners.
   - This Safety POP ensures compliance with Building Codes, OSHA regulations and Labor Relations Agreements which are transparent to the public.
   - This POP is a proactive measure to mitigate risk management factors associated with potential non-compliance with facilities management requirements with DAS policies that implement ORS 276 for Public Buildings as monitored through biennial reporting required by OAR 125-125. Per Rule, the ODHS and OHA Facilities Plans are due by July 31, 2024, which may or may not result in compliance mitigation findings.

6. What has **already been done** to address or mitigate the problem/ opportunity?

   - Job Rotations and WOC assignments
   - Temporary and Limited Duration non-budgeted positions
   - Contractors – including armed and unarmed security that is paid for out of other budgets within ODHS and OHA due to lack of funding
   - Collaboration across agencies – OHA, DAS, LEAs
   - ODHS has successfully piloted safety and security solutions, including armed less than lethal equipped officers
   - ODHS-OHA Facilities Management has connected with DAS to seek support
   - ODHS has successfully piloted client de-escalation services in partnership with agencies delivering services with houseless communities.
   - The alternative solutions attempted to date are a short-term approach to a problem requiring a long-term strategy. These alternative solutions are sufficient for quickly managing a large volume of work to “react” to immediate threats and concerns; however, they are not sustainable strategies.
   - The ODHS -OHA Office of Facilities Management staff are engaging in ongoing efforts to increase knowledge, skill, and ability through free, low-cost, and “train the trainer” formats to ensure environmental safety and wellbeing for properties and assets the Agencies are responsible to maintain, including buildings and parking areas.

- OFM has leveraged partnerships within District offices, OREM, and HR to explore cost-effective opportunities to collectively address safety, security and well-being needs for staff and community members. Ongoing Continuity of Operations coordination is being led by OREM.

7. What are the **risks** if the problem/opportunity is not addressed?

- Failure to efficiently implement and maintain these safety and security systems exposes the agency to employment liability, workers compensation liability, litigation due to non-compliance of statutes and administrative rules and policies.
- Potential for serious injury or death for staff and program participants
- Continued escalation of OHSA citations and fines
- Failure to effectively manage these risks impedes our ability to provide services in a safe and timely manner to high-need and fragile populations, which impacts one in three households statewide.
- The Office of Facilities Management is responsible for mitigating liability and risk through building and asset management. Remaining understaffed and underfunded ensures that public buildings, parking areas, environments, furniture and equipment present risk of personal injury, lawsuits, and erodes public confidence in the Agency.
- If OFM is unable to ensure climate related safety threats associated with clean air and safe spaces during events such as wildfires, flooding, ice storms, and poor air quality due to pollen and other allergens in 168 public buildings, the result may be an allegation or finding that ODHS is out of compliance with Climate Change and Air Quality legislation, OSHA regulations, and building closures may be required.
- OFM is responsible for maintaining badges and badging systems to support 13,000 employees statewide across ODHS and OHA, with high turnover rates. Lack of staffing to maintain security access measures leads to security delays and staff being unable to access their worksites in a timely and safe manner.
- The lack of ability to conduct safety and security assessments in 168 offices statewide on a consistent basis means ODHS and OHA are unaware of the scope of imminent risks/threats to staff and community members.
- Failure to effectively manage workplace safety, health, employee well-being, and mitigate the impacts of trauma directly impacts our clients and communities resulting in a loss of trust for the agency and an increase in liability.
- ODHS and OHA lead Suicide Prevention for Oregon. Without the staffing to adequately address the overwhelming number of suicide incidents the Trauma Aware program is not able to adequately and effectively function.

8. What **solution** are you proposing through this policy option package (POP)?

- Fully support the investment of $1 million for facilities improvements in 168 owned and leased buildings statewide.
- Fully fund safety and security contracting budget of $4 Million to ensure uniformed and skilled professionals are available to meet safety needs where our staff are.
- Fully support the request for 10 staff to ensure safety and security across ODHS and OHA Facilities Management, Health Safety and Employee Wellbeing, and the Trauma Aware programs in Central and Shared Services. This is a minimally adequate number of staff responsible for maintaining foundational security for thousands of people across Oregon partnering across systems to leverage cost effective measures for ensuring safety within a collective impact approach.

9. What **alternative solutions** were considered and what were the reasons for selecting your solution?

   - Non-budgeted Job Rotations and WOC assignments Temporary and Limited Duration positions
   - Contractors paid out of service delivery Program/Division and other budgets, often in the face of urgent incident management efforts
   - Collaboration across agencies – OHA, DAS, community partnerships and LEAs
   - Operating without any idea of what our risks are until we are faced with a crisis and reacting to crisis as they occur

   These temporary solutions do not prevent physical or psychological injury, tort claims and lawsuits, or support healthy safe service engagement. They are very expensive band-aids to real-time issues that we have the data, capability and responsibility to anticipate and mitigate for staff and public safety. This POP proposal includes solutions that result of detailed data analysis across Workday, HR, Labor Management, OREM, facilities administration and field reports for a collaborative, cross-agency approach to intentionally prioritize safety for people in the most cost effective and inclusive manner possible. Without a responsible solution such as this, we are one incident away from potentially irreparable damage and being on the front page of the newspaper in an expose that further deters at-risk populations for the supports they require to remain safe, stable and having access to supports within their communities.

   This Safety POP focuses on five key solutions that are cost effective, accessible, measurable and provide a considerable return on investment.

   - Assessment – ongoing assessment of safety and security needs (physical, psychological, and environmental), along with recommendations and supports to implement them

- Physical environment improvements – security and safety measures that deter, prevent, detect and respond to local physical security. This includes security cameras, secure entrances, perimeter fencing in secure parking areas, and more
- Incident Management – staff support to review Workday incidents, coordinate responses, and follow up on outcomes
- Trauma Aware – suicide prevention and trauma response services driven by data and supported by legislation to ensure lifesaving responsiveness
- Accessibility – environments and accessible, safe, secure and welcoming for community members who seek out services and partnerships

10. Has the proposed solution been successful in **other contexts or jurisdictions?** Alternatively, if there is no precedent, explain why you believe this concept will achieve its aims here in Oregon.

- Multnomah County, beginning with libraries, has moved from pilot to a permanent security solution on which many of ODHS unfunded pilots have been modeled
- The Office of Human Resources, which oversees the OHSE and Trauma Aware programs, and OFM believe this proposal will enable ODHS and OHA to achieve multi-sector desired goals and outcomes in support of the communities we serve:
  - Thorough workplace investigations completed with the timeframes identified in statute and policy.
  - Complying with enterprise expectations facilities management
  - Creating safe, healthy and trauma free work environments for agency workforce and community members who are seeking our services.
  - Strengthen security practices and systems across all our ODHS and OHA offices in a proactive, inclusive, and responsive manner that reduces escalation and mitigates risk.

11. Does this POP require a **new statute or changes to existing statute(s)?** If so, have you completed the Legislative Concept request form for statutory changes?

- No. This POP does not require new or revised statute, rules, or policies.

Part 2. **EQUITY AND INCLUSIVITY**

1. How will this POP **address inequities** faced by impacted communities?
   - While data are not collected on racial demographics of ODHS and OHA staff reporting safety incidents, those using our services are disproportionately people of

color. This will provide safer environments and additional protections against racially based or anti-LGBTQ incidents of violence or harassment.

Part 3. **MEASURING PERFORMANCE**

1. Which of your **key performance measures (KPMs)** is this POP connected to?

   - While there are no ODHS - OHA KPMs filed with legislature regarding safety at this time, the Human Resources programs, including OHSE and Trauma Aware, as well as the Shared Services Office of Facilities Management support Program/Division service delivery in reaching their KPMs. HR incorporates the ODHS Management System to develop and monitor quarterly metrics and targets.
   - OFM has KPM's associated with their Service Level Agreement with ODHS Programs and OHA Divisions that include Space Utilization and Customer Satisfaction. OFM is also responsible to provide a Facilities Plan, including metrics, to DAS by July 31st of even numbered years.

2. If none, are you proposing a **new or modified KPM?**

   - No, currently we are not proposing new or modified KPMs.

3. How will the work you're proposing help ODHS meet or exceed the **KPM targets?**

   - HR regularly reports to agency and program leadership on the following outcome measures: Employee Diversity and Turnover Rates.
   - HR provides services that promote organizational health and employee retention, which supports the agency and programs with meeting their KPM targets.
   - OFM provides building and environmental safety and security that are foundation to ODHS infrastructure, without which KPMs targets become compromised.
   - The COO delivers regular reports regarding operational support services, including facilities and asset management details, to ODHS and OHA executive leadership for consideration and is an input for ODHS in KPM target.

4. What are the envisioned **outputs** of this POP?
   Consider activities you will be able to count in actual numbers: partners engaged, clients served, regions served, applications processed, staff trainings conducted, referrals made, transitions completed, families participating, etc.

   - Reduce the number of workplace investigations related to safety, security and wellbeing issues
   - Reduce the number of workplace injuries

- Reduce the number of safety incidents
- Increase the number of employees reporting improved safety and wellbeing
- Reduced staff turnover related to environmental and psychological safety concerns
- Reduce the amount of funding drawn from other budgets to pay for security contracts; which in turn increases the amount of funds for service delivery
- Reduce the number, amount and type of tort claims and lawsuits related to safety
- Increase the number of safety assessments and proactive measures to mitigate risk

5. **Outcomes** show how people are better off because of the outputs you listed above. What are your expected outcomes?
   Consider measurable effects like improved service navigability, reduced racial disparities within programs, expanded access to needed services among key populations, improved transition rates, etc.

   - Expanded and improved access to needed services among key populations
   - Reduced escalation of incidents
   - Improved safety and security contract administration
   - Improved budget management for security contractor services
   - Improved security measures in field offices
   - Reduced incidents of threats and injuries
   - Improved community relations, including historically underserved and under-engaged communities
   - Reduced property damage and loss

6. How will you **collect the data** you need to measure the success of this solution? Is this data currently being collected? Have you engaged ORRAI to discuss elements needed to plan for data gathering?

   - Workplace safety incidents are reported and tracked in Workday and reported by OHSE
   - OHSE also tracks the seriousness of each incident and if law enforcement was called
   - OHSA complaints are tracked by OHSE

7. To achieve optimal data collection, would you need to make **changes to your case management system?** Describe.

   - None other than continuous improvements as described in questions #6 of this part.

Part 4. **IMPROVING CUSTOMER SERVICE**

1. Discuss the ways this POP will **improve customer service**.

   - Each office will receive a comprehensive preventative safety assessment to determine the need for contracted security services or physical plant improvements to increase safety
   - Security presence creates a calmer and safer environment with higher staff morale, leading to improved customer service
   - All safety incidents reported will have timely case management from OHSE safety staff to safety plan based on the future risk
   - Trauma aware will respond to staff and teams after safety incidents to address the trauma response staff have from critical incidents
   - Investing in facilities improvements and security contracts through Office of Facilities Management will ensure internal customer satisfaction by ensuring offices have the safe and secure environments they require for staff to conduct work efficiently, as well as increase external customer satisfaction by ensuring they are able to safely access and utilize ODHS spaces.
   - Investing in security contracting ensures responsiveness to safety that prevents criminal activity/charges, de-escalates traumatic events, and ensures public safety without involving law enforcement and the criminal justice system in most cases.

2. Will your solution require an **IT investment?** Explain.
   - No.

Part 5. **IMPLEMENTATION**

1. If the legislature allocates funds for the proposed POP, how specifically would we **use the money to implement it?**

   - The allocation of legislative funds for this Central and Shared Services POP will be used for facilities improvements, contracted safety and security providers, and a minimally adequate number of staff positions. The positions will be used to support the delivery of services in Office of Health, Safety & Employee Well-Being, Trauma Aware, and Office of Facilities Management.
   - Upon approval of funding, planning across OHSE, Trauma Aware, Facilities Management, and OREM will be coordinated to clearly identify roles and responsibilities, funding allocation, additional resources to be leveraged and shared, as well as to develop a project plan, communication plan, and reporting mechanism.
   - Assessments will be developed and conducted in each of the 168 offices to learn the safety and security needs of each office, develop recommendations, plan solutions with field leadership, monitor and report progress/outcomes.

- Facilities will source and purchase the most cost-effective security equipment and installation solutions for public building spaces.
- Security contracts will be centralized under a single contract administrator to provide strong contractor support and accountability and adherence to budget.
- OHSE will develop a strategic plan and documented processes, such as a manual, to facilitate incident management. This will span the reporting process, Workday report functions, recommendations for solutions, access to resources, monitoring and measuring outcomes.
- Trauma Aware will develop a strategic plan to ensure staff have equitable and sufficient access to trauma response mechanisms, follow up care, and a data reporting mechanism is in place to learn from and adjust practices/policies.
- HR and OEMS will be consulted early and often during the development of the implementation activities to ensure efficacy in hiring, onboard, and supporting staff as well as improving community relations.
- The COO will collect metrics outlined in the legislation implementation plan to track the progress of implementation and collaborate with other leaders to remove barriers and ensure successful implementation of the Safety POP.

2. What are the biggest potential barriers or risks to successful implementation?

- Lack of investment in requested in this POP for facilities improvements, contract funds, as well as ensuring minimally adequate safety and security staffing.
- This risk leads to employee stress and burnout, and it reinforces a reactionary response to critical issues that erode partnerships and processes that may otherwise focus on long-term collective solutions and achieve shared outcomes.
- Lack of coordination across the safety programs within OHSE, Trauma Aware, and OREM if the Safety POP is not viewed, funded and implemented as collaborative agency-wide solution.
- Lack of awareness and understanding across field programs of the menu of support services available to them throughout OHSE, Trauma Aware, OFM and OREM, including the roles and responsibilities as well as how to access each if a communication plan is not in place and facilitated.

3. What other **ODHS units, public agencies, Tribes, communities or other partners** will be involved in the implementation of this POP? What will their responsibilities be?

- The Office of Equity and Multicultural Services and Tribal Affairs offices will be included in implementation planning conversations for this POP to ensure the safety

measures in place do no harm, are responsive and inclusive of the diverse needs of the people in Oregon.

- Tribal consultation will be utilized for significant building issues that affect tribal members
- District leadership will be consulted included in Implementation Planning conversations that inform project plans, communication plans, processes and procedures as well as staffing models.
- OREM will be included to ensure alignment with the ODHS Continuity of Operations Plan, as well as to share communication with external partners throughout their sphere of influence.

Part 6. **BUDGET**

1. Are there **prior investments** allocated for this policy package?

   In a sense, there are. There is legislation funding Suicide Prevention, which resides within the Trauma Aware program. There is also recent legislation supporting harm reduction measures to prevent drug overdose. ODHS program budgets are funded to provide services and to meet some basic operational costs, however those funding allocations do not cover the expenses associated with Central and Shared Services supports that are responsible to address the exponentially expanded safety and security issues (450%) which have grown in a manner congruent with the health and human services staffing and acuity needs in Oregon.

2. What **assumptions** affect the pricing of this policy package?

   - $1 million for facilities improvements ($50,000 for cameras and minor hardening to ten buildings per biennium and $100,000 per building for parking lot fencing and exterior barriers for five buildings per biennium)
   - There are currently $5 million in piloted security contracts which will be continued with permanent funding from this POP

3. Will there be **changes to caseload, cost per case or services provided** to specific populations? Explain.

   No.

4. Describe the **staff and positions** needed to implement this policy package, and whether existing positions can be modified to meet the need. Be sure to note what each position type will be responsible for to move the proposed work forward.

The following is a breakdown of the positions requested in support of the Safety POP supporting Central and Shared Services. There is an initial overview of the funding investment for facilities and contracting needs followed by an overview of staffing position request. Under each section is a brief description of the work these positions will perform and support internal to the agency(s) as well as within communities.

Facilities Improvements = $1,000,000 investment for security measures such as cameras, fencing, entrance/exit changes, alterations of lobbies (hardening yet trauma informed), enhanced lighting, altered landscape, changes to parking, spanning 168 buildings.

Security and Safety Service Contracts Budget = $4,000,000 for armed, unarmed, uniformed and culturally responsive security contractors serving ODHS offices, parking lots, events, and co-located staff areas. We anticipate a cost savings over time to result from improved facilities, community rapport, and social wellness as mental health and addiction issues improve however this is a data-driven request and reflects the dynamics ODHS offices are facing currently and throughout the 2025-2027 biennium, at minimum.

HR - OHSE (Shared Services)

ODHS
2 FTE – Safety Specialist 2
1 FTE – Operations & Policy Analyst 3

OHA
1 FTE – Safety Specialist 2
1 FTE – Operations & Policy Analyst 3

Total: 5 FTE; 3FTE (ODHS); 32FTE (OHA))

- These requested positions will support safety and health performance management systems to ensure workplace safety, health & employee well-being is efficiently managed throughout the agency and within all our programs.
- This section is a shared services section and will support and provide service to both ODHS and OHA agencies with a combined workforce of approximately 16,000 employees.
- Ensuring the safety, health, and well-being for ODHS and OHA employees also ensures a safe and trauma free environment for agency clients and communities.

- These positions will support the development of a systemic process for managing office safety and security risks that impact our workforce, clients, and communities. This includes but is not limited to:
  - A timely response to all threats or concerning behavior and to all safety incidents to ensure for a thorough investigation, analysis and response.
  - Developing a safety and health management system for ODHS and OHA to mitigate exposures that contribute to workplace injuries and illnesses.
  - Regionally based threat assessments, workplace safety and health audits, and security consultations within each of 160 ODHS and OHA office buildings supporting communities.
- These positions will provide the capacity to complete comprehensive safety assessments of our work processes and offices, enhance physical security improvements and services for the safety of our workforce and community members seeking services.
- Effectively managing workplace safety, health & well-being for our agency employees mitigates risk and exposures for our clients and communities ensuring for a safe and healthy environment within which to engage with programs for receipt of services.

HR Trauma Aware

ODHS
2 FTE – OPA 3

OHA
1 FTE – Operations & Policy Analyst 3

Total Requested AY25-27 POP: 3 FTE: 2 FTE ODHS, and 1 FTE OHA

- If fully supported, these positions will be used to integrate trauma informed practices into our work environments mitigating risk of re-traumatization of employees and clients.
- This section is a shared services section and will support and provide service to both ODHS and OHA agencies with a combined workforce of approximately 16,000 employees.
- These positions will be used to develop policy and business practices throughout ODHS and OHA that infuse trauma informed practices in our work models and program delivery processes.

- These positions will support domestic violence policy, training, and practices across ODHS and OHA. In addition, these positions will support policy and business process in other critical areas, including but not limited to:
  - Trauma Response Services
  - Employee Loss Response
  - Critical Incident Stress Management
  - Suicide Prevention, Intervention and Postvention

Office of Facilities Management (Shared)

1 FTE – Operations & Policy Analyst 3 (Purchasing, Lease & Contract Administration – ODHS & OHA)

1 FTE – Environmental Engineer 2 (Environmental Engineer – ODHS and OHA)

Total OFM: 2 FTE (Shared Service between ODHS and OHA)

These positions do not currently exist in OFM and are seen as a gap and barrier to accomplishing work related to safety, security, and effective contract administration for services.

- If fully supported, these positions will be used to fully staff Office of Facilities Management to ensure security and safety in public buildings, adequate construction planning and procurement administration, as well as inventory control and oversight for ODHS and OHA, including mitigating property damage and loss.
- Operations Policy Analyst 2 positions will oversee and coordinate purchasing and lease activities as well as security and safety contract administration statewide.
- Safety Specialists, if fully supported, will be located regionally throughout Oregon to cover all 168 offices. They will coordinate with counterparts in OREM, OHSE, Trauma Aware, as well as local law enforcement, landlords, contractors, ODHS District Offices, and building managers for both ODHS and OHA. Duties will encompass security systems, ensuring secure perimeters, and manage safety equipment.
- Environmental Engineering Specialist position will review engineering plans and specifications for new construction/building modifications; evaluate the operational performance of major/complex sources; investigate and characterize the impact of air contaminant emissions, wastewater discharges, and/or hazardous and solid waste disposal on the environment; and investigate major or critical environmental problems in 168 buildings throughout the state as well as new construction projects, and co-located offices including Tribal and community buildings upon request.

Positions Requested

Health Safety & Employee Wellbeing: 7 FTE (4 ODHS/3 OHA)

Trauma Aware: 5 FTE (3 ODHS/2 OHA)

Office of Facilities Management: 8 FTE (4 ODHS/ 4 OHA)

Grand Total: 20FTE (11 ODHS/9 OHA)

5. What are the **startup and one-time costs** associate with this POP?

   - None anticipated

6. What are the **ongoing costs?**

   - Contracted services for safety and security.
   - Equipment maintenance costs are calculated within the purchase prices.
   - Payroll expenses associated with requested positions.

7. What are the **sources of funding (revenue)** and the funding split for each one?

   - The ODHS Office of Human Resources is funded through the State of Oregon General Fund.
   - 5 of the total positions requested will be provided and funded by OHA in support of employee safety and health and trauma awareness.
   - The Office of Facilities Management is funded as an ODHS -OHA Central Service for the buildings, as well as a Shared Service for staffing, however the requested budget for Facilities Improvements and Contracted Security services is presumed to be an ODHS budgetary allocation associated with ODHS service delivery offices.

8. What are potential **savings?**

   - If this POP supports the position request for the Office of Facilities Management, OHSE, and Trauma Aware offices there is an estimated savings in employment liability, workers compensation liability and litigation expenditures.
   - OFM funding request for $10 million to centrally manage security contracts across the state will allow ODHS to leverage the spend by negotiation standardized contracts in advance of crisis rather than attempting to manage multiple small contracts at high prices out of various budgets managed in the field. This also reduces the risk of litigation and increases equitable contracting practices.

- Investing in Facilities Improvements in the amount of $2 million dollars is less than half the expense ODHS is currently absorbing due to property damage and loss, staff injuries, tort claims and other lawsuits. Safety has no price tag when it comes to community members accessing services.
- OHSE and Trauma Aware initiatives such as suicide and overdose prevention in recent legislation was a terrific step in the direction of Safety for Oregon, however lack of funding to support staff to do the work has cost the agency. Budgets that are currently being accessed to fund staffing for these programs will experience a savings when the POP is funded.

TOTAL FOR THIS POLICY PACKAGE

	General Fund	Other Funds	Federal Funds	Total Funds	Positions	FTE
Personal services	$0	$1,197,494	$0	$1,197,494	10	4.46
Services + supplies	$2,767,002	$168,516	$2,125,268	$5,060,786	0	0.00
Capital outlay	$0	$0	$0	$0	0	0.00
Special payments	$719,516	$31,458	$474,363	$1,225,337	0	0.00
Other	$0	$0	$0	$0	0	0.00
Total	**$3,486,518**	**$1,397,468**	**$2,599,631**	**$7,483,617**	**10**	**4.46**

FISCAL IMPACT BY PROGRAM

	ODHS Shared	ODHS SAEC			**Total**
General Fund	$0	$3,486,518			**$3,486,518**
Other Funds	$1,225,338	$172,130			**$1,397,468**
Federal Funds	$0	$2,599,631			**$2,599,631**
Total Funds	$1,225,338	$6,258,279			**$7,483,617**
Positions	10	0			**10**
FTE	4.46	0.00			**4.46**

Program(s) / Unit(s)	ODHS
POP Title	110 – Position Authority and Funding for Agency Operations
Related Legislation	
Summary Statement (5 to 7 sentences)	Currently, staff serving in non-budgeted positions (NBPs) are performing essential, ongoing functions in each of ODHS' major programs. These positions create fiscal challenges for the agency, as ODHS must fund them using temporary sources like vacancy and one-time services and supplies savings. Additionally, since ODHS receives no funding for NBPs' cost of living adjustments or pay increases, the agency must cover these through savings as well. To stabilize ODHS' foundations and ensure these key positions can continue serving the people of Oregon, the department is requesting position authority and funding for 50 NBPs department-wide. The mix includes 4 positions in Central Services, 3 in Shared Services, 11 in Self-Sufficiency Programs, 10 in Child Welfare, 3 in Vocational Rehabilitation, 6 in Aging and People with Disabilities PD, 3 in ODDS and 10 in OEP. Unless ODHS obtains legislative authority for these positions, their costs will continue to present ongoing financial risks for the agency.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing	$12,341,732	$1,495,840	$9,711,301	$23,548,873	50	50.00

ODHS 2025 POP Long Form

Part 1. SETTING THE STAGE

1. Briefly describe the **core value(s)** driving this POP. In the big picture, why does it matter?

Oregon communities deserve a human services system that is responsive to their needs – one that can adapt to dynamic circumstances and ensure equitable, quality services are available to people when and where they need them. Sometimes this requires emergently adding staff to the ODHS team when there is no dedicated budget available for the new positions.

2. Describe the **problem/s or opportunity/ies** this proposal would address.

To meet pressing needs that arise between biennial budget processes, ODHS must sometimes create non-budgeted positions (NBPs), funding them through unfilled vacancies and other sources of one-time savings until the agency has the opportunity to formally request position authority and funding from the legislature. Dated workload models contribute to a need for NBPs, which help us fill service gaps that emerge as caseloads outpace staffing levels. Additionally, the agency does not have a workload model to support the growth of infrastructure, so while caseload-driven staffing levels grow regularly, they are generally not accompanied by the administrative positions needed to support our growing teams.

While NBPs allow the agency to perform critical work – including program leadership and a wide range of legislatively funded priorities – they also must rely on unstable sources of funding, such as one-time vacancy or services and supplies savings. At present, ODHS has a number of long-term NBPs that support essential and permanent bodies of work within its six major programs. Unless these positions earn legislative funding and authority, ODHS will have to continue to fund them through temporary sources of savings, creating significant financial risks for the agency. Lastly, the work that NBPs are currently performing in ODHS programs is often unrelated to the functions of those authorized vacant positions tapped to fund the NBPs, which results in a misaligned agency budget that raises transparency concerns since it can be challenging for external parties to interpret.

3. What has **already been done** to address or mitigate the problem/ opportunity?

Over the last two biennia, ODHS has reduced the use of NBPs by implementing rigorous position management practices, including the use of real-time tracking tools to inform ODHS leadership about NBP status department-wide, developing data-informed staffing plans, resolving NBPs when they become vacant, and requiring managers to develop business cases for new positions complete with funding options and anticipated consequences of not funding the

position(s). From the end of the last biennium to summer 2024, these and other efforts have resulted in a 45% reduction in the number of long-term NBPs agencywide.

4. What are the **risks** if the problem/opportunity is not addressed?

The requested positions enable the agency to effectively lead and manage programs, monitor program performance, ensure client safety, maintain compliance with federal requirements, and deliver for Oregon communities. Given their mission-critical nature, ODHS must ensure these positions receive ongoing funding. Unless the positions earn legislative funding and authority, ODHS will have to continue to fund them through temporary sources of savings or by diverting resources from key operations elsewhere in the agency, which creates the risk of potential budget shortfalls and ongoing fiscal instability for ODHS.

5. What **solution** are you proposing through this policy option package (POP)?

To ensure the agency can perform core work, guard against shortfalls and improve budget transparency, ODHS is requesting funding and position authority for 50 NBPs that are currently supporting long-term and permanent bodies of work across the agency. Among these are:

- The Directors of the Office of Developmental Disabilities Services and the Oregon Eligibility Partnership;
- Positions in Aging and People with Disabilities that direct core regulatory, safety, business and equity operations;
- Child Welfare managers overseeing branch operations around the state;
- Management positions ensuring quality customer service in the state's eligibility enterprise;
- The Self-Sufficiency Programs (SSP) Deputy Director along with essential management positions spanning the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance to Needy Families (TANF), Refugee Program and other core areas in SSP; and
- Rehabilitative counseling managers supporting statewide programmatic efforts for Vocational Rehabilitation.

6. What **alternative solutions** were considered and what were the reasons for selecting your solution?

ODHS' position management practices have produced a marked decline in the number of NBPs across the agency. However, position management alone cannot address the NBPs described in this POP, as these core leadership and management functions cannot be eliminated upon becoming vacant without significant risk to agency operations and the communities we serve. Legislative investment is necessary to secure sustainable, long-term funding for these positions.

7. Has the proposed solution been successful in **other contexts or jurisdictions?** Alternatively, if there is no precedent, explain why you believe this concept will achieve its aims here in Oregon.

N/A

8. Does this POP require a **new statute or changes to existing statute(s)?** If so, have you completed the Legislative Concept request form for statutory changes?

No.

Part 2. **EQUITY AND INCLUSIVITY**

1. How will this POP **address inequities** faced by impacted communities?

Guided by its Equity North Star, ODHS is committed to integrating equity into every part of its operations. By sustaining core positions across ODHS programs, the funding secured through this POP will help ensure the department has the leadership and management necessary to move us toward our vision of an agency free of racism, discrimination and bias.

Positions requested here will be key to the successful implementation of ODHS' Diversity, Equity, Inclusion and Belonging (DEIB) Plan. In particular:

- The presently non-budgeted Deputy Director position in the Office of Equity and Multicultural Services (OEMS) is responsible for assessing DEI-related gaps and needs across the agency and creating measurable strategies to address these gaps while serving as a facilitator and strategic advisor for implementation;
- OEMS' Race and Equity Transformation Manager, Workforce Development position leads agency-wide DEIB education and training efforts that ensure ODHS staff and leaders have the knowledge and skillsets needed to move the agency toward its equity objectives.
- The Equity Strategy Unit Manager position in Aging and People with Disabilities (APD) leads service equity efforts and ensures sustained focus, progress, and alignment of equity-related processes and practices within APD's complex programs and services.

Part 3. **IMPROVING CUSTOMER SERVICE**

1. Discuss the ways this POP will **improve customer service**.

While each requested position contributes to the agency's ability to serve Oregonians effectively, several are specifically focused on customer service improvement, including:

- Oregon Eligibility Partnership's Virtual Eligibility Center (VEC) Manager, who ensures eligibility operations are appropriately resourced and that OEP's customer service model, policy, procedures, and practices are successfully implemented;
- The manager of OEP's staff training operation, who ensures staff are prepared to complete eligibility determination work accurately and timely and that customer interactions are consistent with the OEP customer service model; and
- A Rehabilitative Counseling Manager in Vocational Rehabilitation (VR), who supervises half the state's branch managers and implements continuous improvement efforts to enhance VR services to customers.

2. Will your solution require an **IT investment?** Explain.

No.

Part 4. **IMPLEMENTATION**

1. If the legislature allocates funds for the proposed POP, how specifically would we **use the money to implement it?**

The funding would be used to pay for the 50 positions resolved through this POP.

2. What are the biggest potential barriers or risks to successful implementation?

N/A

Part 5. **BUDGET**

1. Are there **prior investments** allocated for this policy package?

While the specific positions requested here have not received legislative authority or funding to date, the legislature has recognized the risks associated with long-term NBPs and has recently invested to help resolve a number of these positions. Senate Bill 5701 (2024), for example, resolved 50 long-term NBPs in ODHS Central Services – authorizing full-time, permanent positions spanning Human Resources, the Office of Reporting, Research, Analytics and Implementation (ORRAI) and other core offices – along with an additional 29 in the Office of Resilience and Emergency Management.

2. What **assumptions** affect the pricing of this policy package?

The pricing is based on current service level (CSL) data.

3. Will there be **changes to caseload, cost per case or services provided** to specific populations? Explain.

No. Staff are already serving in the requested positions and as such the department anticipates no caseload changes as direct results of funding this package.

4. Describe the **staff and positions** needed to implement this policy package, and whether existing positions can be modified to meet the need. Be sure to note what each position type will be responsible for to move the proposed work forward.

Program/unit	Position	Responsibilities
Director's Office (DO)	Consultant Advisor 2	Health and Human Services Policy Advisor to the Governor
DO	Business Operations Administrator 1	The Deputy Chief Operations Officer, Strategy and Implementation, leads the Strategic Projects Office in advancing the long-term goals and direction of the agency through enterprise-level policy initiatives.
Office of Equity and Multicultural Services (OEMS)	Diversity, Equity, and Inclusion Administrator 1	This position is responsible for assessing DEI-related gaps and needs across the agency and creating deployable strategies to address these gaps while serving as an internal and external consultant, facilitator, and strategic advisor for the implementation. The position makes formal recommendations to adapt current processes and practices to meet the needs of existing and pending legislation and serves as a subject matter expert for the development of program metrics, evaluation, and plan revisions.
OEMS	Diversity, Equity and Inclusion Manager 2	This position works across the organization to lead, collaborate, and manage agency-wide educational and training initiatives for greater alignment and impact. The position develops and implements policies, procedures, and program priorities that are consistent with the policies established by higher-level officials and supports HR and ODHS programs in producing culturally appropriate services. This role also manages the agency's 16 Employee Resource Groups (ERGs) and its equity training and education program.
Shared Services	Business Operations Manager 3	The Trauma Aware Program manager position is responsible for services and staff

		that address critical incidents or traumatic events along a spectrum from violence in the workplace, death of colleagues, and harm of those who have experienced historical and identity-based traumas.
Shared Services	Business Operations Manager 2	Provides direct support and supervision to Project and Portfolio Managers that support initiatives from the Director's Office and the Chief Operations Office. The team is currently managing 24 projects across ODHS and this position provides coordination, collaboration, oversight, and vision so these projects can be successful.
Office of Training, Investigations and Safety (OTIS)	Compliance and Regulatory Manager 2	Provides direct supervision to 10 Compliance Specialist 3s. These staff provide regulatory oversight for Child Caring Agencies (CCAs) in Oregon. The services CCAs provide are utilized by multiple state agencies, including ODHS CW, OYA, OHA, and many Oregonians. Skilled management of the regulatory team is needed to ensure the safety of vulnerable children served by these organizations.
Self-Sufficiency Programs (SSP)	Human Services Manager 3	The Senior Program Manager for District 2 oversees an $82 million budget and manages eight storefront offices with oversight of a workforce of 291 direct SSP staff, while also supporting 142 additional eligibility staff. This role ensures effective program and contract administration for TANF, TADVS, FS&C, SNAP, and Family Preservation, and fosters cross-system collaboration with community partners and local governments, providing strategic leadership and promoting equity across the district.
SSP	Human Services Manager 3	This position oversees and evaluates business processes and systems, implementing procedures to maximize operational efficiency. It manages district business services, including budget, safety, facilities, fleet, emergency management, hiring and retention, and the volunteer/intern program, while also serving as Contract Administrator

		to ensure compliance with rules, regulations, and performance outcomes.
SSP	Human Services Manager 2	This position coordinates all district-delivered Self-Sufficiency Programs for TANF, including Refugee and Domestic Violence services, and is responsible for continuous quality improvements, project management, and strategic planning. It oversees policy execution, manages operations, staff, and performance, supervises SSP Operations Managers and employees, and collaborates with JOBS contractors and community partners to implement business plans for TANF recipients.
SSP	Business Operations Manager 2	This position oversees and evaluates business processes, developing streamlined procedures and systems to enhance efficiency, compliance and performance across all CW, SSP, APD, and OEP programs in six branches. It manages centralized business operations, including hiring, fleet management, facilities, safety, and security compliance, and is responsible for district-wide emergency management planning and the CW Temporary Lodging process, ensuring consistency and greater alignment across programs.
SSP	Human Services Manager 2	This position manages the SSP Training Unit, My Future My Choice, and Design and Implementation, ensuring that training, policy, and practice align with new programs, policy changes, and cross-program initiatives. It leads service delivery teams, fosters cross-agency collaboration, and provides technical support and consultation on multigenerational support, human-centered design, and innovative practices, while also implementing federally funded sexual health programming to mitigate unintended pregnancies and poverty.
SSP	Human Services Manager 2	The Refugee Manager oversees the supervision, policy, and administration of the ODHS Refugee and Resettlement program, including both Federal and State grants. As the State Refugee Coordinator, a role

		appointed by the Governor and ODHS Director's offices, this position has the authority to administer and manage Oregon's Refugee Resettlement program.
SSP	Human Services Manager 2	The Project Management Office (PMO) Manager manages a team of project managers, creates trainings and professional development for staff, prioritizes and oversees the project portfolio and coordinates strategy and communication channels between projects and leadership for the Self Sufficiency Program (SSP), along with special projects for leadership as needed.
SSP	Human Services Manager 2	The TANF Manager oversees the supervision, policy, and administration of the Federal TANF Block Grant in Oregon, including program development, budget management, and fiscal penalties. This role ensures compliance with state and federal reporting requirements, monitors service delivery, and builds effective relationships with local entities, community partners, and federal agencies, while staying informed about legislative actions and coordinating with various stakeholders.
SSP	Policy, Planning, and Development Manager 2	The SNAP Policy and SNAP-related Programs Manager oversees the policy, planning, and administration of federal and non-federal food programs, including SNAP Education, SNAP Outreach, Disaster SNAP, DUFB, and Restaurant Meal Program, as well as FNS programs like CSFP and TEFAP. This role also leads EBT coordination and food policy, while managing and consulting with the SSP Administrative Rules team.
SSP	Human Services Administrator 2	This position is responsible for direct management of Child Welfare and Self-Sufficiency District Managers and indirect management of district functions and operations as well as guidance on program performance and accountability for both CW/SSP. As SSP Deputy this position is responsible for all aspects and oversight of SSP service delivery which includes resource allocation, practice and implementation of

		policy, training, quality assurance and business operations as well as resolution of service delivery issues and liaison between service delivery and SSP central office staff.
SSP	Human Services Manager 2	The Summer EBT Manager oversees hiring and onboarding for the SEBT team, manages the SEBT budget, and coordinates with the OEP/SEBT application and federal partners. This role also serves as the Program and Policy Business Manager for the Self-Sufficiency Business Analyst team, collaborating with data system partners to align program policy with system functionality, and establishes procedures and standards for comprehensive and timely implementations.
Child Welfare (CW)	Child Welfare Manager 2	District 10 Program Manager supervises Branch Supervisors and Branch Operations
CW	Child Welfare Manager 3	Operations Manager for 24 hour CW Hotline (ORCAH)
CW	Human Services Manager 2	District 3 Program Manager supervises Branch Supervisor and Branch Operations
CW	Child Welfare Manager 2	District 2 Program Manager supervises Branch Supervisors and Branch Operations
CW	Child Welfare Manager 2	District 6 Program Manager supervises Branch Supervisors and Branch Operations
CW	Child Welfare Manager 2	District 4 Program Manager supervises Branch Supervisors and Branch Operations
CW	Child Welfare Manager 2	District 3 Program Manager supervises Branch Supervisors and Branch Operations
CW	Child Welfare Manager 2	District 3 Program Manager supervises Branch Supervisors and Branch Operations
CW	Child Welfare Manager 3	District 2 Senior Program Manager supervises all District 2 Program Managers
CW	Human Services Administrator 1	Deputy of Business Operations for CW and SSP Programs
Vocational Rehabilitation (VR)	Rehabilitative Counseling Manager 2	The Workforce Manager position manages three VR program units: VR's Workforce Team, which develops relationships with employers across the state to hire people with disabilities; VR's Work Incentive Network Team that provides benefits counseling to people on Social Security Income; and VR's

		Ticket to Work and Cost Reimbursement programs.
VR	Rehabilitative Counseling Manager 2	This position manages two VR program units: VR's Policy team; VR's Compliance and Quality Assurance team.
VR	Rehabilitative Counseling Manager 2	This position supervises half of the state's branch managers and supports statewide, programmatic efforts. Specifically, this position supports the professional development of managers in VR; advancing goals in the VR State Plan; and implementing continuous improvement efforts to improve VR services to customers.
Aging and People with Disabilities (APD)	Human Services Manager 3	APD Business Director supporting APD-related system changes
APD	Compliance and Regulatory Manager 3	Administrator for licensing and corrective action teams
APD	APD Administrator 1	Directs and oversees Regulatory/Safety policy and operations
APD	APD Manager 2	Drives, directs, and matures APD equity efforts
APD	APD Manager 2	Oversees APS training, quality assurance and quality improvement (QA/QI) & data
APD	APD Manager 2	Manages investigatory functions in licensed care settings
Intellectual and Developmental Disabilities (IDD)	Compliance and Regulatory Manager 3	The Quality Improvement Manager is responsible for the overall quality and risk management programs designed to continuously improve the safety, quality and effectiveness of IDD services
IDD	Business Operations Administrator 1	The COO of ODDS reports to the ODDS Director and shares accountability for day-to-day operational activities for all aspects of the DD system in both services and personnel. This includes Medicaid Waivered services, including Community and Facility Based Employment Services; Community First Choice Option (K-plan) services, including but not limited to In-Home Services, 24 Hour Residential Services, Child and Adult Foster Care Services and all services delivered

		through state, county and brokerage staff, providers and the Stabilization and Crisis Unit (SACU).
IDD	Human Services Administrator 3	The Developmental Disability (DD) Director is responsible for managing staff, community relationships and the activities of the Office of Developmental Disabilities Services. The Director is responsible for client, program and operational outcomes, and for sharing accountability for those outcomes with the Chief Operations Officer for DD. This position makes developmental disability policy which affects all developmentally disabled activities in the state of Oregon. The position significantly impacts the state's principal human services goals and objectives in delivering services to the developmentally disabled population in the state.
Oregon Eligibility Partnership (OEP)	Human Services Administrator 3	The OEP Director is responsible for OEP's overall direction, prioritization, and support for ONE program eligibility operations and the Centralized Abuse Management (CAM) system. This position is also the single source of direction for ONE program eligibility staff doing eligibility determinations for SNAP, medical, long-term care, TANF, ERDC, and domestic violence programs.
OEP	Human Services Manager 2	This position is the responsible manager for ensuring this unit is providing useful, timely and accurate support to OEP eligibility service delivery. Specifically, this unit coordinates ONE system related audits, facilitates ONE related workgroups as needed, project manages OEP special projects, and coordinates ONE system translation and alternate formats.
OEP	Human Services Manager 3	This position is the executive leader managing virtual eligibility center (VEC) operations ensuring eligibility operations are appropriately resourced and supported, as well as ensuring customer service model, policy, procedures, and practices are implemented and followed.

OEP	Human Services Manager 2	This position is the responsible manager for training eligibility determination staff, ensuring staff are prepared to complete eligibility determination work accurately and timely and customer interactions are consistent with the OEP customer service model.
OEP	Human Services Manager 2	This position is the responsible Deputy for overseeing service delivery and community engagement within OEP. This position acts as the program Deputy to the Director, able to make decisions when the Director is not available and leads program interactions with partners and the community around service delivery.
OEP	Business Operations Manager 2	This position is the responsible manager for the development, operations, miniatous, security, and user support for the Central Abuse Management (CAM) system. This unit also is responsible for system analytics, release coordination, testing, and report management. This system supports the workflow involved and contains the data needed to complete abuse investigations for children and those with intellectual disabilities or mental illness.
OEP	Human Services Manager 3	This position is the executive leader for operational direction, training and change management supports to meet needs of eligibility staff to ensure timely and accurate eligibility determinations.
OEP	Human Services Manager 3	This position is the responsible manager for service delivery support where change management is needed. This unit consists of 18 change leaders with direct responsibilities to assigned Storefronts and VEC phone center staff and operational areas.
OEP	Human Services Manager 2	This position is the responsible manager for the development, operations, maintenance, security and user support of the phone system used by our offices (SFOs) and Virtual Eligibility Center (VEC) which support eligibility operations and delivery of services to over 1.5 million Oregonians. This unit is also responsible for phone system analytics

		and release coordination, user help desk coordination, testing coordination, and report management
OEP	Human Services Manager 3	This position is executive leader managing resources, processes and procedures necessary to ensure storefront and Area Agencies on Aging (AAA) operations are adhering to customer service model, policy, procedures, and practices. Further, this section directs workflow, ensuring work model operational objectives are met. This section also manages eligibility specialty teams needed to appropriately process discrete bodies of work. Additionally, this position ensures strategic planning, operational implementation, and monitoring of storefront eligibility determination services for SNAP, Medical, Long-term Care, ERDC, and TANF.

TOTAL POSITIONS: 50 **TOTAL FTE:** 50

5. What are the **startup and one-time costs** associate with this POP?

   N/A

6. What are the **ongoing costs?**

Position costs associated with 50 permanent, full-time positions.

7. What are the **sources of funding (revenue)** and the funding split for each one?

The The fund split for each position varies by program. The General Fund, Other Funds, and Federal Funds splits for this request are reflected in the summary tables below.

8. What are potential **savings?**

By significantly reducing the agency's NBP count, this investment will allow ODHS to reserve the vacancy and other savings currently used to fund NBPs, lending stability to the overall agency budget and freeing up resources for achieving priorities across multiple parts of the agency.

TOTAL FOR THIS POLICY PACKAGE

	General Fund	Other Funds	Federal Funds	Total Funds	Positions	FTE
Personal services	$11,334,310	$1,458,931	$8,938,829	$21,732,070	50	50.00
Services + supplies	$289,869	$20,828	$226,459	$537,156		
Capital outlay						
Special payments	$717,553	$16,081	$546,013	$1,279,647		
Other						
Total	**$12,341,732**	**$1,495,840**	**$9,711,301**	**$23,548,873**	**50**	**50.00**

FISCAL IMPACT BY PROGRAM

	Shared Services	SAEC	Child Welfare	Self Suffiency	Voc Rehab
General Fund	-	$ 726,030	$3,010,230	$2,795,429	$ 296,481
Other Funds	$1,279,606	$ 16,270	-	-	$ 19,289
Federal Funds	-	$ 552,463	$1,290,105	$1,899,079	$ 978,913
Total Funds	$1,279,606	$1,294,763	$4,300,335	$4,694,508	$1,294,683
Positions	3	0	10	11	3
FTE	3.00	0.00	10.00	11.00	3.00

	APD	IDD	OEP	Central	**Total**
General Fund	$1,490,514	$ 715,174	$2,219,301	$1,088,573	**$12,341,732**
Other Funds	$ 53,288	$ 1,468	$ 78,228	$ 47,691	**$ 1,495,840**
Federal Funds	$1,077,921	$ 752,792	$2,305,102	$ 854,926	**$ 9,711,301**
Total Funds	$2,621,723	$1,469,434	$4,602,631	$1,991,190	**$23,548,873**
Positions	6	3	10	4	50
FTE	6.00	3.00	10.00	4.00	50.00

Program(s) / Unit(s)	Child Welfare / Treatment Services
POP Title	111 - Expanding FOCUS Programs
Related Legislation	N/A
Summary Statement (5 to 7 sentences)	Children do best when they grow up with family – whether with relative caregivers, resource parents or their biological families. Yet children with intensive needs are often placed outside of their homes and communities due to lack of specialized resources to serve them and their caregivers. This POP funds the expansion of two programs, the Response and Support Network (RSN) and Child Specific Caregiver Supports (CSCS) which are currently being piloted in nine counties. The RSN and CSCS programs train and coach caregivers to better serve children in their own homes and communities, rather than moving them to a new environment with higher levels of care. These programs have demonstrated success in stabilizing young people with intensive needs, preventing 75 percent from entering temporary lodging. Funding would provide similar supports to communities across Oregon, supporting Family Preservation, child well-being, placement stability, and permanency, while saving hundreds of thousands of dollars by preventing costly stays in temporary lodging or residential care and related expenses. Without this investment, children and families with complex care needs in underserved areas will not have access to intensive caregiver supports, and a high rate of placement disruption will continue. Other risks include increased need for foster care when parents are not able to meet the needs of their children, reduced resource parent retention rates and increased utilization of temporary lodging.

	$383,562	$ -	$164,381	$547,943	3	2.25

ODHS 2025 POP Long Form

Part 1. SETTING THE STAGE

1. In one sentence, identify the **core value(s)** driving this POP. In the big picture, why does it matter?

   When children with complex needs and their caregivers need specialized supports, ODHS provides services such as the Response and Support Network and Child Specific Caregiver Supports to stabilize families and keep children in their homes and communities where they do best.

2. Describe the **problem/s or opportunity/ies** this proposal would address.

   Children deserve to grow up in their own communities, where their established connections with family, friends, teachers, and others can support their well-being. However 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 demonstrated intensive community-based support services for children with complex needs, allowing them to remain in their own communities whether in a resource home, relative care, or parent's home.

   The services included in this proposal are Child Specific Caregiver Services (CSCS) and Response and Support Networks (RSN). This is currently being piloted in nine counties, this proposal requests resources necessary to incrementally implement these services statewide. In the long term, these services will prevent unnecessary foster care placements, support families, improve the retention of resource parents, lower the workload on CW workforce, and ultimately save the state money through effective early intervention and partnerships with other systems.

   These pilot projects and current contracts were funded primarily through the Treatment

Services FOCUS Budget. This funding is limited and has only allowed for services to be provided within 9 counties total (3 for RSN). Children and families in Oregon's 27 other counties are unable to access these services, which have proven to support family preservation, placement stability, permanency and healthy child development through a braided funding approach which save hundreds of thousands of dollars in prevention of disruption into higher levels of care.

Without investment, we are unable to expand these services. Risks include increased or lengthened stays in higher levels of care, moves away from community to access higher level services, frequent placement disruptions, and increased need for foster care because parents are not able to meet the needs of their children and increased utilization of temporary lodging.

3. What **data** tells you that this problem/opportunity exists? Please be specific and provide data sources.

Temporary lodging data

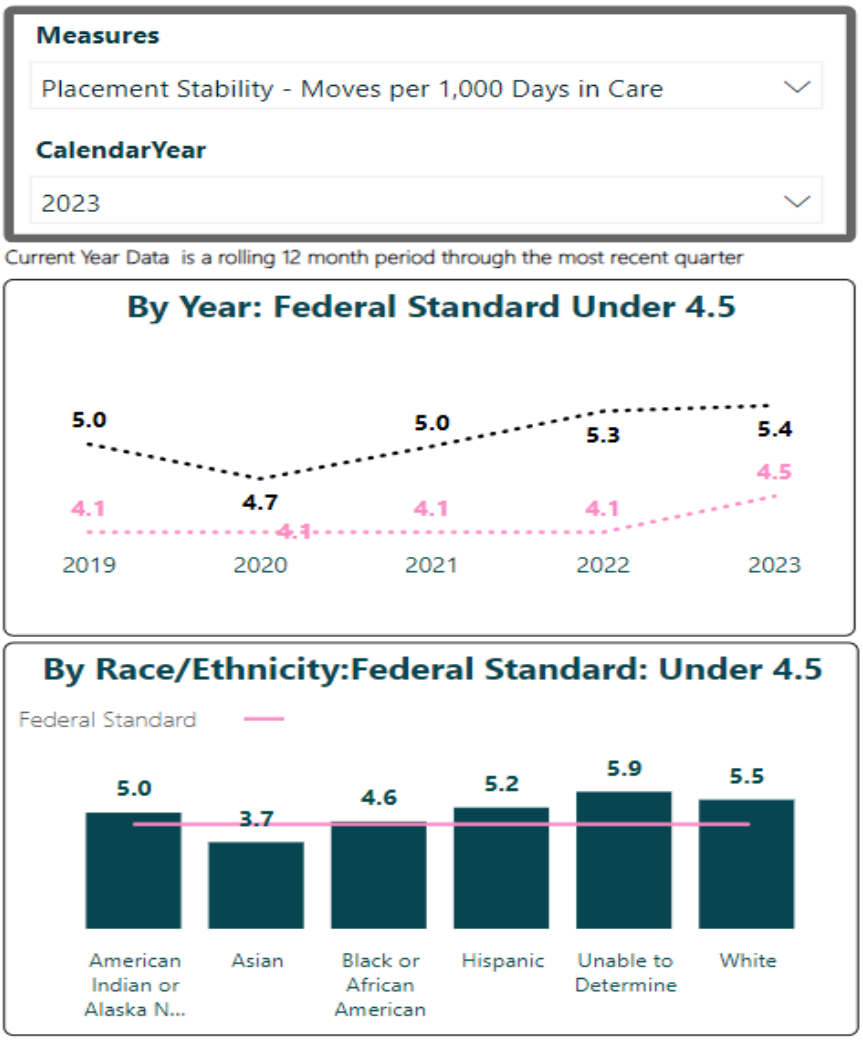
Children with intensive needs often experience more moves than the average child in care and are much more likely to experience stays in temporary lodging. While 83 percent of these children qualify for Behavior Rehabilitative Services (BRS) and mental health and Intellectual/Developmental Disability (I/DD) supports, these services are not always available due to provider capacity and other issues.

RSN and CSCS services are a proven critical support to help prevent temporary lodging and placement disruption. In 2023, 75 percent of children considered at risk of temporary lodging were served due to RSN and CSCS pilots (122 children or young adults experienced temporary lodging, while 363 avoided temporary lodging avoided). Through a special third-party evaluation by Dr Beyer's, the Special Maser Report recommended effective supports for prevention such as, intensive in-home child-specific supports like RSN and CSCS.

Placement stability data

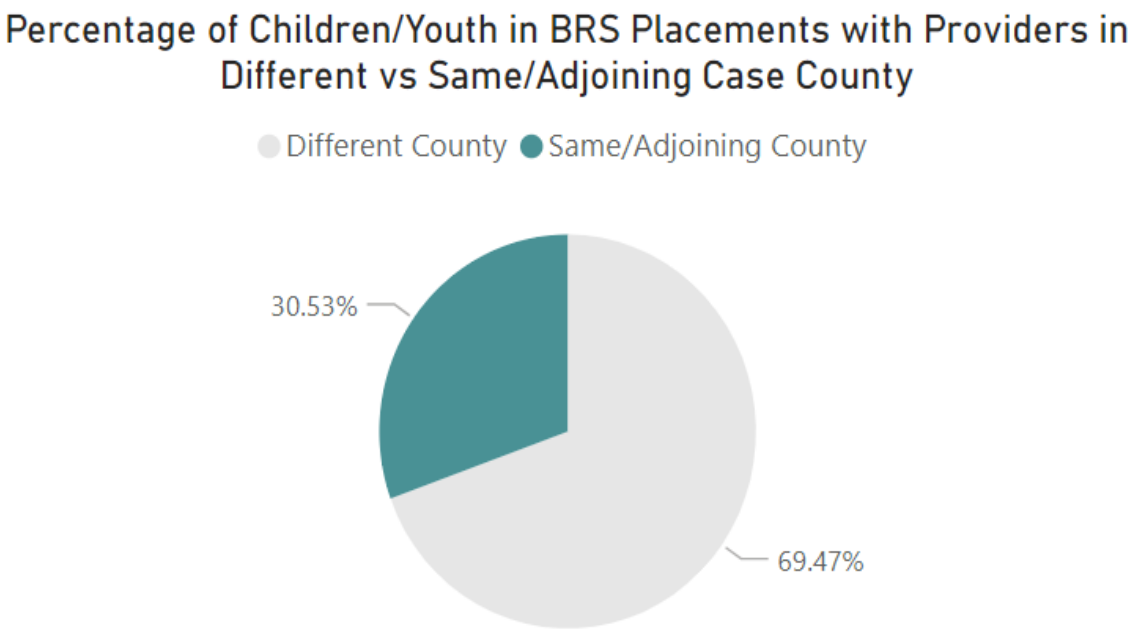
Placement stability means remaining in a consistent household with the same caregiver and is associated with better outcomes for children. The negative effects of moving children and separating them from foster care families from developmental, socio-affective, educational, and relational aspects have been widely documented (Clemens et al., 2018; Fisher et al., 2013; McGuire et al., 2018; Stott, 2012; Unrau et al., 2008; Villodas et al., 2015).

According to the ODHS Child Welfare Federal Performance Measures Dashboard, Oregon's Placement Stability Rate for children has failed to meet the Federal standard since at least 2019. In 2023, that standard was 4.5 moves per 1000 days in care; Oregon averaged 5.4 moves per 1000 days in care.



Equitable service accessibility data

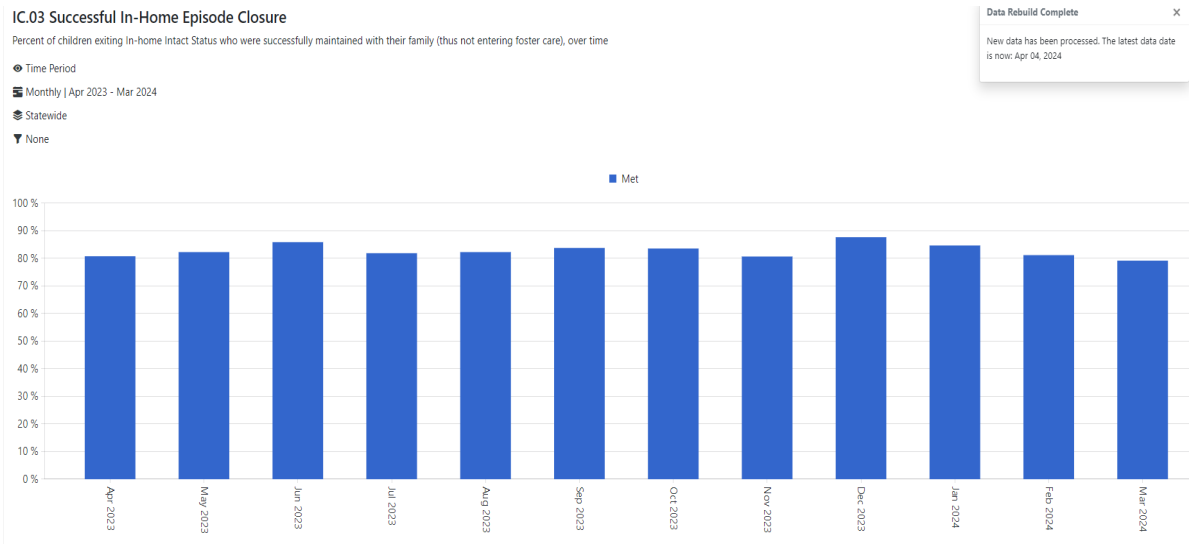
Many services are only available within metro areas and along the Willamette Valley. Often children in Eastern, Central and Southern Oregon are removed from their communities to be supported in BRS Programs other clinical interventions. For example, from March 2023 to March 2024, nearly 70 percent of children were moved away from their communities to receive BRS.



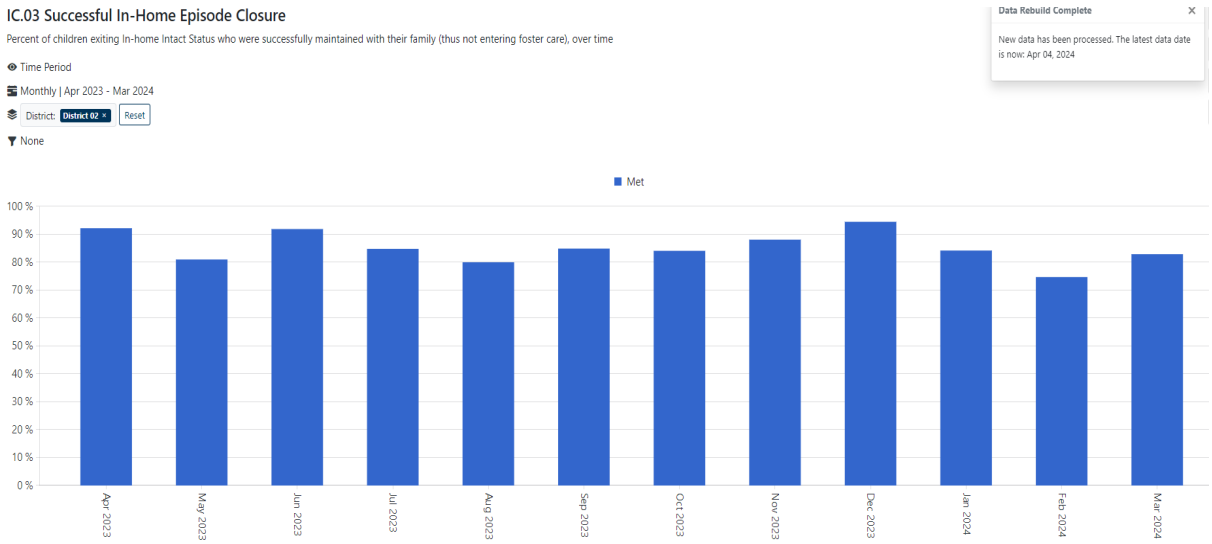
The Results Oriented Management (ROM) report below demonstrates that counties without RSN and CSCS services have a lower average of exiting a foster care episode while remaining in-home, suggesting that these programs provide opportunity to help keep children stable while preventing placement disruption.

ROM Report IC.03 shows in-home episode closure data for counties with both the Response Support Network (RSN) and Child Specific Caregiver Supports (CSCS) in Multnomah, Clackamas and Washington counties.

Statewide April 2023 – March 2024:



D2 comparison April 2023 – March 2024:



4. Is this POP, in whole or in part, a response to an **audit?** Explain.

   This POP meets the following recommendations set forth in the **ODHS Children's In-home Services Audit** of 2020 to:

- 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.
- Establish collaboration protocols with partner divisions and agencies that set common goals, procedures, and timelines for action on Child Welfare referrals ad at the front end of open cases.

- 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 improved front-end family engagement service coordination and safety services.

This POP meets the following recommendations stemming from the **Alvarez & Marsal** Child Welfare oversight report of 2019, to:

- Create clear mechanisms for interagency coordination in every area where DHS and OHA should be collaborating to serve participants.
- Develop an infrastructure for the provision of respite care to support families caring for a child with challenging behavioral or medical needs.
- Allow districts and regions to develop programming with their CCO partners that is tailored to meet the needs of their community. Central Office should provide an appropriate level of support to these initiatives to ensure they are successful.

This POP also meets recommendations from other reports and white papers such as:

- The **Partner Feedback Report** of 2018 related to blended funding streams and cross system accountability, incorporation of whole family care including services for parents and siblings and cross system support that is insurance blind.
- The **Children and Youth with Specialized Needs** community-led workgroup of 2018 related to the development of in-home services and supports and increasing respite availability.

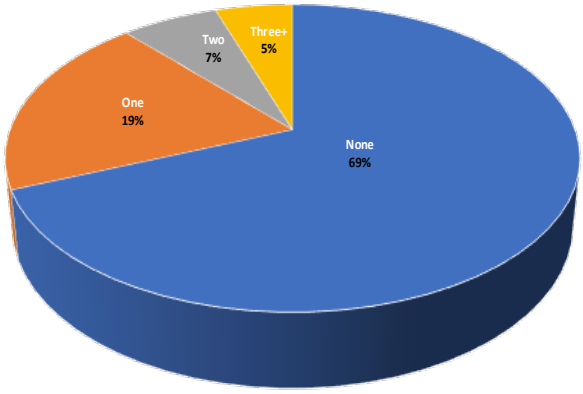
5. What has **already been done** to address or mitigate the problem/ opportunity?

Child Welfare Treatment Services has successfully piloted two programs which provide caregiver support. Response and Support Network (RSN) provides a range of short-term intensive, peer-delivered supports for Resource Parents and post-adoptive families, offering immediate and individualized response in collaboration with the local CCO. Child Specific Caregiver Supports (CSCS) provides peer-delivered coaching, training, resources and support to parents and Resource Parents of children with complex needs, focusing on stabilizing placements and reducing stays in higher levels of care.

The following three images show data related to the CSCS Pilot for the period of May 1, 2022 to September 30, 2023:

CSCS pilot data, May 1, 2022 to September 30, 2023

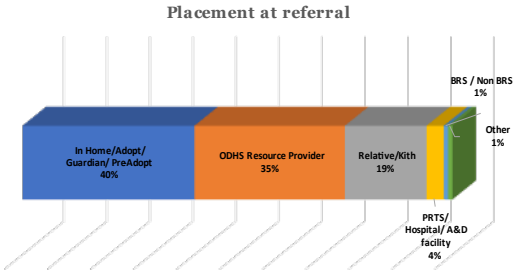
Placement changes per child*

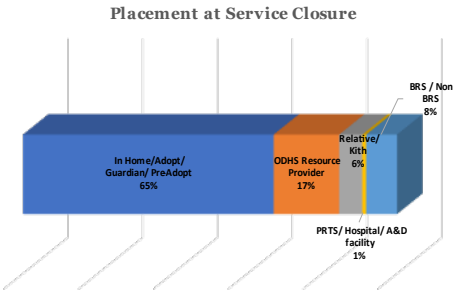


*Of the 77 cases that were served and closed during the pilot period

The following images include data related to the CSCS and RSN pilots. The first two images relate to the CSCS pilot from May 2022 through September 2023. The third image relates to the RSN pilot in from February 2023 reflecting phase one and two. The final image includes data from May 2022 through November 2023 reflecting phase two and three.

Placement at referral and at service end *





*Of the 77 cases that were served and closed during the pilot period

placement changes**

placement changes**

children who experienced no occasions of Temporary Lodging**

CW cases that received CSCS services that have since closed out successfully

**From the time services began for that child through the end of pilot data on 9/30/23

Phase 1 & 2 Results (March 21' through Feb 23')

Overview

159 Individual Clients served

62 Red flag for TL or Res (41%)

9 Entered TL after Services (Oct 23')

10am, 5pm, 11am, 2pm, 4pm; 30 calls past 5pm (P2)

RSN Demographics

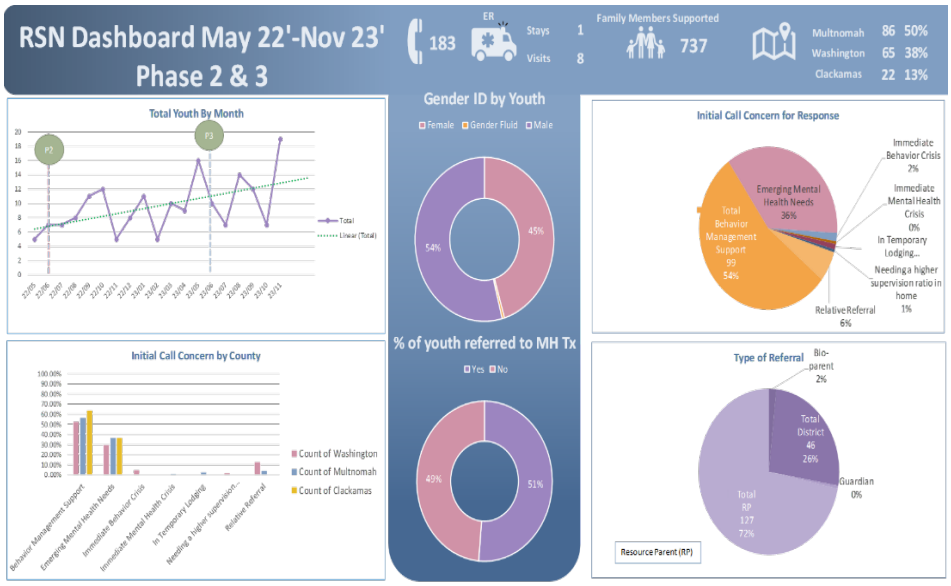
10 Median Age

95.6 Avg. ORRAI score for top 40 youth

53.4 Average Days of service Non-Clinical

42% Engage with CCS

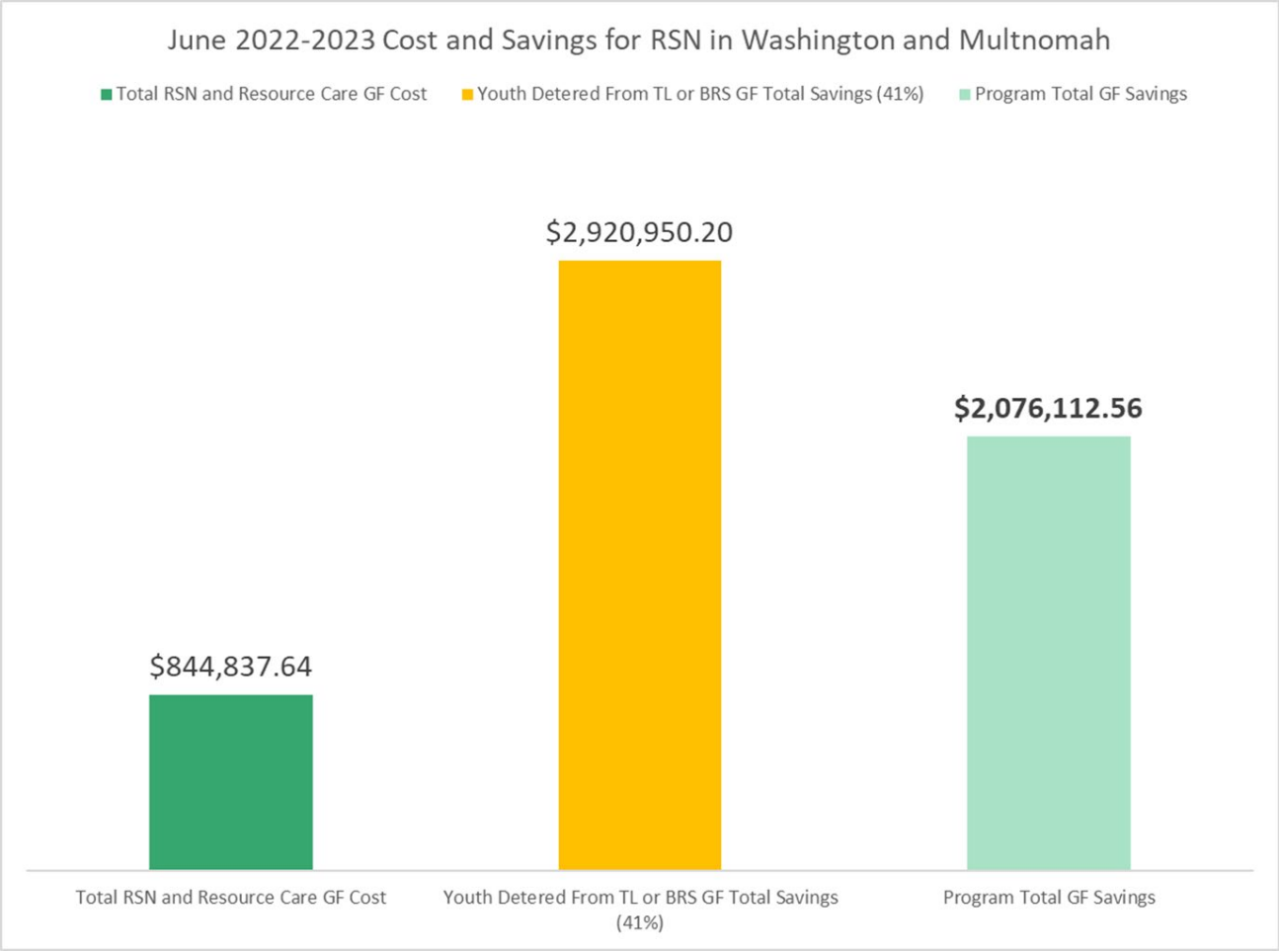
29 Step down in BH supports (April 23')

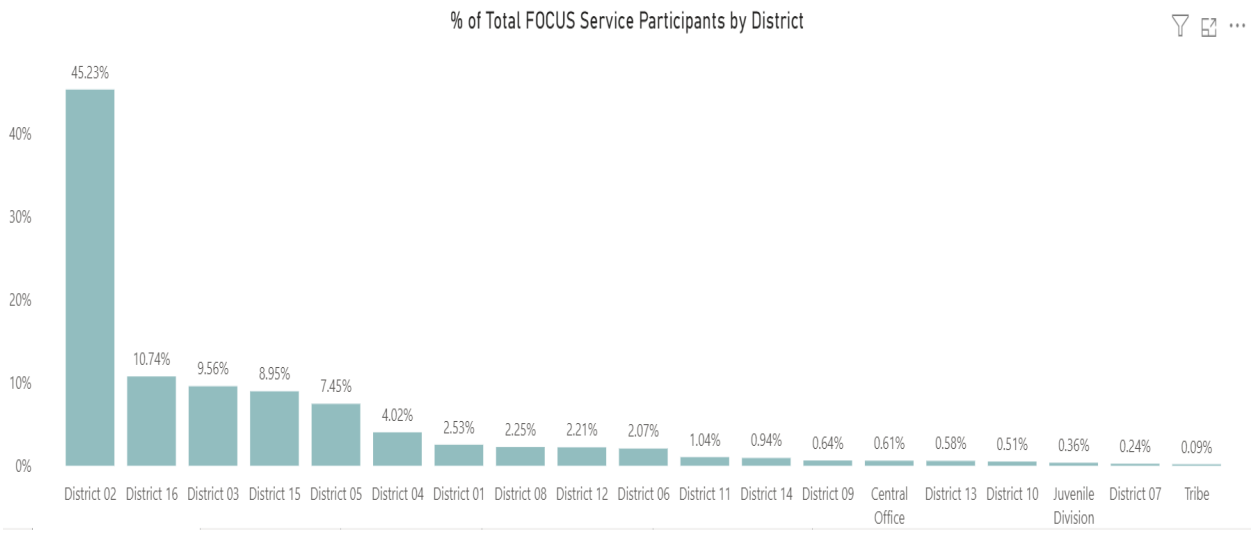


6. What are the **risks** if the problem/opportunity is not addressed?

If we are unable to expand RSN and CSCS programs across the state, children and families with complex care needs in underserved areas will not have access to intensive caregiver

supports, and a high placement disruption will continue. Other risks include increased need for foster care when parents are not able to meet the needs of their children, reduced Resource Parent retention rates and increased utilization of temporary lodging. Without these programs, it is likely that more costly services will be accessed outside a child and family's community.





7. What **solution** are you proposing through this policy option package (POP)?

   We propose strengthening the well-being of children with intensive needs and their families by providing a demonstrated program that provides immediate, intensive and community-based supports to children with complex behavioral, mental health and developmental needs. Expanding RSN and CSCS will support caregivers, reducing the cycle of placement disruptions, temporary lodging, and unnecessarily long stays in higher levels of care, as well as increasing resource parent retention and support reunification efforts. These services also support family preservation and reduce the need for children to enter foster care.

These services are needed statewide, this POP seeks to expand existing services statewide over the course of the next eight to ten years, depending on partnerships with local Community-Based Organizations and Coordinated Care Organizations, to support all children and families at-risk of or in foster care or who are at risk of placement instability, removal from home or extended stay in higher levels of care.

Child Specific Caregiver Supports includes a package of supports such as 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 around educating and coaching the child's parent or resource parent to understand and 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. Services remain open until individualized goals are achieved. Pilots were initiated May 2022 which included Multnomah, Clackamas, Washington, Lane, Linn, Benton, Marion, Polk, and Yamhill

Counties. During the 2025-2027, with this investment, we expect to roll CSCS out to 11 additional counties. In 2027-2029, an additional 10 counties would be added, with the final 6 counties being added in 2029-2031. The average cost per county for this service is $180,000 per biennium.

Response and Support Network (RSN) is a short-term (60-90 days) intensive, urgent response and support for Resource Parents with clinical and 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) is fully integrated; the key to MRSS 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 leverage the 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 is fully integrated, RSN will modify its services offering to next business day response modeling instead of the current 24/7 initial response, which will reduce the cost of the service further. Once fully available, 24/7 response will be achieved through RSN for the cohort. When and if BRS in-home services are offered through OHA, RSN looks to convert its service offering to bill Medicaid for eligible BRS clients whenever possible. Based on the current trajectory, OHA may have these services available in approximately 3-5 years. Future MRSS and 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.

8. What **alternative solutions** were considered and what were the reasons for selecting your solution?

   The RSN and CSCS pilots were developed as alternative solutions. Over the last six 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. The current structure puts the onus on families to navigate the system and identify services by funding stream and appropriate agency of administration. This is a barrier for families who may already be in crisis and need immediate help. Timelines to access services currently average 60 days or longer which is not tenable for children and families requiring immediate support.

   The RSN and CSCS pilot programs have been extremely efficient and effective. Designed to provide immediate support for families, RSN services can be accessed directly by caregivers 24 hours a day by phone, and can include immediate in-person response, telephone support, youth and parent skills training, community service referrals and quick

access to intensive mental health treatment. This program is designed to quickly stabilize families and get them connected to longer term sustainable supports.

CSCS services are available through an ODHS caseworker referral for any type of open case, including in-home or voluntary cases in an effort to prevent out-of-home placement or placement disruption. It is also used to support caregivers for children being discharged from higher levels of care, such as psychiatric residential treatment services. Services are individualized, flexible and based on the needs of the child and caregiver. They can include in-person and virtual support, group activities, hands-on and classroom trainings, coaching and skill development, helping the family build their own supports and referral assistance for longer term community-based resources.

Both services are accessible within days (sometimes hours) of referral. There are no unnecessary barriers or funding complications for families to navigate. If they have an open Child Welfare case (not required for post adoption cases), a child with some kind of complex unmet need (not required for children placed in a new relative home), and the caregiver is open to the service, they qualify.

The Treatment Services team used LEAN improvement practices to streamline the FOCUS program. This process allowed us the limited staffing resources to successfully pilot the projects in this proposal to determine the most effective, cost-efficient, family-centered, equitable and holistic ways to provide supports to the caregivers of children with complex needs. As a result,these pilots completely rolled out the initial CSCS services to nine counties, and RSN services to three counties. Child Welfare Treatment Services has also sought out creative solutions for meeting the needs of family preservation and placement prevention.

9. Has the proposed solution been successful in **other contexts or jurisdictions?**

Yes, please see response to question #7.

10. Does this POP require a **new statute or changes to existing statute(s)?** If so, have you completed the Legislative Concept request form for statutory changes?
N/A

Part 2. **EQUITY AND INCLUSIVITY**

1. How will this POP **address inequities** faced by impacted communities?

These inequities will be addressed most directly through services provided locally by contractor staff who live in and understand the communities. Services are individualized to meet the specific needs of each child and family. As part of the procurement process, we will use it to identify new service providers, understanding how the contractor is able to meet the

needs of the populations within the regions they are proposing to serve will be key in determining where contracts are awarded.

Often children in Eastern, Central and Southern Oregon are removed from their communities to be supported in BRS or other residential 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, rely on direction from the community to 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 individual services into more districts.

Within the last three years, a small online service array has also been launched. For example, parents and caregivers of children with sexualized behaviors can access hybrid supports through a program 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.

Part 3. **MEASURING PERFORMANCE**

1. Which of your **key performance measures (KPMs)** is this POP connected to?

This POP directly aligns with KPM #8 children served by child welfare residing in the parental home.

2. If none, are you proposing a **new or modified KPM?**
   N/A

How will the work you're proposing help ODHS meet or exceed the **KPM targets?**

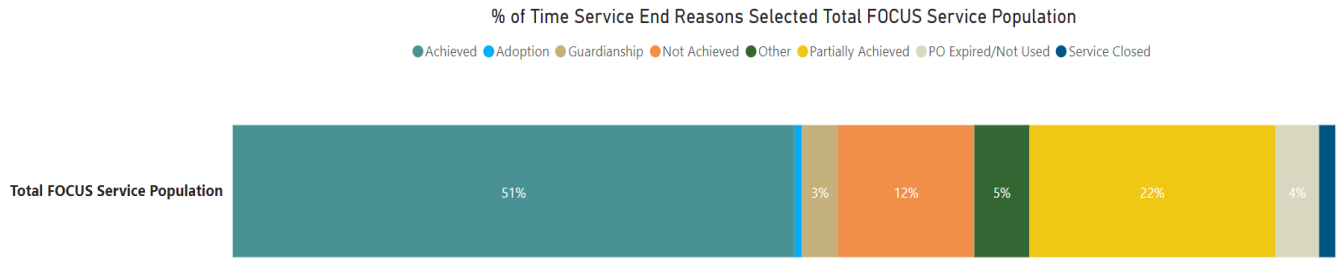
All the services within this POP are community-based and support children at the least restrictive level of care possible. Most are able to provide intensive in-home services in an effort to prevent entry into substitute care and ultimately preserve families with RSN and CSCS, as well as other FOCUS Preventative Services, RSN currently supports post-adoptive families without a Child Welfare case as a prevention service. Future phases are expected to include further structure for serving families without current Child Welfare cases.

CSCS supports services in-home for open Child Welfare cases. It is expected to expand to provide services in-home to prevent opening of new cases within the next two years in collaboration with the ODHS Child Welfare Family First Prevention Services program.

3. What are the envisioned **outputs** of this POP?
   Consider activities you will be able to count in actual numbers: partners engaged, clients served, regions served, applications processed, staff trainings conducted, referrals made, transitions completed, families participating, etc.

   All referrals, services provided, children and families 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 contractors and FOCUS Program staff. Contractors are also required to utilize specific methods to measure outcomes 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 a separate dashboard which combines data reported by our contractors and automated pulls from OR-KIDS. Qualitative data is further collected to assure client satisfaction. The dashboard relies on the BRS, District, and State cohort to compare and contrast.

Examples of current outcomes tracking from the FOCUS Dashboard:



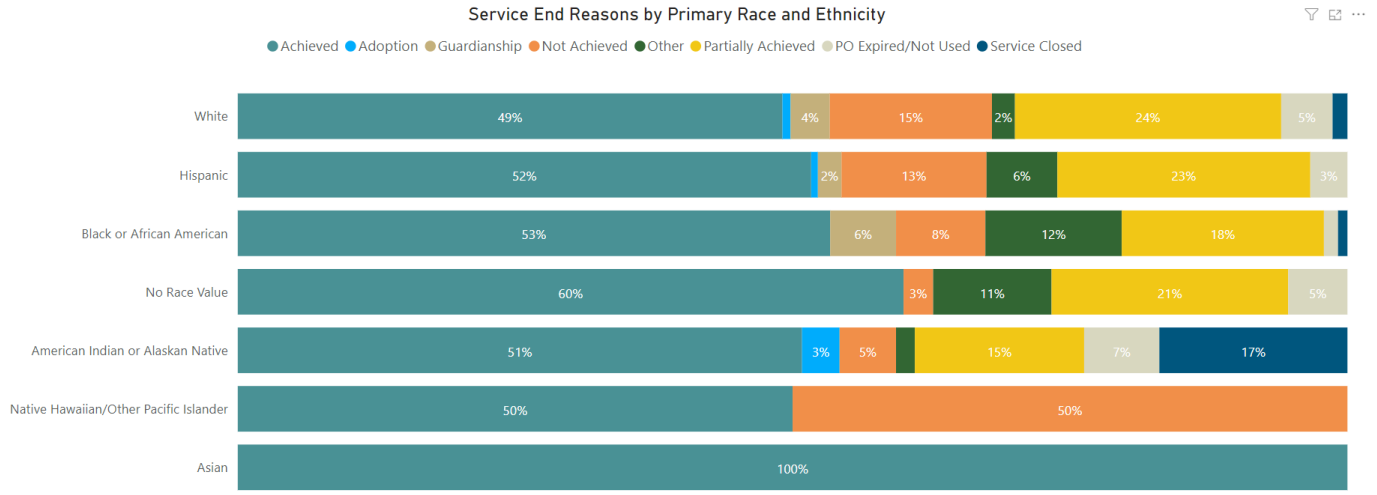
4. **Outcomes** show how people are better off because of the outputs you listed above. What are your expected outcomes?
   Consider measurable effects like improved service navigability, reduced racial disparities within programs, expanded access to needed services among key populations, improved transition rates, etc.
   Include demographics for those served, placements, rely on dashboard for outcome data.

   The following outcomes are expected:

- Decreased number of placement changes (due to enhanced stability).
- 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.
- Reduced permanency disruptions (adoptions/ guardianships).

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.

Further example of outcomes tracking from the FOCUS Dashboard by Race & Ethnicity:



5. How will you **collect the data** you need to measure the success of this solution? Is this data currently being collected? Have you engaged ORRAI to discuss elements needed to plan for data gathering?

Below are some of the ways the Treatment Services team measures success of the RSN and CSCS service delivery through data:

- Internal ODHS FOCUS Dashboard generated from OR-Kids data (new tab dedicated specifically to RSN pending).
- RSN excel dashboard generated from contractor data reporting.
- Survey collection from resource families receiving services.
- Comparing data from populations served to data maintained by the RMD team.
- Comparing data from populations served in BRS residential.

In addition, we are collaborating with ORRAI to evaluate RSN and study longer-term outcomes.

6. To achieve optimal data collection, would you need to make **changes to your case management system?** Describe.

N/A

Part 4. **IMPROVING CUSTOMER SERVICE**

1. Discuss the ways this POP will **improve customer service**.

Traditional Child Welfare systems were built in a way that required children to be removed from the home to access necessary services. This model has been disruptive and traumatic for children and families and has driven Child Welfare's emphasis on less disruptive in-home supports for caregivers which keeps families together and promotes stability.

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 to help parents, families, and communities support children with complex needs while making these services easy to access. Currently, having these services available in only nine counties leaves families throughout the rest of Oregon without access to services that have proven successful in family preservation and placement prevention.

In one example, a family with an open case in the mid-valley region were on a trial reunification that was not going well. Managing the high needs of the children was extremely challenging. The caseworker referred them for CSCS services, and in less than a year, the family stabilized and built a healthy support system. Just 14 months after CSCS started services with the family, the court dismissed agency custody and ODHS successfully closed the case. The caseworker reported that if the family had not moved to an area with CSCS, the outcome would not have been as quick or positive.

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 or cultural identity.

2. Will your solution require an **IT investment?** Explain.
N/A

Part 5. **IMPLEMENTATION**

1. If the legislature allocates funds for the proposed POP, how specifically would we **use the money to implement it?**

We are proposing the funding to stage statewide implementation of two services which have proven effective on the smaller scale in family preservation and placement stabilization, specifically for children who are at risk of placement instability, removal from home or extended stay in higher levels of care:

Child Specific Caregiver Supports (CSCS)
This service is currently available within Multnomah, Clackamas, Washington, Marion, Polk, Yamhill, Linn, Lane and Benton Counties. We are proposing a staged roll out of this service to 5 additional counties each biennium until full statewide implementation is achieved.

Response and Support Network (RSN)
This service is currently available within Multnomah, Clackamas and Washington Counties. Due to the complexities of building braided funding processes with each Coordinated Care Organization (CCO), we are planning a longer staged roll out, starting with adding 4 additional counties in 2025-2027.

The funds being requested will be utilized for adding FOCUS Team staff to develop these services, including but not limited to procurement and administration of contracts, oversight of contract compliance, facilitation of program audits, and management of authorizations and payments. The rest of the funds will be utilized to fund the direct service contracts that will provide these supports.

2. What are the biggest potential barriers or risks to successful implementation?

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. The assumption made in this goal is that all CCO's 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.

3. What other **ODHS units, public agencies, Tribes, communities or other partners** will be involved in the implementation of this POP? What will their responsibilities be?
Foster Care, Permanency, Tribal Affairs, Safety, Prevention (Family First), Preservation, individuals with lived experience and communities. We will continue to collaborate with each of these teams to roll out these services to the new regions of the state while ensuring that we are meeting the needs of each community. We will utilize these partners to connect with local providers and to share information about the services.

Part 6. **BUDGET**

1. Are there **prior investments** allocated for this policy package?
No, current RSN and CSCS services, including Pilot Projects have been funded through the careful and efficient utilization of the Treatment Services FOCUS Budget without additional investments. In addition, the workload for this project up to this point has been absorbed within current FOCUS staffing allocation of 2 FTE, with support from additional members of Treatment Services staff.

2. 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. The assumption made in this goal is that all CCO's 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 requires more investment to assure timely response.

This Policy Option Package pricing assumes a start date of 1/1/2026 for the Child Specific Caregiver Supports to the initial identified districts, with the Response & Support Networks to be phased into the additional counties starting within 3 months of that date.

Cost and timelines may also be affected by availability of local providers and differences in costs/ approach in rural settings. These factors have been taken into account as much as possible within the pricing package of this proposal.

3. Will there be **changes to caseload, cost per case or services provided** to specific populations? Explain.

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 District overtime. Caseworkers will no longer need provide the same level of immediate on call assistance to Resource Parents in many circumstances, as many situations will be more adequately supported through RSN after business hours.

4. Describe the **staff and positions** needed to implement this policy package, and whether existing positions can be modified to meet the need. Be sure to note what each position type will be responsible for to move the proposed work forward.

This request includes both an allocation of staff and contract service funding to expand and adopt new services. We anticipate a thorough procurement process, resulting in multiple new contracts for both service types will be necessary. Additional staff allocation is crucial, as the contract administration workload for <u>just one</u> new service contract requires:

- Needs assessment
- Provider identification and outreach
- Procurement Facilitation
- Contract Negotiations
- Onboarding and orientation to state contracting requirements
- Risk Management assessments
- Negotiation of contract terms

- Contract auditing, thorough compliance oversight and management of concerns
- Data dashboarding and metrics, outcome measurement oversight
- Consistent consulting, technical assistance, and strategic planning
- Resource coordination
- Comprehensive customer service for providers
- Coordination with partner agencies and local offices
- Review of referrals and authorization for each service
- Invoicing
- Budgeting and reconciliation
- Tracking deadlines and extensions
- Contract Terminations

FOCUS currently maintains a high level of service contracting, including 10 extensive umbrella contracts, serving approximately 400 children with nearly 600 services on any given day (this data is available on the FOCUS Services Dashboard). The work related to these contracts requires well over the allocated 2 FTE to adequately administer.

In order to build out this additional necessary programming, we need the following additional positions:

- 2 Program Analysts 3 (PA3) to support contracted program oversight, support, auditing, and service coordination
- 1 Administrative Specialist 2 (AS2) to provide program support and payment processing

5. What are the **startup and one-time costs** associate with this POP?

The only costs of this POP are the positions priced below.

6. What are the **ongoing costs?**

The ongoing costs of the staff in this POP.

7. What are the **sources of funding (revenue)** and the funding split for each one?

Positions qualify for some federal fund revenue sources, such as IVE and Block Grants. Anticipated funding split for all positions is 70%GF/30%FF.

8. What are potential **savings?**

As evidenced by data tracking related to the pilots, RSN and CSCS offer incredible savings as a result of avoidance of more costly interventions like temporary lodging, (see data savings image from question number 6 for reference). Emergency Department and hospital

stays, Residential care, BRS and avoidance of re-entry to foster care. Additionally, costs are reduced through enhanced rates of permanency, prevention of substitute care through in-home services and enhanced retention rates due to the high level of responsivity and customer service afforded to resource parents through these services. We assume we will continue to see savings as we track placement stability and determent from temporary lodging.

TOTAL FOR THIS POLICY PACKAGE

	General Fund	Other Funds	Federal Funds	Total Funds	Positions	FTE
Personal services	$364,149		$156,062	$520,211	3	2.25
Services + supplies	$19,413		$8,319	$27,732		
Capital outlay						
Special payments						
Other						
Total	**$383,562**		**$164,381**	**$547,943**	**3**	**2.25**

FISCAL IMPACT BY PROGRAM

	Program 1 Positions	Program 2	Program 3	Program 4	**Total**
General Fund	$383,562				**$383,562**
Other Funds					**$0**
Federal Funds	$164,381				**$164,381**
Total Funds	$547,943				**$547,943**
Positions	3				**3**
FTE	2.25				**2.25**

ODHS Policy Option Package (POP) Form
2025-27 Agency Request Budget

Program(s) / Unit(s)	ODHS – Child Welfare and Self-Sufficiency Programs
POP Title	112 - Evidence Based Services for Community Pathways to Prevention: Federal Prevention Plan Implementation
Related Legislation	Federal Family First Prevention Services Act (FFPSA)
Summary Statement (5 to 7 sentences)	To continue work currently underway as part of the federal Family First Prevention Services Act (FFPSA), ODHS is requesting funding for implementation of evidence-based programs related to parenting skills, substance use disorder and behavioral and mental health services. Funding would advance FFPSA work serving Tribal communities, kinship caregivers and families across Oregon, promoting resilience and healing by addressing the underlying reasons children enter foster care. Funding will enable ODHS to continue prevention work beyond 2026, when Title IV-E federal grant funding ends. State funding would give ODHS access to 50 percent federal reimbursement dollars for ongoing FFPSA implementation, including training and technical assistance to build the behavioral health and parenting service array. Without a state investment, ODHS will not be able to continue implementing Family First Prevention services and families would lose access to critical services that prevent costly and less-than-ideal downstream Child Welfare interventions such as Child Protective Services (CPS) involvement.

	$7,041,752	$0	$7,041,752	$14,083,504	2	1.50

ODHS 2025 POP Long Form

Part 1. SETTING THE STAGE

1. In one sentence, identify the **core value(s)** driving this POP. In the big picture, why does it matter?

   Funding for FFPSA prevention services would continue implementation of evidence-based practices in accordance with Oregon's FFPSA Prevention Plan, serving Tribal communities, kinship caregivers and families across Oregon, promoting resilience and healing by addressing some of key the underlying reasons children enter foster care.

2. Describe the **problem/s or opportunity/ies** this proposal would address.

   Families at risk of child welfare involvement often need supportive resources to stabilize during a time of crisis. Family Stressor Data from 2022 show that over 60 percent of child welfare cases identified issues with caregiver substance abuse, caregiver mental illness or child mental or physical disability.[1]

   FFPSA evidence-based practices and connected services are designed to provide specialized supports to help families facing these and other stressors get help with parenting skills, substance abuse and mental health issues contributing to child abuse. Funding this work will help families get what they need before child abuse occurs and will help both community providers and ODHS to serve more families in their homes and communities, decreasing the number of children removed from their families and placed in foster care.

   [1]*The above data is from the 2022 Child Welfare Databook: https://www.oregon.gov/odhs/data/cwdata/cw-data-book-2022.pdf As the POP proceeds, CW will work with ORRAI to review up to date data. CW has previously requested, and will request again, all removal and family stressor data disaggregated by age, gender, and race/ethnicity.*

3. What **data** tells you that this problem/opportunity exists? Please be specific and provide data sources.

   Child Welfare data demonstrates that families who come into contact with the system have needs that can be addressed by FFPSA- approved, evidence-based practices designed for substance use disorder, mental health and improving parenting skills. These services reduce the need for overly-traumatizing, costly and unnecessary Child Welfare interventions.

   According to 2022 Family Stressor Data:

   - 40.2 percent of cases identified a need related to parent/caregiver substance abuse.
   - 12.7 percent of cases identified parent/caregiver mental illness.
   - 11.5 percent of cases identified child mental/physical disability.

   In 2022 the following data was collected relating to removal reasons:

   - 64.6 percent of cases identified Neglect as a reason for removal.
   - 48.2 percent of cases identified Caregiver Drug Use as a reason for removal.
   - 11 percent of cases identified Caregiver Alcohol Use as a reason for removal.
   - 7.2 percent of cases identified Child Behavior as a reason for removal.

   The above data is from the 2022 Child Welfare Databook: https://www.oregon.gov/odhs/data/cwdata/cw-data-book-2022.pdf As the POP proceeds, Child Welfare will work with ORRAI to review up-to-date data. Child Welfare has previously requested, and will request again, all removal and family stressor data disaggregated by age, gender, and race/ethnicity.

   These data points illustrate the needs that FFPSA prevention practices and services are designed to address.

   After an objective review of research on the evidence-based prevention services included in the Oregon FFPSA Prevention Plan, the Title IV-E Prevention Services Clearinghouse found them to be effective programs linked with the following outcomes for families:

   - Increased positive parenting practices.
   - Increased family engagement and retention in services.
   - Improved family functioning.
   - Improved parent/caregiver emotional and mental health.
   - Improved child behavioral and emotional functioning.
   - Improved child social and cognitive functioning.

- Improved child physical health and development.
- Enhanced internal motivation to change.
- Decreased substance use disorder for parents and children.
- Decreased child delinquent behavior.
- Reduced child maltreatment.

Funding for FFPSA services that specifically address substance use, mental health, parenting and kin caregiver needs would enable ODHS to serve far more families in their homes and communities, while decreasing the number of children removed from their families and unnecessarily placed in foster care.

4. Is this POP, in whole or in part, a response to an **audit?** Explain.

   Prevention services, and often specifically FFPSA implementation, have been mentioned in multiple audits across agencies and in publicly available reports. Audits and reports include:

   - 2020 Secretary of State Audit: Oregon Can More Effectively Use Family Services to Limit Foster Care and Keep Children Safely at Home. https://sos.oregon.gov/audits/Documents/2020-26.pdf
     - This audit included two specific recommendations: 1) to develop and implement an FFPSA plan, and 2) work with the Oregon Health Authority to create data collection and metrics for foster care prevention.
     - These recommendations have largely been satisfied. However, Child Welfare requires funding through this POP to sustainably maintain this progress.
   - Other reports that mention and support full implementation of FFPSA and/or prevention services include:
     - Oregon Health Authority 2020 audit: Systemic Issues in Oregon's Mental Health System Leave Children and Their Families in Crisis https://sos.oregon.gov/audits/Documents/2020-32.pdf
     - The 2023 report by Dr. Marty Beyer: https://olis.oregonlegislature.gov/liz/2023I1/Downloads/CommitteeMeetingDocument/279279 This report includes multiple recommendations that are supported by FFPSA implementation, including building a developmentally appropriate substance use service array, providing trauma-informed treatment to youth and developing a more prepared workforce. All of these elements are congruent with FFPSA service development.

- The Alvarez and Marsal report, commissioned by then Governor Kate Brown, included multiple recommendations for implementation of prevention services between ODHS and OHA when completed in 2019.
- ODHS has completed an FFPSA Prevention Plan, but it will not be able to maintain progress without investment through this POP.

5. What has **already been done** to address or mitigate the problem/ opportunity?

   From 2019 to 2026, the federal government gave states temporary,100 percent funded transition grants to set up their new prevention systems and prepare for the shift to the new funding model of 50 percent federal matching for state investments.

   ODHS has strategically utilized these grants to begin implementation and to develop most of the infrastructure to support evidence-based practices in Oregon. This POP will be primarily utilized for a continuation of services and supports to families and growth of evidence-based programs as approved in the FFPSA Federal Prevention Plan for Oregon.

   The FFPSA's provisions related to the prevention of foster care and maltreatment require a whole new prevention system. In 2021, Oregon developed the Title IV-E Prevention Plan to outline how this new system will operate. The plan was approved by the Children's Bureau. Since that time, ODHS has:

   - Implemented a governance structure to guide the prevention system development.
   - Defined eligibility criteria and target populations.
   - Selected and implemented evidence-based practices.
   - Developed processes to ensure services are trauma-informed.
   - Developed a child-specific prevention plan.
   - Developed a new approach to prevention case management through values-based engagement and co-case management with Self-Sufficiency Programs.
   - Started developing processes to ensure appropriate services referral, linkage, and oversight.
   - Coordinated with other services provided to children and families under Oregon's Title IV-B Plan.
   - Enhanced monitoring of child safety for children and families receiving FFPSA services.
   - Started evaluation and continuous quality improvement of the prevention programs.
   - Created evidence-based practice provider workforce training and support.
   - Created Child Welfare and Self-Sufficiency Programs workforce training and support.

- Created a prevention caseload model and methods for prevention program reporting and federal claiming, and the development of prevention plans with Tribes in Oregon to enable access to Title IV-E prevention funds.

Additionally, FFPSA requires states to implement a Kinship Navigator Program. Oregon has used the transition grants to partner with a community-based organization to develop and implement the Oregon Kinship Navigator Program, including the development of:

- A basic service center including:
  - A 1-800 toll-free phone line, accessible M-F 9 a.m.-5 p.m.
  - Email business accessibility 24/7.
  - The Oregon Kinship Navigator Website.
- Financial and tangible supports for kinship families.
- Social, emotional and recreational supports for children in kinship families.
- A Kinship Navigator Advisory Committee.
- Kin caregiver support groups.
- Resource guides and materials.

ODHS has also worked with community and system partners to identify additional funding streams to support these services. For example, many of the services eligible for FFPSA funds are behavioral health services paid for through Medicaid. Child Welfare coordinates funding so that FFPSA funds can cover administrative costs not typically covered by Medicaid (training, technical assistance, travel, etc.). This model can be used to implement other services to ensure a diversity of funding streams and optimal use of federal funds.

Utilizing FFPSA funds to build capacity for evidence-based services where Medicaid cannot also provide investment in the growth and sustainability of the overall behavioral health system, including comprehensive funding for the "true" cost of services (i.e., new models, curricula, training, etc.). This can contribute to greater stability for providers, programs and the behavioral health workforce.

6. What are the **risks** if the problem/opportunity is not addressed?

   The Family First Prevention Services Act (FFPSA) aims to prevent children from entering foster care by allowing 50 percent federal reimbursement for mental health services, substance use treatment, and parenting skills training provided to families at risk of entry into the child welfare system through community providers. The services must be evidence-based, trauma-informed, and must include a prevention plan for the child to remain safely at home or with a kin caregiver. Each state must develop a FFPSA

Prevention Plan approved by the federal Children's Bureau that identifies how they will implement these services. Oregon's FFPSA Prevention Plan was approved in 2021.

Since that time, ODHS has utilized temporary FFPSA Transition and Certainty Grants to invest in infrastructure to support Oregon's approved evidence-based FFPSA Prevention Plan. Following conclusion of the federal transition grants, ODHS can access a 50 percent federal fund match for services included in Oregon's FFPSA Prevention Plan, and related staff and training costs. Without a state match, ODHS will not be able to access federal funds associated with Family First. Child Welfare will be unable to continue current services or fund expansion of service capacity through community providers. Cutting this progress short could undermine efforts to implement prevention on a wider scale, resulting in more separation of children from their families, greater costs to the system, and additional trauma for children and families. Additionally, Tribes in Oregon would have limited access to Title IV-E prevention funds given that ODHS is the required pass-through agency.

While the top priority for Child Welfare is to fully fund the services in the POP, if the requested positions are not also funded, there is a risk that federal billing activities for these services will be insufficient for successful implementation.

Evidence-based prevention and kinship navigation services and supports through FFPSA are a key strategy to ODHS's commitment to promoting prevention and supporting families. Without funding through this POP, ODHS will be limited in its ability to meet family needs further upstream and prevent entry into foster care.

7. What **solution** are you proposing through this policy option package (POP)?

   ODHS is proposing a POP that will provide state match investments for the continuation of FFPSA Prevention services. With state investment, federal revenue through Title IV-E will be available to continue building and implementing evidence-based services initiated with the 100 percent federal Family First Transition Act Funding Certainty Grants, including:

   - Evidence-based practices in Oregon's FFPSA Prevention Plan.
   - The Oregon Kinship Navigator Program.
   - Evaluation and continuous quality improvement of the prevention services.
   - Positions specifically developed for successful implementation of FFPSA services. These positions require a new and unique skill set to monitor newly contracted services, conduct federal billing activities, monitor fidelity to evidence-based models and support evaluation activities.

8. What **alternative solutions** were considered and what were the reasons for selecting your solution?

   ODHS considered the following funding alternatives:

   - Utilize funding that is allocated for other prevention services:
     - ODHS could utilize state general funding currently used to fund other Family Preservation and prevention services. These services and supports are designed by communities and Tribes in Oregon to serve families in their homes and communities to reduce and prevent foster care and unnecessary Child Welfare involvement.
     - Since these services are not eligible for Title IV-E Reimbursement, this would require ODHS to end several contracts with current service providers that were identified by their community or Tribe as providing an effective community-specific or culturally specific service critical to preventing Child Welfare involvement.
     - This disinvestment in community-based services in favor of FFPSA services would communicate a prioritization of federal revenue over programs developed by and for Oregonians.
   - Develop FFPSA services on a smaller scale:
     - ODHS could consider scaling service development and delivery down. This would potentially include contracting with fewer providers and limiting services to specific regions, which could further prohibit service equity for all eligible families.
     - This would limit ODHS's ability to utilize federal funds and will undermine statewide implementation of Oregon's FFPSA Prevention Plan. This is not a favorable alternative because it will dramatically slow Oregon's prevention efforts and may delay Oregon's efforts to make services available to eligible populations identified in Oregon's FFPSA Prevention Plan.
     - This would still require disinvestment in other prevention services or more limited state investment.

   Ultimately, ODHS determined the solution in this POP necessary because we have seen positive initial results from these programs. The programs are evidence-based, and families and communities will benefit from continued implementation of these services. As of the first quarter of 2024, according to the ODHS Family Preservation Data Dashboard, only 25 percent of children identified as being at imminent risk of foster care were placed out of the home after receiving services. This is the best avenue for maximizing federal revenue to support these services.

9. Has the proposed solution been successful in **other contexts or jurisdictions?** Alternatively, if there is no precedent, explain why you believe this concept will achieve its aims here in Oregon.

   Yes. Several states are currently implementing FFPSA evidence-based practices in their respective jurisdictions. ODHS participates in monthly national learning collaboratives and has partnerships with national technical assistance partners, such as Casey Family Programs and Chapin Hall, to share successes and lessons learned.

   As ODHS works with community partners to implement the FFPSA Prevention Plan it will continue to share information and learn with other jurisdictions.

   There are several reasons to believe that this POP will be successful in Oregon, including:

   - Sustainable funding: The federal match for service delivery, evaluation, training, and administrative costs of implementation is substantial (dollar for dollar) and uncapped which will enable ODHS to implement services broadly and predictably.
   - Previously developed infrastructure: Much of the infrastructure and start-up needs for FFPSA services have been developed through strategic investment of federal funding, i.e., provider capacity building, training in the selected models, creating the infrastructure required to provide high-quality evidence-based services, and providing evaluation and continuous quality improvement for FFPSA implementation. This enables ODHS to utilize ongoing FFPSA funding on the delivery of services, as opposed to using it for infrastructure building.
   - Federal support: Senator Wyden was a primary sponsor of the FFPSA. ODHS meets regularly with his staff regarding the progress of FFPSA in Oregon and the need for potential advocacy at the federal level to remove barriers to implementation.
   - Community, Tribal, and cross-agency partnership: FFPSA has a lot of support within Oregon communities and Tribes and across state agencies. ODHS has developed close community, cross-agency, and inter-governmental partnerships focused on prevention. This broad partnership greatly improves the likelihood of success.

10. Does this POP require a **new statute or changes to existing statute(s)?** If so, have you completed the Legislative Concept request form for statutory changes?

    This POP does not require a statute change. ODHS has the regulatory authority to carry out this work if funded appropriately. A Legislative Concept is currently being developed related to family preservation and prevention. While this Legislative Concept is supportive of FFPSA and important for continued system development, it is not essential to the success of this POP.

Part 2. **EQUITY AND INCLUSIVITY**

1. How will this POP **address inequities** faced by impacted communities?

   African American and American Indian/Alaska Native children and families are overrepresented in Oregon's Child Welfare system. In implementation of FFPSA in Oregon, Child Welfare and system partners developed strategies to ensure that prevention services are available to these priority populations without increased unnecessary surveillance of families. This includes how services are made available to families, data reporting requirements, and limiting who has access to data regarding family participation in prevention services. The FFPSA evaluation also includes tracking whether the implementation of FFPSA is meeting its intent of keeping children safely with their families and not exposing more families to unnecessary involvement with the Child Welfare system.

Part 3. **MEASURING PERFORMANCE**

1. Which of your **key performance measures (KPMs)** is this POP connected to?

   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

   KPM 5: TIMELY REUNIFICATION OF FOSTER CHILDREN (CW) - The percentage of foster children exiting to reunification within 12 months of foster care

   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

   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

2. If none, are you proposing a **new or modified KPM?**
   Not applicable.

3. How will the work you're proposing help ODHS meet or exceed the **KPM targets?**

   KPM 4: The services in the FFPSA Prevention Plan have shown ability to prevent repeat maltreatment of abused/neglected children. Through this POP ODHS will expand the type and scope of services to specifically target prevention of repeat maltreatment

   KPM 5: FFPSA services have demonstrated evidence in addressing family needs to prevent child removal from their families and placement in foster care. FFPSA services can also be delivered to reunifying families who had children placed in foster care. This application of FFPSA services is expected to minimize the amount of time that youth spend in foster care, and following reunification are anticipated to reduce the number of youth who re-enter foster care.

   KPM 7: ODHS has strongly prioritized partnerships with culturally and linguistically specific providers in FFPSA implementation. To accomplish this, Child Welfare has prioritized contracts and partnerships with culturally specific providers, with the support of their communities, to develop FFPSA and other prevention services. Further, ODHS has consciously developed the FFPSA design team to include members of under-represented communities to ensure that further planning fully addresses current disparities.

   KPM 8: This measure represents the primary goal of FFPSA services. This POP enables Child Welfare to offer additional, evidence-based services to families. Child Welfare will be able to serve more families in home, and fewer in foster care, as it is able to expand the type of services and eligible families through FFPSA services.

4. What are the envisioned **outputs** of this POP?
   Consider activities you will be able to count in actual numbers: partners engaged, clients served, regions served, applications processed, staff trainings conducted, referrals made, transitions completed, families participating, etc.

   Through this POP, Child Welfare will work with Tribes, partner agencies, and community partners to implement the evidence-based practices in Oregon's approved FFPSA plan. Expected outputs for each service include:

   Functional Family Therapy
   Functional Family Therapy (FFT) is a short-term prevention program for at-risk youth and their families. FFT aims to address risk and protective factors that impact the

adaptive development of 11- to 18-year-old youth who have been referred for behavioral or emotional problems. The program focuses on developing a positive relationship between therapist/program and family, increasing motivation for change, identifying specific needs of the family, supporting individual skill-building of youth and family, and generalizing changes to a broader context. Typically, therapists will meet weekly with families face-to-face for 60 to 90 minutes and by phone for up to 30 minutes, over an average of three to six months. They work as a part of an FFT-supervised unit and receive ongoing support from their local unit and FFT training organization.

Program includes:

- 20 clinicians trained in FFT, and ongoing infrastructure to train an additional 10 each year. Training includes:
  - Three in-person trainings per year.
  - Weekly coaching/consultation.
  - Monthly learning collaborative.
  - Three fidelity reviews each year.
  - Training program lasts three years and results in self-sustaining sites that no longer require ongoing technical assistance.
- 200 families served in year one, 350 families served in year two.
- Pathway created to fund training and technical assistance for Juvenile Justice agencies and the Oregon Youth Authority.
- Methodology finalized and implemented to coordinate Medicaid funding with ODHS.

<u>Parents as Teachers</u>

Parents as Teachers (PAT) is a home-visiting parent education program that teaches new and expectant parents skills intended to promote positive child development and prevent child maltreatment. PAT aims to increase parent knowledge of early childhood development, improve parenting practices, promote early detection of developmental delays and health issues, prevent child abuse and neglect, and increase school readiness and success. The PAT model includes four core components: personal home visits, supportive group connection events, child health and developmental screenings, and community resource networks. PAT is designed so that it can be delivered to diverse families with diverse needs, although PAT sites typically target families with specific risk factors. Families can begin the program prenatally and continue through when their child enters kindergarten. Services are offered on a biweekly or monthly basis, depending on family needs.

Program includes:

- 24 individual sites established with the capacity to train an additional 7 each year. Training includes:

    - Initial certification training.
    - Monthly coaching and case consultation.
    - Two fidelity reviews each year.
    - Menu of advanced trainings and coaching opportunities.
- 140 families served in year one, 280 families served in year two.

Parent Child Interactions Therapy

In Parent-Child Interaction Therapy (PCIT), parents are coached by a trained therapist in behavior-management and relationship skills. PCIT is a program for two- to seven-year-old children and their parents or caregivers that aims to decrease externalizing child behavior problems, increase positive parenting behaviors, and improve the quality of the parent-child relationship. During weekly sessions, therapists coach caregivers in skills such as child-centered play, communication, increasing child compliance, and problem-solving. Therapists use "bug-in-the-ear" technology to provide live coaching to parents or caregivers from behind a one-way mirror (there are some modifications in which live same-room coaching is also used). Parents or caregivers progress through treatment as they master specific competencies, thus there is no fixed length of treatment.

Program includes:

- 12 new partnerships developed with existing providers. Partnerships will include:
    - Child Welfare specific referral pathways for prevention.
    - Data collection related to family participation and outcomes.
    - CW grant funding for non-Medicaid reimbursable costs.
- Capacity to develop an additional 10 PCIT providers as need arises. Child Welfare will collaborate with OHA on necessity for new providers based on:
    - Cultural and linguistically specific providers.
    - Geographic availability.
    - Persistent waitlists for services.

Motivational Interviewing

Motivational Interviewing (MI) is a method of counseling clients designed to promote behavior change and improve physiological, psychological, and lifestyle outcomes. MI aims to identify ambivalence for change and increase motivation by helping clients progress through five stages of change: pre-contemplation, contemplation, preparation, action, and maintenance. It aims to do this by encouraging clients to consider their personal goals and how their current behaviors may compete with attainment of those goals. MI uses clinical strategies to help clients identify reasons to change their behavior and reinforce that behavior change is possible. These clinical strategies include the use of open-ended questions and reflective listening. MI can be used to promote behavior change with a range of target populations and for a variety of problem areas. MI is

typically delivered over one to three sessions with each session lasting about 30 to 50 minutes.

Program includes:

- 12 sites established with capacity to add six each year.
  - Sites developed with providers currently contracted with Child Welfare for in-home services and Tribes in Oregon.
  - Development includes contract amendments, funding for training, fidelity monitoring, and expanded reporting.
- 100 families receive services that contain MI in first year, 200 in year two.
- Established list of MI trainers to provide training and technical assistance to any interested provider and partner with MI Trainers using an Indigenous training model with Tribes.
- Development of a streamlined and accessible training plan.

<u>Oregon Kinship Navigator Program</u>
Oregon Kinship Navigator is a statewide resource and referral service for grandparents raising grandchildren and other relative caregivers.

- Implement and maintain an evidence-based program model that is approved by the Title IV-E Prevention Services Clearinghouse and includes:
  - A Basic Service Center including:
    - A 1-800 toll-free phone line, accessible M-F 9am-5pm.
    - Email business accessibility 24/7.
- The Oregon Kinship Navigator Website
  - Financial and tangible supports for kinship families
  - Social, emotional, and recreational supports for children in kinship families
  - A Kinship Navigator Advisory Committee
  - Kin caregiver support groups
  - Resource Guides and Materials

- **Outcomes** show how people are better off because of the outputs you listed above. What are your expected outcomes?
  Consider <u>measurable effects</u> like improved service navigability, reduced racial disparities within programs, expanded access to needed services among key populations, improved transition rates, etc.

  Child Welfare is required to submit criteria for data collection and outcome evaluation as part of the FFPSA Prevention Plan that is submitted for federal approval. For each service Oregon measures:

Service Level Outcomes: These are service specific measures that demonstrate the impact that the service had for the participant. These are generally determined by utilization of standardized assessment administered before, during, and at the end of service delivery. These outcomes include, but are not limited to:

- Intended service population.
- Expected capacity.
- Number of families referred, engaged in, and completing services.
- Progress on identified goals.

Child/Family Well-being Outcomes:
These are measures that show the degree to which ODHS and our partners are successful in preventing foster care and preventing maltreatment. This includes collecting and analyzing data related to:

- Families that receive prevention services and whether or not they experience foster care.
- Time in foster care for families that receive prevention services.
- Instances of repeat maltreatment when families have received prevention services.

Program Improvements/Capacity Building:
Progress towards continuous quality improvement of the program.

- The evidence-based services that are included in the FFPSA Prevention Plan have existing fidelity and outcomes metrics by the proprietor or developer of the service and include a robust in-state infrastructure to collect and share fidelity and outcomes information.
- Oregon is leveraging these existing metrics and infrastructure, in partnership with the Oregon Health Authority, Oregon's evidence-based services certified/affiliate programs, and community providers who have current Child Welfare contracts, to continue to enhance continuous quality improvement strategies for these services.
- Each service will be continuously monitored to ensure fidelity to the practice model, determine outcomes achieved, and ensure that information gleaned from the continuous monitoring efforts will be used to refine and improve practices.

For the Oregon Kinship Navigator Program, ODHS partners with a community-based service provider to:

- Increase in the number of relatives who assume and maintain responsibility and care for children from their extended families who would otherwise enter the foster care system.

- Increase in the number of relatives who are caring for and parenting relatives' children that are well supported, aware of community resources, and can access them when needed.
- Increase the well-being of children through placement stability with relatives within their family systems and communities.

5. How will you **collect the data** you need to measure the success of this solution? Is this data currently being collected? Have you engaged ORRAI to discuss elements needed to plan for data gathering?

   Data is collected through three methods:
   - Many of the proprietors/developers of evidence-based programs have their own proprietary software to track service delivery and fidelity measures. Child Welfare contracts for training and technical assistance include access to these systems for evidence-based practice providers and ODHS staff. This allows for service level data collection in a streamlined manner.
   - The OR-Kids system has been set up to track child and family specific data. This data is collected by Child Welfare staff filling out a web-based form specific to FFPSA services.

- Child Welfare has contracted with a national organization to conduct the federally required evaluation of implementation the FFPSA Prevention Plan. This organization collects additional data relating to family experience in services and information collected by providers but not included in other reporting requirements.

6. To achieve optimal data collection, would you need to make **changes to your case management system?** Describe.

   FFPSA requires the reporting of child-level data. Because FFPSA prevention services are available to some families that are not currently involved with the child welfare system, it is important that their child-specific data not be entered into the Child Welfare database, OR-Kids. These services are voluntary, and thus should not be conflated with services that are required of parents as part of a safety plan with the Child Welfare agency. To achieve optimal data collection for this population served by FFPSA, ODHS will develop a separate prevention services database.

   FFPSA identifies pregnant and parenting teens in foster care as categorically eligible for FFPSA services. Additional changes are needed to OR-Kids to effectively identify this population, ensure services are available to them, and for accurate tracking that ODHS is receiving federal reimbursement for those services.

Part 4. **IMPROVING CUSTOMER SERVICE**

1. Discuss the ways this POP will **improve customer service**.
    - Families with significant family stressors will have greater access to services that meet their needs and that keep their children safe without the need for removal and placement in foster care.
    - Kinship Caregivers will be able to care for children from their extended families who would otherwise end up in stranger foster care by being well supported and better aware of community resources.
    - Children will have increased wellbeing through placement stability with relatives within their family systems and communities.

2. Will your solution require an **IT investment?** Explain.

    FFPSA requires the reporting of child level data. Since FFPSA prevention services are available to some families that are not currently involved with the child welfare system, it is important that their child specific data not be entered into the Child Welfare database, OR-Kids. These services are voluntary for families to participate in, and thus should not be required of parents as part of a safety plan with the child welfare agency. To achieve optimal data collection for this population served by FFPSA, ODHS will develop a separate prevention services database.

Part 5. **IMPLEMENTATION**

1. If the legislature allocates funds for the proposed POP, how specifically would we **use the money to implement it?**

    Funds would be used to implement and evaluate the following evidence-based prevention services:

    - Functional Family Therapy (FFT): A behavioral health service for families with adolescents. This service is delivered to an entire household and has demonstrated effectiveness is preventing system involvement. Funding for these services includes training and technical assistance for providers and coverage for non-Medicaid billable elements of the service.

        POP funds will be utilized as follows:
        - Training and technical assistance: General Fund match for FFPSA Funds (Title IV-E prevention)
        - Services: Funding for each contracted provider to cover non-Medicaid reimbursable costs (training, travel, smaller caseloads, etc.)

- Parents as Teachers (PAT): A home visiting program for families with at least one child under kindergarten age. The PAT curriculum can be delivered by itself or as a part of other services and supports for families with young children. Funding for this service includes training and technical assistance for provider and coverage for all services provided.
  POP funds will be utilized as follows:
  - Training and Technical Assistance: General Fund match for FFPSA Funds (Title IV-E prevention)
  - All service delivery cost: General Fund to match FFPSA Funds (Title IV-E prevention)

- Parent Child Interaction Therapy (PCIT): A behavioral health service for parents with children from ages 2-5. Child Welfare will initially work with the Oregon Health Authority to develop relationships with existing PCIT trained providers to target services to families at risk of child welfare involvement. Child Welfare intends to develop formal agreements with PCIT providers to cover non-Medicaid reimbursable elements of the service to support FFPSA goals. As additional service capacity becomes necessary, Child Welfare will fund OHA to offer training to additional providers. Service costs and additional training are eligible for federal match through FFPSA.
  - Training and Technical Assistance: General Fund match for FFPSA Funds (Title IV-E Prevention)
  - Services: Funding for each contracted provider to cover non-Medicaid reimbursable costs (training, travel, smaller caseloads, etc.)

- Motivational Interviewing (MI): An evidence-based approach to service delivery focused on engagement with service participants around their identified treatment goals. Child Welfare will implement Motivational interviewing as a component of other contracted prevention services. Including fidelity-based MI along with other necessary services is expected to increase family engagement and service level outcomes.
  - Training and Technical Assistance: General Fund match for FFPSA Funds (Title IV-E prevention).
  - Additional service delivery cost related to MI: General Fund to match FFPSA Funds (Title IV-E prevention).

- Oregon Kinship Navigator Program (OKN): a true prevention model that keeps children safe and connected to family in the least intrusive way possible by providing a centralized access point to obtain information, referrals, and supports for relatives parenting their kin through a Basic Service Center, website, call-in line, statewide advisory committee, publications, and educational and support groups and materials. The program also assists state, county, and local agencies to pool resources to create a robust kinship system of care.
  - Training and Technical Assistance: General Fund match for FFPSA Funds (Title IV-E prevention).
  - All service delivery cost: General Fund to match FFPSA Funds (Title IV-E prevention).
- Turn two existing limited duration positions into permanent positions for the ongoing provision of Family First services (leading to federal revenue to pay for 50 percent of the personnel costs).

2. What are the biggest potential barriers or risks to successful implementation?

   Child Welfare has developed significant infrastructure to implement FFPSA services effectively. While FFPSA has a high likelihood of success, especially with funding through this POP, the following barriers remain:

   - Competing priorities: Child Welfare and its partners are consistently managing several high priority projects. It will be important for the team implementing FFPSA to remain consistent and dedicated to the work enabled by this POP.
   - Staffing Resources: A primary barrier to implementation is ensuring that Child Welfare is staffed to implement FFPSA services. Appropriate staffing, as identified in the POP, has implications for both timeliness and quality of implementation. Child Welfare has made significant progress in FFPSA implementation with limited resources. This progress has been slower than expected due to a small number of staff positions dedicated to the work.
   - Community Support: There is broad support for FFPSA throughout communities in Oregon. If implementation stalls or services are not implemented based on community input, that could be a barrier to successful implementation. To mitigate this potential barrier, ODHS has emphasized community involvement in all phases of design and implementation.

3. What other **ODHS units, public agencies, Tribes, communities or other partners** will be involved in the implementation of this POP? What will their responsibilities be?
   - Child Welfare Division

    - Family First & Integrated Policy Unit
        - The unit with the primary responsibility for the implementation of FFPSA and integration of intersecting prevention policy and funding across agencies.
    - Federal Policy & Resources Unit
        - Will help ensure that federal requirements are met and reported appropriately.
    - Project Management Office
        - Will provide ongoing strategic planning and project management support to the implementation of FFPSA.
    - Continuous Quality Improvement Team
        - Will coordinate with national evaluator to integrate statewide Child Welfare continuous quality improvement efforts with FFPSA continuous quality improvement.
    - Family Preservation
        - Will develop the practice model and implement it throughout the state to guide ODHS staff in how to best serve families in their homes and prevent placement in foster care, complementing FFPSA prevention services.
    - Business Operations
        - Will consult on the development of contracts with providers as part of FFPSA.
    - Equity, Training & Workforce Development
        - Will participate in the development of training for staff related to FFPSA implementation.
- Self-Sufficiency Programs
    - Will be a key partner in the planning and implementation of FFPSA, including determining eligible populations, pathways into prevention services and what prevention services are included in the FFPSA Prevention Plan.
- Oregon Youth Authority
    - Will be a key partner in the implementation of Functional Family Therapy and Motivational Interviewing regarding how it can serve youth involved with the juvenile justice system in Oregon.
- Juvenile Departments
    - Will be key partners in the implementation of Functional Family Therapy and Motivational Interviewing regarding how it can serve youth involved with the juvenile justice system in Oregon.
- Oregon Health Authority

    - Maternal & Child Health
        - Will be a key collaborator regarding prevention home visiting programs funded through FFPSA such as Parents as Teachers and Family Spirit.
    - Behavioral Health
        - Will be a key partner in the implementation of Parent Child Interactive Therapy, Functional Family Therapy and Motivational Interviewing.
    - Medicaid
        - Will coordinate data and payment reporting with FFPSA staff and providers for any FFPSA services that are also eligible for Medicaid, including Functional Family Therapy and Parent Child Interactive Therapy.
- Early Learning Council
    - Will be a key collaborator regarding prevention home visiting programs funded through FFPSA such as Parents as Teachers and Family Spirit.
- Tribes in Oregon
    - Will implement Motivational Interviewing and Family Spirit.

Part 6. **BUDGET**

1. Are there **prior investments** allocated for this policy package?

   Child Welfare has received federal grants for transition and start-up funding:
   - FFPSA Transition Grant (Title IV-B, Part 2): $6,072,633 total
   - FFPSA Funding Certainty Grants (Title IV-E): $12,757,977 total
   - FFPSA Kinship Navigator Program Grant (Title IV-B): $200,000 annually

   These grants end September 30, 2026. Child Welfare intends to expend all grant funding prior to utilizing funding resulting from the POP.

2. What **assumptions** affect the pricing of this policy package?

   Costs for Services, Training, and Technical Assistance remain consistent: Significant changes in service and training costs could change the amount needed to fund services.

   ODHS will serve a high percentage of families in the target population: Federal match is only accessible when families served meet the target population as described in Oregon's FFPSA Prevention plan. ODHS has developed referral pathways to maximize and prioritize families eligible for the match. The total federal reimbursement is dependent on serving a high percentage of eligible families.

Provider Workforce will be sufficient to support evidence-based practices: Oregon has a significant workforce shortage across the behavioral health and family serving systems. EBP implementation is dependent on provider ability to recruit and retain qualified staff. Workforce shortages could create delays in implementation or change the scope of Oregon's implementation.

3. Will there be **changes to caseload, cost per case or services provided** to specific populations? Explain.

   FFPSA services are intended to change service delivery and caseload in two primary ways:

   - Serve more children and families in their homes and communities.
   - Decrease the total foster care population.

   The initial impact of this work will be relatively modest and may not have dramatic impacts on caseloads. As ODHS improves the ability to develop services, match services to family needs, and appropriately refer families, foster care caseloads will decrease as in-home cases will increase.

   The cost of providing foster care services goes up each year as fewer families in Oregon qualify for the income requirements related to Title IV-E foster care reimbursement. Reimbursement for Title IV-E Prevention Services, however, have no income requirements. So, the more prevention investments we make the greater the overall Title IV-E reimbursement rate will be for the state of Oregon.

4. Describe the **staff and positions** needed to implement this policy package, and whether existing positions can be modified to meet the need. Be sure to note what each position type will be responsible for to move the proposed work forward.

   The following positions were requested but due to budgetary constraints are being scaled back to just two critical positions:

   Critical Positions:

   - 1 Family First Tribal Liaison (Operations and Policy Analyst 4)
     - Currently limited duration position funded through the Family First Certainty and Transition Grants which come to an end September 30, 2026
   - 1 Family First Project Manager (Project Manager 3)

- Currently limited duration position funded through the Family First Certainty and Transition Grants which come to an end September 30, 2026.

Justification for Requested Positions

The **Family First Tribal Liaison** (OPA4) is required to engage and consult with the Nine Federally Recognized Tribes in Oregon for the design, implementation and monitoring of the Tribes Social Services programs. The focus of this position is to ensure compliance with federal Title IV-E Family First Prevention Services Act. This position negotiates government-to-government agreements for pass-through of state and federal dollars to the Tribes. It also negotiates and implements contracts with university partners outside the state who will be responsible for training and evaluating the Oregon Tribes on evidence-based practices. Oregon Tribes Social Services Programs already provide services to their Tribal citizens to prevent children from entering foster care, but the Tribes need additional support and funding. Each Tribe is different. ODHS must honor the sovereignty of each Tribe.

The **Family First Project Manager** (PM3) is part of Child Welfare's Project Management Office and coordinates all project management and implementation activities for the Family First Prevention Services Act (FFPSA). Implementation of Family First and Family Preservation is a transformational Child Welfare priority, directly linked to the Vision for Transformation, the ODHS Strategic Direction, and how Child Welfare operates to support the individual needs of families and best serves Oregon's children and young people. Project Management support is essential for successful Family First and Family Preservation implementation. This position will provide project management support and direction to all levels of management and staff and is responsible for evaluating current program operations, researching trends, making effective recommendations to upper-level management, and developing long- and short-range goals and objectives for initiating, planning, executing, monitoring, controlling, and implementing cross-cutting, transformational initiatives within the FFPSA plan. This position is vital to support this work's short-and long-term vision, including creating comprehensive project plans and deliverables to ensure services and support compliance with Oregon's FFPSA plan and meet the highest quality standards. This support is essential to ODHS's ability to maximize federal funds while delivering services that prevent families from further Child Welfare involvement. This position also supports the development of new FFPSA plan amendments. This includes extensive planning, incorporating all required FFPSA elements, and supporting ODHS in creating an effective and achievable FFPSA plan. This position will also support plans for data collection, contracting, and reporting that support claiming federal funds and several continuous quality improvement processes.

5. What are the **startup and one-time costs** associate with this POP?

Most start-up and one-time costs associated with this POP have been funded through the FFPSA Transition & Certainty grant funds. This includes initial costs for training and technical assistance contracts and infrastructure for FFPSA evaluation.

There will be additional one-time costs for the following:

- Development of a data system to collect data for families referred to services who are not involved with Child Welfare.
- Start-up costs for evidence-based practices as they are added to Oregon's FFPSA prevention plan.

6. What are the **ongoing costs?**

Service costs:

- Training and technical assistance: Child Welfare maintains direct contracts for training and technical assistance for evidence-based practices. These contracts are billed per year based on the number of individuals or organizations that are trained. This is a key component to Oregon's Continuous Quality Improvement strategy and ensures that services are delivered to fidelity.
- Service delivery: Ongoing costs associated with direct services to children and families. Service delivery covers the majority of ongoing costs that Child Welfare incurs related to FFPSA. For services with no additional funding streams, Child Welfare pays the entire cost of services. For services with additional funding streams (such as Medicaid), Child Welfare enhances with payment of uncovered costs.

Evaluation and Continuous Quality Improvement (CQI):

- Child Welfare maintains a contract for CQI and evaluation of services that will continue. This contract will require ongoing payment to cover cost of evaluation and CQI supports that are a required component of FFPSA.

7. What are the **sources of funding (revenue)** and the funding split for each one?

Title IV-E Prevention Funds

- FFPSA Prevention Services – 50 percent funding split until September 30, 2026. Starting October 1, 2026, will go up to the Federal medical assistance percentage (FMAP) rate.

    - expenditures related to FFPSA services and programs that are approved by the Title IV-E Prevention Services Clearinghouse and included in the approved Oregon FFPSA Prevention Plan.
- FFPSA Administrative costs – 50 percent funding split
    - expenditures necessary for the provision of FFPSA Prevention services or programs for activities approved by the Children's Bureau that promote the development of processes and procedures to establish and implement the provision of the services for individuals who are eligible and for data collection and reporting.
- FFPSA Training costs – 50 percent fund split
    - expenditures with respect to the provision of FFPSA prevention services and programs for training employed by or preparing for employment by the State Child Welfare agency – including how to determine who are individuals eligible for the services or programs, how to identify and provide appropriate services and programs, and how to oversee and evaluate the ongoing appropriateness of the services and programs.

8. What are potential **savings?**

Potential savings come from increasing revenue for existing positions that support the provision of prevention services, this could include but is not limited to:

- Potential savings in existing personnel costs
    - Staff from the Federal Policy & Resources Unit of Child Welfare who participate in the federal reporting and claiming and staff who participate in the coordination of IV-E agreements with Tribes in Oregon.
    - Staff from the Program Management Office of Child Welfare who manage projects related to FFPSA Prevention Services
    - Staff from the Continuous Quality Improvement Team who support the FFPSA Prevention Plan CQI structure and processes.
    - Staff from the Family Preservation Program of Child Welfare and Self-Sufficiency Programs who participate in providing prevention services, connecting families to prevention services, and/or training and support for staff in identifying appropriate services for families.
    - Staff from multiple programs who are providing FFPSA Prevention Services directly to eligible families (such as staff providing Motivational Interviewing)

    - Staff from the Equity, Training & Workforce Development Team who are providing training to Child Welfare staff on the provision of prevention services.
    - Staff from the Business Operations Team of Child Welfare who are assisting with the administration of prevention service contracts.
        - Potential savings in existing training costs.
        - Existing contracts with university partners for the training of child welfare staff in prevention services.
- Potential savings for decreased foster care caseload:
    - The initial number of families served through FFPSA services will be relatively small.
    - As Child Welfare expands services and eligible populations it is expected that the number of families served in home will increase and the number of children served in foster care will decrease.
- This POP may also create opportunities for potential savings for system partners. Several services eligible for FFPSA funding are evidence-based substance use disorder and mental health services. In Oregon, these services are primarily covered by Medicaid. While FFPSA funds cannot pay for Medicaid funded services, it can be for the training, technical assistance, and other elements to the service that Medicaid cannot pay for. This creates the opportunity for ODHS to partner with providers and agencies to invest in quality services at a sustainable rate.

TOTAL FOR THIS POLICY PACKAGE

	General Fund	Other Funds	Federal Funds	Total Funds	Positions	FTE
Personal services	$233,508		$233,508	$467,016	2	1.50
Services + supplies	$1,645,244		$1,645,244	$3,290,488		
Capital outlay						
Special payments	$5,163,000		$5,163,000	$10,326,000		
Other						

Total	**$7,041,752**	**$0**	**$7,041,752**	**$14,083,504**	**2**	**1.50**

FISCAL IMPACT BY PROGRAM

	FFPSA	Program 2	Program 3	Program 4	**Total**
General Fund	$7,041,752				**$7,041,752**
Other Funds					
Federal Funds	$7,041,752				**$7,041,752**
Total Funds	$14,083,504				**$14,083,504**
Positions	2				**2**
FTE	1.50				**1.50**

ODHS Policy Option Package (POP) Form
2025-27 Agency Request Budget

Program(s) / Unit(s)	Oregon Eligibility Partnership (OEP)
POP Title	113 - Central Abuse Management System (CAM) Maintenance and Operations (M&O) Support
Related Legislation	
Summary Statement (5 to 7 sentences)	The CAM system serves as the system of record for child and adult abuse investigations conducted by Aging and People with Disabilities (APD), the Office of Training, Investigation and Safety (OTIS), community developmental disabilities programs (CDDPs) and community mental health programs (CMHPs). This system is an important part of the infrastructure necessary for investigating and taking actions around abuse, allegations of harm, and neglect. It is also an essential tool for ensuring timely completion of investigations, providing licensing entities with critical information, and ensuring notifications are complete, accurate and timely. The CAM maintenance and operations budget is underfunded for the number of staff licensures needed and to keep up with operational, regulatory, and system changes necessary to appropriately support abuse investigation operations. This POP would increase funding to allow for additional licenses for all required staff to have access to the system. Further, it would provide for the system modifications to improve federally required reporting and analytics capabilities and facilitate user-based recommendations for improvement. Without this investment, we will falter on one of the key missions of the state - keeping people safe and investigating abuse. We will also be limited in our ability to deliver timely notifications and fall short of federal reporting requirements.

	$1,250,000	$0	$1,250,000	$2,500,000	0	0.00

ODHS 2025 POP Long Form

Part 1. SETTING THE STAGE

1. Briefly describe the **core value(s)** driving this POP. In the big picture, why does it matter?

   A just society provides a level of safety for older adults and children – this is a key component to ensuring that happens.

2. Describe the **problem/s or opportunity/ies** this proposal would address.

   Centralized Abuse Management System is the State's integrated abuse system that allows Oregon to look at allegations and reports across three program areas and providers. This decreases the likelihood of individuals being able to go from one system to another and perpetuate abuse and allows coordination without our program areas and with community partners. This is critical for the safety and compliance of licensure within the State. However, access to this system is limited based on licensure, and the ability to make updates is limited.

   This POP provides the appropriate level of support for the system users and technical aspects of the system necessary to ensure timely, accurate, and complete abuse and neglect investigations and the licensing actions which often follow. Specifically it provides:

   $2.5M TF (50/50) increase in the ongoing current service level (CSL) of the CAM budget. This is for the purpose of right-sizing the current CSL to meet the existing license and support costs of the system. The CAM program has had a budget shortfall since it was created. ODHS APD, ODDS and OTIS areas are needing to fund this shortfall each biennium. Additional increases have been experienced in both SalesForce license costs and IT Professional Services costs to maintain the CAM system. We need an increase $2.5M to the ongoing biennial CSL budget to right-size the budget, and to meet increases in existing license and IT service costs.

3. What **data** tells you that this problem/opportunity exists? Please be specific and provide data sources.

   The user experience, help desk requests, access requests, and system improvement requests.

4. Is this POP, in whole or in part, a response to an **audit?** Explain.

   No

5. What has **already been done** to address or mitigate the problem/ opportunity?

   Funding and resources have been used from other system budgets to accomplish the minimum support to keep the system functioning. This approach as simultaneously minimized the support and other resources available for those other systems and the programs they support.

6. What are the **risks** if the problem/opportunity is not addressed?

   At some point in the near future resources will not be adequate to maintain the system and licensing needs, nor will resources be available to borrow from other program sources. This system is a critical part of the abuse investigation and licensing process and sits in the middle of investigation information management and information exchange. Should this system become unworkable or sustainable, manual workarounds would be inevitable and to the extreme detriment of providing timely and accurate abuse investigation and determinations, as well as similarly challenge facility licensing actions, sanctions, and other supports.

7. What **solution** are you proposing through this policy option package (POP)?

   Resources to right-size support and licensing for the CAM system.

8. What **alternative solutions** were considered and what were the reasons for selecting your solution?

   To this point borrowed resources have been utilized. A permanent solution should be put into place.

9. Has the proposed solution been successful in **other contexts or jurisdictions?** Alternatively, if there is no precedent, explain why you believe this concept will achieve its aims here in Oregon.

Where IT systems are appropriately supported, system access for users, system enhancements, help requests, etc. can be handled appropriately and timely. And there is a better possibility the system will function as designed, security will be maintained and sensitive information protected, all users needing access can be assured timely access, and system uptime will be maximized. Where this is lacking, experience has shown achieving these things becomes much more difficult if not impossible.

10. Does this POP require a **new statute or changes to existing statute(s)?** If so, have you completed the Legislative Concept request form for statutory changes?

    No

Part 2. **EQUITY AND INCLUSIVITY**

1. How will this POP **address inequities** faced by impacted communities?

   The CAM system is the system used by investigators and licensors when an allegation of abuse or neglect need to be investigated. The CAM system increases our ability to protect vulnerable individuals and populations, including children, elderly, and individuals with disabilities from harm. If we do not maintain our investment in this system, we risk system stability, privacy and security issues with individuals' data, and Program financial stability.

Part 3. **MEASURING PERFORMANCE**

1. Which of your **key performance measures (KPMs)** is this POP connected to?

   ODDS Abuse Investigations

2. If none, are you proposing a **new or modified KPM?**

3. How will the work you're proposing help ODHS meet or exceed the **KPM targets?**

   The operational support this system provides to abuse investigation and licensing actions is critical to maximizing completion of timely and accurate investigations and licensing actions.

4. What are the envisioned **outputs** of this POP?
   Consider activities you will be able to count in actual numbers: partners engaged, clients

served, regions served, applications processed, staff trainings conducted, referrals made, transitions completed, families participating, etc.

Not applicable. Providing the resources to implement system improvements will likely improve efficiency and information security, but number of investigations completed is a function of work referred.

5. **Outcomes** show how people are better off because of the outputs you listed above. What are your expected outcomes?
   Consider measurable effects like improved service navigability, reduced racial disparities within programs, expanded access to needed services among key populations, improved transition rates, etc.

   Providing the resources to implement system improvements will likely improve efficiency and information security, but number of investigations completed is a function of work referred.

6. How will you **collect the data** you need to measure the success of this solution? Is this data currently being collected? Have you engaged ORRAI to discuss elements needed to plan for data gathering?
   Investigations completed is currently tracked

7. To achieve optimal data collection, would you need to make **changes to your case management system?** Describe.
   No

Part 4. IMPROVING CUSTOMER SERVICE

1. Discuss the ways this POP will **improve customer service**.

   Providing the resources to implement system improvements will likely improve efficiency and information security.

2. Will your solution require an **IT investment?** Explain.
   This POP is an IT investment. This pop will stabilize ongoing funding to maintain user licenses and IT professional services to maintain system integrity and stability, as well as enhancing the IT platform the product is built in.

Part 5. IMPLEMENTATION

1. If the legislature allocates funds for the proposed POP, how specifically would we **use the money to implement it?**

Purchase the system licenses needed, purchase the vendor supplied system support needed, and implement systems enhancements, overdue and upcoming system maintenance, and enhance help desk and other operational supports.

2. What are the biggest potential barriers or risks to successful implementation?
   None noted

3. What other **ODHS units, public agencies, Tribes, communities or other partners** will be involved in the implementation of this POP? What will their responsibilities be?
   None

Part 6. **BUDGET**

1. Are there **prior investments** allocated for this policy package?
   No

2. What **assumptions** affect the pricing of this policy package?
   User Licensing costs and Vendor rates and 50% Federal Government support of costs.

3. Will there be **changes to caseload, cost per case or services provided** to specific populations? Explain.
   No

4. Describe the **staff and positions** needed to implement this policy package, and whether existing positions can be modified to meet the need. Be sure to note what each position type will be responsible for to move the proposed work forward.
   None

5. What are the **startup and one-time costs** associate with this POP?
   None.

6. What are the **ongoing costs?**
   $2.5M TF (50/50) increase in the ongoing current service level (CSL) of the CAM budget. The CAM program has had a budget shortfall since it was created. ODHS APD, ODDS and OTIS areas are needing to fund this shortfall each biennium. Additional increases have been experienced in both SalesForce license costs and IT Professional Services costs to maintain the CAM system. We need an increase of $2.5M to the ongoing biennial CSL budget to right-size the budget, and to meet increases in existing license and IT service costs.

7. What are the **sources of funding (revenue)** and the funding split for each one?

50/50 funding split with Feds

8. What are potential **savings?**

None noted

TOTAL FOR THIS POLICY PACKAGE

	General Fund	Other Funds	Federal Funds	Total Funds	Positions	FTE
Personal services						
Services + supplies	1,250,000		1,250,000	2,500,000		
Capital outlay						
Special payments						
Other						
Total	**$1,250,000**	**$0**	**$1,250,000**	**$2,500,000**	**0**	**0.00**

FISCAL IMPACT BY PROGRAM

	Program 1	Program 2	Program 3	Program 4	**Total**
General Fund	1,250,000				**$1,250,000**
Other Funds					**$0**
Federal Funds	1,250,000				**$1,250,000**
Total Funds	2,500,000				**$2,500,000**
Positions	0				**0**
FTE	0.00				**0.00**

Program(s) / Unit(s)	Office of Aging and People with Disabilities
	114 – Person-Centered Service Planning and Workload model
	The Office of Aging and People with Disabilities (APD) must prepare its systems for projected unprecedented consumer population growth and the increasingly complex needs of the population it serves. Simultaneously, the Centers for Medicare and Medicaid Services' (CMS) new rules on access have increased the requirements for person-centered planning and services. In this POP, APD is requesting initial investments to support the increased CMS requirements and ensure compliance with impending regulations. The POP also addresses the need for more staff to support program performance evaluation as well as long-standing caseload issues occurring because APD does not earn case managers for eligible consumers who have not yet accessed paid Long Term Services and Supports (LTSS). Without this investment, APD will be hindered in its ability to adequately serve individuals with complex needs and faces the risk of CMS audit and noncompliance, resulting in the potential loss of federal Medicaid funds.

	$3,996,718	**$0**	**$3,996,718**	**$7,993,436**	**40**	**38.65**

ODHS 2025 POP Long Form

Part 1. SETTING THE STAGE

1. Briefly describe the **core value(s)** driving this POP. In the big picture, why does it matter?

   This POP will help prepare APD for the increase in requirements and assurances to CMS while innovating how APD conducts its core business. Additionally, this POP will ensure

that older adults and people with disabilities receive improved customer service and will help this population obtain and maintain long term services and supports. For many, this will include housing.

This POP will also help improve APD case managers' ability to focus on a person-centered process by incorporating individuals' strengths, preferences, values, and cultural considerations into their Service Plans, which is a current federal requirement and a primary feature of the new CMS Access Rule.

2. Describe the **problem/s or opportunity/ies** this proposal would address.

   Individuals who are not currently receiving a paid service such as a those provided by a homecare worker, an assisted living facility or an adult foster home are not counted in the APD forecasted caseload. Therefore, APD does not earn case manager positions to serve these individuals who are often high needs/high risk consumers and require more staff support than other consumers. APD must provide case management services to all eligible consumers. This means that other consumers, for whom APD does earn case managers, do not get the support they need. Some individuals need additional advocacy and support for their health and safety needs, especially as the people APD serves have become more complex.

   - This POP would support individuals struggling with houselessness or the risk of houselessness by giving case managers the time to coordinate with housing navigators and to help consumers access resources unique to them.
   - This POP would provide the workload model changes needed to adequately staff case management to support the increase in complex cases requiring coordination with mental and behavioral health resources to support individuals with challenging behaviors.
   - The POP would prepare APD to meet the system and staffing needs required to address the upcoming changes from the CMS Proposed Rule: Ensuring Access to Medicaid Services
   - This POP would support the expansion of the Program of All-Inclusive Care for the Elderly (PACE).
   - Individuals with severe physical and cognitive disabilities can experience extreme social isolation. This POP would address social isolation concerns for individuals whose primary support is their case manager.

3. What **data** tells you that this problem/opportunity exists? Please be specific and provide data sources.

Data tells us that there are not enough case managers to perform the services they are required to perform. The below points include how this information was determined:

a) Workloads are not allowing for adequate time to complete required tasks such as waivered case management contacts, which are monthly contacts that staff make with LTSS individuals or those that are providing their care. Data shows offices are repeatedly out of compliance and unable to keep up with this requirement. From June 2023 to February 2024 nearly 36 percent of offices have missed their waivered case management targets by 10 percent to 75 percent, putting APD out of compliance with CMS requirements. (Report APD 1034)
b) APD must meet specific assurances for continued Medicaid funding. CMS currently sets the compliance level at 86 percent. The most recent report submitted June 2023 reflects the review of these assurances for 2021 (HCBS Assurances and Findings – June 2023) and shows that APD is not in compliance with five of the assurances including accuracy, risk identification and mitigation.
c) The annual reassessment requirement is also not being met. Per data from Central Office Extensions Dashboard, Local Offices are regularly requesting an extension of benefits because the reassessment was not completed timely. This has increased from an average of less than 50 cases per month in 2020 to more than 280 per month. This means that approximately 10 percent of all assessments were delayed each month.
d) There has been an increase in exception requests, which result in higher payment levels, for community-based care settings, primarily adult foster homes, as well as for in-home services cases demonstrating higher acuity.
e) APD's crisis support program has seen a sharp increase in cases needing the support of the program, providing critical services to individuals who would otherwise go without. In 2022, the year of the program's inception, 175 requests were received. In 2023 the requests grew to 534. The first quarter of 2024 has seen 226 requests with a projection of approximately 900 requests for the year.
f) There are more than 7,000 individuals not receiving a paid service as of December 2023 (Report LR_APD-1300). With the average caseload being 76 cases per the CM system (Report APD-1034 and APD-1168), this means the work of approximately 92 case managers is not taken into consideration for FTE positions. This puts further strain on staff and decreases their ability to provide quality services to individuals.

4. Is this POP, in whole or in part, a response to an **audit?** Explain.

   The 2023 HCBS audit demonstrated insufficient person-centered service planning and poor compliance with federal regulations.

5. What has **already been done** to address or mitigate the problem/ opportunity?

   APD has implemented temporary solutions, such as:

   - Temporary workload sharing between offices.
   - Allowances for telephonic assessments for the offices needing additional support, which does not meet state rules and increases risk of not identifying critical incidents, resulting in unanticipated adverse health outcomes.
   - System updates with the attempt to reduce administrative work.
   - Review of OARs and policy to identify ways of reducing administrative tasks.
   - Modernizing internal processes.

6. What are the **risks** if the problem/opportunity is not addressed?
   - Continued loss of staff. High turnover results in increased training needs and the loss of institutional knowledge.
   - Increased health and safety risks for individuals.
   - Increased houselessness or lack of ability to prevent houselessness.
   - Increase in mental health needs due to a lack of support and limited resources.
   - Staff limited to providing bare minimum support and not able to address the needs of their individuals properly.
   - Not adhering to ODHS' core values.
   - Impeding access to care for individuals, primarily those with high acuity and mental health needs.
   - Risk of CMS audit and non-compliance, resulting in potential reimbursement of federal funds.

7. What **solution** are you proposing through this policy option package (POP)?
   a. Additional staffing
      i. Including funding for specialized case managers to better support individuals with complex medical needs, substance issues, and challenging behaviors.
   a. A change in culture and how APD approaches case management.
      i. Including redevelopment of APD's person-centered service planning process and the training and system updates associated with such a change.
   b. A new case management system for determining eligibility and service planning. Modernizing APD's case management approach.

8. What **alternative solutions** were considered and what were the reasons for selecting your solution?
    a. Consideration has been made for identifying contractors to assist or perform case management and support staff functions
        i. Contracting work creates significant cost and adds additional oversight requirements.

9. Has the proposed solution been successful in **other contexts or jurisdictions?** Alternatively, if there is no precedent, explain why you believe this concept will achieve its aims here in Oregon.
    a. To date, there is no known precedent that demonstrates if such changes would be successful. However, APD's current person-centered service planning process and workload model is not meeting the changing needs of the individuals we serve, and the impact of the lack of support individuals are able to receive from staff is evident as outlined above.
    b. Such a proposal will help to alleviate workloads while streamlining and modernizing workflows.
    c. It will help to boost morale and worker retention, allowing staff to provide the type of support that led them to their careers in APD.

10. Does this POP require a **new statute or changes to existing statute(s)?** If so, have you completed the Legislative Concept request form for statutory changes?
    a. No new or change in statute is anticipated.

Part 2. **EQUITY AND INCLUSIVITY**

1. How will this POP **address inequities** faced by impacted communities?
    - By increasing the workforce and transforming APD's way of doing PCSP, it will allow for staff to have the capacity to better serve underserved populations, including those who represent minority populations.
    - It will provide the resources necessary for staff to have more focus on those high acuity cases, such as individuals who are experiencing behavioral and mental health challenges.

Part 3. **MEASURING PERFORMANCE**

1. Which of your **key performance measures (KPMs)** is this POP connected to?
2. If none, are you proposing a **new or modified KPM?**

- Timely eligibility determinations for APD long term services and supports – The percentage of older adults and people with disabilities who receive timely LTSS eligibility determinations (Timely is defined as within 45 days of the initial date of request for LTSS)
- Accessibility of APD long term services and supports - Percentage of eligible older adults and people with disabilities who receive assistance from paid caregivers

3. How will the work you're proposing help ODHS meet or exceed the **KPM targets?**
    - With an updated workload model and increased staff, it will allow for the prioritization of person-centered case management, and services will advance the work of ODHS to maximize a consumer's independence, dignity, self-worth by providing individualized and flexible services based on their preferences and needs.
    - It will increase federal compliance.
    - Reduce staff turnover.

4. What are the envisioned **outputs** of this POP?
   Consider activities you will be able to count in actual numbers: partners engaged, clients served, regions served, applications processed, staff trainings conducted, referrals made, transitions completed, families participating, etc.
    - Lower caseload counts for case managers
    - Shorter assessment times
    - Lower case manager staff turnover
    - Shorter turnaround for consumers to start receiving services
    - Higher scores on QA reviews
    - Reduction of provider payment issues and increased provider retention
    - Case managers are surveyed or provide regular feedback to express their opinions and perspective on their work experiences with the goal of creating greater satisfaction in their work.

5. **Outcomes** show how people are better off because of the outputs you listed above. What are your expected outcomes?
   Consider measurable effects like improved service navigability, reduced racial disparities within programs, expanded access to needed services among key populations, improved transition rates, etc.

a. Person-centered service plans that reflect the individual's needs rather than a system algorithm of calculated hours.
b. Increased time with individuals due to lower caseload counts, accounting for cultural preferences and allowing time to support underserved populations.
c. Individual familiarity with consumers and continuity of case management services due to lower staff turnover. Individuals will experience better consistency with the staff they work with.
d. Increased health, safety and well-being of vulnerable adults having quicker access to needed service benefits.
e. Increased support to individuals with mental and behavioral health needs by granting staff the time needed to properly advocate for the Individual's needs.
f. Individuals will be empowered to direct the service planning process and make decisions about their services that reflect their choices.
g. An individual's personal and cultural values and preferences will drive the services to the maximum extent possible.
h. Person-centered risk assessment and mitigation to reflect personal preferences while ensuring health, safety and welfare.
i. An individual's goals are prioritized when assessments and monthly contacts are completed.
j. Increased advocacy and collaboration for individuals experiencing houselessness and who require LTC supports.

6. How will you **collect the data** you need to measure the success of this solution? Is this data currently being collected? Have you engaged ORRAI to discuss elements needed to plan for data gathering?
a. Individuals will provide regular feedback to local office staff through interviews, surveys, and questionnaires to describe their experiences with person-centered services and supports.
b. Persons involved in the life of the individual receiving services will be asked to provide input on the effectiveness of the individual's person-centered services and supports.
c. Input from others in the life of the individual will be solicited to understand any issues or concerns that exist.
d. Monitoring of staff turnover rates and provider turnover rates
e. Collaboration with ORRAI to update current reports to accurately reflect the changes identified in this POP.
f. Continued efforts to capture new data elements by APD central office staff.
g. Updates to APDs existing case management system will allow for more targeted data development.

7. To achieve optimal data collection, would you need to make **changes to your case management system?** Describe.

a. An updated system would be needed for the creation of assessments and person-centered service plans. This would allow for the capture of new data elements.
b. A redesign of how case managers determine service eligibility, creating a new set of data.
c. Separation of service eligibility from service planning. This separation would allow APD to better identify progress being made towards improved service assessments as well identify the changes and success of a new PCSP approach.
d. Case managers will need training to help individuals identify and describe their desired service outcomes and the resources, activities and supports needed to achieve personal health and safety goals. Training includes learning to utilize updated systems and new approaches to the work they do.
e. Service tasks and goals will be identified, supported and driven by the individual in partnership with their care team and case manager. This information would be captured in the new system, allowing for a more accurate collection of data to demonstrate the progress of the new PCSP approach.
f. The effectiveness of the delivery of services will be measured based on the satisfaction, health and safety of the individual receiving the services through mechanism created in the new PCSP approach and CM system.

Part 4. **IMPROVING CUSTOMER SERVICE**

1. Discuss the ways this POP will **improve customer service**.
    a. Lower caseloads allow case managers to spend more time on case management services, rather than administrative tasks
    b. A redesign of our case management process would allow for less time spent on the assessment/reassessment process, giving staff more time to assist consumers with accessing the service benefits they need.
    c. It will allow staff to serve the increasing numbers of consumers.
    d. Case managers, through the person-centered service planning (PCSP) process, will get to know and reflect the consumers' needs, desires, and preferences more accurately and in a culturally sensitive way. Moving away from a PCSP process that is task-oriented.
    e. The new PCSP and staffing increase will allow for increased access to services for consumers and greater satisfaction in meeting their care needs.

2. Will your solution require an **IT investment?** Explain.
    a. Yes, if we continue to use Oregon ACCESS, significant changes will be needed to update how case managers determine eligibility and to separate out the person-centered planning and monitoring process.
    b. It will also require updates to the system to allow for the collection of new data elements to help track the progress of the implementation, identify what is working and what is not, and to gauge the success of the changes.

Part 5. **IMPLEMENTATION**

1. If the legislature allocates funds for the proposed POP, how specifically would we **use the money to implement it?**
    a. Creation and implementation of a new, modernized case management system
    b. Updates to existing systems
    c. Increased case management staff positions, including a specialize case manager role to help support complex cases with higher acuity needs and mental health supports.
    d. Additional central office policy staff to support the increased workforce
    e. Training that focuses on providing ongoing person-centered services that are flexible and adapt to an individual's care needs and desires
    f. Training resources for the updated system, policies, and operations

2. What are the biggest potential barriers or risks to successful implementation?
    a. The development of the new system/ system updates
    b. Change management to support a cultural shift among case managers and related staff to support a new person-centered approach to the services provided by APD.
    c. Learning to utilize a new/updated system
    d. Position recruiting

3. What other **ODHS units, public agencies, Tribes, communities or other partners** will be involved in the implementation of this POP? What will their responsibilities be?
    Area Agencies on Aging (AAAs) - Implementation
    Tribes – Consultation, support via the Tribal Navigator Program
    SEIU – Workforce engagement/bargaining
    Provider associations – Coordination, Consultation

Part 6. **BUDGET**

1. Are there **prior investments** allocated for this policy package?
    AAAs received Case Management position funding in February 2024, but APD did not.

2. What **assumptions** affect the pricing of this policy package?

    Please see the case management request from February 2024 – to address the CM only caseload.

    APD is requesting a total of 40 permanent full-time positions (38.65 FTE) in the following classifications and $3,996,665 GF and $3,996,665 FF in funding allocation for

APD State Staff Case Management work for the 25-27 biennium to ensure all APD LTSS-eligible individuals are served timely and appropriately:

i. 37 Human Services Case Managers
ii. 2 Office Specialists 2
iii. 1 APD Supervisor 2

b. IT changes – new or revised case management

In additional, APD needs an Operations and Policy Analyst 3 to assist in the development and implementation of these changes.

Lastly, APD will need funding to support changes to IT systems.

3. Will there be **changes to caseload, cost per case or services provided** to specific populations? Explain.
   No

4. Describe the **staff and positions** needed to implement this policy package, and whether existing positions can be modified to meet the need. Be sure to note what each position type will be responsible for to move the proposed work forward.
   See above

5. What are the **startup and one-time costs** associate with this POP?
   None

6. What are the **ongoing costs?**
   Staffing costs

7. What are the **sources of funding (revenue)** and the funding split for each one?
   Medicaid Admin

8. What are potential **savings?**

None

TOTAL FOR THIS POLICY PACKAGE

	General Fund	Other Funds	Federal Funds	Total Funds	Positions	FTE
Personal services	$3,773,800	0	$3,773,800	$7,547,600	40	38.65
Services + supplies	$222,918	0	$222,918	$445,836		
Capital outlay						
Special payments						
Other						
Total	**$3,996,718**	**0**	**$3,996,718**	**$7,993,436**	**40**	**38.65**

FISCAL IMPACT BY PROGRAM

	Program 1	Program 2	Program 3	Program 4	**Total**
General Fund	$3,996,718				**$3,996,718**
Other Funds					
Federal Funds	$3,996,718				**$3,996,718**
Total Funds	$7,993,436				**$7,993,436**
Positions	40				**40**
FTE	38.65				**38.65**

Program(s) / Unit(s)	Office of Developmental Disabilities Services (ODDS)
POP Title	115 - ODDS Certified Child Foster Home Capacity and Accessibility Supports
Related Legislation	
Summary Statement (5 to 7 sentences)	Children foster care (CFC) providers deliver critical services to children with intellectual and developmental disabilities who for variety of reasons cannot be safely supported in their own family home, including children involved in the child welfare system. Over the course of last several years, CFC providers received modest increases in payment levels, however the funding structure for this group of providers requires overhaul to support this critical capacity. Per legislative direction, ODDS must transition all services to a single assessment instrument. For CFC this means transitioning from current Supplemental Nutrition Assistance Program (SNAP) assessment instrument to the new Oregon Needs Assessment (ONA). This transition requires development of a new provider payment framework – one that also ensures adequate reimbursement to grow and sustain provider capacity. This POP requests resources for implementation of the new payment structure. Additionally, this POP requests funding for capacity for contracted Case Management Entities to implement recruitment and development efforts at the local level for children foster care providers, including culturally and linguistically specific providers. Finally, this POP requests funding to provide home modifications in children foster homes to ensure homes are fully accessible to children. Without this funding, we will lack the capacity to meet the needs of the growing population served by the Office of Developmental Disabilities Services (ODDS) and risk more costly, less appropriate placements for children who need to be served out of home.

	$1,100,000	$0	$1,500,001	$2,600,001	2	2.00

ODHS 2025 POP Long Form

Part 1. SETTING THE STAGE

1. Briefly describe the **core value(s)** driving this POP. In the big picture, why does it matter?

All children deserve to grow up in homes that are safe and supportive. Child foster home (CFH) providers provide a home for children with intellectual and developmental disabilities (I/DD) who cannot be supported in their own family homes due to a variety of reasons.

Service equity and ease of access are priority values for ODHS. ODDS is working to improve equity and access across all services and settings. This POP will implement a fair and equitable reimbursement strategy for child foster home providers using a valid and reliable assessment tool. This POP will also improve access to services by funding recruitment of child foster home providers, as well as necessary home and environmental modifications to meet individuals' needs, ensuring robust capacity in the provider network for children who cannot be served in their own family homes.

2. Describe the **problem/s or opportunity/ies** this proposal would address.

Historically, children placed in ODDS-certified child foster homes have not been able to access home and environmental modification services. Funding of these services in child foster homes would build more capacity by increasing the pool of providers that have the appropriate home environment to meet accessibility needs.

Due to the decline in homes ODDS will fund a contractor to assist in the recruitment and development of child foster home providers, including culturally and linguistically specific providers. This will create a more robust pool of skilled child foster home providers capable of supporting children who cannot be served in their own family homes due to their complex support needs.

Recognized need to implement a fair and equitable reimbursement strategy for child foster care providers that will be based on a valid and reliable assessment instrument. ODDS has contracted with Burns & Associates to develop the framework for the new rate structure, which is based on the Oregon Needs Assessment (ONA). The ONA has already been implemented as the rate

setting tool for other ODDS settings as part of ODDS' ongoing Compass Project. The new rate structure for child foster homes will increase capacity by offering a more equitable and adequate rate to attract new providers.

3. What **data** tells you that this problem/opportunity exists? Please be specific and provide data sources.

ODDS compiled data from the credential database to identify changes in child foster home capacity from 2019–2023. The results of the data indicate the number of child foster homes continues to decline each year. In 2019, there were 223 child foster homes. That number steadily dropped each year. The total number of child foster homes in 2023 was 159, a 29% decrease from 2019. This decline limits the out of home service setting options for children to primarily 24-hour residential settings that utilize shift staff, rather than a family-like setting.

In February and October of 2022, ODDS conducted a survey of child foster home capacity to identify placement challenges (placing children in foster homes that can safely meet their full array of support needs). One of the main challenges child foster care providers listed was lack of child foster homes that meet the environmental support needs (such as accessibility for children with limited mobility). Funding of home and environmental modifications in child foster homes would build more capacity by increasing the pool of providers that have the appropriate home environment to meet accessibility needs.

4. Is this POP, in whole or in part, a response to an **audit?** Explain.

No

5. What has **already been done** to address or mitigate the problem/ opportunity?

ODDS has contracted with Burns & Associates to develop new framework to reimburse children's foster home providers that is based on the Oregon Needs Assessment (ONA). Once the ONA is completed for an individual, the service group framework uses the information collected in the ONA to place the individual in a service group of individuals of a similar age with similar level of support needs and a set rate for the provider. However, POP funding is needed to transition to the new framework for reimbursement.

6. What are the **risks** if the problem/opportunity is not addressed?

If not addressed, child foster home capacity will continue to decline, reducing the availability of children's foster home placement options for children who cannot be supported in their own family homes. Limiting these options may result in more children being placed in temporary lodging, or other more structured service settings (such as 24-hour residential settings with shift staff) to fill the gap. This would be detrimental to children who are best supported in a family-

like child foster home setting and cost prohibitive to the state as 24-hour residential costs far exceed foster care. Temporary lodging is meant as a last resort option for crisis situations when children in Child Welfare custody cannot be safely served in their family homes, and there are no appropriate placement options to meet their needs. While this type of arrangement is temporary, the setting is not a home-like environment and may be very disruptive to a child, exacerbating existing and creating more trauma. Relying on other more structured settings to accept a child for placement could negatively impact the capacity for those settings to serve individuals that need a higher level of support.

7. What **solution** are you proposing through this policy option package (POP)?

This POP will establish a long-term reimbursement strategy that is based on a valid and reliable assessment instrument and will ensure adequate reimbursement for child foster home providers. The new payment strategy, funding of home and environmental modifications, and funding recruitment and development of child foster homes will help stabilize and retain providers, build and improve capacity, ensure that providers are able to support children with accessibility needs, and develop culturally and linguistically specific providers.

8. What **alternative solutions** were considered and what were the reasons for selecting your solution?

N/A

9. Has the proposed solution been successful in **other contexts or jurisdictions?**

We are not aware of how other states reimburse child foster home providers through the 1915(k) Community First Choice State Plan Option; however, Burns & Associates, works in many other states developing rate models for a variety of Medicaid-funded long-term services and supports.

10. Does this POP require a **new statute or changes to existing statute(s)?** If so, have you completed the Legislative Concept request form for statutory changes?

No

Part 2. **EQUITY AND INCLUSIVITY**

1. How will this POP **address inequities** faced by impacted communities?

During development and implementation, ODDS will engage with service providers, families, Case Management Entities, advocacy organizations, Tribes, and other community partners to gauge the impact of services, as well as identify and address inequities.

Part 3. **MEASURING PERFORMANCE**

1. Which of your **key performance measures (KPMs)** is this POP connected to?

Not applicable.

2. If none, are you proposing a **new or modified KPM?**

No

3. How will the work you're proposing help ODHS meet or exceed the **KPM targets?**

Not applicable.

4. What are the envisioned **outputs** of this POP?

We will track whether there is an increase in the number of certified child foster homes that can serve children with complex support needs and accessibility needs. We will continue to track reimbursement rate trends to monitor whether the improved reimbursement structure remains fair and equitable.

5. **Outcomes** show how people are better off because of the outputs you listed above. What are your expected outcomes?

Expected outcomes include increased access to child foster homes that can support children with accessibility and sensory needs due to funding of home and environmental modifications and a reduction in the number of children referred to temporary lodging or more costly, less appropriate settings, such as 24-hr residential settings.

6. How will you **collect the data** you need to measure the success of this solution? Is this data currently being collected? Have you engaged ORRAI to discuss elements needed to plan for data gathering?

Data related to the reimbursement structure and home modifications will be collected from ODDS' eXPRS payment and reporting system. Data related to capacity and access to services will be collected from the eXPRS system and the credential database.

7. To achieve optimal data collection, would you need to make **changes to your case management system?** Describe.

The ODDS eXPRS payment and reporting system will need to be updated to implement the reimbursement structure and home modification policy for children foster care providers. ODDS will update the eXPRS system utilizing existing developer resources in coordination with OIS. This process will be similar to how we already implemented the 24-hour residential,

employment, and day-support rate frameworks as part of ODDS' ongoing Compass Project. ODDS' case management system is at a stage that these changes could be incorporated prior to the full implementation of the new case management system.

Part 4. **IMPROVING CUSTOMER SERVICE**

1. Discuss the ways this POP will **improve customer service**.

- Improve health and safety by increasing child foster home capacity to support children who cannot be supported in their own family homes.
- Improve individual choice of services and settings by increasing provider capacity.
- Sustain relationships with existing Medicaid providers through a fair and equitable reimbursement strategy — equitable pay = improvement in retention.
- Create homes that have proper accessibility needs to fully support individuals.

2. Will your solution require an **IT investment?** Explain.

The ODDS Electronic Payment and Reporting System (eXPRS) will need to be updated to implement reimbursement structure and home modification policy for children foster care providers. This is a time investment but will not require funds.

Part 5. **IMPLEMENTATION**

1. If the legislature allocates funds for the proposed POP, how specifically would we **use the money to implement it?**

- Implement new assessment tool and reimbursement structure: Funds will be used to transition to the new assessment tool and funding model for this service and to support child foster care providers through the transition.
- Home and environmental modifications: Funds will be used to hire contracted providers and pay for the construction of home and environmental modifications. Funds will allow the hiring of one PA2 to handle the scope of work, inspections and contractor validation for the construction contracts as required by Oregon law.
- Capacity building: Funds will be used to bring in a contractor to support efforts to recruit and onboard child foster home providers, to increase provider capacity in rural areas and the number of culturally specific providers.

- Funds will allow a permanent position for a current LD staff currently working with providers and to reduce temp lodging working closely with CW and OHA BH.
-

2. What are the biggest potential barriers or risks to successful implementation?

If funded, we don't foresee any potential barriers or risks to successful implementation.

3. What other **ODHS units, public agencies, Tribes, communities or other partners** will be involved in the implementation of this POP? What will their responsibilities be?

ODDS will be the only program implementing this POP. This includes these ODDS units: Policy to update the rule to allow home and environmental modifications for children's foster home providers, Operations to build the requirements of the system change and test OIS updates, Children Services and Training on home and environmental modifications.
OIS to develop the necessary IT system requirements and ONA implementation.
We will engage with children's foster home providers, families, Tribes, case management entities and advocacy organization for the home and environmental modifications and ONA implementation. We collaborate with Child Welfare and Tribal partners when those entities have custody of children who need placement in an ODDS-funded foster care setting. Their responsibilities would not change from what they are currently.

Part 6. **BUDGET**

1. Are there **prior investments** allocated for this policy package?
   Child Foster Homes were granted home modifications during ARPA but that will end March 2025. This will reduce costs for 25-27 as providers are taking advantage through this grant.

2. What **assumptions** affect the pricing of this policy package?
   Caseloads and rate changes

   The home modifications is based on one PA2 and the cost of current in-home allowable modifications and percentage of use.

3. Will there be **changes to caseload, cost per case or services provided** to specific populations? Explain.
   Yes, if the new rate methodology is implemented this could increase the number of children's foster homes. This could cause a change of service setting (caseloads) for kids

from a higher costs group home to a lower cost foster home effectively decreasing the CPC for group homes and slightly increasing the cost per case in foster homes.

4. Describe the **staff and positions** needed to implement this policy package, and whether existing positions can be modified to meet the need. Be sure to note what each position type will be responsible for to move the proposed work forward.
   Make permanent the current PA2 LD position for the ARPA foster home grants for home and environmental modifications scope of work, inspections, validating contractor, as this position is already trained and experienced.

   Make permanent the current PA3 LD position for the Cross coordination with Child Welfare, OHA and CMEs. This position is the liaison coordinator between Child Welfare (CW), ODDS, OHA Medicaid and Behavioral Health (BH), and Community Developmental Disabilities Programs (CDDP). This is an existing ARPA LD position who is currently successfully collaborating with our internal and external partners to reduce and eliminate temporary lodging of children.

   - This position has supported 450 youth since July 1, 2023.
   - Cross program coordination was able to prevent temporary lodging for 95% of these youth.
   - 96% of the youth staffed by the IDD/CW cross systems coordinator were multi-system involved with Medicaid, Behavioral Health, Child Welfare, and I/DD Services.
   - In March of 2024 there were 53 temporary lodging and prevention meetings, only four youth needed to access temp lodging due to solutioning that occurred with the IDD/CW cross systems coordinator and other entities.
   - One of these youth accessed the HDE Home Care Pilot, which provides additional supports to children in their family home who are experiencing crisis or have complex needs, to be reunified with their mother and exit Temp Lodging. They are still with their mother and doing great.

   This staff is trained and already producing impactful results.

5. What are the startup and one-time costs associate with this POP?

   Start up would not be needed for the two LD staff. Contract for recruitment efforts.

6. What are the **ongoing costs?**
   Staff salaries, service rates, home modifications,

7. What are the **sources of funding (revenue)** and the funding split for each one?
   Staff Salaries and contractor 50GF/ –50 FF
   Service Rates 35GF/65 FF (Fmap + K)
   HOme Mods 35GF/65 FF (Fmap + K)

8. What are potential **savings?**

Children's foster home rates are lower than 24-hour residential rates and even some in-home costs. If a child needs a placement outside their own family home this is still a family-like home and is less costly to the state. Building capacity in these settings can also reduce the need for temp lodging.

TOTAL FOR THIS POLICY PACKAGE

	General Fund	Other Funds	Federal Funds	Total Funds	Positions	FTE
Personal services	246,063		246,063	492,125	2	2.00
Services + supplies	10,412		10,412	20,824		
Capital outlay						
Special payments	843,525		1,243,526	2,087,051		
Other						
Total	**$1,100,000**	**$0**	**$1,500,001**	**$2,600,001**	**2**	**2.00**

FISCAL IMPACT BY PROGRAM

	Program 1	Program 2	Program 3	Program 4	**Total**
General Fund	$1,100,000				**$1,100,000**
Other Funds					**$0**
Federal Funds	$1,500,001				**$1,500,001**
Total Funds	$2,600,001				**$2,600,001**
Positions	2				**2**
FTE	2.00				**2.00**

ODHS Policy Option Package (POP) Form
2025-27 Agency Request Budget

	Vocational Rehabilitation / Work Incentives Network
	116 - Work Incentive Network benefits counselors
	The Work Incentives Network (WIN) supports Oregonians with disabilities in making informed decisions about how employment may affect their public benefits. Studies have shown that Vocational Rehabilitation clients who receive benefits counseling have higher competitive employment rates than those who do not receive these services. In Oregon today, current demand far exceeds capacity, and many people cannot get these comprehensive benefits planning services in a timely manner. This means that people may be unable to confidently move forward with employment goals and achieve greater economic stability due to the uncertainty of how employment may impact their benefits; it also delays or inhibits much-needed entry of workers into Oregon's workforce. This policy package requests the resources necessary to increase the availability and timeliness of benefits planning services for Oregon residents with disabilities, with a specific focus on improving services to historically underserved communities, including rural and communities of color. Without this investment, unemployed people with disabilities will continue to experience wait times of over six months before they can receive services that are proven to improve employment outcomes for this population.

	$1,446,600	$0	$0	$1,446,600	0	0.00

Part 1. SETTING THE STAGE

1. Briefly describe the core value(s) driving this POP. In the big picture, why does it matter?

Research shows that people with disabilities face significant barriers to financial stability and are more likely to be homeless and unemployed than people without disabilities. Employment can bring stability, but confusing federal, state and local systems are a barrier.

People with disabilities who want to work shouldn't have to navigate complicated systems to navigate how employment decisions may affect their disability and housing benefits. The Work Incentives Network (WIN) is designed to help. Through the WIN program, Work Incentive Coordinators (WICs) advise people with disabilities to help them understand how changes in employment may affect their public benefits.

2. Describe the **problem/s or opportunity/ies** this proposal would address.

Housing stability

People with disabilities are more likely to experience homelessness and housing insecurity. The Work Incentives Network is often the first step toward helping people with disabilities find employment, thereby reducing the risk of homelessness.

In addition, benefits counselors help people understand how an employment decision — such as beginning or leaving a job, changing hours, or changing jobs — may affect their housing or social security benefits. Benefits counseling can help people plan and make informed decisions, helping to prevent housing insecurity and homelessness. Benefits counseling also helps people plan for housing changes, such as moving or purchasing a home.

Systems navigation

Benefits counselors help people with disabilities navigate complicated federal, state, and local rules and regulations so they can make informed decisions about how employment will affect their benefits. For example, benefits planners help people plan for long delays with the Social Security Administration so they are not faced with a housing crisis.

Support Oregon's workforce

Faster access to a benefits counselor means more qualified and talented people are ready to join the workforce. Benefits planning services help decrease reliance on public benefits while increasing tax revenue.

Service equity

People of color with disabilities in the United States face greater economic disparities and rates of poverty and hardship than white people with disabilities, due to the compounding effects of ableism and racism.

Underfunding the Work Incentive Network exacerbates this disparity, because there are not enough culturally- and linguistically-specific counselors and insufficient counselors in rural parts of the state to meet the need. This investment helps reverse inequity by dedicating some of the positions to providing benefits planning services to historically underserved populations.

Improve customer service

WIN does not have capacity to serve everyone who seeks services and prioritizes people who are already employed. Anyone who is unemployed and has questions about entering the workforce is put into a queue with a wait time of just over six months. There were 246 unemployed people in the queue in April 2024. If wait times get any longer, WIN will temporarily stop serving unemployed people, as it has done in the past.

Stabilize the WIN workforce

WIN contracts with Centers for Independent Living (CILs), which hire Work Incentives Coordinators to perform benefits counseling. Yet WIN lacks the resources to fund these contracts at a rate that would allow CILs to pay WICs a livable wage.

As a result, the WIN contract funding hasn't increased since 2012. Contracted workers often must leave their positions in order to earn a wage that meets their basic needs, leading to high staff turnover and vacancy rates.

This POP would provide an increase in contract funding to match cost of living increases so CILs can increase wages and stabilize the workforce.

3. What **data** tells you that this problem/opportunity exists? Please be specific and provide data sources.

Housing stability:

People with disabilities are more likely to experience homelessness than people without disabilities. Point in time counts suggest that nearly a quarter of individuals experiencing homelessness have a disability, including physical, intellectual and developmental disabilities, as well as mental health and/or substance abuse disorders. (Source: National Association of County and City Health Officials [NACCHO])

Four in ten disabled people struggled to afford rent in 2021, compared with the national average of 25%. Black and Hispanic renters were especially likely to experience housing insecurity. (Source: The Century Foundation)

Support Oregon's workforce:

People with disabilities are far less likely to be employed than people without. The employment rate for people with disabilities is about 38%, while the employment rate for people without disabilities is about 74% (Source: National Trends in Disability Employment).

Studies show benefits planning can help people with disabilities find jobs and increase earnings.

A 2023 study showed that VR clients who received benefits planning services had 4.9% higher competitive employment rates than clients who did not receive benefits planning. VR clients that received services had higher earnings than those who did not participate, after their case was closed. (Source: Impact of Work Incentives Benefits Counseling on Employment Outcomes: A National Vocational Rehabilitation Study).

A 2011 study conducted by the University of Utah showed VR clients receiving full, comprehensive benefits planning services were 18.4 percent more likely to be employed in the

first quarter after closure than those who did not get services. (Source: The Impact of a Written Benefits Analysis by UBPAO/WIPA on Vocational Rehabilitation Clients' Outcomes)

4. Is this POP, in whole or in part, a response to an **audit?** Explain.

No, it's not.

5. What has **already been done** to address or mitigate the problem/ opportunity?

- WIN has requested funding from VR and ODDS, but they do not have capacity to support the program long-term.
- ODDS created a waiver for Information and Referral for benefit services.
- In the past, WIN has had certified community partner benefits planners through ODDS and Individual Placement and Support (IPS) model, but heavy turnover and low success rates for completion of the certification process makes this an inadequate option and not an efficient use of WIN resources.
- VR is piloting a VR Benefits Champions training program to increase benefits knowledge among VR staff, which will allow them to provide better customer service to VR clients with questions about how employment would affect their benefits. Participating VR direct service staff will be trained to answer general questions about benefits, which will decrease some of the need for referrals to WIN for individuals who are not yet working, have general questions about benefits and do not need comprehensive benefits planning services or work incentive implementation. However, VR does not anticipate this as solving the capacity issue and long wait list, as most clients' questions will require the technical knowledge and expertise of a certified benefits planner.

6. What are the **risks** if the problem/opportunity is not addressed?

See answers to questions 2 and 3 for details.

- The program will continue to see high staff turnover and vacancy rates because the benefits counselors who do this critical work do not earn enough to meet their basic needs. This will continue to disproportionately affect people of color with disabilities and people in rural areas of the state.
- The program will have limited capacity to meet demand from people with disabilities who are unemployed but want to work. Wait times will continue to be six months. If wait times get any longer, WIN will temporarily stop serving unemployed people, as it has done in the past.
- Without benefits counseling, people may make employment decisions that jeopardize their benefits, putting them at risk of financial and housing insecurity.
- Others may decide not to enter the workforce or make a job chance because of concern that benefits will be negatively affected and fear of losing crucial supports.

7. What **solution** are you proposing through this policy option package (POP)?

This POP requests position authority and funding for:

- 1 contracted, full-time WIC position;
- 3 contracted Regional Work Incentives Coordinators to provide technical assistance and develop relationships with partners and underserved communities;
- Increasing the base rates for the current 11 WICs to cover cost-of-living increases since 2012.

8. What **alternative solutions** were considered and what were the reasons for selecting your solution?

WIN requested funding from VR and ODDS, but they do not have capacity to support the program long-term. We have also unsuccessfully applied for federal grants.

Additionally, if WIN were to be funded through VR's federal grant, the program would be subject to restrictions that would limit services to VR clients only. WIN is requesting General Fund dollars because it allows the program to serve all people with disabilities, regardless of if they are VR clients.

9. Has the proposed solution been successful in other contexts or jurisdictions? Alternatively, if there is no precedent, explain why you believe this concept will achieve its aims here in Oregon.

The proposed solution is to expand services that already are successful in helping people with disabilities navigate how employment decision will affect their benefits.

10. Does this POP require a **new statute or changes to existing statute(s)?** If so, have you completed the Legislative Concept request form for statutory changes?

No, it does not.

Part 2. EQUITY AND INCLUSIVITY

1. How will this POP **address inequities** faced by impacted communities?

This investment helps reverse historic inequities by dedicating some of the positions to providing benefits planning services to underserved populations, including people of color, Tribes and rural communities.

Part 3. MEASURING PERFORMANCE

1. Which of your **key performance measures (KPMs)** is this POP connected to?

Employment Rate: The POP aims to improve employment outcomes for individuals with disabilities by providing improved access to benefits counselors, especially for people who are unemployed and looking to enter the workforce.

Retention Rate: With improved access to benefits counseling, individuals are better equipped to acquire and retain employment, leading to higher retention rates over time.

Median Earnings: Access to benefits counseling can lead to higher median earnings for individuals with disabilities who might otherwise not pursue a career change or promotion for fear of losing benefits.

2. If none, are you proposing a **new or modified KPM?**

We are not proposing a new KPM.

3. How will the work you're proposing help ODHS meet or exceed the **KPM targets?**
   N/A

4. What are the envisioned **outputs** of this POP?
   Consider activities you will be able to **count in actual numbers**: partners engaged, clients served, regions served, applications processed, staff trainings conducted, referrals made, transitions completed, families participating, etc.

   WIN will be able to track the following outputs to help us gauge success:

   - Partners engaged
   - Outreach activities conducted
   - People served
   - People served in rural communities
   - Work incentives accessed through the Social Security Administration
   - Retention rates and vacancies for WICs

5. **Outcomes** show how people are better off because of the outputs you listed above. What are your expected outcomes? Consider **measurable effects** like improved service navigability, reduced racial disparities within programs, expanded access to needed services among key populations, improved transition rates, etc.

   WIN expects to see the following outcomes as a result of this investment:

   - Reduced racial disparities in service
   - Reduced geographical disparities in service
   - Shorter wait times
   - Smaller wait list
   - More successful closures
   - Increase number of work incentives people are accessing through SSA

6. How will you **collect the data** you need to measure the success of this solution? Is this data currently being collected? Have you engaged ORRAI to discuss elements needed to plan for data gathering?

   We will collect data using our database system, Apricot.

7. To achieve optimal data collection, would you need to make **changes to your case management system?** Describe.

   No changes are needed.

Part 4. IMPROVING CUSTOMER SERVICE

1. Discuss the ways this POP will **improve customer service**.

   - Reduce wait times and delays in service
   - Culturally and linguistically diverse benefits counselors will be able to provide better customer service to the communities they represent.
   - More benefits planners will be available in regions that were previously underserved, especially in central and eastern Oregon.
   - 3 Regional Work Incentives Coordinators would provide technical assistance and develop relationships with partners and underserved communities.

2. Will your solution require an **IT investment?** Explain.

   No IT investment is needed.

Part 5. IMPLEMENTATION

1. If the legislature allocates funds for the proposed POP, how specifically would we **use the money to implement it?**

   VR would use the money to contract out for positions.

2. What are the biggest potential barriers or risks to successful implementation?

   Insufficient funding is the biggest barrier to successful implementation and will mean a continuation of the status quo: long wait times and many people going unserved, especially people who are unemployed and want to work. Lack of culturally and linguistically specific benefits counselors means people of color and people living in rural areas of the state would continue to be disproportionately affected. Without benefits planning services, people with disabilities risk making a decision that could lead to a financial crisis, housing insecurity and homelessness.

3. What other **ODHS units, public agencies, Tribes, communities or other partners** will be involved in the implementation of this POP? What will their responsibilities be?

   No other ODHS units, public agencies, Tribes , communities or other partners are involved in implementing this POP. However, VR has consulted with ODDS and APD in creating this POP.

Part 6. BUDGET

1. Are there **prior investments** allocated for this policy package?

   VR is currently funding $448,800 to increase base contract rates for the 11 contracted WIC positions, but this is a temporary solution for the current biennium.

2. What **assumptions** affect the pricing of this policy package?

   Cost of implementation is based on current cost of living and does not accurately include inflation.

3. Will there be changes to caseload, cost per case or services provided to specific populations? Explain.

   No changes to caseload or cost per case are anticipated, but we will increase the amount of services provided to Oregonians by expanding the number of benefits planners available across the state. The POP also dedicates some of the positions to providing benefits planning services to historically underserved populations.

4. Describe the **staff and positions** needed to implement this policy package, and whether existing positions can be modified to meet the need. Be sure to note what each position type will be responsible for to move the proposed work forward.

   Existing contracted positions are at capacity and cannot be modified to meet current need. This request will increase contracted positions to meet service demands.

   This request also creates three Regional Work Incentive Coordinator positions focused on training, outreach and peer-to-peer support — activities currently handled by the two WIN administrative positions. As a result, WIN administrative positions would focus solely on contract administration.

5. What are the **startup and one-time costs** associated with this POP?

There are no startup or one-time costs associated with this POP.

6. What are the ongoing costs?

	Breakdown/mo (monthly payments only)	If not monthly contract, then annual cost	Biennium total
1 new WIC	7700	NA	184,800
Increasing 10 WIC contracts to 7700 monthly	2200	NA	528,000

Increasing 1 WIC contract to 1FTE and up to 7700	3575		85,800
3 RWIC contracted positions	9000	NA	648,000
TOTAL			1,446,600

7. What are the **sources of funding (revenue)** and the funding split for each one?

   WIN is currently GF and would continue to be so under this increase in capacity.

8. What are potential **savings?**

   a. Increasing the number of contracted positions is more cost efficient than requesting additional FTE positions.
   b. When beneficiaries receive information about benefits, they make informed choices and are more likely to go back to work, paying taxes and increasing revenue for the state.
   c. Improved employment outcomes for people served by WIN can decrease their need for state resources, sometimes immediately, such as SNAP and Medicaid.
   d. Investing in expanding statewide access to the benefits estimator tool through DB 101 can help ODHS direct services staff from VR, APD, ODDS and SSP answer general questions. This allows WIN to prioritize serving people who need comprehensive benefits planning.

TOTAL FOR THIS POLICY PACKAGE

	General Fund	Other Funds	Federal Funds	Total Funds	Positions	FTE
Personal services						
Services + supplies						
Capital outlay						
Special payments	$1,446,600			$1,446,600		
Other						
Total	**$1,446,600**	**$0**	**$0**	**$1,446,600**	**0**	**0.00**

FISCAL IMPACT BY PROGRAM

	Program 1	Program 2	Program 3	Program 4	Total
General Fund	$1,446,600				$1,446,600
Other Funds					$0
Federal Funds					$0
Total Funds	$1,446,600				$1,446,600
Positions					0
FTE					0.00

Program(s) / Unit(s)	
POP Title	117 - Service Equity and Accessibility
Related Legislation	
Summary Statement (5 to 7 sentences)	ODDS in alignment with the ODHS Equity North Star is working to identify and eliminate disparities that exist within the I/DD service delivery system, improve access and strengthen community engagement and self-advocacy across Oregon. ODDS conducted data analysis related to access to services that identified significant disparities existing for certain populations, including Hispanic or Latino/Latina and Asian groups that are significantly underrepresented in I/DD services. Lack of ODDS system capacity to support community engagement and improved system access at the local case management entity (CME) level intensifies disparities. The purpose of this request is to advance equity initiatives that will result in more equitable, accessible service delivery and increased opportunities for self-determination to communities of color and other historically underserved groups. ODDS is requesting resources to build infrastructure to support government-to-government relationships with Oregon Tribes and system navigation for Tribal members, increase support for language access services, improve customer service, expand family networks capacity statewide, and expand self-advocacy throughout the I/DD service system. Resources requested in this POP will also ensure that CMEs have adequate capacity to develop and implement meaningful community engagement strategies to ensure individuals receiving services, families, and local community partners are fully included in service equity assessments, equity-focused action plan development and implementation, and decisions surrounding services and service equity at the local level. Without this investment, we will continue to lack the capacity needed to build effective relationships between CMEs, Tribes and ODDS; improve service access and customer

	service; and demonstrate equal partnership with Tribes throughout ODDS programs.					
	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing	$1,578,388	$0	$978,388	$2,556,776	6	5.64

ODHS 2025 POP Long Form

Part 1. SETTING THE STAGE

1. Briefly describe the **core value(s)** driving this POP. In the big picture, why does it matter?

A number of the Oregon Department of Human Services' (ODHS) core values are driving this POP. The ODHS Equity North Star guides and challenges us to lead and serve with inclusivity, equity and well-being. ODHS' Diversity, Equity, Inclusion and Belonging (DEIB) Plan for 2024–2026 has numerous focus areas that underlie this POP. A few of these include community service, government-to-government relationships and service equity. The Office of Developmental Disabilities Services' (ODDS) mission statement states: "We strive to support the choices of individuals with disabilities and their families within communities by promoting and providing services that are person-centered and directed, flexible, community inclusive and supportive of the discovery and development of each individual's unique gifts, talents and abilities. We are committed to work toward service options to assure that people with developmental disabilities have the opportunity to have lives that are fulfilling and meaningful." To realize core these values and provide equitable, inclusive and person-centered services and supports, ODDS must lead from these values to build more effective processes and partnerships to reach and serve individuals across the state's diverse cultures, populations and social classes. ODDS must also model these values for its contracted partners and empower them to create initiatives and programming that embody these values.

2. Describe the **problem/s or opportunity/ies** this proposal would address.

ODDS' Disproportionality KPM identifies under-represented communities that do not have equitable access to I/DD services and supports in Oregon. These include people who identify as

part of the Hispanic/Latino, Asian, Tribal and "other" communities. ODDS and its contracted case management and provider partners have an opportunity and obligation to expand outreach and service access to individuals in these populations.

This POP also addresses an opportunity for ODDS to build and sustain stronger government-to-government relationships with the Nine Federally Recognized Tribes of Oregon, Urban Indian Health Programs and other culturally specifical community-based organizations. This would help bring ODDS into compliance with Senate Bill 770 and assist in the implementation of the ODHS Tribal Consultation Policy. Other opportunities include increased and improved language-access initiatives and expanding opportunities for advocates to lead and guide decision making throughout the intellectual and developmental disabilities service program.

Intellectual and developmental disabilities (I/DD) are a part of people's identities and are often accompanied by experiences of systemic trauma, intersectionality and oppression. No persons should be reduced to one aspect of their identities, including their diagnoses or support needs. This POP will help ODDS reduce barriers to culturally relevant and trauma-informed services by providing more tools, platforms and opportunities for people experiencing I/DD, their families and communities to advocate for and lead changes to the current I/DD system and other state-run systems (including services across ODHS and Oregon Health Authority's behavioral and medical health services) they utilize so improvements are more cohesive and responsive. This POP also will help ODDS collaborate with staff in other ODHS programs and systems to create and enhance structures and services that honor people's full selves while serving their eligibility-based needs.

3. What **data** tells you that this problem/opportunity exists? Please be specific and provide data sources.

ODDS' Disproportionality KPM compares the percentage of Oregon's overall population to the percentage of the population authorized to receive I/DD services through ODDS for each REALD category. The table below displays the latest data from April 2024. A number above one indicates an overrepresentation of that group in the population that is authorized to receive ODDS services while a number below one indicates an underrepresentation. The data below shows that ODDS and its contracted case management partners are consistently underserving Hispanic/Latino populations, Asian, and multiracial groups among others across Oregon. The data also shows an overrepresentation of Black, Native American and Alaska Natives, and Native Hawaiian and Pacific Islanders. This does not mean that these communities are being overserved by ODDS and its partners. Research has shown that these groups are over diagnosed with intellectual disabilities due to racist and biased tools that are used in the diagnosis process. ODDS recognizes that this metric does not account for age, geography, or a variety of other factors. ODDS receives REALD Demographic data from Oregon's Medicaid Management Information System. ODDS service authorization data is pulled from ODDS Express Payment and Reporting System (eXPRS).

ODDS Disproportionality KPM 2024 Q1 Data

Demographic Category	Oregon Population	Oregon Population Percentages	Oregon I/DD Population	Oregon I/DD Population Percentages	Disproportionality
American Indian Alaska Native	42,042	1.0%	672	2.4%	2.37
Asian Alone	191,797	4.5%	965	3.4%	0.75
Black Alone	78,658	1.9%	1,417	5.0%	2.67
Native Hawaiian and Pacific Islander	18,197	0.4%	204	0.7%	1.66
White Alone	3,036,158	71.7%	22,209	77.7%	1.08
Hispanic or Latina/o/x/e	588,757	13.9%	2,310	8.1%	0.58
More than one race	258,685	6.1%	694	2.4%	0.40
Other Race	22,962	0.5%	98	0.3%	0.63
Total Pop	4,237,256		28,569		

4. Is this POP, in whole or in part, a response to an **audit?** Explain.

No.

5. What has **already been done** to address or mitigate the problem/ opportunity?

ODDS has made strides to repair relations with Tribal governments and honor their sovereignty through the attendance and sponsorship of events, Tribal director convenings, and the institution of the Tribal Navigator program. This POP will fund the expansion and permanency of the Tribal Navigator program and ensure the continuation of our repair work with Tribal governments and support a stronger and more robust customer service approach with a culturally responsive lens. The funding for the Tribal Affairs coordinator position will centralize and increase support for ODDS' Tribal Navigator program and its Tribal navigators in to increase access to ODDS' services.

ODDS is working with contracted case management entities (CMEs) to conduct service equity assessments and implement action plans based on the findings of those assessments. This work has allowed ODDS' staff to identify the need for more support to help CMEs better align with ODHS' Unified Equity Framework, Equity North Star and the new DEIB plan. The supports that regional equity workers would bring to the assistance and implementation to these plans would

assist equity being resourced as a priority from the state perspective and allows for specialized knowledge on equity and I/DD to be decentralized and accessible to our CMEs across the state. This will also be key in supporting diverse people in navigating and accessing other systems in ways that are trauma-informed, accessible, as well as culturally and linguistically responsive.

Family Networks have been a cornerstone of support for our service delivery for many years. They specialize in assisting parents of children with I/DD, connect them to resources and guide them through the ODDS system. Often, families who have experienced trauma often prefer to connect with others who are not "part of the system" to help them navigate information, find resources, and feel heard and seen. This is a core service as well as an effective accessibility accommodation, as the family networks are local experts and have resources from various service systems all in one place.

To this end, the Oregon Family to Family Network program has six contracts covering 56% of Oregon's Counties. Between October 2022 and June 2023, the contracted organizations reported the following data:

- Participated in 202 community events
- Held 112 trainings reaching 2,076 people
- Attended 653 community meetings
- Support 203 Community partnerships

6. What are the **risks** if the problem/opportunity is not addressed?

Current risks include but aren't limited to the ongoing unfunded efforts to improve service access, customer service and awareness of ODDS' service system as well as building, maintaining and improving government-to-government relationships. Individuals who access ODDS' services also are historically under-represented when it comes to prioritizing program staff to support a growing program.

Without a permanent Tribal affairs consultant position, ODDS will continue to lack the full-time capacity to support initiatives as outlined below.

A permanent (vs. limited duration) position will support:

- Long-term commitment, investment, and relationship building between local case management offices, Tribes and ODDS
- Establishing relationships and trust over time
- Addressing the fear that POP funding will not result in permanent positions
- Pursing a permanent position is a clear commitment to longevity to this work and relationships
- Demonstrate equal partnership/dedication/commitment to engagement with the Tribes across ODHS programs

7. What **solution** are you proposing through this policy option package (POP)?

We are proposing to implement a Tribal Navigator program. Funding of $196,000 per tribe would be available to three Tribes who are interested in establishing a program specific to serving people with I/DD and working closely with our contracted entities and providers to build out and expand culturally specific services to Tribal communities and members.

One OPA2 position to serve as the Tribal Affairs Consultant that will build out full time staffing capacity to work towards addressing the risks identified above and support focus area six Tribal Relationships of the ODHS DEIB plan.

Two Program Analyst 2's to build out and support CMEs through regional equity specialists that would support focus of the ODHS DEIB plan and having program specific community engagement and service equity plans built within the service equity action plans established by the CMEs.

One Administrative Specialist 1 and one Project Manager 2 to assist in the implementation of the regional DEIB plans and engagement.

One Program Analyst 3 position to serve as the Emergency Coordinator with a Program Analyst three position. This position is the liaison between Office of Resiliency and Emergency Management (OREM), ODDS and our statewide, contracted Case Management Entities (CMEs). This position collaborates and staffs all local emergencies being overseen by OREM, reports up to ODDS and ODHS leadership, and reports out to community partners on behalf of ODDS leadership. This position facilitates coordination between OREM and our CMEs for heightened support by alerting OEMS when one of our CMEs has one or more individuals in an emergency zone or situation. The position also works evenings and weekends as emergencies demand.

This biennium, the EC has facilitated 10 trainings with five more scheduled, participated in six community events specific to necessary services and supports for individuals experiencing I/DD during emergency events, and has met with every CME for developing emergency planning, technical assistance and guidance for supporting individuals and families with emergency response.

Additionally, the EC:

- Worked with OREM to set up individual GIS Maps for each CME.
- Developed online request process for system access to state geographic information system (GIS) data protected and specific to each CME.
- Created worker guide and staffed office hours for CMEs on how to review GIS data, access their own client addresses and watch for disasters.
- Researched, facilitated and provided technical assistance to all CMEs during their opportunity to apply for a grant for emergency response items. During this time, the EC

researched what other states offered for people dependent on power in their own homes, provided resources and opportunities to providers as well as CMEs.
- Coordinated and offered 'office hours' for CMEs and providers to call and ask questions about emergency response items, grant opportunity and overall general support questions regarding supporting people in planning for emergencies.

Lastly, we are proposing increased funding by $600,000 to expand Family Networks and self-advocacy platforms. This would allow space for development of family networks that continue to expand service areas, improve customer service and increase capacity of grassroots networks that support individuals with I/DD, their families and communities.

8. What **alternative solutions** were considered and what were the reasons for selecting your solution?

Alternative solutions considered are continuing to allocate staff capacity that is already maxed out. We also have consulted with other ODHS programs to see how there might be cross-program collaboration.

9. Has the proposed solution been successful in **other contexts or jurisdictions?** Alternatively, if there is no precedent, explain why you believe this concept will achieve its aims here in Oregon.

The Tribal Navigator Program has been successful within the APD program and has allowed Tribal Government relationships to be repaired and has seen an increase in both quantity of people seeking services and the quality-of-service delivery. APD also has a Tribal liaison that has supported the Tribal navigator program as well as consultation and policy development we are hoping to replicate this successful structure in ODDS.

ODDS currently has three FTE to support the case management entities through various challenges or barriers they may face. Our goal with the regional equity workers would be to specifically focus on how local level CMEs can stay connected and fully infused in the ODHS DEIB plan and outcomes.

Family Networks provide peer support to help parents understand our service delivery system. These networks also provide ODDS feedback that helps ODDS tackle issues with the perspective of parents and self-advocates. ODDS would like to see this peer support expanded into rural areas and to culturally specific groups. Family Networks are made up of about 3,500 families who connect with other families and roughly 11,000 people including community members and organizations.

In a 2023 family satisfaction survey of Family Network participants had 500 responses from families in 30 Oregon counties. The survey was in both English and Spanish. 76% of the respondents had school aged children (5 to 18 years old). Families report feeling supported and respected by their Family Network with satisfaction rates of up to 98% in the overall area of information and methods of communication. Two out of three families report that they have connected with other families similar to their own through the Family Network program.

Based on the Family Satisfaction Survey responses, families involved with the Family Network Program believe that with the right support, their child will:

- Be safe and healthy (four out of five respondents agree)
- Be connected to family and have friends (four out of five respondents agree)
- Have a paying job (two out of three respondents agree)
- Be supported to make their own decisions (two out of three respondents agree)
- Volunteer in their community (two out of three respondents agree)
- Receive post-secondary training or education after high school (one out of two respondents agree)

Because of the Family Network Program, families report:

- They know more about disability or social justice issues (two out of three respondents agree)
- Know more about disability service systems (two out of three respondents agree)
- Know more about their child or family member's rights (two out of three respondents agree)
- Have access to the training and resources they need to help their child or family member live the life they want (two out of three respondents agree)
- They are more confident and feel they are a stronger advocate for their family and others with disabilities (two out of three respondents agree)

Our goal is to expand this program to have equitable service delivery for all people in the state. We also are hoping to identify cultural needs for family networks like our Spanish speaking parents' networks that are not currently being funded.

10. Does this POP require a **new statute or changes to existing statute(s)?** If so, have you completed the Legislative Concept request form for statutory changes?

No statutes will change or be added.

Part 2. **EQUITY AND INCLUSIVITY**

1. How will this POP **address inequities** faced by impacted communities?

This POP will not be able to address all inequities but will be a good first step in addressing access points for those who may qualify for ODDS' services through the support of grassroots organizations, funding for FTE and support for implementing programs and updates to systems that impact some of the most vulnerable people served by ODHS. This POP will also support ODDS in continuing to identify gaps, work closely with Tribes to make critical systemic changes to better serve and support Tribes and Tribal communities as they desire.

Part 3. **MEASURING PERFORMANCE**

1. Which of your **key performance measures (KPMs)** is this POP connected to?

I/DD Disproportionality KPM #10

2. If none, are you proposing a **new or modified KPM?**

We would consider proposing a new KPM based off guidance from Tribal consultation regarding the Tribal Navigator Program.

3. How will the work you're proposing help ODHS meet or exceed the **KPM targets?**

We are not currently reaching our target for the KPM and one of the goals would be to see more forward movement in meeting that target through alignment with resources and intentional work towards meeting community needs. Currently there is no positive or negative movement towards our target for Native American and Alaskan Native communities. An additional goal would be to help fine tune this data and this POP would allow us to develop a data and evidence-based approach to outreach to this community.

4. What are the envisioned **outputs** of this POP? *Consider activities you will be able to count in actual numbers: partners engaged, clients served, regions served, applications processed, staff trainings conducted, referrals made, transitions completed, families participating, etc.*

We would increase awareness of the ODDS service system and would be able to track enrollment and utilization of services. We also would be able to track data on Tribal consultations completed, community outreach efforts and outcomes. As well as gathering information from communities on the effectiveness of our attempts at building new or improving relationships with them. Example: 20.6% of individuals with I/DD authorized to receive services have "unknown" for their demographic data. Our hope would be to reduce this percentage and see the impacts of these specific communities and groups and how well we are meeting their culturally responsive service needs.

5. **Outcomes** show how people are better off because of the outputs you listed above. What are your expected outcomes?
   Consider measurable effects like improved service navigability, reduced racial

disparities within programs, expanded access to needed services among key populations, improved transition rates, etc.

Expected outcomes include improved service access and access points, increased service engagement, clearer data and evidence-based decision making when implementing systems changes.

6. How will you **collect the data** you need to measure the success of this solution? Is this data currently being collected? Have you engaged ORRAI to discuss elements needed to plan for data gathering?

ODDS gathers data from our eXPRS data system on who uses services and have a data warehouse connection to the MMIS system and have utilized demographic data ORRAI also has provided us. We also would be open to identifying additional avenues for collecting and sharing outcomes from the Tribal Navigator Program that is informed by existing program and Tribal needs.

7. To achieve optimal data collection, would you need to make **changes to your case management system?** Describe.

Yes, we want to integrate REALD-T (race, ethnicity and language, disability and Tribal affiliation) and SOGIE (sexual orientation, gender identity and expression) data and be able to have our own in-house demographic to better reach those we serve. We want to augment the data that's collected by the ONE system because we serve people who don't receive Medicaid but also access I/DD services.

Part 4. **IMPROVING CUSTOMER SERVICE**

1. Discuss the ways this POP will **improve customer service**.

This POP will help improve customer service by giving our program an ability to receive feedback from culturally diverse individuals and communities on barriers that they are facing when entering or receiving services from our providers. Also, our goal is to provide more equitable services which will increase customer satisfaction. Also, by expanding our Family Networks that have already assisted in our customer service approach will continue to assist us in our efforts to serve individuals with I/DD and their families in a person centered and culturally responsive way.

2. Will your solution require an **IT investment?** Explain.

This solution will not require an IT investment that we can foresee, however there may be investments identified as programs and staff rollout efforts.

Part 5. **IMPLEMENTATION**

1. If the legislature allocates funds for the proposed POP, how specifically would we **use the money to implement it?**

We will use the money to implement the Tribal Navigator Program. We will be able to establish long-term contracts with currently contracted Tribes and with Tribes who are interested in expanding their current Tribal Navigator Program. We will also be able to start the recruitment and hiring for the positions identified. Funding will be established to launch a new RFP for family network recruitment as well.

2. What are the biggest potential barriers or risks to successful implementation?

It takes a significant amount of time to build intentional relationships that would support the expansion of a Tribal Navigator Program. That in addition to building relationships with community to ensure that we are able to have a diverse recruitment across various communities.

3. What other **ODHS units, public agencies, Tribes, communities or other partners** will be involved in the implementation of this POP? What will their responsibilities be?

We would work closely with Tribes as work to increase Tribal engagement and move forward with any Tribal consultation requested or proposed. We would work closely with OEMS to ensure that we are maintaining alignment and implementation of the DEIB plan. We also would work closely with the ODHS' offices of Tribal Affairs and Aging and People with Disabilities (APD) as we continue to learn from each other and expanding the Tribal Navigator Program.

Part 6. **BUDGET**

1. Are there **prior investments** allocated for this policy package?

We are utilizing American Rescue Plan Act (ARPA) funding to get an initial Tribal Navigator Program contract started with the Confederated Tribes of Grande Ronde.

2. What **assumptions** affect the pricing of this policy package?

Each Tribal Navigator Program would not have the same budgetary requests. Some programs may be smaller while some are larger. We would need to ensure the flexibility in funding each program to meet the needs identified within each contract for the programs.

3. Will there be **changes to caseload, cost per case or services provided** to specific populations? Explain.

No

4. Describe the **staff and positions** needed to implement this policy package, and whether existing positions can be modified to meet the need. Be sure to note what each position type will be responsible for to move the proposed work forward.

One OPA2 for a Tribal Affairs consultant position that would build out full time staffing capacity to work towards addressing the risks mentioned above and support focus area six Tribal relationships of the ODHS DEIB plan.

One Program Analyst 3 to serve as the Emergency Coordinator with a Program Analyst three position. This position is the liaison between Office of Resiliency and Emergency Management (OREM), ODDS and our statewide, contracted Case Management Entities (CMEs). This position collaborates and staffs all local emergencies being overseen by OREM, reports up to ODDS and ODHS leadership, and reports out to community partners on behalf of ODDS leadership. This is an existing ARPA LD.

Two Program Analysts 2's to build out and support CMEs through regional equity specialists that would support focus are two of the ODHS DEIB plan and having program specific community engagement and service equity plans built within the service equity action plans established by the CMEs. Each staff would have regions to support local CMEs through identifying, developing and implementing service equity initiatives. They would also work closely with local ODHS offices to support cross-programmatic relationship and information sharing. They would also serve as support for the unified equity framework integration.

One Project Manager 2 and one Administrative Specialist 1 to support with project management and administrative support for these roles and teams.

We would utilize these positions to help evaluate data that is collected from projects and initiatives that are identified and completed. They might also be used for implementing trainings and supporting ongoing implementation of the ODHS|OHA Tribal Consultation Policy.

5. What are the **startup and one-time costs** associate with this POP?

Two of the six staff are existing LDs so no startup costs for them, however we would have startup costs for the 4 other staff.

6. What are the **ongoing costs?**

Ongoing costs would be for position funding, Tribal Navigator Program that would increase with the number of Tribes who decide to expand and develop a program, and ongoing funding for family networks.

7. What are the **sources of funding (revenue)** and the funding split for each one?

Federal funding and General Fund for staff.

General Fund for family networks

8. What are potential **savings?**

None

TOTAL FOR THIS POLICY PACKAGE

	General Fund	Other Funds	Federal Funds	Total Funds	Positions	FTE
Personal services	$655,003		$655,003	$1,310,006	6	5.64
Services + supplies	$30.360		$30,360	$60,720		
Capital outlay						
Special payments	$893,025		$293,025	$1,186,050		
Other						
Total	**$1,578,388**	**$0**	**$978,388**	**$2,556,776**	**6**	**5.64**

FISCAL IMPACT BY PROGRAM

	ODDS	Program 2	Program 3	Program 4	**Total**
General Fund	$1,578,388				**$1,578,388**
Other Funds					
Federal Funds	$978,388				**$978,388**
Total Funds	$2,556,776				**$2,556,776**
Positions	6				**6**
FTE	5.64				**5.64**

Program(s) / Unit(s)	
POP Title	201 - Mainframe Modernization
Related Legislation	
Summary Statement (5 to 7 sentences)	ODHS continues to utilize mainframe computer systems that are more than 50 years old and increasingly unsupported, which is limiting the agency's ability to timely and accurately meet legislative and customer/provider requests. In bargaining for homecare workers (HCW) and adult foster home (AFH) providers, SEIU regularly voices concerns about this outdated technology and its impacts on providers. ODHS and OHA were funded for an initial phase of planning related to modernizing our mainframe systems. Now, additional funding and staffing are necessary to realize the goal of getting off the aging mainframe – supporting the planning, contracting and implementation necessary to move forward with the transition. Additionally, during this phase ODHS will consider options to move payroll functions off the mainframe and continue to focus on development of new systems for financial costing, reporting, taxation, client benefit issuances and payments. Without this investment, system constraints will continue to impact our ability to implement legislative requirements and respond effectively to customer/provider requests.

	$2,285,956	$534,507	$3,653,316	$6,473,779	6	5.00
	$734,146	$5,951,252	$223,773	$6,909,171	0	0.00

*OHA, DELC or other state partner

ODHS 2025 POP Long Form

Part 1. SETTING THE STAGE

1. Briefly describe the **core value(s)** driving this POP. In the big picture, why does it matter?
   If the mainframe technology fails, people won't be able to get the medical, food, and child care benefits they need to help their families thrive. Additionally, the agencies will be unable to report and claim appropriate federal participation for those services.

2. Describe the **problem/s or opportunity/ies** this proposal would address.

   Moving critical IT system elements to a more modern and stable IT environment. Without doing this, the Department must remain on technology that is over 50 years old, with limited capabilities to update to meet new opportunities and security requirements, and risks business and data integrity due to limited resources and knowledge to continue to house this level of technology.

3. What **data** tells you that this problem/opportunity exists? Please be specific and provide data sources.

   ODHS has data about the age and number of programs and transactions that move through these legacy mainframe systems. Federal partners continue to urge States to move onto more sustainable solutions. Data from the State CIO's office support the conclusion this action is needed to maintain services and customer service expectations.

4. Is this POP, in whole or in part, a response to an **audit?** Explain.

No – This is a companion POP to OHA's Mainframe Modernization POP.

5. What has **already been done** to address or mitigate the problem/ opportunity?

   The Mainframe modernization is a new body of work to eliminate dependencies on the 50-year-old IT systems. Participating in this effort requires additional staffing related to the Oregon Eligibility system and agency programs to support the transition.

6. What are the **risks** if the problem/opportunity is not addressed?

   The Oregon Eligibility system is our flagship Enterprise IT eligibility system for Medical, SNAP, TANF, TA-DVS and CASH programs for Oregonians, and is built with substantial dependencies on 35+ Mainframe sub-systems. Additionally, some data and functionality of the existing Mainframe systems may need to migrate to the ONE system. ODHS must have participation in the Mainframe planning effort related to impacts and dependencies on the Oregon Eligibility system and other program areas still using the mainframe, or we will experience significant impacts to Enterprise functions in ONE and data/functions currently performed in Mainframe. There will also be increased system downtime and / or manual system workarounds to achieve program outcomes.

   Computer systems allow us to serve individuals. When providers or consumers ask for mobile options, abilities to produce tax documents, email and text, and communicate in other ways that are natural and part of other areas of business; mainframe systems must be modified and fit into an architecture that wasn't meant for these old systems. This limits our ability to be responsive to the over 1.5 million individuals who rely on us for food, access to child care, medical assistance, long-term services and supports, safety, and compliance of licensure.

7. What **solution** are you proposing through this policy option package (POP)?
   This POP will provide ODHS with resources needed to continue with full support of the transition off of the mainframe systems. These resources will allow Oregon to be prepared to move off of old technology and meet the needs of a population that is more accustomed to technology in the 21st Century versus limitations from the 1970s. This further shows support for staff who are coming into the workforce and having to adjust to systems and areas that are not normal for them.

8. What **alternative solutions** were considered and what were the reasons for selecting your solution?

   Continuing to operate with outdated technology.

9. Has the proposed solution been successful in **other contexts or jurisdictions?** Alternatively, if there is no precedent, explain why you believe this concept will achieve its aims here in Oregon.

Not applicable

10. Does this POP require a **new statute or changes to existing statute(s)?** If so, have you completed the Legislative Concept request form for statutory changes?
    No

Part 2. EQUITY AND INCLUSIVITY

1. How will this POP **address inequities** faced by impacted communities?
   Not Applicable

Part 3. MEASURING PERFORMANCE

1. Which of your **key performance measures (KPMs)** is this POP connected to?

   Customer satisfaction

2. If none, are you proposing a **new or modified KPM?**
   Not applicable

3. How will the work you're proposing help ODHS meet or exceed the **KPM targets?**
   Improved system performance will enhance services to providers and clients, and consequently the experience of both.

4. What are the envisioned **outputs** of this POP?
   Consider activities you will be able to count in actual numbers: partners engaged, clients served, regions served, applications processed, staff trainings conducted, referrals made, transitions completed, families participating, etc.
   Improved system performance, user experience, and benefit issuance accuracy.

5. **Outcomes** show how people are better off because of the outputs you listed above. What are your expected outcomes?
   Consider measurable effects like improved service navigability, reduced racial disparities within programs, expanded access to needed services among key populations, improved transition rates, etc.
   Improved system performance will lead to more accurate, complete and timely services, payments to providers, and benefit issuance accuracy.

6. How will you **collect the data** you need to measure the success of this solution? Is this data currently being collected? Have you engaged ORRAI to discuss elements needed to

plan for data gathering?
Customer satisfaction data is starting to be collected.

7. To achieve optimal data collection, would you need to make **changes to your case management system?** Describe.
   No

Part 4. **IMPROVING CUSTOMER SERVICE**

1. Discuss the ways this POP will **improve customer service**.
   Improved system performance will lead to more complete and timely service and payment to providers.

2. Will your solution require an **IT investment?** Explain.
   This POP is an IT investment.

Part 5. **IMPLEMENTATION**

1. If the legislature allocates funds for the proposed POP, how specifically would we **use the money to implement it?**
   Staffing costs for limited duration OEP staff during the biennium to support the transition; vendor costs for the programs transition. Funding would be eligible related items at 90/10 federal match for new development and 75/25 for medical ongoing support.
   Staffing costs for permanent OFS to manage the new integrations between OEP and financial system.
   Staffing costs for program (APD??) to assist in transition of payroll functions.

2. What are the biggest potential barriers or risks to successful implementation?
   Cross-program and agency collaboration. Short timelines and competing agency priorities. Mainframe systems will come off in modules and need a structure to allow for payments, benefits, and oversight to continue in one version while transitioning to an upgraded platform. This will not roll out without defects and issues that will need to be resolved. There are not identified resource savings from these activities.

3. What other **ODHS units, public agencies, Tribes, communities or other partners** will be involved in the implementation of this POP? What will their responsibilities be?
   APD, OFS, ID/DD, OHA.

Part 6. **BUDGET**

1. Are there **prior investments** allocated for this policy package?
   Yes, initial pre-initiation costs for planning on finanical functions funded for in 23-25.

2. What **assumptions** affect the pricing of this policy package?
   Costs of staff and availability of federal match.

3. Will there be **changes to caseload, cost per case or services provided** to specific populations? Explain.
   Services currently performed under the antiquated and cumbersome legacy system will be better supported, timely, and efficient.

4. Describe the **staff and positions** needed to implement this policy package, and whether existing positions can be modified to meet the need. Be sure to note what each position type will be responsible for to move the proposed work forward.
   OEP **11.0 FTE (24mo/LD)** in this request. These include:
   *2 (24 mo LDs) – OPA3 ONE Senior Business Analysts
   *3 (24 mo LDs) – OPA2 ONE Business Analysts
   *2 (24 mo LDs) – OPA2 ONE UAT (Test coordinators)
   *4 (24 mo LDs) - OPA1 ONE UAT team (test execution)
   OFS 2.0 FTE in this request. These include:
   *1 (24 mo/Perm) - Accountant 2 System Reconciliation
   *1 (24 mo/Perm) - OPA2 System Integration Analyst

   Program ??Staffing costs for staff during the biennium to support the transition and vendor costs for the programs transition. Assumption that funding would be eligible related items at 90/10 federal match for new development and 75/25 for medical ongoing support.

   Due to current staffing levels, ongoing maintenance and operational needs, staff assignments, known system enhancements, current positions are not able to absorb the additional workload associated with this POP.

5. What are the **startup and one-time costs** associate with this POP?

   Staffing costs for staff during the biennium to support the transition; vendor costs for the programs transition. Assumption that unding would be eligible related items at 90/10 federal match for new development and 75/25 for medical ongoing support.

6. What are the **ongoing costs?**

Once transition is complete, it is anticipated that the remaining eligibility portions of mainframe functionality will be assumed into the ONE system. Additional maintenance and support costs can be assumed but will be calculated and requested in a future POP. Assumption that this phase will include planning for migration of other remaining business functions including payroll, taxation,financing and reporting including any new necessary integrations.

7. What are the **sources of funding (revenue)** and the funding split for each one?
   General funding (GF) provided would be eligible related items at 90/10 federal (FF) match for new development and 75/25 for ongoing support.

8. What are potential **savings?**

We cannot determine the level of savings at this time, there is belief that costs will be cheaper for maintaining systems and structures in cloud of new platforms, but this is part of the analysis that must be ongoing.

TOTAL FOR THIS POLICY PACKAGE

	General Fund	Other Funds	Federal Funds	Total Funds	Positions	FTE
Personal services	$364,488	$472,844	$364,488	$1,201,820	6	5.00
Services + supplies	$26,116	$11,034	$23,589	$60,739		
Capital outlay	$0	$0	$0	$0		
Special payments	$1,895,352	$50,629	$3,265,239	$5,211,220		
Other	$0	$0	$0	$0		
Total	**$2,285,956**	**$534,507**	**$3,653,316**	**$6,473,779**	6	**5.00**

FISCAL IMPACT BY PROGRAM

	OEP	Shared - OFS	SAEC (SSF)	Program 4	**Total**
General Fund	$384,446	$0	$1,901,510		**$2,285,956**
Other Funds	$0	$483,590	$50,917		**$534,507**
Federal Funds	$384,446	$0	$3,268,870		**$3,653,316**
Total Funds	$768,892	$483,590	$5,221,297		**$6,473,779**
Positions	4	2	0		**6**
FTE	3.00	2.00	0.00		**5.00**

Oregon Health Authority & Oregon Department of Human Services: 2025-27 Policy Package

Division:	Oregon Health Authority: Agency Operations
Program:	Office of Information Services (OIS): Information Security and Privacy Office (ISPO)
Policy package title:	Improve Information Technology (IT) Security and Privacy Posture
Policy package number:	202
Related legislation:	N/A

Summary statement:

The Information Security and Privacy Office (ISPO) supports both the Oregon Health Authority (OHA) and Oregon Department of Human Services (ODHS) programs through providing assurances in the protection of agency regulated data, (Health Insurance Portability and Accountability Act [HIPAA], Personally Identifiable Information [PII], Federal Tax Information [FTI], etc.) risk identification and mitigation, and the confidentiality, integrity, and availability of information for the communities whom OIS serves. ODHS|OHA remain responsible for the protection of their regulated data including the breadth, volume, scope, and associated governance, risk, and compliance of that data. Information, security, and privacy standards are much greater than that of most other state agencies; as the human impact of information security and privacy risks in government health and human services data is substantial, encompassing compromised privacy, financial harm, emotional distress, potential medical mismanagement, and erosion of public trust. Vendor supported systems also fall under agency responsibility, and more and more third-party data breaches that require OIS support (in partnership with vendors, programs, Enterprise Information Services (EIS)/Cyber Security Services (CSS) are affecting the services OIS provides to Oregonians. ODHS|OHA must proactively invest in resources and tools to strengthen these essential areas, address Secretary of State audit gaps and mitigate privacy risks and vulnerabilities impacting both agencies.

General Fund	Other Funds	Federal Funds	Total Funds	Positions
$2,336,672	$3,967,675	$1,241,545	$7,545,892	**4**
OHA				

$869,154	$3,869,840	$361,033	$5,100,027	**4**
ODHS				
$1,467,518	$97,835	$880,512	$2,445,865	**-**

	General Funds 62%	Other Funds * 5%	Federal Funds 33%	Total Funds 100%
New Staffing Request	$484,172	$42,807	$256,045	$783,024
Text/SMS Archiving, eDiscovery Service, Incident Response, and Support	$1,235,000	$108,000	$657,000	$2,000,000
Enhancing Compliance and Efficiency: Auditing and E-Discovery Software for IT and HR Audits	$617,500	$54,000	$328,500	$1,000,000
Estimated IT Security and Privacy Posture POP Total	**$2,336,672**	**$204,807**	**$1,242,724**	**$3,783,024**

** Excludes Office of Information Services Other Funds limitation need for Cost Allocation to OHA/ODHS*

Purpose

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

This policy package supports goal #2 of the Oregon Department of Human Services (ODHS) & Oregon Health Authority (OHA) Strategic Plan – Strengthen Cybersecurity, Risk, and Privacy, which aims to strengthen cybersecurity and consider risk in the decision-making process. OIS supports both ODHS and OHA's programs by providing assurances in the protection of agency regulated data (HIPAA, PII, PHI, FTI, etc.); risk identification and mitigation; and the confidentiality, integrity, and availability of information for the communities served. ODHS|OHA remain responsible for the protection of their regulated data including the breadth, volume, scope, and associated governance, risk, and compliance of that data. Vendor-supported systems also fall under

agency responsibility and the increase of third-party data breaches requires increased OIS support in partnership with vendors, programs, Enterprise Information Services (EIS)/Cyber Security Services (CSS), and the services OIS provides to Oregonians.

The aggressiveness and proficiency of "bad actors" intent on phishing, scamming and compromising organizations has increased and will continue to do so. The recent dramatic increase in remote access and expansive use of mobile devices to support telecommuting by ODHS|OHA employees heighten the need for rigorous controls and oversight. Over 70% of cybersecurity threats originate at endpoints, like email and mobile applications. The resources requested in this POP will focus on implementation of the six (6) Center for Internet Security (CIS) basic Security Controls (v7.1). Resources and funding in this POP along with finishing the implementation of the IT Asset Management of Hardware & Software project will allow us to achieve the statewide target of 40+% implemented and close the ODHS|OHA top audit finding which is inability to monitor the logs and periodical review the logs of suspicious behavior.

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

The policy package will allow ODHS|OHA to meet demands of the everchanging digital landscape, while allowing implementation of robust auditing and eDiscovery capabilities. Government agencies face increasing demands for transparency, accountability, confidentiality, integrity, and availability for the data Oregonians entrust the agencies with.

- **Text Archiving and eDiscovery Solution:**

  A robust text message archiving system is essential to meet several critical obligations:

  1. **Compliance with Archiving Regulations:** Government agencies must adhere to strict archiving regulations, including Open Records Acts, the Federal Records Act, and the Freedom of Information Act (FOIA). These laws require agencies to maintain easily accessible records of employee communications, including text messages, which can be provided to the public upon request.
  2. **Public Records Requests:** Efficiently fulfilling public records requests is crucial. A centralized text message archive ensures quick retrieval of relevant information, reducing the overall resource burden.
  3. **Legal Protection and E-Discovery:** Archiving text messages provides legal protection by preserving evidence for potential litigation. It also facilitates easier eDiscovery during legal proceedings.
  4. **Increased Transparency and Accountability:** Citizens expect transparency from government agencies. Archiving text messages ensures transparency by allowing public access to relevant communications.

5. **Better Information Retrieval:** A well-organized archive enables efficient retrieval of historical text messages, supporting decision-making, investigations, and audits.

- **IT Auditing and E-Discovery:**

With the implementation of a vendor solution, OIS will be able to meet several critical obligation requests we receive from Human Resources, Public Records, and business programs to assist with auditing and eDiscovery requirements:

1. Compliance with Archiving Regulations: OHDS|OHA is governed by specific regulations that mandate the retention and management of electronic records. Auditing and eDiscovery services help ensure that agencies meet these legal obligations, such as those under the Freedom of Information Act (FOIA), and industry-specific regulations (e.g., HIPAA for health-related data).

2. Preparedness for Legal Actions: ODHS|OHA must be prepared to respond to legal actions, including lawsuits or investigations. eDiscovery services enable agencies to efficiently locate, secure, and produce required documents during litigation or audits.

3. Proactive Risk Assessment: Auditing services help identify and mitigate risks by providing insights into operational or security weaknesses before they become issues. This proactive approach reduces the potential for security breaches or data loss.

4. Incident Management and Response: In the event of a security breach or data misuse, having an established auditing framework allows for a faster, more coordinated response, potentially limiting damage and reducing recovery time and costs.

5. Reduced Litigation Costs: eDiscovery services can help state agencies more efficiently manage the discovery process by quickly identifying relevant information, thus reducing the costs associated with manual document review and legal proceedings.

6. Transparency in Operations: Auditing processes ensures that all actions are logged and accessible for review, which supports transparency in governmental operations. This is critical for maintaining integrity within public services.

Dedicated positions and tools, including software, are necessary to address these risks and to be compliant with our regulatory compliance obligations and audit findings. These proposed solutions will:

- **Strengthen** Oregonian data privacy and protection through increased transparency, identity, detection, prevention, response, and recovery mechanisms.
- **Enhance** access to data in ODHS|OHA information systems for auditing, investigations, public records requests, and incident management.
- **Enable** integration with existing systems of record (e.g., document management, case management, or collaboration tools), which ensures cross-functional access and consistent retention practices.
- **Empower** users to archive their own text messages. A user-friendly interface allows employees to tag and categorize messages, ensuring accurate retention.

The package will buy technology and resources to improve visibility into the risk and vulnerability posture of data and information systems that serve approximately 1.5 million Oregonians. The 2023 third-party data breach presented several opportunities for improvement in protecting the data in ODHS|OHA's systems; in response, this request will improve the agencies' ability to effectively prevent, monitor, and rapidly respond to emerging threats and vulnerabilities with resources to address risk and audit findings. These risks include data breaches, identity theft, stolen funds, and unauthorized access, which may disproportionately affect vulnerable populations, such as individuals who are elderly, require ADA accessible technology, utilize language translation services, and lack access to internet.

This policy package provides permanent positions as well as funding for additional software tools to enhance our detection and discovery capabilities. The intent is to begin implementation as soon as funding is available with a target of July 2025 to begin recruitment of positions and procurement of needed tools, in advance of onboarding new staff in September 2025.
The volume of highly private data and complexity of the system environments that house the data and compliance criteria that must be met in protecting the data remain the responsibility of ODHS|OHA. More effective mechanisms to protect and secure the environment are essential to mitigate future security and privacy incidents.

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?

The human impact of information security and privacy risks in government health and human services data is substantial, encompassing compromised privacy, financial harm, emotional distress, potential medical mismanagement, and erosion of public trust. ODHS|OHA face stringent information and privacy standards and remain responsible for the protection of the community's regulated data, including the breadth; volume; scope; and associated governance, risk, and compliance.

Preventing, detecting, and mitigating privacy and security incidents will continue to be critical as the integration of IT systems and data continues in both State Data Center and cloud environments. In 2023, attackers accessed over 1.5 million Oregon Health Plan (OHP) members' data through a third-party entity's data breach; although not specifically ODHS|OHA data breach, OHA provided significant oversight, advisory, and consulting resources throughout the breach to ensure that Oregonians received the support they needed and expected.

The recent dramatic increase in remote access and expansive use of mobile devices to support telecommuting by ODHS|OHA employees heightens the need for rigorous controls and oversight. The agencies need the ability to enhance their response to audit findings, public records requests for data, and data investigations throughout information systems and processes. The agencies need to increase focus on improving preventative measures to protect the data that Oregonians have entrusted the agencies with.

This policy package directly supports two of the Governor's priorities by:

1. Ensuring ODHS|OHA's data is secure, private, and uncorrupted, the agencies support the "[creation] and [management of] a statewide data strategy to improve data analysis, data quality, information sharing, and overall decision-making to be done by the Chief Data Officer for the state."

[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.

2. Proactively managing system and data access, implementing automated tools to help track access, and increasing foundational security support such as proactive reviews of audit logs, the agencies support "[increasing] IT security by adding enhancements to the state's Enterprise Security Office, including improvements in intrusion and detection."

Quantifying results

4. What are the long-term desired outcomes?

- Improved and more proactive focus on protecting agency data increases the ability to maintain confidentiality of information. This leads to increased public trust of the agencies to provide accurate health information, leading to more reliable and comprehensive population-based health information.
- Increased compliance with CIS Security Controls provides increased functionality, protection, and capabilities. OIS is working toward the implementation of the Center for Internet Security (CIS) Controls and expanding requirements for ODHS|OHA to maintain a cyber and information security program to secure the information assets under OIS control. EIS/CSS would like agencies at a minimum to meet a 40% implementation of the Basic 6 CIS Controls. Currently ODHS|OHA are at 31%.
- Utilizing tools and staff resources to provide more proactive information protection and privacy of agency data reduces the risk of data breaches. Data breaches not only carry significant financial penalties, but they deteriorate public trust in the agencies. If ODHS|OHA cannot safeguard the community's data, it will be significantly more difficult to acquire the data needed to provide services to Oregonians.
- This POP directly supports the "Manage and Mitigate Risk" OHA key performance measure (KPM).

5. How will OHA 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?

The increase in risk and privacy management from additional resources will improve the remediation of audit findings, decreasing the number and duration of open findings. This will enable the team to focus not just on critical risk findings, but also high and medium risk findings.

Enhancing agency information protection and ensuring highly confidential health data is protected is incumbent on ODHS|OHA. This policy package helps improve and remove barriers from reliable and trusted agency program resources containing, maintaining, and transmitting protected information and further promotes agency movement toward better digital and technology

solutions that thereby drive a concerted and collaborative effort to address the needs of populations impacted by health inequities and inequitable access to systems and services.

How achieved

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

OIS has reprioritized existing staff resources to focus on implementation of the Center for Internet Security (CIS) basic six (6) controls to protect Oregonians' regulated health related data (HIPAA, PHI, & PII etc.). However, repurposing staff has not been very effective as OIS already runs a lean program, and these staff have other duties to support business needs. We need dedicated staff to ensure that the proper security and privacy controls are in place to support and maintain normal business operational tasks.

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

- **Text Archiving and eDiscovery Solution:**
  - **Manual Archiving:** Without a text archiving solution where messages are captured at the carrier-level, users are required to manually retain these records on their mobile device.
    - Apple iPhones (which are the state standard) do not allow users to easily migrate messages from their device to a system or record system or other permanent retention location. It is a very manual and time-consuming process that impacts employees' time and interrupts their ability deliver other services to the public they serve.
    - For legal eDiscovery, the only authoritative way to provide a forensic copy of messages is to have users surrender their physical device to legal teams to extract the data directly from the device itself. Since users cannot be prevented from deleting their text messages, this may not reveal a true forensic copy of all records and does not fully meet the discovery requirements in court, nor does it fully meet the Oregon Secretary of State's record retention requirements.
    - Surrendering the device when it is still under contract with the cellular carrier can also result in having to pay a full price for a replacement device for the user.

  - **Agency Record Retention Policy:** The implementation of the policy to require manual retention of text message information into another system of record does not typically meet the legal discovery and record retention requirements. Since the user may selectively choose what to archive and where to store it, this can lead to accusations of the employee or agency not recording messages that may increase risk to the employee or agency. Opposing

councils may often attempt to seek a default judgement in legal proceedings due to the agencies' inability to produce the subpoenaed records for discovery.

The alternatives noted above are not considered rejected, as this is our current practice. However, this current alternative practice is insufficient to meet the state's mandatory retention and the HR, legal, and public records mandatory requirements.

- **IT Auditing and E-Discovery:**

Over the course of time, multiple OIS teams have been in the position to respond and provide various support with auditing and eDiscovery requests. Various technologies and processes such as Change Auditor have been utilized, but lack the scrutiny and depth required for most requests. As much of the agency has turned to remote work, the amount of auditing and eDiscovery requests have grown. The current tools and staff are not able to meet the agency requests from a technology or skill level required. Here are some of the alternative solution(s) and steps taken prior to requesting the policy package:

- **Issue Identification**: Problems with the current auditing and eDiscovery processes and technology were identified with requests coming in from incidents, audit requests, public records requests, and HR requests.
- **Current State Analysis**: Review of current technologies available and discovery of the deficiencies in accordance with the requests.
- **Benchmarking**: Research was conducted to determining best practices and reviewing how similar organizations handle auditing and eDiscovery requests.
- **Technology Evaluation**: Existing processes and technology solutions were reviewed. New technologies and resources will enhance auditioning and process.

The alternatives noted above are not considered rejected, as they are OIS current practice. However, this current alternative practice is insufficient to meet the state's mandatory retention and the HR, legal and public records mandatory requirements.

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

It benefits both ODHS|OHA as well as community partners such as local Area Agencies on Aging (AAA). Feedback and findings from other government entities (Enterprise Information Services, Dept. of Homeland Security, Cybersecurity and Infrastructure

Security Agency), Federal partners requirements, internal audit findings, federal partner findings, Information Security Risk Assessments, other state agencies', etc.) contributed to the ask in the POP.

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 amount of data, types of data, and protection requirements of ODHS|OHA require significant resources, time and tools to maintain. The more demands that ODHS|OHA put on the state Cyber Security Services group, the less those resources are available to other state agencies. This policy package enables ODHS|OHA to be more self-sufficient in maintaining data protection and managing risk.

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

    Yes. The Enterprise Information Services (EIS) assessment of ODHS|OHA implementation of the six (6) Center for Internet Security (CIS) basic Security Controls (v7.1) resulted in a 31% completion score, which is below the target 40% completion score requested by EIS. The Oregon Secretary of State will be auditing ODHS|OHA for compliance with implementation of Center for Internet Security (CIS) Security Controls (v8) in the future. Many of these have known existing gaps and will likely be identified as issues requiring remediation through this audit. EIS also released a Policy #107-004-052, Cyber and Information Security, stating that all agencies must, at minimum, implement the CIS Controls. OIS is working toward the implementation of those controls and expanding requirements for ODHS|OHA to maintain a cyber and information security program to secure the information assets under OIS control.

[1] These include Inventory Control of Hardware and Software Assets, continuous Vulnerability Management, Controlled use of Administrative Privileges, Secure Configuration of Hardware & Software on mobile devices, laptops, workstations and servers, and Maintenance Monitoring & Analysis of Audit Logs.

Staffing and fiscal impact

Implementation date(s): 07/01/2026

End date (if applicable): Ongoing

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

In addition to the four (4) positions outlined in question 15 below, this pricing also includes:

- Text/SMS Archiving, eDiscovery Service, Incident Response, and support.
- Auditing and eDiscovery Software for IT and HR Audits.

13. Will there be new responsibilities for OHA, ODHS, and/or Shared Services? Specify which programs and describe their new responsibilities.

No, this POP will enhance requests the Office of Information Services (OIS), which is part of Shared Services, receives from Human Resources, business programs, and public records requests. There are not dedicated staff nor tools for this work currently, which has made it difficult to meet timelines and requests OIS receives to perform these tasks in a timely manner. With the addition of the four (4) new permanent staff along with the expanded tool, OIS will be able to meet these additional auditing and eDiscovery requests and improve transparency, accountability, and compliance with the following regulatory compliance requirements:

- **Compliance with Laws and Regulations:** OHDS/OHA is governed by specific regulations that mandate the retention and management of electronic records. Auditing and eDiscovery services help ensure that agencies meet legal obligations such as those under the Freedom of Information Act (FOIA) and industry-specific regulations (e.g., HIPAA for health-related data). Government agencies must adhere to strict archiving regulations, including Open Records Acts, the Federal Records Act, and the Freedom of Information Act (FOIA). These laws require agencies to maintain easily accessible records of employee communications, including text messages, which can be provided to the public upon request.

- **Preparedness for Legal Actions**: ODHS/OHA must be prepared to respond to legal actions, including lawsuits or investigations. eDiscovery services enable agencies to efficiently locate, secure, and produce required documents during litigation or audits. Archiving text messages provides legal protection by preserving evidence for potential litigation. It also facilitates easier eDiscovery during legal proceedings.
- **Proactive Risk Assessment**: Auditing services help identify and mitigate risks by providing insights into operational or security weaknesses before they become issues. This proactive approach reduces the potential for security breaches or data loss.
- **Incident Management and Response**: In the event of a security breach or data misuse, having an established auditing framework allows for a quicker, more coordinated response, potentially limiting damage and reducing recovery time and costs.
- **Reduced Litigation Costs**: Automated eDiscovery services provide quicker process and response times for identifying relevant information, thus reducing the costs associated with manual document review and legal proceedings.
- **Transparency and Accountability:** Auditing processes ensure that all actions are logged and accessible for review, which supports transparency in governmental operations. This is critical for maintaining integrity within public services. A well-organized archive enables efficient retrieval of historical text messages, supporting decision-making, investigations, and audits. Citizens expect transparency from government agencies. Archiving text messages ensures transparency by allowing public access to relevant communications.
- **Public Records Requests:** Efficiently fulfilling public records requests is crucial. A centralized text message archive ensures quick retrieval of relevant information, reducing the overall resource burden.

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

No, there will be no changes.

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.

Classification	Type (Perm/ LD/Existing)	Job Title	Effective Date	Development or M&O?	Work Description

ISS8	Perm New	Enterprise Architect	07/01/2026	☐ Planning or Development Duration: # months ☐ M&O ☐ Both Dev. Duration:	Drive the successful integration and modernization of health IT systems, align IT architecture with business objectives, and ensure compliance with regulatory standards.
ISS8	Perm New	Senior System Administrator and Automation Programmer	07/01/2026	☐ Planning or Development Duration: ☐ M&O ☒ Both Dev. Duration: 6-9 months	Assist vendor with implementation of system and perform agency-side technical system administration, database management, and complete system maintenance and support. Create and maintain interfaces and scripts.
ISS8	Perm New	Senior Systems Analysts	07/01/2026	☐ Planning or Development Duration: ☐ M&O ☒ Both Dev. Duration: 9-12 months	Assist vendor with implementation of system and perform agency-side technical system administration, database management and complete system maintenance, and support. Create and maintain interfaces and scripts.
ISS8	Perm New	Senior Cyber Risk and Compliance Assessor	07/01/2026	☐ Planning or Development Duration: # months	Support ODHS|OHA's security, regulatory compliance, and vulnerability

				☐ M&O ☐ Both Dev. Duration:	management programs in areas such as software development, access and control methodologies, operations, continuity planning, and incident response.

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

The estimated start-up and the one-time cost for the two solutions will be approximately $3 million. This includes initial implementation services, advanced operational vendor support, platform and user/device licensing. More accurate pricing will be available once a solution is selected through the state procurement process.

17. What are the ongoing costs?

This is a new solution, and the estimated annual ongoing cost will be $1.5 million. This will include advanced operational vendor support, platform and user/device licensing. More accurate pricing will be available once a solution is selected through the state procurement process. There will be ongoing cost for the four (4) permanent positions as well.

18. What are the potential savings?

With the implementation of the solutions and the recruitment of the four (4) new permanent positions, the agencies will be able to improve response time to requests on compliance, public records requests, legal protection, and e-Discovery. The agencies will be able to lower the risks by responding to security breaches and data misuse effectively and in turn reduce litigation costs by quickly identifying relevant information. Agencies will gain the capability to proactively assess risks and prepare for potential legal actions.

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

Cost Allocated at (61% General Fund | 6% Other Fund | 33% Federal Fund)

OHA total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	$0	$750,716	$0	$0	4	2.00
Services & Supplies	$13,101	$3,013,764	$5,442	$3,032,307		
Special Payments	$856,053	$105,360	$355,591	$1,317,004		
Total	**$869,154**	**$3,869,840**	**$361,033**	**$5,100,027**	**4**	**2.00**

ODHS total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Special Payments	$1,467,518	$97,835	$880,512	$2,445,865	0	0.00
Total	**$1,467,518**	**$97,835**	**$880,512**	**$2,445,865**	**0**	**0.00**

Fiscal impact by program

	ODHS SAEC	OHA Shared Services – OIS	OHA SAEC		Total
General Fund	$1,467,518	$0	$869,154		**$2**,336,672
Other Funds	$97,835	$3,762,868	$106,972		**$3,967,675**
Federal Funds	$880,512	$0	$361,033		**$1,241,545**
Total Funds	$2,445,865	$3,762,868	$1,337,159		**$7,545,892**
Positions	0	4	0		**4**
FTE	0.00	2.00	0.00		**2.00**

Program(s) / Unit(s)	Child Welfare
POP Title	501 - Foster Care Youth: Path to Housing Stability
Related Legislation	ORS 458.390
Summary Statement (5 to 7 sentences)	Nationally and in Oregon, young people with experience in the foster care system are disproportionately represented in counts of youth experiencing homelessness. To address this disparity, ODHS Child Welfare is requesting the necessary resources to develop a central strategy for improving housing outcomes for youth transitioning or aging out of foster care. The proposed work aligns with the State of Oregon Homelessness Response Framework (HRF) Pillar 3, Youth Deliverable 8, and will entail a statewide scan of the current service landscape, the development of target outcomes for housing programs serving youth exiting foster care, and the creation of a data-driven plan and associated policies to increase the housing stability of this priority population. Without the requested staffing and other resources, Child Welfare will remain constrained in its ability to conduct comprehensive planning to improve youths' housing outcomes following their exit from foster care.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing	$7,832,506	$420,800	$714,481	$8,967,787	13	9.75

ODHS 2025 POP Long Form

SETTING THE STAGE

1. Briefly describe the **core value(s)** driving this POP. In the big picture, why does it matter?

According to the 2023 Point in Time Count, approximately 20,000 people are experiencing homelessness across the State of Oregon, and this is likely an undercount. Since her inauguration on January 10, 2023, Governor Kotek has taken bold steps to meaningfully prevent and reduce homelessness across the State of Oregon.

A key component in the Governor's work to prevent and reduce homelessness is the Homelessness Response Framework which includes the development and implementation of population specific plans to improve housing outcomes for youth. This Policy Option Package is designed specifically to strengthen programs serving youth experiencing or at risk of homelessness, including improving the housing outcomes of youth who are transitioning out of state systems of care such as foster care.

This POP will directly benefit current youth aging out of foster care and over time benefits former foster youth as those youth transition into adulthood. Certain benefits such as SSI are not dependent upon their status as a youth so those benefits, when secured as a youth may be eligible to retain these benefits into adulthood. Over time the number of individuals benefiting increases as additional cohorts age out of care and have additional stability and potential eligibility for federal benefits are retained that were secured during the youth's time in care.

Indirectly this has the potential to benefit families with children who enter substitute care and are reunited as eligibility for SSI does not end upon reunification. Additional indirect benefits are to Transitional Living Programs (TLPs) who provide housing opportunities for youth.

2. Describe the **problem/s or opportunity/ies** this proposal would address.

Young people who are exiting or aging out of foster care often navigate their transition without the support of a stable family, while also at times losing access to key services and supports that were available to them while in care. These are among several factors that put youth with experience in the foster care system at particular risk of homelessness following their exit from care. Nationally, this population is disproportionately represented in counts of youth experiencing homelessness and faces longer periods of homelessness, on average, than peer populations without foster care experience. This heightened risk for homelessness is reflected in Oregon as well: According to a 2020 survey by the Annie E. Casey Foundation, 16 percent of Oregon 19-year-olds and nearly a third of 21-year-olds transitioning out of foster care experienced homelessness at some point within the preceding two-year period.

To address this disparity, Oregon needs to ensure young people with experience in the Child Welfare system have increased support to help them navigate their transition and access housing subsidies and other resources that allow them to avoid homelessness and achieve housing stability. The Oregon Department of Human Services (ODHS) Child Welfare division currently deploys multiple strategies for supporting young people through their transition out of care and into stable housing, including Independent Living Programs (ILPs) and their associated skill building services, housing subsidies, and help accessing benefit programs that support youths'

financial stability. Child Welfare must take additional steps, however, to develop a centralized, comprehensive strategy that builds on these existing efforts and can guide staff and providers statewide in advancing the State of Oregon Homeless Response Framework Pillar 3, Youth Deliverables 3, 5, 6, and 8.

3. Is this POP, in whole or in part, a response to an **audit?** Explain.

This POP is not in response to an audit and instead is directly related to the Homelessness State of Emergency declared by Governor Kotek and the State of Oregon Homeless Response Framework.

4. What has already been done to address or mitigate the problem/ opportunity?

Governor Tina Kotek signed three executive orders aimed at tackling the state's housing and homelessness crisis: declaring a homelessness state of emergency; setting an ambitious state target to increase home construction; and directing state agencies to prioritize reducing and preventing homelessness in all areas of the state.

In response to the homelessness state of emergency, Governor Kotek worked with legislative leaders to develop and pass an urgent $155 million package to rehouse 1,650 Oregonians, prevent homelessness for 8,750 households, and expand shelter capacity by 700 beds by the end of 2023.

Along with a housing production goal of 36,000 homes per year, Governor Kotek also established a council of leaders charged with developing an action plan to meet the new construction targets. The Housing Production Advisory Council (HPAC) members include a range of housing leaders, local government representatives, bipartisan legislators, a Tribal member, and relevant state agency directors.

Following up on the third executive order, the Kotek administration worked with state agencies and boards to develop an initial report on current practices to ensure that state government does more to reduce homelessness statewide.

This proposal is directly related to and an outcome of these partnerships with state agencies.

5. What are the **risks** if the problem/opportunity is not addressed?

In 2021, ODHS's Youth Experiencing Homelessness Program (YEHP) partnered with the Corporation for Supportive Housing (CSH) to complete a Statewide Needs Assessment for Youth Experiencing Homelessness to establish the level of need for housing and services for young people experiencing homelessness. In 2022, ODHS partnered with CHS to conduct a cost analysis to illustrate the state of Oregon's opportunity to realize cost avoidance by connecting young people with the right combination of housing aligned with supportive services.

The analysis found that Youth homelessness is a broad and systemic challenge that intersects many systems but that certain costs could be directly quantified and that if homelessness was ended for all youth in Oregon, the projected cost avoidance could total $66 million annually.

6. What **solution** are you proposing through this policy option package (POP)?

To better support youth in achieving housing stability after experiencing foster care, ODHS Child Welfare is requesting investments that would allow the division to build on the existing efforts described above while also developing comprehensive plans and recommendations to improve housing outcomes for this priority population. If funded, the work would encompass:

1. Developing recommendations to strengthen homeless prevention and housing supports for youth with experience in the Child Welfare system
2. Ensuring adequate ILP availability by increasing provider rates.
3. Low-barrier housing stability stipends for young people with foster care experience.
4. Improving eligible youths' financial stability by maximizing their access to federal Supplemental Security Income (SSI) benefits.

To develop recommendations for strengthening homeless prevention and housing supports for youth with experience in the Child Welfare system, ODHS proposes the following scope of work, in alignment with the State of Oregon Homelessness Response Framework (HRF) Pillar 3, Youth Deliverables 3, 5, 6, and 8:

- **I.** Create plans and proposals to reduce homelessness across the state among youth with experience in the Child Welfare system. Plans should include proposals for:
  - **i.** Ways to increase access to Foster Youth to Independence (FYI) and Family Unification Program (FUP) vouchers for families and young people with Child Welfare experience,
  - **ii.** Ways to increase access to housing navigation and long-term supportive services to ensure that youth with experience in the Child Welfare system are successful in securing and maintaining housing they can afford,
  - **iii.** Recommendations for improving exit practices and implementing "housing plans" to eliminate homelessness among young people as they transition out of Child Welfare's care (in alignment with HRF Pillar 3, Youth Deliverables 3 and 6),
  - **iv.** Recommendations for strengthening housing-related referral networks for youth who experience housing instability and/or homelessness after leaving Child Welfare,
  - **v.** Recommendations for improving services for youth through rule and regulation changes, increased alignment, and/or changes in program policy (in alignment with HRF Pillar 3, Youth Deliverable 8), and

vi. Recommendations for tracking housing outcomes for youth who have exited Child Welfare (in alignment with HRF Pillar 3, Youth Deliverable 5).

This work will be achieved through:

i. Researching successful program models in other states,
ii. Analyzing exit practices and housing referral protocols across all 16 ODHS districts in the state,
iii. Reviewing Child Welfare housing programs (including the Independent Living Program Housing Subsidy, the Chafee Housing Program, Transitional Living Program (TLP), and TLP-Plus) to examine if services and outcomes for youth could be improved through rule and regulation changes, increased alignment, and/or changes in program policy;
iv. Exploring the alignment and expansion of medium-term housing, including host homes, across the Youth Experiencing Homelessness Program (YEHP) and Child Welfare's Transitional Living Program (TLP) and TLP-Plus;
v. Reviewing data privacy, collection, governance, and reporting practices related to youth who have exited state care; and
vi. Engaging with Public Housing Agencies, ODHS staff, youth service providers, state agencies, local and regional partners, the Nine Tribes of Oregon and Tribal partners, continuums of care, and youth with lived experience in each ODHS district to identify successful strategies, challenges and barriers to housing for young people with experience in the child welfare system.

7. What **alternative solutions** were considered and what were the reasons for selecting your solution?

As this is a Governors initiative this question is ODHS specific and not applicable.

8. Is this a joint ODHS/OHA (or other agency) POP? If so, describe the **partner agency's priorities** this POP is designed to serve.

As this proposal was developed in alignment with the State of Oregon Homelessness Response Framework (HRF) Pillar 3, Youth Deliverables 3, 5, 6, and 8 this is a coordinated effort across state government and with the priorities shared which are:

Pillar 3. Population Specific Action Plan

Youth Deliverables

3. Develop a method and coordinated standards for tracking housing outcomes for youth exiting or transitioning out of state carceral settings or aging out of foster care, which

may include any necessary coordination with local or regional entities for data collection and data governance, collection, and reporting on housing outcomes;

5. Implementing a "housing plan" as part of transition procedures for each youth exiting state institutional settings or aging out of foster care

6. Developing a plan to improve housing outcomes of youth transitioning or aging out of foster care which may include changes to program practices and/or policies; and,

8. Maintaining the on-going services funded through youth programs administered during the 23/25 biennium, including Emergency Housing Account (EHA) for youth, youth experiencing homelessness program (YEHP), long term rental assistance for youth (RAY). Explore aligning potentially duplicative elements of these youth focused programs; and,

9. Has the proposed solution been successful in **other contexts or jurisdictions?**

Each component of this proposal represents either an expansion of an existing successful intervention in Oregon or the development of additional recommendations related to the existing interventions. The proposal recommendations to strengthen homeless prevention, housing stability stipends, and maximizing access to federal Supplemental Security Income (SSI) benefits. Each of these represent an existing successful intervention. This proposal is specifically analyzing options and ways to expand these.

Part 2. **EQUITY AND INCLUSIVITY**

1. How will this POP **address inequities** faced by impacted communities?

The targeted population, which is youth 14 to 20 years of age who are likely to age out of foster care often do not have a traditional network of support. Most leave foster care with no family or opportunities for transfer of generational wealth. This population must, by necessity, mature and reach financial stability faster than their counterparts outside of the foster care system. Providing access to housing stipends, ensuring adequate independent living program availability across the state, and securing SSI benefits prior to youth transition out of foster care will help to address this inequity.

Historical data published by The Social Security Administration indicates that youth with disabilities face numerous challenges during their transition into adulthood. Research suggests that youths nearing transition out of foster care are a particularly vulnerable population (Arnett 2007). Detrimental outcomes are much more probable for those individuals than they are for youths who are not in foster care (Tweddle 2007). Youths transitioning out of foster care exhibit elevated rates of dropping out of high school, teen pregnancy, crime and recidivism, and homelessness (Reilly 2003). Additionally, researchers have found that children in foster care are more likely to have mental or physical disabilities than those who are not (Ringeisen and others

2008). For youths with disabilities, the transition out of foster care is even more challenging. Ensuring that these youths' benefits are maximized prior to their transition out of foster care will have a great impact on their future success.

There are no unintended negative racial equity considerations. Instead, there may be positive racial equity considerations that are not directly related to this POP as eligibility is based upon their placement in substitute care. However, given that certain communities shown below are disproportionality represented within foster care compared to Oregon's Child population (figure 1 below) and that the population of eligible children receiving these benefits due to their involvement with child welfare is likely to increase this could have a positive indirect impact on racial equity.

Disproportionality Index and Representation by Race for Total Children Served in Foster Care during FFY 2022 Compared to Oregon's Child Population

Race	# of Oregon's Children*	% of Oregon's Children	# of Children Served in Foster Care	% of Children Served in Foster Care	DI** 1=Proportionate
Black or African American	32,405	3.8%	575	7.4%	2.0
Asian/Pacific Islander	50,175	5.8%	134	1.7%	0.3
White	570,938	66.3%	4,937	63.9%	1.0
Hispanic (any race)	194,742	22.6%	1,471	19.0%	0.8
American Indian or Alaska Native	12,518	1.5%	360	4.7%	3.2
Unable to Determine	n/a	0.0%	250	3.2%	n/a
Statewide Total	**860,778**	**100.0%**	**7,727**	**100.0%**	

**Population data is always a year behind. Population data is from Puzzanchera, C., Sladky, A. and Kang, W. (2021). "Easy Access to Juvenile Populations: 1990-2020." Online. Available: http://www.ojjdp.gov/ojstatbb/ezapop/.*

***Disproportionality Index (DI) is calculated by taking the percent by race for children served in foster care and dividing it by the percent by race in Oregon's child population. Values less than 1 mean underrepresentation and values over 1 mean overrepresentation.*

Part 3. MEASURING PERFORMANCE

1. Which of your **key performance measures (KPMs)** is this POP connected to?

This is not directly related to an ODHS child welfare KPM.

2. If none, are you proposing a **new or modified KPM?**

At this time new or modified KPM's are not being proposed.

3. How will the work you're proposing help ODHS meet or exceed the **KPM targets?**

N/A.

4. What are the envisioned **outputs** of this POP?

a. **Outcomes** show how people are better off because of the outputs you listed above. What are your expected outcomes?

5. Ensuring adequate Independent Living Program (ILP) availability by increasing provider rates.
    a. This would be done by increasing the base rate of ILP services through existing contracts with providers.
    b. These additional contracts and duties will be completed by hiring one additional Operations and Policy Analyst 3. Activities completed by the OPA 3 will include: Contracting with providers, monitoring deliverables for each contracted provider, reviewing and analyzing reports, participating in quality improvement activities at the provider and system level, engagement with young adults participating in programs, and processing invoices.
6. Distribution of $2.5 million to serve an estimated 200 young people per biennium through low-barrier housing stability stipends for young people with foster care experience.
    c. This work would require one Operations and Policy Analyst 3 and one Administrative Specialist 2 to administer the stipends by directly distributing stipends to youth.
7. Improving eligible youths' financial stability by maximizing their access to federal Supplemental Security Income (SSI) benefits.
    d. This new body of work will be done through hiring a new team to apply on behalf of children in care that may be eligible for SSI benefits.
    e. Five Social Security Analysts will be hired to make applications on behalf of children who may be eligible for SSI benefits. This will be able to provide applications for all or most of the youth in Child Welfare custody who qualify for SSI with a caseload of approximately 20 SSI eligibility applications per month.
    f. Three Accounting Technicians (AT) will be hired to be responsible for the daily reconciliation of ACH transfers being received from the Social Security Administration (SSA) and insuring correct amounts are allocated to the clients' accounts, prepare and submit annual and final representative payee reports to SSA for each client receiving SSA funds to account for amounts expended and conserved on the clients' behalf. They will also process payment requests received from the CW-Children's Benefits Unit (CBU) that will be drawn on clients' accounts and review the requests for allowability based on benefit type to used.
    g. Administrative Specialist 1 is needed for the additional support to these new team members

8. What are the biggest potential barriers or risks to successful implementation?

As this is a Governors initiative this question is ODHS specific and not applicable.

9. What other **ODHS units, public agencies, Tribes, communities or other partners** will be involved in the implementation of this POP? What will their responsibilities be?

As this is a Governors initiative this question is ODHS specific and not applicable.

10. At this point, have you **engaged** those identified above?

As this is a Governors initiative this question is ODHS specific and not applicable.

Part 4. **BUDGET**

1. Are there **prior investments** allocated for this policy package?

This initiative builds upon existing service contracts offered by ODHS Child Welfare under the Youth Transitions program and suggests additional utilization of the existing federal SSI programming. However, the investments into a dedicated team to make applications on behalf of youth in care, and staff supports for the Governors Homelessness Response Framework represent new investments.

2. What **assumptions** affect the pricing of this policy package?

All staff costs for each initiative are priced for 18 months of the 25-27 biennium, to allow time for hiring new staff. Child Welfare staff are priced at 70% General Fund, 30% Federal Fund. The Office of Financials Services staff are priced at 62% General Fund, 38% Federal Fund. Other Fund limitation is needed as well as part of Shared Services Funding.

Two initiatives have program costs:

Increase Engagement Rate for ILP Providers – The pricing assumes that the rates for Independent Living Services Contracts are increased. The current pricing assumes that the rates for Independent Living Services will increase from the current rate of $300 per youth per month to $435 per youth per month. The Group rate will also increase from $100 per youth per month to $150 per youth per month. The actual increase may be different depending on provider feedback and the number of youth served. The current pricing assumes no change in the number of youth served. The pricing is for 24 months. There are no Federal Funds available for this area, so the pricing is 100% General Fund.

3. Low Barrier Housing Stability Stipend for Foster Youth – The pricing is for 18 months and assumed that each youth would receive a housing stipend of $1,022 per month, which is based on the current Subsidy and Chafee stipend amount for housing. This new housing stipend could support an additional 122 youth, though actual eligibility still needs to be determined. The pricing is for 18 months. There are no Federal Funds available for this area, so the pricing is 100% General Fund.

4. Will there be **changes to caseload, cost per case or services provided** to specific populations? Explain.

The Low Barrier Housing Stability Stipend for Foster Youth initiative is the only portion of this POP that increases caseload. However, the Independent Living Services program is not a mandated caseload, so ongoing caseload changes will not have a budget impact, but instead would be managed by Program Leadership through management actions or a future Policy Option Package.

The Increase Engagement Rate for ILP Providers initiative increases the cost per case for the services provided. However, the Independent Living Services program is not a mandated caseload, so ongoing rate increases would not impact budget, but instead would be managed by Program Leadership through management actions or a future Policy Option Package.

5. Describe the **staff and positions** needed to implement this policy package, and whether existing positions can be modified to meet the need. Be sure to note what each position type will be responsible for to move the proposed work forward.

Developing recommendations to strengthen homeless prevention and housing supports for youth with experience in the Child Welfare system

- Currently a limited duration Project Manager 2, funded through Family First, is responsible for building out program and policy recommendations to improve outcomes for Child Welfare-involved youth and families who are at risk of or are experiencing homelessness. Child Welfare is requesting a permanent **Operations and Policy Analyst 4** or equivalent to continue this work in the 2025-27 biennium. The OPA4's workplan would incorporate the scope of work proposed through this POP, including, but not limited to:
  - Developing recommendations for improving exit practices and implementing "housing plans" to eliminate homelessness among young people as they transition out of Child Welfare's care (in alignment with HRF Pillar 3, Youth Deliverables 3 and 6),

- Developing recommendations for improving services for youth through rule and regulation changes, increased alignment, and/or changes in program policy (in alignment with HRF Pillar 3, Youth Deliverable 8), and
- Developing recommendations for tracking housing outcomes for youth who have exited Child Welfare (in alignment with HRF Pillar 3, Youth Deliverable 5).

Ensuring adequate ILP availability by increasing provider rates.

- Estimated General Fund investment: $4 million to increase the base rate for ILP services by $135.
    - The Youth Transitions team generally contracts with ILP providers to serve 1,110 young people statewide per month at the basic ILP level. The base rate for services is $300. If it were to increase by $135 the amount needing to be allocated per year would be approximately $1,798,200 (1110 youth x $135 x 12 months).

    - The Youth Transitions team generally contracts with ILP providers to serve 347 young people statewide per month for peer group participation. The rate for groups is $100. If it were to increase by $50, the amount needing to be allocated per year would be approximately $208,200 (347 youth x $50 x 12 months).

- The Youth Transitions Team administering ILP contracts within Child Welfare has decreased by two positions within the last year. One rotation ended and another position was lost in a budget exercise. To adequately staff the increasing oversight/contract administration, invoicing and data tracking related activities that coincide with increasing rates/incentive programs to ILP providers, the team needs one additional **Operations and Policy Analyst 3**. Activities completed by the OPA 3 will include: Contracting with providers, monitoring deliverables for each contracted provider, reviewing and analyzing reports, participating in quality improvement activities at the provider and system level, engagement with young adults participating in programs, and processing invoices.

Exploring options for low-barrier housing stability stipends for young people with foster care experience.

- Estimated General Fund investment: $2.5 million to serve an estimated 200 young people per biennium.

- Contracting with ILP providers to provide these stipends was explored however it

was determined that it would be more cost effective for Child Welfare staff to directly distribute stipends to youth rather than shift this new responsibility to ILP providers. This work would require one **Operations and Policy Analyst 3** and one **Administrative Specialist 2** to administer the stipends.

Improving eligible youths' financial stability by maximizing their access to federal Supplemental Security Income (SSI) benefits.

- **Social Security Analysts** are responsible for submitting applications and securing SSI benefits for eligible children and young adults. A fully trained Social Security Analyst can submit approximately 20 SSI eligibility applications per month. By adding five Social Security Analysts, Child Welfare expects to be able to apply for all or most of the youth in Child Welfare custody who qualify for SSI.

- An **Administrative Specialist 1** is needed for the additional support to these new team members.

- Three **Accounting Technicians (AT)** will be responsible for insuring the accuracy of expense and revenue transactions allocated to the fiduciary accounts of clients in the Child Welfare (CW), Aging & People with Disabilities (APD) and Developmental Disabilities Divisions. The ATs are responsible for the daily reconciliation of ACH transfers being received from the Social Security Administration (SSA) and insuring correct amounts are allocated to the clients' accounts. The ATs prepare and submit annual and final representative payee reports to SSA for each client receiving SSA funds to account for amounts expended and conserved on the clients' behalf. They process payment requests received from the CW-Children's Benefits Unit (CBU) that will be drawn on clients' accounts and review the requests for allowability based on benefit type to used. As requested by CW-CBU, OFS-Trust will create ABLE accounts and be responsible for processing any deposit and withdrawal requests received. ATs are responsible for monitoring account balances and notifying CW-CBU to determine if action should be taken on those accounts that are approaching the resource threshold ceiling. If requested the ATs provide ledgers to CW-CBU indicating client fund balances, how client funds have been expended, and from which benefit type the expenditures occurred from.

1. What are the **startup and one-time costs** associate with this POP?

None

2. What are the **ongoing costs?**
   Positions, rates, housing stipends, and supplies associated with positions shown below will be ongoing costs.

3. What are the **sources of funding (revenue)** and the funding split for each one?

   Funding splits are shown in the charts below

TOTAL FOR THIS POLICY PACKAGE

	General Fund	Other Funds	Federal Funds	Total Funds	Positions	FTE
Personal services	$1,246,038	$396,072	$534,018	$2,176,128	13.00	9.75
Services + supplies	$73,946	$13,047	$33,179	$120,172		
Capital outlay	$ -	$ -	$ -	$ -		
Special payments	$6,512,522	$11,681	$147,284	$6,671,487		
Other	$ -	$ -	$ -	$ -		
Total	$7,832,506	$420,800	$714,481	$8,967,787	13.00	9.75

	CW Design	CW Program	Shared	SAEC	**Total**
General Fund	$1,310,747	$6,262,800	$ -	$258,959	**$ 7,832,506**
Other Funds	$ -	$ -	$408,687	$12,113	**$ 420,800**
Federal Funds	$ 561,749	$ -	$ -	$152,732	**$ 714,481**
Total Funds	$1,872,496	$6,262,800	$408,687	$423,804	**$ 8,967,787**
Positions	10	0	3	-	**13**
FTE	7.50	0.00	2.25	0	**9.75**

Program(s) / Unit(s)	Self Sufficiency Programs – Youth Experiencing Homelessness Program (YEHP)
POP Title	502 - YEHP Core Services Maintenance
Related Legislation	HB 5019 / HB 2001
Summary Statement (5 to 7 sentences)	We have a shared obligation to support youth who are experiencing homelessness, helping them not only find housing but also access the wider array of services and supports they need to build well-being and long-term stability. The Youth Experiencing Homelessness Program (YEHP) coordinates statewide service planning to support youth who are experiencing homelessness. In 2023, House Bill 5019 allocated a one-time investment that allowed YEHP to more than double the number of localities served and triple the number of YEHP providers. However, this funding is set to expire in June 2025. This policy option package proposes an investment that will sustain YEHP's current local presence while also expanding its core services into unserved and underserved communities around the state, allowing more young people to access the supports they need to disrupt the cycle of homelessness and move toward permanent housing stability. YEHP is also requesting an investment to continue and expand its successful Direct Cash Transfer (DCT) initiatives to help more young people surmount financial barriers to secure and stable housing. Without these investments, YEHP's budget will be reduced by approximately 75 percent, which would substantially shrink Oregon's current youth homelessness response system and prevent youth in underserved localities from accessing critical services.

	$19,9054,693	**$0**	**$0**	**$19,904,693**	**6**	**6.00**

ODHS 2025 POP Long Form

Part 1. SETTING THE STAGE

1. Briefly describe the **core value(s)** driving this POP. In the big picture, why does it matter?

Every young person deserves safe, stable housing. Yet every night in Oregon, thousands of unaccompanied young people go to sleep in tents, abandoned buildings, makeshift shelters or on the couches of friends or strangers – all without the security of a home or family. We have a shared obligation to support youth who are experiencing homelessness, helping them not only find housing but also access the wider array of services and supports they need to build well-being and achieve long-term stability.

Recognizing that early intervention can effectively prevent youth from experiencing chronic homelessness in adulthood, Oregon Department of Human Services provides youth-specific supports through its Youth Experiencing Homelessness Program (YEHP). YEHP serves unaccompanied youth and young adults under age 24 who are without shelter and not able to safely reside with a parent or guardian. YEHP administers grant funding to local nonprofit providers across the state that provide shelter services, drop-in and outreach services, job development and mentoring services, housing supports such as host homes and transitional living programming, behavioral and substance use services, and more.

2. Describe the **problem/s or opportunity/ies** this proposal would address.

While numbers of youth experiencing homelessness nationally are often considered undercounts, Chapin Hall's Voices of Youth Count survey indicated that one in 10 young adults (ages 18-25) and one in 30 youths (ages 14-17) experienced homelessness in the space of a year.[1] As of 2023, Oregon has the highest percentage of unsheltered youth experiencing homelessness in the nation[2]

[1] Chapin Hall (2017): Missed Opportunities: Youth Homelessness in America.
[2] HUD (2023): Annual Homeless Assessment Report to Congress.

and state-level projections estimate that nearly 8,300 youths and young adults in the state need housing supports each year.[3]

Throughout its nearly 12-year tenure, YEHP has operated within a constrained budgetary framework that limits its ability to meet the need in Oregon. Over the past decade, the current service level (CSL) base budget has ranged from $3 to $5 million per biennium, augmented at times with modest one-time investments. At this funding level, YEHP could support a maximum of 12 service locations and 13 providers – a small fraction of what is needed to meet the needs of the youth around the state who experience housing crises. Recent infusions of one-time funding have enabled YEHP to strengthen and expand its core services[4] across multiple providers and locations, thereby extending support to a larger cohort of youth. However, these funds have been temporary in nature, with no assurance of continuity beyond June 2025. Consequently the program faces a 75 percent reduction in funding, going from its current awarded service budget of $18.75 million to approximately $5.1 million per biennium.

The POP would also expand YEHP's Direct Cash Transfer (DCT) initiatives – which provides cash payments as well as optional support services to young people experiencing or at risk of experiencing homelessness. Designed to alleviate some of the financial hurdles young people face in securing housing and building well-being, DCT has been shown to significantly improve housing and debt outcomes for participating youth. For example, after the first year of Oregon's DCT+ pilot, nearly 70 percent of youth receiving monthly payments had become stably housed, and the percentage of youth reporting that they owed more that $3,000 in credit card debt had fallen from almost 17 percent to zero. In just the first 45 days of the DCT-P (DCT as Prevention) pilot, 29 youth in Lane County have been supported with one-time funding and connected to other supports to avoid formal entry into homelessness. Several Chapin Hall briefings[5] and reports[6] further discuss the power of cash in supporting young people who experience homelessness.

Without the investment proposed in this POP, YEHP would lack a significant portion of the resources necessary to continue its work. As a result, fewer Oregon youth would be able to access the services they need to stabilize their housing situation. Importantly, as funding contracts, so too would the geographic range of YEHP service availability, which would position rural and other historically underserved Oregon youth to have to travel to access services and/or seek services through the adult homelessness system.

3. What **data** tells you that this problem/opportunity exists? Please be specific and provide data sources.

---

[3] Corporation for Supportive Housing (2021): Statewide Youth Housing Needs Assessment.
[4] YEHP core services are administered through grant agreements with youth-serving nonprofit organizations and include prevention services, crisis intervention, medium-term housing, host homes and a range of behavioral health, substance use and culturally specific services.
[5] Chapin Hall (2020): The Role of Cash in Empowering Young People Who Experience Homelessness.
[6] Chapin Hall (2020): Direct Cash Transfers Programs Can Help Youth Sustainably Exit Homelessness.

See response to question 2, above.

4. In the simplest way possible, how would you describe this POP to a legislator and show how it addresses **a problem/opportunity that impacts their constituents.**

We have a shared obligation to support youth who are experiencing homelessness, helping them not only find housing but also access the wider array of services and supports they need to build well-being and achieve long-term stability. As of 2023, Oregon has the highest percentage of unsheltered youth experiencing homelessness in the nation. We know that by supporting youth who are experiencing homelessness, we can disrupt the cycle and help prevent chronic homelessness in adulthood. YEHP helps make the necessary supports – from housing to crisis intervention to behavioral health services – available to young people in their own communities through partnerships with local nonprofit organizations. YEHP also partners with ODHS Child Welfare to ensure that youth exiting foster care can access the program's housing and related resources, and with Oregon Housing and Community Services to align services and make sure young people experiencing housing crises can access youth-specific supports.

Recent one-time investments have played a pivotal role in sustaining and expanding YEHP's core services. As a result, youth-specific homelessness programming now exists in 26 Oregon counties with the involvement of 42 providers. Without these services, more young people would be without resources—sleeping in places not meant for human habitation, forced to rely on unsafe situations and people, and dealing with the challenges of homelessness on their own.

To safeguard against these reductions in both geographic coverage and service availability, ODHS is requesting an investment that would increase the current budget allocation, ensuring YEHP has the sustainable, long-term funding necessary for fostering a robust, local youth homelessness response system.

Our communities are strongest when every community member is safely and stably housed. When we provide the right supports to young people experiencing homelessness, we can help them build the skills and access the resources and funds they need to stabilize their housing situations and avoid homelessness long-term and becoming chronically homeless adults.

5. Is this POP, in whole or in part, a response to an **audit?** Explain.

   No

6. What has **already been done** to address or mitigate the problem/ opportunity?

YEHP currently funds services within the following areas:

- Prevention (Street Outreach and Day Drop-In supports)
- Emergency/Crisis (Overnight Shelter)

- Medium-Term Housing (Transitional Living Programming)
- Host Homes
- Culturally Specific, Mental Health, and Substance Abuse supports

In Summer 2023, following the receipt of funding from HB5019, YEHP completed a Request for Grant Proposals and received over $60M in core services requests for $18.75M in available funding. YEHP awarded 61 grants to 42 providers in 26 counties.

YEHP has also led the nation in implementing unrestricted cash transfers as a way to prevent and end experiences of youth homelessness. The original DCT+ pilot, launched in 2022, supports 120 young people and has helped rehouse approximately 70 percent of its participants. A new DCT pilot (DCT-P), launched in April 2024, is aimed at preventing youth homelessness among roughly 50 at-risk youth with one-time cash infusions. In just the first 45 days, 29 youth have been supported in Lane County.

7. What are the **risks** if the problem/opportunity is not addressed?

Absent the recommended investment, the YEHP budget will return to approximately $5 million, which would lead to an anticipated 75 percent drop in the number of YEHP providers currently serving youth around the state.

Most of the shelter and medium-term housing beds created or sustained by HB 5019 would be lost unless providers are able to quickly secure alternative funding through local or private funders.

Without these resources, more young people will experience unsheltered homelessness and they will have fewer resources to transition out of homelessness. They may also have to travel long distances to seek services as YEHP's geographic coverage shrinks. Nonprofit youth service providers will also lose a critical revenue source, which could contribute to organizational instability among nonprofits offering critical services to Oregon youth.

If not funded, the DCT pilots will be limited in its capacity to support a new cohort of young people with this proven model for improving outcomes for youth.

8. What **solution** are you proposing through this policy option package (POP)?

To prevent the YEHP core services budget from reducing by over 75 percent in 2025, we are requesting an ongoing investment to sustain the program's current service level. This approach would allow for more sustainable provider budgets and ensure greater availability and continuity of youth services at the local level.

YEHP has led the nation in implementing unrestricted cash transfers as a way to prevent and end experiences of youth homelessness. The original DCT+ pilot, launched in 2022, supports 120

young people and has rehoused at least 70% of its participants. A new prevention DCT pilot (DCT-P) launched in April 2024, aimed at preventing youth homelessness among roughly 50 youth. In just the first 45 days, 29 youth have been supported. Both efforts are carved out of the YEHP base budget and do not have dedicated funding. An investment could create dedicated funding for this work to continue and/or expand the pilot(s) to serve more youth.

9. What **alternative solutions** were considered and what were the reasons for selecting your solution?

There are currently no other available funding streams to support this work. However, ODHS is actively engaged in the Interagency Council on Homelessness (ICH). A major component of the ICH's work is to evaluate and map the system of youth homelessness resources across various state agencies. If any efficiencies are found that could reduce the scope of YEHP's work and reduce costs while sustaining services for youth, they will be implemented at the direction of the ICH.

YEHP has also initiated initial discussions with the Oregon Community Foundation (OCF), which has shown interest in backing the ongoing DCT initiatives, potentially encompassing evaluation components. However, this partnership is still in the preliminary stages and requires further exploration to ascertain the feasibility of expansion. It will be crucial to assess the level of interest in this POP expansion opportunity before proceeding with more formal arrangements with OCF regarding funding allocations for the period spanning 2025 to 2027. The conversation specifics will be contingent upon the availability of state investment for DCT.

10. Has the proposed solution been successful in **other contexts or jurisdictions?** Alternatively, if there is no precedent, explain why you believe this concept will achieve its aims here in Oregon.

YEHP is a unique model that has not been replicated by many other states. However, the state of Washington has an Office of Homeless Youth (OHY) within their Department of Commerce. In 2023, they provided over $40 million in grant funding to support youth with emergency housing, rental assistance, crisis services, outreach, mental health services and flexible prevention funds. The investment helped close Washington's geographic service gap and as of February 2024, only two of the state's counties remain unserved. The OHY grant program budget is made up of $37.7 million state General Fund and $5 million federal funds.

DCT is a growing initiative across the country and has seen positive successes. DCT programming is experiencing substantial growth nationwide and globally. YEHP holds the distinction of being the second program in the U.S. to introduce youth-specific DCT initiatives. Presently, there are over a dozen programs in various jurisdictions either currently operating or planning to launch DCT programming tailored for youth. Given the recent inception of this initiative, there is limited data available within the youth sphere aside from research conducted

by Chapin Hall. However, research within the general adult population has demonstrated the power of DCT to reduce homelessness.[7]

11. Does this POP require a **new statute or changes to existing statute(s)?** If so, have you completed the Legislative Concept request form for statutory changes?

Not necessarily, but depending on the chosen option for maintaining the current service level, minor adjustments may be necessary for clarity. These adjustments could include:

- Removing mental health or substance abuse services as a funded service area and reinvesting funds into prevention and drop-in, crisis/shelter or medium-term housing efforts
- Not limiting grants to two-years

Part 2. EQUITY AND INCLUSIVITY

1. How will this POP **address inequities** faced by impacted communities?

Black, youth of color, LGBTQIA2S+ and Native American youth are disproportionately represented in youth homelessness counts. Recognizing these longstanding inequities, YEHP required during its request for grant proposals (RFGP) process that grantee narratives outline how their programming would support youth experiencing homelessness, particularly those from Black, youth of color, LGBTQIA2S+, immigrant and refugee communities and Tribal Nations in Oregon. Additionally, grantees were asked to outline plans for staff training on topics such as sexual orientation, gender identity and expression; healthy sexual development and other issues pertinent to staff working with LGBTQIA2S+ youth. Grantee strategies for supporting youth from these communities include but are not limited to the following:

- Non-binary shelter beds
- Provision of safe space for LGBTQIA2S+ youth
- Peer support groups
- Peer mentoring

Feedback from local youth homelessness providers has highlighted a concerning trend: Local planning teams often lack consistent understanding and investment in youth homelessness programming when allocating local homelessness dollars. This inconsistency perpetuates inequalities in resource distribution, leaving youth homelessness initiatives underfunded, underserved or even non-existent in many communities. Implementing this POP would provide a crucial opportunity to address this issue, albeit partially. By prioritizing youth homelessness within the broader context of local planning and budgeting, the POP would help sustain a more equitable distribution of resources and support for youth experiencing homelessness programming across various communities.

[7] Dwyer, Palepu, Williams and Zhao (2023): Unconditional Cash transfers reduce homelessness.

From its inception, YEHP's DCT initiative was conceived with housing justice as a central tenet. Considerations for generational wealth, narrowing the racial wealth gap, and providing support to demographic groups consistently marginalized and overrepresented in homelessness statistics were paramount during the planning phase. Beyond age and homelessness experiences, emphasis was placed on prioritizing youth of color, Tribal Youth, and LGBTQIA2S+Youth. This commitment to prioritization would persist through any expansion efforts.

Part 3. **MEASURING PERFORMANCE**

1. Which of your **key performance measures (KPMs)** is this POP connected to?

KPM 14: SNAP Participants reporting Housing Stability

2. If none, are you proposing a **new or modified KPM?**

N/A

3. How will the work you're proposing help ODHS meet or exceed the **KPM targets?**

SSP conducts an annual wellbeing survey of Supplemental Nutrition Assistance Program (SNAP) recipients to measure progress toward KPMs. Among other things, the survey asks about recipients' housing stability. While the population of youth participating in YEHP cannot currently be disaggregated from the broader population of SNAP recipients, it is likely that most youth served by YEHP are eligible for and/or enrolled in SNAP. Thus, increasing the housing stability of youth engaged in YEHP-funded supports has the potential to improve SSP performance on the Housing Stability KPM.

4. What are the envisioned **outputs** of this POP?
   Consider activities you will be able to <u>count in actual numbers</u>: partners engaged, clients served, regions served, applications processed, staff trainings conducted, referrals made, transitions completed, families participating, etc.

- Local community-based/nonprofit organizations receiving YEHP funds to support youth
- Number of youths served by programs
- Number and location of local communities with YEHP-funded services
- Provider compliance with the requirements of the Homeless Management Information System (HMIS; see below for more on this system.)

<u>DCT</u>

- Youth receiving funds

- Youth stably housed
- Youth participating in optional DCT programming
- Youth and CBO surveys

5. **Outcomes** show how people are better off because of the outputs you listed above. What are your expected outcomes?
   Consider measurable effects like improved service navigability, reduced racial disparities within programs, expanded access to needed services among key populations, improved transition rates, etc.

While housing outcomes are certainly important, success for youth experiencing homelessness extends well beyond housing placement. YEHP's outcomes framework, inspired by the West Coast Convening Framework, recognizes that long-term stability stems from success in multiple areas, including education, employment and others. Under this framework, all YEHP grantee providers are tasked with entering data into HMIS, capturing both demographic information and a comprehensive set of outcomes indicators. These indicators encompass:

- Housing: Tracking program exits to safe and stable housing settings.
- Education: Monitoring increases in enrollment and completion rates, academic advancement, and overall educational motivation.
- Employment: Measuring progress in job-related skills development and attainment of employment at living wage jobs.
- Self-sufficiency: Assessing the acquisition of life skills such as financial literacy and personal safety awareness.
- Well-being: Evaluating efforts in managing physical health needs, fostering social connections, and promoting overall wellbeing.

By integrating these diverse outcome measures into our programming and data collection efforts, we ensure a holistic approach to supporting youth experiencing homelessness, aiming for meaningful and sustainable improvements in their lives beyond only housing stability.

DCT:

- Increased housing access
- Enhanced feelings of self-worth and personal well-being / mental health management and stress reduction
- Expanded financial literacy / poverty reduction
- Increased education and / or employment progression

6. How will you **collect the data** you need to measure the success of this solution? Is this data currently being collected? Have you engaged ORRAI to discuss elements needed to plan for data gathering?

Data collection for this initiative will be conducted through two primary methods:

1. **Quantitative Data:** The primary source of quantitative data will be the Homeless Management Information System (HMIS), a system ODHS is now engaging with through a partnership with Oregon Housing and Community Services and Continuums of Care. Currently, ORRAI is collaborating with YEHP to address data gathering needs and establish desired outputs.

2. **Narrative Data:** In addition to quantitative metrics, providers are responsible for submitting qualitative narrative data to ODHS so the YEHP team can delve into the nuanced successes, challenges, and barriers experienced by program participants. This narrative approach allows for a deeper understanding of individual experiences and provides valuable insights to inform program improvements and interventions.

DCT:
As part of this POP, YEHP aims to enhance the evaluation and data collection methodology beyond the current DCT pilot framework. Ideally, data would be gathered through feedback obtained from community-based organizations assisting DCT youth, as well as through surveys and interviews with youth recipients. It is not anticipated that ORRAI would be directly involved in the data collection for this specific initiative. Multiple avenues could be explored for conducting the evaluation, such as collaborating with institutions like Portland State University, Chapin Hall, or other relevant partners.

7. To achieve optimal data collection, would you need to make **changes to your case management system?** Describe.

No. Dedicated ongoing YEHP (and ORRAI) staff would assist in data collection.

Part 4. **IMPROVING CUSTOMER SERVICE**

1. Discuss the ways this POP will **improve customer service**.

By maintaining ongoing youth-specific programming within local communities, YEHP endeavors to empower these communities to enhance the service experience for their customers, namely youth in crisis and experiencing homelessness.

In the absence of adequately funded and supported local youth-specific providers, youth often experience misunderstanding, lack of support, and isolation. Recognizing the need for a nuanced understanding of youth experiences and needs, the maintenance of intentional youth services within local communities can significantly improve the quality of customer service offered.

Youth experiencing homelessness frequently encounter a restricted selection of options and are often compelled to conform to predefined criteria to access support services. DCT programming, however, operates on a foundation of trust in young people, while also offering optional support and engagement assistance. This approach has the potential to enhance the quality of customer service provided to DCT recipients by empowering them to take control of their own paths towards stability.

2. Will your solution require an **IT investment?** Explain.

No

Part 5. **IMPLEMENTATION**

1. If the legislature allocates funds for the proposed POP, how specifically would we **use the money to implement it?**

Depending on the guidelines that emerge from the Interagency Council on Homelessness (ICH), there are two options for implementation:

1. YEHP could use the funding to extend all existing grants by two years. This would maintain the same service array, geographic footprint and current funding levels for providers; or
2. YEHP could release a new request for grant proposals in 2025. This would allow us to make changes to the grant agreements per any emerging ICH guidelines.

<u>DCT Implementation</u>

- Locate and contract with evaluation partner
- Contract with multiple community-based organizations for support services
- Contract for Technical Assistance
- Enroll up to 200 new youth

2. What are the biggest potential barriers or risks to successful implementation?

I. YEHP Staff Challenges.

There are currently four (4) staff employed within the program. If fully staffed, the YEHP team consists of:

- Two (2) permanent positions - an administrative position (AS1) and an operations and policy analyst (OPA3) which is not filled as of April 2024;
- Five (5) additional limited duration (LD) positions created by HB 5019, and one limited duration position created by HB 3395.

There have been notable delays in hiring, likely exacerbated by the limited-duration nature of these positions. Nearly all positions were awarded, or later reclassed, at lesser position levels than requested in 2023.

As of now, all LD positions will end in June 2025, at which time YEHP will return to a team of two (2) – the AS1 and the currently unfilled OPA3. If we anticipate another sizeable investment in the program, we will need the staffing infrastructure, with a youth-homelessness specific knowledge base, to ensure timely and effective implementation.

II. Potential delays associated with contract/grant writing and Department of Justice review
III. Political landscape navigation of Direct Cash Transfer initiatives

3. What other **ODHS units, public agencies, Tribes, communities or other partners** will be involved in the implementation of this POP? What will their responsibilities be?

- Self Sufficiency Programs: implementation through YEHP
- Office of Contracts and Procurement: Creating, modifying, updating grant agreements
- Office of Reporting, Research, Analytics, and Implementation: Data capture, analysis and reporting
- The Youth Experiencing Homelessness Program Youth Action Board (YEHP YAB): Serve on hiring panels, score grant applications, provide service planning recommendations
- Youth-serving grantees across Oregon: Provision of services

Part 6. **BUDGET**

1. Are there **prior investments** allocated for this policy package?

This POP would maintain the previous investments from HB 2001 (2023) and HB 5019 (2024).

2. What **assumptions** affect the pricing of this policy package?

If all current grants were extended for two years:

- Assumes that all current grantees will continue their existing grant agreements with YEHP,
- Presupposes that current YEHP grantees will be capable of meeting and adhering to any new requirements, such as those which may established through the Interagency Council on Homelessness (ICH).

Assumes that the allocated budgets for DCT Technical Assistance, Evaluation, and support for community-based organizations can be attained within the estimated budget. The number of youth enrolled in DCT programming will also be affected depending on awarded budget.

3. Will there be **changes to caseload, cost per case or services provided** to specific populations? Explain.

No. YEHP funding is not tied to caseload or cost-per-case calculations. The program is delivered entirely through lump-sum grants to community-based organizations.

4. Describe the **staff and positions** needed to implement this policy package, and whether existing positions can be modified to meet the need. Be sure to note what each position type will be responsible for to move the proposed work forward.

This POP proposes that the following previously awarded YEHP positions be made permanent:

- HSM2 (filled but currently limited duration)
    - *Coordinates all efforts of programming and supports all staff.*
- OPA3 - Policy and Practices Specialist
    - *Supports the development and integration of best practices throughout YEHP programs and processes (policy and procedure, rules, transmittals, communications)*
- OPA2 - Performance & Data Coordinator (filled but limited duration)
    - *Creates and monitors program performance measures that align legislative intent, best practices, and community need. Oversees YEHP grant funding and invoicing*
- PA3 – Strategic Youth Engagement Coordinator (filled, but currently limited duration)
    - *Coordinates opportunities for youth and young adult lived experts to collaborate with YEHP (statewide youth action board coordination, creation support and collaboration with local advisory boards)*
- PA3 - Community Engagement and Youth Housing Coordinator

    - *Provide technical support to grantees of YEHP funded programs throughout the State, as well as implementation of initiatives and collaboration on housing-focused initiatives like host homes and direct cash transfer programming,*
- PA3 – Community Engagement – Service Provider Support
    - *Provide technical support to grantees of YEHP funded programs throughout the State*
- PA3 – Direct Cash Transfer Lead
    - *Provide technical support to implement, expand, and support all aspects of Direct Cash Transfer programming.*

Other staff critical to the work include an already hired AS1 position, which provides administrative support to YEHP team and programs, and an OPA3 – Systems Change Specialist (in recruitment) that supports policy development work for systems change through interagency collaborations.

5. What are the **startup and one-time costs** associate with this POP?

It is not anticipated that there will be any start-up or one-time costs with the core service components of this POP. There may be start-up expenses linked to DCT implementation, encompassing technical assistance and evaluation throughout the extended pilot phase. By definition, a DCT pilot could be seen as one-time in nature, though YEHP desires to commit to this being an ongoing cost area.

6. What are the **ongoing costs?**

All costs within this POP are projected to be ongoing operational expenses and service provision with local grantees. YEHP desires to commit to DCT this being an ongoing cost area with new cohorts of recipients on an ongoing basis.

7. What are the **sources of funding (revenue)** and the funding split for each one?

This request is 100% General Fund.

8. What are potential **savings?**

A study commissioned as a requirement of HB 4013 attempted to quantify cost avoidance associated with ending homelessness for youth. The report provided an illustration of the potential positive outcomes that could result if youth homelessness is prevented and reduced

through the implementation of a range of evidence-based interventions. The report estimated that if homelessness were ended for 25 percent of Oregon youth, the projected cost avoidance could total $16.6 million annually.[8]

A chronically homeless person costs taxpayers $35,578/year.[9] In YEHP's current DCT pilot, as of March 2023, 101 of 120 recipients are reported as being housed in some capacity. At an amount of $12,000-15,000/year for DCT payments, it is an overall cost savings. A Portland State University cost-benefit analysis show that $1 invested in youth homelessness supports provides over $4 in savings.[10]

TOTAL FOR THIS POLICY PACKAGE

	General Fund	Other Funds	Federal Funds	Total Funds	Positions	FTE
Personal services	$1,799,221			$1,799,221	6	6.00
Services + supplies	$62,472			$62,472		
Capital outlay						
Special payments	$18,043,000			$18,043,000		
Other						
Total	**$19,904,693**	**$0**	**$0**	**$19,904,693**	6	6.00

FISCAL IMPACT BY PROGRAM

	SSP YEHP	Program 2	Program 3	Program 4	**Total**
General Fund	$19,904,693				$19,904,693
Other Funds					$0

[8] CSH (2022): Oregon Youth Experiencing Homelessness Program, Oregon Department of Human Services – Self Sufficiency Cost Analysis Report.
CSH (2022): The Cost of Youth Homelessness in Oregon.
[9] NAEH (2017): Ending Chronic Homelessness Saves Taxpayers Money – Brief.
[10] Portland State University (2009): Stronger Youth and Smarter Communities: An Analysis of Oregon's Investment in Runaway and Homeless Youth Programs

Federal Funds					$0
Total Funds	$19,904,693				**$19,904,693**
Positions	6				**6**
FTE	6.00				**6.00**

	Director's Office, SSP, ORRAI, Office of Tribal Affairs
POP Title	503 - Aligning and Strengthening the Youth Homelessness Continuum
Related Legislation	HB 5019 and HB 2001 are connected to the aspects of this POP that relate to the Youth Experiencing Homelessness Program (YEHP)
Summary Statement (5 to 7 sentences)	Oregon has the highest rate in the nation of unsheltered homelessness among unaccompanied youth ages 24 and younger. To reduce homelessness and meet the needs of youth who are unhoused or experiencing housing instability, Oregon must build a comprehensive continuum of services and supports that are specifically tailored to the needs of young people. This POP seeks to advance this work and implement the youth population-specific deliverables of the State of Oregon Homelessness Response Framework (HRF) by: 1. Conducting a youth homelessness landscape scan and needs assessment, 2. Developing recommendations to strengthen homeless prevention and housing supports for youth with experience in the Child Welfare system (in alignment with HRF Pillar 3, Youth Deliverables 3, 5, 6, and 8), 3. Exploring opportunities for alignment across state-funded programs for youth (in alignment with HRF Pillar 3, Youth Deliverable 1), 4. Developing equity and housing-focused outcome measures for state-funded youth homelessness programs (in alignment with HRF Pillar 3, Youth Deliverable 2), and 5. Expanding services through the Youth Experiencing Homelessness Program (YEHP). Without this investment, Oregon would lack a full picture of youth homelessness needs throughout the state and be ill equipped to implement policies and programs that respond effectively to these needs – particularly for youth from marginalized communities and/or

	communities that lack youth homelessness services. Additionally, needed changes to the state's fragmented youth homelessness service systems would be delayed, leading to ongoing and unnecessary burdens for youth who are trying to access critical services. Finally, without the requested resources, ODHS will not have adequate capacity to develop meaningful outcome measures for youth homelessness services that can be used across all state agencies.

	$7,193,579	$0	$118,643	$7,312,222	5	5.00

Part 1. **SETTING THE STAGE**

1. Briefly describe the **core value(s)** driving this POP. In the big picture, why does it matter?

   Our communities are strongest when every community member is safely and stably housed. When we provide the right supports to young people, we can help them build the skills and access the resources they need to stabilize their housing situations and keep instances of homelessness rare, brief and nonrecurring.

2. Describe the **problem/s or opportunity/ies** this proposal would address.

   Since taking office in 2023, Governor Kotek has taken numerous actions to address the housing and homelessness crisis in Oregon, including refreshing the state's Interagency Council on Homelessness (ICH). The ICH presents an opportunity to work across state agencies to strengthen homelessness services and improve access to affordable housing for unstably housed and unhoused young people across the state. This POP seeks to leverage the work of the ICH to address the following challenges and needs:

   A. <u>Need for planning to develop a truly comprehensive continuum of services for unhoused youth across the state.</u> Addressing youth homelessness requires a multifaceted approach that includes prevention, emergency supports, housing assistance, access to education and employment opportunities, connection to permanent caring adults, mental health and substance use disorder treatment, and more. Different communities throughout the state may already have pieces of a

continuum in place, but with limited data and services fragmented across providers and levels of government, additional work is needed to map the current state and Tribal systems, better understand ongoing service gaps, identify lingering disparities, and offer Tribal consultation and community engagement opportunities to develop recommendations for expanding services.

B. Lack of system alignment across state-funded youth programs. In 2023, the Governor's Office initiated an evaluation of state-funded homelessness and housing programs. The evaluation highlighted several challenges across programs, including fragmented services, siloed approaches to program and policy development, and a lack of cross-agency coordination. These findings revealed a need to explore opportunities to better align youth housing and homelessness programs and determine if services for youth could be improved through rule and regulation changes and/or changes in program policy and structure.

C. Need for statewide performance outcomes to track progress on youth homelessness. Findings from the Governor Office's 2023 program evaluation revealed that many state-funded programs are developed without outcomes in place, resulting in an overall lack of data to help track progress towards program goals. This POP would put the necessary resources in place to develop outcome measures that can be used to track equity- and housing-related goals across the youth homelessness continuum, ultimately giving programs an increased ability to identify best practices, replicate successful strategies, and refine program models to better meet the needs of young people experiencing homelessness.

D. Additional services are needed to address ongoing gaps in youth homelessness services across the state. ODHS' Youth Experiencing Homelessness program (YEHP) has operated within a limited budgetary framework. The current service level (CSL) base budget for YEHP has ranged from $3 to $5 million per biennium, augmented at times with one-time investments. Recent infusions of one-time funding have allowed for the expansion of its core services across new providers and locations, thereby extending support to a larger cohort of youth. YEHP currently funds services in 26 Oregon counties; however, gaps in services persist across multiple counties and communities. These gaps are evident both in the availability of youth-specific providers and the extent to which a full array of core services is available. As a result, nearly a third of the state's counties lack a YEHP-funding presence.

3. What **data** tells you that this problem/opportunity exists? Please be specific and provide data sources.

- While numbers of youth experiencing homelessness are frequently seen as undercounts, national studies estimate that 1 in 10 young adults (18-24) and 1 in 30 youths (14-17) experience homelessness each year.[1]
- As of 2023, Oregon had the highest rate of unsheltered youth experiencing homelessness in the nation and state-level projections estimate that nearly 8,300 youths and young adults in the state need housing supports each year.[2,3]
- Young people from marginalized communities are commonly overrepresented among those who are experiencing homelessness:
    - Among the unhoused population, people with experience in the foster care system are disproportionately represented.[4] Over a two-year period in Oregon, 27 percent of 19-year-olds transitioning out of foster care experienced homelessness.[5]
    - In Oregon, Black youth and American Indian and/or Alaskan Native youth under the age of 25 experience homelessness at disproportionate rates. According to HUD, Black youth make up 2 percent of all young people in Oregon and 7 percent of unhoused young people. American Indian and/or Alaskan Native youth make up 1 percent of Oregon's total youth population and 5 percent of the homeless youth population.[2]
    - According to a report by the Williams Institute at UCLA School of Law, LGBTQIA2S+ youth make up approximately 40% of the homeless youth population in the United States, despite comprising only about 7% of the overall youth population.[6]

4. Is this POP, in whole or in part, a response to an **audit?** Explain.

   No.

5. What has **already been done** to address or mitigate the problem/ opportunity?

   The Youth Experiencing Homelessness Program (YEHP) currently funds services within the following areas:

[1] Chapin Hall (2017): Missed Opportunities: Youth Homelessness in America.
[2] U.S. Dept. of Housing & Urban Development (2023): The 2023 Annual Homeless Assessment Report (AHAR) to Congress.
[3] Corporation for Supportive Housing (2021): Statewide Youth Housing Needs Assessment.
[4] Chapin Hall (2019): Missed Opportunities: Pathways from Foster Care to Youth Homelessness in America.
[5] National Alliance to End Homelessness (2024): Foster Youth to Independence (FYI) Voucher Program.
[6] The Williams Institute with True Colors Fund and The Palette Fund (2012): Serving Our Youth: Findings from a National Survey of Service Providers working with Lesbian, Gay, Bisexual, and Transgender Youth who are Homeless or At Risk of Becoming Homeless.

- Prevention (Street Outreach and Day Drop-In supports)
- Emergency/Crisis (Overnight Shelter)
- Medium-Term Housing (Transitional Living Programming)
- Host Homes
- Culturally Specific, Mental Health, and Substance Abuse supports

In summer 2023, following the receipt of funding from HB5019, YEHP completed a request for grant proposals and received over $60 million in core services requests for $18.75 million in available funding. YEHP awarded 61 grants to 42 providers in 26 counties.

Additionally, YEHP is implementing unrestricted cash transfers to prevent and end experiences of youth homelessness. The program's original Direct Cash Transfer (DCT+) pilot was launched in 2022 and supports 120 young people. YEHP works with a third-party evaluator, Young People to the Front (formerly Lens Co), which reports that the pilot has helped rehouse approximately 90 percent of its participants. A new DCT pilot (DCT-P), launched in April 2024, is aimed at preventing youth homelessness among roughly 50 youth at risk. Youth with experience in the Child Welfare system are a priority population for DCT-Prevention services.

YEHP has also implemented demographics and service data collection and designed an outcomes framework based on best practices from the West Coast Convening Framework, an outcomes framework collaboratively developed by youth homeless service providers up and down the West Coast. The outcomes categories include:

- Housing: such as program exits to safe and stable housing settings
- Education: such as increases in enrollment and completion, academic advancement, and motivation
- Employment: such as increases in job-related skills and employment at living wage jobs
- Self-sufficiency: such as life skills like financial literacy and maintaining personal safety
- Well-being: such as managing physical health needs, social connections, and more.

Development of these outcomes, along with more standardized demographics and services reporting, are helping to provide a clearer understanding of who YEHP supports, the services they receive, and the program's impacts on the overall lives of youth. The YEHP framework also provides a solid foundation for development of statewide youth homelessness outcome measures.

In addition to YEHP services, ODHS' Child Welfare has a number of housing supports in place for transition-aged youth who are preparing to or who have exited from care. These services include:

- The Independent Living Housing Subsidy: a 30-month housing subsidy paid directly to youth ages 18-20. Subsidy amounts vary, but the maximum amount

available for a young person enrolled in the program is $16,605 over 30 months. This program served 160 young people in FFY 2022.

- The Chafee Housing Program Subsidy: a housing subsidy for youth 18-23 who have exited Child Welfare's care. Youth may receive up to $1,000 per month until they access up to $12,000 or until they turn 24 years old, whichever occurs first. This program served 93 young people in FFY 2022.
- Transitional Living Program (TLP): ODHS contracts with CBOs for transitional living program services, which can provide anywhere from 13 to 24 months of supported housing options for young adults.
- Transitional Living Program – Plus: These are TLPs with additional behavioral and mental health supports.

ODHS also supports local Public Housing Agencies in providing Foster Youth to Independence (FYI) and Family Unification Program (FUP) housing vouchers to Child Welfare-involved youth and families. In Oregon, six of the 22 public housing agencies have applied and are administering FYI vouchers, including:

- Home Forward (Multnomah County),
- Housing Authority of Clackamas County,
- Housing Authority of Lincoln County,
- Housing Authority & Community Services of Lane County,
- Linn-Benton Housing Authority, and
- Housing Authority of Washington County

Seven of the 22 public housing agencies have applied and are administering FUP vouchers:

- Home Forward (Multnomah County),
- Housing and Urban Renewal Agency of Polk County,
- Housing Authority of the City of Salem,
- Housing Authority of Yamhill County,
- Housing Authority of Malheur County,
- Northwest Oregon Housing Authority (Clatsop, Columbia, and Tillamook Counties), and
- Housing Works (Crook, Deschutes, and Jefferson Counties)

Lastly, in July 2020, ODHS engaged the Corporation for Supportive Housing (CSH) to complete a statewide needs assessment to determine the continuum of housing and service needs for youth experiencing homelessness. The CSH Youth Housing Needs Assessment Summary Report was conducted over the course of 15 months and served as an initial attempt to merge data about the needs of youth from different sources, analyze the overarching need, compare that need to existing system resources, consult with youth, and estimate the size of investment needed to have a complete youth homeless services

continuum. [7] The landscape scan and needs assessment proposed through this POP would build on this work to provide an updated and more comprehensive overview of youth homelessness in Oregon today.

6. What are the **risks** if the problem/opportunity is not addressed?

Failing to address the problems identified in this POP could result in the following:

A. Ineffective solutions that do not meet the needs of youth. Oregon cannot adequately address the needs of unhoused young people without understanding the full scale of the problem. This includes understanding the demographics of those who need support, how their service needs differ across the state, what services currently exist in their region, and the barriers they face in acquiring and maintaining stable housing. Information is also needed to understand the experience of providing services across the state, including program challenges, how service-related costs differ in different areas of the state, and successful local practices that can be adapted in other regions. Without answers to these key questions, we will be unable to implement policies and programs that meet the diverse needs of young people across Oregon, rendering the state's overall homelessness response ineffective.

B. Ongoing disparities among youth experiencing homelessness. Youth of color, LGBTQIA2S+ and Native American youth are all disproportionately represented in national[8] and state[9] homelessness counts, as are youth with experience in the child welfare system.[10] This POP seeks resources to better understand the unique needs of these populations.

C. Unaligned services and supports may create barriers for youth. Fragmented services may cause additional hardships for young people experiencing houselessness, forcing them to navigate multiple systems to access support. Without the resources requested through this POP, examination of program alignment opportunities that could improve services for youth will be delayed.

D. Inability to assess the state's progress in addressing youth homelessness. Without the requested resources, ODHS will not have adequate staff capacity to develop meaningful outcome measures for youth homelessness services that can be used across all state agencies. A lack of outcome measures will perpetuate current challenges in assessing the effectiveness and equity impacts of current youth homelessness programming.

[7] Corporation for Supportive Housing (2021): Statewide Youth Housing Needs Assessment.
[8] Chapin Hall: Missed Opportunities: Youth Homelessness in America.
[9] Stewart, K., Homelessness Research & Action Collaborative (2019): Youth Homelessness.
[10] Youth.gov: Homelessness and Housing Instability: Child Welfare System.

E. Ongoing gaps in youth homelessness services across the state. Without the proposed investment in YEHP core services, communities lacking needed services for youth will be unable to provide them using state resources, which can in turn place them at a disadvantage in securing alternative funding streams. Consequently, these communities will continue to experience gaps within their youth homelessness response systems. This scenario may result in youth enduring prolonged periods of unsupported homelessness and having to seek services by traveling to areas with more comprehensive service arrays and/or getting help from adult-focused systems that are less likely to meet their needs.

7. What **solution** are you proposing through this policy option package (POP)?

This POP would secure the resources necessary to allow ODHS to execute on the following scopes of work, focused on improving services for unaccompanied youth experiencing homelessness below the age of 25 and implementing priority deliverables tied to the State of Oregon Homelessness Response Framework (HRF):

A. Conducting a Youth Homelessness Landscape Scan and Needs Assessment

I. Examine existing data to estimate the number of unaccompanied young people who are experiencing homelessness, understand their location within the state, assess potential service needs, and detail their demographics (race/ethnicity, sexual orientation, gender identity, age, pregnant/parenting status, disability status, systems involvement, immigration status, and intersections of these identities where possible).

II. Complete a statewide needs assessment to map the current service landscape and identify unmet needs across the youth homelessness continuum. This will include an assessment of youth-specific:

i. Prevention services,
ii. Early and crisis intervention services (including emergency shelter),
iii. Physical health and behavioral health care services, including substance use disorder treatment,
iv. Case management and housing navigation services,
v. Medium-term housing,
vi. Host homes,
vii. Long-term services and housing,
viii. Aftercare services,
ix. Culturally specific services, and
x. Medicaid-funded health-related social needs (HRSN) services.

III. Facilitate interviews, surveys, and focus groups with young people with lived experience, service providers, state agencies, local and regional governments, Continuums of Care, Coordinated Care Organizations, and other partners across the state to support a shared understanding of how the quantitative data aligns with qualitative experiences and gather feedback to inform policy, funding, and

practice solutions. Engagement efforts must include compensation and other supports to reduce barriers to participation for youth and other people with lived experiences of homelessness and/or involvement in the Child Welfare system.

IV. Develop a methodology for pricing the cost of service provision in different areas of the state to inform policy and investment recommendations.

V. Provide recommendations for next steps on how to address the gaps identified through the data analysis and needs assessment mapping, including region-specific goals and cost projections for services and housing recommendations.

Analysis, community engagement efforts, and recommendations should be population-specific, with considerations for youth who are disproportionately represented among the unhoused and/or whose needs are often inadequately addressed by the current youth homelessness system. This includes, but is not limited to:

i. Immigrant youth,
ii. Youth with physical, developmental, and intellectual disabilities,
iii. Youth with mental health and substance use disorders,
iv. Black, American Indian and/or Alaskan Native, and other youth of color,
v. LGBTQIA2S+ youth,
vi. Youth with experience in the Child Welfare system,
vii. Youth with experience in the criminal justice system, and
viii. Pregnant and parenting youth.

B. <u>Exploring Opportunities for Alignment Across State-Funded Programs for Youth (in alignment with HRF Pillar 3, Youth Deliverable 1)</u>

I. Create recommendations based on a review of state-funded youth housing and homelessness programs to examine if services for young people could be improved through rule and regulation changes, increased alignment, and/or changes in program policy. Programs for review should include the Youth Experiencing Homelessness Program (YEHP), Youth Emergency Housing Assistance (YEHA) and Long-term Rental Assistance for Youth (RAY).

C. <u>Developing Recommendations for Equity- and Housing-Focused Outcome Measures for State-Funded Youth Homelessness Programs (in alignment with HRF Pillar 3, Youth Deliverable 2)</u>

I. Coordinate with Oregon Housing and Community Services (OHCS) to develop shared definitions for key homelessness services, outcomes, and other performance measure related terms.

II. Conduct a landscape scan across state-funded youth serving homelessness programs to:

i. Identify existing program outcome measures and definitions,

ii. Determine what data is currently being collected and can be reliably reported out,
iii. Understand cadences of current data updates across programs, as well as data collection and storage methods,
iv. Determine availability of historical data,
v. Understand established data-sharing agreements and capabilities, and
vi. Where data is unavailable, of low quality or incomplete, determine whether recommendations are needed to develop a solution.

III. Develop a process for identifying meaningful and effective youth-specific outcome measures using an equity lens (similar to the race equity lens described in the OHCS Race Equity and Analysis Tool). The identified process should consider:
i. Best practices within the sphere of youth homelessness,
ii. Currently available data,
iii. Which outcomes can be reasonably measured,
iv. How measurement and tracking can be used to identify and address disparities in homelessness among marginalized communities, and
v. How identified outcome measures can drive progress toward reducing homelessness among youth.

IV. Develop a communications and engagement plan to involve youth with lived experiences of homelessness, service providers, and other invested parties in identifying target outcomes and use their insights to determine priorities, equity impacts, and barriers/challenges to outcome measurement, data collection, and reporting. This plan should:
i. Identify key engagement points to collect and incorporate feedback throughout the outcome development process;
ii. Identify key partners and methods for engagement;
iii. Identify methods of payment and other supports that will be offered to compensate youth with lived experience and reduce barriers to participation;
iv. Identify opportunities for alignment with the community engagement efforts occurring through the landscape scan and needs assessment to ensure that efforts are not duplicated and reduce burden on participating youth, providers, and other partners; and
v. Identify when and how updates will be communicated to community engagement participants to ensure accountability.

V. Based on the planning, community engagement, and development work described above, identify highest priority outcomes to track at the state and regional levels, with consideration of the impacts and capacity building needs of those expected to collect, input, and analyze outcomes data.

VI. Identify any resource needs for ongoing or proposed data collection, maintenance, reporting, and analysis.

D. Expanding the Youth Experiencing Homelessness Program (YEHP)

I. Increase funding for YEHP core services grants to:

i. Fund providers in currently unserved or underserved locations, and

ii. Increase funding for individual service types to help close gaps in the available service array.

While the landscape scan and needs assessment are important for building a future state with a comprehensive continuum of youth homelessness services, policy and program recommendations from that work will likely not be implemented until the 2027-29 biennium or beyond. In addition to planning for the future, the state needs to take immediate action to address service gaps and expand supports for young people who are experiencing homelessness today. For that reason, in addition to kicking off future planning through the landscape scan and needs assessment, this POP proposes a $4.73M expansion to YEHP in the 2025-27 biennium. Increasing funding for YEHP core services grants could increase the program's geographic reach as well as funding caps for individual service types – for example, increasing shelter grant maximums from $300,000 to $600,000. As a first step in the expansion effort, YEHP would issue a request for information (RFI), soliciting input from providers and communities to better understand regional youth homelessness service gaps and the actual cost of starting and operating shelter and other core services in each area. The gathered information would be used to inform the procurement process, compliment the landscape scan and needs assessment, and help to expand access to services for young people more immediately.

8. What **alternative solutions** were considered and what were the reasons for selecting your solution?

All elements of this POP were selected after careful consideration of the challenges described above, in partnership with the Governor's Office and through collaborative discussion with partner agencies through the Interagency Council on Homelessness workgroups.

9. Has the proposed solution been successful in **other contexts or jurisdictions?** Alternatively, if there is no precedent, explain why you believe this concept will achieve its aims here in Oregon.

Planning and research are essential for ensuring that policies and programs are well-designed, responsive to the diverse needs of young people, and likely to achieve their intended goals of reducing homelessness and housing instability among

unaccompanied youth below the age of 25. The steps outlined in this POP are fundamental to helping improve the likelihood of success and maximize the impact of the state's investments in the youth homelessness continuum.

In 2016, Washington State conducted a statewide needs assessment to identify gaps in services and barriers to housing stability for youth experiencing homelessness. The assessment involved surveys, interviews, and focus groups with youth experiencing homelessness, service providers, and other key partners. The findings from this assessment informed efforts that have since allowed the state to almost completely close the geographic service gap that was identified in 2016. Over two-thirds of the state now have state and/or federal Youth Homelessness Demonstration Program-funded youth or young adult housing or shelter, with services extending to all but two counties.

10. Does this POP require a **new statute or changes to existing statute(s)?** If so, have you completed the Legislative Concept request form for statutory changes?

    No.

Part 2. **EQUITY AND INCLUSIVITY**

1. How will this POP **address inequities** faced by impacted communities?
    A. The Youth Homelessness Landscape Scan and Needs Assessment will seek to:
        - Gain a clearer picture of the demographics and service needs of youth experiencing homelessness to better tailor policies and programs to the needs of marginalized youth
        - Collect feedback and collaborate with youth with lived experiences of homelessness to generate policy and program recommendations that can improve access to services and overall outcomes for youth who are disproportionately represented among the unhoused
        - Provide population-specific analysis and recommendations for youth who are disproportionately represented among the unhoused and/or whose needs are often inadequately addressed by the current youth homelessness system. This includes but is not limited to:
            - Immigrant youth,
            - Youth with physical, developmental, and intellectual disabilities,
            - Black, American Indian and/or Alaskan Native, and other youth of color,

- LGBTQIA2S+ youth,
- Youth with experience in the Child Welfare system,
- Youth with experience in the criminal justice system, and
- Pregnant and parenting youth.

B. Developing outcome measures for youth homelessness programs is essential for addressing inequities by providing data-driven insights, guiding targeted interventions, informing resource allocation decisions, and promoting accountability and transparency. By systematically tracking outcomes and addressing disparities, youth homelessness programs can work towards achieving more equitable outcomes for all young people experiencing housing instability.

C. Investments and policy solutions directed toward addressing general homelessness often fail to adequately consider the distinctive needs of youth experiencing homelessness. Feedback from local youth homelessness providers has highlighted a concerning trend: local planning teams often lack consistent understanding of and investment in youth homelessness programming when allocating local homelessness dollars. This perpetuates inequalities in resource distribution, leaving youth homelessness initiatives underfunded, underserved, or even non-existent in many communities. The YEHP Core Services Expansion serves as a crucial mechanism to address this oversight, ensuring that resources are allocated equitably, with a particular focus on underserved communities – especially those in rural and coastal counties - being prioritized for expansion efforts.

Part 3. **MEASURING PERFORMANCE**

1. Which of your **key performance measures (KPMs)** is this POP connected to?

   N/A

2. If none, are you proposing a **new or modified KPM?**

   N/A

3. How will the work you're proposing help ODHS meet or exceed the **KPM targets?**

   N/A

4. What are the envisioned **outputs** of this POP?
   Consider activities you will be able to count in actual numbers: partners engaged, clients

served, regions served, applications processed, staff trainings conducted, referrals made, transitions completed, families participating, etc.

A. Potential outputs for the landscape scan and needs assessment include:

I. Quantitative Data Reports:

- Demographic and Service Needs Profiles: Data on the demographic characteristics and service needs of youth experiencing homelessness.

II. Qualitative Data Reports:

- Barriers to Stable Housing: Insights into the structural, systemic, and individual barriers that contribute to youth homelessness.
- Service Gaps and Needs: Identification of gaps in existing services and unmet needs among youth experiencing homelessness.
- Community Resources: Assessment of available resources and support networks for youth experiencing homelessness.

III. Policy and Systems Analysis Reports:

- Legal and Policy Frameworks: Review of local, state, and federal policies and legislation related to youth homelessness.
- Best Practices and Innovations: Identification of promising practices, innovative models, and evidence-based interventions for preventing and ending youth homelessness, both locally and nationally.

IV. Partner Perspective Reports:

- Youth Input: Input from youth experiencing homelessness themselves, including their experiences, needs, aspirations, and program and policy suggestions.
- Service Provider Perspectives: Perspectives from frontline staff, program administrators, policymakers, Tribes, and other key partners involved in delivering services to youth, including their observations, challenges, and recommendations for improvement.

V. Strategic Recommendations:

- Action Plan: Development of a comprehensive action plan with strategic recommendations for addressing youth homelessness, including short-term and long-term goals, priority areas for intervention, cost projections for needed services and investments, and strategies for collaboration, advocacy, and resource allocation.

i. Potential outputs for program alignment work include:

VI. Action Plan: Development of strategic recommendations based on a review state-funded housing and homelessness programs to examine if services for youth could be improved through rule and regulation changes, increased alignment, and/or changes in program policy.

B. Potential outputs for outcome measure development:
   I. Glossary with shared definitions for key homelessness services, outcomes, and other performance measure related terms
   II. Report with an analysis of existing program outcome measures, definitions, currently available data, data collection and reporting methods, and data sharing capabilities
   III. Outcome measure development plan
   IV. Communications and engagement plan
   V. Report with recommendations for highest priority outcomes to track at the state and regional levels and overview of resources needs for proposed data collection, maintenance, reporting, and analysis.

C. Potential outputs for YEHP Core Service Expansion:
   I. Number of youth served by programs
   II. Number and location of local communities with YEHP-funded services
   III. Provider compliance with the HMIS requirements

5. **Outcomes** show how people are better off because of the outputs you listed above. What are your expected outcomes?
Consider measurable effects like improved service navigability, reduced racial disparities within programs, expanded access to needed services among key populations, improved transition rates, etc.

- Informed policy recommendations for reducing youth homelessness developed in collaboration with young people with lived experience, service providers, and other key partners. This could be measured through the number of program and policy changes that are adopted in future biennia because of the recommendations produced through this work. Successful collaboration with youth and other partners can be measured through surveys to assess partner satisfaction with engagement efforts and with each project's final recommendations.
- Increased number of youth homelessness services throughout the state, including in regions that currently lack youth-specific providers and/or a full array of youth homelessness services. This can be measured by the total number of YEHP providers and core services funded and/or by the number of counties that have a YEHP-funding presence.

6. How will you **collect the data** you need to measure the success of this solution? Is this data currently being collected? Have you engaged ORRAI to discuss elements needed to plan for data gathering?

   Part of the planning process will include determining the best way to collect the data needed to implement these scopes. This could include:
   - Through interviews, surveys, and focus groups with young people with lived experience, providers, ODHS staff, other state agencies, Public Housing Agencies, and other partners.
   - Analyzing relevant policies, programs, and best practices
   - Accessing Homeless Management Information System (HMIS) data related to youth homelessness services, when possible.

7. To achieve optimal data collection, would you need to make **changes to your case management system?** Describe.

   N/A

Part 4. **IMPROVING CUSTOMER SERVICE**

1. Discuss the ways this POP will **improve customer service**.

   This POP will improve customer service by:
   - Developing policy and program recommendations that can create internal service alignment and ease access for young people who want to connect to services
   - Creating region-specific program and policy recommendations that acknowledge the diverse service and resource needs in different areas, with the intention of improving services for youth in unserved and underserved parts of the state
   - Collaborating with youth with lived experience to develop policy and program recommendations that are culturally responsive and seek to address the unique needs of young people who are disproportionately represented among the unhoused

2. Will your solution require an **IT investment?** Explain.

   N/A

Part 5. **IMPLEMENTATION**

1. If the legislature allocates funds for the proposed POP, how specifically would we **use the money to implement it?**

A portion of the allocated funds would be used for contracting with an outside organization to execute on key elements of the POP scope, including the landscape scan, needs assessment, and portions of the outcome measure development project. Eligible contractors for these projects would be identified through a request for proposals (RFP), which would be developed and issued by ODHS.

Another portion of funds would be used to hire staff internally. Considering the scope and breadth of this POP proposal and the limited workload capacity among current SSP, CW, Tribal Affairs, and ORRAI staff, new staff are needed to ensure effective and timely implementation of these projects. New ODHS staff would work to implement aspects of the POP scope not undertaken by the contractor, including planning and analysis related to program alignment, youth services outcomes development, and YEHP service expansion. New staff would also play a key role in coordinating with contracted organizations to ensure that there is alignment across all proposed projects.

Funds would also be used to implement an expansion of YEHP core services, beginning with an RFI to solicit input from service providers and communities to better understand regional youth homelessness service gaps and the actual cost of starting and operating services in each area. The gathered information would be used to inform the procurement process, compliment the landscape scan and needs assessment, and help to expand access to services for young people more immediately.

2. What are the biggest potential barriers or risks to successful implementation?

    - Lack of data, inability to access data that currently exists, and/or delays due to troubleshooting data issues
    - Lack of RFP applications from organizations with appropriate skill sets and youth homelessness expertise
    - Ineffective community engagement strategies that prevent authentic collaboration with young people with lived experience, providers, and other important partners
    - Lack of engagement or buy-in from important partners (other state agencies, CoCs, PHAs, etc.)
    - Hiring and training delays
    - Contract/Grant-Writing and Department of Justice review delays

3. What other **ODHS units, public agencies, Tribes, communities or other partners** will be involved in the implementation of this POP? What will their responsibilities be?

    - Self-Sufficiency Programs will lead the YEHP expansion work and co-lead the youth outcomes development work. SSP will also support the other elements of the POP scope by providing insight into the YEHP service landscape, connecting contracted partners and ODHS staff to Youth Advisory Boards and other community

engagement partners, providing policy/program analysis and recommendations, providing YEHP data as needed, exploring alignment of programs, and reviewing and providing feedback on community engagement plans and final work products.

- Child Welfare will provide support for program alignment, outcomes development, and landscape analysis/needs assessment work, as needed.
- The Office of Research, Reporting, Analysis and Implementation (ORRAI) will co-lead implementation for the outcomes development scope alongside the SSP YEHP team.
- The Office of Tribal Affairs will lead on Tribal consultation with the Nine Tribes of Oregon, as well as and community engagement efforts with Tribal partners, communities, and American Indian and/or Alaskan Native youth.
- Oregon Housing and Community Services will serve as a consulting partner in the landscape analysis, needs assessment, and outcomes development scopes. They may also provide connections to key local partners for community engagement efforts.

Part 6. **BUDGET**

1. Are there **prior investments** allocated for this policy package?

   For YEHP Expansion, this POP would expand upon investments generated from HB 2001 and HB 5019.

2. What **assumptions** affect the pricing of this policy package?

   - Assumes that the amount allocated will be sufficient to execute on the full POP scope. This could be impacted by:
     - Higher than anticipated rates for contracted services
     - Implementation requiring more resources than anticipated
     - Implementation requiring a longer timeline than anticipated
   - Assumes that candidates with the appropriate skills apply and are hired under current classifications and changes to those classifications are not required for hiring.
   - Assumes that the resources secured for community engagement are sufficient to adequately compensate youth with lived experience and address other financial barriers that limit community participation.

3. Will there be **changes to caseload, cost per case or services provided** to specific populations? Explain.

No. This POP largely focuses on planning and research to develop future policy and program recommendations for youth homelessness services. While those recommendations may create new services and/or increase the number of young people accessing services in the years to come, the work detailed in this scope would not.

4. Describe the **staff and positions** needed to implement this policy package, and whether existing positions can be modified to meet the need. Be sure to note what each position type will be responsible for to move the proposed work forward.

    - Contracted consultants with subject matter expertise in housing and homelessness are needed to conduct the statewide landscape scan, needs assessment, and provide support with outcome measure development.
    - Human Services Manager 3 – Youth Homelessness Continuum Manager
        - Responsible for providing leadership in developing, planning, organizing, and directing the activities associated with housing and support services across ODHS multiple programs, community-based organizations, local government and other state agencies. Key duties include building collaborative partnerships, establishing multi-agency agreements, supervising staff across programs, working with diverse stakeholders (advisory groups, nonprofit organizations, legislators, low-income communities, youth), able to implement complex publicly funded programs and developing, coordination, and managing multiple budgets.
    - Project Manager 3 – Community Engagement Specialist
        - Leading statewide engagement efforts for the youth homelessness landscape scan, analysis of Child Welfare exit practices (proposed in the Foster Care Youth: Path to Housing Stability POP), and outcomes development
    - Project Manager 3 - Tribal Consultation Specialist
        - Working across all projects included in this POP, this role would be central to strengthening relationships with the Nine Tribes of Oregon and Tribal Partners and engaging with Tribal governments, communities, and young people to design program and policy recommendations that specifically address the needs of unhoused and unstably housed American Indian and/or Alaskan Native youth.
    - Program Analyst 3 – YEHP Expansion Lead
        - Delivering technical assistance to communities and prospective YEHP grantees, with a strategic emphasis on fostering geographic and programmatic expansion

- An Information Systems Specialist 7 within the ORRAI team will support the data landscape scan and co-lead outcomes development for youth homelessness programs statewide.

5. What are the **startup and one-time costs** associated with this POP?
    - Research and Data Analysis: there may be one-time fees for necessary data collection, including investing in software tools or technology platforms for data analysis.
    - Community Engagement: Expenses for organizing meetings, workshops, and focus groups to engage with key partners such as government agencies, nonprofits, youth service providers, and community members. Includes stipends and funding to remove engagement barriers like childcare, transportation, language and accessibility needs to support participation from youth with lived expertise.
    - Travel and Logistics: While Zoom and other online communication platforms make it easier to engage people remotely, it may be more effective to engage some populations in person. For that reason, there are potential one-time costs related to in-person meetings, travel, accommodation, and logistics.

6. What are the **ongoing costs?**

    - Personnel Costs: Salaries and benefits for staff involved in planning and executing the full POP scope.
    - Consulting Fees: Payments to external consultants for expertise in homelessness services, youth services, execution of the landscape analysis and needs assessment work.
    - YEHP expansion: This response hinges on the outcomes of an RFI for core service expansion, though it would be expected most new core service grant costs would be ongoing.

7. What are the **sources of funding (revenue)** and the funding split for each one?

The request is for a General Fund allocation only.

8. What are potential **savings?**

Investing in youth homelessness and housing services can lead to significant savings by averting costly outcomes such as involvement in the criminal justice system, emergency

room visits, and utilization of other crisis services.[11] A study commissioned as a requirement of HB 4013 attempted to quantify cost avoidance associated with ending homelessness for youth. The report provided an illustration of the potential positive outcomes that could result if youth homelessness is prevented and reduced through the implementation of a range of evidence-based interventions. The report estimated that if homelessness were ended for just 25 percent of Oregon youth, the projected cost avoidance could total $16.6 million annually.[12]

TOTAL FOR ALIGNING AND STRENGTHENING THE YOUTH HOMELESS SERVICES CONTINUUM (ASYHSC)

	General Fund	Other Funds	Federal Funds	Total Funds	Positions	FTE
Personal services	$1,148,597		$114,687	$1,263,284	4	4.00
Services + supplies	$37,692		$3,956	$41,648		
Capital outlay						
Special payments	$1,007,290			$1,007,290		
Other						
Total	**$2,193,579**	**$0**	**$118,643**	**$2,312,222**	**4**	**4.00**

ASYHSC is broken down into three areas including the following:

ASYHSC (1)

Youth homelessness landscape scan and needs assessment

- 0.5 FTE for the Human Services Manager 3 and both Project Manager 3s + Consultant costs

ASYHSC (2)

Exploring opportunities for alignment across state-funded programs for youth

- 0.15 FTE for the Human Services Manager 3 and both Project Manager 3s

ASYHSC (3)

Developing equity and housing-focused outcome measures for state-funded youth homelessness programs

[11] National Low Income Housing Coalition (2023): The Case for Housing First.

[12] CSH (2022): Oregon Youth Experiencing Homelessness Program, Oregon Department of Human Services – Self Sufficiency Cost Analysis Report; The Cost of Youth Homelessness in Oregon.

- 0.35 FTE for the Human Services Manager 3 and both Project Manager 3s
- + 1 FTE for the ISS7

TOTAL FOR YEHP EXPANSION

	General Fund	Other Funds	Federal Funds	Total Funds	Positions	FTE
Personal services	$255,703			$255,703	1	1.00
Services + supplies	$10,412			$10,412		
Capital outlay						
Special payments	$4,733,885			$4,733,885		
Other						
Total	**$5,000,000**	**$0**	**$0**	**$5,000,000**	**1**	**1.00**

TOTAL FOR POLICY PACKAGE

	General Fund	Other Funds	Federal Funds	Total Funds	Positions	FTE
Personal services	$1,404,300		$114,687	$1,518,987	5	5.00
Services + supplies	$48,104		$3,956	$52,060		
Capital outlay						
Special payments	$5,741,175			$5,741,175		
Other						
Total	**$7,193,579**	**$0**	**$118,643**	**$7,312,222**	**5**	**5.00**

FISCAL IMPACT BY PROGRAM

	SSP Aligning & Strength	ORRAI Aligning & Strength	SSP YEHP Expansion		**Total**
General Fund	$2,000,000	$193,579	$5,000,000		**$7,193,579**
Other Funds					**$0**
Federal Funds		$118,643			**$118,643**
Total Funds	$2,000,000	$312,222	$5,000,000		**$7,312,222**
Positions	3	1	1		**5**
FTE	3.00	1.00	1.00		**5.00**

Program(s) / Unit(s)	**APD**
POP Title	560 - Ensuring access to services for individuals with mental health conditions
Related Legislation	
Summary Statement (5 to 7 sentences)	People with disabilities who need home- and community-based supports through Aging and People with Disabilities (APD) should not have to jump through excessive bureaucratic hoops because of a mental health condition or substance use disorder. Yet potential consumers under 65 who have a mental health or substance use condition are subjected to an additional application and verification process. This poses significant delays in services, and some people are denied services altogether. This policy option package proposes to eliminate an archaic exclusion that requires APD to deny eligibility for disability supports for individuals whose primary driver of need is mental illness or substance use. The investment would also allow APD to recruit and contract with specialized providers experienced in behavioral health and substance use conditions. Without this investment, people with disabilities who are experiencing mental health or substance use conditions will continue to face unnecessary barriers to needed services and APD will be hindered in this important effort to provide more comprehensive and person-centered services.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing	**$9,991,428**	**$ -**	**$ 15,790,258**	**$ 25,781,686**	**26**	**11.41**

ODHS 2025 POP Long Form

Part 1. SETTING THE STAGE

1. Briefly describe the **core value(s)** driving this POP. In the big picture, why does it matter?

   Individuals should be able to access the services and supports for which they are entitled regardless of a disability. Since the 1980s, APD has denied younger individuals whose primary driver of their need is due to a mental illness. The current system is fragmented, subjecting individuals under 65 who have a mental health or substance use condition to additional application and verification processes in which they are rarely able to complete. This poses significant delays in access to services and in most cases, a denial of services altogether.

2. Describe the **problem/s or opportunity/ies** this proposal would address.

   Eliminate an archaic policy that contradicts federal law
   In Oregon, individuals under the age of 65 with a mental illness are excluded from long term services and support (LTSS) provided through APD. This means that individuals often struggle to access critical services, often leading to houselessness and unnecessary hospitalizations. This policy was created in the 1980s based on the first APD waiver that excluded individuals with mental illness; however, 1915(k) federal regulations require that states provide home- and community-based services to individuals who meet eligibility criteria, regardless of disability or diagnosis. We are not in compliance, as individuals with behavioral illnesses should not be excluded from 1915(k).

   Streamline services
   Currently, when APD denies an individual due to their mental health need, they are referred to the community mental health programs and the Oregon Health Authority. This often means that individuals must go through two assessment processes and eligibility determinations. By eliminating this exclusionary policy, there is an opportunity to eliminate redundant processes and streamline services. Individuals served under APD would have increased access to a wider array of services able to better meet their needs.

   Improve housing security for people with mental health and substance use conditions

   There is a clear link between houselessness, mental illness and substance use. Substance Abuse and Mental Health Services Administration (SAMHSA) estimates that 21% of individuals experiencing chronic houselessness have a serious mental illness, and 16% have a substance use disorder.

In the current APD process, APD has denied more than 300 individuals in 2022 and 2023. These are individuals who meet APD's eligibility criteria, but whose need is driven by a mental health condition. These individuals must then begin the application process for services through OHA. This delay in receiving critical services is exacerbating Oregon's housing crisis.

Investing in this POP is a critical preventative measure to help people with disabilities and co-occurring mental health conditions stay healthy, safe and housed.

3. What **data** tells you that this problem/opportunity exists? Please be specific and provide data sources.

- APD estimates 180 individuals will access long term services and supports (LTSS) in 2025-2027 based upon CDC population estimates of the percentage of individuals living with a mental illness.
- In the current APD process, APD has denied more than 300 individuals each year in 2022 and 2023. These are individuals who meet APD's eligibility criteria, but whose need is driven by a mental health condition. Of those individuals, less than 4% are being served by OHA.
- Since 2015, 47% of the individuals reviewed by APD to determine their primary driver of need were denied for services due to a mental illness or substance use disorder.
- The number of requests for APD services has seen a dramatic increase statewide in cases of brain injury as a result of substance use, which adds to the population reviewed by APD to determine what is their primary driver of need.
- Substance Abuse and Mental Health Services Administration (SAMHSA) estimates that 21% of individuals experiencing chronic houselessness have a serious mental illness and 16% have a substance use disorder.

4. Is this POP, in whole or in part, a response to an **audit?** Explain.

   There has been an audit of the OHA 1915(i) processes. While this POP is not directly a response, it will address the concerns raised by that audit.

5. What has **already been done** to address or mitigate the problem/ opportunity?

Although ODHS and OHA have attempted to collaborate on cases, the processes remain separate, and it has been difficult to develop a system or plan in which individuals could be seamlessly transitioned to OHA services when they have significant mental health or substance dependence needs. OHA policy requires an additional step in which the County Mental Health Program (CMHP) must submit a referral to an additional third-party contractor. Reliance on the CMHP has delayed access for Oregonians to services under OHA in some cases by several months or even years.

ODHS and OHA partner through a program called Enhanced Care Services. APD funds the long term services and supports (LTSS) in an APD licensed facility and OHA funds on-site

behavioral health services. This partnership has been successful with good outcomes for residents. This model could be expanded under the new POP.

A Complex Case Team comprised of staff from both ODHS and OHA have worked collectively to find solutions for individuals with co-occurring conditions and support local office case managers. These teams are comprised of experts in behavioral health and the APD system and have access to additional supports and placements.

APD works with OHA to assist in transitioning APD-eligible individuals from Oregon State Hospital. APD also assists in discharge planning from all inpatient hospital settings for APD-eligible individuals.

6. What are the **risks** if the problem/opportunity is not addressed?

If not implemented, individuals will continue to be subjected to additional review, delaying necessary services and supports and, in worst case scenarios, individuals will receive no services. In an analysis of APD denials due to a mental health condition, OHA is only serving 3% of those individuals. These delays or lack in services is not only traumatic but can push people into crisis. Without legislative approval for this policy change, these individuals will struggle to access long term services and supports (LTSS) and receive the supports they need to be healthy and safe.

An additional risk is that CMS regulation requires APD to serve all populations under the 1915(k), therefore potentially jeopardizing Oregon's Medicaid funding and the possibility of a lawsuit. Disability Rights Oregon and the Oregon Law Center have started asking questions about the legality of this exclusion.

Additionally, APD-eligible individuals often do not have access to trained behavioral health providers in their setting. This causes challenges for APD providers in attempting to provide whole person care and ensuring that all individuals receive the supports necessary to ensure their health and safety.

7. What **solution** are you proposing through this policy option package (POP)?

This POP would allow APD to serve individuals who meet APD's eligibility criteria regardless of diagnosis. Specifically, this POP would allow APD to hire staff with expertise in behavioral health services, social work and recruit providers and placement vendors who specialize in serving individuals with physical and behavioral health needs.

8. What **alternative solutions** were considered and what were the reasons for selecting your solution?

If this POP is not funded, APD would continue to redirect individuals denied for services to OHA or comanage cases OHA. T. This is not in compliance with CFRs, nor in the best interest of the individuals applying for services.

APD could simply stop this exclusionary process. However, it would increase caseloads, further stress the case management system who do not have the expertise to serve these individuals and would increase average cost per case without the funding to accommodate the needs of this population.

9. Has the proposed solution been successful in **other contexts or jurisdictions?** Alternatively, if there is no precedent, explain why you believe this concept will achieve its aims here in Oregon.

APD is skilled at providing services and supports for Oregonians with complex needs. This is an innovative program proposal designed to address the needs of the whole person. With the additional allocation of staff and teams tailored to address complex case needs, APD will be able to serve our community efficiently and effectively.

10. Does this POP require a **new statute or changes to existing statute(s)?** If so, have you completed the Legislative Concept request form for statutory changes?

No

Part 2. EQUITY AND INCLUSIVITY

1. How will this POP **address inequities** faced by impacted communities?

   This would remove the current inequity experienced by individuals with mental illness or substance use as they would not be subjected to additional invasive review to access services.

Part 3. MEASURING PERFORMANCE

1. Which of your **key performance measures (KPMs)** is this POP connected to?

   This is not tied to a KPM.

2. If none, are you proposing a **new or modified KPM?**

   APD will monitor program growth on the outset of this change. KPMs will be determined later.

3. How will the work you're proposing help ODHS meet or exceed the **KPM targets?**

   N/A currently.

4. What are the envisioned **outputs** of this POP?
   Consider activities you will be able to count in actual numbers: partners engaged, clients served, regions served, applications processed, staff trainings conducted, referrals made, transitions completed, families participating, etc.

   APD will count the number of new individuals who apply and are served under this change, measuring growth in each service delivery area.

5. **Outcomes** show how people are better off because of the outputs you listed above. What are your expected outcomes?
   Consider measurable effects like improved service navigability, reduced racial disparities within programs, expanded access to needed services among key populations, improved transition rates, etc.

   APD will measure the quality of services provided, consumer satisfaction, improved service navigability, reduced disparities for those with mental and emotional disorders, expanded access to placements for those with specialized behavioral health needs, reduced instances of houselessness secondary to mental health conditions.

6. How will you **collect the data** you need to measure the success of this solution? Is this data currently being collected? Have you engaged ORRAI to discuss elements needed to plan for data gathering?

   Currently, this data is not collected. The data elements specified above will be tracked in existing systems.

7. To achieve optimal data collection, would you need to make **changes to your case management system?** Describe.

   APD would only need to make minor changes to the case management system to track the number of people served and to identify their specific services.

Part 4. IMPROVING CUSTOMER SERVICE

1. Discuss the ways this POP will **improve customer service**.

   Enable case management teams to address service needs of individuals more rapidly without additional review processes. APD will be able to tailor the services provided to the needs of the individual by assisting them with all their needs.

   This POP will decrease hospital discharge delays and complaints about consumers falling through the cracks, and it will increase the communities' confidence in ODHS.

2. Will your solution require an **IT investment?** Explain.

   Yes, funding for data analysis and reporting and IT system modifications and maintenance.

Part 5. IMPLEMENTATION

1. If the legislature allocates funds for the proposed POP, how specifically would we **use the money to implement it?**

   APD would hire and train specialized teams of Psychiatric Social Worker (6720) that would work exclusively with this population. These teams would function as the lead agents to assist in placement and service provision for their assigned caseload. APD would recruit service providers across a spectrum of care settings that specialize in behavioral health needs. Specific funding needs would fall into the categories below:
   - Contracting specialized facilities/additional licensing staff to support
   - Contracting additional Adult Foster Homes
   - Developing specialized rates
   - Hiring specialized staff/case managers/social workers for teams
   - Contracting specialist
   - Potential contract for assessment of best care setting
   - Training and development
   - Funding for early intervention
   - Increasing public guardianship capacity
   - Technology improvements

2. What are the biggest potential barriers or risks to successful implementation?
   - Inability to hire qualified staff.
   - Long term services and supports (LTSS) facilities are not currently trained to address the needs of individuals with mental health conditions.
   - Rates may be too low to attract providers.

3. What other **ODHS units, public agencies, Tribes, communities or other partners** will be involved in the implementation of this POP? What will their responsibilities be?
   - Oregon Health Authority
   - ODDS
   - Area Agencies on Aging
   - Legislative Task Force on Delayed Hospital Discharges
   - Representative Dexter's task force

Part 6. **BUDGET**

1. Are there **prior investments** allocated for this policy package?
   No.

2. What **assumptions** affect the pricing of this policy package?

   - Specialized placements are more expensive.
   - System changes and staff training costs
   - Staff need to be of higher classification due to the need to have expertise in behavioral health
   - Caseloads would need to be lower than typical in the APD system to adequately meet the needs of this population

3. Will there be **changes to caseload, cost per case or services provided** to specific populations? Explain.

   - Yes, there would be an increase of about 250-300 individuals each year in the first biennium.
   - Cost per case for this population would be higher. Average monthly costs

4. Describe the **staff and positions** needed to implement this policy package, and whether existing positions can be modified to meet the need. Be sure to note what each position type will be responsible for to move the proposed work forward.

   Successful implementation would require an estimated 26 state staff positions and 24 FTE equivalent AAA funding for:
   - 1 HSM2 – (18 months)
   - Psychiatric Social Worker (6720) - 17 positions (1 per month from month 8 through month 24)
   - Contracting and licensing staff – 1 OPA2 and 1 OPA3 – (12 months)
   - 2 AS1s (1 - 15 months, 1- 3 months)
   - 2 Supervisor 2s (1 – 15 months, 1 – 9 months)
   - 2 Human Resources Analysts (1 HSR2, 1 HSR3 for 18 months)

5. What are the **startup and one-time costs** associate with this POP?

No significant start up and one-time costs other than staffing and training.

5. What are the **ongoing costs?**

Provider Payments			
Caseload	TF	FF	GF
15	$242,796	$158,570	$84,226
30	$485,591	$317,140	$168,452
45	$728,387	$475,709	$252,677
60	$971,182	$634,279	$336,903
75	$1,213,978	$792,849	$421,129
90	$1,456,773	$951,419	$505,355
105	$1,699,569	$1,109,988	$589,580
120	$1,942,364	$1,268,558	$673,806
135	$2,185,160	$1,427,128	$758,032
150	$2,427,956	$1,585,698	$842,258
165	$2,670,751	$1,744,268	$926,484
180	$2,913,547	$1,902,837	$1,010,709
Totals	$18,938,053	$12,368,442	$6,569,611

6. What are the **sources of funding (revenue)** and the funding split for each one?
   This POP would be funded with a FF and GF with different match rates.
   For case management, APD case managers are funded at 50/50 Medicaid match
   Service costs are matched with the 1915(k) at approximately 65% Medicaid to 35% GF

7. What are potential **savings?**

Although not within the ODHS-APD budget, OHA-HSD will most likely realize some savings due to a shift of provider payments moving over to APD. APD would also save approximately $1 million TF with the elimination of the Maximus contract.

TOTAL FOR THIS POLICY PACKAGE

	General Fund	Other Funds	Federal Funds	Total Funds	Positions	FTE
Personal services	**$1,630,402**		**$1,630,398**	**$3,260,800**	**26**	**11.41**
Services + supplies	**$106,996**		**$106,996**	**$213,992**		
Capital outlay				**$0**		
Special payments	**$8,254,030**		**$14,052,861**	**$22,306,891**		

Other				**$0**		
Total	**$9,991,428**	**$0**	**$15,790,258**	**$25,781,686**	**26**	**11.41**

FISCAL IMPACT BY PROGRAM

	Program 1	Program 2	Program 3	Program 4	**Total**
General Fund	**$9,991,428**				**$9,991,428**
Other Funds					**$0**
Federal Funds	**$15,790,258**				**$15,790,258**
Total Funds	**$25,781,686**				**$25,781,686**
Positions	**26**				**26**
FTE	**11.41**				**11.41**

Department of Human Services
Affirmative Action Report

This report summarizes the progress the Oregon Department of Human Services (ODHS) has made in accomplishing its affirmative action goals for the 2023-2025 biennium and identifies ODHS' goals and strategies for 2025-2027.

Progress Made or Lost Since the Previous Biennium

July 1, 2023, to June 30, 2024
Accomplishments toward Affirmative Action Goals

ODHS continues to work to create an inclusive and anti-racist organization, utilizing our Equity North Star as a focal point. The agency continues to build upon our successes to achieve a more culturally responsive work force, create culturally appropriate and effective programs and service delivery systems, develop quality improvement strategies with a focus on inclusion and create welcoming environments for our diverse client base and staff. The ODHS Affirmative Action Plan is a key component of the department's ongoing diversity development efforts. These serve to enhance the diversity of our work force, provide equal employment opportunities, provide guidelines for organizational change, increase participation by diverse constituencies in agency operations, and guide leadership management by eliminating institutionalized and individual illegal discrimination in the workplace. Our diverse, culturally responsive work force assists the department to better understand and meet the needs of OHDS clients' and customers'. ODHS programs like RiSE and Trauma-Aware practices help build a culture where safety and well-being, supportive relationships, high expectations and accountability, equitable treatment, meaningful participation and community engagement are key.

ODHS workforce demographics reflect a greater representation for people of color from entry level to executive level positions. Demographics also reflect more equitable gender distribution in these same positions.

Progress Not Realized toward Affirmative Action Goals

ODHS workforce demographics reflect a smaller representation for people with disabilities and veteran status. Based on direct and indirect employee feedback through Employee Resource Groups (ERGs), we suspect employees are underreporting these statuses. Additional information is provided in the following sections.

July 1, 2025, to June 30, 2027
Goals and strategies for ODHS Affirmative Action Plan

New goals and strategies are being developed for the 2025-2027 Affirmative Action Plan. Below are some of the ways ODHS will continue their efforts to achieve a culturally responsive workforce and welcoming environment to increase our retention of employees of color, veterans, people with disabilities and women to:

- Developing and updating training for management and non-management staff focused on supporting career development, organizational growth and providing equitable client services.

- Continue active, focused, and tailored recruitment efforts to increase the number of qualified women, people of color and people with disabilities on our applicant lists for job openings by working with the Office of Human Resources Recruitment Unit to maximize the Workday system.

- Expand partnerships with local, state and regional community-based organizations and Tribal Nations to increase recruitment and retention efforts, resulting in a diverse and qualified workforce.

- Continue to encourage and support the development of employee resource groups (ERGs) throughout the agency.

Overall, the emphasis for the Oregon Department of Human Services will be to achieve an increase in the retention of employees with disabilities in all job categories and retain employees of color, veterans, and women in underutilized job categories.

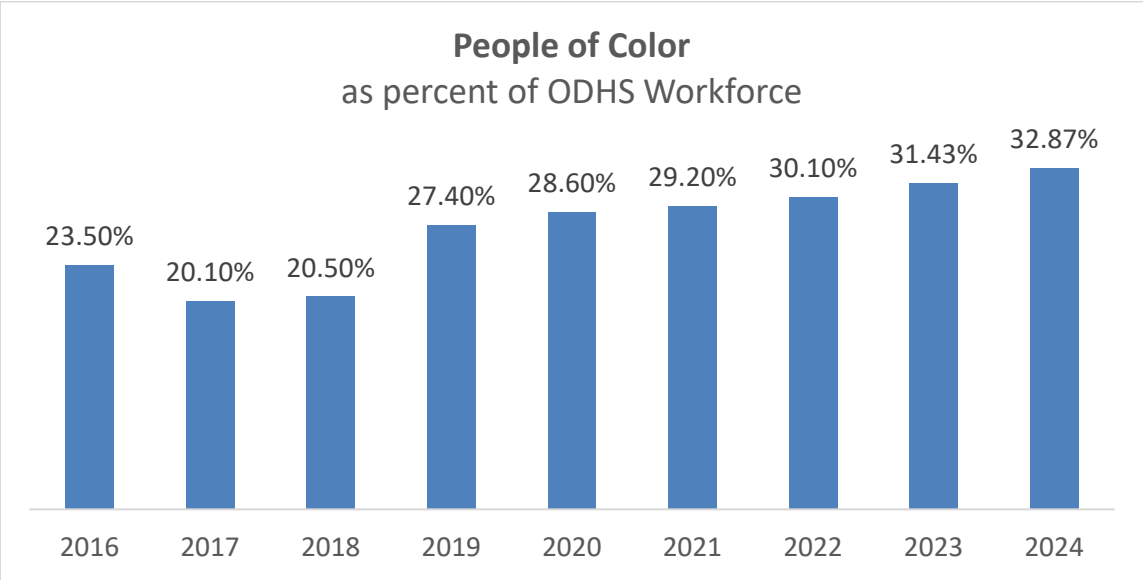
ODHS Workforce Demographic Summaries

The following charts reflect the ODHS actual FTE on June 30 of each year 2016 through 2024 as a comparison. These numbers show the percentages of People of Color, People with Disabilities, Veterans and Women within the ODHS workforce.

People of Color

Between June 2016 and June 2024, the ODHS workforce representation of people of color increased from 23.5 to 32.87 percent. ODHS continues to conduct focused and tailored recruiting efforts, as well as outreach and training on diversity topics. The agency works with and builds relationships with many other diverse organizations. The agency's goal is to continue to move toward diversifying our workforce to be a representation of Oregon population.

ODHS is continuing to focus on increasing and retaining the representation of people of color in all salary ranges and types of positions, but especially in professional and executive positions where we have historically seen lower representation.

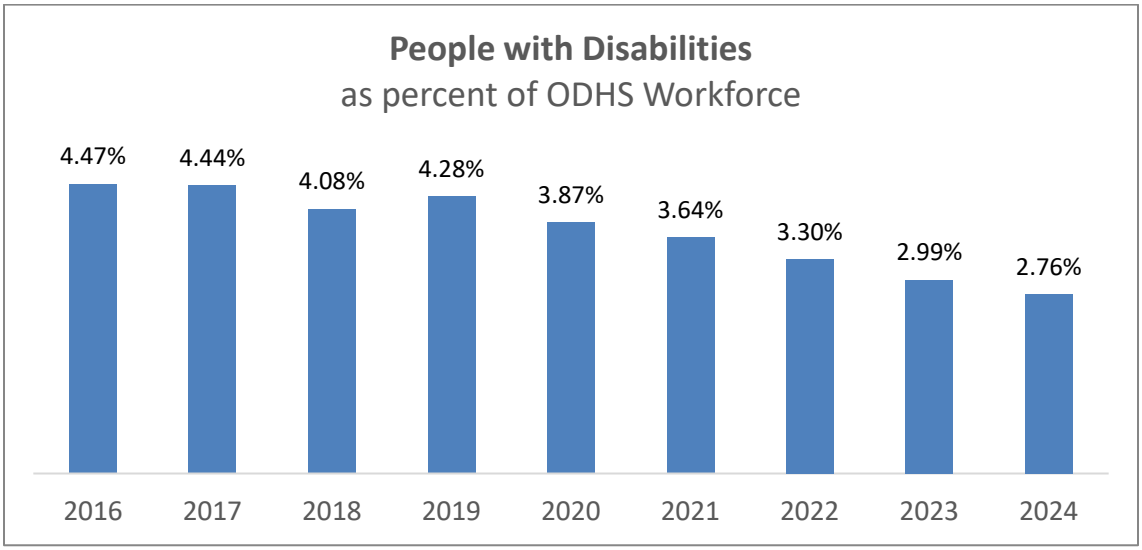


*2019 thru present data based on information available in Workday

People with Disabilities

Disclosure of disabilities is voluntary for employees, and we suspect the data is underreported. Employees report confusion with Workday terminology and hesitate to identify as “Disabled” instead of identifying as ‘having a disability”. Some employees have shared that if they are not requesting an accommodation, they do not identify as “Disabled”. Additionally, employees’ disability status changes throughout their career and are not aware of how to update their status within Workday. We also hear from some employees that they are nervous to disclose disability status for confidentiality reasons.

The reported percentage has decreased from 4.47% to 2.76% from 2016 through 2024. The agency will continue to strengthen its outreach and education efforts to promote more employees disclosing disability status so that this population is more accurately reported at ODHS.

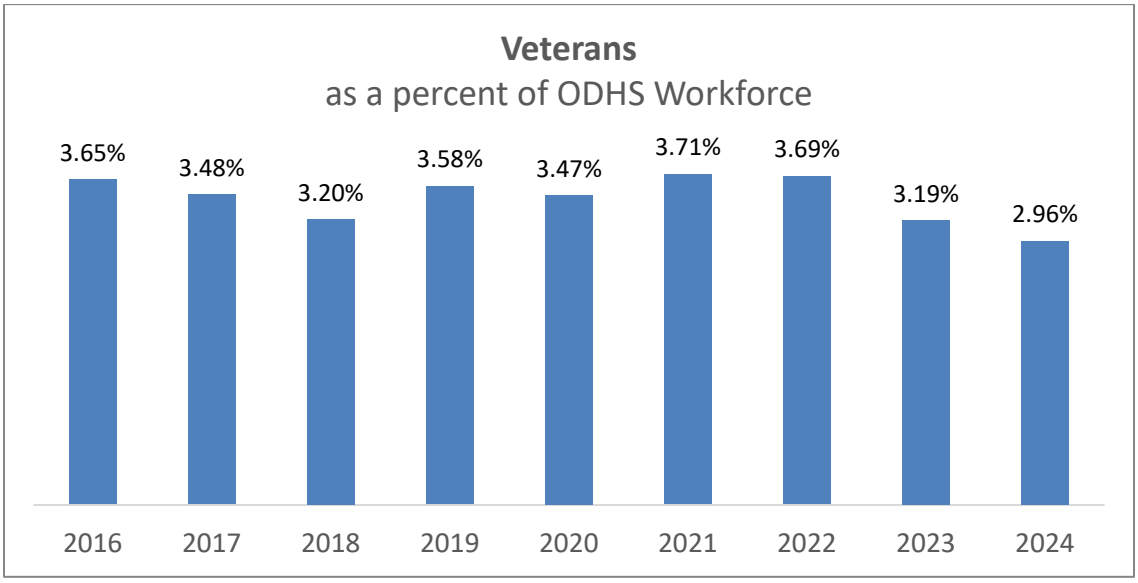


*2019 thru present data based on information available in Workday

Veterans

Disclosure of veteran status is voluntary and some in our workforce have chosen not to identify as a veteran; thus, we believe this number may be under reported. Some employees have reported that they associate identifying as a veteran as requesting veteran's preference, which some may not qualify for or want.

The reported percentage has decreased from 3.65% to 2.96% from 2016 through 2024. The agency will continue to strengthen its outreach and education efforts to promote more employees disclosing veterans' status to report so that this this population is more accurately reported at ODHS.



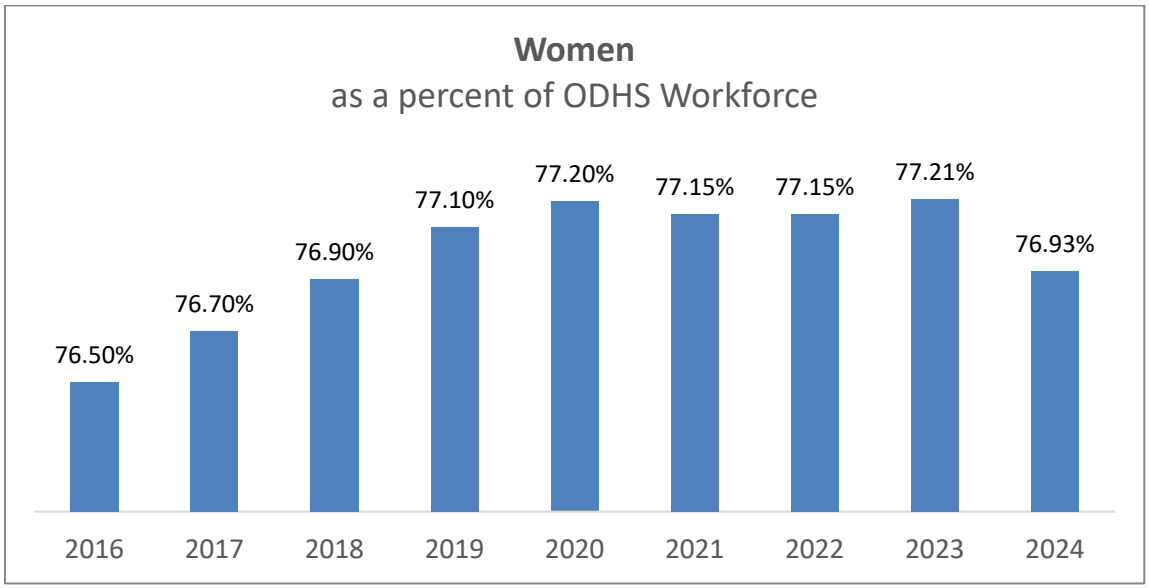
*2019 thru present data based on information available in Workday

Women

ODHS has historically had representation of women in most job categories above 70 percent and higher than Oregon overall population, which is closer to 50/50 male/female. While the table reflects a peak and then slight drop for the percentage of women in ODHS workforce, it is a positive shift in gender distribution throughout job levels. We see a higher percentage of male employees in vocational/technical positions providing direct

community service and a higher percentage of female employees in executive level positions.

The reported percentage has increased from the initial tracking of this data from 76.50% to 76.93% from 2016 through 2024. The agency will continue to strengthen its outreach to support greater gender distribution through senior professional and executive level positions.



*2019 thru present data based on information available in Workday

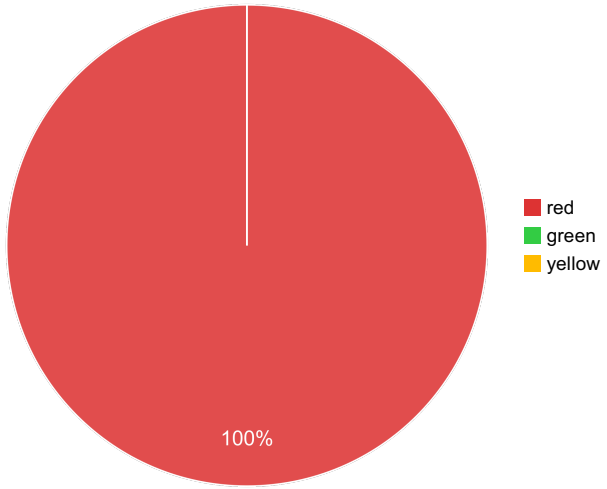
Department of Human Services

Annual Performance Progress Report

Reporting Year 2024

Published: 8/6/2024 1:33:58 PM

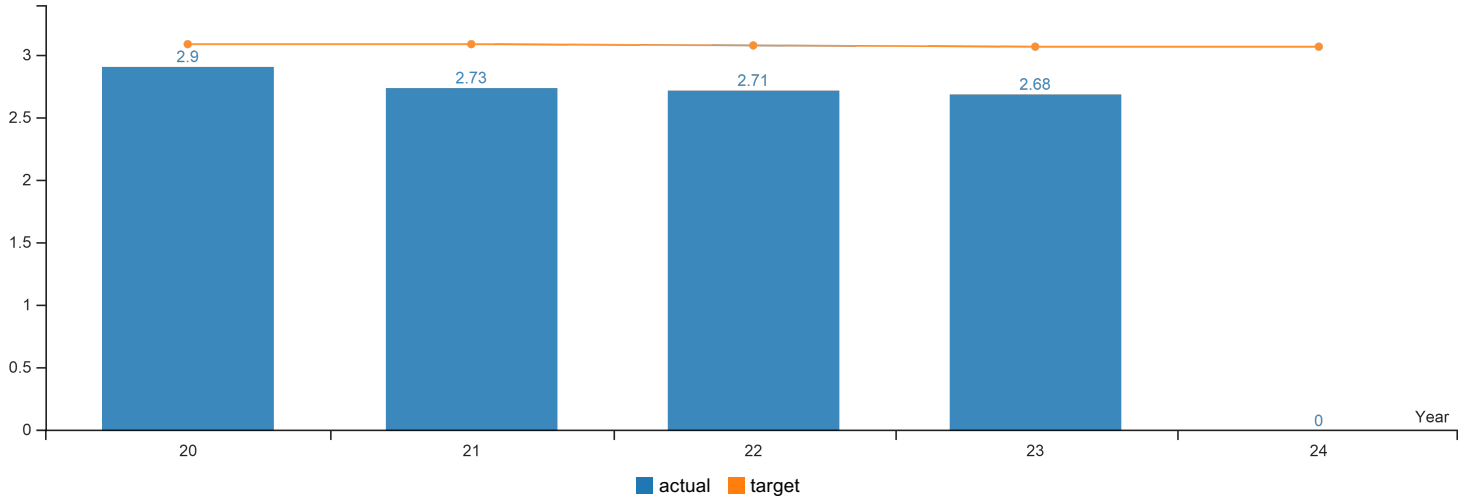
KPM #	Approved Key Performance Measures (KPMs)
1	OLDER ADULTS NEEDING LONG TERM CARE SERVICES (APD) - The percentage of older adults (65+) needing publicly-funded long term care services
2	LONG TERM CARE RECIPIENTS LIVING OUTSIDE OF NURSING FACILITIES (APD) - The percentage of Oregonians accessing publicly-funded 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	INTELLECTUAL/DEVELOPMENTAL DISABILITY DISPROPORTIONALITY (ODDS) - Percentage of IDD service recipients by race and ethnicity compared to the Oregon population race and ethnicity
11	SUPPORTED ODDS EMPLOYMENT SERVICES TO MAINTAIN COMPETITIVE INTEGRATED EMPLOYMENT - Number of individuals in competitive integrated employment or individual supported 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:	0%	0%	100%

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: Jul 01 - Jun 30

** Upward Trend = negative result*



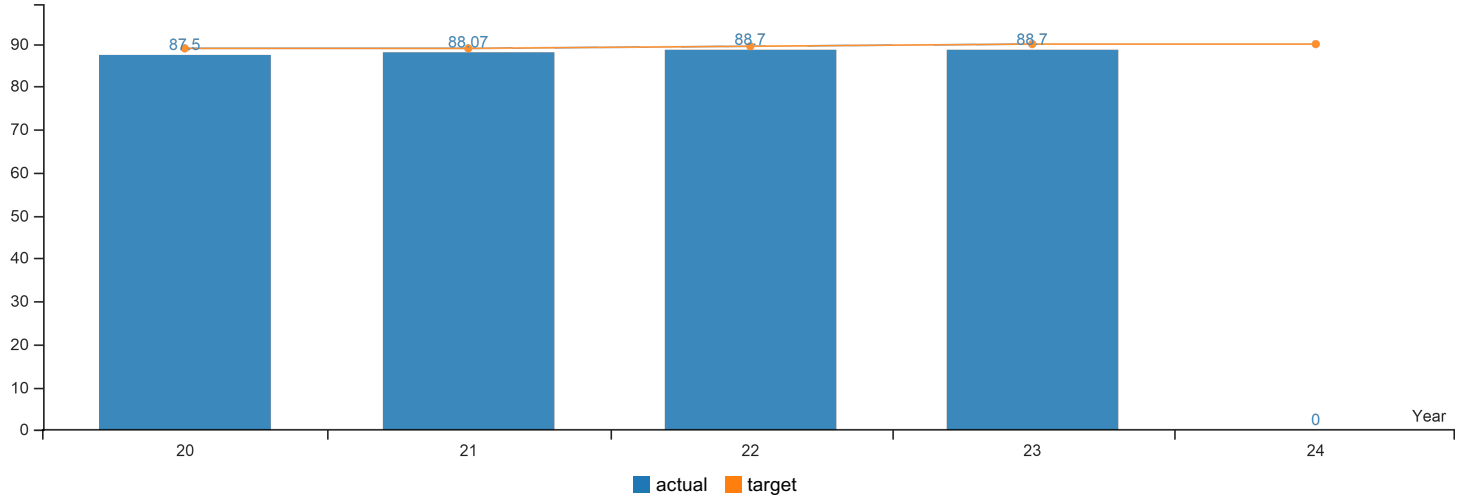
Report Year	2020	2021	2022	2023	2024
LTC NEED PREVENTION					
Actual	2.90%	2.73%	2.71%	2.68%	
Target	3.08%	3.08%	3.07%	3.06%	3.06%

How Are We Doing

Factors Affecting Results

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: Jul 01 - Jun 30

** Upward Trend = positive result*



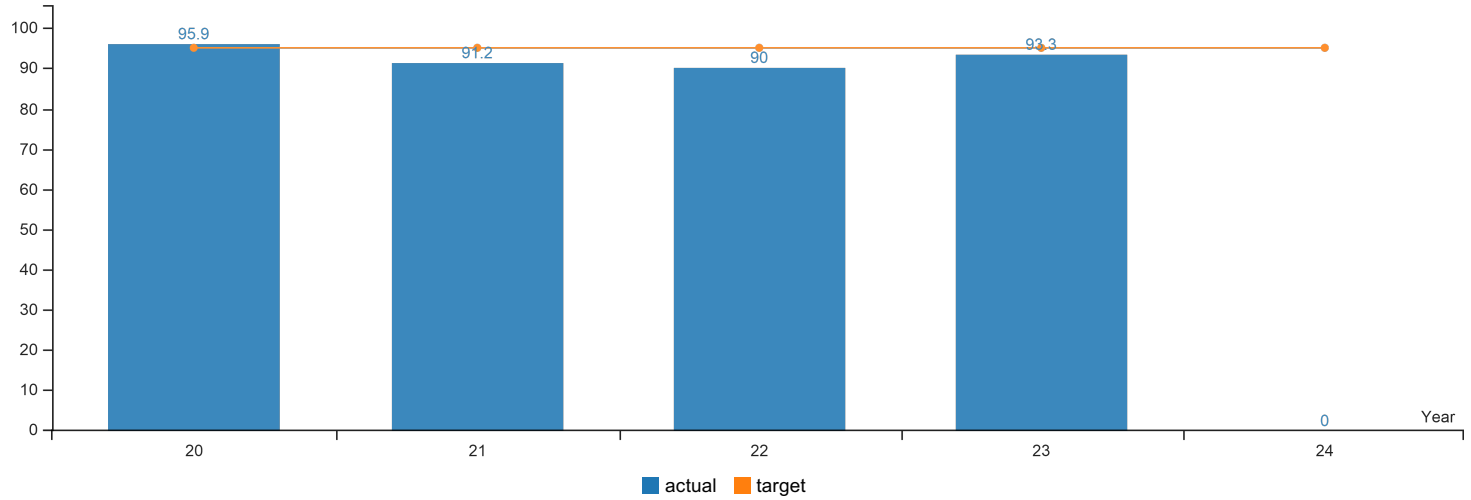
Report Year	2020	2021	2022	2023	2024
LTC RECIPIENTS LIVING OUTSIDE OF NURSING FACILITIES					
Actual	87.50%	88.07%	88.70%	88.70%	
Target	89%	89%	89.50%	90%	90%

How Are We Doing

Factors Affecting Results

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*



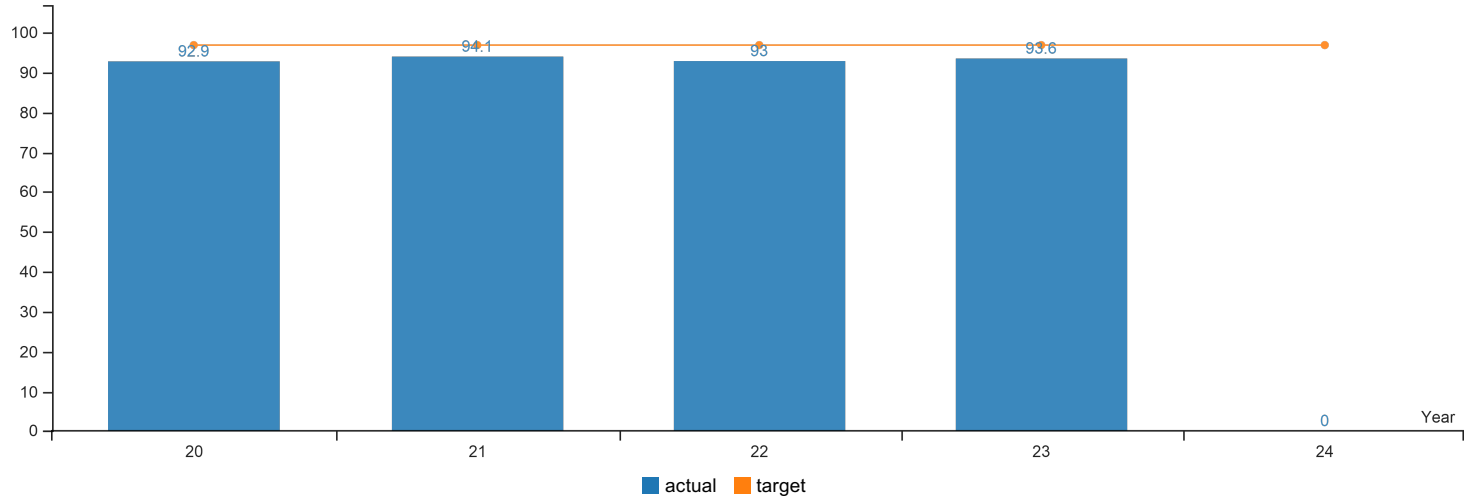
Report Year	2020	2021	2022	2023	2024
Abuse Investigation Timeliness					
Actual	95.90%	91.20%	90%	93.30%	
Target	95%	95%	95%	95%	95%

How Are We Doing

Factors Affecting Results

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*



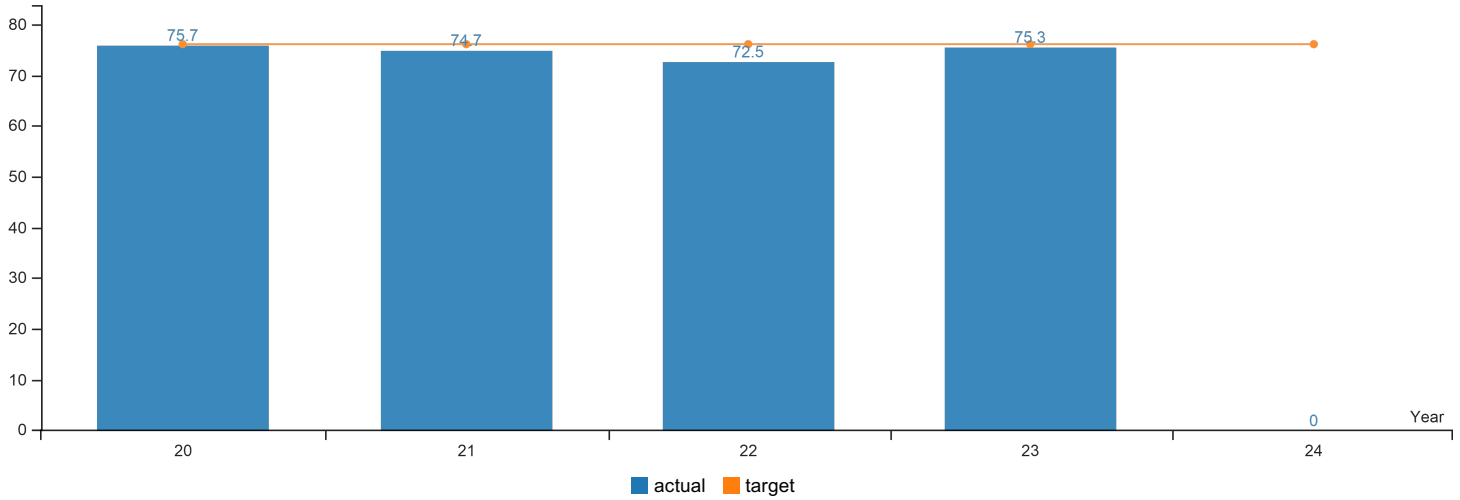
Report Year	2020	2021	2022	2023	2024
Actual	92.90%	94.10%	93%	93.60%	
Target	97%	97%	97%	97%	97%

How Are We Doing

Factors Affecting Results

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*



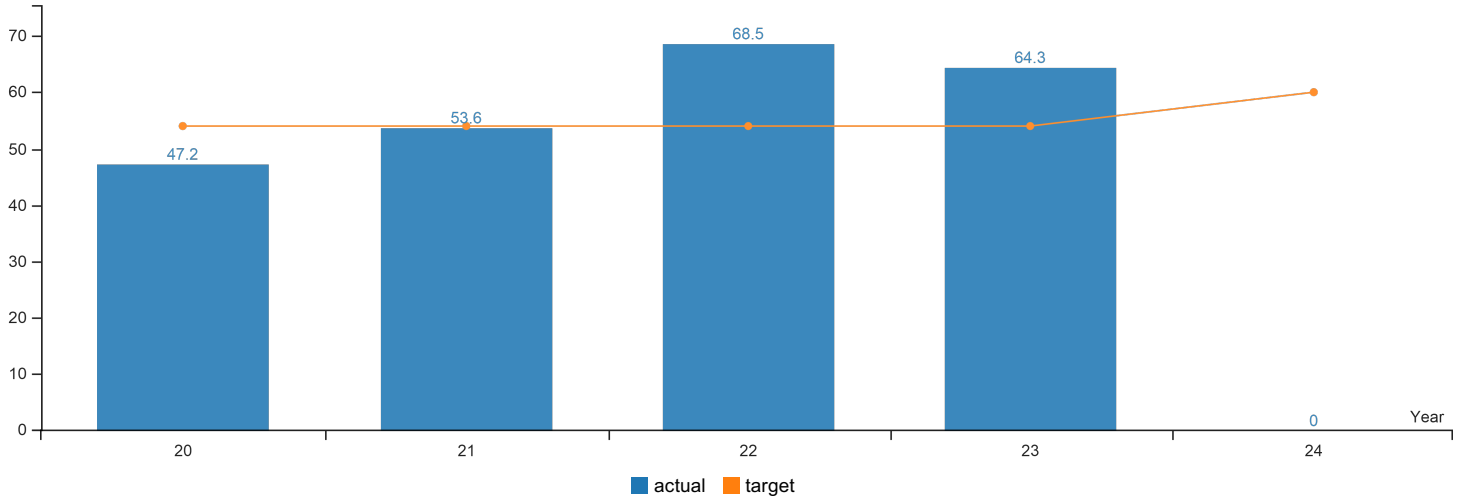
Report Year	2020	2021	2022	2023	2024
Actual	75.70%	74.70%	72.50%	75.30%	
Target	76%	76%	76%	76%	76%

How Are We Doing

Factors Affecting Results

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*

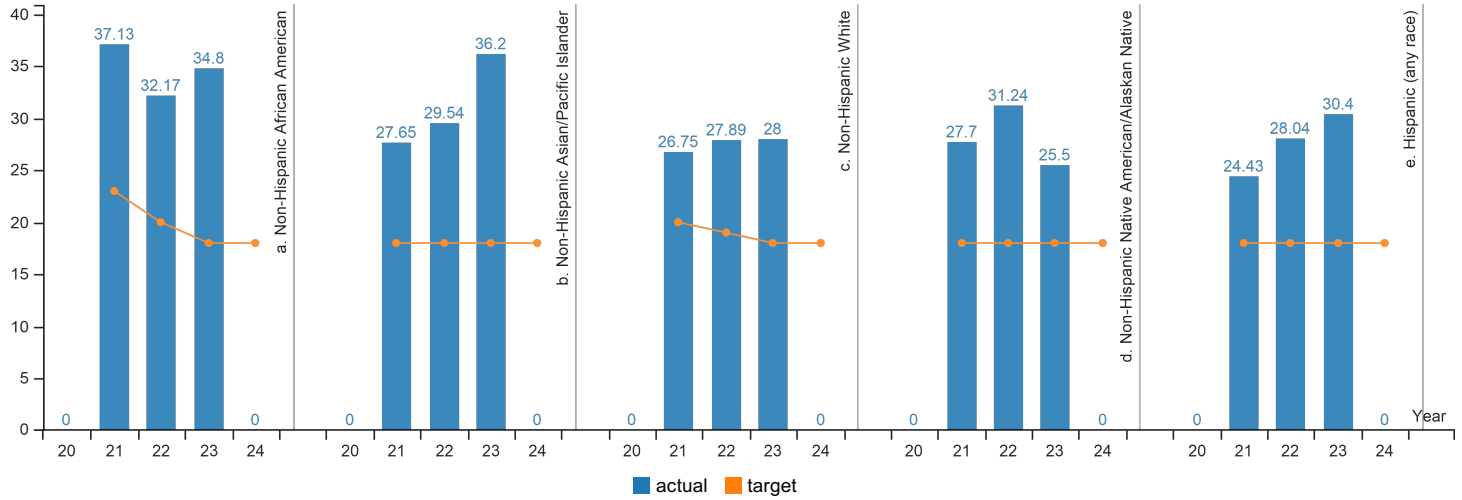


Report Year	2020	2021	2022	2023	2024
Actual	47.20%	53.60%	68.50%	64.30%	
Target	54%	54%	54%	54%	60%

How Are We Doing

Factors Affecting Results

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



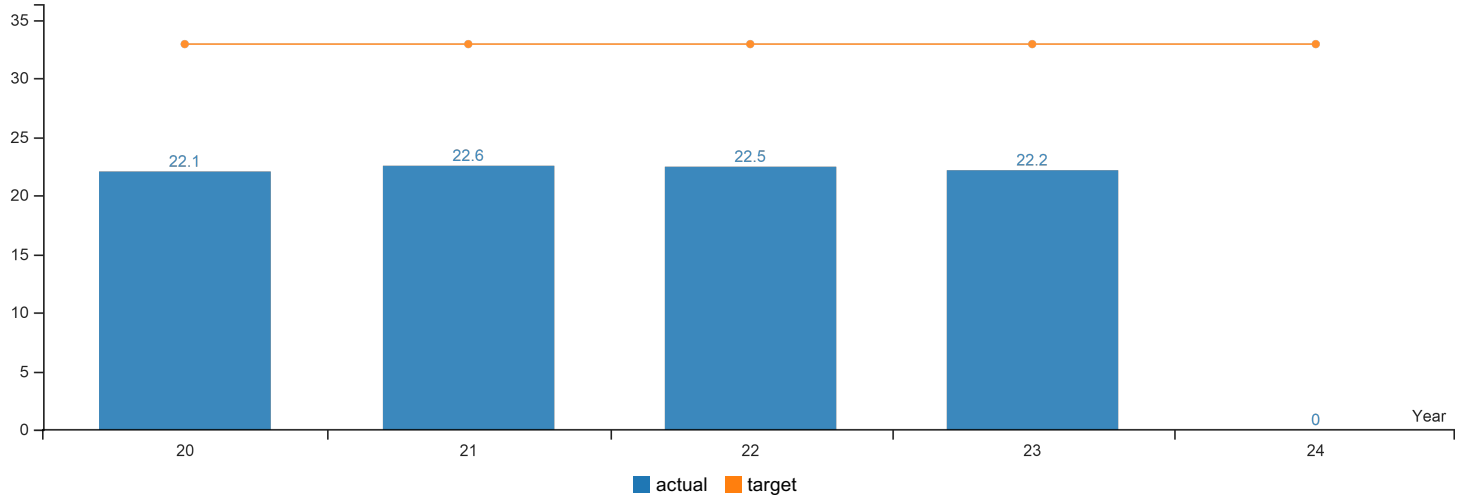
Report Year	2020	2021	2022	2023	2024
Actual		37.13	32.17	34.80	
Target		23	20	18	18
Actual		27.65	29.54	36.20	
Target		18	18	18	18
Actual		26.75	27.89	28	
Target		20	19	18	18
Actual		27.70	31.24	25.50	
Target		18	18	18	18
Actual		24.43	28.04	30.40	
Target		18	18	18	18

How Are We Doing

Factors Affecting Results

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*



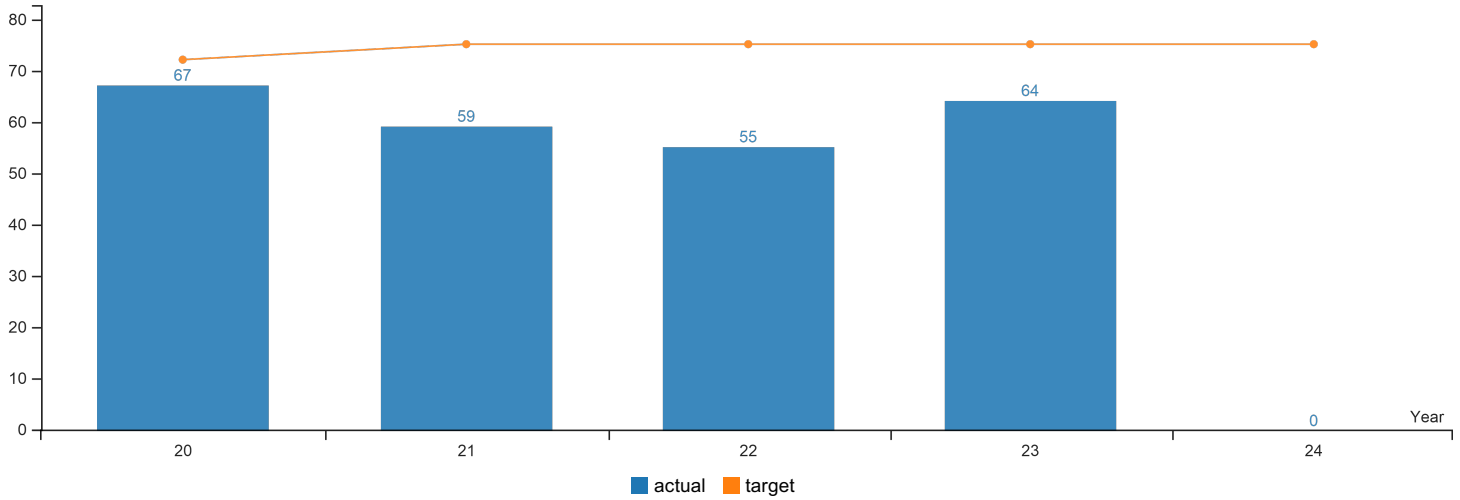
Report Year	2020	2021	2022	2023	2024
Actual	22.10%	22.60%	22.50%	22.20%	
Target	33%	33%	33%	33%	33%

How Are We Doing

Factors Affecting Results

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: Jul 01 - Jun 30

** Upward Trend = positive result*



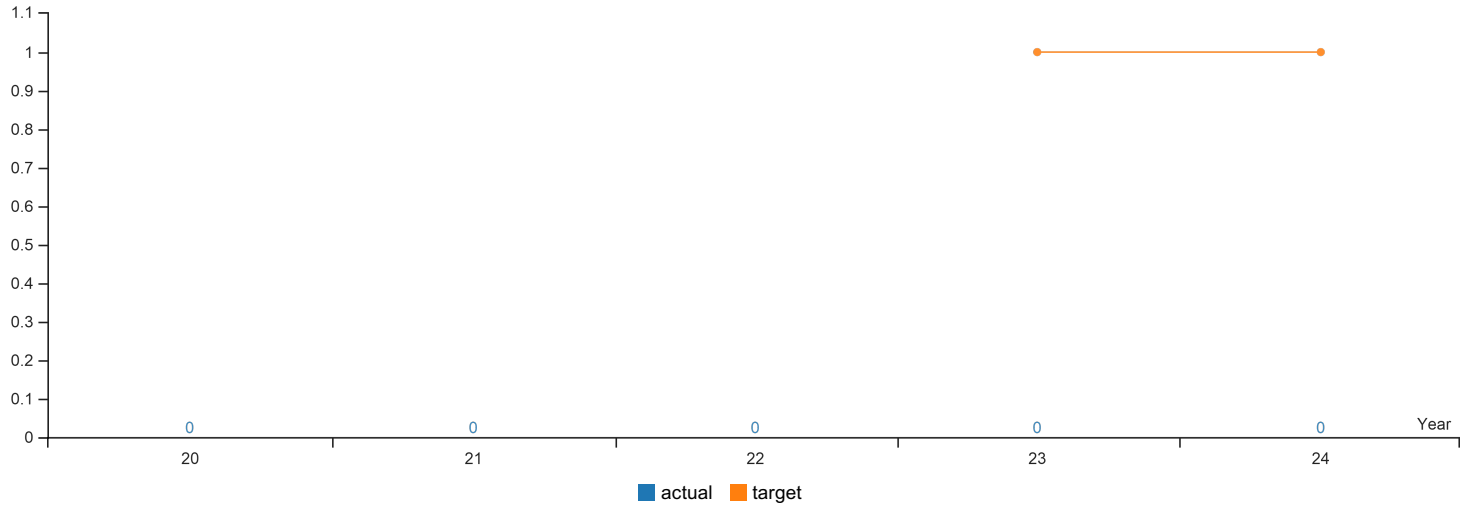
Report Year	2020	2021	2022	2023	2024
Actual	67%	59%	55%	64%	
Target	72%	75%	75%	75%	75%

How Are We Doing

Factors Affecting Results

KPM #10	INTELLECTUAL/DEVELOPMENTAL DISABILITY DISPROPORTIONALITY (ODDS) - Percentage of IDD service recipients by race and ethnicity compared to the Oregon population race and ethnicity
	Data Collection Period: Jan 01 - Dec 31

** Upward Trend = positive result*



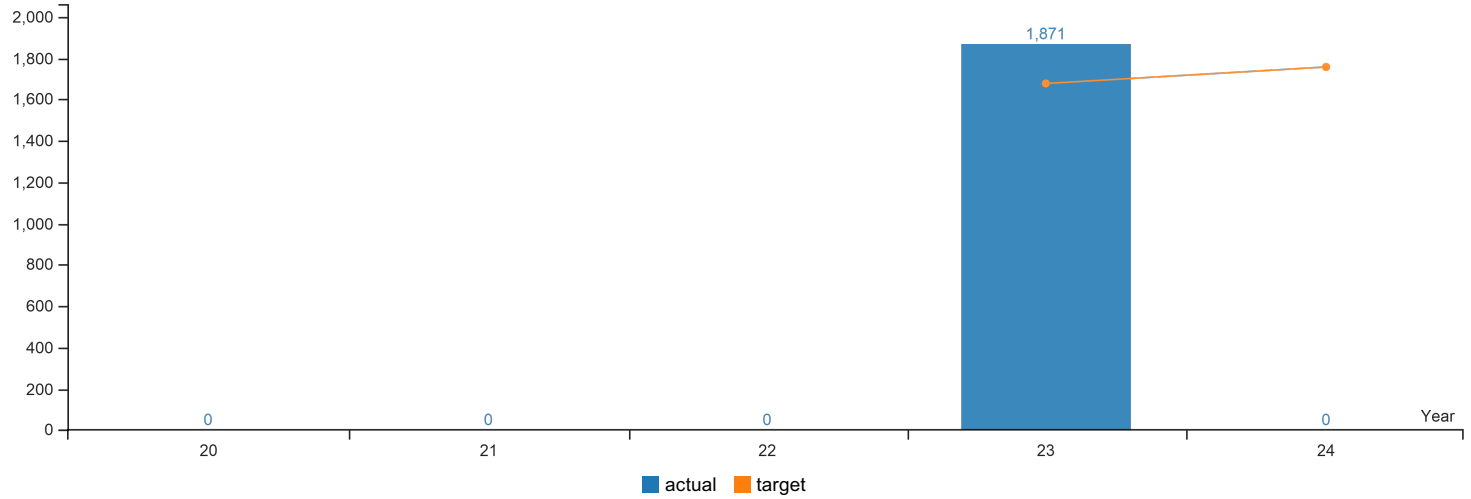
Report Year	2020	2021	2022	2023	2024
Actual					
Target				1%	1%

How Are We Doing

Factors Affecting Results

KPM #11	SUPPORTED ODDS EMPLOYMENT SERVICES TO MAINTAIN COMPETITIVE INTEGRATED EMPLOYMENT - Number of individuals in competitive integrated employment or individual supported employment
	Data Collection Period: Jul 01 - Jun 30

** Upward Trend = positive result*



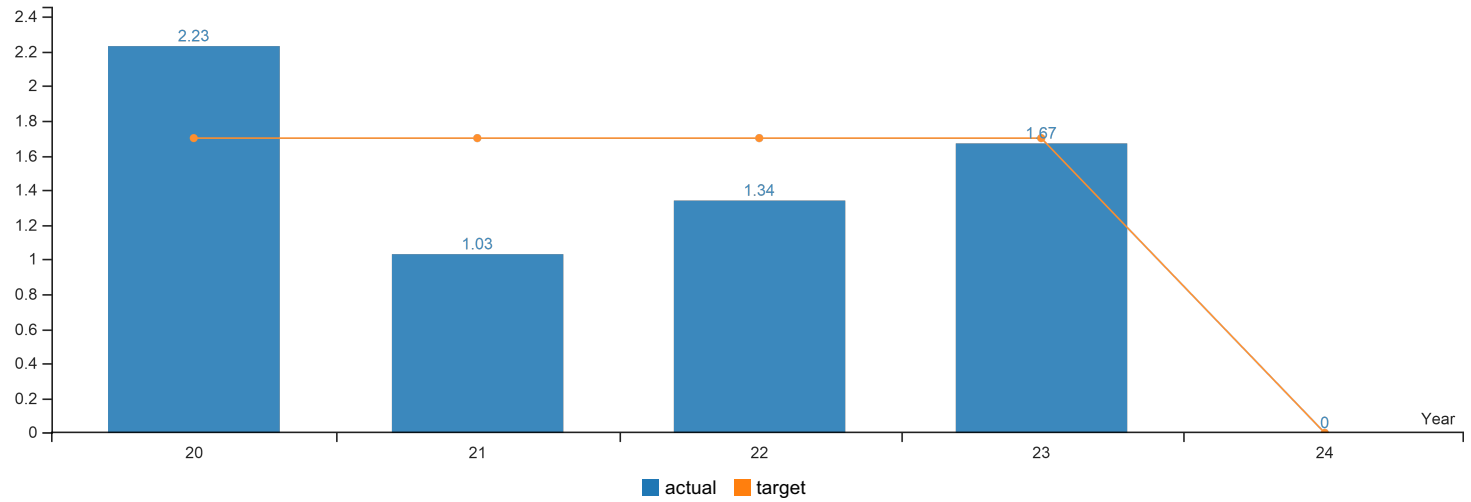
Report Year	2020	2021	2022	2023	2024
Actual				1,871	
Target				1,680	1,760

How Are We Doing

Factors Affecting Results

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*



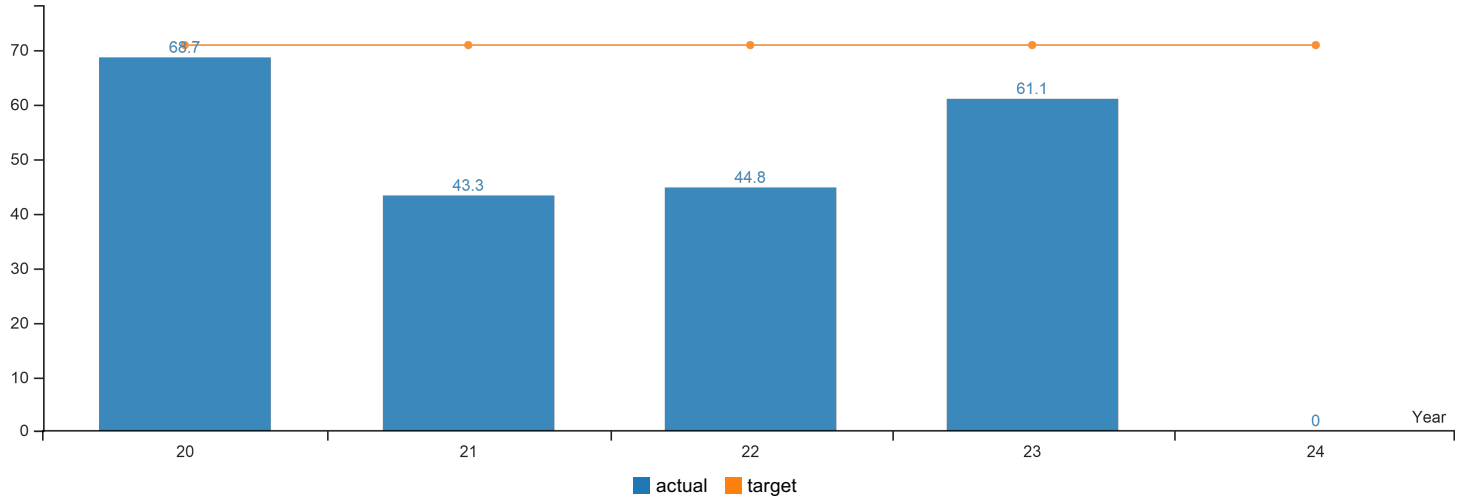
Report Year	2020	2021	2022	2023	2024
Actual	2.23%	1.03%	1.34%	1.67%	
Target	1.70%	1.70%	1.70%	1.70%	0%

How Are We Doing

Factors Affecting Results

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*



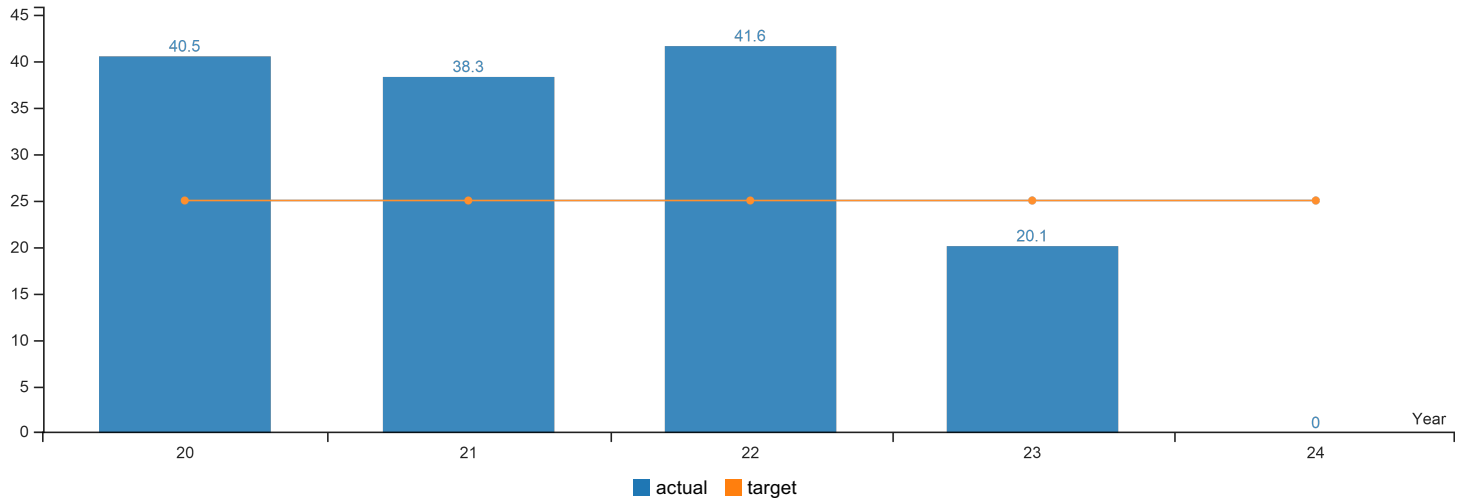
Report Year	2020	2021	2022	2023	2024
Actual	68.70%	43.30%	44.80%	61.10%	
Target	71%	71%	71%	71%	71%

How Are We Doing

Factors Affecting Results

KPM #14	SSP PARTICIPANTS REPORTING HOUSING STABILITY - The percentage of Self Sufficiency participants who report their housing needs are fully met
	Data Collection Period: Jan 01 - Dec 31

** Upward Trend = positive result*



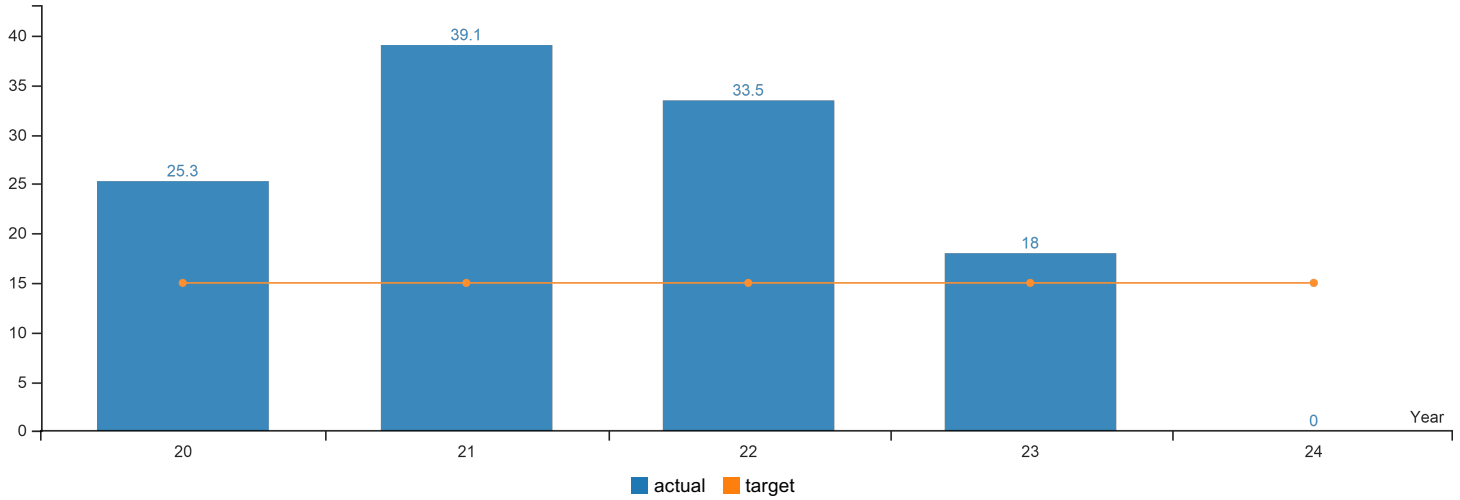
Report Year	2020	2021	2022	2023	2024
Actual	40.50%	38.30%	41.60%	20.10%	
Target	25%	25%	25%	25%	25%

How Are We Doing

Factors Affecting Results

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: Jan 01 - Dec 31

** Upward Trend = positive result*



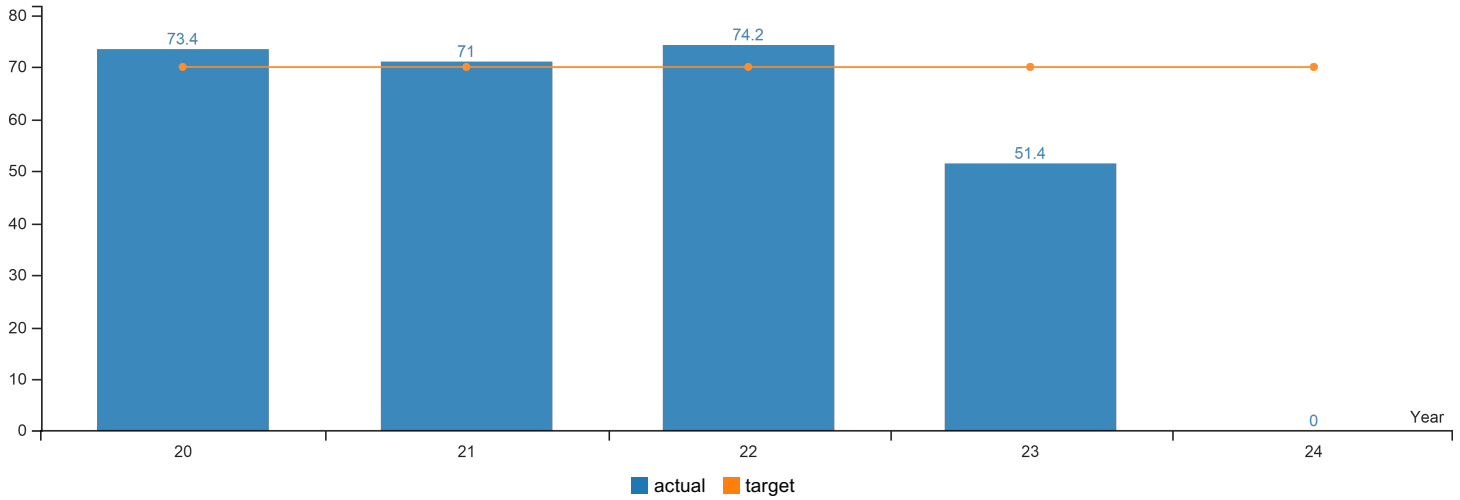
Report Year	2020	2021	2022	2023	2024
Actual	25.30%	39.10%	33.50%	18%	
Target	15%	15%	15%	15%	15%

How Are We Doing

Factors Affecting Results

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: Jan 01 - Dec 31

** Upward Trend = positive result*



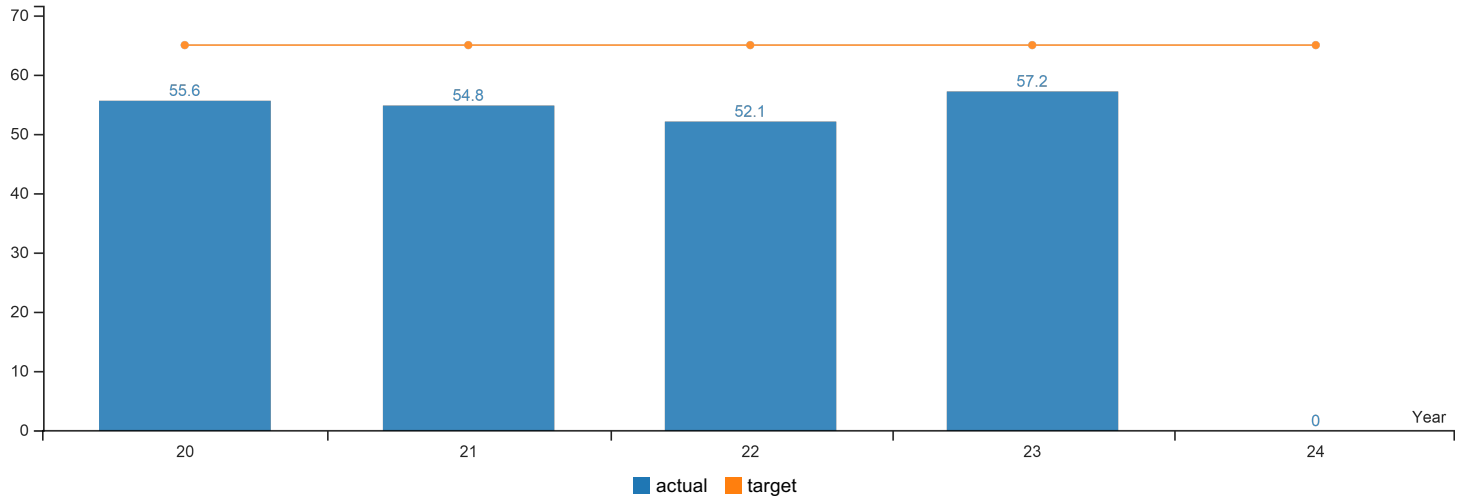
Report Year	2020	2021	2022	2023	2024
Actual	73.40%	71%	74.20%	51.40%	
Target	70%	70%	70%	70%	70%

How Are We Doing

Factors Affecting Results

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*



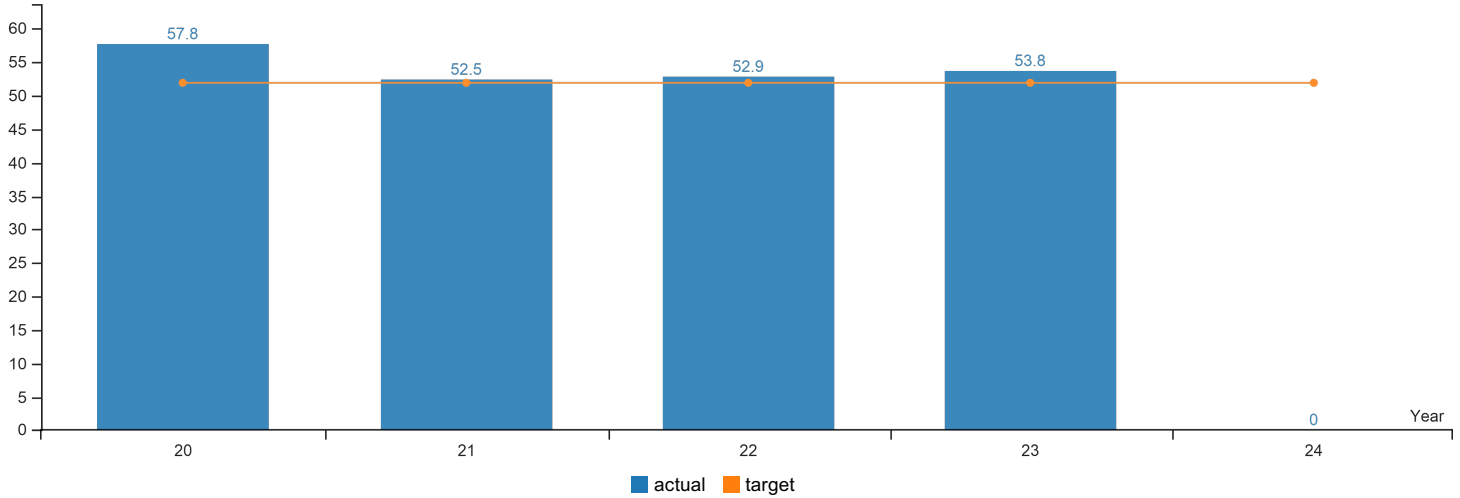
Report Year	2020	2021	2022	2023	2024
Actual	55.60%	54.80%	52.10%	57.20%	
Target	65%	65%	65%	65%	65%

How Are We Doing

Factors Affecting Results

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*



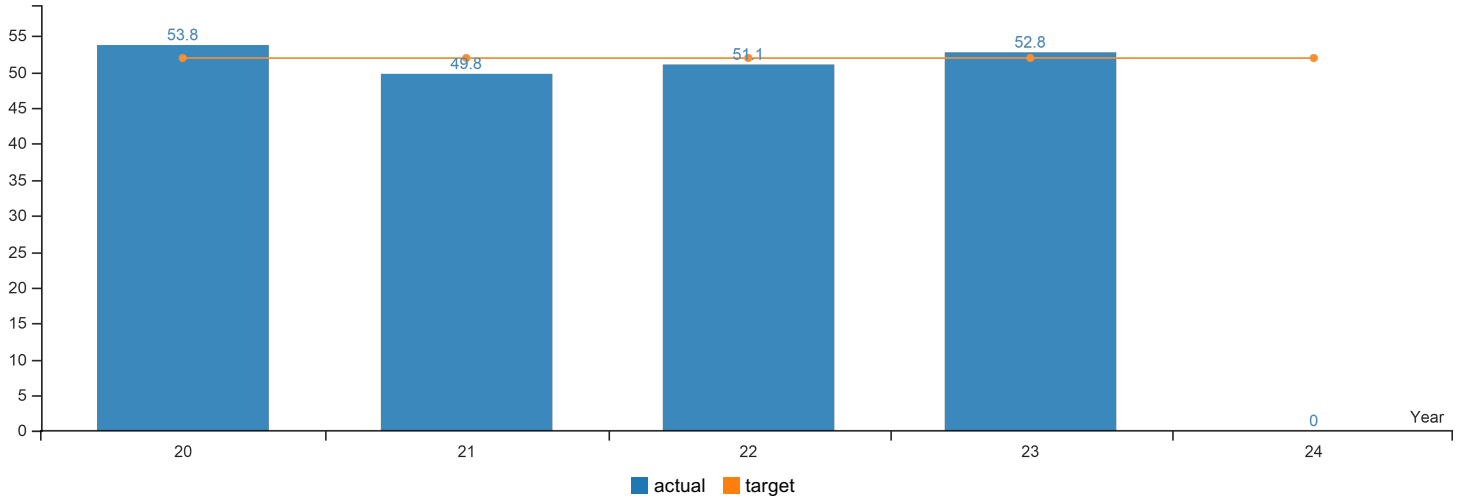
Report Year	2020	2021	2022	2023	2024
Actual	57.80%	52.50%	52.90%	53.80%	
Target	52%	52%	52%	52%	52%

How Are We Doing

Factors Affecting Results

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*



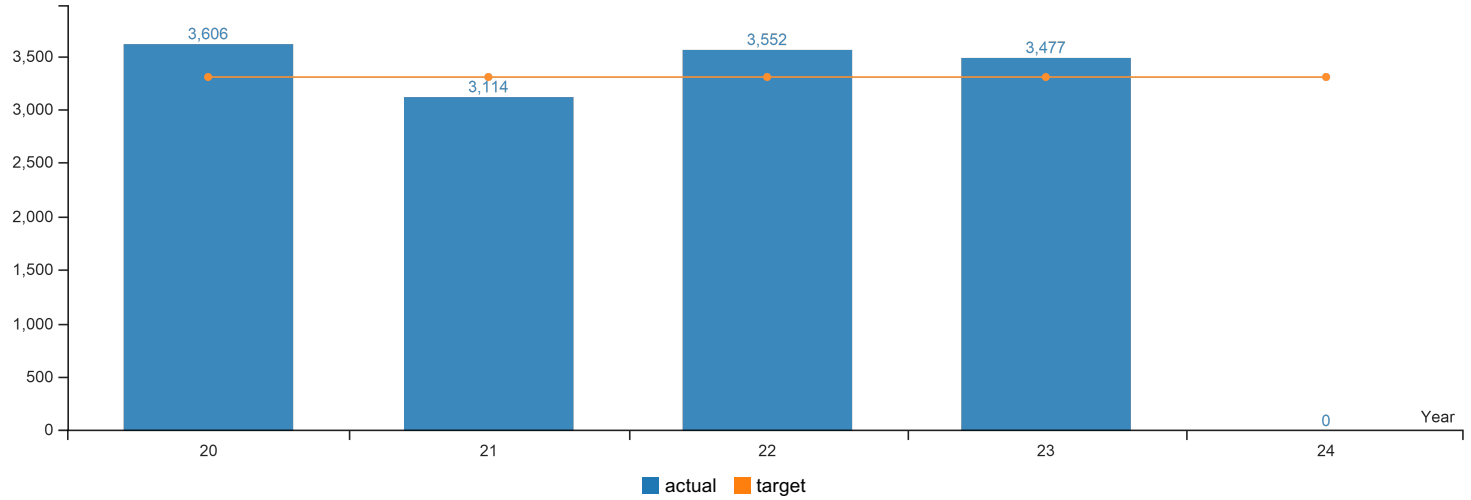
Report Year	2020	2021	2022	2023	2024
Actual	53.80%	49.80%	51.10%	52.80%	
Target	52%	52%	52%	52%	52%

How Are We Doing

Factors Affecting Results

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*

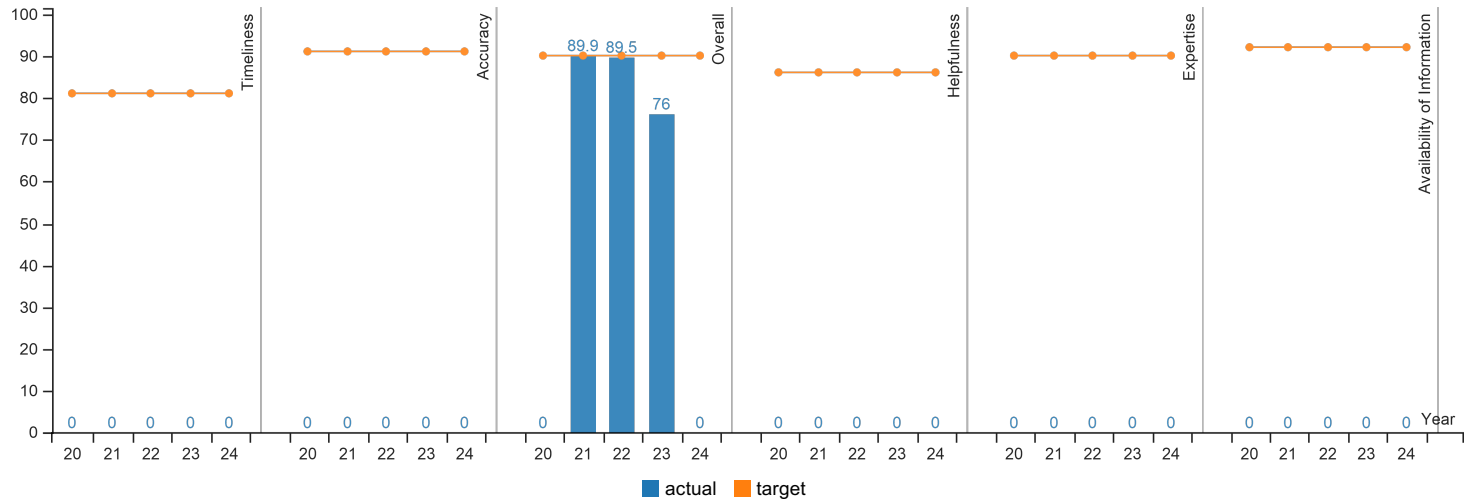


Report Year	2020	2021	2022	2023	2024
Actual	$3,606.00	$3,114.00	$3,552.00	$3,477.00	
Target	$3,300.00	$3,300.00	$3,300.00	$3,300.00	$3,300.00

How Are We Doing

Factors Affecting Results

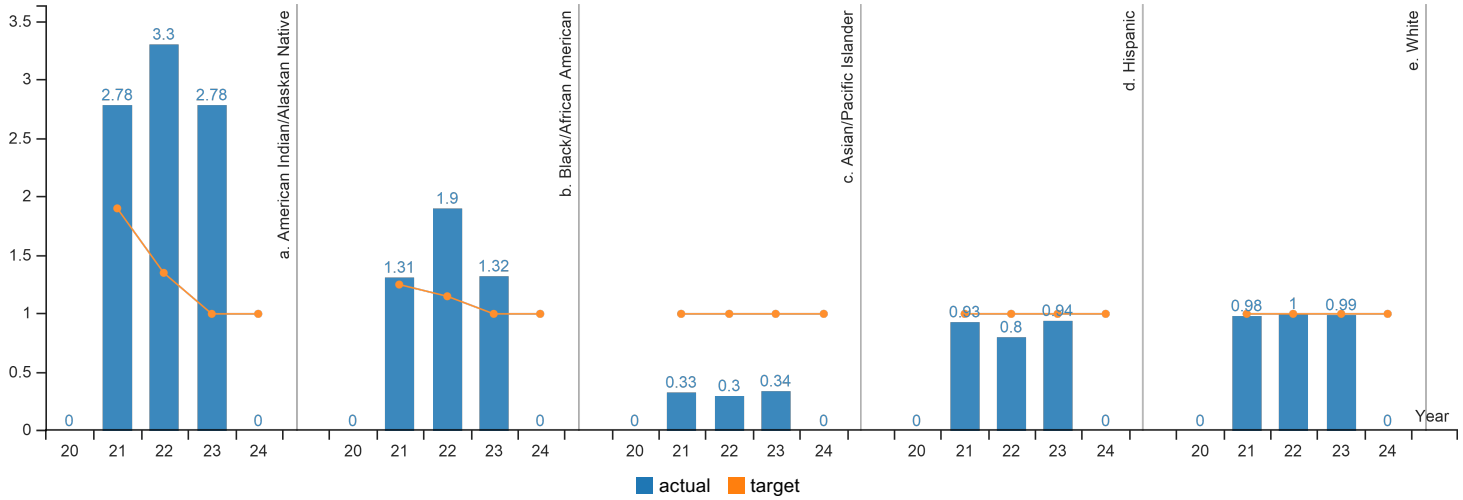
KPM #21	DHS CUSTOMER SATISFACTION - The percentage of customers rating their satisfaction with DHS above average, or excellent
	Data Collection Period: Jan 01 - Jan 31



Report Year	2020	2021	2022	2023	2024
Actual					
Target	81%	81%	81%	81%	81%
Actual					
Target	91%	91%	91%	91%	91%
Actual		89.90%	89.50%	76%	
Target	90%	90%	90%	90%	90%
Actual					
Target	86%	86%	86%	86%	86%
Actual					
Target	90%	90%	90%	90%	90%
Actual					
Target	92%	92%	92%	92%	92%

How Are We Doing

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	2020	2021	2022	2023	2024
Actual		2.78	3.30	2.78	
Target		1.90	1.35	1	1
Actual		1.31	1.90	1.32	
Target		1.25	1.15	1	1
Actual		0.33	0.30	0.34	
Target		1	1	1	1
Actual		0.93	0.80	0.94	
Target		1	1	1	1
Actual		0.98	1	0.99	
Target		1	1	1	1

How Are We Doing

Factors Affecting Results

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, 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. For FY22, the office expects to have sufficient staffing do to a more thorough review of year-end entries. The team will also be reviewing any corrective findings to outline and discuss the best ways to prevent these errors in the future.

- 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.

Our contractor delivered their initial comprehensive analysis in September 2022. Design sync up began in November 2022 and has temporarily been put on hold to allow resources to focus on current defects for report resubmissions. The workgroup continues to meet multiple days throughout the week to discuss the analysis, sync up, and test results. Throughout this process, ODHS has continued to address and correct errors and warnings received from ACF on the quarterly report submissions.

The Department continues to review ACF-199 and ACF-209 reports prior to submission to identify and resolve defects. The Department continues to monitor defects, sync up reports design with federal instructions, and progress towards complete and accurate reporting. The Department's, Oregon Eligibility Partnership, has contracted for a SOC Type 2 audit, through contract 178884. The first audit review will be utilized to make sure all the reporting requirements and functional areas are in place. This means, the first formal audit finding, based on recommendation from the vendors, will occur in FFY25. Additional internal and external audits are happening on the system.

- 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.

  The JOBS program training based on error trends has been created. The training will be instructor led and the offering has been uploaded into Workday. Staff can sign up for the first session which will take place on June 13, 2024. The Department is in the process of moving staff tools to a new platform, which includes

updating outdated materials. The TRACS workgroup was put on hold and the TANF team is planning to submit recommendations to the developers in the interim. It is unknown when the workgroup will reconvene.

- 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.

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.

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. The questioned costs of $16,500 was refunded effective October 23, 2021.

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 2021 and recordings of these are still available online for staff.*

- Recommend authority management strengthen controls to ensure documentation supporting a provider'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 exceptions 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.*

  Direct Pay Unit (DPU) will review the uncollected copay report monthly to ensure processes are in place for copays to be collected each month. A new copay structure was put in place in October of 2022 which will improve the ability for copay and hours to be accurately calculated.

  Questioned costs were moved to the General Fund with document BT195015 with an effective date of May 11, 2021. That document included $10,241 for finding 2020-025 as well as $12,250 for finding 2020-026.

Because the Child Care Development Fund (CCDF) had other qualifying General Fund expenditures that were not claimed as MOE or Match, document BT195016 was used to backfill behind the refunded amounts. As a result, there were $0 in net change to the level of federal claiming and no funds were actually returned to the federal awarding agency.

- 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.

Implemented controls to ensure actions listed in Oregon's CCDF State Plan are accurate and occurring (school age children monthly audit)

- *The last report processed was 2/2020. Reports from 3/2020 through the 2020/2021 school year were not processed due to home schooling and distance learning due to the pandemic. Intent is to start processing the report beginning with September 2021 and forward.*

- *OPAR is working with the Office of Information Systems to be able to pull reports directly. This will streamline processing of the reports and reduce wait times as well as allow the work to follow an established schedule.*

- *Processing the School Age report will resume during March 2022.*

Timely investigate fraud referral cases in order to recover improper payments.

- *A two- year plan is in place to eliminate backlogs of work (anything over one year old). Effective March 7, 2022, we are completing the last milestone of the backlogged cases and moving into the following:*
  - *Controls that we have put into place are performance standards where staff are required to triage all assigned cases within 7 days of assignment,*
  - *Complete 75% of assigned cases within 140 days of assignment, and complete 100% of assigned cases within one-year of assignment.*
  - *Any cases exceeding one year are required to be staffed with the unit manager monthly. We are working on that report template now and expect it to be in place shortly. Additionally, staff are required to work with lead workers anytime that they get stuck and are not able to move forward with a case timely.*

- *Staff also receive a monthly report with their pending cases and an aging graph that reflects whether they are meeting the standards or not and how they compare to the unit average.*
- *The unit manager is meeting with staff periodically, to including the newly implemented quarterly check-ins for all managers to have with their staff. these check in's include discussion around meeting performance standards or not.*
- *We modified our shared services division service level agreement for program areas to complete cases timely (within one-year) of assignment*.

- 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.

  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 and training to be completed by October 2022.

2. 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. A fulltime customer service coordinator was hired in August 2022.

- 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 for completion was updated to December 31, 2024.

- 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 for completion was updated to October 31, 2024.

- 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 December of 2024.

- 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.

Update: *ODDS continues in ongoing efforts to improve meeting accessibility, which includes the following:*

a. *Individuals receiving services can use Medicaid funded transportation services to access advocacy activities and can request exception to increase benefit limits if there is additional need. This currently happens at several of the ODDS partner meetings such as the Executive Order Policy meeting dedicated to Competitive Integrated Employment.*

ODDS has started to gather feedback from transportation experts to explore creative ways to access transportation resources in the community and has set aside a portion of ARPA (American Rescue Plan Act) funding toward these efforts. For the last year ODDS has been in conversation with CarePool regarding delivering transportation/ride share services in Oregon. Self-advocates can also access transportation through grants offered by the DD Council, and Oregon is in the process of releasing a self-advocacy grant, which would include some transportation for self-advocacy specifically.

Finally, ODDS has invested significantly in the transportation rates to make transportation more readily available.

b. *ODDS provides ASL interpretation and captioning services for all partner meetings that do not require registration to attend. For all meetings that require registration, links, and information on how to request accommodation is provided. ODDS lists a notice on all meeting notices so they can request accommodations.*

c. *Notification for agency meetings include targeted outreach to the I/DD community through Director's messages. Director's messages are translated into five major languages including Russian, Spanish, Chinese, Somali, and Vietnamese. Messages can also be translated into other languages upon request. ODDS also uses social media, such as the ODDS and Employment First Facebook pages.*

d. *ODDS has offered scheduling options and meeting at various times to accommodate individual and family schedules. This continues to be a requirement on training and communications for self-advocates and families and is purposely built into project and training plans. Examples of these efforts include:*

    i. *ODDS Launch and Learn Series*

    ii. *Compass Training meetings, including recordings of past trainings and on-demand training modules*

    iii. *The S.O.S and complaints project plan*

e. *Individuals have ability to use their paid support staff to support them during advocacy activities. As mentioned above, this already happens in several regularly scheduled meetings such as the Executive Order policy meeting and Vision Advisory Committee meeting.*

- 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.

  Update: *ODDS is committed to community relationship development and included this as one of six priority areas in its Service Equity Plan. In August 2022, ODDS hired an Equity and Inclusion Manager who will continue to lead efforts to build direct relationships with diverse groups. The Equity and Inclusion Manager will also continue to develop ODDS' Service Equity Plan by outlining specific actions and projects relating to community engagement.*

  ODDS has dedicated a portion of ARPA (American Rescue Plan Act) funding toward Diversity, Equity, and Inclusion grants that will be used to reach, engage, partner with and provide support to those who have experienced barriers in accessing services and supports. The grant will aim to strengthen advocacy capacity for people who have experienced such barriers. To help guide how Diversity, Equity, and

Inclusion funding will be prioritized, ODDS gathered feedback through a survey open to all community members, partners, and individuals.

Other examples of steps that ODDS has taken to encourage diverse community feedback include the following:

- *All information released for upcoming workgroups and partner meetings includes the following statement,*
    - *"ODDS values diverse lived experiences and perspectives and encourages members of Tribal Nations, racial, ethnic, and culturally based communities including members of the Black community, women, individuals who identify as LGBTQIA2S+, people with disabilities, religious minorities, veterans, individuals with limited English proficiency, immigrants, and refugees to sign up."*
- *ODDS is committed to seeking out opportunities to work with organizations dedicated to diverse groups, recent partners include:*
    - *Easterseals of Oregon*
    - *Spanish Speaking Family Leaders' group*
    - *Slavic Employee Resource Group*
- *Utilizing communication strategies and thoughtful planning to reach diverse communities, recent efforts include:*
    - *Working with partners to develop targeted communication distribution lists regarding American Rescue Plan Act (ARPA) grant opportunities*

- *The process for policy transmittals includes sharing information on ODDS' Engagement & Innovation webpage, gathering feedback from community partners and conducting an equity impact analysis before sharing official release of the policy transmittal with a broader audience.*

- *Communication for the Compass Project, an ongoing effort to improve the way people with intellectual and developmental disabilities participate in services will be translated in at least five major languages and written in plain language. Continued analysis will be conducted to ensure that LifeCourse training is developed with an equity lens.*

3. 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.

  ODHS in partnership with OHA has continued to test the ONE system, looking at outcomes and determinations around benefits. We are monitoring audits, reviews and continuing to test to ensure the quality of calculations. Third party penetration tests are performed on an annual basis. Identified risks are tracked to resolution.

  - *A formally documented Business Continuity and Disaster Recovery Plan is maintained, which is tested and evaluated on an annual basis.*
  - *Periodic incident response and recovery tests are performed with Information Security and IT.*
  - *Privileged access to production environments and critical supporting systems is restricted to authorized personnel based upon role and responsibility.*

- *Changes in job function through transfer or termination are formally communicated and documented and logical access rights are modified or revoked in a timely manner. User access reviews are performed on quarterly basis. These reviews are performed to confirm access and permissions of users is appropriate for the in-scope systems and databases. Deletions or modifications of access requested during the review are performed in a timely manner.*
- *Administrator groups, root accounts, and other system-related accounts are monitored on demand and at least once 14 days to ensure that unauthorized accounts have not been created. Privileged user roles associated with applications will are inspected every 30 days via reports that are generated monthly. The following were the recommendations:*

    - *Third party penetration tests are performed on an annual basis. Identified risks are tracked to resolution.*
    - *MHM recommends that ODHS adds a penetration test to be performed on an annual basis. Currently the SAR only requires a pen test on a 3-year basis, but best practice is an annually performed penetration test.*
    - *Access to encryption keys is restricted to authorized individuals. recommends implementing a process of review over users access to encryption keys to be able to test this process moving forward.*
    - *A formal Incident Response Procedure is documented for reporting detected or suspected incidents and for responding to security incidents. An annual review of this procedure is recommended given that this would be a requirement for a type 2. The next step is an annual SOC review.*

OFS is actively working with the ONE team to develop the necessary reports for the reconciliation process. Full implementation is expected by June 30, 2025

- 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.

  Deloitte delivered their initial comprehensive analysis in September 2022. Design sync up began in November 2022 and has temporarily been put on hold to allow resources to focus on current defects for report resubmissions. The workgroup continues to meet multiple days throughout the week to discuss the analysis, sync up, and test results. Throughout this process, ODHS has continued to address and correct errors and warnings received from ACF on the quarterly report submissions.

  The Department continues to review ACF-199 and ACF-209 reports prior to submission to identify and resolve defects. The Department continues to monitor defects, sync up reports design with federal instructions, and progress towards complete and accurate reporting. The Department's, Oregon Eligibility Partnership, has contracted for a SOC Type 2 audit, through contract 178884. The first audit review will be utilized to make sure all the reporting requirements and functional areas are in place. This means, the first formal audit finding, based on recommendation from the vendors, will occur in FFY25. Additional internal and external audits are happening on the system.

- Recommend TANF program management ensure the work participation rate is calculated appropriately using verified and accurate participation data in adherence to the department's Work Verification Plan. We also recommend program management review the system of controls and identify where improvements are needed to ensure compliance with the work verification plan.

  The Department will develop training specific to error trends based on Quality Control audits of the JOBS program, skill enhancement/best practices on collecting and documenting accurate attendance, and technical training on the Department's attendance documentation system, TRACS. The training will be instructor led and offered at minimum on a quarterly basis. The Department will review and edit tools,

resources, and attendance logs to ensure compliance with the work verification plan. Updates made will be communicated to staff working with families receiving TANF. The Department will also form a workgroup to review the attendance documentation and case management system known as the Transition Referral and Client Self-Sufficiency (TRACS) system. The workgroup will make recommendations to developer, which will include system enhancements and edits to improve the process for staff.

- Recommend department management ensure verification of income with IEVS screens is clearly documented in client case files when determining client eligibility. It is also recommended management develop policies and procedures directing case workers to document their review of the IEVS screens in ONE, the new case management system.

  The Oregon Department of Human Services (ODHS) is reviewing and revising the previously submitted Change Request (CR) to implement a system change to capture when staff are using the IEVS screens at eligibility determination. The previous CR has not been prioritized due to the level of effort (LOE). By revising the CR, the LOE will reduce while still meeting the needs of the Department. Until the CR is prioritized, the Department will update the Quick Reference Guide directing staff to document their review of the IEVS screens in ONE. A quarterly ONE system announcement reminding staff to check IEVS at eligibility determination and add a case note will be requested. The ODHS will also conduct training with staff regarding the IEVS requirements.

  The IEVS Quick Reference Guide was updated in October 2022 providing instructions to add a case note on the case level whenever IEVS screens have been checked. TANF Policy completed a training on October 18, 2022, for all staff regarding the IEVS requirements.

  The Department is implementing a new tool, Note Buddy, to assist workers with case notes when determining eligibility. Note Buddy will include a field that allows staff to select whether IEVS was checked. Staff will be encouraged, not mandated, to use Note Buddy. The Department will form a small workgroup to

discuss options for revising and lowering the level of effort for the Change Request (CR) previously submitted. The Department will re-submit the CR for changes to ONE.

- 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 August 2022.

  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 Program has developed a protocol and assigned the work to a specific position's workload. The Foster Care Central Office Coordinator will review the rates every two years and record the review in an email communication with the Child Welfare Executive Leadership Team and Budget team. If the review results in a process to change rates, it will be documented through the regular Child Welfare-wide rule/policy/procedure change process.

- 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.

  For the long-term care facility financial statement review audit deficiency findings, the ongoing corrective action plan has been implemented. The department added administrator hourly audit to the long- term care facility desk audit procedure. Additionally, the department will ensure to the requested documentation is placed in a designated folder.

  Cost reports and back up documentation are 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.

Automated processes are in place with the update of the agency's Random Moment Sampling system. Questioned costs have been processed and reported to CMS in FFY2021 Quarter 4. Questioned costs were originally $180,643, however the refund totaled $546,616 due to additional data sets included on base finding.

- 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'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.

To help mitigate issues, we have put in place quarterly business meetings to discuss business reviews, ongoing huddle meetings, and reviewing groups to look at each other's business reviews.

Since August 2023, SSP Central Office Business Integrity and Coordination Unit has implemented a statewide monthly inventory audit of all negotiable items, including EBT cards. The forms are submitted via a Smartsheet and reviewed by Business Integrity Coordination Unit staff to ensure successful completion

and that they are being filled out properly. Follow up with individual offices is done if issues are found or the survey is not complete. Since January 2024, completion rate has been at 100%.

4. ODHS and OHA: Statewide Single Audit Including Selected Financial Accounts and Federal Awards for the Year Ended June 30, 2022, audit #2023-21 (dated July 2023)

- Recommend the agency ensure any new federal programs have the correct coding applied to ensure accurate reporting of federal expenditure by each federal program.

  The Office of Financial Services has corrected the assistance number for federal reporting for P-EBT. We will review internal procedures to ensure validation steps are included and incorporated in the process for establishing structure to support federal reporting requirements.

- Recommend management strengthen internal controls to ensure leased asset, lease liability, and accumulated amortization is appropriately valued and ensure all leases meeting the criteria of GASB 87 are recorded. We also recommend management strengthen internal controls to ensure expenditures and offsetting other financing sources related to leases are recorded to the appropriate governmental funds.

  The Office of Financial Services (OFS) has reviewed and corrected all initial lease entries within the GASB87 software as per the audit findings. OFS has also created a new D23 fund per guidance to record entries in the appropriate financing source. OFS will create detailed GASB87 procedures to follow to ensure accurate reporting in the future years.

- Recommend management ensure accounting entries are complete, accurate, and made in accordance with accounting standards. Additionally, management should develop and implement a process to modify year-end entries if expected adjustments do not occur within expected timeframes.

The Office of Financial Services Statewide Financial Reporting (SFR) Unit will engage more closely with staff providing year-end system transaction details to ensure all elements of the data are accounted for are still anticipated to be completed by September 30. Specific to this finding, SFR has also adjusted the year end process for the cash accrual to avoid missing transactions affecting cash. Additionally, written processes are being updated with greater details.

- Recommend department management make timely corrections to federal/state coding splits in the financial subsystem and also make timely corrections in state accounting records. We also recommend the department reimburse the federal agency for unallowable costs.

  The Department will analyze and identify the missing indicators sent from ONE to the financial subsystems to determine the correct funding stream. The Strategic Systems Unit will put together a TANF funding matrix to be approved by program. Indicators will be corrected through a system defect, a Work Item, or Change Request, depending on the level of effort to resolve.

  Office of Financial Services completed the financial adjustments through entry BTCLIV56 on June 9, 2023.

- Recommend department management continue to review ACF-199 and ACF-209 reports prior to submission and monitor known compilation defects 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 ACF 199 report issue regarding OR-Kids cases with 24 of 45 fields left blank is currently under development; mapping has been identified to rectify the missing data and once fixed, the future submissions will be corrected. The OR-Kids, TANF Policy, and Business Analyst teams met to define the mapping on the ACF 199 and continue to work on remaining clarifications. The reports will be resubmitted to ACF at the end of the current fiscal year (for months October 2022 – Sept 2023) to correct previous data. The issue regarding discrepant case counts between ACF 199 report and OR Kids data extract is under analysis.

Child Welfare, TANF, and our technical team will develop a plan for rectifying and reconciling case numbers.

The department continues to monitor and review ACF-199 and ACF-209 reports prior to submission. Defects identified through the monitoring and review process are logged into TFS and follow the defect management process. ONE/ODHS began SOC audit with an outside vendor at the end of 2023. The department is continuing to work through the items and anticipate completion with this audit by June 30, 2024. The department will share the findings once received if there are any. SOC audits will be done annually from here forward. The Agency provided a cure notice to Deloitte Consulting as the vendor related to the reports in December 2022 and considered the actions cured and removed the notice in July 2023. Quarterly reports sent through the contract have been provided and accepted by ACF. Defect triaging continues to be worked separately, and regular reports to verify changes, additional validations that were put into place, achieve expected quality in correct submission of data on behalf of Oregon from the ONE System.

- Recommend department management ensure noncooperative child support cases from ONE are completely and accurately reported in its performance data reports.

  The Department has logged defects to correct Federal reporting requirements. The ONE system approving eligibility without a cooperation record was addressed through a defect and system build which corrected the issue on May 10, 2023. The Department has logged a defect to correct historic records where referrals were not sent; currently awaiting input from Division of Child Support.

  The system defect fix for issues identified related to incorrect values of child support cooperation status in ACF reports is currently in the development and testing cycle. Once the fix is deployed, future submissions will have correct data for this element. The reports will be resubmitted to ACF at the end of the current fiscal year (for months October 2022 – Sept 2023) to correct previous data.

Department of Child Support provided input that historic records for closed cases do not need to be addressed and the Department is following up on referring historic records for open cases. Incorrect values of child support cooperation status in ACF reports have been resolved via defect number 255577 and deployed into the system on July 6, 2023.

- Recommend TANF program management ensure the work participation rate is calculated appropriately using verified and accurate participation data in adherence to the department's Work Verification Plan. We also recommend program management review the system of controls and identify where improvements are needed to ensure compliance with the work verification plan.

  The Department will review and edit tools, resources, and attendance logs to ensure compliance with the work verification plan. Updates made will be communicated to staff working with families receiving TANF.

  The Department will also form a workgroup to review the attendance documentation and case management system known as the Transition Referral and Client Self-Sufficiency (TRACS) system. The workgroup will make recommendations to developer, which will include system enhancements and edits to improve the process for staff.

  A JOBS program training based on error trends has been created. The training will be instructor led and offering has been uploaded into workday. Staff can sign up for the first session which will take place on June 13, 2024. The Department is in the process of moving staff tools to a new platform, which includes obsoleting or updating outdated materials. The TRACS workgroup was put on hold and the TANF team is planning to submit recommendations to the developers in the interim. It is unknown when the workgroup will reconvene.

- Recommend department management ensure verification of income and benefits with IEVS screens is clearly documented in client case files when determining client eligibility.

The Department implemented a new tool, Note Buddy, to assist workers with case notes. Note Buddy includes a file that allows staff to select whether IEVS was checked. Note Buddy was implemented in June 2023. Communication was sent on June 8, 2023, along with a Quick Reference Guide.

Deloitte and the department have agreed upon a solution in ONE to address documentation of IEVS being checked. ONE will display a 'yes/no' radio button for 'Has IEVS been checked?' on Determine Eligibility screen. When 'yes' is selected, a mandatory case note will be prompted. This question will be mandatory at intake and renewal modes, and optional for other case modes. The solution will be resolved via a work item, rather a change request. The Department implemented a work item on April 18, 2024, to document when IEVS has been checked during eligibility determination.

- Recommend department management ensure federally-funded client benefits are paid on behalf of eligible individuals, and documentation is retained to support eligibility decisions. We also recommend department management correct the identified error cases and reimburse the federal agency for questioned costs.

  The Department will communicate to eligibility staff the importance of reviewing information reported by the applicant compared to information received from a third-party and direct staff to case note in the ONE system how the discrepancy was reconciled. The Department will also communicate the requirement to maintain eligibility records in both case notes and electronic file when applicable.

  The Department will review the cases cited and make an appropriate referral to the Overpayment Recovery Unit. Overpayments recouped can then be adjusted by Office of Financial Services to credit the TANF federal grant rather than reimbursing, per instructions outlined in TANF-ACF-PI-2006-03.

  The department sent communication to eligibility staff regarding the importance of reviewing information received from a third-party and direct staff to case note in the ONE system on how the discrepancy was reconciled. The Department also communicated the requirement to maintain eligibility records in both case

notes and electronic file when applicable. This communication was sent to staff and uploaded to an internal website on December 11, 2023. Overpayment referrals were sent on April 12, 2024.

- Recommend department and authority management strengthen controls over the OR-PTC system to ensure transactions are adequately supported and reviewed.

  Several system enhancements and changes slated for June 2023 are intended to help providers claim time accurately and reduce local office workload associated with reviewing pending entries. This will not fully resolve the issues noted by SOS, however, implementation of phase 2A of the Provider Time Capture (PTC) System, which is scheduled to go into production July 12, 2024, will eliminate the need for local offices to manually enter mileage or hours into the mainframe payment systems and will automatically flag discrepancies between OR PTC DCI and the Mainframe. The department has corrected all identified issues discovered through the audit process.

  The PTC Team initiated a series of Webinar and Learning lab in October of 2023. These will continue through November, December and January with topics that are intended to reinforce best practices and are reflective of issues that have been received or reviewed by PTC where authorizations or entries do not align with existing claims. The October webinar also contained an overview of the upcoming changes to the system "Phase 2A" in July, 2024. This is on schedule and the first of 2 system updates that will create interfaces between the PTC-DCI system and the mainframe, automate payroll batch entry and eliminated the manual data entry, ideally reduce errors. In preparation of this, PTC has found great value in using the Regional Readiness Coaches (RRC's) in local offices and is expanding the recruitment of these positions in December to assist with UAT, change management and more training.

- Recommend department and authority management strengthen controls over review to ensure transactions are adequately supported and reviewed. Additionally, we recommend the authority reimburse the federal agency for unallowable costs.

ODHS Facilities Management Response for Finding #1: The Office of Facilities Management (OFM) is committed to providing accurate coding for payments. Communications have been made with staff responsible for coding invoices and the need to conduct thorough reviews to ensure coding is accurate and charged to the appropriate funding source for the goods or services the agency is being invoiced for. OFM will be communicating with the programs that provide coding to confirm that the information provided appropriately aligns with the intended use of the funds. The department will review current processes and forms to ensure there is sufficient detail to verify accuracy. Questioned costs of $1,361 in Federal Funds (and $2,722 in Total Funds) paid with invoice number VP815455, was corrected on 4/26/2023 with document BTCL1412.

ODHS, Aging and People with Disabilities (APD) Response for Finding #2: The department is committed to storing and retaining supporting documentation for all authorized payments. The processes and procedures on contract bidding and approval associated with payment authorization for 1915k services and support are being reviewed and improvements such as central repositories are being explored. Once analysis and improvements are complete, they will be documented and communicated to staff within the department and to the Office of Financial Services for awareness. Additionally, as part of succession plan development, the department will create intentional opportunities for knowledge transfer, shared document storage, and increased transparency amongst work teams, which will assist with document location in the context of unexpected personnel changes.

The department will reimburse the federal agency for any unallowable costs.

- Recommend authority management reimburse the federal agency for unallowable costs.

As indicated in the report and as of January 1, 2020, authority management updated the MMIS data tables to ensure all future provider payments were made at the correct rate. Additionally, authority management updated control procedures to ensure MMIS data tables are updated timely and accurately. The recoupment of funds paid for incorrect rates will be completed through the FFS cost settlement process. We expect to

have this completed on or before June 30, 2024. We will evaluate the use of alternate recoupment processes in the event of future corrections.

Refund has been reported on the FFY2024 Q1 64 and has been loaded into MBES for Audit Finding 2022-056. The final refunded amount including all adjustments was $1,725,396 in total funds, federal portion was $1,340,158. The Q1 CMS 64 will be certified by January 30, 2024.

- Recommend department management strengthen control to ensure documentation supporting a provider's eligibility determination and revalidation is complete.

ODDS Response: The department is committed to having completed I-9 forms on file for all Personal Support Workers through our Fiscal Intermediary. The Provider Enrollment Unit now has a quality assurance staff who will conduct spot checks of the FI work. This is in process now and reviews will continue. ODDS has also just implemented in our fiscal intermediary's contract to now perform a stricter I9 processing. They will now be implementing tighter controls and stricter criteria for the corresponding documents that are required when accepting new I9.

APD Response: The department is committed to having completed I-9 forms on file for all employees and homecare workers. This expectation, as it relates to homecare workers, was reinforced by the department at the Client Employment Program Annual Summit held on 3/28/23 and 3/29/23. This Summit was attended by approximately 160 local office staff. Local office staff were instructed on how to properly fill out the I-9 form and retention requirements. Staff were also reminded of resources available to answer questions, including central office points of contact.

The department is also exploring short- and long-term solutions to mitigate this risk, including creating a peer review process on business procedures across the state intended to assist in not only accuracy, but knowledge transfer, developmental growth, and mentoring opportunities. The department may also explore system changes that would automatically validate the completion of tasks related to provider enrollment and

renewals, including the presence of required documentation. We are exploring the option of using e-Verify for validation of I9s, for both central office and at the local office level.

- Recommend department management conduct more timely reconciliations of OR-Kids refinancing adjustments to ensure adjustments are made during the related periods of performance. We further recommend management work with its federal awarding agency to determine if it is appropriate to backfill program expenditures between grants to account for the reduction in expenditures created by the reconciliation process. If not appropriate, the questioned costs should be repaid to the federal awarding agency.

  The agency disagrees with this finding.

  SFMA grant phase is an internal tracking mechanism only and is not mandated by ACF. None of the expenditures observed were moved into or out of the period of performance for which they originally qualified for.

  SSBG awards have a two-year period of performance for claiming. As a result, there is an overlap between internal phases where expenditures qualify for two at any given time. Assignment of phase in SFMA is based on internal balancing needs to ensure claiming is not over or under the award for that period.

  Prior period adjustments occur periodically and are debited or credited to the phase they were originally recorded under. Should those adjustments cause a phase to become under or over reported, the assigned phase in SFMA is adjusted to maintain consistency between SFMA expenditures and the SF-425 report provided to ACF. If a prior period increasing expenditure is outside the period of performance, it is moved to non-reportable and state only funding.

- Recommend DHS perform review to identify any additional discrepancies between benefits paid and the institutions reported status, to determine if payments were appropriate, and communicate with the federal awarding agency to determine if repayment is necessary.

  We respectfully disagree with the findings that schools were not able to directly update their learning mode according to the guidance provided in the P-EBT state plan.

  The department has included emails and documents that support the actions/decisions taken in the delivery of the Oregon P-EBT school year 2020-2021 state plan was in accordance with federal approval from Food and Nutrition Service (FNS).

  According to the USDA FNS approval letter received on May 7, 2021, and posted to the FNS website, FNS confirms that Oregon will "develop(ed) a centralized database to collect student eligibility information and school status" to determine the monthly benefit level for each school (6th bullet on page 2).

  This information is also confirmed in email correspondence with FNS on April 29, 2021, and May 3, 2021. Within the email the Department details that Oregon will develop a database to collect school status, this is then confirmed by FNS.

  As part of Oregon's federally approved simplified assumptions, the state plan allows the school points of contact to update their predominate learning model for each month of the 2020-2021 school year, which may be different than the Ready Schools, Safe Learners (RSSL) Weekly Status Report.

  An email communication was shared with all identified school points of contact on June 28, 2021. This email requested that school points of contact update their schools predominate learning mode into the Oregon School Meals Benefit (OSMB) system used by the Oregon Department of Human Services to issue P-EBT benefits no later than July 13, 2021.

Information reported through the RSSL weekly status report was used to determine the predominate learning mode only in the event that the school point of contract did not update a learning mode manually within OSMB prior to July 13, 2021.

On May 9, 2023, the P-EBT policy team confirmed school operating status during the selected months with 5 schools for SOS audit. Email responses from the schools are summarized below:

School ID	***School Name***	***Audit Month/YR***	***Reported Learning Mode***	***Paid Learning Mode***	***School confirmed paid learning mode: Y/N***
162	*Scappoose High*	*April 2021*	*On-site*	*Distance (CDL)*	*Y – Distance (CDL)*
97	*Boring Middle*	*March 2021*	*Hybrid*	*Distance (CDL)*	*Y – Distance (CDL)*
474	*Keno Elem*	*April 2021*	*On-site*	*Hybrid*	*Y - Hybrid*
1270	*Sexton Mountain Elem*	*April 2021*	*Hybrid*	*Distance (CDL)*	*N - Hybrid*

At the recommendation of the auditors the Department has reached out to FNS Child Nutrition Program and SNAP program about the finding on June 8, 2023, and we are waiting for a response.

5. ODHS and OHA: Statewide Single Audit Including Selected Financial Accounts and Federal Awards for the Year Ended June 30, 2023, audit #2024-14 (dated April 2024)

- Recommend department management update accounting and review procedures to ensure entries prepared to address issues originating in prior fiscal years do not incorrectly impact the current year financial statements.

  The Office of Financial Services (OFS) is reviewing documentation from prior audits and direction from the Department of Administrative Services (DAS), Statewide Accounting and Reporting, to identify the most effective and efficient process going forward for refinancing prior year activity in the current fiscal year. As mentioned in the audit, the complexity of deferred revenue reimbursement, across multiple fiscal years, from FEMA during the pandemic increased the complexity of these accounting transactions. The office will write up a new process and train relevant staff on the new methodology. As of May 31, 2024, the new process has been implemented to perform semi-annually.

- Recommend management ensure compliance with federal program requirements by prioritizing the completion and documentation of hospital audits.

  The authority agrees with this finding and has completed the work to reconstitute the required tools necessary to perform these audits. As of January 2024, the authority has sent cost statements to the hospitals for review and response and is working to collect other reports required for completing the audits from actuaries and intermediaries. The authority will begin processing full audits starting April 2024 for outstanding fiscal year 2016 forward. The authority anticipates that the audits through fiscal year 2020 will be completed by December 31, 2024. The authority also affirms that the corrective action for finding 2021-17 has been implemented and resolved. This can be validated as completed audits become available in 2024.

- Recommend department and authority management strengthen controls over review to ensure documentation supporting a provider's eligibility determination and revalidation is complete. Additionally, we recommend the authority reimburse the federal agency for questioned costs related to ineligible providers including ineligible providers identified in prior year findings.

  The authority will provide two separate training modules to enrollment staff and staff responsible for the CCO enrollment and validation regarding complete ownership and disclosure documents. We will perform the trainings on April 18, 2024, during our monthly staff meeting and a separate ownership form only training on May 30, 2024. The Office of Developmental Disability Services has implemented new contractual language for our fiscal intermediary to review I-9 for providers with stricter criteria. This was added earlier this year and is already in place in the contract and implemented. Further, upon enrollment, state staff are validating older I-9s for providers who have submitted their I-9 historically.

  The Office of Aging and People with Disabilities is committed to ensuring Provider Enrollment Agreements and accurate I-9 forms are on file and ensuring records are stored and retained properly for all Home Care Workers. The department will reinforce the requirements concerning the collection and storage of agreements at both the Quarterly Home Care Coordinators meeting on May 30, 2024, and at the AAA/APD Local Line Leadership meeting on May 16, 2024. The department will also create a reference guide in the new ODHS Field Business Procedure Manual implemented in February 2024. The department will make provider enrollment agreements and I-9 forms available statewide via DocuSign as an optional tool for state staff that guides them through accurately completing information on the form and capturing electronic signatures. This will ensure that all required fields in forms are filled out correctly including ensuring the presence of required documentation to mitigate human error.

  Additionally, we will continue to explore developing a training module for front office staff and office managers as well as a peer review process on business procedures and exploring ways that we can leverage technology such as the replacement Electronic Data Management System (EDMS) "Laserfiche"

implemented by Imaging and Records Management Services (IRMS) to store provider records electronically.

The Office of Aging and People with Disabilities released updated guidance and clarification on I-9 forms through an Information Memorandum transmittal on January 24, 2024 (APD-AR-23-099) During the February 19, 2024, at the Home Care Coordinators quarterly convening meeting the revisions from the prior transmittal were discussed along with the importance of ensuring timely renewals and accurate documentation and retention of PEA/I-9's. During the May 30, 2024, at Home Care Coordinators Quarterly convening, Laserfiche project team shared information on status of new system implementation and timing of transition from EDMS along with Q&A. Laserfiche implementation began on July 15, 2024. The DocuSign contract administrator has provided an update noting that the DocuSign contract to go from pilot to statewide is currently behind schedule due to the Office of contracts and Procurement backlog, once available. During the July APD/AAA Local Line managers meeting, APD leadership discussed with line managers the results of the audit, reinforced the importance of accurate documentation and retention of records and discussed ways we are looking to strengthen the process such as leveraging new software and solicited ideas or best practices they have. We will continue to explore training options for onboarding front office staff, develop procedures for the Field Business procedures manual.

The questioned costs of $1,786 will be refunded to CMS and reported on the CMS 64 by 6/30/2024. Of note, the prior year finding with questioned costs of $1,843 has since been found as the provider being eligible. No corrective action is needed.

- Recommend department management strengthen controls over review to ensure transactions are adequately supported and reviewed. Additionally, we recommend the department reimburse the federal agency for unallowable costs.

The ODHS Office of Facilities Management coordinates care of a 168-building portfolio. Part of this work is coordination of furniture reconfiguration, minor and major remodels of office spaces and other building maintenance work. For these projects we rely on program staff with understanding of their funding sources to provide us with accurate coding to support the project related costs. Our office does not work directly with funding source management only coding and billing. To better track who is providing us the coding and maintain a record of payment approval we have revised our workorder form to include who from the program is providing the coding and what authority they have to provide the coding. This will allow us to assure that important details are captured regarding funding application and coding for billing and protect from funds being drawn from sources that do not support and/or are not appropriate for a given project. The questioned costs of $3,849 were corrected and refunded to CMS using document BTCL1485 with an April 17, 2024, effective date. The refund will be reported on the Q3 FFY 2024 CMS 64 to be submitted by June 30, 2024.

- Recommend department management continue to review ACF-199 and ACF-209 reports prior to submission and monitor known compilation defects 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. Additionally, we recommend department management consider contractual and/or legal remedies if the contractor is unable to provide accurate and reliable information from the ONE system within a reasonable time frame necessary for the business needs of the department.

  The department continues to monitor and review ACF-199 and ACF-209 reports prior to submission. Defects identified through the monitoring and review process are logged into TFS and follow the defect management process.

  ONE/ODHS began SOC audit with an outside vendor at the end of 2023. The department is continuing to work through the items and anticipate completion with this audit by June 30, 2024. The department will share the findings once received if there are any. SOC audits will be done annually from here forward.

The Agency provided a cure notice to Deloitte Consulting as the vendor related to the reports in December 2022 and considered the actions cured and removed the notice in July 2023. Quarterly reports sent through the contract have been provided and accepted by ACF. Defect triaging continues to be worked separately, and regular reports to verify changes, additional validations that were put into place, achieve expected quality in correct submission of data on behalf of Oregon from the ONE System.

- Recommend management ensure department employees are adequately trained on applicable procedures and requirements relating to child support cooperation with the Department of Child Support (DCS).

  The department previously identified the need for more training and has been taking steps to address the issue. Based on feedback from staff, the Child Support Quick Reference Guide has been updated to make it more user friendly and easier to follow. Training on processing child support tasks has been provided both statewide alongside Department of Child Support in November 2023 and with individual districts. In addition to materials and training, department policy is working reports of both outstanding child support tasks and tasks cleared without processing. The department continues to monitor the reports and provide follow up guidance to individual branches.

  The department has developed a take time for training (TT4T) that was delivered to staff on May 4, 2022, which is now outdated. The current TT4T will be removed, a new one will be created, and delivered to staff within the next 120 days. The department will also consider adding this material to the regional accuracy and timeliness training during the summer of 2024. The Oregon Eligibility Partnership (OEP) - Learning and Engagement Team (LET) reviewed the eligibility guide and will be revising materials within the next 120 days. OEP will review and revise the current lesson plan delivered to staff within the next 90 days.

  Questioned costs of $790 were moved from federal funds to non-MOE state only funds with an effective date of July 16, 2024. The adjustment will be reported to ACF on the 2024 quarter 4, ACF-196R TANF federal report.

- Recommend department management ensure caseworkers are adequately trained on TANF enrollment procedures to ensure all applicable requirements are completed.

  The department previously submitted a work item (WI) to have a question in ONE that asks 'yes/no' if IEVS has been checked. The WI was approved and deployed into the system on April 17, 2024. The IEVS question will trigger and be required for TANF at certification, re-certification, and adding a person. The Quick Reference Guide for staff will be updated to reflect the new system functionality. Communication regarding the new system functionality will be provided to staff.

  The department previously submitted a change request (CR) to have the employability screening questions put into ONE as part of the TANF application/intake process. The CR has been approved and in final stages of design with the ONE system contractor, Deloitte. Once the WI is implemented into the system, the quick reference guide will be updated to reflect new system functionality. Communication regarding the new system functionality will be provided to staff.

  Questioned costs of $3,491 were moved from federal funds to non-MOE state only funds with document number BT217832 with an effective date of July 16, 2024. The adjustment will be reported to ACF on the 2024 quarter 4 ACF-196R TANF federal report.

- Recommend department management strengthen internal controls to ensure adequate supporting documentation is maintained to support information reported in the RSA-911 client case information report. We also recommend department management strengthen internal controls to ensure the reviews of the RSA-17 financial report are documented and the report contains accurate information.

  We agree with the first recommendation. We disagree with the second recommendation.

We agree with the first recommendation and will ensure adequate supporting documentation is maintained and readily available to support information reported in the RSA-911. We have drafted an internal control for the RSA-911 and have submitted the internal control to RSA for review.

We disagree with the second recommendation. The RSA-17 is currently reviewed by both Program Leadership as well as the ODHS Grant Accounting Manager. Certification is evidenced by the signed RSA-17. This level of review meets federal requirements. Additional review and discussion may be had as a form of best practice but should not be considered a control mechanism. The Grant Accounting Unit will highlight the certification process in the RSA-17 desk manual to delineate between control functions and best practices. No further action will be taken.

- Recommend department management strengthen internal controls to ensure supporting documentation is maintained, reviews are documented, and transactions agree to supporting documentation.

  Questioned costs consist of facility payments totaling $139 and a separate payment which exceeded costs of client services by $10. The agency agrees with the finding and will refund those questioned costs. The agency will review the specific circumstances for each of the invoices paid to ensure staff receive the appropriate training as well as reiterate the need to review invoices carefully according to current policies and practices to avoid coding errors. Supporting documentation was identified for the $139 portion and was determined to be allowable. The $10 portion will be moved to non-reportable.

- Recommend department management implement and document additional internal controls to ensure only VR employees are paid with VR funding.

  We disagree with this finding.

  This finding pertained to two State Independent Living Council (SILC) board members paid with VR Innovation & Expansion funding. Upon review of the Rehabilitation Act and 34 CFR 361.35 section (a) part

(2), funding may be used "To support the funding of the State Rehabilitation Council, if the State has a Council, consistent with the resource plan identified in § 361.17(i) " The SILC State Plan cover 2021-2023 references Innovation and Expansion funding on pages 5 and 6. Based on the department's review we believe the VR funding of $3,521 was used appropriately and that no further corrective action is required.

INSTRUCTIONS:

The Agency tab of this workbook must be completed for all new or continuing IT Project investments which are p

Workbooks should be submitted, along with any related IT policy package material, to the agency's Enterprise Inf

See budget instruction and your Senior IT Portfolio Manager for additional information.

Field	Values
Policy Group	Select one: Administration and Business Services, Education, Healthy People, Natural Resources, Public Safety, Transportation and Economic Development
Agency Name	Text
IT Investment Name	Text
PPM Idea/Project ID	Text
PPM Idea/Project Name	Text
Mandate	Select All Applicable: Federal, Legislature, Governor, Other, None
Short Description	Text
Start Date	Date (yyyy-mm-dd)
End Date	Date (yyyy-mm-dd)
Policy Option Package Request	Select One: Yes, No
POP #	Text
Total Budget $ (PPM)	Currency
Total Cost	Currency
Previous Biennia (2023 -2025) GF Cost	Currency
Previous Biennia (2023 -2025) OF Cost	Currency
Previous Biennia (2023 -2025) LF Cost	Currency
Previous Biennia (2023 -2025) FF Cost	Currency
Current Biennium (2025-2027) GF Cost	Currency
Current Biennium (2025-2027) OF Cost	Currency
Current Biennium (2025-2027) LF Cost	Currency
Current Biennium (2025-2027) FF Cost	Currency
Future Biennia (2027 - and ongoing) GF Cost	Currency
Future Biennia (2027 - and ongoing) OF Cost	Currency
Future Biennia (2027 - and ongoing) LF Cost	Currency
Future Biennia (2027 - and ongoing) FF Cost	Currency

art of an IT policy package with total costs that are $150,000 or greater.

ormation Services (EIS) Senior IT Portfolio Manager (SIPM).

Description
The name of the policy group
Agency name or abbreviation
The name of the investment
Provide the PPM Idea or Project ID
Provide the PPM Idea or Project Name
Mandate requiring this investment
Short description of the investment (max 280 characters)
Anticipated start of the investment, meaning project charter and/or submission of an IT Investment (ITI) form to Enterprise Information Services (EIS)
Anticipated end of the investment
Investment was included in a Policy Option Package for the upcoming biennium
If the investment was included in a Policy Option Package provide the tracking number
Provide the Total Budget number from the Idea/Project summary screen in PPM
One-time investment costs combined with 5 years of anticipated service and maintenance costs
General Fund costs for previous biennia (2023 -2025)
Other Fund costs for previous biennia (2023 -2025)
Lottery Fund costs for previous biennia (2023 -2025)
Federal Fund costs for previous biennia (2023 -2025)
General Fund costs for the upcoming biennium (2025-2027)
Other Fund costs for the upcoming biennium (2025-2027)
Lottery Fund costs for the upcoming biennium (2025-2027)
Federal Fund costs for the upcoming biennium (2025-2027)
Anticipated General Fund costs for all future biennia (2027 - and ongoing)
Anticipated Other Fund costs for all future biennia (2027 - and ongoing)
Anticipated Lottery Fund costs for all future biennia (2027 - and ongoing)
Anticipated Federal Fund costs for all future biennia (2027 - and ongoing)

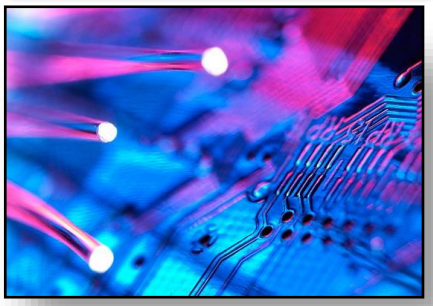
Policy Group	Agency Name	IT Project Name	PPM Idea/ Project ID	Fiscal OIS / Acct	PPM Idea/Project Name	Mandate	Short Description	Start Date	End Date	Total Budget $ (PPM)	Total Cost	Previous Biennia (2023 -2025) GF Cost	Previous Biennia (2023 -2025) OF Cost	Previous Biennia (2023 -2025) LF Cost	Previous Biennia (2023 -2025) FF Cost	Current Biennium (2025-2027) GF Cost	Current Biennium (2025-2027) OF Cost	Current Biennium (2025-2027) LF Cost	Current Biennium (2025-2027) FF Cost	Future Biennia (2027 - and ongoing) GF Cost	Future Biennia (2027 - and ongoing) OF Cost	Future Biennia (2027 - and ongoing) LF Cost	Future Biennia (2027 - and ongoing) FF Cost	Comments
Healthy People	OHA	ALERT IIS Replacement	P50009	Steve/Randa	ALERT IIS Replacement Project	Federal	The Oregon Health Authority (OHA) Oregon Immunization Program (OIP) uses the ALERT IIS system, a database that records all immunization doses administered by participating providers in Oregon, as a powerful tool for managing immunization records and supporting healthier communities. The ALERT IIS Replacement Project will ensure continued administration of immunization records and promote modernization of OIP's processes and applications. This project aligns with the national Data Modernization Initiative (DMI) and with the Oregon Health Authority's strategic goal to eliminate health inequities in Oregon by 2030. This project must be executed before 12/31/2027, prior to the end of the existing vendor contract with Gainwell Technologies.	2022-10-20	2027-12-31	$ 1,205,000	TBD	$ 271,886	$ -	$ -	$ 271,886	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	Alert is just in the intitial planning stages, the current projected costs are minimal and do not reflect the total expected costs for this project. Project management is still collecting information for this project
Healthy People	OHA	COMPASS - MOTS Replacement	P80023/P80027	Said/Steve	Community Outcomes Management System (COMPASS)	None	The Measures and Outcomes Tracking System (MOTS) replacement will replace the existing siloed, aged, and fragmented MOTS system. The new system will support the administration, planning, and monitoring of substance abuse disorder and mental health treatment programs.	2020-01-23	TBD	$ 11,342,630	$ 9,296,386	$ 1,341,912	$ -	$ -	$ 4,249,387	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	Current MOTS spend plan through June 2024. Another phase is anticipated (APD in progress) but unprojected at this time. Does not include any M&O estimates.
Healthy People	OHA	GO Priority - 1115 HRSN - Community Information Exchange	-	Lisa/Randa	GO Priority - 1115 HRSN - Community Information Exchange	Federal	Oregon recently received Centers for Medicare and Medicaid Services (CMS) approval for the 2022-2027 1115 Medicaid Waiver. Provisions in the new waiver will be implemented over the course of the 5-year demonstration period and will include significant changes to Coordinated Care Organization (CCO) contract requirements; revision of Oregon Administrative Rules (OAR) that impact all providers; substantial changes to IT systems to support financial disbursement, claims activity, and data submission; and management of the adoption and utilization of statewide community information exchange (CIE) platforms for referrals.	2023-05-01	2026-02-24	$ -	TBD	$ -	$ -	$ -	$ -	TBD	TBD	TBD	TBD	TB D	TBD	TBD	TBD	
Healthy People	OHA	HIV-E (HIV-Electronic)	500001	Steve/Randa	HIV-E (HIV-Electronics)	None	Develop a solution that will replace the existing CAREAssist 1.0 application with a new, custom developed CAREAssist 2.0 application that addresses current system issues.	2015-11-30	2027-06-29	$ 23,700,949	$ 24,946,537	$ -	$ 10,305,584	$ -	$ -	$ -	$ 9,739,443	$ -	$ -	$ -	$ -	$ -	$ -	M&O has not been included in these estimates. Currently this project is projected to be completed March 2027. Total cost is a DDI estimate only.
Healthy People	OHA	Improving Medicaid Enterprise Data	P80041	Lisa, Said	N/A		OHA will expand the Behavioral Health Data Warehouse (BHDW) Person Index (PI) and enhance the BHDW, two primary building blocks from the Compass Modernization initiative, to improve data quality, sharing, and analytical capacity for the Medicaid population. Oregon's modular Medicaid Enterprise System (MES) will require a data environment capable of matching, cleaning, and storing integrated and interoperable data from various sources. Incremental expansion and improvement of the BHDW will improve Oregon's analytic and operational capabilities in the near term and will be consistently evaluated for inclusion as part of the state's Enterprise Data Warehouse (EDW) module.	2023-10-01	TBD	N/A	TBD	$ 819,253	$ -	$ -	$ 7,371,714	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	End date TBD, project extending. New APD coming. Date/scope TBD.
Healthy People	OHA	MES Modernization (formerly Modularity) Planning Phase	P80014	Chad/SAID	N/A	None	Medicaid Enterprise System (MES) Modularity strategy development is being facilitated by the consulting vendor.	2022-07-01	TBD	N/A	TBD	TBD	$ -	$ -	TBD	TBD	$ -	$ -	TBD	TBD	$ -	$ -	TBD	Project still in planning, but projected to continue for some time. 25-27 POP in progress.
Healthy People	OHA	MMIS Infrastructure Replacement	P80039	Chad/SAID	MMIS Infrastructure Replacement Project	None	The industry-wide move toward Cloud hosting solutions solves a number of IT challenges. Cloud hosting is cost effective, scalable, flexible, secure, and redundant, which all bring large benefits to the the Medicaid Management Information System (MMIS) and is our largest step in preparing for Modularity. 1) Existing MMIS Infrastructure is reaching end of lifecycle in 2024. Project must be completed before 2024 with a duration estimated at 3 years. 2) CMS supports moving MMIS to the Cloud by providing 90/10 funding. 3) Gainwell is transitioning its national data centers to the Cloud, and we will leverage their existing support model.	2022-01-03	2025-12-25	$ 20,318,175	TBD	$ 712,409	$ -	$ -	$ 6,411,685	TBD	$ -	$ -	TBD	TBD	$ -	$ -	TBD	
Healthy People	OHA	MMIS Private Public Providers	P80034	Chad/SAID	MMIS Private Public Providers	None	Update Medicaid Management Information System (MMIS) system to enable distinction between public and private providers for the purposes of adjusting claims.	2021-08-02	2026-09-30	$ 1,066,342	$ 1,164,065	$ 59,256	$ -	$ -	$ 533,304	TBD	$ -	$ -	TBD	TBD	$ -	$ -	TBD	
Healthy People	OHA	MMIS TMSIS	P80029	Chad/SAID	MMIS T-MSIS Phase 2	Federal	This project will involve modifications to the Medicaid Management Information System (MMIS) system to collect and submit required data for Centers for Medicare & Medicaid Support (CMS) to perform necessary data analytics for decision-making. Specifically, this project addresses Transformed Medicaid Statistical Information System (TMSIS) data quality elements and CMS dashboard issues.	2020-05-01	2025-09-30	TBD	$ 4,974,719	$ 202,142	$ -	$ -	$ 1,819,274.40	TBD	$ -	$ -	TBD	TBD	$ -	$ -	TBD	APD currently scheduled through 09/2025, but project is expected to go beyond that date. Subject to change.
Healthy People	OHA	OEBB-PEBB Benefit Management System (BMS) Replacement	P70003	Chad/Said	OEBB-PEBB Benefit Management System (BMS)	Legislature	Replace two aging and highly customized benefits management systems (BMS) with a single, modernized Software-as-a-Service (SaaS)/Commercial-Off-The-Shelf (COTS) system that supports delivery of required functionality in order to meet legislative requirements and improved user experience (UX).	2019-07-01	2026-04-30	$ 14,448,785	$ 14,470,785	$ -	$ 8,423,956	$ -	$ -	$ -	TBD	$ -	$ -	$ -	TBD	$ -	$ -	Project has POP to go for 9 months into 25-27.
Healthy People	OHA	Oregon State-Based Marketplace	P70004	Carol/Randa	Oregon State-Based Marketplace	None	The Oregon Health Authority (OHA), Oregon Health Insurance Marketplace is seeking to transition Oregon from a State-Based Marketplace using the Federal Platform (SBM-FP) to a state-based marketplace (SBM). Becoming an SBM requires that a state acquire and implement its own enrollment technology and accompanying consumer assistance center (CAC) to provide over-the-phone support for enrollees.	2023-07-06	2027-03-31	$ 14,880,000	$ 79,380,000	$ -	$ 2,059,864	$ -	$ -	$ -	$ -	$ 38,000,000	$ -	$ -	$ -	$ 39,320,136	$ -	$ -	Total cost assumed to be the estimate provided in the IT Investment form, and includes operating costs.
Healthy People	OHA	Oregon Trauma Registry (OTR) Replacement	P50007	Carol/Chad/Randa	Oregon Trauma Registry (OTR) Replacement	Other	Replace the current Oregon Trauma Registry (OTR) system with a new Commercial-Off-The-Shelf (COTS) or Software-as-a-Service (SaaS) solution that will meet the requirements mandated by ORS 431A.050.	2022-04-28	2026-01-31	$ 636,888	$ 1,077,656	$ -	$ 1,073,657	$ -	$ -	$ -	$ -	TBD	$ -	$ -	$ -	TBD	$ -	$ -	PPM Budget accomodates project through 12/8/23, end of the planning phase.
Healthy People	OHA	OSPHL LIMS Replacement	P50006	Steve/Randa	OSPHL LIMS Replacement	None	Conduct open procurement for replacement of the four Oregon State Public Health Laboratory (OSPHL) Laboratory Information Management Systems (LIMS).	2022-06-03	2027-03-16	$ 1,877,187	TBD	$ -	$ -	$ -	$ 1,688,784	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	LIMS has only been projected through December 2024. Total build costs and timing is TBD. LIMS is funded by Federal Grants. This is a Public Health Project.
Healthy People	OHA	TWIST TO WEB		Carol	TWIST To Web	None	Replace the current electronic Women, Infants, and Children (eWIC) management information system, TWIST.	2017-06-12	TBD	$ 16,359,475	$ 16,359,475	$ -	$ -	$ -	$ 2,965,894	$ -	$ -	$ -	$ 5,274,733	TBD	TBD	TBD	TBD	Future M&O costs to be determined. Development and Implementation 100% Federal Funds. Project has been put on hold by DAS EIS, and end date is yet to be determined.
Healthy People	ODHS|OHA	IT Service Management	-	Crystal	IT Service Management (ITSM)	None	Implementation of Ivanti into OIS for IT Service Management (ITSM).	2023-03-20	2025-07-24	$ 4,137,792	$ 14,303,667	$ 6,229,812	$ 612,768.42	$ -	$ 3,370,226.31	$ 1,562,596	$ 153,697.92	$ -	$ 845,338.56	$ 932,829	$ 91,753.68	$ -	$ 504,645.24	
Healthy People	ODHS|OHA	Mainframe Modernization	TBD	Carol/Randa	Mainframe Migration Provider and Client Payments			2023-07-01	2027-07-01	$ 25,444,863	TBD	$ 4,944,276	$ 5,109,564	$ -	$ 3,079,871	$ 2,902,941	$ 619,809	$ -	$ 7,527,500	TBD	TBD	TBD	TBD	Project is still in the planning phase. Completed scope and M&O estimates are yet to be determined.
Healthy People	ODHS|OHA	REALD and SOGI Registry Implementation	P45002	Lisa, Said	REALD and SOGI Registry Implementation	Legislature	Developinng a repository and registry to collect, clean, store, and use complete race, ethnicity, language, or disability & sexual orientation and gender identity (REALD & SOGI) data is a long-term solution that requires focused agency investment. 2021's HB 3159 mandates the creation of a central registry to collect demographic data using the REALD & SOGI standards and requires providers, insurers, and Coordinated Care Organizations (CCO) to submit data at least annually. This enables the Oregon Health Authority (OHA) to monitor data quality and compliance, obtain timely information, and utilize this data to inform culturally-specific interventions to reduce or eliminate inequities and reduce health care costs.	2022-07-19	2028-05-08	$ 11,500,000	TBD	$ 27,912,675	$ -	$ -	$ 5,717,054	TBD	$ -	$ -	TBD	TBD	$ -	$ -	TBD	
Healthy People	ODHS|OHA	Summer EBT Project	TBD	Carol/Randa	Summer Electronic Benefits Transfer (Summer EBT)	Legislature	The Summer Electronic Benefits Transfer (Summer EBT) Program is a new federal nutrition program that provides low-income families a $120 summer grocery benefit for each eligible school-aged child. Project funding for this initiative will be used to design and implement a permanent Summer EBT program in Oregon. As this program is independent from SNAP, the request to establish this new permanent program includes new positions, administration costs, vendor costs for 2024 Summer EBT Project, system development for the 2025 Summer EBT Program, EBT card services, and communications to households.	2024-03-04	2025-06-30	$ -	$ 96,285,132	$ 11,984,958.00	$ 1,793,739.00	$ -	$ 82,506,435.00	$ 3,400,000	$ -	$ -	$ 3,400,000	$ 3,400,000	$ -	$ -	$ 3,400,000	$0 PPM budget takes project through 06/01/2024.

Policy Group	Agency Name	IT Project Name	PPM Idea/ Project ID	Fiscal OIS / Acct	PPM Idea/Project Name	Mandate	Short Description	Start Date	End Date	Total Budget $ (PPM)	Total Cost	Previous Biennia (2023 -2025) GF Cost	Previous Biennia (2023 -2025) OF Cost	Previous Biennia (2023 -2025) LF Cost	Previous Biennia (2023 -2025) FF Cost	Current Biennium (2025-2027) GF Cost	Current Biennium (2025-2027) OF Cost	Current Biennium (2025-2027) LF Cost	Current Biennium (2025-2027) FF Cost	Future Biennia (2027 - and ongoing) GF Cost	Future Biennia (2027 - and ongoing) OF Cost	Future Biennia (2027 - and ongoing) LF Cost	Future Biennia (2027 - and ongoing) FF Cost	Comments
Healthy People	ODHS	Case Management System	P35010	Lisa, Said	Case Management System	Federal	The Oregon Department of Human Services (ODHS) seeks to develop a state case management solution that will support maintenance all of Oregon Intellectual & Developmental Disabilities (I/DD) case management services. The solution will leverage existing interfaces between Medicaid Management Information System (MMIS) and Express Payment & Reporting System (eXPRS) to maintain data integrity and support the case management activities for the Medicaid I/DD programs. The solution will automate the billing activities for case management services provided by Medicaid providers.	2022-05-24	2025-12-31	$ 6,110,500	TBD	$ 446,374	$ -	$ -	$ 3,640,754	TBD	$ -	$ -	TBD	$ -	$ -	$ -	$ -	
Healthy People	ODHS	CCWIS - Project 1 & 2	P10011	Randa/Steve	CCWIS Modernization Program CCWIS Resource Parent Respite Provider Inquiry and			2020-01-01	2035-12-31	$ 51,336,000	$ 36,580,378	$ 5,794,766	N/A	N/A	$ 5,785,611	TBD	N/A	N/A	TBD	TBD	N/A	N/A	TBD	Took current burn rate to get the biennium estimate
Healthy People	ODHS	ODDS Electronic Visit Verification - Non-Web Solution	P35016	Chad/Carol/Randa	ODDS Electronic Visit Verification - Non-Web Solution	None	Implement an Electronic Visit Verification (EVV) solution for areas with limited to no internet or cell service reception available where client services are being delivered for the Office of Developmental Disabilities Services (ODDS).	2023-02-01	2025-03-31	$ 4,642,020	TBD	TBD	$ -	$ -	TBD	TBD	$ -	$ -	TBD	TBD	$ -	$ -	TBD	Project direction still being determined. Expected to go beyond the current 03/2025 end date.
Healthy People	ODHS	ONE System Enhancements	P40005	Steve/Randa	ONE Program Cloud Migration ONE Program - Integrate Voice Response (IVR) ONE Program Youth with Special Health Care Needs YSHCN		Ongoing enhancements to the ONE system	2021-09-01	N/A	$ 4,642,020.00	TBD	$ -	$ 2,439,276	$ -	$ 8,648,344	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	System enhancements will be necessary for the life of the ONE system. State portion will be paid via Bonds for AY23-25.
Healthy People	ODHS	Provider Enrollment Maintenance System	P35015	Lisa, Said	Provider Enrollment and Maintenance System	Other	Support the state's Medicaid Information Technology Architecture (MITA) initiative. The project includes modules that will be used to manage and standardize enrollment, maintenance, and communication activities across Oregon Department of Human Services (ODHS) and Oregon Health Authority (OHA) programs. The system will leverage existing interfaces with the Oregon Criminal History and Abuse Records Data System (ORCHARDS), Medicaid Management Information System (MMIS), and Express Payment & Reporting System (eXPRS) to maintain data integrity and support provider authorization and billing activities for case managers, reducing administrative tasks and allowing providers to bill without delay.	2022-05-24	2025-11-30	$ 9,200,000	TBD	$ 511,971	$ -	$ -	$ 4,664,441	TBD	$ -	$ -	TBD	$ -	$ -	$ -	$ -	
Healthy People	ODHS	Provider Time Capture (PTC)	DOLRUL	Steve/Said	Provider Time Capture	None	Provides the Oregon Department of Human Services (ODHS)/Oregon Health Authority (OHA) with a time capture system for home care workers (HCW) and personal support workers (PSW).	2024-11-01	2027-06-30	$ 31,367,810	$ 41,130,916	$ 3,764,029	$ -	$ -	$ 26,885,029	$ 1,287,283	$ -	$ -	$ 9,194,575	TBD	TBD	TBD	TBD	The PPM budget only accomodates phase 1 through 01/20/2025. 6/30/37 date assumes Phase 2 is approved. PTC including Ph2a and Ph2b through June 2027, M&O costs have been projected has its own project No P30002











Health and
Human Services

Strategic Technology Plan: A Comprehensive Overview

2024-2027

3/1/2024

Contents

1. Executive Overview 4
   1.1. Health and Human Services Programs 5
   1.2. Office of Information Services (OIS) 6
   1.3. Strategic Goals and Strategies 7
   1.4. Action Plan and Measures 8
   1.5. OIS Operating Principles 8
   1.6. Challenges 8
2. Drivers 10
   2.1. Governor 10
   2.2. Oregon Department of Human Services (ODHS) 11
   2.3. Oregon Health Authority (OHA) 12
   2.4. Joint Initiatives 13
   2.4.1. Digital Accessibility in Hardware, Software and Systems 13
   2.5. Enterprise Information Services (EIS) 13
   2.5.1. EIS Guiding Principles 14
   2.6. Federal Mandates 15
   2.7. State Mandates 15
   2.8. Negotiated Labor Union Commitments 16
3. Large Technical Projects & Governance Model 16
   3.1. Technology Governance 16
   3.2. Large Technical Project Portfolio 19
   3.2.1. Major IT Projects Underway 19
   3.2.2. Major IT Projects Recently Completed 21
   3.2.3. Mapping Projects to Strategic Goals and Drivers 21
4. Continuous Modernization 23
   4.1. Continuous Modernization Action Plan 24
   4.2. Business Outcome Statements 25
   4.3. Investment Roadmaps 26
   4.4. Business Outcome Statements and Investment Roadmap Status 27
5. Strategic Focus Areas 28
   5.1. ODHS Office of Reporting, Research, Analytics, and Implementation (ORRAI) 28
   5.2. Cybersecurity, Risk and Privacy 28

5.3. Data Focus 29
5.4. Newer Artificial Intelligence Technologies 29
6. Operational Modernization 30
6.1. IT Infrastructure Overview 30
6.1.1. IT Infrastructure Modernization 31
6.2. Direct Customer Support Model 32
6.3. Application Portfolio 32
6.3.1. Application Portfolio Modernization 33
7. Investments 34
7.1. OIS Workforce 34
7.2. OIS Budget 34
7.3. Technical Policy Option Package Investments in 2023-2025 budget 34
8. Continuous Planning 35
8.1. Accountability 35
8.2. Communication 36
9. Appendix 37
9.1. Performance Management System – Fundamentals Map 37
9.2. Project Portfolio with IT Governance Prioritization 38
9.3. Continuous Modernization Action Plan Summary 41
9.4. Future Business Outcomes Example 42
9.5. Investment Roadmap Example 43
9.6. Integrated Health & Human Services (IHHS) Business Process Reference Model 44
9.7. Federal Mandates 45
9.8. State Mandates 46

1. Executive Overview

This Oregon Department of Human Services (ODHS) and Oregon Health Authority (OHA) Strategic Technology Plan 2024-27: A Comprehensive Overview document is intended to communicate the alignment between the vision, planning and execution of major technology initiatives.

This Executive Overview section is the heart of the plan, and no further reading is necessary to get a basic understanding of the technology goals and strategies. However, reading the subsequent sections will provide a deeper understanding of the drivers, priorities and frameworks within the ODHS|OHA's technology organization.



It represents priorities of the governor, Oregon Department of Human Services (ODHS), Oregon Health Authority (OHA), Enterprise Information Services (EIS), Office of Information Services (OIS) and many other organizations as noted below.

1.1. Health and Human Services Programs

The Oregon Health Authority (OHA) has eight core divisions. The Oregon Department of Human Services (ODHS) has eight core programs. Both agencies have Shared Services units that support the needs of both agencies.

Oregon Dept. of Human Services	Oregon Health Authority
• Self-Sufficiency (SSP) • Child Welfare (CW) • Aging and People with Disabilities (APD) • Office of Developmental Disabilities Svs. (ODDS) • Vocational Rehabilitation (VR) • Oregon Eligibility Partnership (OEP) • Director's Office • Central and Shared Services	• Equity and Inclusion (E&I) • Health Systems (HSD) • Health Policy and Analytics (HPA) • Oregon State Hospital (OSH) • Public Health (PHD) • External Relations • Agency Operations • Fiscal and Operations

There are 15+ shared services areas, such as financial and facilities services between the two agencies. The combined Health and Human Services organization supports 1.5 million clients; 16,700 staff; more than 50,000 partners; and more than 140 office locations. The agencies have a combined Legislatively Approved Budget (LAB) of $54.25 billion.

1.2. Office of Information Services (OIS)

For the purposes of this document, we'll focus on the Office of Information Services (OIS). However, also, important to the agencies are other units with a strong focus on technology which we refer to as "local IT" and we'll lightly cover them in this document.

OIS exists to provide services in helping Oregonians achieve health, well-being, and independence. In support of this mission, OIS provides information technology systems and services that help ODHS|OHA to:

- Determine client eligibility
- Provide medical, housing, food and job assistance
- Provide addiction, mental health and vocational/rehabilitative services
- Protect children, seniors and people with physical and/or developmental disabilities
- Process claims and benefits
- Manage provider licensing and state hospital facilities
- Promote and protect the state public health
- Support internal ODHS|OHA administrative functions, including human resource, finance and procurement programs

OIS supports more than 75 core business applications that are used by approximately 16,700 agency and partner staff located at 140 locations throughout Oregon.

The OIS organizational structure consists of the Office of the chief information officer and several major units that play vital roles in achieving the agencies' mission:

- Risk and Privacy Office
- Business Engagement Services (BES) including Enterprise Alignment
- Project Solutions (PS)
- Vendor Managed Services (VMS)
- Health and Service Equity Transformation (focused on HB 3159)
- Customer Services and Support (CSS)
- Solution Development and Delivery (SDD)
- Business Operations

1.3.Strategic Goals and Strategies

OIS exists to provide services in helping Oregonians achieve health, well-being, and independence. To support this mission, the Strategic Technology Plan's goals, and strategies were developed with the purpose **to strengthen the Office of Information Services' ability to deliver IT functions with greater perspective and effectiveness**.

Goal 1: Cultivate IT Workforce Cultivate a highly skilled, diverse, and customer focused organization.

- Improve equitable hiring
- Increase recruitment cycle transparency
- Accelerate customer service and technical training
- Accelerate development opportunities

Goal 2: Strengthen Cybersecurity, Risk and Privacy Strengthen cybersecurity and consider the risk in the decision making process.

- Improve the security and privacy posture
- Prevent, monitor, and rapidly respond to emerging threats and vulnerabilities
- Prioritize initiatives through a risk-based approach

Goal 3: Accelerate Technology Modernization Enhance and augment IT infrastructure, systems, cloud capabilities, and processes to address pressing human services and health care challenges.

- Align IT investments with business strategy
- Modernize legacy IT; include a specific evaluation for new AI technologies
- Share technology solutions
- Promote ADA accessibility, language access, and user experience

Goal 4: Increase Data Insights Consider community involvement in data that is collected, and used in a way that does not perpetuate or exacerbate existing inequities ensuring accuracy and completeness.

- Improve how we handle, organize and deliver information
- Connect systems through standardized approaches
- Make data easily available and accessible while respecting privacy

Goal 5: Optimize Technology Management Provide inclusive, customer focused collaboration

- Center technology governance processes on equity and inclusion
- Improve customer service
- Enhance communication and partnerships

1.4. Action Plan and Measures

To ensure accountability in achieving the plan goals and strategies, each goal has 3-5 action items that are tracked and reported using the Performance Management System Quarterly Target Reviews. Actions and measures are re-evaluated periodically and will be refreshed in quarter 1, 2024, and again upon the completion of the agency strategic plans. As a side note, operational measures also exist and are reviewed on a quarterly basis.

1.5. OIS Operating Principles

Operating principles have helped define the culture of OIS and provide guidance for decision making at all levels of the organization.

Each decision we make can affect technology, process, and people. OIS uses these operating principles to guide our choices as we navigate the complex opportunities and challenges of our work.

- **Honor Business Drivers** – We use governance effectively, partnering with the business to prioritize investments.
- **Choose Wisely** – We consider diverse options and choose solutions by thoughtfully evaluating their benefits, costs, and risk. We consider the impact across the enterprise IT ecosystem and throughout the lifecycle.
- **Consider the Data** – We provide solutions that support keeping the data accurate, unduplicated, secure, and accessible for multiple uses.
- **Invest for Sustainability and Agility** – We seek and embrace opportunities to simplify, including reducing redundancy, promoting re-use, and embracing standards and modularity.
- **Deliver Incremental Value** – We deliver value efficiently and predictably, continuously learning and improving.

1.6. Challenges

While strategic plans create vision and excitement, a plan would not be complete without discussing known challenges. The list below includes the top challenges in implementing technology in Oregon state government that causes significant delays in modernization, maintenance and operations.

- **Lack of IT investment strategy to fund technology modernization** – While IT roadmaps exist for technology modernization, an IT investment plan does not exist. This puts technology groups in a reactive state, which is a catalyst for the technology to age beyond usefulness. The biennium budget policy option package process is too slow and siloed to be effective in providing funding to keep systems modernized and policy nimble.
- **Competitive IT market elongates the recruitment cycle to on-board staff** – A typical OIS recruitment averages 6-12 months from vacancy to job requisition to on boarding or 110 days from posting to first offer (depending on how it is measured).
    - Pay structures for large agencies affect IT professionals, who are paid significantly less (in most classifications) compared to other Oregon public sector entities.
    - Pay equity assessments capped at the step six have, also, lengthened the process and frustration for both candidates and hiring managers.
- **Heavy administrative processes** (IT, Human Resources, Procurement) slow down the delivery of services.
    - Backlog and cumbersome processes in DAS and agency human resource groups cause a delay in the hiring process.
    - Long procurement processes (agency, IT, agency procurement, Department of Administrative Services (DAS) procurement, DAS Enterprise Information Services, Department of Justice) for large technical projects take 12-18 months to get an executed contract.
- **Lack of shared vision, needs, schedules and workloads are barriers to accelerating technology modernization**.
    - These barriers continue to impact cross program, agency and IT organizations.
    - Centralized approaches take much longer than program specific approaches. Program specific approaches can cause re-work and significantly increase agency costs and increase IT risks.
    - Improved communication and collaboration will be needed to accelerate technology modernization.

2. Drivers

2.1. Governor

As Gov. Kotek took office in January 2023, she set clear direction on the top priorities, improving customer services in state agencies, and priorities for ODHS|OHA.

Priorities for Oregon	State Agencies & Customer Service
Housing and Homelessness	Increased accountability
Behavior Health	Prioritizing customer service
Education and Early Learning	Making things work efficiently as possible
	Providing tools and not barriers
	Improving access to services when and where people need them.

The governor provided direction to ODHS|OHA leadership that listed the following priorities.

- Transition of **Employment Related Day Care (ERDC)** to the new Department of Early Learning and Care (DELC) agency.
- Process **Medicaid Redeterminations,** which is the first time in three years (paused during the pandemic) that 1.5 million people on the Oregon Health Plan (OHP) must go through a benefit renewal process.
- Implement the 1115 **Medicaid Waiver** that has many new opportunities, including housing for up to six months for people at risk of homelessness and people at risk of extreme weather events due to climate change.
- Expand the **Healthier Oregon** to people who meet eligibility regardless of immigration/citizenship status.

- Provide a **Basic Health Program** which is initially focused on OHP members who will no longer be eligible after the redetermination.

2.2.Oregon Department of Human Services (ODHS)

The Oregon Department of Human Services (ODHS) is the largest executive branch agency. The mission of the 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 local level in a way that protects, empowers, respects choice and preserves the dignity of all Oregonians in need of ODHS services.

In 2023-2025, ODHS' top focus areas in alignment with the mission are:

Strengthening ODHS foundations

- Building the capacity we need to serve our communities more equitably and effectively.

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.

Creating the future of ODHS and human services in Oregon

- Working internally and externally to break down silos, connect systems together and identify and bridge gaps in services, while acknowledging 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.

ODHS has several initiatives and frameworks to guide the work of the agency.

Equity North Star - – The ODHS Equity North Star informs our work toward our vision of an agency free of racism, discrimination and bias.

RiSE - RiSE is about creating an intentional, positive, equitable and trauma informed organizational culture. The vision is an organization where we all feel

safe, valued, supported, strengthened and engaged in our personal growth and the agency's growth.

Building Well-Being Together Initiative (BWTI) – The BWTI goal is to focus on the whole well-being of people, families, and communities, especially those being left behind due to race, age, disability, identity and place.

2.3.Oregon Health Authority (OHA)

The Oregon Health Authority (OHA) is one of the state's largest executive agencies with a single overarching strategic goal: **eliminate health inequities in Oregon by 2030**. OHA's work is guided by the definition that the Oregon Health Policy Board (OHPB) and OHA adopted in 2020[1]:

Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.

Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including Tribal governments to address:

- *The equitable distribution or redistribution of resources and power; and*
- *Recognizing, reconciling and rectifying historical and contemporary injustices.*

To advance that goal, OHA is focused on accelerating the transformation of Oregon's health care system, expanding health coverage, and providing easier access to care, delivering better health outcomes, improving health care quality, and containing health costs for Oregon Health Plan members, and improving public health services in all Oregon communities. The focus areas for 2023-2025 include:

- **Reducing health disparities**, advancing health equity, and protecting health coverage
- Implementing the **1115 Medicaid waiver**
- Addressing unmet **behavioral health** needs

[1] Oregon Health Policy Board Health Equity Committee, https://www.oregon.gov/oha/EI/Pages/Health-Equity-Committee.aspx

- Supporting **Oregon State Hospital**
- Sustaining and **expanding public health** capacity

2.4.Joint Initiatives

The ODHS|OHA initiatives are being discussed at the recently formed Joint Governance Board and will be available early 2024.

2.4.1. Digital Accessibility in Hardware, Software and Systems

ODHS|OHA are committed to providing equitable access to information and services.

The agencies are committed to effective communications that are culturally and linguistically appropriate and accessible for a wide spectrum of people who have different communication needs or abilities.

In 2023, the agencies commissioned a workgroup to formalize a Digital Accessibility policy that define the expectations around scope and Web Content Accessibility Guides (WCAG) compliance. The EIS legislative and communications coordinator has participated in the agency workgroup. The policy is expected to be finalized in the first half of 2024.

2.5.Enterprise Information Services (EIS)

Enterprise Information Services led by State Chief Information Officer Terrence Woods has provided direction and guidance to Executive Branch Agency Leadership through several strategies and frameworks.

- *EIS Strategic Framework 2023-2026, Version 2.0* – EIS strategic plan including objectives, goals, and strategies for the EIS organization.
- *Cloud Forward: A Framework for Embracing Cloud in Oregon* – Define and communicate the EIS cloud vision and to enable state agencies to accelerate cloud adoption across the enterprise.
- *EIS Modernization Playbook: An Agency Guide to Digital Transformation, Version 1.0* – Recognizes the urgent need to modernize state IT systems and lay the foundation for digital transformation.
- *Oregon's Data Strategy: Unlocking Oregon's Potential, 2021-2023* – Oregon's Data Strategy establishes a central vision and critical actions to enable Oregon to better use, manage, and share its data to create

information, knowledge, and insight. Note: Will replace newer version upon publication.

For the context of this document and to provide an overview of alignment between various strategic plans to technology, we'll focus on the EIS Modernization Playbook for the next two sections. **The focus will continue to be on embracing and accelerating the move to cloud technology**.

2.5.1. EIS Guiding Principles

EIS crafted the following principles to align with the vision of the Enterprise Leadership Team, common goals, and outcomes, and shared with leadership across state government. They are derived from the 2021 EIS Modernization Playbook and abbreviated for inclusion here.

- **Put People First**. Successful modernization starts and ends with people – the experience of people who rely on the essential services provided by the State of Oregon, the ability of the state employees to effectively provide those services, and the ability of the agency leadership to drive digital transformation.
- **Aligned and Enabled**. Alignment with EIS vision for user-friendly, reliable, and secure IT systems between agency business and IT leadership that will enable agencies to fulfill their mission and strategic objectives, while continuing to deliver the core services that the people of Oregon rely on.
- **Data- and Privacy-Informed**. Modernization provides a unique opportunity to leverage data as a strategic asset across systems and programs, govern and manage that data through its lifecycle, enable data informed decision-making, transparency by default, while considering personal and private information.
- **Secure by Design**. Secure by design embraces coding practices and the seamless integration of security policy and controls into the fabric of the IT system itself.
- **Agile and Continuous Improvement**. Modernization requires sustained investment in our people, the formation of empowered teams that embrace agile practices, and a culture of continuous improvement encompassing people, processes, and technology.

2.6.Federal Mandates

This section includes a short list from the volume of federal mandates we must adhere to. The mandates below were chosen as we have active technical projects to meet the relevant mandate(s).

- **CMS MES Modernization** – CMS has for the past eight years signaled its interest seeing states move to a modular architecture for their Medicaid Management Information Systems (MMIS). In 2023, at the annual Medicaid Enterprise Services Conference, CMS announced that it will now focus on modernization as in "MES Modernization." (Technical Project: Medicaid Enterprise Services Modernization)
- **Fair Labor Standards Act (FLSA)** – In context of ODHS Home Care Workers (HCW) and Personal Service Workers (PSW), the FLSA requires that the records include certain identifying information about the HCW/PSW and data about the hours worked. (Technical Project: Provider Time Capture)
- **Federal Department of Health and Human Services** – The Federal Department of Health and Human Services (HHS) rule on Comprehensive Child Welfare Information Systems (CCWIS) went into effect on Aug. 1, 2016. The rule governs the next generation of technology to support child welfare programs. The new rule focuses on modularity, interoperability, reusability, data sharing between programs, lifecycle data management, and data quality. ODHS Child Welfare declared that it would move towards a CCWIS environment. (Technical Project: Child Welfare CCWIS Project)

2.7.State Mandates

This section lists the states mandates with a significant technology effort, over $1 million, and significant risks if not completed. It is not intended to be comprehensive and is focused on new legislation from 2023. A more detailed list is provided in Appendix A.

- **HB 2683 (2023)** – Directs the Early Learning Council to adopt rules to establish eligibility for certain children to participate in Employment Related Day Care subsidy programs.
- **SB 966 (2023)** – Requires OHA to adopt standards for types of data collected for all payers and that all claims' databases are consistent with standards adopted for collection of data on race, ethnicity, language,

disability, sexual orientation, and gender identity. (Technical Project: REALD/SOGI Registry-Repository)

- **SB 972 (2023)** – Requires OHA to transition from healthcare.gov to state-based marketplace by Nov. 1, 2026. (Technical Project: State Based Marketplace)

2.8. Negotiated Labor Union Commitments

Through the Collective Bargaining process, ODHS|OHA have made commitments to the labor unions. Many of the agreements include large and small technical work with any changes over 40 hours going through the technology governance process – see Section 4.7, Technology Governance. For the 2023-2025 Collective Bargaining Agreement there are 11 large effort commitments. An example of these changes include:

- **Compensation and Payroll System Design** (925 development hours) – This request is to create multiple tiers of pay for ODHS/APD homecare workers and OHA/HSD personal care attendants.
- **Holiday Pay** (450 development hours) – Homecare workers who work on a specific holiday get 1.5 times their hourly rate of pay. Anything up to 8 hours would be 1.5 times; beyond 8 hours on the holiday, would be paid at their current rate.
- **Carina Registry** (300 hours) – Development of a web service interface with the Carewell/Carina registry to verify the identity of in-home service Medicaid, State Plan Personal Care, and Oregon Project Independence in-home consumers.

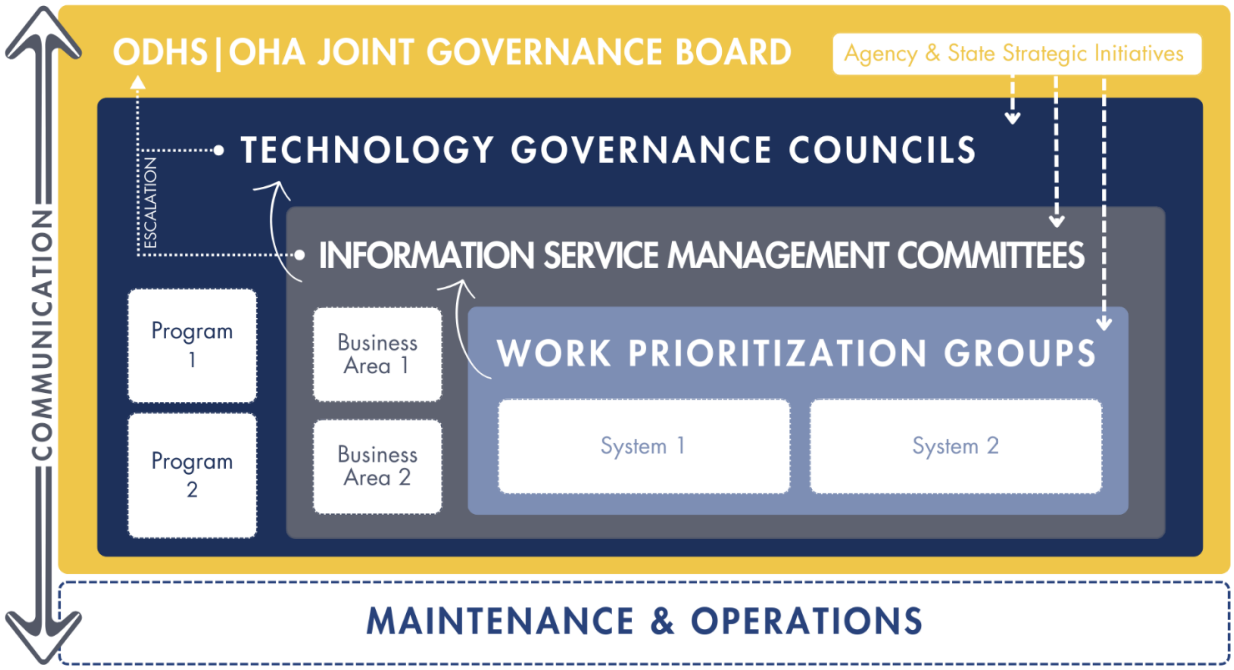
3. Large Technical Projects & Governance Model

3.1. Technology Governance

The current technology governance structure for ODHS|OHA has been intentionally evolving and maturing from as early as 2012. The technology governance process continuously matures and has received an EIS assessment score of 3 out of 4 for 2021 and 2022. Proposed changes for 2024 are in review.

The agencies recognize a strong investment prioritization structure and process are key to managing competing priorities where there are unlimited needs and limited resources.

Planning, coordination, and support for the overall governance structure and improvements is provided by Business Engagement Services, Business Relationship Management team, in partnership with agency leaders. The visual below represents the evolving technology governance structure. A written description of the different governing groups and roles follows the visual representation.



ODHS|OHA Joint Governance Board:
Starting at the top of the visual above, the Joint Governance Board (JGB), formed September 2023, was established to provide strategic direction on ODHS|OHA individual/joint strategic initiatives.

The strategic initiatives set by the board will help drive alignment with the agencies' goals of health equity and well-being. The board will help ensure the strategic direction is aligned with the governor's office initiatives, negotiated labor contracts, legislation, federal partners, as well as state and agencies goals. Priority setting at the Technology Governance Councils, Information Services Management Committees, and Work Prioritization Teams, described below, will be aligned to the top priorities of the JGB.

When lower-level governing body chairs/co-chairs are unable to resolve competing priorities, the board will act as a point of escalation.

Technology Governance Councils:
The ODHS|OHA Technology Governance Councils provide strategic guidance and prioritization on larger more complex technology initiatives and projects. These projects generally involve the implementation of a new system, platform, service, component, or module offering new capabilities and meet thresholds for EIS oversight.

Projects that will have an impact on and/or require staffing resources across the two agencies are reviewed and prioritized at both councils. The individual and joint agencies capacity to support and accomplish the individual and collective projects are part of the prioritization decision. Projects prioritized at the councils are vetted through a subordinate Information Services Management Committee (ISMC) prior to council prioritization, with a few exceptions. Project level governance is established within each project and the councils act as a point of escalation and review of proposed project schedule extensions.

During the biennial budget cycle policy option packages, existing, and new projects meeting the criteria go through a scoring process that is reviewed and finalized at the councils. After the councils complete their review, the policy option packages and projects scores and supporting documentation go through a statewide scoring process by the Enterprise IT Governance Committee (EITGC), which is made up of EIS and agency leadership. The EITGC is in process of being re-chartered for the 2025-2027 budget cycle.

Information Service Management Committees (ISMCs):
Both ODHS|OHA have ISMCs which review all change requests, prioritize, and sequence small to medium efforts greater than 40 hours that do not require project management or oversight support. There are six ISMCs prioritizing change requests for systems that support more than one program/division. There are nine ISMCs prioritizing change requests for systems supporting individual programs or divisions. Larger efforts requiring project management and/or oversight are prioritized at the appropriate ISMC and moved to the individual

agency council or both councils, in some circumstances, for review and final prioritization.

Work Prioritization Groups:
For tasks or small requests that will take less than 40 hours, there are small informal groups that collaborate to plan and coordinate accomplishing the work. Efforts greater than 40 hours are moved to the ISMC for review and prioritization.

3.2. Large Technical Project Portfolio

ODHS|OHA maintain a large portfolio of IT projects. A short list of the most significant and largest in-flight projects is presented here. Most of these projects are under oversight by OSCIO and the Legislative Fiscal Office.

The project management office continuously matures and has received a Enterprise Information Services assessment score of 4 out of 4 on both the portfolio and program management and maturity; and project management experience scores.

3.2.1. Major IT Projects Underway

As of October 2023, there are 45+ active technical projects with a project portfolio investment of $210 million. Not all projects meet the EIS thresholds for oversight. However, any time a professional technical project manager is assigned, we apply the same project management methodologies as large projects (though adjusted for size and complexity). Highlighted below are some of the active projects (listed alphabetically) with the full project portfolio available in Appendix A listed by agency priority.

- **Joint Department of Early Learning and Care (DELC) Technology Initiatives** – Work associated to DELC is being done with an interagency agreement via ODHS and activities are following project methodologies but is not an official designated project and is being managed through the technology governance processes. (Governor Priority)
- **Joint HB 3159 REALD & SOGI** – Establishes a centralized registry to collect Race, Ethnicity, Language, and Disability (REALD) & Sexual Orientation and Gender Identity (SOGI) data from CCO's, health providers and insurers in a consistent manner.

- **Joint Mainframe Migration Provider & Client Payment Systems** – Planning project to move ODHS|OHA off the mainframe with the focus around replacing payment type IT applications as the first phase.
- **Joint Medicaid 1115 Waiver Technology-only Portfolio** – Portfolio of the technical side of the projects in support of Health-Related Social Needs (Climate and Housing); Community Information Exchange; and the Basic Health Program. (Governor Priority)
- **Joint ONE & MMIS Infrastructure / Cloud Migration** – Two projects on two of the largest state IT systems are going through a significant lifecycle upgrade to keep the infrastructure reliable and secure. Both systems will be migrated to the cloud.
- **ODHS Case Management System** – Comprehensive Oregon Intellectual & Developmental Disability (I/DD) statewide case management system.
- **ODHS Comprehensive Child Welfare Information System (CCWIS) Portfolio** – To satisfy federal partners requirements and favorable cost allocation, Oregon has elected to migrate from the current legacy system to CCWIS. This is a case management information system that state and Tribal title IV-E agencies developed for the Child Welfare Program with a focus on data management and quality.
- **OHA Marketplace Transition from Federal to State-based Platform** – Move from a federal marketplace to a state-based marketplace in increased flexibility; provide more control over operations, customer service, and service levels; and consumer cost savings.
- **OHA Medicaid Enterprise Services (MES) Modernization** – Oregon Medicaid Enterprise System (MES) Modernization Planning effort is to move away from a single, monolithic system to a modular MES environment facilitating more efficient administration of Oregon's Medicaid program.
- **OHA OEBB/PEBB Benefit Management System Replacement** – Replacement of two legacy customized benefit systems with a solution that supports the delivery of required functionality, meets legislative mandates, and improves member experience.

3.2.2. Major IT Projects Recently Completed

There have been significant successes in project closures in recent years.

In March 2021, the final rollout of the Oregon Eligibility (ONE) implementation was completed and has transitioned to maintenance and operations. In the 2021-2023 biennium, 18 projects closed with an investment of $38.1 million.

In 2023-2025 biennium, 31 projects will close for an investment of over $125 million based on current project schedules. Of the significant and large projects listed above, the following are projected to close this biennium.

- Joint Department of Early Learning and Care (DELC) Technology Initiatives
- Joint Mainframe Migration Provider & Client Payment Systems (Planning only)
- Joint Medicaid 1115 Waiver Technology-only Portfolio
- Joint ONE & MMIS Infrastructure/Cloud Migration
- OHA Medicaid Enterprise Services (MES) Modernization (Planning only)
- OHA OEBB/PEBB Benefit Management System

3.2.3. Mapping Projects to Strategic Goals and Drivers

The *Drivers* and *Aligning Strategy, Priorities, and Plans* sections are the basis for the mapping criteria. Liberties have been taken to categorize the Drivers and IT Strategic Alignment criteria into three categories for document readability and simplification. The alignment assessment was done by the chief information officer in review with the deliverable workgroup and agency leadership.

Mapping Projects to Strategic Goals and Drivers		Strategic Alignment	Operational: Efficiency, Risk Management, Maintenance	Compliance	Strengthen Cybersecurity & Privacy	Accelerate Technology Modernization	Increase Data Insights
		Drivers			IT Strategic Alignment		
Joint	Department of Early Learning and Care (DELC) Technology Initiatives	X	X	X		X	X
Joint	HB 3159 REALD & SOGI	X	X	X	X	X	X
Joint	Mainframe Migration Provider & Client Payment Systems	X	X	X	X	X	X
Joint	Medicaid 1115 Waiver Technology-only Portfolio	X	X	X	X	X	
Joint	ONE & MMIS Infrastructure / Cloud Migration		X	X	X	X	
ODHS	Case Management System	X	X	X	X	X	X
ODHS	Comprehensive Child Welfare Information System (CCWIS) Portfolio	X	X	X	X	X	X
OHA	Marketplace Transition from Federal to State-based Platform	X	X	X		X	X
OHA	Medicaid Enterprise Services (MES) Modernization	X	X	X	X	X	X
OHA	OEBB/PEBB Benefit Management System Replacement	X	X	X	X	X	X

Incorporating strategic goals and drivers is part of our governance process – during Intake, and then validated as part of the Project Initiation phase, working with EIS to validate it meets the goals and drivers including OIS, ODHS|OHA, EIS, and our federal partners.

4. Continuous Modernization

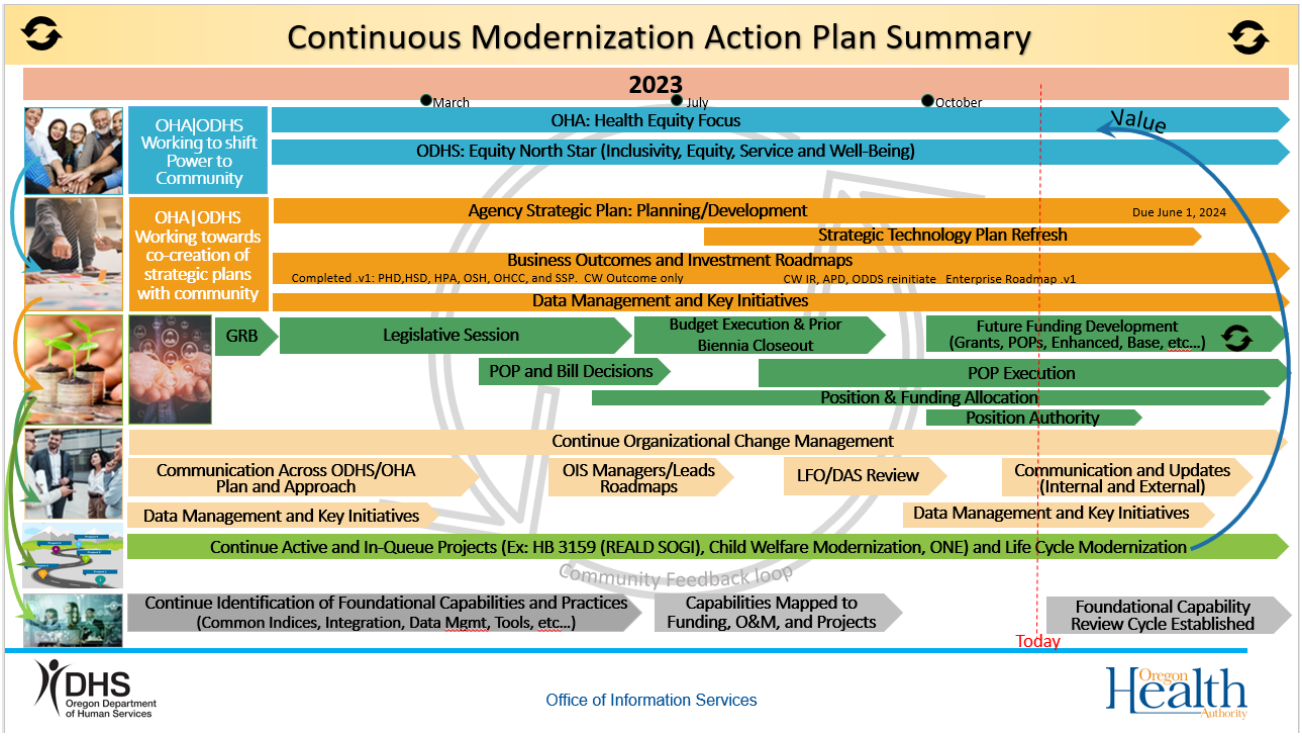
Our IT Modernization Framework aligns state level, business strategy and technical strategies. OIS is working closely with agency programs to develop what we refer to as Business Outcome Statements (business strategy) and Investment Roadmaps.

The work results in identification of current and future state capabilities, fosters proactive planning through investment roadmap development, positions the agency to be more strategic in decision making around funding requests, helps identify common capability needs and better informs decisions around prioritization of technology investment projects. The Outcome Statements and Investment Roadmaps will be refreshed and used to inform updates to the Strategic Technology plan.

The approach is based on various leading frameworks with heavy influence by Gartner frameworks. Other key contributors included the Enterprise Information Services (EIS) Assistant State CIOs and EIS Senior IT Portfolio manager. In addition, the strategies and plans have been shared with the LFO IT analysts who help provide further guidance in the process.

4.1.Continuous Modernization Action Plan

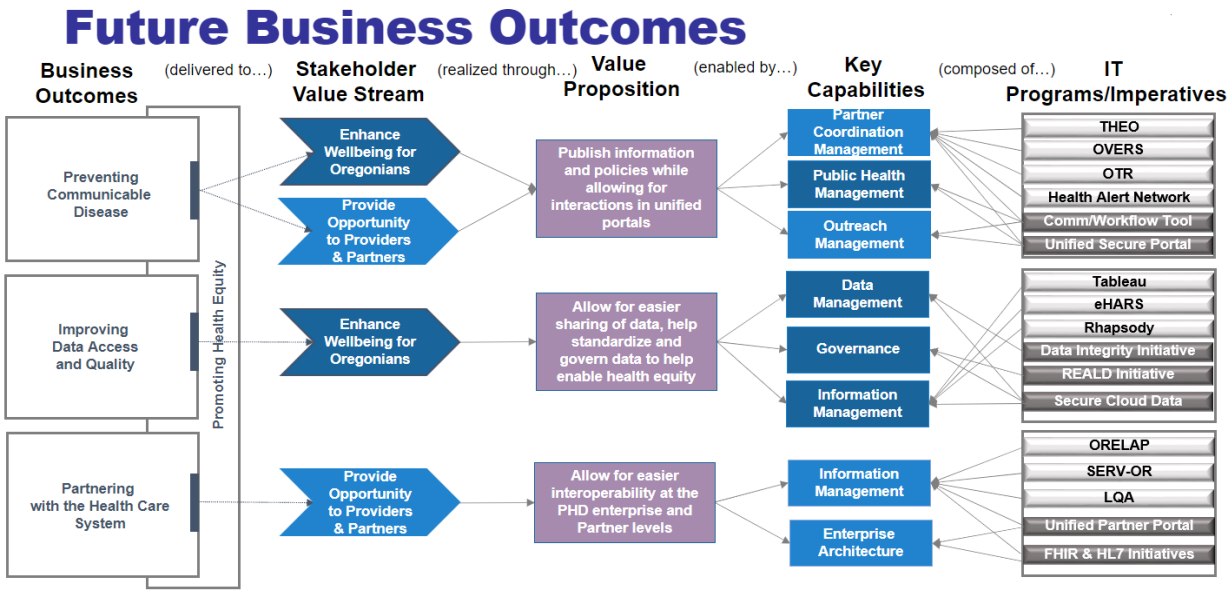
The visual below depicts the Continuous Modernization Action Plan. The plan and resulting deliverables are led from a health and service equity perspective. The resulting deliverables drive and inform technology investments to meet the outcomes the agencies' desire. See Appendix A for a larger visual.



4.2. Business Outcome Statements

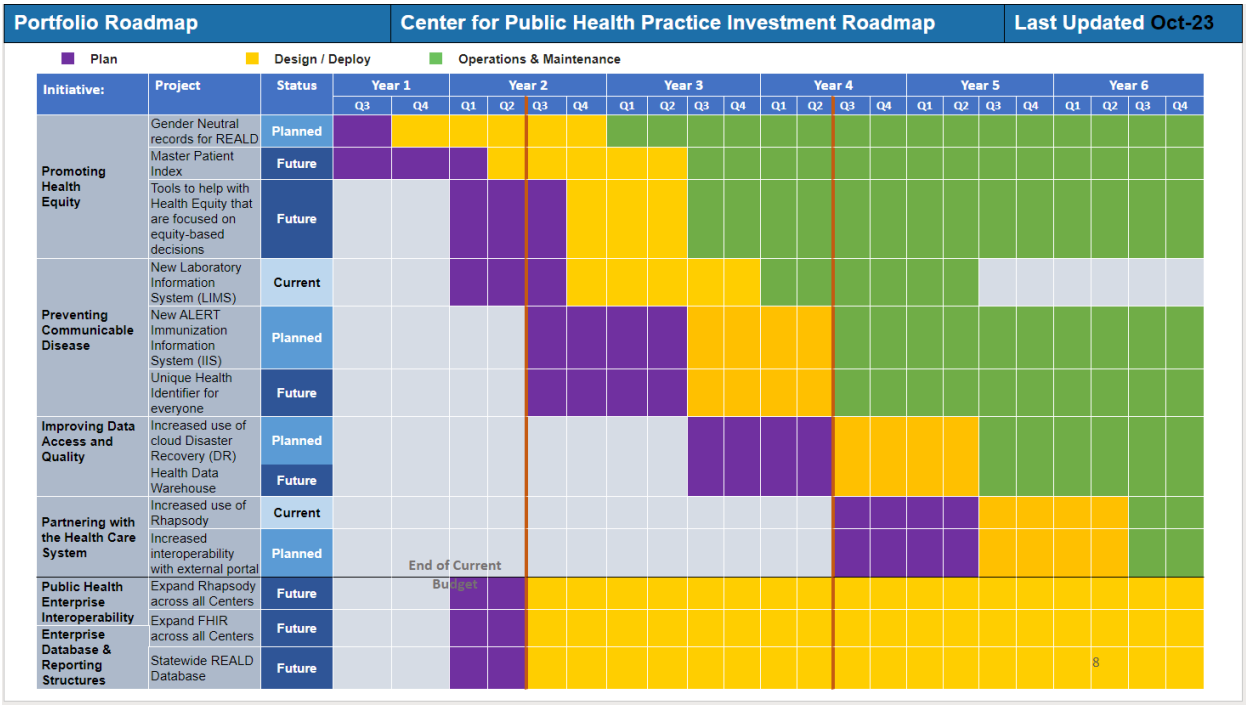
The Business Outcome States are the heart of the Continuous Modernization Approach. Enterprise architects' partner with program leadership to understand and collaborate on the desired business outcomes, compare it to an Integrated Health and Humans Services Capability Model (see Appendix A) and map it to technology components.

There are four components in every Business Outcome Statement, including Disruptive Business & Technology Trends; Business Goals and Objectives; Current Business Outcomes; and Future Business Outcomes. The visual below is a small portion of OHA's Public Health Division's Business Outcome statement, reflecting the future business outcomes component. See Appendix A for a larger visual.



4.3.Investment Roadmaps

The current capability gaps or future capabilities identified in Business Outcomes are mapped to Investment Roadmaps. The work results in identification of current and future state capabilities, fosters proactive planning through investment roadmap development, positions the agency to be more strategic in decision making around funding requests, helps identify common capability needs and better informs decisions around prioritization of technology investment projects. The Outcome Statements and Investment Roadmaps will be refreshed and used to inform updates to the Strategic Technology plan.



The visual above is a small portion of the OHA's Public Health Division's Investment Roadmap. See Appendix A for a larger visual.

4.4. Business Outcome Statements and Investment Roadmap Status

Since 2022, the Enterprise Architecture group has been working with the programs and divisions on the development of the Business Outcome Statements and Investment Roadmaps. A status by core programs is noted below.

Oregon Department of Human Services	Outcome Statement	Investment Roadmap	Target Start	Target Completion
Self-Sufficiency (SSP)	100%	90%		12/31/2023
Child Welfare (CW)	100%	45%		01/31/2024
Aging and People with Disabilities (APD)	100%	45%		01/31/2024
Office of Developmental Disabilities Svs. (ODDS)	100%	45%		02/28/2024
Vocational Rehabilitation (VR)	100%	45%		02/28/2024
Oregon Eligibility Partnership (OEP)			To be coordinated	TBD
Director's Office			To be coordinated	TBD
Central and Shared Services			To be coordinated	TBD
Oregon Health Authority				
Equity and Inclusion (E&I)			To be coordinated	TBD
Health Systems (HSD)	100%	100%		Complete
Health Policy and Analytics (HPA)	100%	90%		12/31/2023
Oregon State Hospital (OSH)	100%	90%		12/31/2023
Public Health (PHD)	100%	45%		01/31/2024
External Relations			To be coordinated	TBD
Agency Operations			To be coordinated	TBD
Fiscal and Operations			To be coordinated	TBD

5. Strategic Focus Areas

5.1. ODHS Office of Reporting, Research, Analytics, and Implementation (ORRAI)

The Office of Reporting, Research, Analytics, and Implementation (ORRAI) provides mission critical information to leadership and employees, legislators, partners, and the public. The office uses ODHS and inter-agency program data and tools such as predictive analytics, workload modeling and other quantitative and qualitative methods to improve outcomes for children and families. The office translates data into information and develops practitioner tools to ensure decisions are data informed.

ORRAI helps ensure our programs and services are accountable. ODHS reports to federal agencies, the Oregon state government, funders, and other community partners on an ongoing basis as well as in response to changes in policy or requirements. In addition to reporting, ORRAI staff conduct research and analytics to ensure ODHS programs and services are effective, efficient and best meet the needs of Oregonians. The implementation staff ensures that research and analysis are informed by workers, experts, and clients and that resultant changes are implemented through planned, consistent, and coordinated processes.

5.2. Cybersecurity, Risk and Privacy

Enterprise Information Services/Cyber Security Services (CSS) provides cybersecurity services for the executive branch. As such, this group is accountable for cybersecurity for ODHS|OHA. OIS is responsible for executing many cybersecurity activities and tasks in alignment with CSS. Examples of security activities that OIS handles include maintaining and adhering to the agency security plan; ensuring the security event and incident response plans are updated and adhered to; designing, developing, and procuring systems meeting statewide security requirements; implementation and adherence to the statewide standards and controls; and remediating known risks and vulnerabilities.

ODHS|OHA through the Office of Information Services has an Information Security and Privacy Office (ISPO) unit. ISPO has five primary functions – privacy; IT risk and compliance; information exchange; awareness and education; and e-discovery.

Due to the data protection obligations that originate from federal and state laws that include Health Insurance Portability and Accountability Act of 1996 (HIPAA), ODHS|OHA must have a Privacy Program and a dedicated Privacy Officer (PCO). The Privacy Program also supports privacy and security investigations for both ODHS and OHA including third party partnerships.

In addition, ISPO has a position for ONE (Oregon Eligibility) Security Advisement that supports federal compliance requirements with the Centers of Medicare and Medicaid Services (CMS).

ODHS Shared Services has a position for the Criminal Justice Information Services (CJIS) Local Agency Security Officer (LASO) in coordination with Oregon State Police CJIS Information Security Officer.

ODHS and OHA have state and federal requirements around regulated data sets including HIPAA (Protected Health Information); CJIS (Criminal Justice Information Systems); IRS (Federal Tax Information); SSA (Social Security Administration); MARS-E (Minimum Acceptable Risk Standards for Exchanges); PCI (Payment Card Data) and others.

5.3. Data Focus

In alignment with "Oregon's Data Strategy" and in compliance with EIS policy, ODHS|OHA each have named a lead data officer. These two roles along with the IT Director/Enterprise Architect provide leadership on respective agency data strategies, data governance, and ongoing data management practices necessary to manage data as an asset as required by policy and statute.

Lead data officers for both agencies work with leaders in other domains including the OHA REALD/SOGI director; ODHS REALD/SOGI(E) director; and ODHS|OHA Health & Service Equity IT director.

5.4. Newer Artificial Intelligence Technologies

Newer artificial intelligence capabilities have become a conversation topic from family dinner tables to board rooms to federal, state, and local governments.

In October 2023, the federal government released a Blueprint for an Artificial Intelligence Bill of Rights. The blueprint emphasizes the need for ethical and equitable principles, practices, and guidelines for government artificial intelligence adoption to protect individuals from harm.

In November 2023, State of Oregon Gov. Kotek signed Executive Order No. 23-26: Establishing a State Government Artificial Intelligence Advisory Council. The Council will be convened to guide awareness, education, and usage of artificial intelligence in state government that aligns with the State's policies, goals, and values and supports public servants to deliver customer service more efficiently and effectively. The recommended action plan shall include concrete executive actions, policies, and investments needed to leverage artificial intelligence while honoring transparency, privacy, and diversity, equity, and inclusion.

The agencies are having many conversations around this new AI technology and especially Generative Artificial Intelligence (GenAI). Freely available tools such as ChatGPT are being used and experimented with use cases include summarizing publicly available documents, rephrasing public information at different reading levels, and getting an opinion (with precautions) on a wide range of subjects. Broader application use cases being discussed in health and human services include using chatbots to provide quick and efficient answers to the public and assisting case workers by summarizing case notes across multiple platforms.

The fast pace of GenAI has the potential to shape our business and technology processes. The Office of Information Services has drafted an interim guidance document that the agencies can use until further direction from state leadership is provided. "Guidance on the use of generative AI technologies in the workplace" is beginning to be socialized with technical and agency leadership and will be adjusted to meet the needs of the agencies.

6. Operational Modernization

6.1. IT Infrastructure Overview

OIS supports the hardware and software that our staff, providers, and clients use.

On the client side, OIS is accountable for the infrastructure noted in the table below. This includes 32,100 computers and printers and 14,700 mobile devices geographically used across Oregon in 140 office locations.

People We Serve	
Clients	1,628,790
Staff	16,700
Partners	35,000
Medicaid providers	16,000

Locations We Support	
Office network devices	3,500
Web conferencing rooms	280
Offices around the state	140

Technology We Support	
Computers and printers	32,100
Mobile devices	14,700
Servers	1,800
Applications (Mission Critical)	75

On the server side, EIS is accountable for the state network, hardware infrastructure, server provisioning and operating system and virtual machine (VM). OIS is accountable for the applications that the agencies use in this infrastructure. Application development, patching, maintenance and operations all are under the responsibility of OIS.

Currently there are 1,544 virtual machines allocated to ODHS|OHA which represents 37 percent of the total VMs in the state. All changes to these systems are managed through OIS who ensures that change management processes are followed, including post-change testing and validation.

6.1.1. IT Infrastructure Modernization

In alignment with EIS, and a benefit to the agencies, there are two large technical projects to shift infrastructure to cloud services – see Section 4.8.1 Major IT Projects Underway – which are the ONE & MMIS Infrastructure/Cloud Migration

projects. With the completion projects in 2023-2025 the VMs hosted in the cloud will move from <5 percent to 62 percent.

ODHS|OHA has, also, invested resources and funding in planning efforts to migrate applications off the mainframe - see Section 4.8.1 - Mainframe Migration Provider & Client Payment Systems technical project. This planning project is in the pre-initiate phase. OIS leadership connects periodically with EIS (Data Center Services) leadership as there are plans underway on the future of support of Oregon's mainframe needs.

Also, OIS has an active project on IT Asset Hardware Management that will be completed this biennium.

6.2. Direct Customer Support Model

OIS has a presence in all 140 OHDS|OHA office locations throughout the state to the benefit of our staff, providers/partners, clients, and other agencies through our customer service and support field technicians support model. It's a support model that allows OIS to quickly provide in-person services; assistance to EIS on replacement of the 3,500 network devices in the agency's offices; and efficiently keep workstations reliable and updated through the workstation lifecycle replacement program (every four years.)

These field tech professionals are, also, the ones who respond to local needs in local or large scale disasters, such as relocating a majority of the workforce into remote working environments during the pandemic; handling infrastructure outages during severe weather events or fires; and providing support to other agencies in a disaster, such as assisting other call centers with setup during the pandemic or responding to urgent needs in recent local government security events that required workstations to be rebuilt.

6.3. Application Portfolio

The ODHS|OHA organization has a large and complex application portfolio. The holistic application portfolio includes roughly 450 applications with 75 considered mission/business critical. OIS manually maintains an application inventory for service support reasons and has an active project implementing an IT Asset Management Software system.

The five largest and most complex applications include the Oregon Eligibility (ONE); Medicaid Management Information System (MMIS); OR-Kids Child Welfare System; Oregon State Hospital Electronic Health Records (Avatar); and COBOL-Based Financial/Payment applications. OIS plays a variety of roles in each mission/business critical application ranging from technical oversight of a vendor-based systems to application development and support of on-premise systems.

The last application portfolio assessment was in 2020, led by the OIS Enterprise Architecture Team and Gartner Research. While it was completed, many interviews to validate the accuracy of the information were not held due to the agencies' limited availability during the global pandemic. Gartner concluded (at that time) that ODHS|OHA is lagging peers on the modernization and cloud journey migration. This 2020 result validated what the technical organization is aware of and continues to make progress and seek funding and resources to address legacy IT systems.

6.3.1. Application Portfolio Modernization

In alignment with EIS strategy, cloud-based applications are the preferred replacement for core applications. Of the five largest and most complex applications noted in the section above, all have active cloud projects in the continuous modernization journey.

For applications that OIS is responsible for developing, major initiatives are underway to remove dependence on non-standard operating systems, database platforms, application stacks, and programming environments. For example, OIS has decommissioned Sybase entirely, and is working to modernize off AIX, DB2, PowerBuilder and the mainframe platform.

In support of in-house application modernization, a lot of work has been done with process, practice, and standards maturity. OIS continues to incorporate modern operational processes and toolsets including agile development which is a highly iterative and flexible development process; DevOps which is aimed at streamlining software development and delivery into production environments; and using software tools that aid with accessibility and vulnerability maturity.

For details around the holistic application portfolio modernization – see Section 4.9, Continuous Modernization.

7. Investments

7.1. OIS Workforce

For the 2023-2025 biennium, OIS has 650 legislatively approved budget positions. Of these positions 6 percent are management/supervisory, 94 percent are staff with a management to staff ratio of 1:10.7. Our current OIS vacancy rate is less than 12 percent.

OIS is a Shared Services organization and ODHS|OHA use a 64 percent/36 percent cost allocation model. Direct charge codes are used for project-based work. It's common for OIS units to be fully dedicated to business units in our software development and delivery as the nature of the work is around internally developed and supported products. For a few examples, the OIS OR-Kids (child welfare) unit comprised of software engineers; OIS ONE unit comprised of project managers, contract administrators, system administrators; OIS Health & Service Transformation unit in dedicated support of REALD/SOGI. Approximately 100 staff direct charge 100 percent of their time on a monthly average, approximately 75 staff direct charge a portion of less than 100 percent of their time on a monthly average.

7.2. OIS Budget

OIS has a $234,600,000 budget for the 2023-2025 biennium, which is 0.44 percent of the combined ODHS|OHA budget. About 80 percent of the budget is for personnel services or labor, with the other software maintenance (10 percent), IT professional services (5 percent), and other services and supplies (5 percent).

Personnel services of local IT groups and product and solution business analysts are in agency budgets.

7.3. Technical Policy Option Package Investments in 2023-2025 budget

In 2023-2025, there were five investments (over $2 million) in technology through Policy Option Packages with descriptions in the Large Technical Project Portfolio – dollars are represented as total funds. The POPs below support the program and technology needed as outlined in the POP. This includes:

- **Joint Ongoing Maintenance (POP 143)** – **$39.1 million** – This policy package requests funding for ongoing maintenance and enhancements, ODHS Oregon Eligibility Program resources, cloud migration, additional

software licensing needs, and one-time payment to IT vendor for final contract cost.

- **REALD & SOGI Implementation: Getting to Data Justice (POP 403)** – $15.7 million –Supporting data collection by external providers, insurers, and individuals, the Initial Registry, Initial Repository, and creating the Enterprise Scale Statewide REALD & SOGI Registry and Repository represents an investment in data equity and facilitates data justice within communities most impacted by health inequities.
- **Joint – Mainframe Migration/Provider & Client Payments System (POP 203)** – $13.1 million – The policy package received funds and resources to start the planning work of a multi-biennia project to migrate the mainframe COBOL based payment & financial components to modern platforms. The oldest payment systems are complicated, antiquated, and fragile with limited resources being available in the IT industry. These mainframe COBOL components processed 14.5M payments for a total of $3.7B and is one of the greatest risks of the ONE Environment. This POP gets us started on planning and ideally to a pilot effort.
- **OHA – OEBB/PEBB Benefit Management System Replacement (POP 435)** $6.6 million –This policy package would fund implementation activities including additional project staffing, vendor implementation costs, hosting and licensing fees, oversight fees for quality assurance, and contingency allowances.
- **OHA – Marketplace Transition from SBM-FP to SBM (POP 416)** – $2.1 million – This (planning) policy package requests fund to end Oregon's reliance on the federal health insurance exchange eligibility and enrollment platform and the federal call center, and to fund the initial stage of its transition to a state-based marketplace platform and state-controlled call center.

8. Continuous Planning

8.1. Accountability

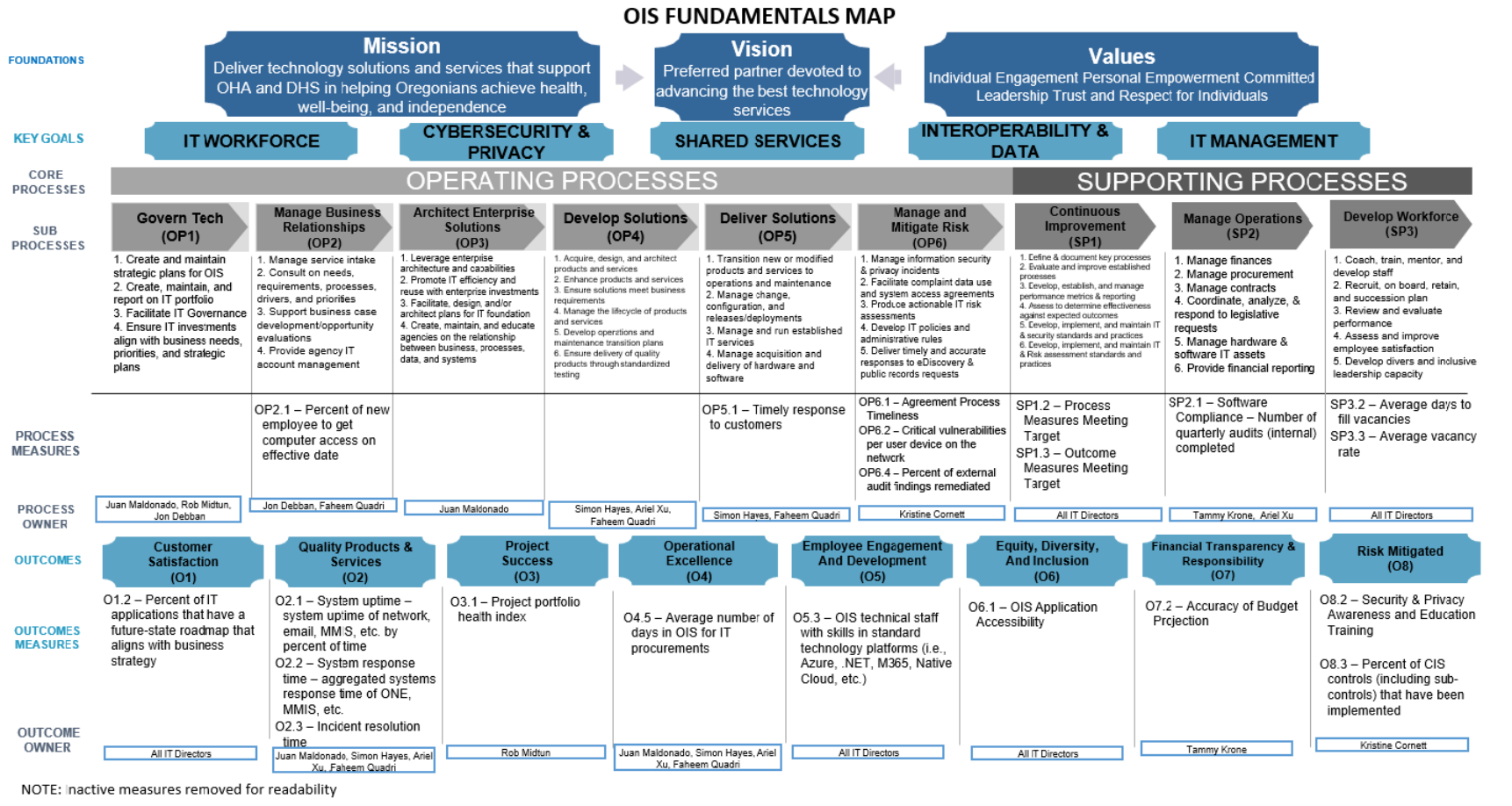
The ODHS|OHA chief information officer (CIO) and deputy CIO are accountable for the Office of Information Services. Key strategic documents such as this document, Strategic Technology Plan, and the Performance Management System will be a shared responsibility. Periodically, usually at year end and the end of the biennium, the materials are reviewed and refreshed.

8.2.Communication

IT progress and strategic artifacts are co-created, reviewed, and communicated to agency leadership. In recent years and going forward the leadership bodies for communication strategy includes agency directors and deputy directors; program/division directors; ODHS cabinet; OHA leadership team; agency technology councils; OIS and local IT technical directors, OIS all managers, and OIS all staff. Additionally, materials are co-created with and/or reviewed with the Healthy Policy assistant CIO; Senior Investment Program manager, and LFO IT analysts.

9. Appendix

9.1. Performance Management System – Fundamentals Map



NOTE: Inactive measures removed for readability

9.2. Project Portfolio with IT Governance Prioritization

The following snapshots are dated October 2023. Cross-agency projects will appear on both lists. Dollars are represented as total funds.

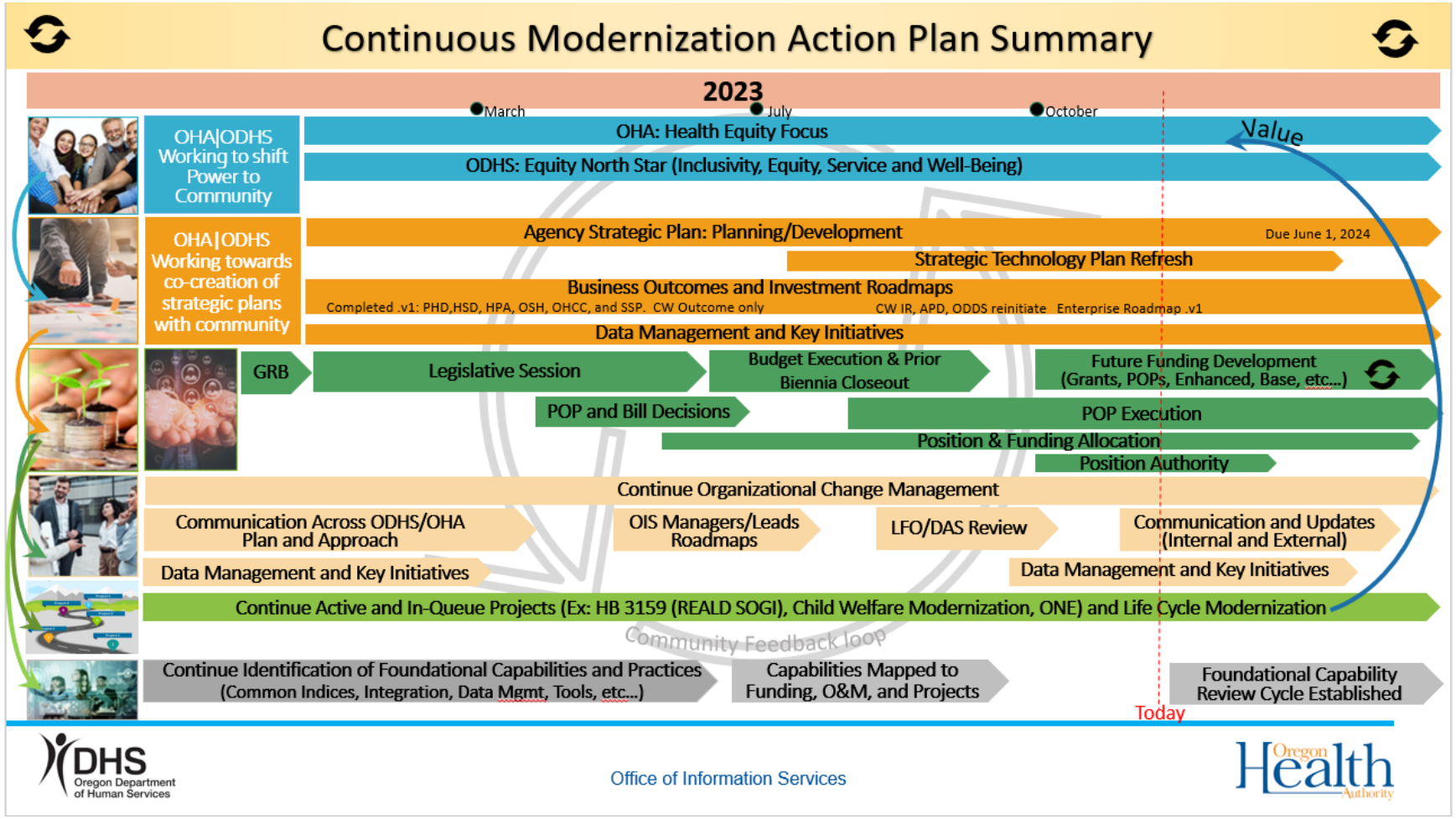
ODHS Governance Council Prioritization

Priority	Project Name	Health	Project Budget	Project Phase	Projected End
1	1115 Waiver Technology Implementation			1-Initiating	
2	Mainframe Modernization - Payment Systems			0-Pre-initiation	
3	SB155 Enhancements		$784,658	4-Closing	05/31/2023
4	Provider Time Capture (PTC)		$31,367,810	3-Executing	01/20/2025
5	CCWIS		$8,898,851	2&3-Planning/Executing	06/30/2024
6	REALD and SOGI Registry Implementation		$10,900,000	2-Planning	06/30/2025
7	Case Management System		$6,110,500	2-Planning	
8	Provider Enrollment Maintenance System		$9,200,000	2-Planning	
9	Resource Parent Inquiry Certification and Training (RPICT)		$1,363,107	1&2-Initiating/Planning	08/31/2024
10	GO Priority - DELC - Childcare Regardless of Citizenship			3-Executing	
11	ONE Program Cloud Migration			1-Initiating	12/31/2024
12	Aspen to iQIES Transition		$0	1&2-Initiating/Planning	09/16/2024
13	APS Community Workflow and REALD		$1,352,600	1-Initiating	07/10/2024
14	IT Service Management		$4,137,792	2-Planning	
15	Email Retention and Special Schedule Initiative			0-Pre-initiation	
16	Laserfiche Enterprise		$1,019,120	3-Executing	12/11/2023
17	OregonBuys Implementation		$220,000	2&3-Planning/Executing	03/29/2024
18	ODDS Electronic Visit Verification - Non-Web Solution			1-Initiating	

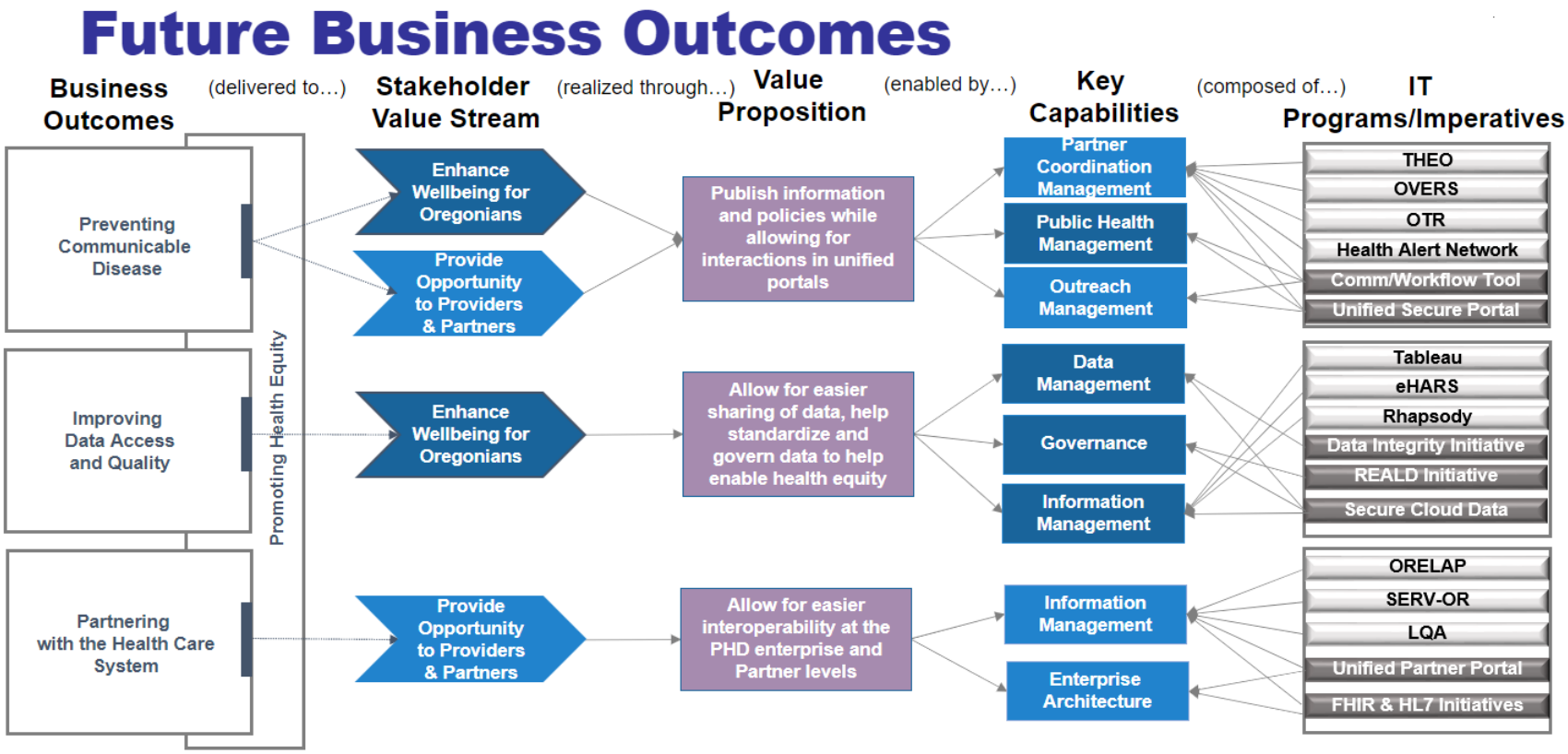
OHA Governance Council Prioritization

Priority	Project Name	Health	Project Budget	Project Phase	Projected End
1	1115 Waiver Technology Implementation			1-Initiating	
2	REALD and SOGI Registry Implementation		$10,900,000	2-Planning	06/30/2025
3	Mainframe Modernization - Payment Systems			0-Pre-initiation	
4	MES Modernization (formerly Modularity) Planning Phase		$922,994	3-Executing	12/31/2024
5	Oregon State-Based Marketplace		$1,200,000	2-Planning	04/04/2025
6	HASP 2		$2,067,840	3-Executing	02/02/2024
7	MES Interoperability - Claims & Provider Directory		$4,929,001	3-Executing	04/08/2024
8	SERV-OR		$769,980	3-Executing	09/12/2024
9	Compass Modernization		$1,788,046	1-Initiating	04/11/2024
10	OSH Incident Reporting and Infection Surveillance (IRIS)		$697,000	3-Executing	03/31/2024
11	MMIS Program Integrity - Release 4		$8,258,688	2&3-Planning/Executing	07/31/2023
12	HPA HEDIS			0-Pre-initiation	
13	ALERT IIS Replacement		$10,000,000	1-Initiating	
14	OEBB-PEBB Benefit Management Systems (BMS) Replacement		$14,470,585	3-Executing	08/04/2025
15	OSH Scheduling and Time Replacement			1-Initiating	
16	Email Retention and Special Schedule Initiative			0-Pre-initiation	
17	OregonBuys Implementation		$220,000	2&3-Planning/Executing	03/29/2024
18	HIV-E (HIV-Electronic)		$23,700,949	3-Executing	06/29/2027
19	TWIST TO WEB		$16,359,475	3-Executing	01/31/2024
20	IT Service Management		$4,137,792	2-Planning	
21	OVERS ICR		$6,455,838	2&3-Planning/Executing	07/26/2024
22	MMIS Letter Generator Upgrade		$1,179,731	3-Executing	12/22/2023
23	OSPHL LIMS Replacement		$1,873,953	2-Planning	
24	MMIS Infrastructure Replacement - Phase 1		$10,072,072	3-Executing	12/31/2024
25	Laserfiche Enterprise		$1,019,120	3-Executing	12/11/2023
26	ONE Program Cloud Migration			1-Initiating	12/31/2024
27	Oregon Trauma Registry (OTR) Replacement		$636,888	2-Planning	12/08/2023

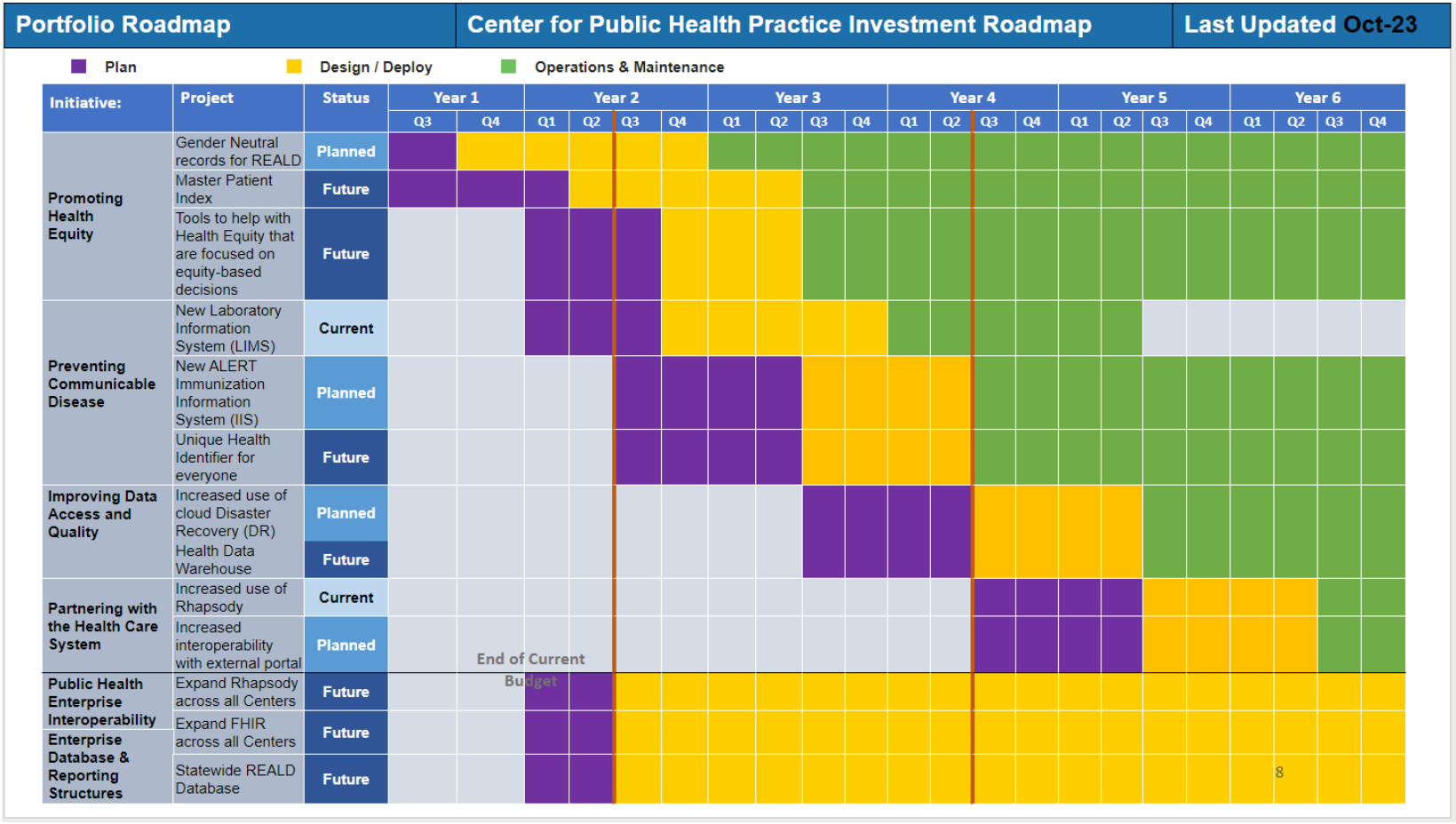
9.3.Continuous Modernization Action Plan Summary



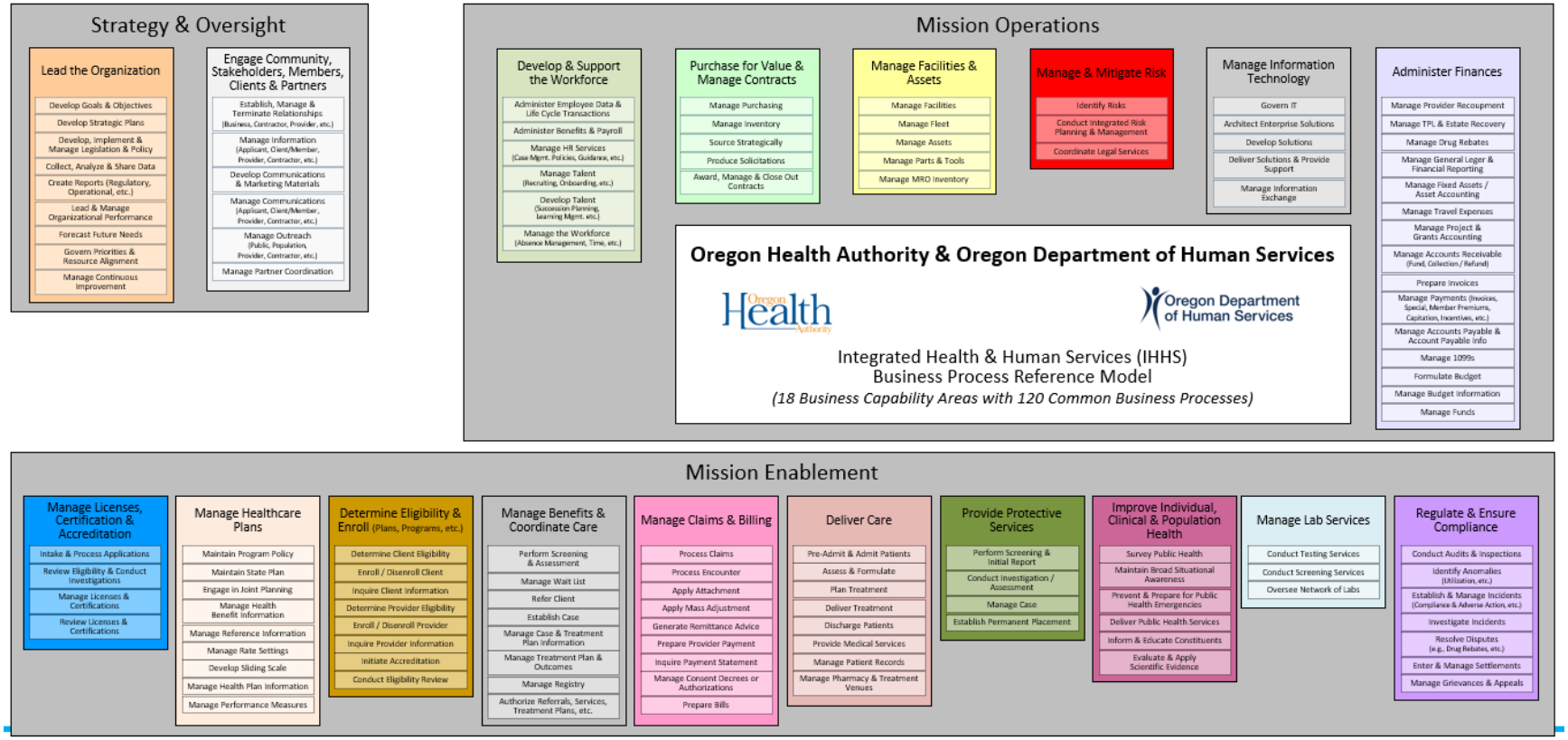
9.4.Future Business Outcomes Example



9.5.Investment Roadmap Example



9.6.Integrated Health & Human Services (IHHS) Business Process Reference Model



9.7.Federal Mandates

Top Federal Mandates
CMS MES Modernization – For the past eight years, CMS has signaled its interest seeing states move to a modular architecture for their Medicaid Management Information Systems (MMIS). In 2023, at the annual Medicaid Enterprise Services Conference, CMS announced that it will now focus on modernization as in "MES Modernization." (Technical Project: Medicaid Enterprise Services Modernization)
Fair Labor Standards Act (FLSA) – In context of ODHS Home Care Workers (HCW) and Personal Service Workers (PSW), the FLSA requires that the records include certain identifying information about the HCW/PSW and data about the hours worked. (Technical Project: Provider Time Capture)
Federal Department of Health and Human Services – The Federal Department of Health and Human Services (HHS) rule on Comprehensive Child Welfare Information Systems (CCWIS) went into effect on Aug. 1, 2016. The rule governs the next generation of technology to support child welfare programs. The new rule focuses on modularity, interoperability, reusability, data sharing between programs, lifecycle data management, and data quality. ODHS Child Welfare declared that it would move towards a CCWIS environment. (Technical Project: Child Welfare CCWIS Project)
21st Century Cures Act – Requires HCW and PSW time entries to be accurate and attested to by both service recipients and providers. (Technical Project: Provider Time Capture)
Hospital Accreditation – Patient safety and hospital accreditation require that federally mandated electronic health management systems be highly available. (Technical Project: Hospital Application Survivability Platform 2)
CMS Interoperability and Patient Access Final rule – The rules advance the efforts to make health information more easily available to patients and improve coordination of care. (Technical Project: Medicaid Enterprise Services Interoperability)
CMS MARS-E mandate – Federal mandates around information security, privacy, and accountability are evolving rapidly. Of relevance is the Minimum Acceptable Risk Standards for Exchanges (MARS-E). MARS-E provides a single, integrated approach to security and privacy that addresses multiple federal requirements. (Technical approach – ONE maintenance and operations)

9.8.State Mandates

Top State Mandates
HB 2468 (2023) – Requires property owners to allow dwellings to be used as family childcare homes and sets rules around certification, other children on premises, and subsidy payments from DELC.
HB 2665 (2023) – Requires the Health Licensing Office to establish processes to receive and investigate complaints regarding temporary staffing agencies. Requires OHA to develop rules to establish maximum rates that temporary agencies may charge.
HB 2683 (2023) – Directs the Early Learning Council to adopt rules to establish eligibility for certain children to participate in Employment Related Day Care subsidy programs.
HB 2757 (2023) – Expands and provides funding for a coordinated crisis services system including 9-8-8 suicide prevention and behavioral health crisis hotline.
HB 3127 (2023) – Identifies certain covered vendors and prevents state agencies from downloading and installing covered products from those vendors. Requires OSCIO to adopt rules, policies, and standards for state agencies to implement the removals relating to the vendors, including definitions and timelines of agency notification.
SB 11 (2023) – Requires certain executive department boards or commissions that conduct public meetings through electronic means to record and promptly publish recordings on websites or hosting services so the public may observe or listen to meetings for free.
SB 231 (2023) – Directs ODHS to establish and maintain a centralized child abuse reporting system.
SB 966 (2023) – Requires OHA to adopt standards for types of data collected for all payers and that all claims' databases are consistent with standards adopted for collection of data on race, ethnicity, language, disability, sexual orientation, and gender identity. (Technical Project: REALD/SOGI Registry-Repository)

SB 972 (2023) – Requires OHA to transition from healthcare.gov to state-based marketplace by Nov. 1, 2026. (Technical Project: State Based Marketplace)
SB 1089 (2023) – Establishes a Universal Health Plan Governance Board. (Note: Bill analysis stated need for single payer plan system)
HB 3159 (2021) – Getting to Data Equity - HB 3159 mandates a registry and repository for collection of Race, Ethnicity, Language, Disability (REALD) and Sexual Orientation, Gender Identity (SOGI) data from providers and insurers. REALD & SOGI data is OHA's best tool to assess how racism, disablism, lack of language access, sexism and heteronormative dominance impact individual and community health. (Technical Project: REALD/SOGI Registry-Repository)
SB 855 (2019) – Directs professional licensing boards to study matter in which people who are immigrants or refugees become authorized to practice occupation or profession – Directs the Oregon Home Care Commission (part of ODHS) to develop and implement methods to reduce barriers to enrollment for applicants who may be immigrants or refugees. (Technical Project - Provider Enrollment Maintenance System)
SB 1067 (2017) – Relating to government cost containment; and declaring an emergency – Per the bill, SB 1067 Oregon Educators Benefit Board (OEBB) and Public Employees Benefit Board (PEBB) are seeking to integrate the administrative and support of the two IT systems, with improved user experience and customer care, into a single platform to drive cost reductions and operational improvements consistent with applicable law and administrative rule. (Technical Project – OEBB-PEBB Benefit Management Systems (BMS) Replacement)
SB 774 (2015) – Requires Home Care Commission to adopt statewide plan to expand home care worker workforce – Directs ODHS to implement a single online application and universal provider number for the agency provider workforce and increase the size of the workforce available to serve individuals receiving services. (Technical Project – Provider Enrollment Maintenance System)

Diversity Equity Inclusion Belonging



Oregon Department of Human Services

Goals 2024–2026

Contents

Build a more equitable and inclusive culture. 4

1. Introduction and background 5

1.1 A word from the ODHS director 5

1.2 What it means to be an anti-racist organization: Reflections from Office of Equity and Multicultural Services (OEMS) Director Dion Jordan 7

What does that mean? 7

1.3 Understanding this document 9

ODHS Equity North Star 10

ODHS's vision, mission and goals 10

RiSE 12

Resilience, healing and empowerment 13

1.5 Where ODHS is today 14

Governor's DEI action plan 15

ODHS believes every community leader should be DEIB-competent 17

2. Focus areas 18

2.1 Leadership: equip ODHS leaders to lead DEIB 18

2.2 Community engagement 21

2.3 Culture and education 26

2.4 REALD and SOGIE data equity and language access. 30

2.5 Service equity 34

2.6 Government-government and Tribal relationships 39

2.7 Hiring, promotion and retention 41

2.8 Communications 44

2.9 Budget 46

Change management and equity work is a marathon, not a sprint. 48

3. Closing 49

Glossary 50





1

Build a more equitable and inclusive culture.



1. Introduction and background

1.1 A word from the ODHS director

The Oregon Department of Human Services (ODHS) is committed to promoting diversity, equity, inclusion and belonging (DEIB) through goals to become an anti-racist organization. This document outlines the agency's 2024-2026 goals to focus on DEIB. To accomplish this, ODHS plans to:

- Identify and adopt best practices
- Remove systemic barriers, and
- Promote DEIB policies, procedures and activities critical to achieving ODHS's mission, vision, and strategic plan.

The Equity North Star is the internal compass guiding ODHS's journey to equity. DEIB is inseparable from the agency's North Star and goals of becoming an anti-racist organization. The Equity North Star encourages an educated workforce through collegiate or lived experience. It is as diverse as the people ODHS serves. Retaining such vibrant talent requires ODHS to continue to invest in the organization's culture through through the RiSE program and trauma-informed practices.

Transforming organizational culture is the responsibility of everyone in the agency. This document contains a comprehensive, integrated strategic plan that will serve as a key element in the future Equity Strategic Plan. The DEIB plan for 2024-2026 provides a shared direction to diversity, equity, inclusion and belonging that encourages commitment and alignment across all ODHS programs.

Equity work is a continuous effort to:

- Identify, adopt and implement the best practices to promote equity and inclusion, and
- Remove systemic barriers and inequitable philosophies and practices.

Promoting equity throughout ODHS requires acknowledging that the needs of rural Oregon may not reflect the needs of larger cities. This plan encourages programs to approach their workplace, workforce, community and services through targeted universalism and applying the Unified Equity Framework. Allowing programs adaptive DEIB plans based on specific demographics creates more equitable and achievable outcomes for all.

The contributions of the statewide Oregon Racial Justice Council and ODHS' own employee resource groups and equity & Inclusion committees have strengthened this proposal. They did so as a resource to help directors, managers and employees build a more equitable and inclusive culture and service system at ODHS.

ODHS believes diversity and human rights reflect ODHS's core values, the communities ODHS serves and

it's employees. ODHS' commitment to DEIB will continue to shape the agency's culture to attract, hire and retain a workforce reflective of Oregon.

Fariborz Pakseresht

Director, Oregon Department of Human Services



1.2 What it means to be an anti-racist organization: Reflections from Office of Equity and Multicultural Services (OEMS) Director Dion Jordan

In 2020, the Oregon Department of Human Services committed to becoming an anti-racist organization.

What does that mean?

To understand this is to first understand the true origins of racism in the United States. Race is deemed a social construct. However, history teaches us it began more as a power construct to protect the interest of those in power. Enslaved Africans and poor whites from Great Britain were brought to Virginia with captured Native Americans to till the land and build a new America while creating wealth for those in power.

Those in power began to fear being outnumbered and retaliated against by the growing number of indentured servants and enslaved Africans. A more social construct of race evolved to create a hierarchy, grouping people by their proximity to whiteness.

Poor white indentured servants were given rights such as the ability to pay debts, secure their liberty and own land. Whereas enslaved Africans were condemned to chattel slavery and not afforded rights. Justifying this new social order — the inhumane treatment of the enslaved Africans — those in power adopted a new belief system to imply white people are superior and Black and Brown people are inferior.



Policy, systems and practices were created to reinforce this new way of thinking and to justify the mistreatment of Black and Brown people. The effects of these policies, ideas and systems still exist. Evidence of this is in the disproportionality in health care, wealth, education, incarceration, access and opportunity.

For ODHS to become an anti-racist organization, ODHS must actively identify and eliminate racism by changing policies, practices, systems and attitudes. This way power and resources are redistributed and shared equitably. ODHS must learn from past racial justice attempts and failures and replace outdated and unproved ways of thinking.

Failed and outdated practices and ideas	New and successful practices and ideas
Blaming and shaming white people for the reason that racism exists.	Identifying racism comes from racist policies, practices and ideas anyone can exercise, regardless of race.
Seeing racism as a social construct.	Seeing racism as a power construct.
Focusing solely on trying to change people to not be racist and demand better behavior.	Focus on changing racist policies, practices and ideas to instill better behavior, outcomes and anti-racism.
Seeing anti-racism as a noun or anti-racist as something you can become.	Seeing anti-racism as a verb and something you do daily.

Becoming an anti-racist organization is more complex than just not being racist. Racism is around us all the time without us consciously doing anything. It is important to understand that racism is a system. Persons and organizations must tackle racism systematically, intentionally and personally.

This document and the objectives, standards and measurements have been created to bring anti-racism and equity into the agency to make it something it has never been before — mandatory.

Dion Jordan

OEMS Director

For more information on ODHS's commitment to anti-racism and a reflection and discussion guide, visit OWL.

1.3 Understanding this document

You are reading the Diversity, Equity, Inclusion and Belonging Plan for the 2024-2026 biennium. ODHS is committed to making sure that advancing equity, access and racial justice in the agency becomes the responsibility of everyone. The purpose of this plan is to help all ODHS leadership, programs and staff embed equity in all ODHS does and reach the agency's DEIB mission and vision of becoming an anti-racist organization.

Woven throughout this proposal's goals and action items are ODHS's irreplaceable ideals of being:

1. People and mission-focused
2. Accountable, and transparent
3. Racially just
4. Focused where the need is the greatest
5. Trauma-informed, and
6. Dedicated to bringing a sense of belonging and trust to all.

The focus areas provided in this document reflect feedback received during presentations from:

- Employee resource groups (ERGs)
    - » Equity & inclusion committees (EICs),
- The Oregon Racial Justice Council,
- The Well Being and Belonging Initiative, and
- Countless others.

Key areas that include high-level data measures can be tracked and measured over time to provide progress and direction toward ODHS's Equity North Star. ODHS knows that every district, program and office are different. They do not all share the same access to resources and opportunities. Therefore **all districts, programs or office are not expected to accomplish all objectives in this document (although that is encouraged). However, every program, district and office will choose at least two to three objectives per focus area to reach over the next two years.** The goal is not perfection, but progress. By approaching DEIB through targeted universalism, this plan provides a doable and shared direction that encourages commitment and creates alignment. This way ODHS can move forward together in a coordinated, collaborative, and integrated way that promotes DEIB for all of ODHS regardless of district, program or office.



ODHS knows that change requires time and concerted effort. Therefore, this proposal should not be viewed as a check-the-box exercise or a to-do list. However, it should be viewed as a guideline — a living document infused with the wisdom of many members of ODHS and the community. This is not the be-all and end-all of ODHS equity efforts. It is an accumulation of many exciting steps forward in reaching the Equity North Star

1.4 ODHS Equity North Star and mission, vision and goals

ODHS Equity North Star

The Equity North Star is that ODHS inclusively leads with race and intersectionality to address the roots of systemic oppression that impact all protected classes. ODHS is dedicated to making services, support and well-being accessible to all. ODHS is committed to partnering with communities to develop and deliver policies and programs that are equitable and improve community conditions. 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.

The Equity North Star is the figurative compass guiding ODHS on its journey to becoming an anti-racist organization. The Equity North Star illuminates four points – inclusivity, equity, service and well-being – that will aid this agency in dismantling systemic oppression that impacts all protected classes.

The Equity North Star shines brightly due to other programs and supports offered by the agency and the Office of Equity and Multicultural Services (OEMS):

- RiSE
- Service equity
- Employee resource groups (ERGs) and equity and inclusion committees (EICs)
- Community engagement
- REALD and SOGIE data equity
- Trauma Aware in ODHS Human Resources

Each of these programs forms the constellation that helps the Equity North Star blaze with a commitment to partnering with communities to develop and deliver equitable policies and programs that improve community conditions.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.

ODHS's vision, mission and goals

Vision:
Safety, health and independence for all Oregonians

Mission:
To help all Oregonians achieve well-being and independence through opportunities that protect, empower, respect choice and preserve dignity.

Goals:

- People are safe and living as independently as possible.
- People are able to support themselves and their families through stable living wage employment.
- Children and youth are safe, well and connected to their families, communities and cultural identities.
- Choices made by seniors and people with disabilities about their own lives are honored.
- Partners, clients and community members are actively engaged in variety of collaborative and meaningful ways.
- Culturally specific and responsive services are provided by highly trained, qualified and diverse staff.
- The department is committed to equal access, service excellence and equity for all Oregonians.



RiSE

RiSE is ODHS' intentional, positive and trauma-informed organizational culture. It is an agency vision where employees feel safe, valued, supported, strengthened and engaged in supporting the department toward achieving its Equity North Star.

The six RiSE elements are instructive in both what ODHS chooses to prioritize in this plan as well as how to go about accomplishing it, through a collaborative, relational and humanistic approach that empowers employees and communities.



Trauma aware ODHS

Trauma Aware, is one of the three culture change efforts of ODHS along with addition the Equity North Star and RiSE. Trauma Aware, while operating with trauma awareness, works collaboratively to integrate and implement the concepts that:

- Support equity,
- Appreciate diversity, and
- Encourages genuine inclusion



Trauma Aware responds to traumatic events and supports ODHS workforce healing and resilience. It creates systematic changes to alleviate and reduce the recurrence of trauma experienced by policies and procedures perpetuating inequities. Genuine trauma-informed care stands on equity principles to promote healing and inclusion of all.

Resilience, healing and empowerment

Trauma affects both emotional and physical well-being, changing how people perceive and navigate the world. Trauma is usually described as a deeply disturbing or distressing experience. All the following are important in addressing trauma:

- Resilience,
- Healing, and
- Empowerment

Focusing on only one can cause harm. Recognizing the importance of all three provides the best opportunity for people to thrive.

The ODHS Trauma Aware Program focuses on four areas of intervention and service:

Trauma informed care: Trauma-informed care is when ODHS applies the "four Rs":

- **Realize** the widespread impact of trauma and understands potential paths for recovery,
- **Recognize** the signs and symptoms of trauma in clients, families, staff, and others involved with the system
- **Respond** by fully integrating knowledge about trauma into policies, procedures, and practices and
- **Resist** re-traumatization.

(Source: SAMHSA (Substance Abuse and Mental Health Services Administration)

Trauma response services: Trauma Aware offers a variety of trauma response services from — one-on-one conversations and facilitated team dialogues to coordinating outreach to employees in times of crisis.

Employee resilience, healing and empowerment: How ODHS operates with our employees is mirrored in how they, in turn, will interact with those ODHS serves. "The Well" offers resources for resilience and healing that encourages self-care, community care and systemic change.

Suicide prevention, intervention and postvention: Trauma Aware is building a Suicide Prevention, Intervention and Postvention program to support its workforce through education, skills building and resources.

1.5 Where ODHS is today

Culture shifts don't just happen overnight. RiSE first stretched its cultural arms in 2018 when ODHS Director Fariborz Pakseresht introduced the concept. This concept was also responsible for a major culture shift during his leadership at the Oregon Youth Authority (OYA).

The case for RiSE was evident. Workplace satisfaction, retention and turnover were all less than ideal. The workforce no longer reflected the cultural diversity of the state. To serve the people of Oregon better ODHS knew it had to create a culture of inclusivity and belonging to make hiring and retention practices more equitable and diverse.

As ODHS was finding its cultural footing, humanity cried out as the murder of George Floyd on May 25, 2020, forced the world to reexamine how it approaches diversity and equity work within organizations.

Oregon's former Governor, Kate Brown, committed to prioritize equity work. The Governor's administration, in partnership with the Office of Cultural Change, was charged with building a bold but possible DEI Action Plan with state agency partners. The state enterprise goal is to dismantle racism and establish a shared understanding of equity.

ODHS also determined as an agency, it could do better; thus, the Equity North Star began to illuminate the path to racial justice.

Racial justice meant more than hiring for diversity; it meant addressing the systems, policies and unconscious biases that created an uncomfortable work environment for employees of color. This meant ODHS needed to be trauma-informed and have a trauma-aware approach when interacting with staff and the community.

ODHS staff is its greatest resource. The evolving communities of Oregon are whom ODHS is accountable to. That's why ODHS made a concerted effort to increase community engagement. Whether through the tuned-in efforts of the employee resource groups or an event or town hall hosted in an ODHS districts led by Tribal Affairs or the local Child Welfare (CW) office – ODHS knows that without involving the community, it isn't evolving the community.

The evolution of a community requires a lockstep approach. ODHS has six major program areas:

- Aging and People with Disabilities (APD)
- Child Welfare (CW)
- Office of Developmental Disabilities Services (ODDS)
- Oregon Eligibility Partnership (OEP)
- Self-Sufficiency Programs (SSP), and
- Vocational Rehabilitation (VR)

The community within ODHS consists of these six major programs and administrative services that must agree on DEIB to achieve the best possible outcomes in service equity. To align the internal community and break out of the silos ODHS is applying the Unified Equity Framework. This framework serves to keep ODHS on the quest toward transformation centered on equity, well-being and trauma-informed practices. These are included within a RiSE culture that brings about a sense of safety, well-being, workplace satisfaction and belonging for all because culture shifts don't just happen overnight.

1.6 Guiding frameworks

Governor's DEI action plan

The Governor and state agency leadership pledged to prioritize equity in their work. In 2020, the Governor's Office of Diversity, Equity, and Inclusion (DEI), along with the Office of Cultural Change in the Department of Administrative Services (DAS), were charged to build a bold but possible DEI Action Plan with state agency partners. The plan is designed to guide the still-early efforts of the state enterprise to dismantle racism and establish a shared understanding of equity

ODHS has embedded these strategies within its Unified Equity Framework. These strategies help pave the road to the Equity North Star. Although most of these outcomes live within programs, the Office of Equity and Multicultural Services (OEMS) has played a key role in creating the structures to align, measure and embed accountability.

Equity model for change (GARE)

These guidelines established by the Government Alliance on Racial Equity (GARE) are how ODHS will implement meaningful and lasting change:

- Use targeted universalism, which calls for:
  - » Defining outcomes for all
  - » Identifying obstacles faced by specific groups, and
  - » Tailoring strategies building on assets to address barriers.
- Apply an equity lens to what ODHS is currently doing.
- Focus on the people and places where needs are the greatest, such as:
  - » Low-income communities
  - » Communities of color
  - » Immigrant and refugee populations, and
  - » People with disabilities.

Equity model for change (GARE) continued

- Transform systems of power, privilege and racial injustice into equitable access to resources and decisions.
- Partner with communities most impacted by inequities in shared decision-making. Create inclusive processes and include people early, continuously and meaningfully.
- Remove barriers and implement measurable and equitable change for disadvantaged communities.
- Measure, monitor and modify all equity efforts.



2

ODHS believes every community leader should be DEIB-competent



2.

2. Focus areas

The following action plan establishes objectives, minimum standards, performance metrics, target dates and responsible parties for eight organizational focus areas:

1. Leadership
2. Community engagement
3. Culture and education
4. REALD and SOGIE data and language access
5. Service equity
6. Government to-government relations and Tribal relationships
7. Retention, promotion and hiring
8. Communications
9. Budgeting

2.1 Leadership: equip ODHS leaders to lead DEIB

Description: ODHS believes every community leader should be DEIB-competent. ODHS leadership must create spaces and opportunities for persons from all walks of life to be heard, understood and appreciated, regardless of background or experience. Leaders must be willing and able to:

- Understand the systemic challenges
- Create and welcome diversity
- Tackle issues surrounding equity, and
- Ensure that all, regardless of identity or place, can achieve well-being and a sense of belonging.

Key participants:

- ODHS program directors
- Deputy directors
- District managers
- Program managers
- Regional managers
- Human resources, and
- Other key program leaders.

Key objectives summary:

1.1 Train all leaders in equity

1.2 Create structures in program-based accountability

1.3 Integrate equity into leadership performance evaluation

1.4 Foster collaboration between local leadership and employee resource groups (ERGs), equity and inclusion committees (EICs), and RiSE champions.

Objective	Minimum standard	Performance measures	Year	Who is responsible
Train all leaders in DEIB and anti-racism.	Complete primary, approved DEIB leadership training provided by Engage to Change or HR and OEMS.	Leadership completes anti-racism training provided by Engage to Change.	Year 1	All manager classifications 3 and higher and Vocational Rehabilitation (VR) district managers
		All managers complete mandatory DEIB training provided by HR and OEMS.	Year 2	All management services not included above, in collaboration with OEMS and HR
Create structures and resources to support and measure equity efforts in programs and offices.	Leadership develops and implements strategies and prioritizes resources to meet DEIB Plan objectives.	ODHS programs start and are ready to present foundational implementation planning for the Unified Equity Framework.	Year 2	Program directors in partnership with OEMS service equity team.

2.

Objective	Minimum standard	Performance measures	Year	Who is responsible
Integrate accountability and support mechanisms for every leader.	Leadership helps create the infrastructure and accountability within programs and districts to support equity efforts.	Create standards and resources for integrating DEIB into the quarterly check-in process.	Year 1	OEMS and HR in partnership with management
		Key program leaders complete a 360 review.	Year 2	All classifications manager 1 and above
Foster equity collaboration between leadership and local employee networks (ERGs, EICs, and RiSE champions)	Leadership begins to build mutually supportive relationships with employee networks toward local DEIB efforts.	Leadership meets a minimum of four times with EICs and ERG leaders to communicate, collaborate and co-create key equity outcomes.	Year 2	Executives and district and regional managers

2.2 Community engagement

Description:

The OEMS community engagement team develops the needed systems and structures for the people served to partner with ODHS to improve policy, programs, and practices. It designs intentional, collective processes during which people share their experiences and work together to create equitable and positive change.

The community engagement team ensures ODHS staff have the knowledge, skills and ability to engage with diverse community members, leaders and organizations statewide. They do so through training, support and technical assistance,

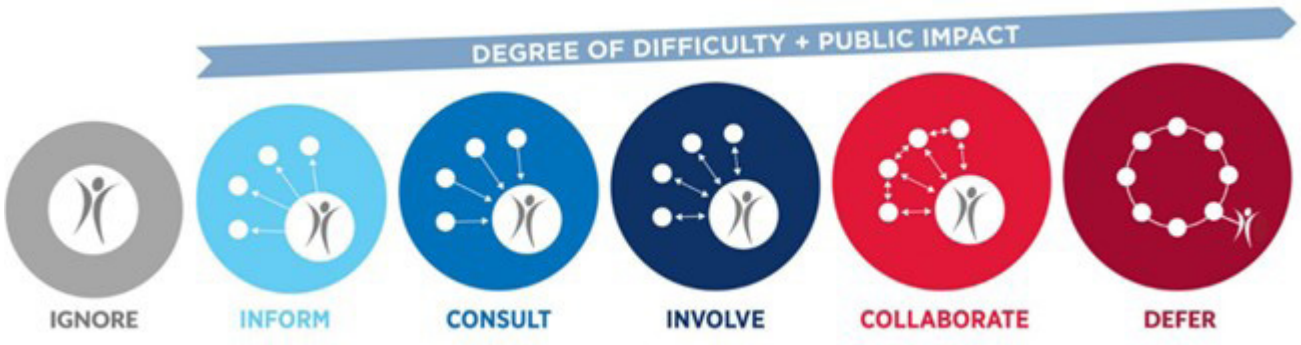
Community engagement (CE) is a collective process during which people address shared concerns and propose solutions to shared problems. It results in equitable and positive social change. Meaningful community engagement requires agencies to act with intentionality, humility, curiosity and respect. This process gives affected communities:

- Access to complete information, and
- The ability to influence the outcome.

Community engagement allows for clear transparency and accountability in the decision-making processes. This engagement is essential to implement, develop and integrate community-driven best practices. These dismantle systemic and institutional racism and other oppressions.

ODHS must continue to strengthen opportunities for diverse persons, organizations, providers and community leaders to meaningfully influence program and policy discussions, decisions and implementation. This will help move us along the engagement continuum towards:

- Shared power with the communities ODHS serves, and
- More effective service delivery



(Source: International Association for Public Participation)

2.

Key participants:

- OEMS community engagement team
- Office of Reporting, Research, Analytics and Implementation (ORRAI)
- Oregon Eligibility Partnership (OEP)
- Program leadership
- District managers
- Community-facing staff:
  - » Community partnership coordinators
  - » Community development coordinators
  - » Community engagement specialists
  - » Volunteer coordinators, and
- Equity and inclusion committees (EICs)

Key objectives summary:

2.1 Develop program and locally-based community engagement plans.

2.2 Equip all ODHS community engagement staff and leaders to uphold ODHS Community Engagement Framework principles.

2.3 Reduce contracting barriers for community and faith-based organizations.

Objective	Minimum standard	Performance measures	Year	Who is responsible
Develop program and locally-based community engagement plans to increase the involvement of groups that have been economically and socially marginalized to improve policy, program and practices.	All ODHS programs have community engagement plans for increasing the involvement of diverse persons, families, organizations, leaders and communities	Each ODHS program has a community engagement plan with goals, strategies, tactics, benchmarks and evaluative tools. Each district, local area or both has a cross-program locally-based plan.	Year 2	Program executive leadership (for all six programs and Central and Shared Services) with support and technical assistance from OEMS community engagement team. Local program managers, district managers, other local leadership and community-facing staff with support and technical assistance from the OEMS community engagement team.

2.

Objective	Minimum standard	Performance measures	Year	Who is responsible
Equip ODHS leaders and community-facing staff with the knowledge, skills, and ability to engage communities in program and policy development and use of the ODHS Community Engagement Framework.	Key leadership and staff complete OEMS's Community Engagement Framework training	Leaders and community-facing staff complete Community Engagement Framework and tools training in Workday learning.	Year 1	Executive leadership, program, district and regional managers, community-facing staff and the OEMS community engagement team.
	Community Engagement Training Program is established and consistently used.	Community Engagement Training Program is fully established and embedded into onboarding and staff development.	Year 1	Executive leadership, program, district and regional managers, community-facing staff and the OEMS Community Engagement Team, and Human Resources.

Objective	Minimum standard	Performance measures	Year	Who is responsible
Reduce procurement and contracting barriers that prevent community and faith-based organizations from contracting and collaborating with the state.	Identify lessons-learned and recommend improved policies, programs and practices from the Equitable Communities Grant Fund.	Release the Equitable Communities Grant Fund impact analysis	Year 2	OEMS community engagement team
		OEMS community engagement team has established baseline and future targets for community and faith-based organization contracts. ODHS develops and recommends administrative and statutory changes for the 2025-2027 legislative session.		OEMS community engagement team, Office of Contracts and Procurement, Procurement Council, Government Relations.

2.3 Culture and education

Description: In transforming ODHS systems and culture to be more equitable and inclusive, all employees benefit from lifelong learning and spaces for meaningful participation Three key efforts that OEMS offers to equip each employee to take part in systems transformation are:

- RiSE:
  - » Creates an intentional, positive and trauma-informed organizational culture. An agency vision where employees feel safe, valued, supported, strengthened and engaged in supporting the department toward achieving its Equity North Star.
- Workforce development:
  - » Provides foundational and ongoing learning opportunities for all ODHS staff to support awareness and understanding of equity within human services systems.
- Employee resources groups:
  - » A proven best practice to leverage employees' valued collective experiences, skills and backgrounds toward a stronger, more connected culture and greater service equity.

Key participants:

- Human Resources
- Office of Reporting, Research, Analytics and Implementation (ORRAI)
- Director's Office
- Executive leadership
- Program directors
- Program-specific training units
- Supervisory managers
- Human Resources and program-based training units

Key objectives summary:

3.1 Strengthen RiSE values within the employee life-cycle.

3.2 Integrate RiSE into ODHS Quarterly Target Review process.

3.3 Respond to and support agency leadership in their growth as RiSE and equity leaders within ODHS.

3.4 Infuse RiSE into strategic areas of the organization that touch employees across the agency, with a focus on employee training.

3.5 Establish a consistent commitment to DEIB training across ODHS programs.

3.6 Support and encourage employees to take part in ERGs through their supervisors and program leadership.

3.7 Increase awareness of and participation in the ERG network.

3.8 Implement the Gender Identity and Expression for Employees Policy.

Objective	Minimum standard	Performance measures	Year	Who is responsible
Strengthen RiSE values within the employee life-cycle.	Implement RiSE in agency recruitment, hiring and onboarding processes and deliverables where it does not yet existt	ODHS plan developed	Year 1	Human Resources in collaboration with OEMS **RiSE** team
Integrate RiSE into ODHS Quarterly Target Review process.	At every Quarterly Target Review, all reporting units identify how their performance measures connect to RiSE	Agency position descriptions include standard RiSE language.	Year 1	Program, Central and Shared Services
Respond to and support agency leadership in their growth as RiSE and equity leaders within ODHS.	Integrate RiSE into OEMS-sponsored culturally responsive leadership efforts for agency leadership.	Leadership Competency Growth: Assessment tools and exact measures TBD.	Year 1	Coordination by OEMS RiSE team; program leadership including Central and Shared Services (levels of participation TBD)

Objective	Minimum standard	Performance measures	Year	Who is responsible
Foster greater strength of the RiSE culture within ODHS by infusing RiSE into strategic areas of the organization that touch employees across the agency	RiSE values and language incorporated into identified processes and deliverables of ODHS training units	RiSE values and language included in training processes and courses offered by the Human Resources Workforce training unit	Year 1	Human Resources in collaboration with OEMS RiSE team
		RiSE values and language in training processes and courses offered by program, Central and Shared Services training units.	Year 2	Program, Central and Shared Services training unit leadership in collaboration with the RiSE team
Establish a consistent commitment to DEIB training across ODHS programs.	ODHS programs commit to building infrastructure for all employees to engage in foundational anti-racism and DEIB equity learning opportunities	Each ODHS program has provided documented infrastructure for advancing foundational anti-racism and DEIB learning opportunities for their employees (may align with and incorporate training called for in Unified Equity Framework, RiSE, and ERG objectives).	Year 2	Program directors and executive leadership; program-based training units; in partnership with OEMS workforce development and service equity managers

Objective	Minimum standard	Performance measures	Year	Who is responsible
Support and encourage employees to take part in ERGs through their supervisors and program leadership.	Managers actively and continuously promote ERG participation among their employees.	At least 51% of all employees report they feel encouraged and supported by their supervisor to join and take part in ERGs. ODHS increases the overall workforce participation rate for ERGs year-over-year to reach a 20% participation rate by December 2026.	Year 2	Program directors; all supervisory managers
	Leadership implements a communications plan that promotes ERG participation and the contributions ERGs bring to the agency.	At least 51% of all employees report that they feel encouraged and supported by their supervisor to join and take part in ERGs.	Year 2	ODHS executive leadership and ODHS Communications in partnership with OEMS
	Supervisors read and follow the ERG Policy and guidance on ERG hours usage.	100% of managers attend ERG hours usage training.	Year 2	All supervisory managers; OEMS ERG Program

Objective	Minimum standard	Performance measures	Year	Who is responsible
	Supervisors offer flexible scheduling and remove barriers to allow employees to take part in ERGs.	At least 51% of ERG members report that their supervisor offers flexible scheduling for ERG events.	Year 2	Program directors; all supervisory managers
Increase awareness of and participation in the ERG network.	ERG information is integrated into new employee and supervisor training.	100% of new employee orientation and new supervisor training contains ERG information.	Year 2	Human Resources and program-specific training units in partnership with OEMS
Implement the Gender Identity and Expression (GIE) Policy Implementation Plan	All districts, programs, regions and offices educate and track the required actions of the GIE Policy	Programs share the progress of GIE Policy during quarterly check-ins with the Director and OEMS Director	Year 1	Program directors; OEMS; Director's Office

2.4 REALD and SOGIE data equity and language access

Description: OEMS' REALD and SOGIE Data Equity and Language Access programs help build greater service equity across ODHS programs

REALD and SOGIE data equity

The REALD & SOGIE Data Equity Program leads ODHS' implementation of new requirements to collect and analyze more detailed demographic data about the people ODHS serves and works with.

REALD stands for Race, Ethnicity, Language, and Disability. SOGIE stands for sexual orientation, gender identity and expression. REALD & SOGIE data demographic standards are a set of questions about peoples' identity that ODHS and OHA are required to ask whenever wherever ODHS gathers demographic information.

The goal of these demographic standards is a more detailed understanding of those ODHS serves and the service outcomes they experience. This way ODHS can fine-tune its programs, focus, community

partnerships and reallocate resources. These data standards were initiated by community leaders, mainly the APANO Communities United Fund (CUF) and the Oregon Health Equity Alliance (OHEA). It became Oregon law through House Bill (HB) 2134 (2013) and HB 3159 (2021).

Implementing REALD & SOGIE demographic standards requires a collaborative and comprehensive plan that includes communication, structures, training, advising and technical assistance and ongoing assessment.

Language access services

Language access services are also key to achieving the ODHS Equity North Star. Since 2014, the centralization of language access efforts at ODHS has yielded:

- Centralized contracts for spoken language interpreters
- Centralized program invoicing processes
- A desktop icon that links to guides to all available language services
- An updated Auxiliary Aids, Alternate Format and Language Access Services (AAAFLAS) Policy with guidance for the roles of bilingual and multilingual staff
- Bilingual proficiency testing was established to ensure meaningful access for those ODHS serves.

The objectives that follow are the next steps to move language and communication access services toward fully equitable outcomes for all those in Oregon, regardless of identity or place.

Key participants:

- Program directors and leadership
- Program-based technical, training, and equity leads
- Office of Research, Reporting, Analytics and Implementation (ORRAI)

Key objectives summary:

4.1 Develop REALD & SOGIE implementation organizational infrastructure and recruit ODHS staff to take part.

4.2 Train ODHS staff in the history, importance, benefits and best practices of gathering REALD & SOGIE data using trauma-informed and culturally responsive methods.

4.3 Train and equip staff to comfortably interact using interpretive services.

4.4 Make progress along the Language Access Plan required by the 2023 ODHS-OHA AAAFLAS policy.Aids, Alternate Formats and Language Access Services (AAAFLAS) policy.

Objective	Minimum standard	Performance measures	Year	Who is responsible
Develop REALD & SOGIE organizational implementation infrastructure and recruit ODHS staff to take part.	Partner with OHA and ODHS offices and programs to research best practices and build the structures needed for REALD & SOGIE implementation.	ODHS partners with OHA to complete building organizational structures to implement REALD & SOGIE data standards	Year 2	OEMS
	Partner with OHA and ODHS to inventory opportunities, clarify roles and recruit staff to take part in the REALD & SOGIE organizational structure.	Programs identify staff to take part in REALD & SOGIE organizational structures.		Program leadership and technical teams in partnership with OEMS
Train ODHS staff in the history, importance, benefits and best practices of gathering REALD & SOGIE data using trauma-informed and culturally responsive methods.	Support each program with REALD and SOGIE training development.	ODHS Directors Office will identify needs and connect with all ODHS programs in support of their respective REALD & SOGIE training efforts.	Year 2	OEMS; ORRAI; HR; program directors
	Develop foundational agency-wide REALD & SOGIE training plan.	ODHS programs begin building a training implementation plan for REALD & SOGIE their data systems.	Year 1	Programs in collaboration with OEMS and ORRAI

Objective	Minimum standard	Performance measures	Year	Who is responsible
		ODHS program fully implements REALD & SOGIE data systems training plans.	Year 2	Programs, district and regional Managers
Train and equip staff to comfortably interact using interpretive services.	Develop interpretive services training, implementation strategy and staff communication plan.	ODHS Programs have standards for training and plan for implementation	Year 2	Program leadership and program-based training units in partnership with OEMS
Make progress on the Language Access Plan per requirement in the ODHS-OHA Auxiliary Aids, Alternate Formats and Language Access Services (AAAFLAS) 2023 policy revision.	An ODHS-OHA representative workgroup is engaged in writing the ODHS Language Access Plan.	All completed sections of the ODHS Language Access Plan are available and easily accessed via the desktop icon linked to the ODHS and OHA Language Access Services OWL page and its AAAFLAS Policy page.	Year 2	OEMS in collaboration with ODHS-OHA workgroup

2.5 Service equity

Description: OEMS' service equity management team leads ODHS' centralized efforts toward service equity. Its primary tool, The Unified Equity Framework (UEF), is a uniform approach for each ODHS program, including Central and Shared Services, to accomplish its own service equity goals. UEF can also be used alongside and to help drive other transformation efforts, including RiSE, community engagement and Trauma Aware.

Service equity managers (SEMs) partner closely with program leadership and equity champions to co-create and sustain the UEF. SEMs also collaborate among themselves, the rest of the OEMS team and across programs to create pathways of change at all levels of ODHS

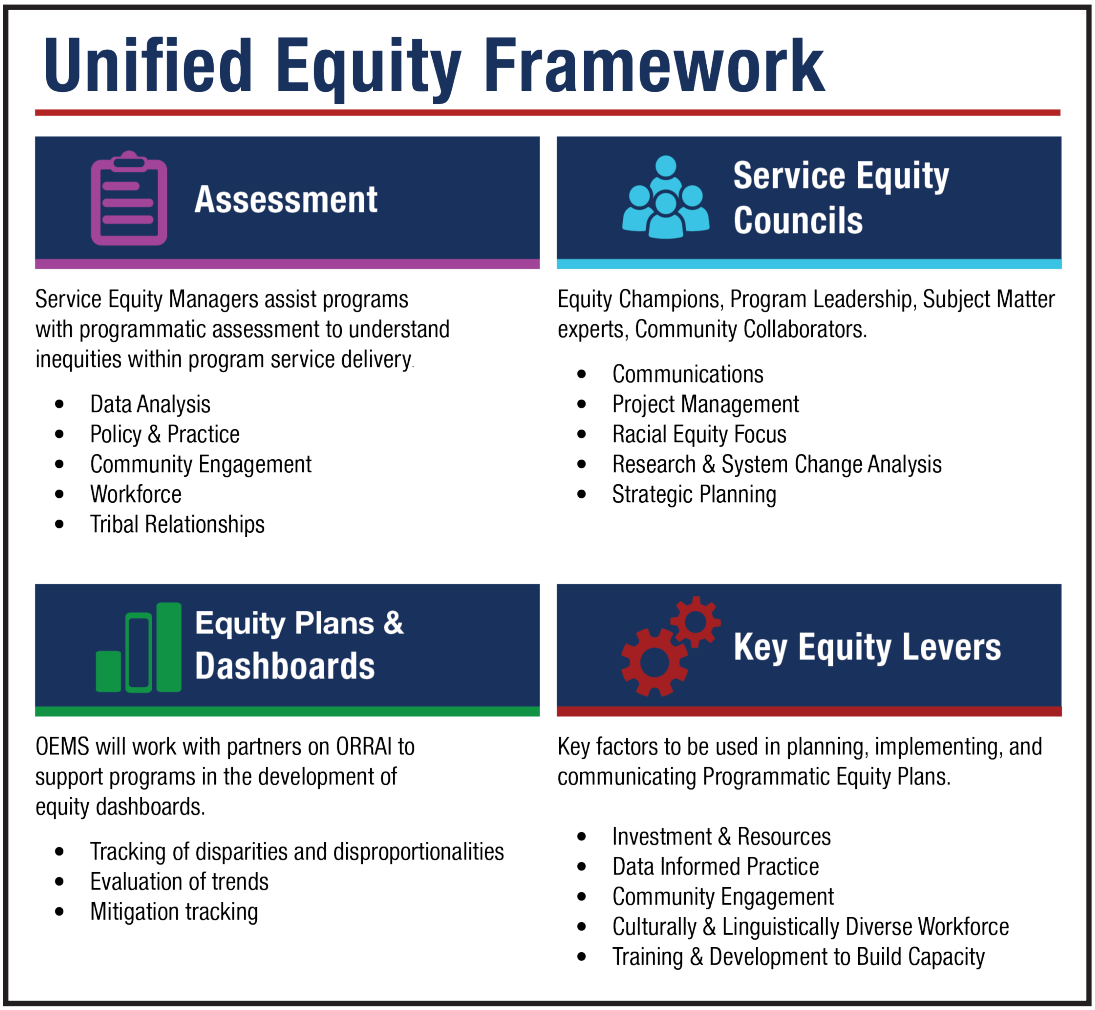
The objectives of key components of the UEF:

- Programmatic assessments
- Service equity councils (SECs)
- Equity plans, and
- Equity dashboards.

Additionally, SECs will focus on five key equity levers in combination with findings from the programmatic assessment:

1. Culturally and linguistically diverse workforce
2. Training and development to build capacity
3. nvestment and resources
4. Data informed practice (understanding and mitigating identified disparities and disproportionalities), and
5. Community engagement.

The components of the UEF outlined below will support programs in moving steadily and intentionally toward the Equity North Star. This will create positive and equitable outcomes for all people and communities ODHS serves.



Key participants:

- OEMS service equity managers
- Program directors, deputy directors and other key leadership
- Program equity managers
- Program training units

Key objectives summary:

5.1 Build an understanding of the Unified Equity Framework and the Governor's DEI Action Plan.

5.2 Provide a service equity manager position within OEMS that is fully integrated into the equity efforts of programs.

5.3 Develop Equity In Action Readiness Assessment for leadership roles.

5.4 Establish service equity councils for each program as outlined in the Unified Equity Framework.

Objective	Minimum standard	Performance measures	Year	Who is responsible
Build an understanding of the UEF and the Governor's DEI Action Plan for all staff of each ODHS program area.	Create UEF and the Governor's DEI Action Plan interactive learning opportunities tailored to each program.	Measure learning opportunities per quarter.	Year 2	SEMs in partnership with program training units
		Collect data from participant knowledge before and after learning opportunities for continuous improvement.		SEMs in partnership with program training units
		A toolkit of resources is developed for participants.		SEMs in partnership with program training units
	Coordinate spaces to share information with staff at all levels of each ODHS program area.	Program directors present progress during quarterly check-ins with the agency director.	Year 1	Program directors
		SECs and SEMs present updates and progress towards the UEF and DEIB Plan at ERG and EIC once per year at their quarterly meeting.		SEC project managers; SEMs
Provide an SEM position within OEMS fully integrated into the equity efforts of each program	Each program has one SEM who liaises between programs and OEMS.	**SEMs can:** • Take part in SEC • Meet regularly with program leadership, and • Help align program equity efforts with the Equity North Star and UEF.	Year 1	ODHS Directors Office and OEMS

Objective	Minimum standard	Performance measures	Year	Who is responsible
Develop Equity In Action Readiness Assessment for leadership roles	Develop an assessment template for each ODHS program area.	SEMs present to the ODHS unified equity team for feedback.	Year 1	SEMs in partnership with the program
	Pilot with one leadership team per program and complete the feedback process.	The feedback utilization rate — the percentage of feedback from the leadership team to make improvements, decisions or both about the tool.		SEMs in partnership with the program
	Develop a communication plan.	Message engagement analytics, that including replies and taking specific actions..		SEMs in partnership with program executive leadership
	Develop a process map in partnership with district and regional managers and program managers.	Fully integrate adjustments into program-specific coaching tools.	Year 2	SEM in partnership with program executive leadership
	Develop coaching tools in support of feedback.	Gather qualitative readiness information from the rates of use of the coaching tool.		SEMs in partnership with program executive leadership

Objective	Minimum standard	Performance measures	Year	Who is responsible
All programs establish their service equity council as outlined in the UEF.	Establish and assign a project manager to the council.	Project management effectiveness includes: • Project completion • Council satisfaction • Team collaboration, and • Communication	Year 2	Program dv irector or designee in partnership with their SEM
	Each program's service equity council follows the shared standard that OEMS provides.	Guidance around service equity council is reviewed by the assigned project manager.		Service equity manager and program director

2.6 Government-government and Tribal relationships

Description: Description: Decolonizing and indigenizing human services is necessary to raise the health and wellness of all Oregon Tribes and Tribal communities and to achieve DEIB goals. ODHS must:

- Prioritize building Tribal awareness among staff;
- Collect data and build systems of accountability;
- Improve government-to-government relations;
- Build and resource capacity, and
- Appropriately consult and engage with the Nine Federally Recognized Tribes of Oregon.

The Office of Tribal Affairs, within the ODHS Director's Office, is committed to improving the program, practice and services to reflect the needs of the Nine Federally Recognized Tribes of Oregon.

Key participants:

- Tribal Affairs
- Human Resources Organizational and Professional Development Unit (OPDU)
- Office of Research, Reporting, Analytics and Implementation (ORRAI)
- Program executive leadership
- District and regional managers, all managers

Key objectives summary:

6.1 Prioritize Tribal awareness at ODHS.

6.2 Prioritize American Indian and Alaska Native (AI/AN) data collection for program-specific service delivery.

6.3 Improve government-to-government relations with the Nine Federally Recognized Tribes of Oregon

Objective	Minimum Standard	Performance Measures	Year	Who is Responsible
Prioritize foundational Tribal awareness agency-wide for ODHS Director's Office and HR.	Annual all-staff training requirements include Tribal Affairs 101.	Mandatory virtual and monthly in-person Tribal Affairs 101 training sessions are established.	Year 1	Tribal Affairs in collaboration with training units and HR
		90% of ODHS staff complete mandatory Tribal Affairs 101 training.	Year 2	Managers and supervisors
Prioritize American Indian and Alaska Native (AI/AN) data collection for program-specific service delivery for ODHS program leaders.	At least one 2023-2025 program or service used by AI/AN as a key performance measure (KPM) for every ODHS program.	A KPM baseline measure for AI/AN service delivery.	Year 1	Programs and ORRAI in collaboration with Tribes and Tribal Affairs
		A Tribally-informed plan for program-specific service delivery improvement.	Year 2	Programs, district managers and regional managers in collaboration with Tribal Affairs
Prioritize and improve government-to-government relations with the Nine Federally Recognized Tribes of Oregon for ODHS program leaders.	ODHS Tribal Consultation Policy and a standard process for formal consultation with the Nine Federally Recognized Tribes of Oregon on program development, implementation and policy change.	A Tribal Consultation Policy with a robust implementation plan to ensure fidelity across ODHS programs.	Year 1	All agency

2.7 Hiring, promotion and retention

Description: Diversity in the workplace:

- Gives access to a greater range of talent
- Helps provide insight into the needs of those ODHS serves, and
- Brings different perspectives on sustainable service improvements from diverse backgrounds and lived experiences.

ODHS's workforce has historically been less diverse than the population in Oregon.

ODHS monitors hiring and turnover within its workforce to identify trends and priorities, this includes:

- Employee satisfaction
- Training needs, and
- Program support.

To increase and support workforce diversity efforts and quality hiring decisions, the ODHS recruitment team works closely with hiring managers to ensure recruitments reflect ODHS values. Vacancies allow an opportunity to bring in new people with different skills and experience. However, high turnover is costly. It creates larger workloads for the remaining staff during the new employee recruitment and training. Voluntary turnover rates can indicate the level of employee satisfaction. Involuntary turnover rates can indicate the quality of:

- Hiring decisions
- Onboarding
- Training
- Development, or
- Coaching.

Each ODHS division is dependent on each other to best serve Oregonians. ODHS continues to lean into one another to increase practices that:

- Result in a stable, qualified and diverse workforce, and
- Create a shared responsibility for decreasing the percentage of separations.

2.

Key participants:

- Human Resources
- Office of Equity and Multicultural Services (OEMS) service equity
- Program directors
- Hiring managers

Key objectives summary:

7.1 Advance the cultural knowledge and responsiveness of recruiters and hiring managers.

7.2 Ensure promotions at all job levels are equitable.

7.3 Ensure separation rates by demographic are in proportion to workforce demographics.

Objective	Minimum Standard	Performance Measures	Year	Who is Responsible
Advance the cultural knowledge of recruiters and hiring managers and the responsiveness to various cultures and practices about employment, engagement, etc.	HR Recruitment Unit completes a service equity plan and foundational DEIB training activities.	Under the direction of the HR director, each recruitment plan has key DEIB practices articulated and developed in partnership with all hiring managers.	Year 1	HR units and OEMS; hiring managers
Ensure equitable promotions and encourage diverse representation equally distributed through the various higher-level jobs within ODHS.	ODHS promotion efforts are in alignment with laws, rules, policies, bargaining and best practices.	Data and analysis reflect equitable promotion rates compared to the workforce population. Information is in an understandable format including data visualization or story to describe outcomes.	Year 1	HR units and OEMS; hiring managers; program directors
Ensure separation rates by demographics are comparable to the workforce in consideration of key employment demographics, such as length of service, program, etc.	ODHS Human Resources analyzes and monitors voluntary and involuntary separation data on a quarterly and annual basis.	HR staff research potential disparities to identify policy and practice revisions and training needs.		

2.8 Communications

Description: The Communications Unit:

- Guides the ODHS brand
- Ensures equity is centered
- Helps people in Oregon connect with human services to reach their full potential
- Tells meaningful stories
- Creates equitable, useful experiences, and
- Aims to build bridges through strategic communications and engagement between ODHS and communities, including:
    - » Oregon Tribal Nations
    - » Persons who receive ODHS services,
    - » Providers,
    - » Community leaders and members,
    - » Advocates, and
    - » Other state agencies and elected officials.

ODHS must be more intentional in dismantling racial inequity at ODHS. ODHS must use a common shared understanding of institutional and structural racism and its impacts on how ODHS communicates. Fortunately, Communications has tools to serve as a foundation to help guide as ODHS strives for the Equity North Star.



Key participants:

- ODHS Communications
- Publications and Creative Services (PCS)

Key objectives summary:

8.1 Provide staff with the knowledge and tools to create equity-centered, culturally responsive communications.

8.2 Provide accessible materials to all audiences, particularly those with disabilities and those who speak languages other than English.

8.3 Ensure all communications projects and plans have an equity component.

8.4 Ensure ODHS shares news and information with media outlets that reach diverse communities

Objective	Minimum standard	Performance measures	Year	Who is responsible
Provide all staff with the knowledge and tools to create equity-centered, culturally responsive communications.	Staff is aware of ODHS and OHA style guides and ensures all communications follow the guides.	ODHS delivers ODHS and OHA style guide training to at least 100 employees who are frequent users. ODHS develops a plan to implement the training agency-wide.	Year 1	ODHS Communications
Provide accessible materials to all audiences, particularly those with disabilities and those who speak languages other than English.	All communications materials – printed and digital – meet ADA standards.	ODHS's main website meets the government benchmark for 86.9% accessibility and aims for 88% accessibility as scored through Siteimprove.	Year 1	ODHS Communications in collaboration with PCS
	Language translation needs are identified before products are developed to ensure all languages get released at the same time.	ODHS partners with PCS on a plan to ensure translations begin earlier in the publication process.	Year 1	ODHS Communications in collaboration with PCS
Ensure all communications projects and plans have an equity component	Any communications campaign or project plan must includes diverse perspectives and strategies to engage diverse communities.	Communications will implement the project management software that has equity as a required piece of every project.	Year 1	ODHS Communications

Objective	Minimum standard	Performance measures	Year	Who is responsible
Ensure ODHS shares news and information with media outlets that reach diverse communities.	As part of each news release, ODHS creates a plan to reach multicultural news outlets. That includes pitching and translating each release into other languages as appropriate.	ODHS will create a policy and procedure for news releases that includes the multicultural news outlet plan.	Year 1	ODHS Communications

2.9 Budget

Description: It is the goal of ODHS to have its budget process based on the racial impact of its services and investments. It is important to acknowledge and address the racial roots of inequity that currently exist whenever making revenue, procurement and contract decisions. Racial equity in budgeting can also be highly cost-effective if done thoughtfully and with community input.

Key participants:

- Office of Financial Services (OFS)
- Office of Contracts and Procurement (OCP)
- OEMS
- Procurement councils
- Managers and leaders who oversee budgets

Key objectives summary:

9.1 Embed equity into the budgeting process.

9.2 Increase contract outreach and engagement with diverse communities.

Objective	Minimum standard	Performance measures	Year	Who is responsible
Embed equity into the budgeting process	Managers and leaders who oversee budgets are educated in embedding equity in all aspects of budgeting.	Managers and leadership who oversee budgets complete Budgeting 101, Managing Your Resources training or both.	Year 2	Managers and leaders who oversee budget
		Programs create and begin to embed an equity lens in the entirety of a project life cycle: from concept, planning, project development, procurement and administering, to closeout of the project	Year 1	Office of Financial Services (OFS) in collaboration with OEMS and programs
		Programs consistently conduct and track racial equity assessments of budget decisions	Year 2	OFS in collaboration with OEMS and programs
Increase investments in historically and currently under-resourced populations or organizations deeply rooted and reflective of the communities they serve to improve their economic welfare. Also, consider the representation of organizations across the state.	Increase proactive outreach to minority-owned, women-owned, service-disabled veteran-owned, and emerging small businesses. This is to build better business relationships and engagement.	Increase outreach activities; establish specific targets.	Year 1	Directors Office, program directors, OFS, OCP; procurement councils; those who oversee budgets



3

Change management and equity work is a marathon, not a sprint.



3. Closing

These proposed DEIB goals outline a path toward the ODHS Equity North Star: It ultimately allows each ODHS program, Central and Shared Services to move forward in alignment. These measures are not meant to be performative but grounded in:

- Systemic change toward improved service delivery, and
- A more inclusive culture at ODHS.

The following will have a profound impact on how ODHS demonstrates its commitment to equity across its service delivery system:

- Processes
- Values
- Policy, and
- A focus on a foundational understanding of diversity, equity, inclusion and belonging.

Acknowledgments

Change management and equity work is a marathon — not a sprint. What makes this DEIB plan truly unique is the opportunity to:

- Collaborate in thought partnership with leaders from all areas across Oregon's Department of Human Services, and
- Examine how to make equity processes equitable for all from different vantage points in a solutions-oriented manner.

These leave a deposit of hope in dismantling systemic oppression within ODHS and its policies.

This document incorporates recommendations from internal employees, external communities and partners with expertise in:

- Equity
- Diversity
- Inclusion
- Social justice
- Equal employment opportunity
- Systemic equity, and
- Organizational change.

On behalf of the Office of Equity and Multicultural Services, thanks go to the following groups, without whom this work would not have been possible.

Thank you:

- Community engagement team
- Directors Office
- Human Resources
- ODHS Communications and Publications and Creative Services
- ODHS employee resource groups and co-chairs
- ODHS service equity managers
- Office of Financial Services
- Office of Tribal Affairs
- Program directors
- REALD & SOGIE and language access managers
- RiSE team
- Rural Oregon district managers

Last but not least – a special thank you to the DEIB Insights Committee. Thank you for joining us for early morning sprints that turned into the occasional marathon. Your contributions to this DEIB Plan will echo throughout ODHS beyond the biennium.

Glossary

Accessibility: When a person experiencing an equity barrier can:

- Get the same information
- Engage in the same interactions, and
- Receive the same services as equally and easily as someone without that barrier.

Affirmative action: Employers' good faith efforts to address past or present discrimination or and systemic oppression through specific, results-oriented procedures. These procedures may go beyond equal opportunity laws that simply ban discriminatory practices. Affirmative action is usually associated with employment practices. However, it also applies to college admissions and government contract decision processes.**Anti-racism:** An active process of identifying and challenging racism by changing:

- Systems

- Organizational structures
- Policies, practices and attitudes.

The goal is to redistribute power to bring about equity.

Bias, implicit bias, unconscious bias: Negative or positive associations and prejudices people hold about others based on their perceptions about:

- Race
- Ethnicity
- Gender expression
- Sexual orientation
- Religion
- Age
- Disability or
- Other aspects of identity.

These biases may be overt; however, they may be implicit or unconscious, meaning the person is not aware they are making associations. They may unconsciously express these learned stereotypes when interacting with others.

Belonging: Belonging is the feeling of security and support when there is a sense of acceptance, inclusion, and identity for a member of a certain group, such as a neighborhood, school, workplace or other community. It is when a person can:

- Bring their authentic self to that group
- Have their well-being fully considered
- Have a meaningful voice, and
- Have the opportunity to take part in the design of social and cultural structures that govern or influence the group.

(**Source:** https://belonging.berkeley.edu/blueprint-belonging-popular-education-curriculum-resources)

Community engagement:A collective process by which people address shared concerns and propose solutions to shared problems. It results in equitable and positive social change.
Meaningful community engagement requires agencies to act with intentionality, humility, curiosity and respect. This process gives affected communities:

- Access to full information, and

- The ability to influence the outcome.

It allows clear transparency and accountability to be incorporated into the decision-making processes. This engagement is essential to ensure the implementation, development and integration of emerging and best practices. These dismantle systemic and institutional racism and other oppressions.

Culture humility: A lifelong commitment to:

- Self-reflection about differences in cultures, and
- Self-awareness of one's own beliefs and cultural identities.

It includes an active commitment to reducing power imbalances between cultures.

Disability: A physical, intellectual or psychological condition that substantially limits one or more major life activities. Disabilities may or may not be apparent to others. They may be permanent or temporary conditions.

Discrimination: The unequal treatment of persons or members of various groups. These groups may include characteristics such as:

- Race
- Ethnicity
- Gender identity or expression
- Socioeconomic class
- Sexual orientation
- Physical or mental ability
- Religion
- National origin
- Citizenship status
- A combination of those identified, and
- Other categories or a combination

Disparity: A noticeable and usually significant difference, often used to describe an inequitable social or economic condition.

Disproportionate, disproportionality: Related to the underrepresentation or overrepresentation of a group of people compared to its percentage of the total population.

Diversity: The range of human differences, recognizing that everyone and every group is valued. It

broadly includes:

- Race
- Ethnicity
- gender identity
- age
- National origin
- Religion
- Disability
- Sexual orientation
- Socioeconomic status
- Education
- Marital status
- Physical appearance, and
- Different ideas, perspectives and values.

Dominant culture: The culture that most successfully establishes its norms, values and preferences as the standard for the entire society. This occurs even though multiple cultures may exist within a society of a specific political, social or economic entity. A dominant culture is shaped and influenced by those with more access to power and resources (that is, decision-making, wealth, and public platforms for communication). It can affect which language, religion, values, rituals and social customs are considered normal or preferred.
A dominant culture is established and upheld through:

- Intentional, explicit mechanisms, such as policy or legal enforcement, and
- Informal mechanisms, such as a perceived threat to one's social status or reputation.

Employee resource group (ERG): An officially chartered workplace group organized around shared cultural identity or identities. It supports historically underrepresented employees, underserved client populations or both.

These voluntary, employee-led groups help foster a diverse, inclusive workplace aligned with organizational:

- Mission
- Values

- Goals
- Business practices, and
- Objectives.

Equity: A term that acknowledges that all people or all communities do not start from the same place due to historic and current systems of oppression. Equity provides different levels of support based on a person's or group's needs to achieve fairness in outcomes. Equity differs from equality, which involves everyone receiving the same treatment regardless of their needs and situation. Equity strives for the distribution and redistribution of power and resources to communities and people most harmed by systemic and personal acts of racism and oppression.

Equity framework: A basic structure or approach for achieving equity within a particular system, organization or community.

Inclusion: The value and practice of authentically and intentionally bringing traditionally excluded people, groups or both in ways that share power into:

- Processes
- Activities
- Leadership, and
- Decision or policymaking.

Institutional racism: A system in which policies and practices established within an institution or organization create different, inequitable outcomes for different racial groups.

Intersectionality: A concept originally developed and introduced by Kimberlé Crenshaw to explain the specific harm Black women face by being both Black and female. It involves studying and examining how people experience inequity, oppression and privilege based on their multiple socially constructed identities, such as gender, race, class, disability, sexual orientation, age, etc. A person might experience oppression because of their gender identity and at the same time carry privilege because of their race.

It looks at the way racism interacts with the following to affect each person uniquely:

- Patriarchy
- Heterosexism
- Classism
- Xenophobia
- Ageism
- Ableism, and

- Other forms of oppression.

It suggests social justice efforts need to take an intersectional approach to achieve justice for all.

Language discrimination: Refers to the unfair treatment of a person based on whether they speak a language other than English. It can also refer to how they speak, such as accent, size of vocabulary, phrasing and not using socially accepted language. It can involve a person not having access to information because documents are not written in their language or at a high English reading level.

Misgender: To refer to a person as a gender that does not align with their gender identity and/or gender expression. This can be intentional or not.

Othering: When people and social groups are treated and marked as different and inferior by the dominant social group.

Racial justice: The equal and fair treatment of everyone regardless of ethnicity or race. To achieve racial justice, societies must tackle:

- Racial prejudice
- Discrimination, and
- Systems that disproportionately harm some while favoring others.

Racism: The systematic marginalization of targeted racial group members who hold less sociopolitical power than dominant groups, are racialized as non-white or both. This can be done to uphold white supremacy. Racism differs from prejudice, hatred or discrimination because it requires one racial group to have systematic power and superiority over other groups in society. Institutional structures and policies, cultural norms and values, and personal behaviors often support and maintain racism.

REALD: An effort to increase and standardize race, ethnicity, language, and disability (REALD) data collection in health and human services entities. Oregon community leaders initiated the demographic data standard, spearheaded by the APANO and the Oregon Health Equity Alliance. REALD was introduced to solve the problem that previous demographic data categories had been overly broad. This sometimes overlooked whole groups of people most affected by health inequities and ineffective service delivery.

Service equity: A model that promotes health, safety and independence for all people. It does this by adapting services and policies to recognize, address and eliminate discrimination and disparities in how an organization delivers services to people.

Social construct: Something that does not exist in objective reality. Instead, it is meaningful only because people within the society or group accept it. Examples include class distinctions and race.

SOGIE: An acronym honoring the fluidity of numerous and ever-expanding identities related to:

- Sexual orientation (SO)
- Gender identity (GI), and
- Expression (E).

Similar to the REALD demographic standards' legislation, the Oregon legislature passed HB 3159 (2021) which requires SOGIE questions added to the REALD data collection standards.

Significant historical evidence shows LGBTQIA2S+ folks in Oregon communities face bias, prejudice and discrimination. Asking SOGIE questions will help ODHS see the experiences of people who identify as LGBTQIA2S+ more clearly. It will help reach the agency's Equity North Star vision of making sure all who live in Oregon can achieve well-being. Both the REALD and SOGIE data standards support data justice.

Systemic oppression: How the following interact to maintain a hierarchy of power:

- History
- Culture
- Ideology
- Public policies
- Institutional practices, and
- Personal behaviors and beliefs.

This allows the privileges associated with the dominant group and the disadvantages associated with the targeted group to endure and adapt over time. The hierarchy is based on:

- Race
- Class
- Gender
- Age
- Disability
- Spirituality or religion
- Sexual orientation or other social group identities or both.

Targeted universalism: : An approach to addressing social issues that identifies a common goal among different social groups. However, it applies unique strategies specific to each group to achieve that goal.

This approach is based on recognizing stark contrasts in opportunities between different groups as a result of structural racism and systemic oppression.

White dominant culture: A description of how white people and their practices, beliefs and culture have been normalized over time. They are now considered standard and universal in the United States among white people and people of color.







You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact the Office of Equity and Multicultural Services at OEMS.Team@odhs.oregon.gov or call 503-945-5700. We accept all relay calls.



Oregon Department of Human Services

100-348858_(11/2023)

Department of Human Services
Office of the Director
500 Summer St. NE, E-15
Salem, OR 97301
Voice: 503-945-5600
Fax: 503-581-6198

August 27, 2024

2025-27 Agency Request Budget
Follow-up to 2023 Racial Equity Impact Statement Submittal:
Temporary Assistance to Needy Families (TANF)
Self-Sufficiency Programs, Oregon Department of Human Services

Temporary Assistance for Needy Families (TANF) is a federal poverty relief program that provides limited cash assistance to families with dependent children. The funds are distributed via block grants, allowing states significant flexibility in program administration, provided they align with the federal government's four core purposes for TANF.[1] States typically allocate a portion of the block grant to provide monthly cash aid to families (in Oregon, the maximum cash grant for a family of three is $506 per month), while the remaining funds support services such as the Job Opportunities and Basic Skills (JOBS) program, Child Welfare, and administrative costs.

Systemic racial inequity is a driver of poverty across the nation and in Oregon. People of color disproportionately experience low incomes, housing instability, homelessness, and the downstream impacts of poverty including involvement with the child welfare system, health disparities and lower life expectancy.[2] The creation of TANF was accompanied by the invocation of racist tropes and stereotypes. Particularly, the "welfare queen" stereotype portrayed African American women unfairly as exploiting the welfare system, contributing to racialized narratives of dependency. These stereotypes and narratives fueled policy decisions that influenced program design and disproportionately impacted communities of color, reinforcing systemic barriers and economic inequalities.

[1] About TANF, Administration for Children and Families. 2022. https://www.acf.hhs.gov/ofa/programs/tanf/about
[2] Chasing the dream of equity: How policy has shaped racial economic disparities, Economic Policy Institute. 2023. https://www.epi.org/publication/chasing-the-dream-of-equity/

Demographic Category	Oregon General Population Demographics (2022)[3]	TANF Recipient Demographics (2022)[4]
Hispanic/Latino (a/x)	14%	21%
White	86%	43%
Black/African American	2%	8%
American Indian/Alaska Native	2%	3%
Asian	5%	1%
Native Hawaiian/Pacific Islander	0.5%	1%
Multi-Racial	4%	7%[5]
Total Population	4,237,256	38,746

TANF Redesign Efforts

In response to national discussions regarding TANF Modernization,[6] the TANF Redesign Partnership was established. Comprising the TANF Equity Alliance, Tribal TANF program administrators, community-based organizations, and ODHS staff, this workgroup met weekly to develop policy option packages for the 2023-2025 Agency Request Budget (ARB). Guided by feedback from TANF recipient families, the Partnership proposed four Policy Option Packages (POPs) aimed at improving the program. These packages included:

1. Raising the TANF Cash Grant to 50% of the Federal Poverty Limit.
2. Expanding TANF program eligibility to undocumented persons and all pregnant individuals.
3. Eliminating the No Adult Standard.
4. Ending Time Limits.

Unfortunately, the proposals were not moved forward in the budget cycle. Despite the lack of investment, SSP utilized existing resources to improve access to cash. Recognizing the immediate needs of TANF recipients, we focused our efforts on enhancing support through measures such as continuing the TANF clothing allowance and increasing the TA-DVS grant. These initiatives aimed to provide more immediate relief and support to families, reflecting our commitment to addressing urgent needs while continuing to advocate for broader systemic changes that improve access to cash.

---

[3] Census Quick Facts. (2022). Oregon Population and Demographics. https://www.census.gov/quickfacts/fact/table/OR/PST045222

[4] Characteristics and Financial Circumstances of TANF Recipients, Fiscal Year 2022. https://www.acf.hhs.gov/sites/default/files/documents/ofa/fy2022_characteristics.pdf

[5] Percentages do not sum to 100% due to unknown information or reporting errors.

[6] TANF Modernization Series, APHSA. 2022. https://aphsa.org/APHSABlog/TANF-modernization-22/the-core-a-cutting-edge-blog-series-part1.aspx

Clothing Allowance

The triannual clothing allowance, passed by the Legislature in 2022, holds potential to positively impact Black and Native children in Oregon. This initiative, aimed at addressing the diverse needs of families experiencing economic challenges, represents a strategic allocation of existing resources specifically for clothing. By easing the financial burden faced by TANF recipients in accessing essential items for themselves and their families, the state endeavors to enhance their overall well-being. Notably, for a family of three receiving the maximum cash grant of $506, the clothing allowance constitutes a 13% increase in cash benefits, underscoring its significance. National data indicating a correlation between increased state public benefit levels and reduced foster care placements further highlights the potential positive outcomes of this initiative.[7] Given the disproportionate rates of child welfare involvement among Black and Native children in Oregon, the clothing allowance may play a measurable role in mitigating these disparities.

SSP is working with the Office of Reporting, Research, Analytics and Implementation (ORRAI) to understand the impact of the clothing allowance on child welfare involvement in Oregon.

Temporary Assistance for Domestic Violence Survivors (TA-DVS)

While domestic violence affects individuals of all backgrounds, people of color experience disproportionately high rates – a trend reflected in the program recipient demographics below. Individuals who have lower incomes or educational attainment, are unemployed, have had adverse childhood experiences, or identify as LGBTQIA2S+ are also at elevated risk.[8]

Demographic Category	**Oregon General Population Demographics (2022)[9]**	**TA-DVS Recipient Demographics (2022)[10]**
Hispanic/Latino (a/x)	14%	17%
White	86%	60%
Black/African American	2%	16%
American Indian/Alaska Native	2%	4%

[7] Monahan, E. K., Grewal-Kok, Y., Cusick, G., & Anderson, C. (2023). *Economic and concrete supports: An evidence-based service for child welfare prevention*. Chapin Hall at the University of Chicago.
[8] Breaking the Cycle: A Comprehensive Statewide Strategy Would Benefit Domestic Violence Victims, Survivors, and Advocates, Oregon Secretary of State Report 2023-31. 2023.
[9] Census Quick Facts (2022). Oregon Population and Demographics. https://www.census.gov/quickfacts/fact/table/OR/PST045222
[10] TA-DVS data fiscal year 2022.

Demographic Category	Oregon General Population Demographics (2022)[9]	TA-DVS Recipient Demographics (2022)[10]
Asian	5%	1%
Native Hawaiian/Pacific Islander	0.5%	1%
Multi-Racial	4%	1%[11]
Total Population	4,237,256	38,746

Following the increase in the TA-DVS program grant to $3,200 during the May 2024 legislative session, SSP and ORRAI are developing a comprehensive research methodology to assess the impact of this change. This initiative, marking the first increase in the grant amount since the program's inception over 26 years ago, underscores SSP's commitment to supporting survivors in meeting their safety needs.

The study will employ both qualitative and quantitative data to evaluate the effectiveness of the increase and its impact on survivors and their safety. Quantitative measures will include analyzing utilization rates, types of expenditures, survivor access to grant amounts exceeding $1,200, and changes in application and caseload counts. Additionally, SSP will monitor the racial equity impact to ensure equitable access to resources among disproportionately affected communities.

In collaboration with the ORRAI research team, SSP is exploring methods for collecting qualitative data from various stakeholders, including family coaches, DVSA advocates, agencies, and Tribal entities. This approach aims to gain insights into how the program is serving survivors. However, outcome-based measures for survivors will not be pursued due to their potential to retraumatize survivors and the recognition that such outcomes may not always reflect program effectiveness. Instead, SSP will focus on enhancing awareness of domestic violence dynamics, resource accessibility, and the effectiveness of safety planning as indicators of program success.

Conclusion

The 2023-25 biennium has been a period of strategic assessment and recalibration for SSP. Despite the lack of funding for the proposed POPs, the commitment to advancing racial equity and economic justice remains unwavering. TANF continues to evolve through efforts such as the TA-DVS grant increase and the dedicated clothing allowance using existing resources, both of which aim to provide critical support to vulnerable families in Oregon. Our focus on equity has driven the development of new methodologies to evaluate the impact of these changes. By increasing the TA-DVS grant and introducing the clothing allowance, we have taken significant steps towards addressing systemic inequities and

[11] Percentages do not sum to 100% due to unknown information or reporting errors.

providing tangible support to families in need. These initiatives reflect our dedication to ensuring that all Oregonians, regardless of race or background, have the resources necessary to achieve stability and well-being.

Moving forward, we will continue to engage with community partners, gather and analyze data, and refine our programs to better serve the diverse communities that utilize SSP services and supports. The insights gained from these efforts will be crucial in informing future policy decisions and ensuring that SSP programs are both effective and equitable. The challenges encountered have highlighted the importance of adaptability and collaboration in our ongoing mission to support the wellbeing of all who call Oregon home.