

OREGON DEPARTMENT OF HUMAN SERVICES
WAYS AND MEANS REFERENCE DOCUMENT
2025-2027

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Oregon

Tina Kotek, Governor

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January 8, 2025

2025-27 Ways and Means

Message from the Director, Oregon Department of Human Services

The Governor's Recommended Budget (GRB) for the 2025-27 biennium reflects Governor Tina Kotek's commitment to addressing Oregonians' top priorities, including reducing homelessness and ensuring the availability of behavioral health services. The GRB budget also recognizes the essential role Oregon Department of Human Services (ODHS) plays in serving the people of our state, and it prioritizes the fundamental investments we need to equitably deliver services, ensure the safety of our clients and staff, and effectively administer provider contracts and federal programs.

The recommended budget for ODHS amounts to \$22.5 billion, including \$7.4 billion from the state's General Fund and support for 11,413 staff positions. This represents a 14% increase in total funds and a 21% increase in General Fund resources compared to the 2023-25 Legislatively Approved Budget (LAB) – increases that will be critical as we continue to serve growing numbers of people in our state.

Highlights of GRB investments include:

- **Staff and other resources to strengthen our capacity for regulatory oversight**, ensuring people served through ODHS contracts remain safe and receive the care they need.
- **Investments to support youth**, including resources to maintain the Youth Experiencing Homelessness Program (YEHP), maximize access to Supplemental Security Income for young people exiting foster care, and reduce the need for the temporary lodging of youth involved in the child welfare system.
- **Funds for programs serving older adults and people with physical and intellectual/developmental disabilities**, including resources to implement the Centers for Medicare & Medicaid Services' new rule, ensure access to behavioral health services, and strengthen "Assisting People to Become Independent, Healthy and Safe"

partnerships with the Nine Federally Recognized Tribes in Oregon.

- **Investments to ensure timely eligibility determinations** through technology improvements and a simplified SNAP application process for older adults.
- **Resources to support the human services workforce**, ensuring greater safety in our buildings around the state as well as rate adjustments for adult foster home and independent living program (ILP) providers.
- **Investments in Oregon’s resilience**, supporting information technology systems to aid in emergency feeding, sheltering, and case management, as well as ongoing funding for water delivery to areas impacted by drought or contamination.

While not part of ODHS’ proposed budget, the GRB also contains several key investments that would directly benefit the human services workforce and the people we serve: For example, a \$75 million special purpose appropriation would support better wages for Personal Support Workers and Home Care Workers serving older adults and people with intellectual, developmental, or physical disabilities. Additionally, the GRB includes continued funding for the Healthier Oregon Program, which expands long-term services and supports for individuals regardless of immigration status.

Importantly, the GRB also reduces funding for ODHS’ Stabilization and Crisis Unit (SACU). SACU was established in 2012 to provide short-term, intensive 24-hour residential services and supports to stabilize people with intellectual/developmental disabilities experiencing crises, with the goal of helping them return to living in their communities. Since that time, the unit has faced deepening risks, including rising costs alongside resident lengths of stay that are often years beyond the 90-day period SACU was designed to support. The GRB’s proposed reduction signals an opportunity to collaborate with community members, providers, and our legislative partners to determine a more sustainable future for SACU.

The next step in the budget process will involve the legislature, whose development of the 2025-27 Legislatively Adopted Budget will be informed by the GRB. While the state anticipates a limited budget environment in the biennium ahead, the GRB lays out a plan to ensure ODHS can continue delivering on our core mission. With these resources, we can meet the needs

of our communities more effectively while prioritizing the well-being of the people we serve and the workforce that makes our services possible.

Sincerely,

A handwritten signature in black ink, reading "Fariborz Pakseresht". The signature is written in a cursive style with a large, stylized initial 'F'.

Fariborz Pakseresht
Director, Oregon Department of Human Services

OREGON DEPARTMENT OF HUMAN SERVICES
2025-27 Governor's Budget
Budget Structure

Oregon Department of Human Services

11,413Pos / 10,930.88 FTE

**Central Services, Shared Services,
State Assessments & Enterprise-wide Costs**

1,190 Pos / 1,178.48 FTE

VR Basic Rehabilitative Services

286 Pos / 284.04 FTE

Self Sufficiency

999 Pos / 998.00 FTE

Aging and People with Disabilities

1,619 Pos / 1,582.50 FTE

Child Welfare

3,612 Pos / 3,572.77 FTE

Intellectual & Developmental Disabilities

1,048 Pos / 660.20 FTE

Oregon Eligibility Partnership

2,659 Pos / 2,654.89FTE

Oregon Department of Human Services

Overview

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

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

1. **Strengthening ODHS foundations** – building the capacity we need to serve our communities more equitably and effectively;
2. **Preparing for and responding to emergencies** – providing mass care, shelter, food, and water in times of disaster while investing year-round in agency and community preparedness; and
3. **Creating the future of ODHS and human services in Oregon** – working internally and externally to break down siloes, connect systems together and identify gaps in services. This includes engaging local communities impacted in the process. By analyzing these gaps, we can better determine any improvements or rule/statutory which include systemic barriers we are dedicated to dismantling. ODHS acknowledges that people and communities are the experts in their own lives and partnering with them to design services that better support their needs and goals will lead to better outcomes.

Funding

The ODHS Governor Recommended Budget (GRB) provides ODHS a General Fund investment of \$7.4 billion General Fund and \$22.5 Billion total funds for the 2025-27 biennium.

ODHS	GF	OF	FF	TF	POS	FTE
LAB 23-25	6,057,272,145	1,182,596,085	12,454,803,604	19,694,671,834	11,282	10,960.24
GB 25-27	7,354,596,113	1,303,312,537	13,835,393,798	22,493,302,448	11,413	10,930.88
Difference LAB - GB	1,297,323,968	120,716,452	1,380,590,194	2,798,630,614	131	(29.36)
% Difference LAB - GB	21.42%	10.21%	11.08%	14.21%	1.16%	-0.27%

Major changes from 23-25 LAB to 25-27 GRB are driven mainly by:

- Roll up of 23-25 investments

Oregon Department of Human Services

- Phase out of one-time funding for nonrecurring expenditures
- Standard inflation
- Forecasted Cost per Case and Caseload changes including related staffing
- Changes in Federal Medicaid Assistance Percentages (FMAP)
- Phase out of ARPA HCBS Funding

Strategic Funding Investments and Adjustments

Descriptions of each major Policy Option Package (POP) and other Package investments/reductions are included in the appropriate programs budget narrative in the following sections of the ODHS ARB document. The list below is not in ODHS’s priority order.

2025-27 ODHS — Governor's Budget Policy Packages (POPs)									
POP #	LC#	Policy Package Title	General Fund	Other Funds	Federal Funds	Total Funds	POS	FTE	
101	322	Strengthening Safety and Regulatory Oversight	\$ 2,834,473	\$ -	\$ 2,834,473	\$ 5,668,946	33	21.27	
102		OREM - Climate Response and Building Resilience	\$ 5,000,000	\$ -	\$ -	\$ 5,000,000	-	-	
103		Access Rule (CMS)	\$ 2,121,342	\$ -	\$ 2,121,342	\$ 4,242,684	24	16.83	
104		Federally Required Changes to Data Services Hub - Required Costs to State.	\$ 4,980,394	\$ -	\$ 15,038,366	\$ 20,018,760	4	3.00	
105		Contract and Fiscal Compliance	\$ 745,663	\$ -	\$ -	\$ 745,663	4	3.00	
106		Child Welfare Division Contract Administration Program	\$ 1,902,083	\$ -	\$ 815,174	\$ 2,717,257	15	10.85	
107		Increase in payments for JOBS Participation Incentive (JPI)	\$ 5,183,325	\$ -	\$ -	\$ 5,183,325	-	-	
108		SNAP Elderly Simplified Application Process (ESAP)	\$ 580,925	\$ -	\$ 580,925	\$ 1,161,850	2	1.50	
109		Office and Worker safety	\$ 3,486,518	\$ 1,397,468	\$ 2,599,631	\$ 7,483,617	10	4.46	
111		Services and supports for youth with intensive needs and their caregivers FOCUS Expansion	\$ 383,562	\$ -	\$ 164,381	\$ 547,943	3	2.25	
112		Family First Prevention Services Act Implementation	\$ 7,041,752	\$ -	\$ 7,041,752	\$ 14,083,504	2	1.50	
113		Central Abuse Management System (CAM) M&O	\$ 1,250,000	\$ -	\$ 1,250,000	\$ 2,500,000	-	-	
201		Mainframe Modernization - Connects with OIS/OHA POP	\$ 2,207,443	\$ 407,237	\$ 3,618,002	\$ 6,232,682	6	4.50	
202		Improve IT Security and Privacy Posture	\$ 1,467,518	\$ 97,835	\$ 880,512	\$ 2,445,865	-	-	
117		Service equity and accessibility	\$ 1,444,427	\$ -	\$ 844,427	\$ 2,288,854	6	4.50	
501		Stability	\$ 4,307,390	\$ 122,215	\$ 138,441	\$ 4,568,046	3	1.89	
502		YEHP Core Service Maintenance	\$ 19,707,205	\$ -	\$ -	\$ 19,707,205	6	5.25	
560		Ensuring access to services for individuals with behavioral health conditions	\$ 9,991,428	\$ -	\$ 15,790,258	\$ 25,781,686	26	11.41	
Total ODHS 2025-27 POPs			\$ 74,635,448	\$ 2,024,755	\$ 53,717,684	\$ 130,377,887	144	92.21	

Conclusion

For the 25-27 biennium, the GRB invests in an array of services that promote safety, wellbeing, diversity and improving the economic sustainability, increasing safety, and achieving Wellbeing for some of Oregon’s most Vulnerable. These investments will help ODHS meet the needs of Oregonians in this period of increasing diversity, change and growth.

Oregon Department of Human Services

Central Services

Overview

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

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

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

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

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

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

Oregon Department of Human Services

Central Services

The ODHS Governor Recommended Budget (GRB) provides funding for Central Services at \$95.4 million General Fund and \$181.2 million Total funds:

	GF	OF	FF	TF	POS	FTE
LAB 23-25	114,411,402	22,050,055	60,842,992	197,304,449	384	381.51
GB 25-27	95,417,899	23,673,668	62,064,330	181,155,897	388	386.57
Difference LAB - GB	(18,993,503)	1,623,613	1,221,338	(16,148,552)	4	5.06
% Difference LAB - GB	-16.60%	7.36%	2.01%	-8.18%	1.04%	1.33%

Major changes from 23-25 LAB to 25-27 GRB include mainly:

- Standard inflation
- Phase out of one-time climate, water, and resiliency related funding

Strategic Funding Investments and Adjustments

	Central					
	GF	OF	FF	TF	Positions	FTE
GB Build - POPS	5,000,000	-	-	5,000,000	-	-
102 - OREM Climate Response	5,000,000	-	-	5,000,000	-	-

POP 102 Climate Response & Building Resilience

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.412.

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

Office of the Director

The ODHS Director's Office is responsible for agency leadership, policy development, resource allocation, and administrative oversight for all programs,

Oregon Department of Human Services

Central Services

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

Chief of Staff

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

Governor's Advocacy Office

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

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

Tribal Affairs

The Tribal Affairs Unit within the ODHS Director's Office is a team committed to all Oregon Tribal communities thriving mentally, physically, spiritually, and

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Central Services

emotionally. Tribal Affairs works with all five ODHS programs to create and provide Tribally appropriate programming, services, policies, and support. Through Tribal consultation with Oregon's Nine Federally Recognized Tribes, ODHS ensures programming, services and policies meet the needs of Oregon Tribal communities.

Office of Immigrant and Refugee Advancement

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

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

Office of the Chief Financial Officer

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

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

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

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Central Services

Fiscal Office, and ODHS partners.

Office of Human Resources

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

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

Budget, Planning and Analysis

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

Public Affairs Office

This office supports the ODHS mission by connecting Oregonians with the information they need to access, receive, or understand department services, and to collaborate with the department to advance human services in the state. Within the office, the **Communications** team helps engage the public in the work of ODHS, which leads to more effective and inclusive policy making. This includes implementing communication plans, coordinating social media and website content, writing direct notices to clients, and talking with the media and legislature. The communications team engages with diverse audiences, including employees, clients,

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Central Services

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

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

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

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

Office of Equity and Multicultural Services

The Office of Equity and Multicultural Services (OEMS) provides leadership and

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Central Services

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

Office of Program Integrity

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

Office of Reporting, Research, Analytics, and Implementation

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

Office of Resilience and Emergency Management (OREM)

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

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mitigating, responding to, and recovering from natural, technical, and human-caused hazards.

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

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

Oregon Department of Human Services

Shared Services and Statewide and Enterprise-wide Costs

Overview

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

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

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

ODHS Shared Services

The Governor Recommended Budget (GRB) for shared services is \$294.8 million Other Funds. The GRB for SAEC is \$471.6 million General Fund and \$1 billion Total Fund.

SHARED SERVICES	GF	OF	FF	TF	POS	FTE
LAB 23-25	-	202,347,556	-	202,347,556	786	770.38
GB 25-27	-	233,212,663	-	233,212,663	802	791.91
Difference LAB - GB	-	30,865,107	-	30,865,107	16	21.53
% Difference LAB - GB		15.25%		15.25%	2.04%	2.79%

	GF	OF	FF	TF	POS	FTE
LAB 23-25	408,096,985	56,288,173	301,524,526	765,909,684	-	-
GB 25-27	471,609,057	61,592,350	323,298,054	856,499,461	-	-
Difference LAB - GB	63,512,072	5,304,177	21,773,528	90,589,777	-	-
% Difference LAB - GB	15.56%	9.42%	7.22%	11.83%		

Major changes between LAB and GRB include:

Oregon Department of Human Services

Shared Services and Statewide and Enterprise-wide Costs

- Phase in of investments made in 2023-25
- Standard Inflation.

Strategic Funding Investments and Adjustments

Proposed investments in Shared services include:

	Shared Services Total					
	GF	OF	FF	TF	Positions	FTE
GB Build - POPS	-	1,707,059	-	1,707,059	13	6.59
109 - Office and Worker safety	-	1,225,338	-	1,225,338	10	4.46
201 - Mainframe Modernization	-	363,042	-	363,042	2	1.50
501 - HH - FC Youth: Path to Housing Stability	-	118,679	-	118,679	1	0.63

	SAEC Total					
	GF	OF	FF	TF	Positions	FTE
GB Build - POPS	6,852,630	317,696	6,758,285	13,928,611	-	-
109 - Office and Worker safety	3,408,005	165,408	2,564,317	6,137,730	-	-
201 - Mainframe Modernization	1,901,510	50,917	3,268,870	5,221,297	-	-
202 - Improve IT Security and Privacy Posture	1,467,518	97,835	880,512	2,445,865	-	-
501 - HH - FC Youth: Path to Housing Stability	75,597	3,536	44,586	123,719	-	-

In some cases, the shared service investment is only part of the larger POP with the remainder in other program areas.

POP 109 ODHS-OHA 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.

POP 201 Mainframe Modernization

ODHS continues to utilize mainframe computer systems that are more than 50 years old

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Shared Services and Statewide and Enterprise-wide Costs

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.

POP 202 Improve Information Technology (IT) Security and Privacy Posture

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.

POP 501 Foster Care Youth: 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

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central strategy for improving housing outcomes for youth with experience in the Child Welfare system. The proposed work aligns with the State of Oregon Homelessness Response Framework (HRF) Pillar 3, Youth Deliverables 3, 5, 6, and 8. 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.

Overview of Shared Services

ODHS Shared Services contains the following key offices and programs:

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

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

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

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

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

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

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

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

Background Check Unit

The Background Check Unit (BCU) provides a comprehensive background screening process to determine if an individual should be allowed to have access to vulnerable people, IT systems or client information. BCU also provides centralized

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support for FBI Criminal Justice Information Services (CJIS) clearance and training for ODHS and OHA staff. BCU is also Oregon’s point of contact for processing out-of-state child protective service check requests in support of federal legislation. BCU provides background check services and support to all ODHS and OHA divisions for employment purposes; for those who provide services or seek to provide services as a contractor, subcontractor, vendor, or volunteer; and for those who are employed by qualified entities that provide care and are licensed, certified, registered, or otherwise regulated by ODHS or OHA.

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

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

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

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

The Office of Contracts and Procurement provides contract and procurement services for ODHS and OHA by procuring supplies and services in the most cost-effective manner through innovative and responsible solutions. The unit provides

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guidance, training, and support to meet contracting and procurement needs and assists agencies with supplier diversity programs that seek to include women- and minority-owned and emerging small businesses.

The Office of Investigations, Training and Safety ensures safety and protection to the more than 77,500 people per biennium who receive mental health, developmental disability, or children's therapeutic services in Oregon. The office consists of four primary functional units: Investigations, Children's Care Licensing, Contested Case – Administrative Law Judge Hearings, and Training and Transformation (TnT - which includes: Quality Management and Prevention, Policy and Legal, Data, and Investigator training). Together, these functional units provide services to several programs of ODHS and OHA that serve some of Oregon's most vulnerable citizens.

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

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

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

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individual fields; and provides graphic design, layout, illustration, and form creation services.

Overview of Statewide and Enterprise-wide Costs (SAEC)

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

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

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

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Self Sufficiency Programs

Overview

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

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

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

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

The programs within SSP include:

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

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

Seeking Self-Sufficiency

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

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

SSP continues to see caseloads driven by the shortage of affordable housing, the COVID-19 pandemic, catastrophic wildfires, economic conditions, and a shortage of available and affordable childcare and attainable living-wage jobs.

SSP is committed to creating an integrated human service continuum of care that addresses these compounding trends and serves the holistic needs of individuals and families. To do this, we must think differently and creatively, listen more effectively to communities, and

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Self Sufficiency Programs

collaborate across multiple systems to create and coordinate services. We must also allocate more resources toward the most impacted communities to reduce systemic disparities. In other words, our work is larger than the programs we currently administer; we must focus on holistically improving the conditions in people’s environments, from food security to housing security to wealth building.

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

Current Funding

The Self Sufficiency Governor Recommended Budget (GRB) is \$349.8 million General Fund and \$4.9 billion total funds primarily driven by SNAP benefits.

Self Sufficiency Programs	GF	OF	FF	TF	POS	FTE
LAB 23-25	376,068,197	454,376,470	4,283,374,069	5,113,818,736	1,061	1,015.21
GB 25-27	349,822,921	487,379,672	4,032,473,774	4,869,676,367	999	998.00
Difference LAB - GB	(26,245,276)	33,003,202	(250,900,295)	(244,142,369)	(62)	(17.21)
% Difference LAB - GB	-6.98%	7.26%	-5.86%	-4.77%	-5.84%	-1.70%

Major changes from LAB to GRB are driven mainly by:

- Phase in of investments from 2023-25
- Phase out of one-time funding
- Standard inflation
- Mandated staffing increases

Self-Sufficiency Programs uses a combination of General Fund and federal fund resources. The TANF program requires a minimum state expenditure level, known as Maintenance of Effort (MOE). Total fund split is 96.5% Federal fund, 3% Other fund and <1% General fund. Below are the proposed 2025-27 Policy Packages.

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Self Sufficiency Programs

	Self Sufficiency					
	GF	QF	FF	TF	Positions	FTE
GB Build - POPS	24,995,368	-	104,838	25,100,206	7	6.00
107 - Increase in payments for JOBS Participation Incentive (JPI) - TANF Basic only	5,183,325	-	-	5,183,325	-	-
108 - SNAP Elderly Simplified Application Process (ESAP)	104,838	-	104,838	209,676	1	0.75
502 - HH - YEHP Core Service Maintenance	19,707,205	-	-	19,707,205	6	5.25

POP 107 Job Participation Incentive Increase

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.

POP 108 SNAP Elderly Simplified Application Project (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,

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Self Sufficiency Programs

b.) improve customer service and recertification processing timelines and c.) help ease workload demands on Oregon's characteristically overextended eligibility staff.

POP 502 YEHP Core Services 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.

Conclusion

SSP efforts strengthen ODHS foundations through collaborations that continually improve the delivery of basic needs programs, including financial assistance, domestic violence services, employment and training, and refugee and youth services. Staff also provide disaster program support, including benefit assistance for individuals affected by natural disasters according to federal eligibility criteria. SSP staff coordinate with Child Welfare to work with families that have or are at risk of having Child Welfare involvement to increase family stability and keep children and parents safely together whenever possible. D&I collaborates with Child Welfare and community partners in designing the least intrusive, most family-centered and culturally responsive service delivery.

Additional collaborations with community partners and Tribal nations have been

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built around domestic violence, housing, alcohol, drug and mental health treatment, workforce development, vocational rehabilitation, health care and education.

Following the transition of eligibility services and staff to OEP, SSP is currently revising processes and outcome measures to reflect the changed scope of work pertaining to Design and Delivery.

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Child Welfare Programs

Overview

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

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

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

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

Other Central Office Programs and Focus Areas

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

- Centering equity in all aspects of the work
- Creating more transparent and meaningful partnerships
- Sharing quality data and outcomes
- Including the voices of the community and those with lived Child Welfare experience in planning and in decision-making

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- Creating a shared vision for how meaningful partnership will promote improved child and family outcomes

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

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

Funding

The Governor Recommended Budget (GRB) for Child Welfare is \$1.2 billion General Fund and \$1.9 billion total funds for the 25-27 biennium.

CV	GF	OF	FF	TF	POS	FTE
LAB 23-25	1,023,185,961	49,701,966	624,838,028	1,697,725,955	3,594	3,411.39
GB 25-27	1,197,373,410	44,648,701	668,019,232	1,910,041,343	3,612	3,572.77
Difference LAB - GB	174,187,449	(5,053,265)	43,181,204	212,315,388	18	161.38
% Difference LAB - GB	17.02%	-10.17%	6.91%	12.51%	0.50%	4.73%

Major changes from 23-25 LAB to 25-27 GRB are driven mainly by:

- Standard inflation
- Forecasted Cost per Case and Caseload changes
- FF to GF fund shift related to changes in Federal Fund Match Rates

Strategic Funding Investments and Adjustments

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

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

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

	Child Welfare					
	GF	OF	FF	TF	Positions	FTE
GB Build - POPS	13,559,190	-	8,115,162	21,674,352	22	15.86
106 - CW Contract Administration	1,902,083	-	815,174	2,717,257	15	10.85
111 - Services and supports for youth with intensive needs and their caregivers FOCUS Expansion	383,562	-	164,381	547,943	3	2.25
112 - Family First Prevention Services Act Implementation	7,041,752	-	7,041,752	14,083,504	2	1.50
501 - HH - FC Youth: Path to Housing Stability	4,231,793	-	93,855	4,325,648	2	1.26

POP 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 115 of the division’s highest risk contracts. Without this investment, Child Welfare will continue to lack the capacity for contract oversight, potentially leading to more challenges like the ones that

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sparked recent media inquiries and audits into Child Welfare contracting practices.

POP 111 Expanding FOCUS Programs

Children thrive when raised in family settings. However, those with intensive needs are often placed outside their homes and communities due to a lack of specialized resources for them and their caregivers. This POP supports the expansion of two programs— Response and Support Network (RSN) and Child Specific Caregiver Supports (CSCS)— which are currently being piloted across nine counties. These programs focus on training and coaching caregivers to provide better care for children in their own homes and communities, reducing the need for placement in more restrictive settings with higher levels of care. Both programs have proven effective in stabilizing children with intensive needs, with 75 percent successfully avoiding temporary lodging placements. The proposed funding will enable the expansion of these services across Oregon, enhancing family preservation, child well-being, placement stability, and permanency, while saving hundreds of thousands of dollars by preventing costly temporary placements and residential care. Without this investment, children and families in underserved areas will continue to face gaps in specialized caregiver support, increasing the risk of placement disruptions. Additional risks include a growing need for foster care, decreased retention of resource parents, and a higher reliance on temporary lodging.

POP 112 Evidence Based Services for Community Pathways to Prevention: Federal Prevention Plan 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 mental health services. Funding would advance Family First 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 federal Family First Transition grant funding ends. State funding would give ODHS access to 50 percent federal reimbursement dollars for ongoing Family First 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 foster care.

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POP 501 Foster Care Youth: 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 with experience in the Child Welfare system. The proposed work aligns with the State of Oregon Homelessness Response Framework (HRF) Pillar 3, Youth Deliverables 3, 5, 6, and 8. 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.

Conclusion

The Child Welfare [Vision for Transformation](#) is based on the belief that children do best growing up with their family, and on core values related to honoring and supporting Tribal and cultural wisdom, building community resilience and voice, and ensuring the self-determination of all communities – particularly those that have historically experienced poor outcomes in our system.

ODHS Child Welfare will achieve this Vision for Transformation through:

- Assessing child safety and providing in-home supports to prevent unnecessary separation of children from parents, family, friends and community.
- Expanding services to prevent foster care placements and ensuring that intensive interventions are as safe and effective as possible.
- Ensuring foster care is family- and community-based, time-limited, culturally responsive and designed to stabilize families rather than serving primarily as a placement for children and young adults.
- Ensuring we are building a kin-first system and establishing that children and young adults will be in the care of family, friends and known community whenever possible, and further that we are helping children keep connections to their cultures, Tribal Nations and communities.
- Recognizing the necessity of short-term, individually customized treatment programs for children who have higher-level physical, developmental and/or mental health needs. These supports should occur while children or young adults are living in families with birth or adoptive parents, relatives, close friends or foster caregivers (resource families).
- Collaborating and building strong relationships with Tribes, communities, people with lived expertise and systems partners.

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- Striving for a well-supported workforce that has the developmental opportunities, and access to the resources and services needed to support children, young adults, families and communities; and
- Dismantling structural and systemic racism and moving toward a more equitable and fair system of support for all families.

Oregon Department of Human Services

Aging and People with Disabilities Programs

Overview

The Oregon Department of Human Services Aging and People with Disabilities (APD) program mission is to help Oregonians in their own communities achieve well-being and independence. The program is built on a foundation of supporting independence, choice and dignity while protecting the most vulnerable Oregonians.

APD's programs provide a broad array of services that meets older adults and people with disabilities where they are at. Services range from preventative services that help individuals engage in their community to full-time, around the clock care for those who can no longer meet their own needs. Through Adult Protective Services and licensing and regulatory oversight, the program ensures the safety of individuals regardless of payor source.

During the biennium, APD expects to serve:

- More than 41,769 older adults and people with physical disabilities per month who qualify for Medicaid-funded long-term services and supports.
- More than 150,000 older individuals who benefit from Older Americans Act services.
- About 175,000 people who need Medicare Premium assistance.
- About 36,300 Oregonians who rely on long-term care settings that APD licenses.
- More than 80,000 individuals who receive a Social Security Disability determination and need help accessing federal income benefits available to individuals with a disability.
- About 2,000 unique individuals aged 60 and older who seek help through Oregon Project Independence.
- More than 1,200 people who receive long-term care options counseling from the Aging and Disability Resource Connection.
- Individuals who will make more than 50,000 calls seeking to report abuse or neglect or request information and referral services from Adult Protective Services.

Oregon's population is aging

The aging population is growing rapidly. The number of people 65 and older in the United

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States is expected to increase to 70 million by 2030, and to 88.5 million — or 20 percent of the population — in 2050.

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

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

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

Funding

The cost to operate the Aging and People with Disabilities (APD) Governor Recommended Budget (GRB) is \$2.4 billion general fund and \$6.9 billion total funds for the 2025-27 biennium.

APD	GF	OF	FF	TF	POS	FTE
LAB 23-25	1,760,230,298	343,140,065	3,198,732,324	5,302,102,687	1,557	1,541.96
GB 25-27	2,410,164,924	402,221,724	4,146,919,244	6,959,305,892	1,619	1,582.50
Difference LAB - GB	649,934,626	59,081,659	948,186,920	1,657,203,205	62	40.54
% Difference LAB - GB	36.92%	17.22%	29.64%	31.26%	3.98%	2.63%

Major changes from LAB to GRB are driven mainly by:

- Phase In of rate increases and new programs from 23-25
- Phase Out of funding for one-time activities related to COVID-19
- Standard inflation
- Above Standard Inflation for In-Home, CBC and Nursing Facilities
- Forecasted Cost per Case and Caseload changes including AAA staff funding

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- FF to GF fund shift related to changes in Federal Fund Match Rates
- Phase Out of ARPA HCBS funding

Strategic Funding Investments and Adjustments

The following independence, safety and health investments are being proposed to improve services to Oregonians:

	APD					
	GF	OF	FF	TF	Positions	FTE
GB Build - POPS	12,319,438	-	18,118,268	30,437,706	57	28.45
101 - Strengthening Safety	1,283,611	-	1,283,611	2,567,222	19	8.75
103 - Access Rule (CMS)	1,044,399	-	1,044,399	2,088,798	12	8.29
560 - BH-Ensuring access to svcs for indiv w/ BH cdtn	9,991,428	-	15,790,258	25,781,686	26	11.41

POP 101 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 may perpetuate an evolving narrative and public perception that ODHS regulatory oversight is ineffective and unresponsive to safety concerns that have received wide publicity.

POP 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,

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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.

POP 560 Ensuring access to services for individuals with mental health conditions

People with disabilities who need home- and community-based supports through Aging and People with Disabilities (APD) 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.

Conclusion

APD's focus during 2025-2027 is to strengthen our foundation and excel in our core mission. We will focus our energy on enhancing our system, improving customer service and equity, and building lasting public trust. To achieve this, APD's vision encompasses four key layers of accountability and impact:

- Layer One: APD/AAA Staff and Program Operators – APD's vision is for every staff member to understand their roles and the core responsibilities for which they are accountable; that they have access to the information, training, and resources necessary to support their work; and they receive comprehensive onboarding, mentorship, and timely, constructive feedback on their performance.

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- **Layer Two: Long-Term Care Providers:** We license 698 long-term care facilities and 1,324 adult foster homes. APD’s vision is for residents to be safe from abuse and neglect; providers to understand licensing requirements and experience quality, consistent, and timely interactions with APD/AAA licensors and staff; that they have access to technical assistance and support to maintain compliance or work toward it; and that consumers have access to reliable data and information about long-term care facilities and homes to make informed decisions about where they want to receive care.
- **Layer Three: Long-Term Care Workforce:** A limited workforce supply poses a significant threat to our ability to deliver timely, quality, and affordable services to a population facing major demographic shifts and increasing complexity in needs. APD’s vision is that provider rates reflect higher wages for workers; the long-term care workforce is valued and respected for their essential contributions; and direct care and personal care roles are professionalized.
- **Layer Four:** In total, APD, our AAAs and partners serve more than 400,000 individuals across the spectrum of our services each year. This includes Adult Protective Services, Older Americans Act and related services, long-term services and supports, General Assistance, Social Security Disability determinations and over seventeen thousand individuals served in APD licensed care settings. APD’s vision is that older adults are not forced into poverty to access necessary services; aging is recognized as a natural part of life.

For the 25-27 biennium, APD is proposing a package of services that promote safety and well-being for Oregon’s older adults and people with disabilities. These investments will help ODHS meet the needs of Oregonians in this period of change and growth. APD’s goals are:

Safety and well-being: Older adults and people with disabilities feel safe and experience their best quality of life.

Accessibility: Oregonians can readily and consistently access timely, person-centered services and supports to meet their needs.

Quality outcomes: Oregonians engage in services and supports that are preventive, evidence-informed and lead to quality outcomes.

Service equity: Oregonians experience programs, services, and supports that are designed, improved and responsive to historical inequities, current disparities and individual

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experiences.

Engagement: Through strong, collaborative partnerships and rich community dialogue, consumers are provided information and are engaged in two-way communication and regular opportunities to voice their needs and opinions.

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Intellectual and Developmental Disabilities Program

Overview

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

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

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

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

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

ODDS seeks to achieve the following strategic goals:

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

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

History and Future State

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

Oregon is recognized nationally as an innovative leader in developing community-based services for persons with I/DD. ODDS and its partners take a self-directed, family-involved, individually focused, culturally appropriate and sustainable approach to service. Oregon is one of the few states that have no state- or privately- operated, institutional-level services specifically for people with developmental disabilities. Ongoing input from our partners both nationally and in Oregon indicates that the number of people with I/DD-related needs is growing. As of June 3, 2024, ODDS served 36,224 individuals with I/DD compared to 21,294 in July of 2013 when the K-Plan was implemented. Since then, I/DD system has experienced 70 percent growth in total enrollment.¹

We are also observing significant growth in the number of provider agencies and 24-hour residential providers, which, since 2020, have experienced average annual growth rates of 25 and 20 percent, respectively.

Cumulative new I/DD providers by year						
Provider type	2020	2021	2022	2023	As of March 2024	Average annual % growth
Agencies	374	489	636	823	855	25%
Residential	827	967	1177	1422	1498	20%

¹ Source: ODDS data team, June 3, 2024.

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(Source: ODDS Licensing Unit)

Using the same average annual growth rates as above for 2024, we anticipate there will be 215 new agency providers and 300 new residential providers in 2024. However, based on the pending number of applications as of March 2024 (145 and 136, respectively, according to the ODDS Licensing Unit), we expect the 2024 growth rates to be much higher than 25 and 20 percent.

Funding

The Governor Recommended Budget (GRB) to operate the People with Intellectual & Developmental Disability (I/DD) program for the 2025-27 biennium is \$2.3 billion in General Fund and \$6.4 billion total funds.

I/DD	GF	OF	FF	TF	POS	FTE
LAB 23-25	1,952,672,610	32,174,448	3,450,158,904	5,435,005,962	991	979.64
GB 25-27	2,340,464,041	33,808,360	3,996,312,628	6,370,585,029	1,048	660.20
Difference LAB - GB	387,791,431	1,633,912	546,153,724	935,579,067	57	(319.44)
% Difference LAB - GB	19.86%	5.08%	15.83%	17.21%	5.75%	-32.61%

Major changes from 23-25 LAB to 25-27 GRB are driven mainly by:

- Phase In of rate increases from 23-25
- Standard inflation
- Forecasted Cost per Case and Caseload Program changes, including CDDP and Brokerage funding
- Changes in Federal Fund Match Rates
- Phase out of ARPA HCBS funds

Strategic Funding Investments and Adjustments

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

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

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	I-DD					
	GF	OF	FF	TF	Positions	FTE
GB Build - POPS	4,072,232	-	3,472,232	7,544,464	32	25.56
101 - Strengthening Safety and Regulatory Oversight	1,550,862	-	1,550,862	3,101,724	14	12.52
103 - Access Rule (CMS)	1,076,943	-	1,076,943	2,153,886	12	8.54
117 - Service equity and accessibility	1,444,427	-	844,427	2,288,854	6	4.50

POP 101 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. With this POP, ODDS is requesting fourteen (14) limited duration positions approved in 2023 be made permanent positions in the 25-27 biennium. ODDS requires this investment to maintain sufficient staffing of the licensing/certification unit where scope and amount of work continues to grow. Without the requested resources, ODDS will not be able to meet current workload, let alone growth in the provider networks and new initiatives to improve oversight, quality, and safety of the individuals we serve. The Licensing Team would lose approximately half of its current workforce.

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Intellectual and Developmental Disabilities Program

POP 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.

POP 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

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partnership with Tribes throughout ODDS programs.

Conclusion

ODDS is committed to providing choices for individuals to choose a living setting that is right for them and helps them achieve their goals. To reach underserved and underrepresented communities, we must continue our efforts to build a diverse workforce capable of delivering linguistically and culturally agile services. To do this, we are working to ensure capacity and staffing within its existing care settings and programs. One such effort is Impact Oregon, a website that connects job seekers with careers in Oregon's I/DD system of services and supports.

ODDS has also seen a trend of child foster homes closing. 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 percent 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. Additionally, children placed in ODDS-certified child foster homes have not been able to access home modification services. This means children placed in a foster home may not have the accessibilities needed during their stay. Funding home 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. The proposed policy option package (POP), "ODDS Certified Child foster care capacity and accessibility supports," will fund recruitment and development of child foster care providers, including culturally and linguistically specific providers. This will create a more robust pool of skilled child foster providers capable of supporting children who cannot be served safely in their own family homes due to their complex support needs.

ODDS Operations is also modernizing its IT systems to improve and standardize processes for case management entities and the access for individuals and families. This will be achieved with a statewide case management system which will go live in 2025. ODDS is also adding a new IT system for enrolling and maintaining providers. This will be implemented in two phases; phase 1 will be agency providers and foster care providers to replace the ASPEN system and phase 2 will be personal support workers, homecare workers and personal care attendants. The first phase will go live in fall of 2025. The current eXPRS system allows CMEs to enter service authorizations for individuals, which allows providers to bill and receive payment. Operations is also responsible for contracting, including the

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contracts and grants currently involved with ARPA, auditing the financial impacts of a completed contract or grant and reviewing other contract obligations, enrolling PSW providers, and providing technical assistance to all CMES and providers.

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Vocational Rehabilitation Programs

Overview

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

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

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

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

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

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

Current Funding Levels

The Governor Recommended Budget (GRB) to operate the Vocational Rehabilitation (VR) program for the 2025-27 biennium is \$44.9 million in General Fund and \$160.5 million total funds.

VR	GF	OF	FF	TF	POS	FTE
LAB 23-25	41,073,319	10,939,321	101,134,498	153,147,138	285	280.34
GB 25-27	44,858,470	11,062,941	104,556,467	160,477,878	286	284.04
Difference LAB - GB	3,785,151	123,620	3,421,969	7,330,740	1	3.70
% Difference LAB - GB	9.22%	1.13%	3.38%	4.79%	0.35%	1.32%

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Major changes from LAB to GRB are driven mainly by:

- Standard inflation
- Changes in Federal Reallotment funding

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

Strategic Funding Investments and Adjustments

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

	VR					
	GF	OF	FF	TF	Positions	FTE
GB Build - POPS	745,663	-	-	745,663	4	3.00
105 - Contract and Fiscal Compliance	745,663	-	-	745,663	4	3.00

POP 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.

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Vocational Rehabilitation Programs

Conclusion

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

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

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Oregon Eligibility Partnership

Overview

There are core needs every person must address to thrive in our communities. Sometimes when an individual or family’s circumstances change, they need help with basic supports to get through the bumps in the road on their way to well-being. Oregon Eligibility Partnership (OEP) provides medical, food, cash, and childcare benefits to one in three people in Oregon. OEP is dedicated to simplifying access to these essential services, so people receive the supports they are eligible for and don’t backslide on their journey to well-being.

OEP prioritizes equitable service delivery and providing direction and resources to employees who determine eligibility. To these ends, OEP has established structured governance and processes that unite historically independent programs together to better support individuals and families.

OEP’s core responsibility is to make sure eligibility determination services receive robust technological and staffing support. The goal is to maintain a customer service experience that is consistent and delivers equitable, prompt and accurate eligibility determinations.

OEP is steadfast in adhering to program eligibility rules and regulations and the service delivery expectations of our federal partners. OEP actively collaborates with partners, staff, community members, and sovereign Tribal communities to address operational impacts and identify opportunities to improve customer service.

Current Funding Levels

The Governor Recommended Budget (GRB) to operate the OEP program for the 2025-27 biennium is \$444.9 million in General Fund and \$952.3 million total funds.

OEP	GF	OF	FF	TF	POS	FTE
LAB 23-25	381,533,373	11,578,031	434,198,263	827,309,667	2,624	2,579.81
GB 25-27	444,885,391	5,712,458	501,750,069	952,347,918	2,659	2,654.89
Difference LAB - GB	63,352,018	(5,865,573)	67,551,806	125,038,251	35	75.08
% Difference LAB - GB	16.60%	-50.66%	15.56%	15.11%	1.33%	2.91%

Major changes from 23-25 LAB to 25-27 GRB are driven mainly by:

- Standard inflation
- Phase out of one-time funding

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- Mandated staffing increases

OEP's funding is derived from a combination of federal funds allocated through the Center for Medicare & Medicaid Services (CMS) and the Department of Agriculture Food and Nutrition Services (FNS), as well as General Fund allocations that support programs which do not receive federal administrative funds, meaning that federal dollars allocated to these programs are strictly designated for services. This includes programs like Employment Related Day Care (ERDC), Temporary Assistance for Needy Families (TANF), certain portions of Healthier Oregon, and Veteran and Compact of Free Association (COFA) dental programs.

Strategic Funding Investments and Adjustments

Oregon Eligibility Partnership (OEP) provides medical, food, cash and child care benefits to one in three people in Oregon. OEP is dedicated to simplifying access to these essential services so people receive the supports they are eligible for and don't backslide on their journey to well-being.

	OEP					
	GF	OF	FF	TF	Positions	FTE
GB Build - POPS	7,090,927	-	17,148,899	24,239,826	9	6.75
104 - Federally Required Changes to Data Services Hub - Required Costs to	4,980,394	-	15,038,366	20,018,760	4	3.00
108 - SNAP Elderly Simplified Application Process (ESAP)	476,087	-	476,087	952,174	1	0.75
113 - Central Abuse Management System (CAM) M&O	1,250,000	-	1,250,000	2,500,000	-	-
201 - Mainframe Modernization	384,446	-	384,446	768,892	4	3.00

POP 104 Maintaining technology and supporting effective customer service

The Oregon Eligibility Partnership (OEP) has completed the OpenScape Call Center (OSCC) migration, enabling a unified statewide system for over 3,000 representatives to provide comprehensive support for medical, food, cash, and child care benefits. This significant upgrade required rapid implementation without sufficient resources to ensure ongoing system support, maintenance, and coordination. This POP proposes hiring additional staff to establish a statewide support/helpdesk team to improve customer service and support the work of ODHS as we continue to transition through

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the structure of the EIS statewide phone systems. This team will be able to support ODHS when we eventually transition this biennium off of OpenScape and onto a system that can meet our federal and state needs.

In parallel, the Oregon ONE Mobile app continues to see rapid adoption, providing a self-service option for benefit recipients. With over 49,000 users and growing, the app demands dedicated technical support to address issues, manage updates, and ensure seamless user experiences. The requested funds will allow the hiring of technical support staff to optimize app usage, reduce workloads for eligibility staff, and enhance overall customer satisfaction.

Finally, this POP provides the funding for the Federal Data Services Hub. This has been used since 2015 in Oregon at 100% federal funding. Federal regulations now cover 75% of the costs, but require States to cover 25%. These data hubs allow 60% of medical applications to be processed without a worker interaction, allowing for quicker benefits, greater accuracy, and increased efficiency today. Not funding this places risk on the whole Medicaid system for the State of Oregon. Without this investment, OEP risks degraded customer service, inefficient operations, and missed opportunities to leverage these technological advancements fully.

POP 108 SNAP Elderly Simplified Application Project (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.

Oregon Department of Human Services

Oregon Eligibility Partnership

POP 113 Central Abuse Management System (CAM) Maintenance and Operations (M&O) Support

The Centralized Abuse Management (CAM) system is the backbone of Oregon’s efforts to investigate and address abuse, harm, and neglect across vulnerable populations, including children, elderly individuals, and those experiencing disabilities. This system ensures the timely and accurate handling of abuse investigations, facilitates compliance with federal reporting requirements, and supports licensing actions across OHA and ODHS programs. However, the CAM system is underfunded, limiting its ability to meet operational, regulatory, and user needs.

This proposal seeks a \$2.5M biennial budget increase to right-size funding for CAM’s maintenance and allow for critical enhancements. Without this investment, Oregon risks undermining its capacity to protect vulnerable individuals, potentially seeing the system go to end of life, jeopardizing compliance with federal mandates, and compromising the security and efficiency of abuse investigations.

Investing in the CAM system is an investment in Oregon’s commitment to safety, justice, and accountability. This proposal ensures that the state remains a leader in protecting its most vulnerable populations while upholding its federal and ethical obligations.

POP 201 Mainframe Modernization

The Oregon Department of Human Services (ODHS) relies on mainframe systems that exceed 50 years of age, posing significant risks to service delivery, system integrity, and legislative compliance. These outdated systems hinder the agency’s ability to meet modern technological, security, and operational demands, leaving critical services for over 1.5 million Oregonians vulnerable. Staff and advocates, including SEIU, have raised concerns about how these systems negatively impact homecare workers, adult foster home providers, and other vital services. The requested funding and staffing for the 2025-27 biennium will support the planning, contracting, and continue the implementation necessary to transition off this antiquated infrastructure. This modernization will enhance program efficiency, provider payment accuracy, and benefit delivery, while aligning with federal expectations for sustainable IT solutions. Failure to act risks prolonged system outages, increased manual interventions, and compromised service quality for vulnerable populations across Oregon.

Oregon Department of Human Services

Oregon Eligibility Partnership

Conclusion

OEP serves as the primary resource for many people in Oregon seeking assistance to achieve and maintain health, safety and independence. OEP is fundamental to the ODHS core mission, as it provides individuals with essential benefits and promotes service equity by incorporating REAL+D information, respecting individuals' preferred names over legal names, and offering application options in multiple languages. A significant portion of our caseload comprises mandated cases, highlighting our obligation to serve individuals in need. Moreover, our work often runs counter to economic cycles - during economic downturns and tight budgets, we observe an increase in workload as more individuals require assistance.

OEP consistently reviews data and information within our program, ensuring transparency by sharing it with staff on internal websites. We also have eligibility operations dashboards posted for the public at benefits.oregon.gov where people can get information about application processing and the ONE Customer Service Center.

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

ODHS Mission

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

About Central and Shared Services

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

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

ODHS Central Services Offices

- **Office of the Director**

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

The Office of the Director houses the following units:

- *Chief of Staff*

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

- *Office of the Chief Financial Officer*

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

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

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

- *Office of Immigrant and Refugee Advancement*

The Oregon Legislature through, SB 778 (2021), established the Office of Immigrant and Refugee Advancement (OIRA) for the purpose of operating a statewide immigrant and refugee integration strategy. Transferred to ODHS from the Governor's Office in 2022, OIRA is mandated to identify existing structural gaps and to promote the successful social, linguistic, educational, economic and civic integration of Oregon's immigrant and refugee communities.

The office accomplishes its work through partnering with state agencies, local government, community-based and faith-based organizations, refugee resettlement agencies, private sector organizations, and immigrant and refugee advocacy groups to:

- Help coordinate strategies,
- Review and track legislation,
- Monitor and publish potential investments and efforts in the state,
- Collect and protect data,
- Advocate for the equitable and effective allocation of resources, and
- Implement plans that support the advancement of immigrants and refugees across the state.

The office conducts outreach and education and serves as a resource on state initiatives and programs to ensure equitable access for immigrants and refugees. The office also ensures that any racial and ethnic impact statements for legislation accurately include the impact to immigrants and refugees in this state who are individuals who are Black, Indigenous, or other people of color.

- *Governor’s Advocacy Office*

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

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

- *Office of Tribal Affairs*

The Office of Tribal Affairs within the ODHS Director’s Office is committed to

ensuring all Oregon Tribal communities are thriving mentally, physically, spiritually, and emotionally. Tribal Affairs works with all six ODHS programs to create and provide Tribally appropriate programs, services, policies, and support. Through Tribal consultation with Oregon's Nine Federally Recognized Tribes, ODHS ensures programming, services and policies meet the needs of Oregon Tribal communities. Tribal Affairs elevates Tribal voice and facilitates opportunities for ODHS to respect, build and maintain relationships with Oregon Tribal communities that uphold tribal sovereignty.

- *Office of Budget, Planning and Analysis*

This office functions as the central budget for ODHS based programs working under the guidance of the CFO. Its main duties include:

- Developing and preparing the department's biennial budget documents and providing leadership of the ODHS budget process in partnership with the Governor's Office, Legislature, Department of Administrative Services (DAS), Legislative Fiscal Office (LFO) and DHS partners;
- Initiating, coordinating and developing the department's budget rebalance plans and Legislative Emergency Board items;
- Providing fiscal analysis of proposed legislation and responses to inquiries regarding fiscal impacts of policy changes; and
- Providing managers with accurate budget and projections to assist in the management of the overall ODHS budget of over \$17.1 billion total funds and over 11,200 budgeted positions.

- *Office of Equity and Multicultural Services*

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

- *Office of Human Resources*

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

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

- *Office of Program Integrity*

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

- *Office of Public Affairs*

This office consists of four units that provide unified support and coordination in community outreach and communication, legislative and legal matters, and access to public records and information.

Within the office, the **Communications** team supports the ODHS mission by connecting Oregonians with the information they need to access, receive or understand department services. The unit helps engage the public in the work of ODHS, which leads to more effective and inclusive policy making. This includes implementing communication plans, coordinating social media and website content, writing direct notices to clients, and talking with the media and legislature.

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

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

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

The **Legal** unit, also housed in Public Affairs, manages all lawsuits, tort claims, expunctions, and subpoenas related to ODHS program and operations. Staff in this unit provide expert consultation to ODHS field and central office staff and Department of Justice and Department of Administrative Services Risk Management in policy related to legal matters. The team ensures timely

completion of the required judicial documents to move smoothly through a complex legal matter. This unit reports to the ODHS Chief Operations Officer (OCCO).

- *Office of Reporting, Research, Analytics, and Implementation*

The Office of Reporting, Research, Analytics, and Implementation (ORRAI) serves as a trusted partner in data-informed decision-making. ORRAI provides mission-critical information to directors, legislators, partner agencies, program staff, and the public. ORRAI compiles reports, conducts research, analyzes data, implements research, and provides both enterprise-wide and inter-agency, program-level data. ORRAI is dedicated to actionable, equitable solutions and improvement of service delivery through the collection, stewardship, and use of data. We create positive and equitable change within and across human service systems leading to improved and lasting outcomes for all Oregonians.

- *Office of Resilience and Emergency Management*

The Office of Resilience and Emergency Management (OREM) focuses

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

OREM recognizes that being ready and quickly responsive hastens recovery. To achieve this, the office adheres to National Incident Management System standards and carries out a statewide strategy that aligns with the 2022-2026 Federal Emergency Management Agency Strategic Plan. Its staff are dispersed around the state to better identify local needs and enhance community-level relationships. To prepare for OREM's 4 mission areas of: (1) Disaster response; (2) Disaster recovery; (3) Business continuity including support to ODHS clients to ensure safety, and ODHS offices and provider facilities to ensure availability of services in disasters, and; (4) Statutory responsibilities as the lead agency to

support warming/cooling/cleaner air centers, OREM is:

- Establishing a mass care network consisting of public and private partners through pre-disaster contracts with community-based organizations, non- governmental organizations, and non-profits. The mass care network will also consist of the resilience hubs and networks being developed this year.
- Conducting exercises and drills around the state in collaboration with local, state, federal and Tribal partners.
- Identifying needs and gaps in Oregon’s mass care systems.
- Investing in community-level mass care capabilities.
- Helping to build local capacity for emergency preparedness.
- Collaborating with a range of partners to advance resilience through technical, direct, and grant support.
- Forward-deploying warming/cooling/cleaner air equipment into most impacted areas of the state.
- Recruiting and training Mass Care Response Teams, consisting of ODHS employees who can staff and/or support disaster shelter operations and public warming, cooling and cleaner air centers and be paid for doing so.

ODHS Shared Services Offices

- *Background Check Unit*

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

- *Budget Center*

2025-27 Ways and Means

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

- *Office of Contracts and Procurement*
The Office of Contracts and Procurement (OC&P) supports all offices of ODHS, OHA, and the Home Care Commission by procuring supplies and services in the most cost-effective manner through innovative and responsible solutions. The unit provides guidance, training, and support to meet contracting and procurement needs and assists agencies with supplier diversity programs that seek to include women- and minority-owned and emerging small businesses.
- *Office of Enterprise Data Analytics*
The 2015 Oregon Legislature created the Oregon Enterprise Data Analytics (OEDA) unit to conduct inter-agency research. The legislation encouraged the expansion of data informed decisions throughout state government. The research analysts, economists, and information technology positions work among agencies to translate data into information; that information promotes data-informed decisions and improves outcomes for children and families. OEDA uses advanced analytics with human service organizations, health organizations, public health organizations, corrections, the courts, employment, housing, and education.
- *Office of Facilities Management*
This office provides the management and oversight of all facility and leasing related matters for ODHS and OHA administrative offices, branch offices, and other facilities statewide. Its staff and operations support the departments' missions by ensuring that buildings are safe and universally accessible and by maintaining and operating buildings, telecommunications, and physical infrastructure in a cost-effective, sustainable, and environmentally responsible manner. The office collaborates with both ODHS and OHA leadership to develop long-term strategic plans for the facilities needs of both organizations.

OFM manages 2.7 million square feet of leased property for OHA and ODHS statewide. This includes support and management of over 168 offices on behalf of ODHS and OHA. This office is responsible for managing maintenance, remodeling, furniture acquisition and reconfiguration, staff relocations, coordination with DAS and state brokers on lease negotiations, and analysis of the costs and benefits of space utilization, ADA compliance, Trauma Informed spaces, and energy conservation.

- *Office of Financial Services*

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

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

system interfaces; and ensuring a proper control environment is maintained.

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

The office reports to the ODHS OCFO and the OHA CFO.

- *Office of Forecasting and Research and Analysis*

Office of Forecasting and Research and Analysis (OFRA) supports ODHS and OHA by providing accurate, timely, unbiased caseload forecasts and related research and analysis to support budgeting, policy development, identification and elimination of inequitable outcomes, and operational planning. OFRA maintains the Integrated Client Services data warehouse, which provides

caseload forecasters and other researchers with data from multiple systems within ODHS and OHA, uniting individual person records from separate siloed enrollment systems into a cohesive whole, showing the interconnected patterns of human services as they are experienced by Oregonians in need. This unit reports to the ODHS Office of the Chief Financial Officer (OCFO).

- *Office of Health, Safety & Employee Well-being*

This office provides services including employee occupational health and safety, workers' compensation tracking and program analysis, property loss tracking, threat management assessments and tracking, trauma-informed services, a suicide prevention program, administration of the Employee Assistance Program (EAP), and employee risk management. Work within these program areas includes the development and delivery of training, regulatory compliance monitoring, strategic planning, and legislative tracking.

- *Office of Imaging and Records Management*

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

- Agencies' delegated authority regarding imaging and electronic and physical document and records management.

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

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

- *Office of Internal Audit and Consulting*

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

- *Office of Payment Accuracy and Recovery (OPAR)*

OPAR's mission is to support the Oregon Department of Human Services (ODHS), Oregon Health Authority (OHA), and the Department of Early Learning and Care (DELIC) by assisting their programs in ensuring client and provider payment accuracy and by completing timely recovery of monies owed.

OPAR is a critical service provider in ensuring ODHS, OHA and DELIC payment accuracy and in delivering recovery services (identify, establish, recover) in an efficient, effective and customer focused manner.

- *Office of Training Investigations and Safety (OTIS)*

This office ensures safety and protection to the more than 77,500 people per

biennium who receive mental health, developmental disability, or children's therapeutic services in Oregon. The office consists of four primary functional units: Investigations, Children's Care Licensing, Contested Case – Administrative Law Judge Hearings, and Training and Transformation (TnT - which includes: Quality Management and Prevention, Policy and Legal, Data, and Investigator training). Together, these functional units provide services to several programs of ODHS and OHA that serve some of Oregon's most vulnerable citizens, including:

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

- *Publications and Creative Services*

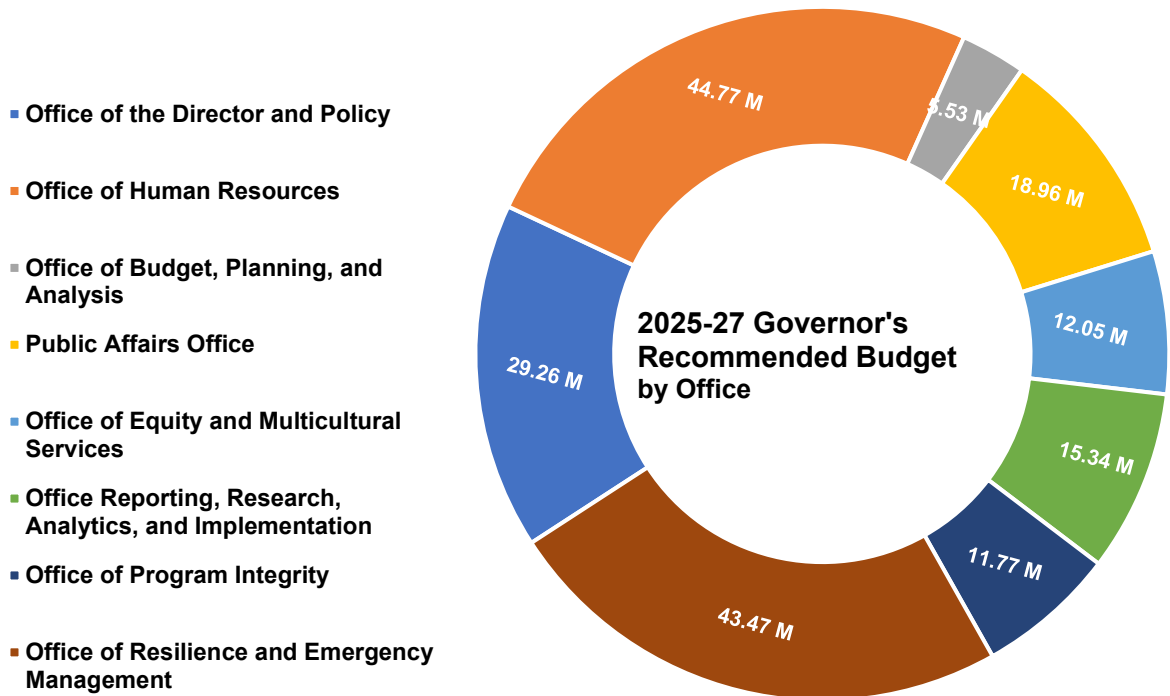
Publications and Creative Services (PCS) manages the writing, design, development, printing, and distribution of ODHS and OHA publications for internal and external audiences, including those in accessible formats and multiple languages. This unit plays a central role in document translation services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

State Assessments and Enterprise-wide Costs

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

Oregon Department of Human Services: Central Services

Primary Long-Term Focus Area: Excellence in State Government
Program Contact: Rob Kodiriy



Program Overview

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

- Office of the Director
- Office of Budget, Planning, and Analysis
- Office of Equity and Multicultural Services
- Office of Human Resources
- Office of Program Integrity
- Office of Public Affairs
- Office of Reporting, Research, Analytics, and Implementation
- Office of Resilience and Emergency Management.

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

Program Funding Request

	General Fund	Other Funds	Federal Funds	Total Funds	Positions	FTE
2023-25 LAB	114,411,402	22,050,055	60,842,992	197,304,449	384	381.51
2025-27 GB	95,417,899	23,673,668	62,064,330	181,155,897	388	386.57
Difference	(18,993,503)	1,623,613	1,221,338	(16,148,552)	4	5.06
Percent change	-16.60%	7.36%	2.00%	-8.18%	1.04%	1.32%

Program Description

- **Office of the Director**

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

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

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The office accomplishes its work through partnering with state agencies, local government, community-based and faith-based organizations, refugee resettlement agencies and immigrant and refugee advocacy groups to help coordinate strategies, review and track legislation, monitor and publish potential investments and efforts in the state, conduct data collection and protection, advocate for the equitable and effective allocation of resources and ultimately implement plans that support the advancement of immigrants and refugees across the state. The office conducts outreach and education and serves as a resource on state initiatives and programs to ensure equitable access for immigrants and refugees. The office also ensures that any racial and ethnic impact statements for legislation accurately include the impact to immigrants

and refugees in this state who are individuals who are Black, Indigenous or other people of color.

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- **Office of Equity and Multicultural Services**

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

- **Office of Human Resources**

The Office of Human Resources enables the organization to equitably recruit, support and engage a diverse workforce in a collaborative partnership to foster an environment where employees maximize their potential to achieve the agency's mission. The Office of Human Resources works closely with internal customers and management on workforce strategies that support agency and program needs and strategies and building a healthy workplace culture of ongoing development and feedback to ensure the agency has a diverse workforce with the skills, training, and support to do their work, now and in the future.

- **Office of Program Integrity (OPI)**

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

- **Office of Public Affairs**

The Public Affairs Office is made up of four work units: Communications, Legislative, Public Records and Legal. The office provides ODHS with unified support and coordination in community outreach and communication, legislative and legal matters, and access to public records and information.

Communications Unit

This office supports the agency mission by providing accurate and accessible information to employees, clients, legislators, community partners, interest groups, providers, local governments, state and federal agencies, policymakers, news media, targeted audiences, and the public. Effective communication is the primary vehicle to demonstrate public transparency, accountability, and trust as well as ensure Oregonians can access ODHS services. The office also provides support to the department's priority projects as defined by the Director and executive team.

Government Relations Unit

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

Public Records Unit

The ODHS Public Records Unit centrally tracks, processes, and responds to record requests from media, individuals (and/or their representatives) and public entities. PRU processes a consistent average of 833 requests per month and serves requestors Monday through Friday with an online portal being available 24/7. The unit focuses on consistency, transparency, and adherence to state, federal and Public Records Law.

The unit currently processes a mix of public record requests and requests from individuals (or their representatives) for their own records. PRU has agreements with each program area on which type of individual record requests are handled by PRU and which are handled by the program.

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

Legal Unit

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

- **Office of Reporting, Research, Analytics, and Implementation**

The Office of Reporting, Research, Analytics, and Implementation (ORRAI) serves as a trusted partner in data-informed decision-making. ORRAI provides mission-critical information to directors, legislators, partner agencies, program staff, and the public. ORRAI compiles reports, conducts research, analyzes data, implements research, and provides both enterprise-wide and inter-agency, program-level data. ORRAI is dedicated to actionable, equitable solutions and improvement of service delivery through the collection, stewardship and use of data. We create positive and equitable change within and across human service systems leading to improved and lasting outcomes for all Oregonians.

- **Office of Resilience and Emergency Management (OREM)**

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

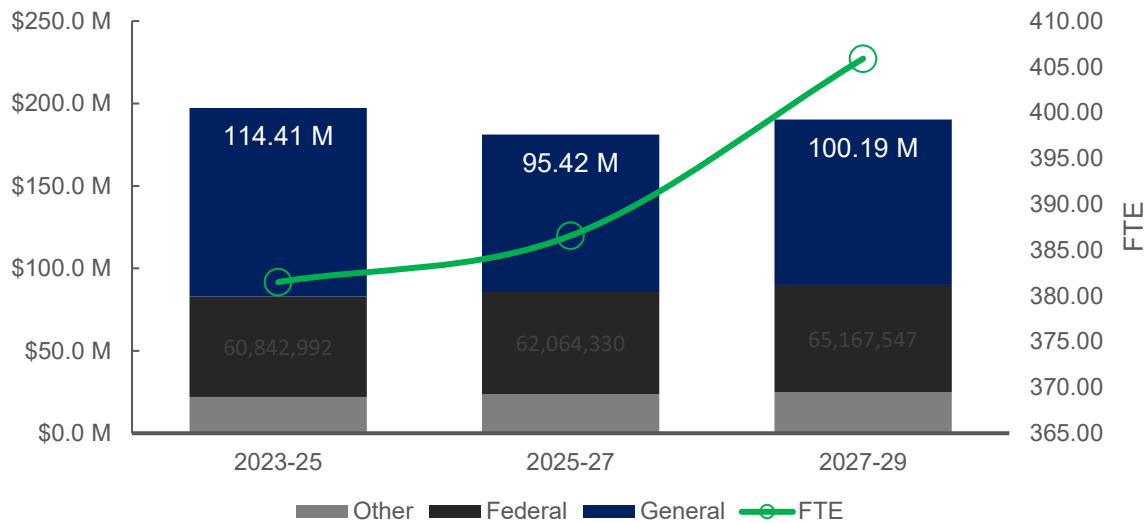
centers equity in its work, ensuring that the goals and needs of vulnerable communities directly inform resilience plans and that our response systems effectively address disproportionate disaster impacts. OREM also assists other ODHS programs in preventing, mitigating, responding to, and recovering from natural, technical, and human-caused hazards.

OREM recognizes that being ready and quickly responsive hastens recovery. To achieve this, the office adheres to National Incident Management System standards and carries out a statewide strategy that aligns with the 2022-2026 Federal Emergency Management Agency Strategic Plan. Its staff are dispersed around the state to better identify local needs and enhance community-level relationships. To prepare for OREM's 4 mission areas of: (1) Disaster response; (2) Disaster recovery; (3) Business continuity including support to ODHS clients to ensure safety, and ODHS offices and provider facilities to ensure availability of services in disasters, and; (4) Statutory responsibilities as the lead agency to support warming/cooling/cleaner air centers, OREM is:

- Establishing a mass care network consisting of public and private partners through pre-disaster contracts with community-based organizations, non-governmental organizations and non-profits. The mass care network will also consist of the resilience hubs and networks being developed this year.
- Conducting exercises and drills around the state in collaboration with local, state, federal and Tribal partners.
- Identifying needs and gaps in Oregon's mass care systems.
- Investing in community-level mass care capabilities.
- Helping to build local capacity for emergency preparedness.
- Collaborating with a range of partners to advance resilience through technical, direct, and grant support.
- Forward-deploying warming/cooling/cleaner air equipment into most impacted areas of the state.
- Recruiting and training Mass Care Response Teams, consisting of ODHS employees who can staff and/or support disaster shelter operations and public warming, cooling and cleaner air centers and be paid for doing so.

Program Justification and Link to Focus Areas

ODHS Central Services Budget Outlook



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

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

- ***Control over major costs***

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

- **Performance management system**

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

- A clear statement of the outcomes ODHS must achieve,
- Descriptions of the processes ODHS uses to achieve its outcomes,
- Measures of success for each outcome and process,
- Owners for each measure,
- A quarterly, 3-hour, all-leadership review of progress on each measure and strategy, and
- Best practices in installing performance management require specific skills – especially in project management, LEAN tools, data analysis, and professional development of managers.

Program Performance

- **Legal Unit**

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

Tort claims are a 60-day timeline for response with agreement from DAS Risk Management on extension. Lawsuits/PJRs operate under court timelines for DOJ to respond. The ODHS Legal Unit also operates under those timelines. It is not tracked as DOJ is the responder and can file for extensions or parties can agree to extending timelines. Expunction work and manual tracking began in 1/1/2022 with the new statutory change.

Expunctions: Amended in 2021, the Oregon juvenile expunction statutes require juvenile departments to create and initiate an automatic expunction process for youths with a juvenile record. The statute sets up a graduated implementation over two years (2022/2023) to cover both unadjudicated and adjudicated activities that appear on juvenile records. The statute also sets forth compliance timelines and

directs ODHS to mark its records “expunged” for subject individuals upon receiving an expunction letter from juvenile departments.

In the latter half of 2023 training began for juvenile departments to assist with implementation of their automatic expunction process. To date, ODHS is regularly receiving expunction letters from only 5 of the 36 juvenile departments. The other 31 juvenile department jurisdictions have sent few or no expunction letters to ODHS. Most notably, Multnomah, Clackamas, Marion and Deschutes counties. Based on the current trajectory of expunction totals from the first five juvenile department jurisdictions, ODHS anticipates a marked increase as the remaining 31 jurisdictions continue to build their automatic expunction processes.

Expunctions Received from County Juvenile Departments		
Amount Received	Counties	# of Counties
Regularly Multiple Per Month	Klamath, Lane, Benton, Washington, Jackson	5
One (or Fewer) Per Month	Multnomah, Marion, Union	3
One Per Year	Gilliam, Tillamook, Curry, Wasco, Clatsop	5
None	Clackamas, Baker, Columbia, Coos, Crook, Deschutes, Douglas, Grant, Harney, Hood River, Jefferson, Josephine, Lake, Lincoln, Linn, Malheur, Morrow, Polk, Sherman, Umatilla, Wallowa, Wheeler, Yamhill	23

With the recent increase in expunctions from the first five jurisdictions and the lack of staff resource to devote to expunction processing, ODHS has not been able to comply within the statutory timelines and has needed to request compliance extensions. It is anticipated that backlogs and requests for extensions will become commonplace as the remaining jurisdictions fully implement their expunction processes and the number of expunctions ODHS receives increases.

Rules Programs: Rules Coordinators serves all programs across ODHS and OHA, the public, community partners, work with Legislative Coordinators, rule writers, managers to develop the rules and filings. The Rules and Policy Program Manager serves all 28 OAR chapters, the Rules Coordinators, rule writers, management and leadership with rulemaking process, consistency, and policies to support the rules program, leads projects for Governor’s Office requests – and guides the public to the processes and program. The Rules and Policy Manager is co-chair of the Shared and Central Services Policy Committee.

Based on the previous two years, ODHS filed a total of 1231 rules, OHA filed 1597. Estimating a slight increase in rules filed in the upcoming biennium as more legislation and federal regulation has increased in our programs.

	Permanent		Temporary		Total	
	ODHS	OHA	ODHS	OHA	ODHS	OHA
2023	457	743	87	100	544	843
2022	498	624	189	130	687	754

- **Public Records Unit**

ODHS Public Records Unit

Number of record requests received							
	2019	2020	2021	2022	2023	2024	25-27 projections
	*3365	6580	7241	7943	8788	*3232	11,256 per year
<p>This measure counts the number of record requests received by PRU to be processed. It is important for workload management, staffing levels and an indicator if additional resources are needed. Counts with an * are less than a full year of data. 2019 - PRU was not formed until July 2019. 2024 - is through April. Average monthly requests received has increased by 60-70 requests per year. Most recent average for 2024 is at 808 per month. Taking into consideration the growth of requests, we have a total projection of 11,256 per year.</p>							

Timeliness of services provided							
	2019	2020	2021	2022	2023	2024	25-27 projections
	no data	99%	98%	98%	99%	98%	98%

Public record requests have 5 day and 15 day statutory deadlines. This metric captures the percentage of requests that are processed within those timeframes or a timely extension letter is provided to the requestor. Timeliness is important to ensure compliance with Public Records Law timeline requirements and customer service to requestors. Timeliness measure is also important.

Enabling Legislation/Program Authorization

ORS 409.010

Funding Streams

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

Funding Justification and Significant Changes to CSL

PACKAGE NO. 102	PACKAGE TITLE OREM – Climate Response & Building Resilience				
GENERAL FUND \$5,000,000	OTHER FUNDS	FEDERAL FUNDS	TOTAL FUNDS \$5,000,000	POSITIONS 0	FTE 0.00
<p>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.</p> <p>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.</p>					

Department of Human Services: Shared Services

Primary Long Term Focus Area: Excellence in State Government
 Program Contact: Rob Kodiriy

ODHS Shared Services	GF	OF	FF	TF	POS	FTE
DHS Shared Services Administration (SSA)		2,869,512		2,869,512	9	7.25
DHS Budget Center (BC)		5,703,402		5,703,402	14	14.00
DHS Office of Forecasting and Research Analysis (OFRA)		4,828,023		4,828,023	12	12.00
DHS Office of Financial Services (OFS)		47,518,559		47,518,559	175	171.70
DHS Office of Facilities Management (OFM)		8,775,017		8,775,017	33	31.75
DHS Imaging & Records Management Services (IRMS)		24,324,766		24,324,766	104	104.00
DHS Office of Contracts & Procurement (OC&P)		20,270,846		20,270,846	58	58.00
DHS Ofc of Training, Investigations, & Safety (OTIS)		29,943,208		29,943,208	90	90.00
DHS Internal Audit and Consulting (IAC)		3,944,879		3,944,879	11	11.00
DHS Office of Payment Accuracy & Recovery (OPAR)		43,850,369		43,850,369	159	159.00
DHS Publications and Creative Services Office (PCS)		9,036,047		9,036,047	33	33.00
DHS Background Check Unit (BCU)		25,796,075		25,796,075	82	80.50
DHS Office of Enterprise Data Analytics (OEDA)		4,098,372		4,098,372	12	12.75
DHS Ofc of Health, Safety and Empl. Well-being (OHSE)		2,253,588		2,253,588	10	6.96
ODHS Shared Services Total		233,212,663		233,212,663	802	791.91

Program Overview

When ODHS and OHA split, the agencies agreed to retain many functions as shared services to prevent cost increases, maintain centers of excellence, and preserve standards that help the agencies work together. Today, ODHS Shared Services supports ODHS and OHA by providing essential business services through collaborative partnerships and informed decision making so that both agencies can achieve their missions and navigate their visions.

ODHS Shared Services operates by the following guiding principles:

- Educate, advocate, innovate
 - Educate – Provide customers clarity regarding the scope of business services available and the fundamental business operations of the agencies. Ensuring programs have knowledge about business processes, budget elements and operational components for each service.
 - Advocate – Recommend, negotiate and encourage collaborative engagement on behalf of ODHS/OHA Shared service programs

and customers to support clarity of business needs, requests, and questions.

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

ODHS Shared Services is administered through a collaborative effort between the Chief Operations Officer (COO) and OHA Director’s Office to provide leadership and direction for our offices. Shared Services’ Chief Operations Officer works with the Shared and Central Service managers to maintain updated service level agreements that define and guide the service array and delivery for each unit and ensures that all services and business practices are conducted in a culturally responsive and equitable manner.

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

Best practices in installing performance management require specific skills - especially in project management, Lean tools, data analysis, and professional

development of managers. ODHS has reallocated resources and used savings to make some of these investments, but in order to increase these skills much more needs to be done.

Program funding request

Shared Services	GF	OF	FF	TF	POS	FTE
LAB 23-25		202,347,556		202,347,556	786	770.38
GB 25-27		233,212,663		233,212,663	802	791.91
Difference LAB-GB		30,865,107		30,865,107	16	21.53
% Difference LAB-GB		15.25%		15.25%	2.04%	2.79%

Program Description

ODHS Shared Services contains the following key offices and programs:

- **Chief Operations Office**
This office provides leadership and direction for the Shared Services offices. The goals of the Shared Services offices are to:
 - Implement standardized business practices that are used throughout ODHS/OHA;
 - Increase the efficiency, effectiveness, and coordination of administrative business services through the consolidation of functions across ODHS/OHA;
 - Provide relevant information and recommendations regarding budget, forecasting and analysis of policy issues;
 - Ensure effectiveness and efficiency in program management and measurement of results;
 - Develop clear, concise information to support effective decision-making;
 - Work effectively across ODHS/OHA to ensure policies are incorporated and appropriately reflected in both agencies’ budgets; and
 - Provide reliable caseload and cost-per-case forecasts for all major programs, incorporating impacts of policy changes, changing demographics and any other relevant information available.

- **Administrative Rule Program**

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

- **Background Check Unit (BCU)**

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

- **Budget Center**

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

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

- **Office of Contracts and Procurement (OC&P)**

This office provides contract and procurement services for ODHS and OHA by making purchases, conducting solicitations, and preparing and processing contracts with other government agencies, businesses, and service providers.

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

- **Office of Enterprise Data Analytics (OEDA)**

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

- **Office of Facilities Management (OFM)**

The Office of Facilities Management is a shared service office that provides public access to offices providing ODHS and OHA services, as well as equipment and supply management functions for ODHS/OHA. The office acquires and administers leases and contracts for approximately 168 ODHS/OHA facilities statewide; coordinates construction, remodeling and modifications of facilities to meet service delivery needs; plans and manages modular furniture installations; monitors energy use; manages mail and parcel delivery; plans, develops, installs, and repairs ODHS/OHA telecommunications systems; audits the ODHS/OHA telephone bills; and conducts detailed research and analysis of phone systems to determine the most appropriate systems for both agencies' operations.

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

- Acquisition and administration of ODHS/OHA leases and contracts for an estimated 168 facilities statewide;

- Coordination of construction and remodeling of leased facilities, facilities project management; and
- Plans modifications of workspace to accommodate changes in program service delivery needs.

Telecommunications administers the ODHS/OHA telecommunications.

Services include:

- Planning, development and installation of telecommunications systems in 168 buildings statewide;
- Upgrading and repairing current systems;
- Telephone billing audits; and
- Detailed research and analyses of phone systems to determine the most appropriate systems for the department's operations.

OFM is a strategic safety partner, working collaboratively with Emergency Management and Health & Safety.

- **Office of Financial Services (OFS)**

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

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

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

The **Disbursements and Travel Unit** processes invoices for goods and services including rent, utilities, supplies, interagency services,

SPOTS VISA and travel claims for ODHS/OHA employees and other authorized non-state individuals.

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

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

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

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

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

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

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

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

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

- **Office of Forecasting, Research and Analysis (OFRA)**

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

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

- **Office of Health, Safety and Employee Well-being**

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

Areas of focus include Occupational health and safety compliance (Including Case Management of WC and Liability claims), Wellness, Workplace Incident Response and Threat Management. Focusing our approach and emphasizing Total Worker Health has competitive advantages as it relates to recruitment, retention, employee satisfaction, community engagement and reputation and a sustainable workforce culture. This evidence based, proven approach has been documented in long term studies

and is the basis of the National Institute for Occupational Safety and Health (NIOSH) and the Centers for Disease Control (CDC) Total Worker Health approach and is part of PEBBs 2020 Wellness Initiative and aligns with the Governors Executive Order on Wellness and the ODHS/OHA Strategic Wellness Plan.

- **Office of Imaging and Records Management Services (IRMS)**

This office provides document and records management services for ODHS and OHA through imaging, electronic workflow, data entry, archiving and retention services, including:

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

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

IRMS also receives an average of 29,000 paper claims and checks each month for data capture. Most are for medical and dental services, hospitals, nursing homes, in-home services, home-delivered meals, and childcare. IRMS provides data and images, which allow SNAP programs, Oregon Health Plan and Oregon Health Authority staff to answer provider and client questions regarding eligibility and payment. The Electronic Document Management System (EDMS) electronically images documents and stores the images on a Storage Area Network (SAN), providing a single repository resulting in immediate accessibility to all authorized ODHS/OHA staff throughout the state of Oregon.

- **Internal Audits and Consulting (IAC)**

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

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

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

- **Office of Payment Accuracy and Recovery (OPAR)**

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

OPAR strives to improve program integrity, payment accuracy and financial recovery on behalf of many ODHS/OHA programs (SNAP, Medicaid, Temporary Assistance to Needy Families (TANF), Child Care, and others). Specific services provided include:

- Audits and investigations
- Establishment of overpayment debts and collection of those debts

- Facilitation of third-party recoveries
 - Identification of third-party resources
 - Assistance to ODHS field staff with data integrity issues
 - Recovery of Medicaid, Clawback and General Assistance funds from estates of deceased clients
- **Office of Training Investigations and Safety (OTIS)**
 This office conducts investigations and provides safety and protection to more than 77,500 people per biennium who receive mental health, developmental disability, or children’s therapeutic services in Oregon. The office consists of four primary functional units: Investigations, Children's Care Licensing, Contested Case – Administrative Law Judge Hearings, and Training and Transformation (TnT - which includes: Quality Management and Prevention, Policy and Legal, Data, and Investigator training). Together, these functional units provide services to several programs of ODHS and divisions of OHA that serve some of Oregon’s most vulnerable citizens, including:
 - Adults and children with intellectual/developmental disabilities.
 - Adults with mental illness.
 - Adults with substance abuse disorder (SUD) in residential settings.
 - Aging adults and people with disabilities; and
 - Children and young people under the age of 21 living in residential settings, other Child Caring Agencies, or in school or daycare settings.
 - **Publication and Creative Services (PCS)**
 This section manages the writing, design, development, printing and distribution of ODHS and OHA publications for internal and external audiences, which includes alternate formats and alternate languages. Provides consulting to plan professional quality publications that reflect ODHS and OHA style guidelines; edit and proof materials created by staff experts and partners in their individual fields; provide graphic design, layout, original and digital illustration, forms creation, graphic artwork and Web and electronic materials.

- **Criminal Justice Information Services (CJIS) Administration**

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

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

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

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

- **Trauma Aware Program**

The Trauma Aware program includes employee resiliency and wellbeing; suicide prevention, intervention and postvention; domestic violence; and trauma informed care practices. This office of trained professionals provides training, education and awareness regarding wellbeing and suicide

prevention to ODHS and OHA staff as well as community partners. Data shows that engagement in employee wellness is linked to greater employee retention. It is also documented that even if an employee does not participate in wellness or wellbeing programs or activities, employees have greater loyalty and believe in their employer. As we create the future of human services in Oregon, it is essential to invest in the wellbeing and resiliency of our employees. The ODHS-OHA Trauma Aware Program is a model receiving national attention for its forward thinking progress in supporting workforce wellness.

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

- **Volunteer Services**

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

Program Justification

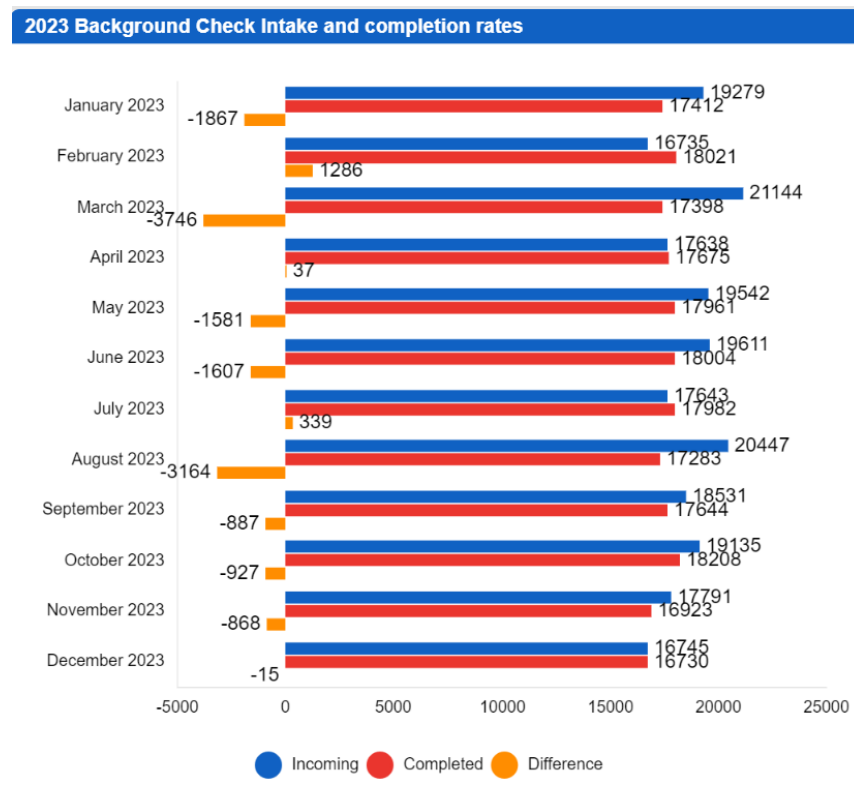
ODHS Shared Services, administered under the Chief Operations Office (COO) provides leadership and direction that creates the foundation and facilitate the integration of equity, well-being, service and inclusion throughout our offices. The COO strives to create an agency operations committee in effort to align operational standards and increase business efficacy across ODHS and OHA. The COO accomplishes our mission though policymaking, service level agreements, strategic planning, consulting, research, advocacy, and continuous learning

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

Program Performance

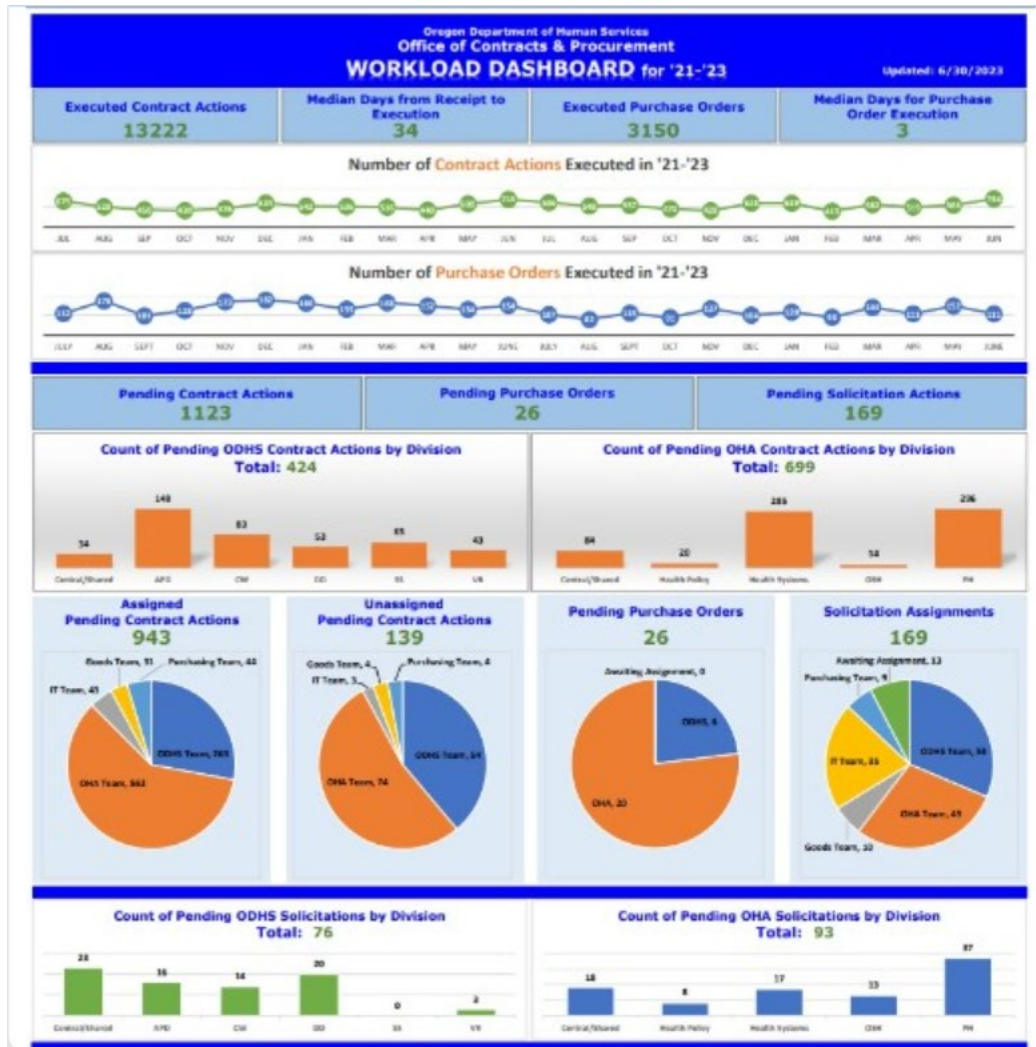
Background Check Unit

The Background Check Unit process background check requests for providers of care across ODHS and OHA. An average of approximately 18,000 background checks were requested monthly during 2023, with at least a 94% completion rate.



Office of Contracts and Procurement

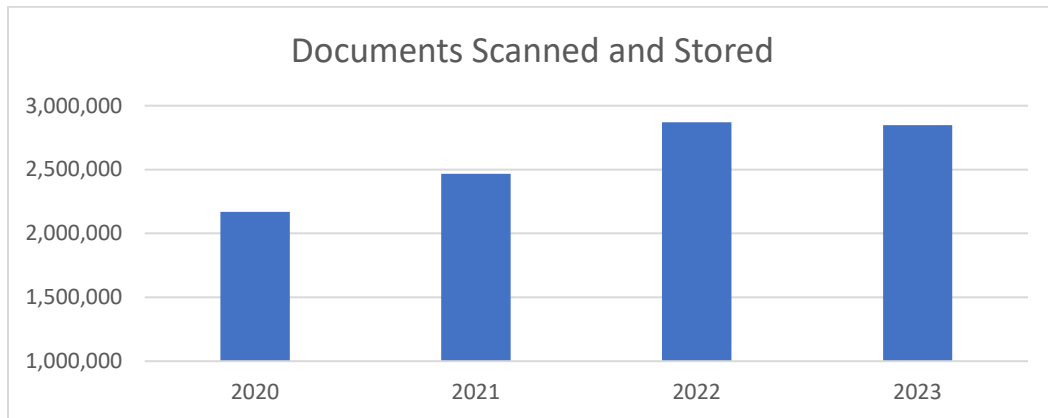
The Office of Contracts and Procurement processes purchase orders, contracts, and grants. Program performance data for '21-'23 illustrates more than 13,200 contracting actions were completed with an average 34 day cycle time from receipt of request for procurement to execution of the contracting action. Smaller scale, but similar success rates are illustrated in the execution of about 3,150 purchase orders processed with an average of 3 days to execution.



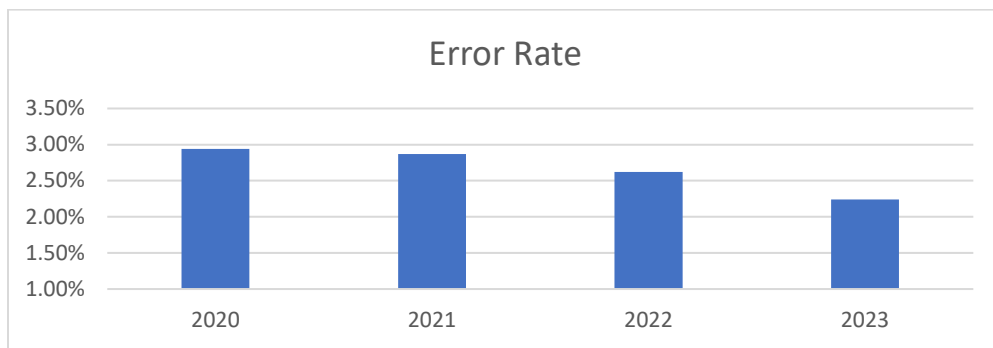
Imaging and Records Management Services

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

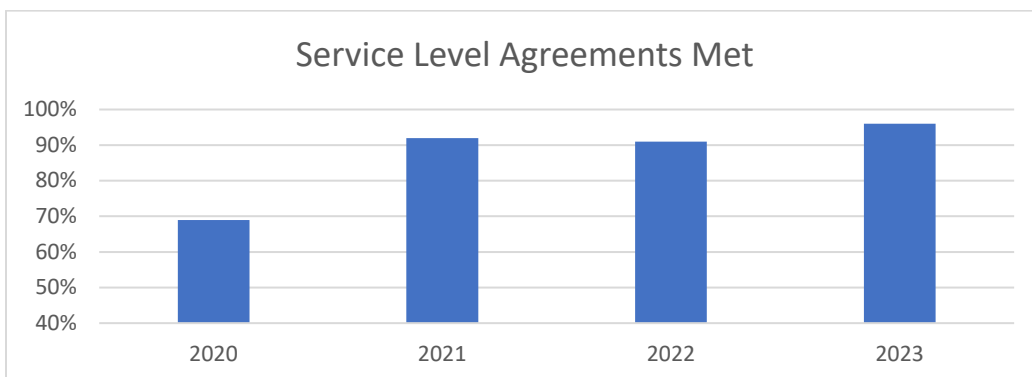
- Documents scanned and physically stored per Year:



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



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



Internal Audits and Consulting

Internal Audits and Consulting has no additional audits to be released prior to June 30, 2024.

Internal Audits/Consults Completed by FY

FY19-20	FY20-21	FY21-22	FY22-23	FY23-24
5	7	3	4	10

Office of Facilities Management

Service Level Agreement Scoreboard 2022

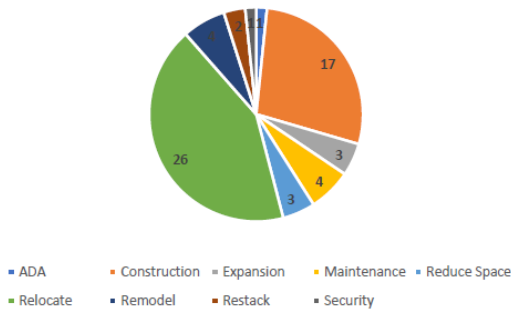
No.	Measure Name	Measure Calculation	Red	Yellow	Green	Target	Data Collection	Data Source	Measure Owner	Status	Trend	Date Status
1	Space Utilization	Percentage (%) of buildings with less than 1,000 rentable square feet of vacant space	<75%	76% - 85%	86% - 100%	95%	Annually	Physical Inspection	OFM Management	70%	Down	12/01/22
2	Customer Satisfaction	Percentage (%) of responding internal customers that rank quality of business support as "good" or "excellent." Following questions: 1) Overall quality of work product; 2) Availability of staff; 3) Helpfulness of staff; 4) Professionalism of staff; 5) Accurate work product; 6) Timely work product	<75%	76% - 85%	86% - 100%	95%	Semi Annually and at project completion	Survey	OFM Management	80%	Down	12/01/22
3	Response Time - Ergo Adjustments	Percentage (%) of ergo adjustments completed by agreed upon time with customer	<75%	76% - 85%	86% - 100%	95%	At time of service	Work Order Tracking Log	OFM Management	95%	Up	12/01/22
4	New Lease/Amended Lease Completion	% of new/amended leases completed in 6 months or less	<75%	76% - 85%	86% - 100%	95%	At time of service	Lease Database Tracking	OFM Management	55%	TBD	12/01/22
5	Office restack completion for 10 cubicles or less	% of small office restacks for 10 or less cubicles completed in 4 weeks or less from time of request	<75%	76% - 85%	86% - 100%	95%	At time of service	Lease Database Tracking	OFM Management	90%	Up	12/01/22

Project Requests and Service Request Orders Received YTD

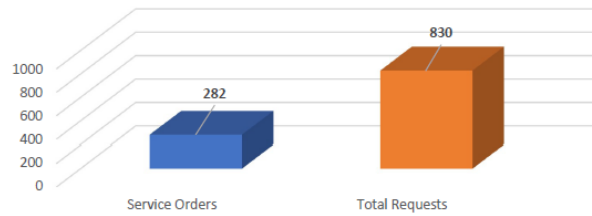
Summary as of June 13, 2024

The Office of Facilities Management currently has 61 approved projects and has received 830 total Service Order Requests YTD

Approved Projects by Type

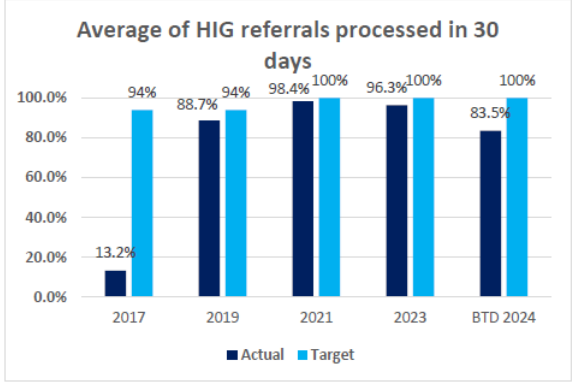
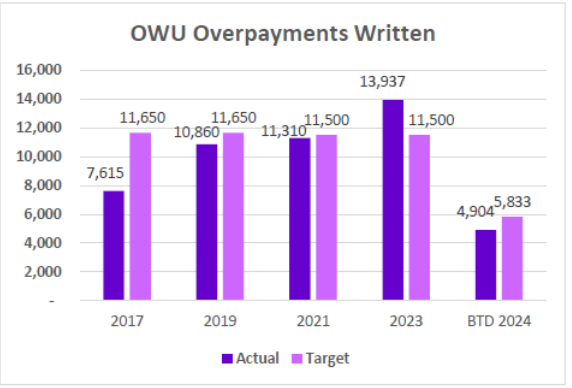
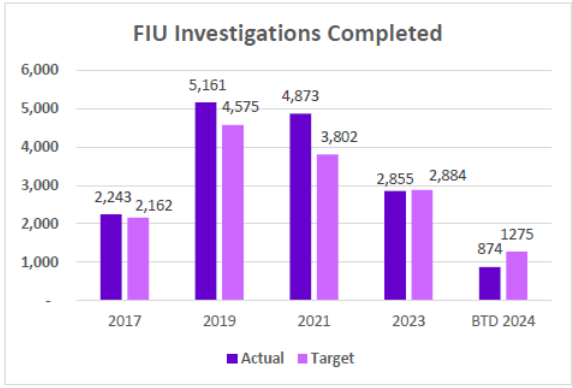
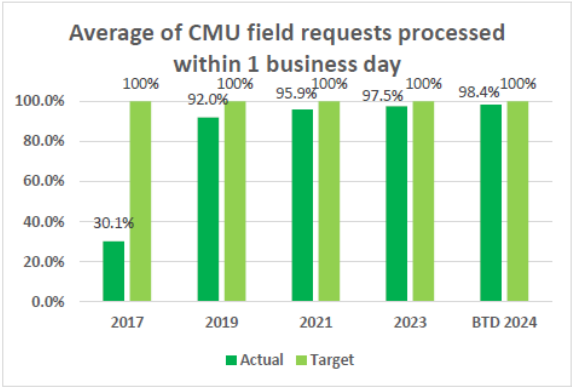
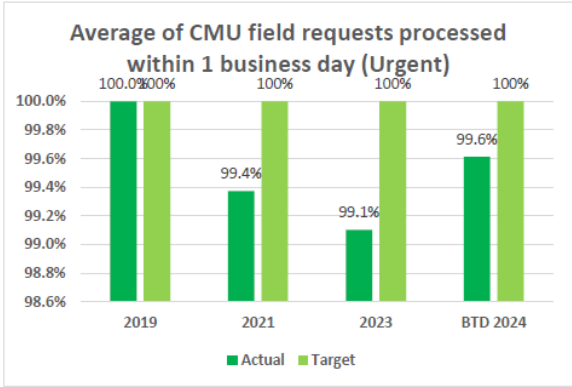
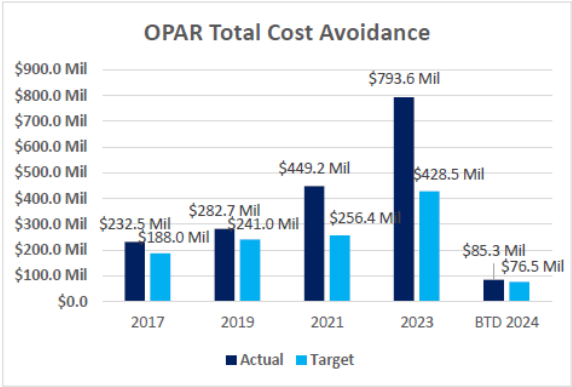
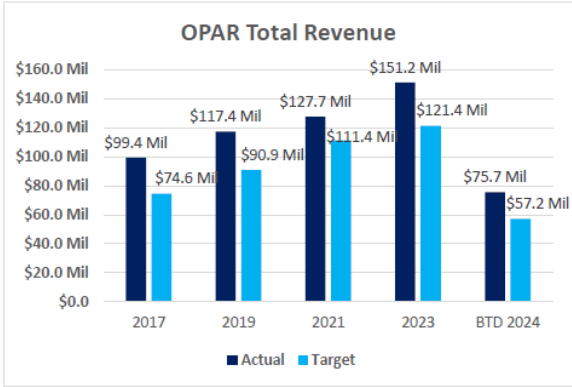


Service Orders vs Total Requests



Office of Payment Accuracy and Recovery (OPAR)

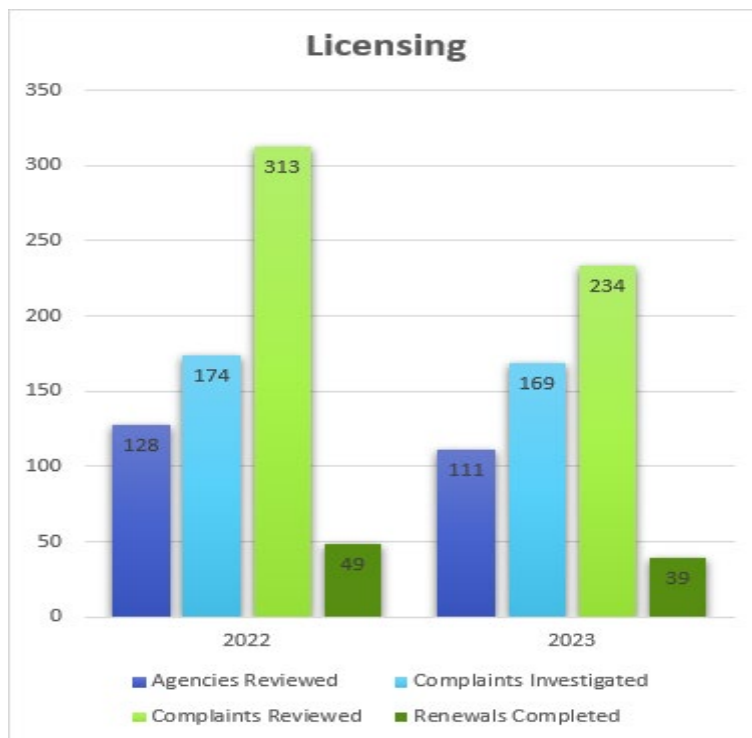
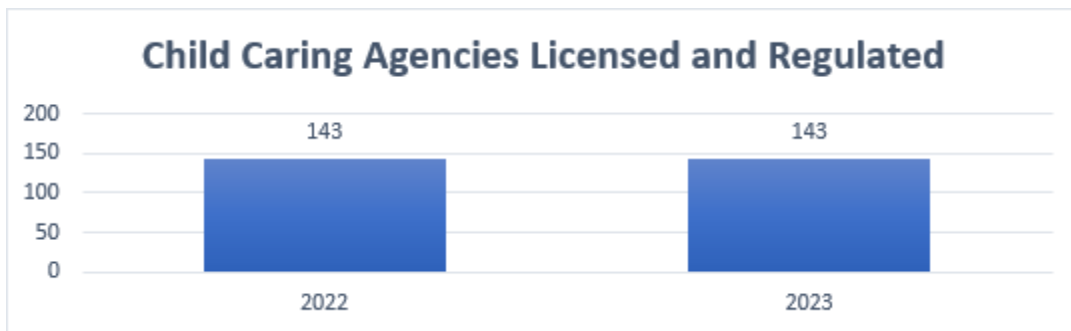
Multiple units within OPAR, when fully staffed, actualize Millions of dollars in revenue annually, as well as millions in cost avoidance. Cost avoidance is a measured metric rather than a goal. Overpayment and fraud recovery efforts resulted in an average of \$140,000,000 annually during the 2021-'23 biennium. A cost avoidance annual average for the same time period is calculated at \$621,400,000. Much of this cost avoidance is performed by OPAR's Health Insurance Group which assures Medicaid is the secondary payor for health services. Cycle times for processing also continue to exceed target expectations. Ensuring program integrity, system accuracy, reducing erroneous benefits, identifying fraud, recovering assistance from estates of deceased clients are services provided by OPAR. Some of the units performing the work and reporting data include the Medical Payment Recovery unit, Estate Administration Unit, Data Match Unit, Fraud Investigation Unit, Overpayment Writing Unit, Client Maintenance Unit, Overpayment Recovery Unit and the Personal Injury Liens unit. Performance success depends on each unit being fully staffed, loss in positions results in significant loss in revenue, accuracy and integrity for programs and divisions with ODHS | OHA.

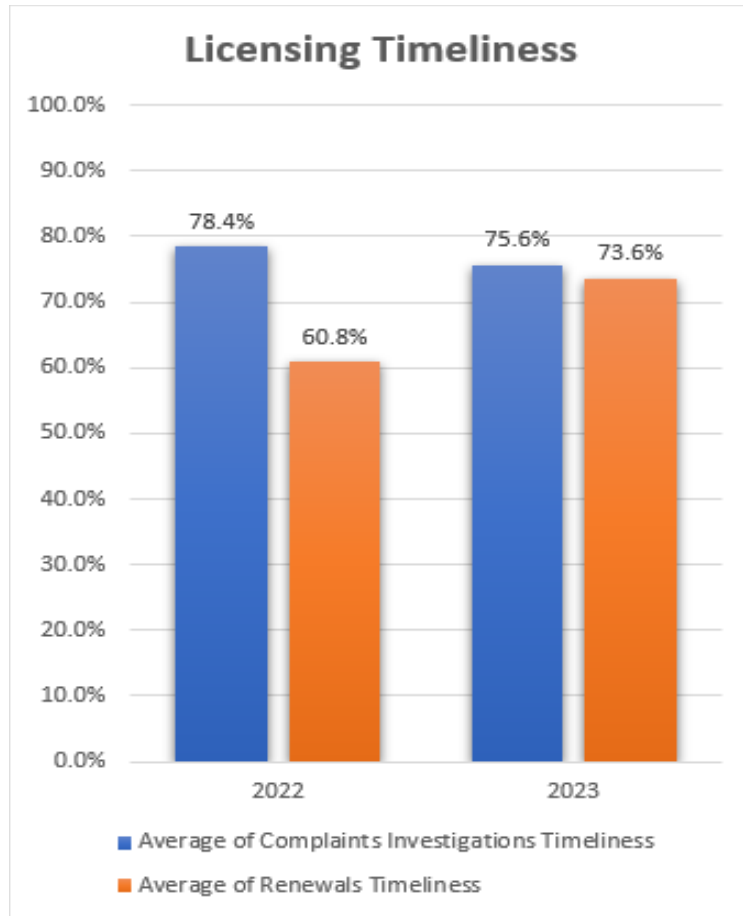


Office of Training, Investigations and Safety

Children's Care Licensing (CCLP)

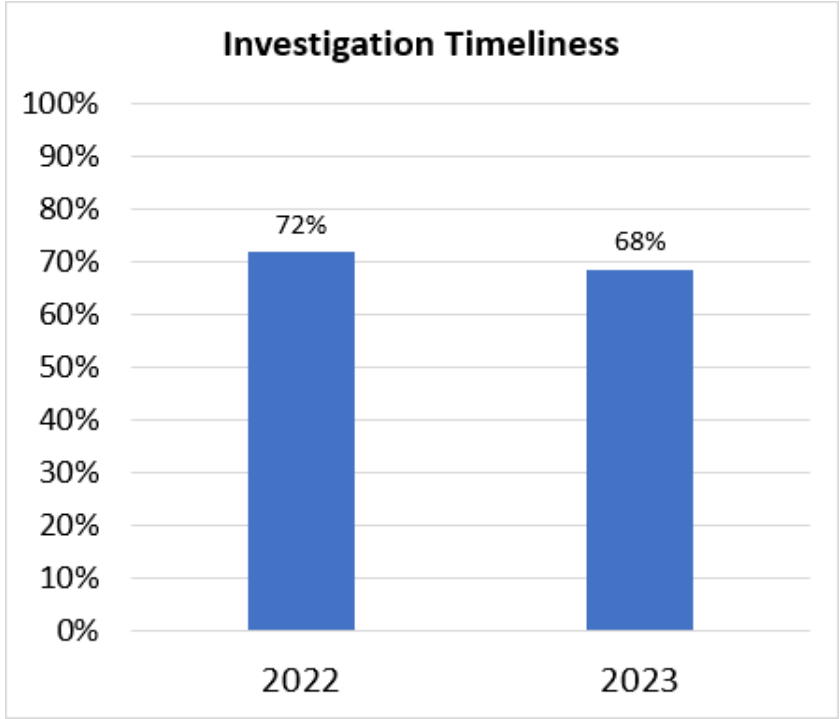
Unit Purpose: The Children's Care Licensing Program is responsible for ensuring the safety and well-being of children while they are in the care of a Child Caring Agency (CCA). The CCLP's work includes reviewing CCAs for compliance with statutory and administrative rule standards, responding to complaints,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





Investigations (IU)

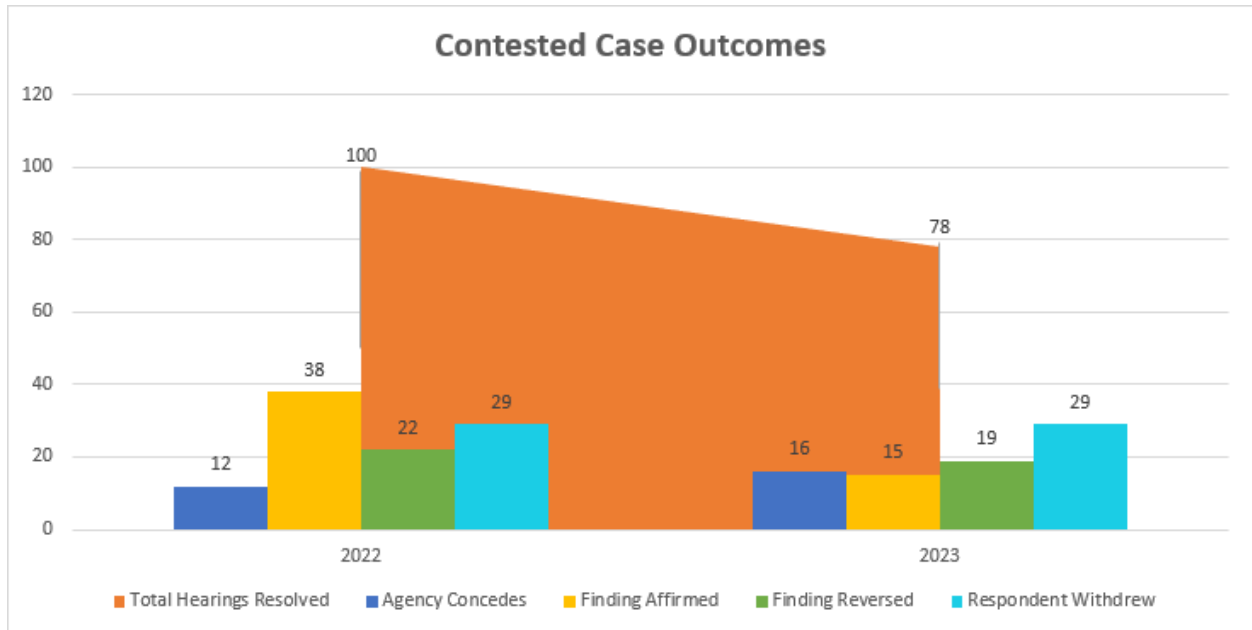
Unit Purpose: The Investigations Unit is responsible for assuring protective services are offered or provided, and investigations are commenced, in response to the reported abuse and neglect of adults who receive mental health and/or developmental disability services, and children in Child Caring Agencies,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



*Death reviews are not included in timeliness metric

Contested Case - Appeals Team (ATEAM)

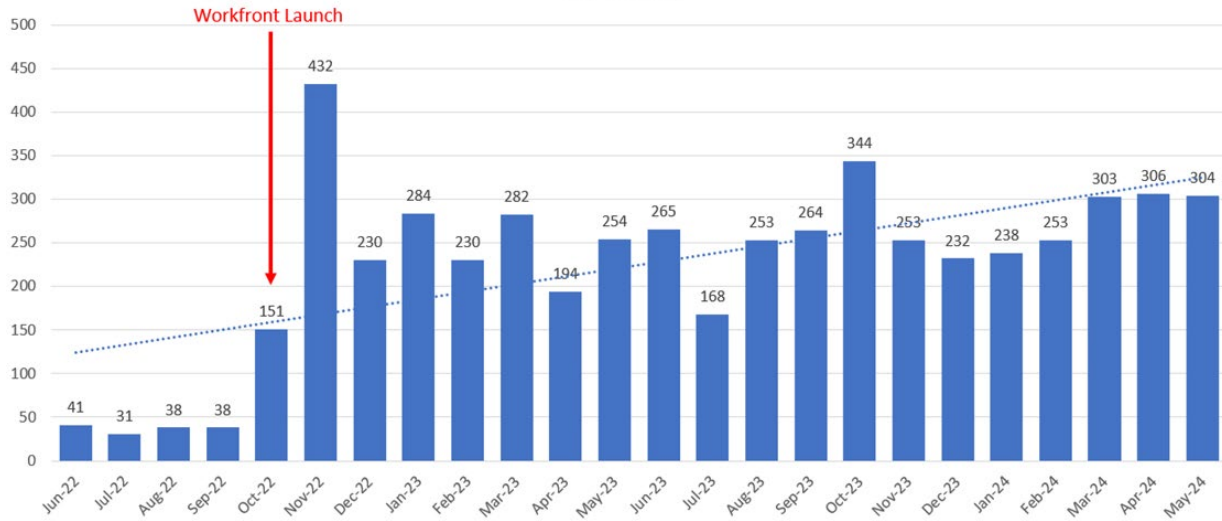
Unit Purpose: The ATEAM is responsible for ensuring due process is followed and the agency is properly represented during an appeal of a final order. The ATEAM's work includes reviewing investigative reports and substantiated allegations of abuse being contested to assure fairness and to prepare the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



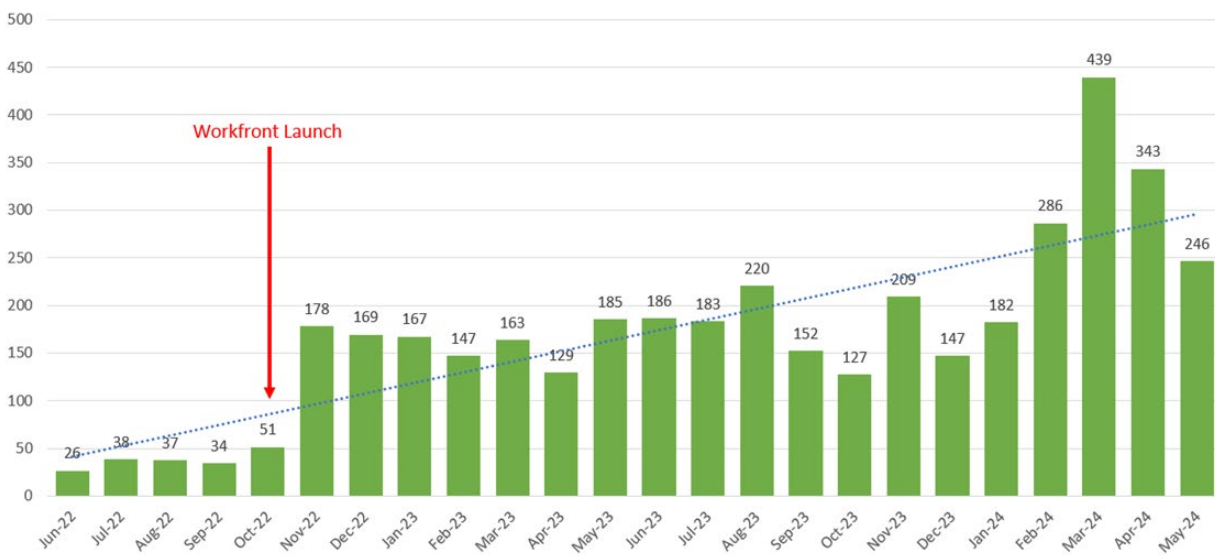
Publications and Creative Services

Publication project and translation service requests continue see progress throughout the year.

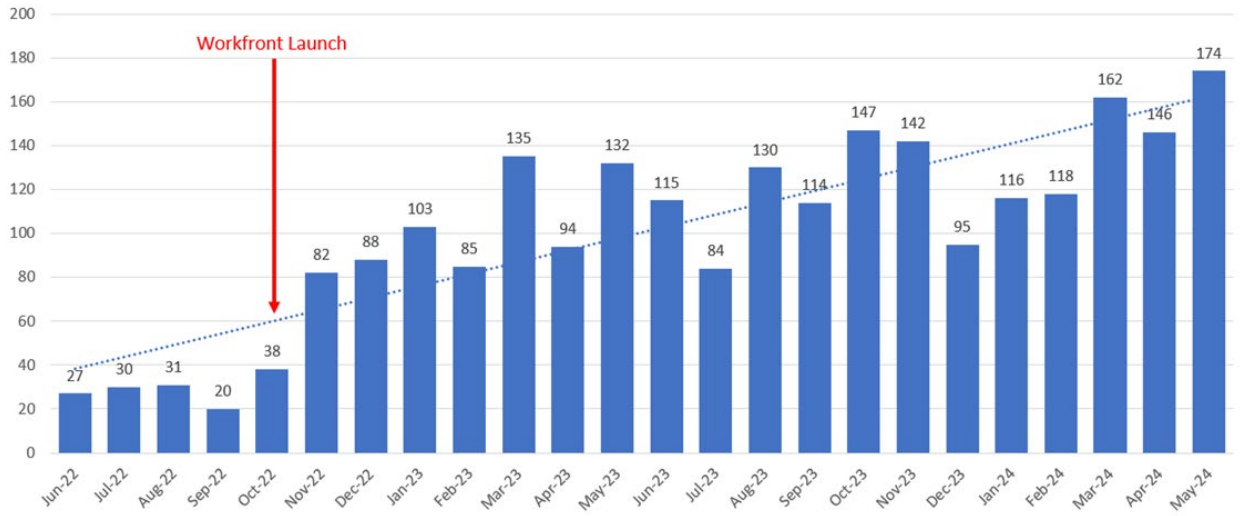
Publications & Creative Services
Total Project Requests
 (by month)



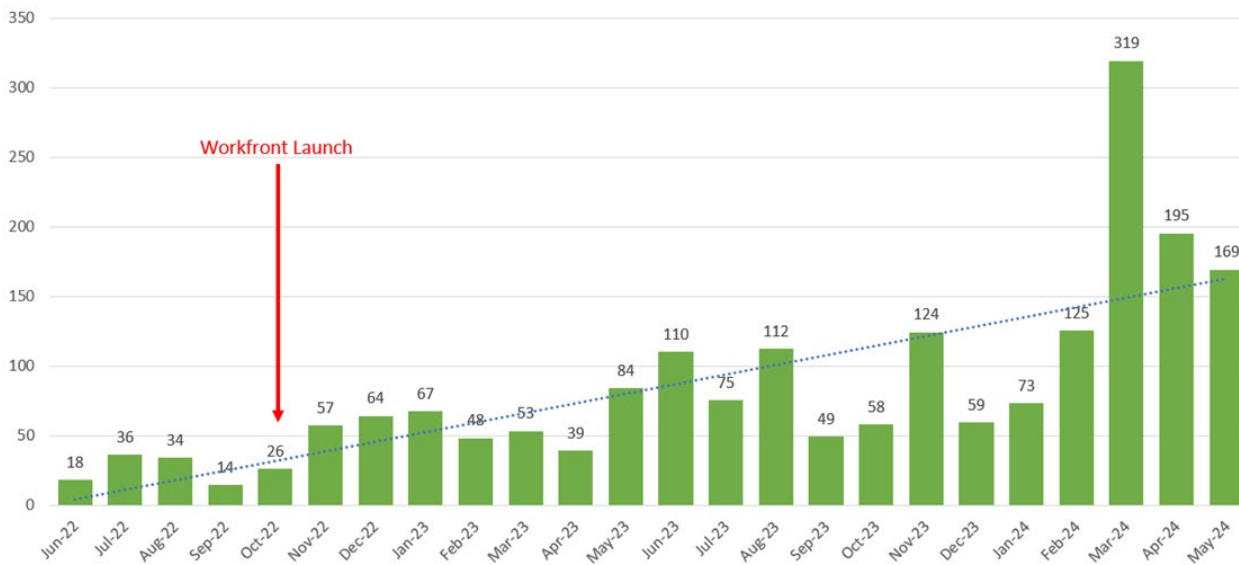
Publications & Creative Services
Total Project Requests Completed
 (by month)



Publications & Creative Services
Total Translation Requests
 (by month)



Publications & Creative Services
Total Translation Requests Completed
 (by month)



CJIS Administration

The following statistics per work type include annual data for 2021-'23, and data to date as of June 2024.

PERFORMANCE STATISTICS

The following statistics are per work type for the 2021-2023 biennium, with additional information for the first and second quarters (Q1-Q2) of 2024.

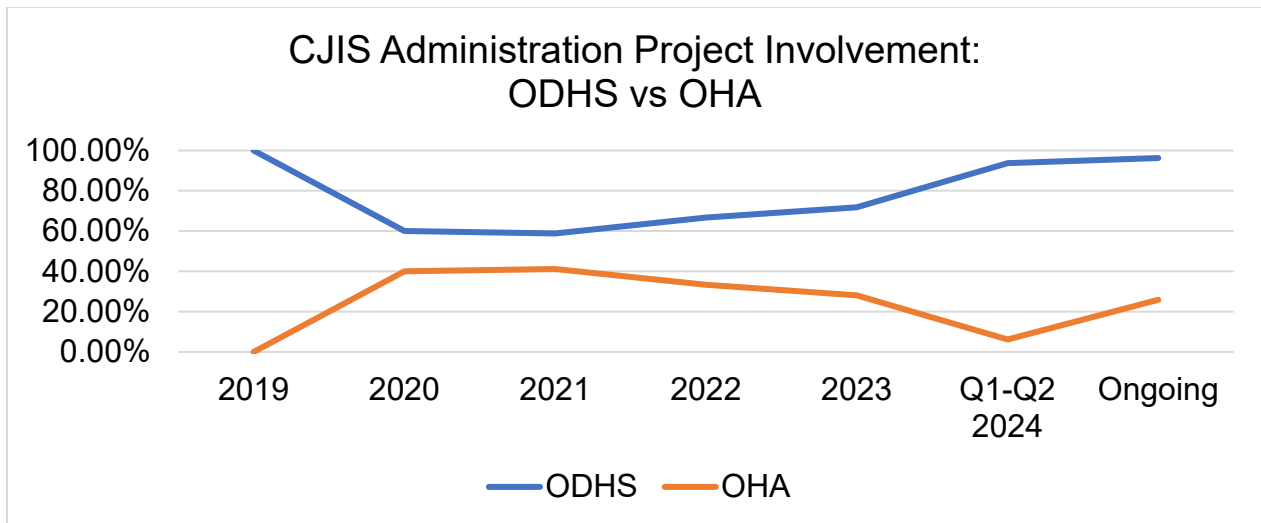
PROJECT COMPLETIONS

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

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

Table 1: Project Completions by Year and Project Type

	Business Operations	CJIS Outsourcing	Compliance	IT Projects	Policy	Total Projects
2019	0	0	1	0	0	1
2020	1	0	5	2	2	10
2021	6	3	5	6	1	21
2022	1	1	16	3	0	21
2023	5	11	7	0	0	23
Q1-Q2 2024	0	56	4	0	0	60
Ongoing	0	0	26	1	0	27
Total	13	71	64	12	3	163



CONTRACT AND SECURITY REVIEWS

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

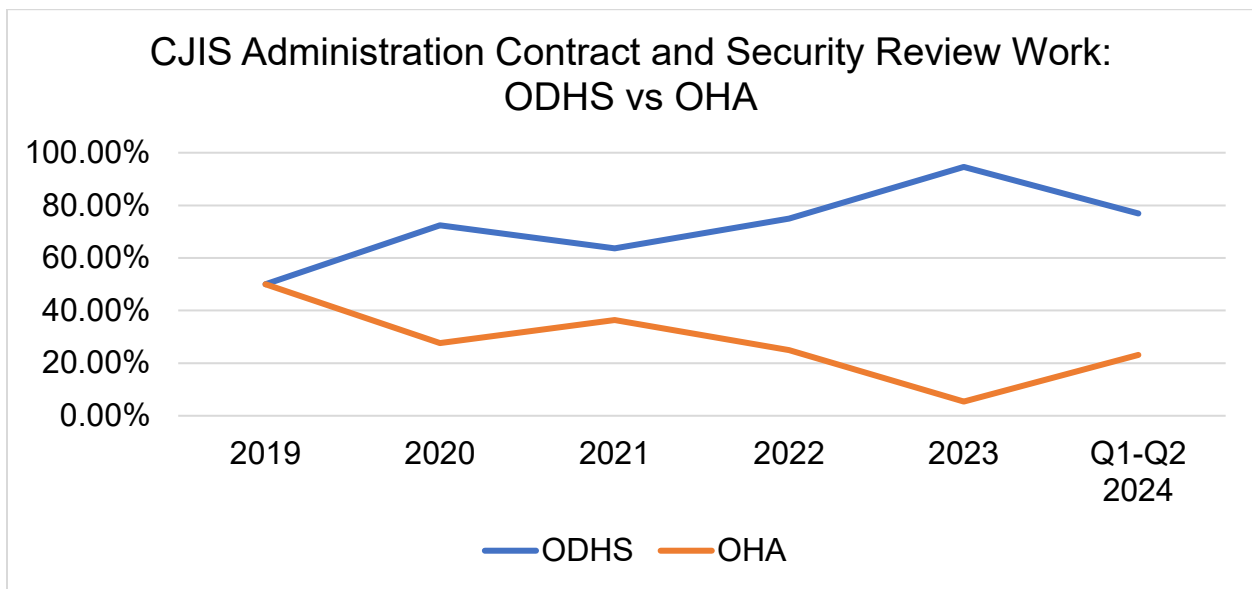
Types of reviews involved include:

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

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

	Contract Reviews	Security Reviews	Contract & CJIS Security Reviews	Solicitation Development	Contract Template Development
2019	0	0	0	0	1
2020	85*	1	0	0	4
2021	2	0	4	1	1
2022	8	6	28	1	0
2023	3	2	31	0	0
Q1-Q2 2024	0	1	20	0	0
Total	98	10	83	0	0

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



TECHNICAL ASSISTANCE AND CONSULTATION

CJIS Administration regularly provides a variety of consultatory services to ODHS and OHA executives, policy teams, local offices, community partners, and contractors due to business needs, privacy and security matters, or more detailed work when business tools or procedures are necessary. Categories include:

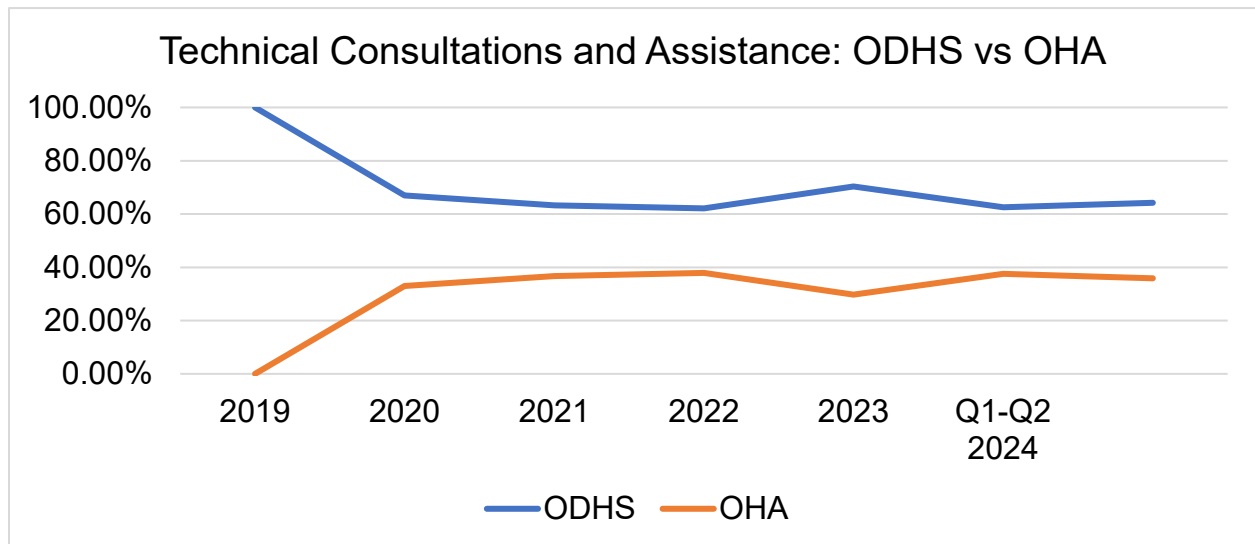
- **Technical Assistance:** Consultation where a business product (guidance document, set of requirements, form, etc.) is required to assist the program privacy or security need.

- **Technical Consultation:** Discussion(s) with the individual, local office or program to problem-solve or provide business resources and referrals to meet their business or privacy/security need.
- **Education & Awareness:** OWL, ODHS Discover, and OHA Staff News articles, transmittals, training and presentations, or other communication increasing education and awareness about privacy and security topics and learning opportunities.

Table 3: Technical Assistance and Consultation

	Technical Assistance	Technical Consultation	Education & Awareness	Total
2019	1	1	0	2
2020	5	154*	17	176
2021	32	692*	24	748
2022	30	416*	12	458
2023	60	84	19	163
Q1-Q2 2024	16	43	11	70
Total	144	1390	83	1617

*Consultation figures were extensively affected by resource support for ODHS and OHA staff and clients dealing with Oregon and out-of-state unemployment insurance-related fraud during the pandemic years.



AUDIT COORDINATION AND AUDIT FINDING MITIGATION

CJIS Administration assists the Information Security and Privacy Office (ISPO) and ODHS and OHA programs as a contributor and coordinator for CJIS and other 2025-27 Ways and Means

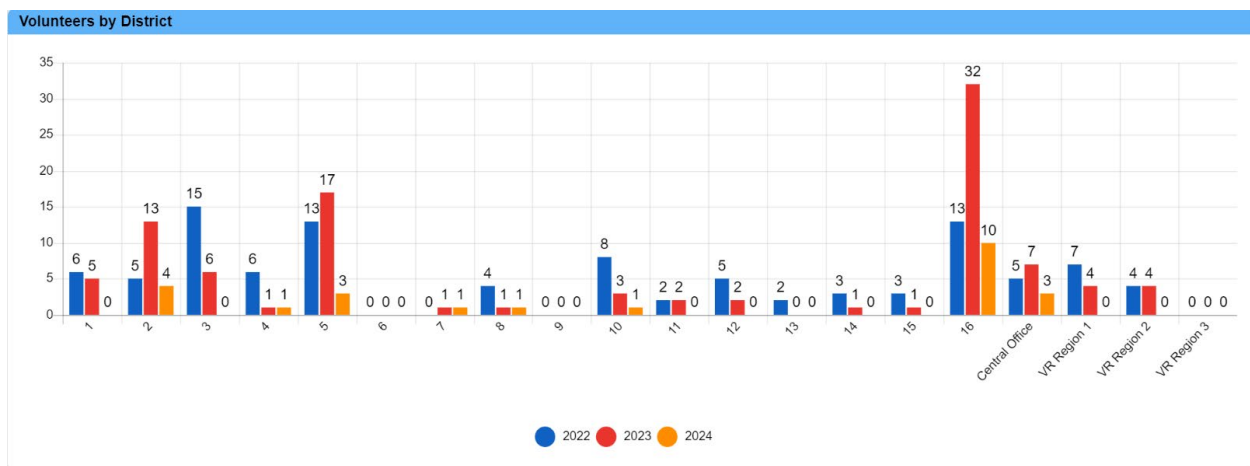
auditing. CJIS Administration also collaborates in closing or mitigating audit findings from Federal and Oregon audits.

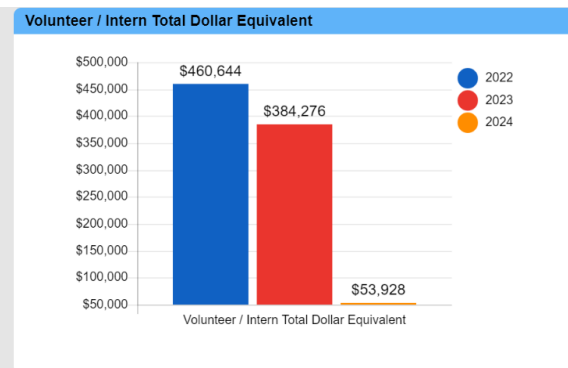
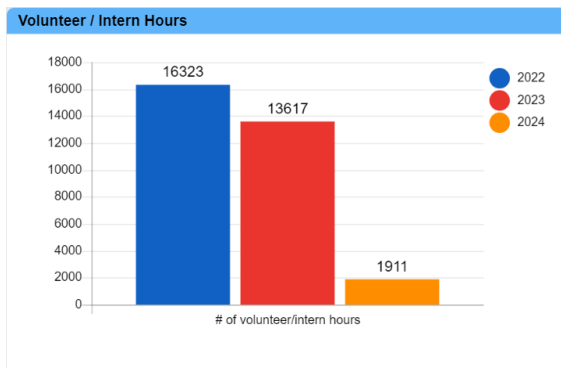
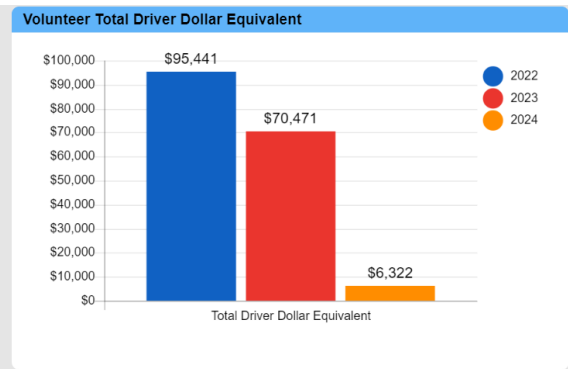
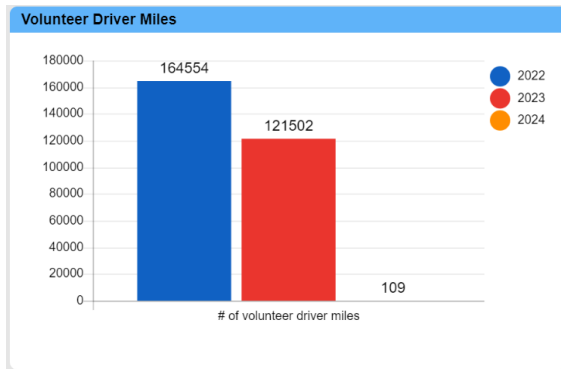
During 2021 CJIS Administration collaborated in closing 26 CJIS-related findings, and closed an Internal Revenue Service (IRS) finding in April 2022. CJIS Administration also coordinated efforts of ODHS and OHA Human Resources to implement hiring process changes necessary to avoid future IRS findings, as well as bargaining contract language related to FBI and IRS personnel security and training requirements.

In 2022, ODHS and OHA received no negative compliance findings from the FBI’s triennial CJIS security audit. This was the first time ODHS and OHA fully met CJIS security requirements.

Volunteer Services

The ODHS Volunteer Program recruits and coordinates volunteers and interns throughout Oregon. Volunteers and Interns are key in supplementing unfunded activities, affirming community engagement, and generating ambassadors for the Department. Volunteers and Interns are also recruited for employment opportunities, which supports successional planning, workforce stability and effective service delivery. Volunteer drivers save taxpayers tens of thousands of dollars while driving more than 130,000 miles annually. In the '21-'23 biennium, volunteers and interns contributed over 30,000 hours which is valued at more than \$1M in volunteer timeⁱ to the state (\$1,010,451).





Enabling Legislation/Program Authorization

ORS 409.010

Funding Streams

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

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

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

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

Funding Justification, Significant Changes and Comparison to 25-27 CSL

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

Package Number: 109	Package Title: Office and Worker Safety				
General Fund	Other Funds	Federal Funds	Total Funds	Positions	FTE
	1,225,338		1,225,338	10	4.46
<p>Description:</p> <p>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.</p>					

Package Number: 201	Package Title: Mainframe Modernization				
General Fund	Other Funds 363,042	Federal Funds	Total Funds 363,042	Positions 2	FTE 1.50
<p>Description:</p> <p>DHS 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.</p>					

Package Number: 501	Package Title: HH - FC Youth: Path to Housing Stability				
General Fund	Other Funds 118,679	Federal Funds	Total Funds 118,679	Positions 1	FTE 0.63
<p>Description:</p> <p>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.</p>					

¹ Value of Volunteer Time determined annually by Independent Sector
(<https://independentsector.org/resource/value-of-volunteer-time/>)

Oregon Department of Human Services: Self-Sufficiency Programs

Program Overview

Oregon Department of Human Services is advancing a future where all who live in Oregon – regardless of race, identity, age, disability, or place – have the needed supports to achieve whole well-being for self, family and community. In alignment with this goal, as well as the department’s [Equity North Star](#) and the Governor’s customer service goals, Self-Sufficiency Programs (SSP) is working to center its services and resources around whole-person well-being. This approach acknowledges the complexity of needs that must be met if individuals and families are to thrive in our economic and social climate – including stable housing, affordable childcare, and adequate cash resources. The approach also involves a fundamental shift away from SSP’s previous system-centered model, in which services and resources were primarily shaped by federal funding and program regulations, and toward a model where federal programs become tools in a larger suite of resources to help families meet their basic needs and achieve economic stability. Transforming our approach in these ways is integral to SSP’s core focus of alleviating poverty in Oregon.

In Oregon, the burden of poverty is not equally shared: Communities of color and Tribal members are disproportionately impacted as are residents of rural communities, women, youth, LGBTQIA12S+ communities, people with disabilities, immigrants, and refugees.

SSP recognizes the structural racism and oppression embedded within our programs and is committed to addressing historic and current harms while working with impacted communities to transform these systems. With this transformation, individuals and families will be better positioned to reach stability and access asset-building tools, generational wealth, and equal opportunities for economic and social mobility.

Equity North Star

The path to this envisioned future is guided by the ODHS [Equity North Star](#), which

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

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

Program Goals

SSP will:

- Provide services to lift people out of poverty and keep them from experiencing poverty in the first place.
- Assess policies and practices to reduce the racial wealth gap and support each person served to achieve financial stability.
- Deliver holistic services that are tailored to connect people with future-focused skills, training, and education to secure stable and well-paying jobs connected to their long-term goals.
- Ensure case management, resource navigation support and referrals are accessible and equitable so people can address the barriers unique to them.

Program – Current State

SSP administers an array of programs to people who live in Oregon experiencing low or no income. These benefits and services are aimed at helping individuals and families move out of poverty into economic stability. With the recent establishment of the Oregon Eligibility Partnership (OEP), the work of determining eligibility for

the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) and other SSP-operated assistance programs has shifted from SSP to OEP, creating opportunities for SSP to articulate a new path forward that prioritizes actions to support well-being, helps people move from crisis to surviving to thriving, and provides upstream supports to ensure they don't reach the point of crisis. This includes providing economic and concrete supports to support families and preventing involvement with the child welfare system.

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

The programs within SSP include:

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

- Temporary Assistance for Domestic Violence Survivors (TA-DVS)
- Co-located Domestic Violence Advocates Program
- Survivor Investment Partnership (SIP)
- Refugee Program
- Youth Services
 - My Future - My Choice (MFMC)
 - Youth Experiencing Homelessness Program (YEHP)
- Tax Infrastructure Grant Program

Program – Future State

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

The social determinants of health are foundational to the well-being of individuals and families¹ and SSP policies and programs must be structured to address that reality. In addition to maintaining and optimizing federal program administration, SSP is arranging our broader policy and practice work around food security, housing security, economic and social mobility, equitable budgeting and implementation, and data. In our future vision, we are committed to investing in communities across all aspects of peoples’ lives.

¹ Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved [date graphic was accessed], from <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>

Benefits Overview

- Supplemental Nutritional Assistance Program (SNAP)

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

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

SNAP is the largest food security program in Oregon and the United States. Research has shown that SNAP benefits reduce the depth and severity of poverty and improve diet-related chronic health conditions, lowering medical costs for the individual and the state.² SNAP benefits add approximately \$1.1 billion per year to the Oregon economy, benefiting both urban and rural communities.³ Oregon's Double Up Food Bucks program supports our efforts to stretch SNAP food dollars further for SNAP households. Through this program, \$20 in SNAP can be matched up to \$20 in fresh fruit and veggies at participating farmer's markets across the state. Families can find a participating market at doubleuporegon.org.

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

² Steven Carlson and Brynne Keith-Jennings, "SNAP Is Linked with Improved Nutritional Outcomes and Lower Health Care Costs," Center on Budget and Public Policies, January 17, 2018, <https://www.cbpp.org/research/food-assistance/snap-is-linked-with-improved-nutritional-outcomes-and-lower-health-care>

Barbara A. Laraia, "Food Insecurity and Chronic Disease," *Advances in Nutrition: An International Review Journal*, 4(2):203-212, 2013, <https://doi.org/10.3945/an.112.003277>

³ Calculation based on internal ODHS data and source: Patrick Canning and Brian Stacy, "The Supplemental Nutrition Assistance Program (SNAP) and the Economy: New Estimates of the SNAP Multiplier," United States Department of Agriculture, July 2019, <https://www.ers.usda.gov/webdocs/publications/93529/err-265.pdf?v=6395.4>

Oregon has two voluntary SNAP E&T programs: the SNAP Training and Employment Program (STEP) – nationally called the SNAP 50/50 program – and the Able-Bodied Adults Without Dependents (ABAWD) program. The ABAWD program establishes time limits for SNAP participants aged 18 to 49 who can work, do not have a child under 18 as part of their SNAP case and do not live in a waived area.⁴

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

One of the primary focus areas for SNAP-Ed is directed at school-aged children, with additional strategic initiatives and supports aimed at serving older adults, the Nine Federally Recognized Tribes and other Tribal communities in Oregon, Black communities, and other communities of color.

- Summer Electronic Benefits Transfer (S-EBT)

The S-EBT program is a federally funded initiative designed to provide crucial food assistance to families with school-aged children during the summer months when school meals are unavailable. Through electronic benefits, S-EBT provides \$120 per eligible child over the summer, helping to increase access to nutritious food and promoting children’s well-being.

In its inaugural year, S-EBT is anticipated to benefit approximately 294,000 children in Oregon, with annual issuances exceeding \$35.3 million beginning Summer 2024. While the program is 100 percent federally funded, its administration requires a 50

⁴ The law allows states to ask FNS to temporarily waive the ABAWD time limit based on evidence showing that an area has an unemployment rate of over 10 percent or does not have a sufficient number of jobs. An ABAWD time limit waiver does not waive the general SNAP work requirements. Source: <https://www.fns.usda.gov/snap/ABAWD/waivers>

percent state match. By investing in S-EBT, Oregon reaffirms its commitment to nurturing healthy children and communities.

- Commodities Supplemental Food Program (CSFP)

This federal program provides a prescribed nutritious food package each month to help meet the needs of older adults experiencing low income. Food packages are distributed through local agencies and include canned fruits and vegetables, canned meat, poultry and other protein items, and grain products such as pasta and rice. While CSFP food packages do not provide a complete diet, they are a good source of the nutrients many older adults experiencing food insecurity struggle to access, helping these adults combat poor health conditions and avoid hospitalizations and nursing home placements.⁵ Recipients are also offered the opportunity to receive nutrition education instruction and information, often in their preferred language and with culturally appropriate recipes. Most of this information is developed in partnership with SNAP-Ed and includes direct input from older adult workgroups in Oregon.

- The Emergency Food Assistance Program (TEFAP)

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

- Temporary Assistance for Needy Families (TANF)

The TANF program provides cash benefits and job support services to families with

⁵ Ziliak, J., Gundersen, C. (August 2021). The Health Consequences of Senior Hunger in the United States: Evidence from the 1999-2016 NHANES. Report for Feeding America. Available from Feeding America: <https://www.feedingamerica.org/sites/default/files/2021-08/2021%20-%20Health%20Consequences%20of%20Senior%20Hunger%201999-2016.pdf>

children experiencing deep poverty, which is defined as living in a household with a total cash income below 50 percent of the [federal poverty level](#). These benefits are designed to help meet a family's basic needs.

- Job Opportunity and Basic Skills (JOBS)

JOBS is the employment and training component of TANF. It provides services for family stabilization, well-being, education, and employment readiness. Family Coaches meet with families and connect them to local services and supports such as work experience and on-the-job training; English language classes; high school, GED, and college degree programs; parenting education classes; medical, mental health, or substance treatment programs; housing; childcare.

- Family Support and Connections (FS&C)

FS&C provides support to families experiencing low income to increase protective factors and decrease risks associated with child abuse and neglect. Protective factors include nurturing and attachment, knowledge of parenting and child and youth development, parental resilience, social connections, and concrete supports⁶ for parents. Identifying protective factors helps parents find resources, supports and coping strategies that support effective parenting even in times of stress, increasing the well-being of children and families. Front-end support and primary and secondary prevention services are used to build upon family strengths, address family functioning and develop skills that lead to self-sufficiency and reduce the need for Child Welfare intervention.

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

State Family Pre-SSI/SSDI provides temporary cash assistance, case management and professional-level support to TANF-eligible adults and their families. The program is available to participants who have been assessed by the program's disability analysts. The program is voluntary but provides additional staff resources for those selected to participate. Selected individuals must sign an interim assistance

⁶ Goods, services and other tangible resources that help families meet their children's daily needs.

agreement to repay the adult portion of their State Family Pre-SSI/SSDI grant back to the state when they are found eligible for federal disability program benefits. State Family Pre-SSI/SSDI expenditures are funded with state only, non-Maintenance of Effort dollars.

- Domestic Violence Survivor Programs

Domestic Violence Survivor Programs include three unique programs that support domestic violence and sexual assault (DVSA) survivors in crisis by providing supports and financial resources, ongoing safety planning, and connection to DVSA experts and culturally responsive services.

- Temporary Assistance for Domestic Violence Survivors (TA-DVS)

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

- Co-located Domestic Violence (DV) Advocates Program

The Co-located DV Advocates Program contracts with local domestic violence sexual assault (DVSA) nonprofit agencies to station certified DV advocates in every county across Oregon within ODHS Child Welfare (CW) and SSP offices to provide confidential advocacy to survivors and staff. This program serves to create a central access point for survivors as certified DV advocates provide enhanced safety planning, legal advocacy, counseling and emergency shelter.

- Survivor Investment Partnership (SIP)

SIP is a partnership with the Nine Tribes of Oregon, culturally responsive

DVSA providers and co-located DVSA advocacy agencies to expand meaningful services and supports to survivors of DVSA. SIP awarded grants to each of the Nine Tribes of Oregon through intergovernmental agreements, to eight culturally responsive providers through grant agreements, and to the contracted co-located DVSA agencies through stipends. SIP funds are general funds that provide Tribes and providers with the flexibility and autonomy to utilize funds in ways that best support survivors individually and within their communities.

- Refugee Program

The Refugee Program serves individuals and families who have fled persecution in their country of origin and are legally admitted for resettlement by the United States. Under the program, ODHS administers refugee cash and refugee medical benefits to refugees and other eligible populations. In collaboration with partner Refugee Resettlement Agencies (RRAs) and community based organizations (CBOs), the program helps refugees and other eligible populations to successfully resettle in Oregon by providing case management, financial literacy services, health and behavioral health services, employment services, English language instruction, cultural integration support, youth mentorship, senior services, immigration legal services, emergency housing assistance, school impact services, community outreach and emergency food services.

The Refugee Program began significant rebuilding efforts following the 2020 election and change in administrative direction regarding immigrants and refugees. The crises in Afghanistan and Ukraine, and the significant increase in the arrival of Cuban and Haitian immigrants has necessitated the expansion of the Refugee Program's efforts and collaboration with the ODHS Office of Resilience and Emergency Management as well as the state's RRAs and CBOs.

- Tax Infrastructure Grant Program

The Tax Infrastructure Grant Program provides operational funding to organizations offering free tax credit education, tax system navigation and tax return preparation to people experiencing low income. Eligible organizations must be one of the

following: culturally specific, culturally responsive, a Tribal government or an under-resourced rural community organization. The program also supports efforts to increase the number of certified tax preparers in Oregon.

Program grantees tripled the number of returns filed this year to nearly 15,000, compared to two years ago before grant funding was available. Grant funding has allowed expansion of service through October 15 and assistance is available in 21 languages. The program is also reaching high school and college students, youth experiencing homelessness and Job Corps youth who would not have received their excess withholding without this program. Due to funding constraints, service outside of the Portland metro area is limited.

- Youth Services

- My Future - My Choice (MFMC)

MFMC is an age-appropriate, medically accurate, comprehensive, trauma-informed and inclusive sexual health education program developed for the 6th and 8th grade. It can be delivered with the support of trained high school peer educators and meets all Oregon sexual health education standards. It supports sexual violence prevention and teen pregnancy prevention efforts to help reduce the need for public assistance in the future. ODHS partners with the Oregon Department of Education, the My Future - My Choice Advisory Committee and the Teen Advisory Board to further develop and implement the program. In 2023, Oregon received an additional \$1.3 million in federal funding to expand access to the MFMC program services to underserved groups, including culturally specific and rural populations.

- Youth Experiencing Homelessness Program (YEHP)

In 2021, ODHS in collaboration with the Corporation for Supportive Housing (CSH) released the results of a statewide analysis that examined the need and pipeline for housing and services for youth experiencing or at risk of experiencing homelessness.⁷ Unique in the study was a

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

comprehensive effort to recruit and engage youth across the state with lived experience of homelessness to inform and design housing and services programs that may receive state funding. Following the assessment, YEHP has strategically identified and prioritized key opportunities delineated in the report, ensuring alignment with the overarching objectives of the program and SSP. These initiatives encompass the establishment of a Youth Action Board, implementation of Direct Cash Transfer pilots, development of youth-specific low- and no-cost housing initiatives, and the expansion of accessibility to core services.

In 2023, YEHP received \$18.75M in funding via HB 5019 to support the expanded core service areas, as well as host home expansion. Coupled with an additional fund transfer from Child Welfare, YEHP awarded \$19.5M via 61 grants to 42 providers in 26 counties. House Bill 3395 also allocated \$4M to YEHP for extending housing support aimed at low-income college students.

- Design and Implementation

D&I provides program direction, guidance, consultation, planning, implementation and training at the state and local level. D&I works in close partnership with local office staff, SSP Policy and Self-Sufficiency Training Unit (SSTU) teams to ensure aligned, consistent and coordinated practices are in place throughout the state. D&I staff collaborate with service delivery operations both internal and external to ODHS. Collaborative partners include ODHS Child Welfare, the Department of Early Learning and Care (DELIC), Oregon Housing and Community Services, (OHCS), Oregon Health Authority (OHA), Oregon Department of Education (ODE), community-based organizations, Tribal partners and communities served across Oregon. D&I coordinates among service delivery operations areas with the goal of increasing access to holistic, person- and equity-centered, and community-based services, programs and supports.

D&I's efforts ensure effective and sustainable service delivery that improves accessibility for the individuals and families SSP serves. Current cross-agency and cross-program collaborations include efforts related to domestic violence, housing,

substance use disorder and mental health treatment, vocational rehabilitation, health care, early childhood, behavioral health and education. Family Preservation is a collaborative approach between SSP and CW to support families and children in their homes and communities instead of foster care placement. This prevention-based method aligns with the overall focus of SSP to promote family wellbeing and economic stability.

D&I emphasizes participant, Tribal and community voice to guide efforts and centers the cultural and language needs of those served. D&I staff develop and research methods to better understand the communities served through enhanced data collection and analysis related to race, ethnicity, language, and disability.

Service Delivery Structure

To help people across the state get the benefits and assistance they need, SSP offers local service delivery offices across the state, satellite locations. This structure allows staff to offer personalized services to individuals and families in the way they want to be served. The ONE system allows for the sharing of work by staff across the state, providing equity in access to services as well as supporting the goal of delivering benefits on a same day/next day basis. SSP will continue to closely partner with OEP on eligibility processes to ensure excellent customer service and seamless support for individuals and families seeking assistance. SSP has 16 districts with a total of 80 offices, and satellite locations. The SSP workforce serves customers in twenty-one different languages including English, enhancing the program's ability to meet the needs of individuals and families, and reflecting the demographics of diverse communities across Oregon.

Self-Sufficiency Training Unit (SSTU)

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

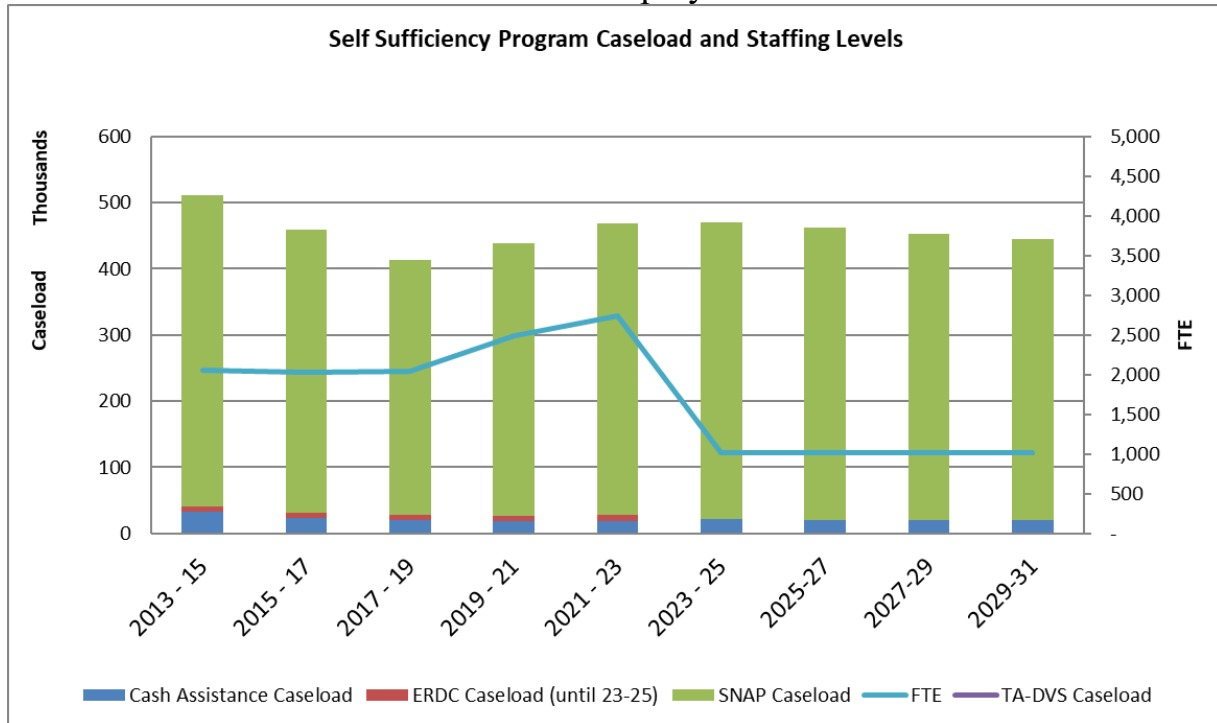
SSTU provides new-hire and ongoing training to Family Coaches, Engagement Specialists and Operations Managers, in addition to responding to emergent training

needs like policy or process changes that impact service delivery staff. The training materials developed by SSTU focus on strength-based practice, being trauma informed and working in partnership to achieve individual and family goals to achieve economic stability, remove barriers and attain overall well-being. SSTU collaborates with a variety of groups throughout the department to ensure alignment in messaging and practice. SSTU also partners with Child Welfare on Family Preservation efforts and in the development of values-based trainings that are trauma-informed and support Oregon's diverse communities.

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

Core Long-Term Focus Areas: Alleviating poverty in Oregon and supporting individual and family well-being

Program Contact: Ivonne Lopez, Self-Sufficiency Programs Deputy Director



Program Overview

Self-Sufficiency Programs (SSP) Design and Delivery ensures program benefits, resources and services reach all communities across Oregon through service design, implementation planning, training, and reporting. Design and Delivery oversees staff to support a diverse population experiencing low income and in need of economic supports and self-sufficiency services to meet their basic needs.

SSP provides individuals and families in Oregon essential services in their own communities using the ONE system and in partnership with Oregon Eligibility

Partnership (OEP), along with individual case management support. Client demand for in-person and virtual services drives SSP staffing levels.

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

Program Funding Request

Self Sufficiency Design	GF	OF	FF	TF	POS	FTE
LAB 23-25	31,254,680	400,261	28,829,921	60,484,862	152	106.71
GB 25-27	28,550,362	295,303	24,345,699	53,191,364	91	90.50
Difference LAB - GB	(2,704,318)	(104,958)	(4,484,222)	(7,293,498)	(61)	(16)
% Difference LAB - GB	-8.65%	-26.22%	-15.55%	-12.06%	-40.13%	-15.19%
Self Sufficiency Delivery	GF	OF	FF	TF	POS	FTE
LAB 23-25	133,209,907	321,807	96,079,220	229,610,934	909	908.50
GB 25-27	127,339,573	347,877	117,561,409	245,248,859	908	907.50
Difference LAB - GB	(5,870,334)	26,070	22,144,384	17,315,647	3	3.00
% Difference LAB - GB	-4.41%	8.10%	22.36%	6.81%	-0.11%	-0.11%
Self Sufficiency Design & Delivery	GF	OF	FF	TF	POS	FTE
LAB 23-25	164,464,587	722,068	124,909,141	290,095,796	1,061	1,015
GB 25-27	155,889,935	643,180	141,907,108	298,440,223	999	998
Difference LAB - GB	(8,574,652)	(78,888)	17,660,162	10,022,149	(58)	(17)
% Difference LAB - GB	-13.06%	-18.12%	6.80%	-5.25%	-40.24%	-15.30%

Program Description

Service Delivery and Operations

Service delivery and operations teams provide program direction, guidance, consultation, planning, implementation, and training at the state and local level. Leadership works in close partnership with local office staff and the SSP Policy and Self-Sufficiency Training Unit (SSTU), Design and Implementation (D&I) teams to ensure aligned, consistent, and coordinated practices are in place throughout the state. These teams collaborate on service delivery operations both internal and external to ODHS. Collaborative partners include ODHS Child Welfare, the Department of Early Learning and Care (DELIC), Oregon Housing

and Community Services, (OHCS), Oregon Health Authority (OHA), Oregon Department of Education (ODE), community-based organizations, Tribal partners and communities served across Oregon. D&I coordinates among service delivery operations areas with the goal of increasing Oregonians' access to holistic, person- and equity-centered, community-based services, programs and supports.

Efforts ensure effective and sustainable service delivery that improves accessibility for the individuals and families SSP serves. Current cross-agency and cross-program collaborations include efforts related to domestic violence, housing, substance use disorder and mental health treatment, vocational rehabilitation, health care, early childhood, behavioral health, and education. Family Preservation is a collaborative approach between SSP and CW to support families and children in their homes and communities instead of foster care placement. This prevention-based method aligns with the overall focus of SSP to promote family wellbeing and economic stability.

Teams emphasizes participant, Tribal and community voice to guide efforts and centers the cultural and language needs of those served. D&I staff develop and research methods to better understand the communities served through enhanced data collection and analysis related to race, ethnicity, language, and disability.

Self-Sufficiency Training Unit

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

SSTU provides new-hire and ongoing training to Family Coaches, Engagement Specialists and Operations Managers and responds to emergent training needs such as policy or process changes that impact service delivery staff. The training materials developed by SSTU focus on strength-based practice, being trauma informed and working in partnership to achieve individual and family goals. SSTU collaborates with a variety of groups throughout the department to ensure alignment in messaging and practice. SSTU also partners with Child Welfare on family preservation efforts and in the development of values-based trainings that are trauma-informed and support Oregon's diverse communities.

Service Delivery Structure

To help individuals and families across the state get the benefits and assistance they need, SSP has service delivery offices in every county as well as satellite locations. SSP will continue to closely partner with OEP on eligibility processes to ensure excellent customer service and seamless support for individuals and families seeking assistance.

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

Program Justification

SSP efforts strengthen ODHS foundations through collaborations that continually improve the delivery of basic needs programs, including financial assistance, domestic violence services, employment and training, and refugee and youth services. Staff also provide disaster program support, including benefit assistance for individuals affected by natural disasters according to federal eligibility criteria.

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

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

ODHS Equity North Star

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

Insufficient and ill-designed services disproportionately impact people with disabilities, Tribal members and nations, Black individuals and families, and other people of color. SSP Design and Delivery endeavors to build and maintain an infrastructure that effectively engages families within these impacted communities and supports family stability in ways that are deeply informed by community goals.

Program Performance

Following the transition of eligibility services and staff to OEP, SSP is currently revising processes and outcome measures to reflect the changed scope of work pertaining to Design and Delivery.

Enabling Legislation

SSP acts in accordance with a variety of mandates from federal law and the Oregon constitution:

- The Supplemental Nutrition Assistance Program (SNAP) and Medicaid are federally mandated programs.
- Temporary Assistance for Needy Families (TANF) is a federal block grant program authorized under Title IV-A of the Social Security Act, as amended by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) and the Deficit Reduction Act of 2005.
 - A significant portion of the TANF eligibility criteria is codified in State statute chapters 411 and 412.
- Family Support and Connections services are authorized through the Title II of the Child Abuse Prevention and Treatment Act (CAPTA), as amended by P.L. 111-320.

Funding Streams

Funding for personnel for Program Delivery and Design is determined through random moment sampling surveys (RMSS) to identify which programs are being worked on in a given moment and the funding split for administration of the program. With RMSS, field delivery staff are required at random intervals to indicate the time spent on various activities to determine the level of federal funding which directly supports our ability to provide SSP services. The funding is a mixture of federal and General Fund dollars, with federal TANF funds comprising the main revenue source.

Funding Justification and Significant Changes from CSL to GB

The Governor’s Budget funds two policy option package investments impacting this area for the upcoming 2025-27 legislative session. The regular essential packages are included in the Agency Request Budget and are part of the normal budget build process. Program costs are in the Self-Sufficiency Program Unit form.

PACKAGE NUMBER	PACKAGE TITLE:				
108	SNAP ELDERLY SIMPLIFIED APPLICATION PROJECT (ESAP)				
GENERAL FUNDS	OTHER FUNDS	FEDERAL FUNDS	TOTAL FUNDS	POSITIONS	FTE
104,838		104,838	209,676	1	0.75
PACKAGE DESCRIPTION:					
<p>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.</p>					

PACKAGE NUMBER	PACKAGE TITLE:				
502	HH - YEHP CORE SERVICES MAINTENANCE Design & Delivery				
GENERAL FUNDS	OTHER FUNDS	FEDERAL FUNDS	TOTAL FUNDS	POSITIONS	FTE
1,664,205			1,861,693	6	5.25
PACKAGE DESCRIPTION:					
<p>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.</p>					

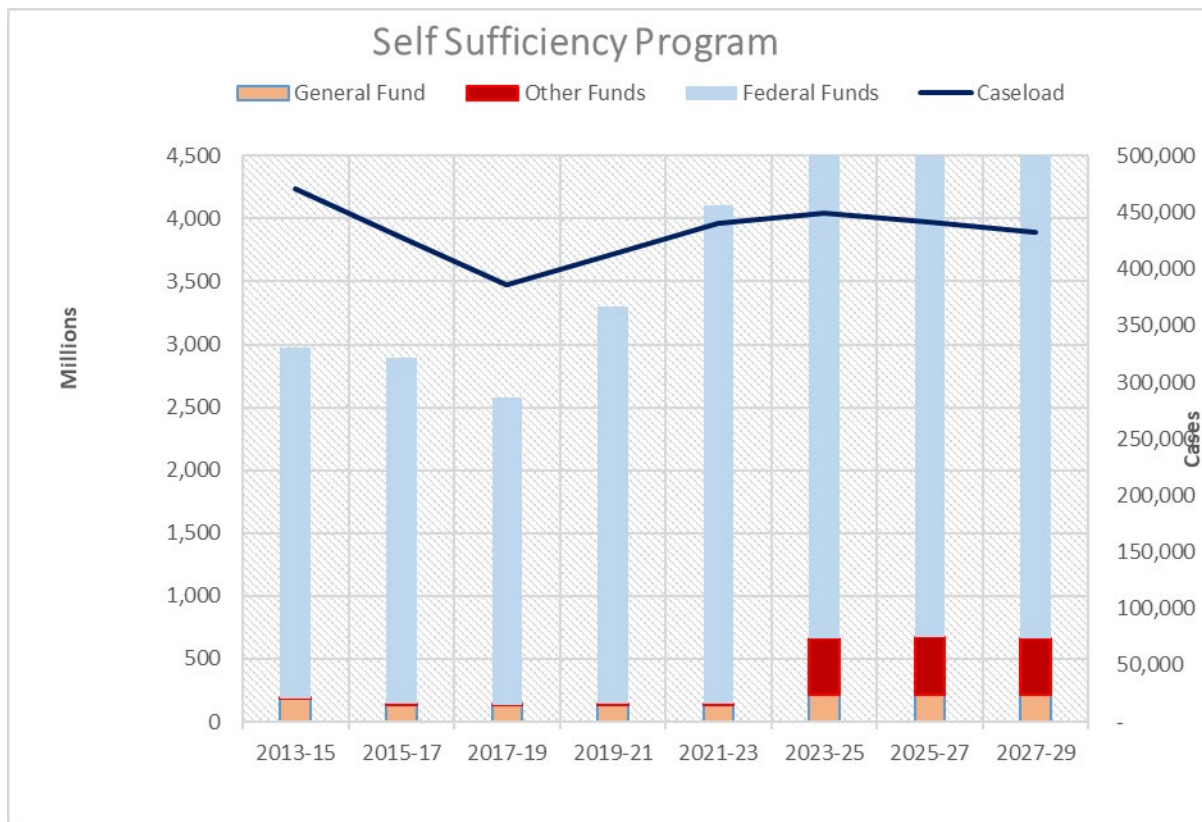
GB proposes the following net-zero TF impacts:

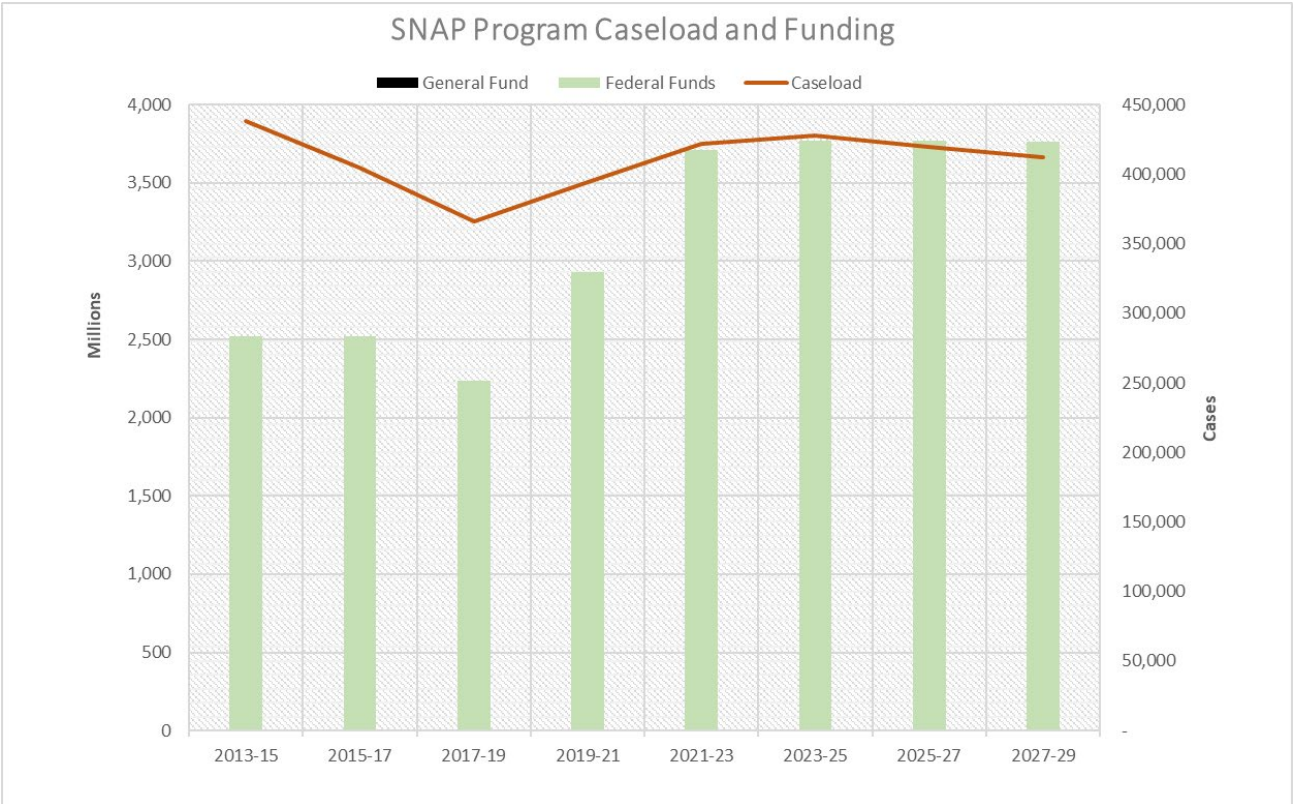
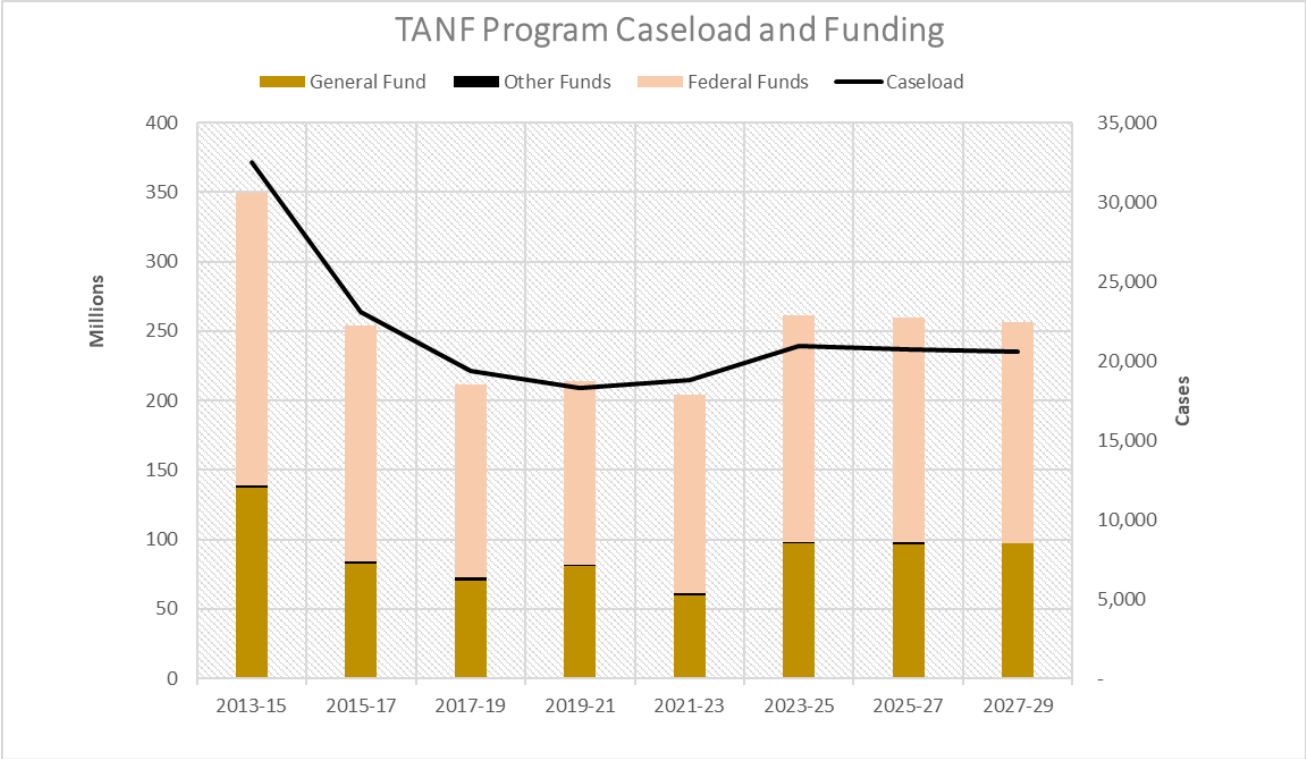
- Includes a one-time use of revenue from the TANF in lieu of \$20M GF.

Oregon Department of Human Services: Self-Sufficiency Programs

Core Long-Term Focus Area: Alleviating poverty in Oregon and supporting individual and family well-being

Program Contact: Claire Seguin, Self-Sufficiency Programs Director





Program Overview

Self-Sufficiency Programs (SSP) plays a pivotal role in promoting economic stability for individuals and families in Oregon. By offering essential supports such as food assistance, cash assistance, housing stability services, and employment services, SSP helps individuals and families navigate economic challenges. Our programs not only address immediate needs but also empower individuals with tools and opportunities essential for long-term economic stability. Through these focused efforts, SSP strives to ensure that all individuals and families can achieve economic stability and thrive within their communities.

With the recent transition of eligibility to the Oregon Eligibility Partnership (OEP), SSP has sharpened its focus on developing specific outcome measures aimed directly at enhancing economic stability. While maintaining Key Performance Measures (KPMs) established in 2019, SSP is also developing tailored measures for each program within its purview. These measures will aim to assess the effectiveness of each program in meeting specific goals and addressing unique participant needs.

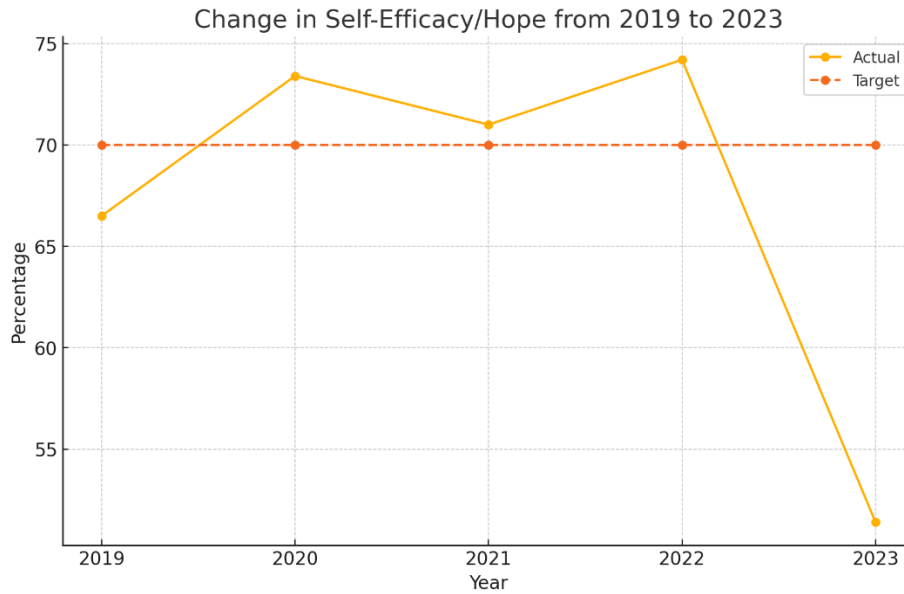
SSP Key Performance Measures

In 2019, the Oregon Legislature approved SSP Key Performance Measures (KPMs). Connecting to economic stability – a key social determinant of health – the KPMs track the following outcomes for SSP clients:

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

SSP conducts an annual statewide survey targeting participants of the Supplemental Nutrition Assistance Program (SNAP) who applied or reapplied for benefits. The survey serves as a critical benchmark for evaluating the program's overall effectiveness.

The voluntary survey is available in six languages: Arabic, Russian, Somali, Spanish, Vietnamese, and English. In 2023, the survey was distributed to 45,987 SNAP applicants, and 4,098 respondents completed it, resulting in an 8.9% response rate.



Graph Summary: The graph shows the percentage of survey respondents who reported high levels of self-efficacy and hope from 2019 to 2023, compared to a target of 70%.

2019-2020:

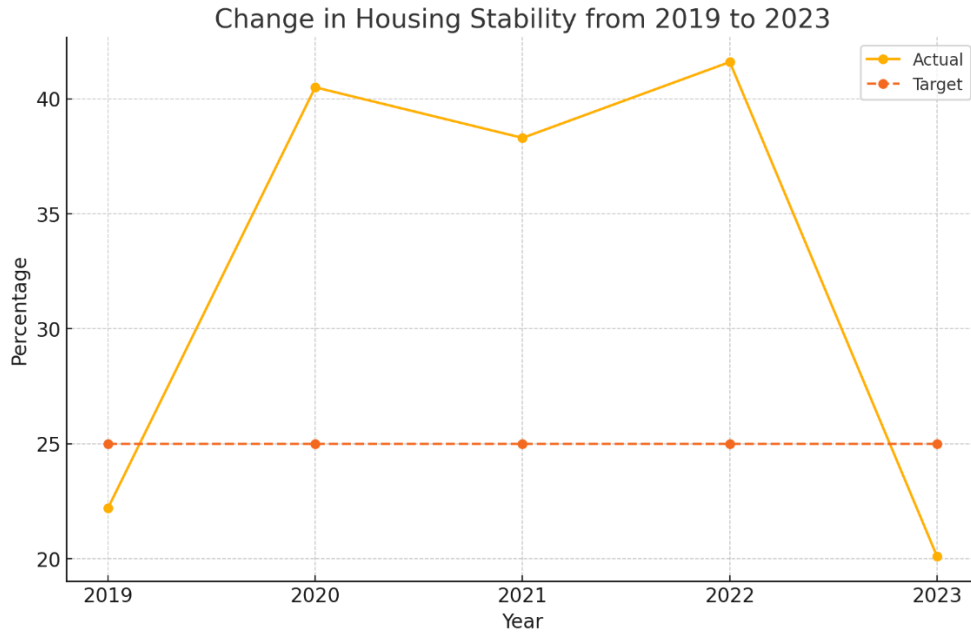
- 2019: The percentage was 66.5%, slightly below the target.
- 2020: An increase to 73.4% occurred, likely due to the initial federal COVID-19 supports such as stimulus payments and enhanced unemployment benefits, which provided a temporary boost to household confidence and outlook.

2021-2022:

- 2021: A slight decline to 71%, reflecting ongoing challenges but maintaining above-target levels due to continued but reduced federal support.
- 2022: Increased further to 74.2%, possibly due to economic recovery and increased job opportunities as pandemic restrictions eased.

2023:

- 2023: A significant drop to 51.4%, indicating a sharp decline in household confidence and hope, potentially due to the end of many federal supports and ongoing economic uncertainties.



Graph Summary: The graph depicts the percentage of survey respondents who reported stable housing from 2019 to 2023, compared to a target of 25%.

2019-2020:

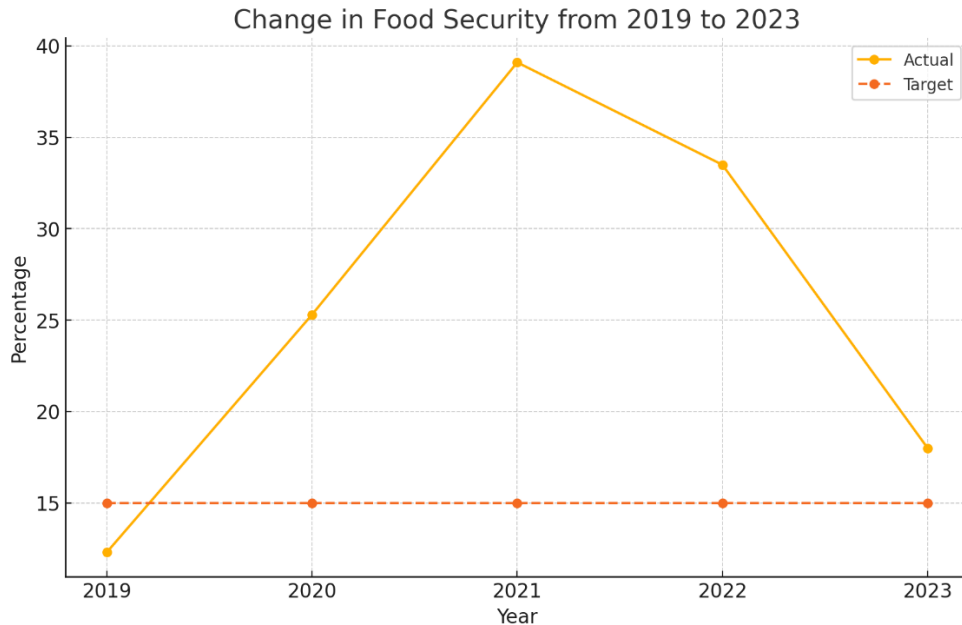
- 2019: The percentage was 22.2%, just below the target.
- 2020: Increased to 40.5%, reflecting the positive impact of eviction moratoriums and rental assistance programs implemented during the pandemic.

2021-2022:

- 2021: A slight decrease to 38.3%, indicating continued but reduced stability as some pandemic supports began to phase out.
- 2022: Rose to 41.6%, possibly due to ongoing recovery efforts and housing assistance programs.

2023:

- 2023: Dropped significantly to 20.1%, suggesting a return to pre-pandemic instability levels as emergency supports ended and economic pressures resumed.



Graph Summary: The graph shows the percentage of survey respondents who reported being food secure from 2019 to 2023, compared to a target of 15%.

2019-2020:

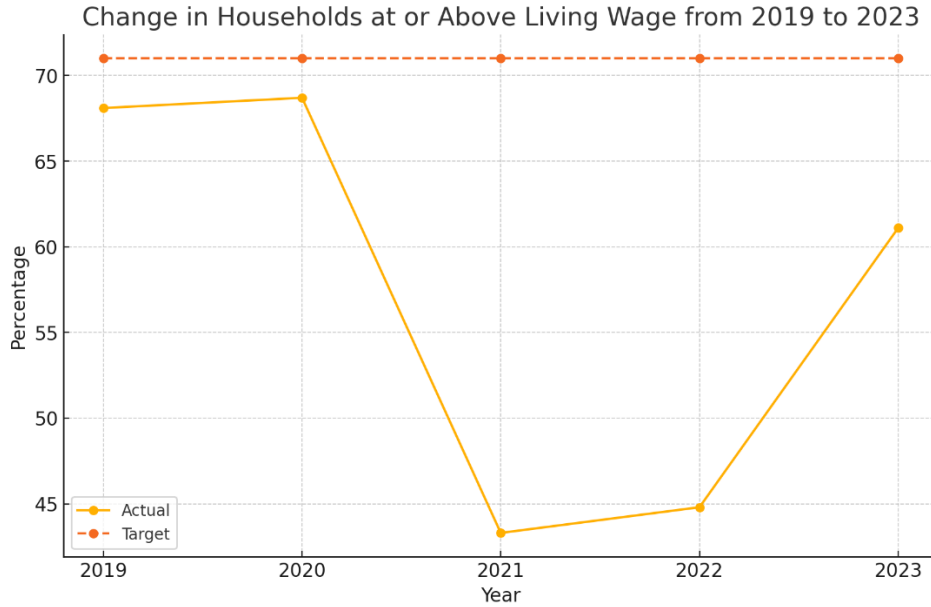
- 2019: The percentage was 12.3%, below the target.
- 2020: Increased significantly to 25.3%, thanks to expanded SNAP benefits and other food assistance programs during the pandemic.

2021-2022:

- 2021: Continued to rise to 39.1%, reflecting the peak impact of food assistance programs.
- 2022: Decreased slightly to 33.5%, indicating some reduction in food security as federal supports began to wane.

2023:

- 2023: Dropped to 18.0%, still above the target but showing a significant decrease as many emergency food supports ended.



Graph Summary: The graph shows the percentage of households at or above the living wage from 2019 to 2023, compared to a target of 71%.

2019-2020:

- 2019: The percentage was 68.1%, slightly below the target.
- 2020: Increased marginally to 68.7%, reflecting initial federal supports that helped maintain incomes.

2021-2022:

- 2021: A sharp decline to 43.3%, illustrating the severe impact of the pandemic on household incomes as federal supports were reduced.
- 2022: Slight improvement to 44.8%, indicating some recovery in the job market and household incomes.

2023:

- 2023: Rebounded to 61.1%, showing a significant recovery but still below pre-pandemic levels and the target, as the economy stabilized but many households remained financially strained without continued federal support.

The data across all categories demonstrate the profound impact of the COVID-19 pandemic and associated federal supports on various aspects of economic stability and well-being in Oregon. While initial supports helped buffer the immediate effects of the pandemic, their reduction and eventual end have led to ongoing

challenges, highlighting the need for sustained and targeted interventions to support long-term recovery and stability.

Self Sufficiency	GF	OF	FF	TF
LAB 23-25	211,603,610	453,654,402	4,158,464,928	4,823,722,940
GB 25-27	193,932,986	486,736,492	3,890,566,666	4,571,236,144
Difference LAB - GB	(17,670,624)	33,082,090	(267,898,262)	(252,486,796)
% Difference LAB - GB	-8.35%	7.29%	-6.44%	-5.23%

Program Funding Request

Temporary Assistance for Needy Families

Program Contact: Xochitl Esparza

Temporary Assistance for Needy Families (TANF) is a public cash assistance program for children and their parent or caretaker relatives experiencing low income. TANF is supported by both TANF federal funds and state General Funds. The program is designed to offer families assistance to meet their basic needs while they work toward economic stability. In addition to the cash portion of the program, TANF provides a wide range of services and programs, some of which include:

- Support services to assist with urgent needs like rent and utilities, and general needs like clothing and transportation for skill development and employment.
- Job Participation Incentive (JPI) program, a state funded employment program that provides an additional \$10.00 in SNAP benefits to eligible parents with children.
- Employment Payments, a cash program provided to families with TANF benefits closed due to unsubsidized employment. Payments are spread over a three-month period following the closure of TANF benefits.

State Family Pre-Supplemental Security Income (SSI) and Supplemental Security Disability Income (SSDI) program, which provide cash assistance, case management and assistance with the Social Security Administration application process.

Program Justification

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

SSP continues to find opportunities to redesign the state's TANF program by collaborating with advocates, contracted partners, Tribal partners, and individuals with lived experience to build a robust and equitable infrastructure. Involving community at every step of program design, delivery and implementation ensures the voices of families currently receiving TANF – and who have received TANF in the past – will be woven throughout the program's future design.

The TANF program works with Tribal Nations and community partners to provide appropriate services to current TANF participants. Community engagement and the voices of those with lived experience are valued to develop and deliver a more equitable program.

Program Performance

SSP is currently modifying its internal performance measures which include measures related to TANF. The program is also collaborating to develop a dashboard to measure changes over time for TANF-engaged families based on the information on their Family Assessment.

Enabling Legislation

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

Refugee Program

Program Contact: Amra Biberić

The Refugee Program serves individuals and families in immigration categories approved by the Federal Office of Refugee Resettlement (ORR): Refugees, Asylees, Cuban/Haitian entrants and parolees, Amerasians, victims of human

trafficking (international) and certain family members, Iraqi/Afghan Special Immigrant Visa holders, and certain humanitarian parolees. The program provides cash assistance and medical assistance to refugees who are ineligible for Temporary Assistance for Needy Families (TANF) cash assistance and Medicaid. The program partners with Refugee Resettlement Agencies (RRA) and nonprofit community-based organizations (CBOs) to provide additional support services.

Resettlement services for refugees are comprehensive. Initial resettlement and case management services are delivered by RRAs located in the Portland, Salem, Corvallis, and Eugene areas. These initial services include picking up refugee arrivals at the airport, securing their initial housing, ensuring they have essential home furnishings, enrolling children in school, assistance with applying for state benefits and providing cultural orientation trainings. ODHS also refers refugees for employment services. Refugee employment services are delivered mainly by the Immigrant and Refugee Community Organization (IRCO). IRCO provides job search assistance, job placement, career coaching, pre-employment training and English language classes.

Those served through the Refugee Program come from all over the world. During FFY 2023, Oregon's Refugee Program assisted people from over 50 different countries. Many refugees speak little to no English upon arrival in the U.S., so interpretation and translation are incorporated into Refugee Program services.

Program Justification

The Refugee Program administers benefits and services offered to refugees once they arrive in Oregon. Cash and medical assistance, employment services, cultural integration support and additional support services are available for refugees as they restart their lives in Oregon. The Refugee Program works in collaboration with other ODHS programs, RRAs, Social Security Administration and CBOs to ensure families and individuals receive needed services and have a strong support system.

As overseas emergencies and disasters occur, many people seek protection in the U.S. The Refugee Program provides benefits and services while working with the ODHS Office of Resilience and Emergency Management (OREM), RRAs, CBOs and other government agencies to provide effective assistance. These collaborations are vital to ensuring that refugees quickly receive emergency services.

The Refugee Program has expanded its contracted provider network to include additional CBOs alongside the state's RRAs. This provides a broad service array

and additional culturally specific services to refugee communities. The Refugee Program is working collaboratively with Oregon's Office of Immigrant and Refugee Advancement to further develop and evolve the future of the program.

ODHS Equity North Star

Many refugees have faced oppression and persecution in their country of origin. The Refugee Program aims to provide benefits and services in an equitable and accessible manner with a trauma-informed approach. Many staff members of ODHS, RRAs and CBOs have experienced the resettlement process firsthand as refugees themselves and bring a wealth of lived experience to their work with new arrivals.

Community Engagement

The Refugee Program engages with CBOs, RRAs, ODHS district offices and attends in-person and virtual community listening sessions to seek feedback on the needs and experiences of refugees and to hear directly from Oregon's refugee communities. The Refugee Program engages in frequent and ongoing meetings to ensure collaborative efforts are addressing the needs of refugees and equitably serving refugees in Oregon.

Program Performance

In 2024, the Refugee Program joined SSP's quarterly target review (QTR) to measure the timely issuance of refugee cash benefits and the completion of Family Self-Sufficiency Plans for refugee cash recipients. The Refugee Program is also building a data collection system to broaden the scope of data collection and reporting capabilities.

Enabling Legislation/Program Authorization

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

Domestic Violence Survivor Programs

Program Contact: Kirstin Sands

Domestic Violence Survivor Programs include three unique programs that support domestic violence and sexual assault (DVSA) survivors in crisis by providing

supports and financial resources, ongoing safety planning, and connection to DVSA experts and culturally responsive services.

- Temporary Assistance for Domestic Violence Survivors (TA-DVS) provides short-term financial assistance, safety planning, and connection to community resources for families and pregnant individuals impacted by domestic violence (DV).
- Co-located DV Advocates Program contracts with local DVSA nonprofit agencies to station certified DV advocates in every county across Oregon within ODHS Child Welfare (CW) and SSP offices to provide confidential advocacy to survivors and staff.
- Survivor Investment Partnership (SIP) increases access and meaningful financial support to survivors through partnership with the Nine Federally Recognized Tribes of Oregon, culturally responsive DVSA providers, and Co-located DV advocacy agencies.

Program Justification

These three programs work together to provide holistic support to meet the varying needs of survivors of domestic violence. This is done by providing access to financial supports for survivors, providing confidential advocacy and resources, and access to culturally responsive supports. Survivors can choose which resources to access, based upon their needs and where they are at in their safety plan.

In the 2024 legislative session, the TA-DVS program received a one-time investment to raise the maximum TA-DVS cash grant from \$1,200 to \$3,200. The increase, which will be available in August 2024, will provide survivors with more of the resources they need to move themselves and their families to safety with today's cost of living.

In alignment with the ODHS Equity North Star, Domestic Violence Survivor Programs partner with communities and the Nine Federally Recognized Tribes of Oregon to develop programs that strive to make services accessible to all survivors, with an emphasis on disproportionately affected populations that experience violence at higher rates, including domestic and sexual violence.

Community engagement in all our Domestic Violence Survivor Programs continues to be prioritized and includes state and local quarterly meetings with co-located DV advocates as well as ongoing collaboration with the Nine Federally Recognized Tribes of Oregon and culturally diverse community members.

Program Performance

At this time, no formal QTRs or KPMs exist for Domestic Violence Survivor Programs due to the importance of keeping personally identifiable information (PII) protected and maintaining the confidentiality of survivors' information.

To demonstrate effectiveness of the temporary increase to the TA-DVS program, ODHS will utilize program expenditure data to highlight increased utilization when providing more adequate amounts for safety payments, including affording survivors the ability to pay for safe housing.

The Co-located DV Advocates program utilizes quantitative data included in contracts to measure number of survivors and family members served and number of survivors who received safety planning. In SFY 2023, co-located DV advocates provided services to 6548 survivors and their family members and helped survivors develop 5530 safety plans.

SIP utilizes quantitative and qualitative data measures included in intergovernmental agreements (IGAs) with the Nine Federally Recognized Tribes of Oregon and grant agreements with culturally responsive providers. Quantitative data measures include demographics, number of survivors served, and services and support to survivors and dependents. Qualitative data measures include overall impact to the well-being of survivors and/or community, individualized impact to survivors, outreach, and prevention, and identifying challenges and barriers to meeting survivor's needs. SIP is at the end of its first year of implementation and is in the beginning stages of collecting data. Data analysis should begin later this year.

Enabling Legislation

Temporary Assistance for Domestic Violence Survivors (TA-DVS)

Federal authorization through the TANF block grant includes use of TANF funds to meet non-recurrent, short-term benefits to address specific crisis situations, including domestic violence. (See 45CFR 260.31 (b)) Domestic violence emergency assistance, also known as TA-DVS, is mandated under ORS 412.072 (1) (e) and sets the minimum grant amount of \$1,200.

Section 280 of Senate Bill 5701 (2024) allocated the first investment increase in over 26 years. The one-year investment raises the maximum grant amount to \$3,200. An ongoing increase will be necessary to ensure TA-DVS remains a meaningful and effective resource for survivors as the cost of living continues to increase in Oregon.

Co-located Domestic Violence Advocates Program

This program is enabled by House Bill 5030-A (2011). The bill includes general state funding for contracted domestic violence specialists in ODHS offices. This program receives cost of living adjustments each biennium, however it has not had a needed increase in 13 years to align with the rising cost of employing advocates or the increased number of survivors coming through ODHS. To ensure sustainability of this resource for survivors and staff, an increased investment is necessary to sustain the program.

Survivor Investment Partnership (SIP)

SIP is enabled by SB 5529 of the 2021 Oregon Legislative Assembly Joint Committee on Ways and Means. The bill includes general state funding through grant agreements with the Nine Federally Recognized Tribes of Oregon and culturally responsive DVSA organizations to provide services and meaningful financial assistance to survivors including Tribal members, individuals without children, and underserved populations. This flexible funding can be used to fill those gaps that other resources might not cover for survivors toward their path to safety and stability.

Employment and Training Programs

Program Contact: Candi Quintall

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

JOBS Basic and JOBS Separate State Program Services

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

SNAP Employment & Training

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

Program Justification

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

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

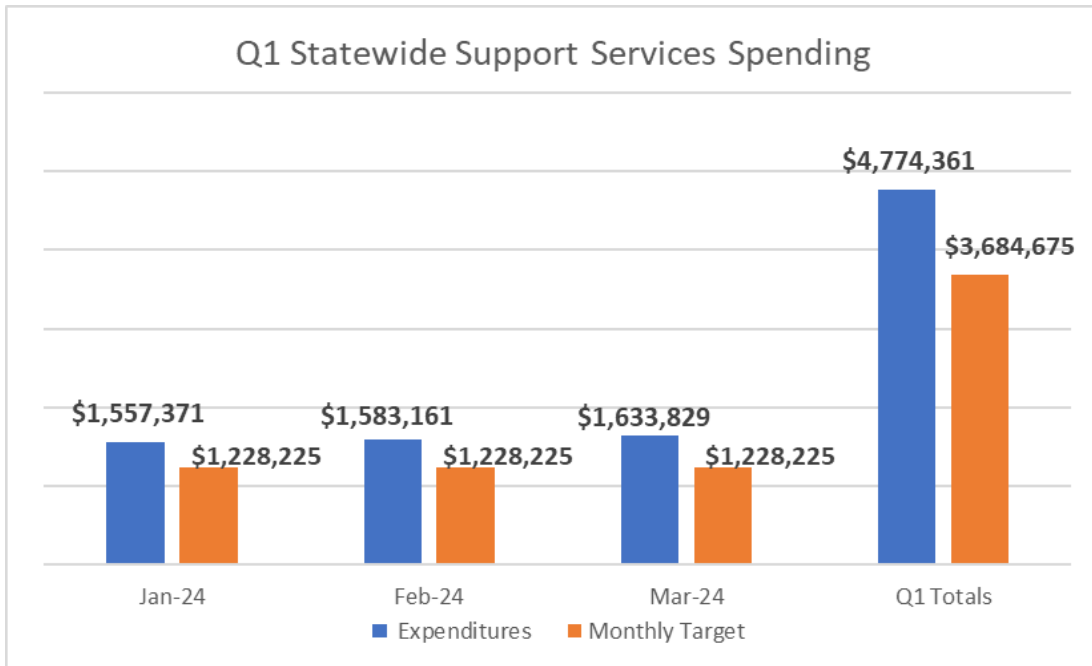
Employment and Training services have benefitted from community focus groups, with an emphasis on prioritizing participant voice and identifying gaps between current services and community needs. Employment and Training services have been expanded based on the needs expressed in such forums. Employment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

Program Performance

Job Opportunity and Basic Skills (JOBS) program

Performance Measure: Support Services Spending

SSP focused on Support Services Spending by district for the ODHS Quarter 1 2024 QTR process. Ongoing monitoring is occurring to ensure that funds are efficiently and completely accessed to provide needed dollars to participants.



Note: Summer of 2024, the JOBS Outcome Indicator (JOI) will be implemented to ODHS staff and contracted providers. This will provide additional information related to referrals, engagement, and participant progress.

SNAP Employment & Training (E&T)

FNS-583 - Each quarter, Oregon completes the United States Department of Agriculture (USDA) Food and Nutrition Service (FNS) 583 form. This includes reporting the number of new work registrants, the number of individuals completing ABAWD work requirements, the number of individuals engaged in any SNAP E&T programs, those exempt from ABAWD work requirements based on state’s discretionary exemptions, and a breakdown of numbers of individuals engaged in specific SNAP E&T service components. The FNS 583 is used by FNS to review and analyze state’s programming, provide feedback, and allocate funding in future federal fiscal years.

The United States Department of Agriculture (USDA) Food and Nutrition Service (FNS) 583 form, for Federal Fiscal Year (FFY) 2023, highlights the following program information:

- Number of new work registrants for all FFY 2023: 111,064
- Number of Discretionary Exemption months used: 33,348.
- Number of unique individuals who participated in Employment and Training programs in FFY 2023: 20,596

SNAP E&T Annual Report - Each year, Oregon completes the Annual Report for FNS. This includes reporting completion rates for SNAP E&T components and the subsequent employment rates second and fourth Quarter post-completion, as well as median wages second Quarter post-completion. This information is also broken down into different characteristics including education levels, ABAWD status, gender, and age. Included in the Annual Report is also information for those states who chose to be an ABAWD Pledge State in the Federal Fiscal Year. Each state also chooses their own state-determined outcomes to measure and report; Oregon has chosen to report the employment rate numbers for each of the SNAP E&T components. This information is utilized by FNS to review and analyze state's programming, provide feedback, and allocate funding in future federal fiscal years.

The SNAP E&T Annual Report for Federal Fiscal Year (FFY) 2023 highlights the following program information:

- 56.74 percent of individuals obtained unsubsidized employment in the second quarter after completing an Employment and Training program (time period is the third and fourth Quarter 2022 and the first and second Quarter 2023, to account for one full year with available employment data).
 - Oregon's employment rates for individuals who completed Employment and Training service components include the following:
 - 97 percent of those who engaged in Integrated Education and Training/Bridge Programs obtained unsubsidized employment in the second Quarter after completing this service component.
 - 96 percent of those who engaged in Internship obtained unsubsidized employment in the second Quarter after completing this service component.
 - 88 percent of those who engaged in Apprenticeship obtained unsubsidized employment in the second Quarter after completing this service component.
- \$6,401.28 is the median quarterly wages of individuals in the second Quarter after completing an Employment and Training program (time period is the third and fourth Quarter 2022 and the first and second Quarter 2023, to account for one full year with available employment data).

Enabling Legislation

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

SNAP Employment and Training

The Food and Nutrition Act (the Act) of 2008 requires states to implement a SNAP Employment and Training program.

Food and Nutrition Programs

Program Contact: Heather Miles, Meorah Solar

Supplemental Nutrition Assistance Program (SNAP)

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

- SNAP EBT

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

- SNAP Cash Out

To qualify for SNAP Cash Out, all individuals in the household must be eligible to receive SSI benefits or aged 65 and older and residing in Clackamas, Columbia, Multnomah, or Washington county.

Qualifying households receive their monthly allotment as cash on their EBT card or through direct deposit. This is a federally approved program option that cannot be expanded beyond these four Oregon counties but is 100% funded for benefit issuance.

- SNAP Nutrition Education

Oregon's SNAP Nutrition Education (SNAP-Ed) program is administered through a partnership with Oregon State University Extension Services (OSU-EXT). SNAP-Ed is an evidence-based federal grant-funded program that helps people lead healthy, active lives by working alongside people to identify ways to make their SNAP dollars stretch, how to shop for and cook healthy meals, and how to lead physically active lifestyles.

- SNAP Outreach

SNAP Outreach passes through federal funding to 14 contracted community agencies statewide to support activities that distribute information about SNAP, dispel myths, and offer application assistance to individuals. Contracted community partners may request up to 50 percent federal reimbursement for costs related to SNAP Outreach allowable activities which expands the reach of SNAP and reduces barriers to accessing the program.

- Food Assistance Programs

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

Program Justification

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

TEFAP and CSFP programming help support Oregon's larger food infrastructure and reaches program recipients beyond other food programming like SNAP.

SNAP provides food assistance through disaster provisions such as Disaster SNAP (DSNAP), destroyed SNAP food replacements, and other SNAP-based emergency benefits when implemented by the federal government. TEFAP can provide the Disaster Household Distribution (DHD) program in the event of a state disaster. This program can temporarily increase food resources in affected communities through food pantries alongside the activation of Disaster SNAP.

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

ODHS Equity North Star

In 2023, one in six Oregonians on average received SNAP benefits across all age ranges, races, ethnicities and abilities. The program continues to pursue waivers and state options that increase the program's reach to underserved populations. SNAP EBT and SNAP Cash Out increase access and improve connections for all SNAP participants, ensuring that flexibility and usage of the program is supported through benefit delivery systems.

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

Program Performance

SNAP

SSP is currently modifying its internal performance measures which include measures related to SNAP. SSP plans to identify SNAP performance and outcome information that includes demographic information to track outcomes over time for different populations in a dashboard.

SNAP EBT

The program is measured through state and federal standards for timely issuance of EBT cards, benefits (new and recertifications), accuracy of benefit calculations, and ease of accessibility and connection to services.

SNAP Cash Out

The program is measured through state and federal standards for timely issuance of benefits (new and recertifications), accuracy of benefit calculations, and ease of accessibility and connection to services.

SNAP-Ed

SNAP-Ed performance is measured through state and federal standards that are part of an evidence-based national framework.

SNAP Outreach

SNAP Outreach activities are incorporated into the agency's broader service array which better connects individuals to support the family in reaching goals. SNAP Outreach contracts with a range of culturally specific community partners to assist in making local connections and provide materials to SNAP eligible individuals.

Food Assistance

TEFAP and CSFP performance is evaluated throughout the year in a combination of program funding evaluation and onsite evaluation for quality control of food storage and oversight per federal regulations.

Enabling Legislation

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

Family Support and Connections

Program Contact: Xochitl Esparza

Family Support and Connections (FS&C) is a primary and secondary child maltreatment prevention program providing contracted services designed to help reduce stress, strengthen protective factors, and support the unique needs of families. As the Community Based Child Abuse Prevention (CBCAP) designated state lead, the program administers funding to local community-based organizations making services available in all 36 counties in Oregon.

Program Justification

FS&C is a critical component of Oregon's child maltreatment prevention continuum. Both in Oregon, and nationally, families with low-income are overrepresented in investigations by Child Protective Services (CPS). Although a combination of individual, relational, community and societal factors contribute to the risk of child abuse and neglect, economic hardship has been identified by national research as a predominant factor causing negative outcomes for children, adults, and families.

Informed by these findings, FS&C offers earlier upstream access to voluntary strength-based home visiting and supportive services that help families with the challenges of parenting, financial stressors, and other common struggles. Services are available for families with children in the home under the age of 18, that meet income requirements of 300% or below the federal poverty level that are not actively receiving services through Child Welfare.

ODHS Equity North Star, Community Engagement

It is largely recognized that racial disparities in child welfare impact Black, Indigenous, and families with lower socioeconomic status disproportionately.

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

needed in the community such as hiring staff representative of the diversity of the local community, purchasing culturally specific curriculum, and utilizing translation and interpretation services for materials and communication needs. FS&C continues the pursuit of expanding access to upstream prevention supportive services through culturally specific organizations and federally recognized Tribes in Oregon.

FS&C community-based program staff work within the existing community structure to coordinate referrals, deliver direct services collaboratively, and lead child abuse prevention education and awareness efforts. Local core teams provide a collaborative wrap around approach for service providers working directly with a common family. FS&C core teams are guided by local steering committees comprised of representatives from SSP, Child Welfare, and public and private partners that may include local service providers, consumer parents, advocates, faith-based representatives, persons with disabilities and members of the public. Steering committees provide advice, guidance, and support for the FS&C Core Team concerning program requirements such as, planning and implementation, overcoming barriers to services, community relations and advocacy, process improvement and goal setting.

Program Performance

The FS&C Program expanded the service population and is in the process of building a data collection system to increase data collection capabilities and accurately measure program performance. Leveraging the data collection system, data will be linked across client system databases to measure the percentage of FS&C participants and later Child Welfare involvement.

A statewide Protective Factor Survey (PFS) Database was implemented in 2024 to increase data collection capabilities to measure program goals related to protective factors (PFS subscales: nurturing and attachment, parental resilience, knowledge of parenting and child/youth development, social connections, concrete supports for parents, and social and emotional competence). Initial implementation results of a small representation of FS&C participants survey results reveal improved protective factors in each subscale. As contracted providers strengthen their process and use of the statewide database, program performance related to increasing protective factors will be more readily available.

FS&C utilizes a Family Satisfaction Survey to measure levels of satisfaction for program participants.

Year over year, 95% or more of survey respondents report that they are more aware of community resources, treated with respect, increased their ability to care for their family, were connected with community agencies, were helped to reduce stress factors, and were overall satisfied with services. Survey respondents commonly report the supportive, non-judgmental, and respectful support from Family Advocates is the best part of services. A few highlights of survey respondents feedback include:

“Helped to have someone to listen to hold space during a really stressful time. Services really helped me gain stability, bring household goods, and supports.”

“Thank you, my life is definitely better.”

“Blown away by these services and blessed to have had them.”

As reported in the FFY2023 CBCAP Annual Report:

- FS&C supported families with more than 32,000 direct contact hours
- Serving more than 2,300 new families and 6,400 (duplicated) ongoing families which represents:
 - More than 5,200 individuals
 - More than 3,000 children
 - Over 500 children with a disability, and over 300 caregivers with a disability

Enabling Legislation

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

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

Youth Experiencing Homelessness Program

Program Contact: Matthew Rasmussen

The Youth Experiencing Homelessness Program (YEHP) provides services and supports to unaccompanied youth and young adults under 24 who cannot safely reside with a parent or guardian and are navigating homelessness independently. The program funds and supports local nonprofit providers across the state to deliver a core array of services, including:

- Prevention services such as drop-in centers and outreach
- Crisis supports such as shelter services
- Medium-term housing supports such as host homes and transitional living programs
- Culturally specific case management and mental health supports
- Host home programming

YEHP also leads implementation work on various homelessness support initiatives specifically for youth, such as a Youth Action Board, Direct Cash Transfer (DCT) pilots, youth-specific affordable housing, tuition and fee waivers, and improving data and outcome gathering.

Program Justification

The housing and homelessness crises in the United States directly affect young people, with one in 30 youths (13 to 17 years old) and one in 10 young adults (18 to 25 years old) experiencing homelessness annually. Oregon estimates nearly 8,300 youths and young adults need housing services and supports each year. Oregon currently ranks second in the nation for total unaccompanied youth, second in the number of unsheltered unaccompanied youth nationwide, and the seventh overall highest percentage of unaccompanied youth experiencing homelessness staying in unsheltered locations.

Many young people fail to meet chronic homelessness and acuity requirements to access housing options and are at higher risk of victimization and trafficking in the adult system. Specialized services and housing options are essential to effectively address youth homelessness.

Honoring Lived Experience

National best practice models emphasize centering youth voices in program design. Historically, young people have often been tokenized and not given true decision-making authority or insight into funding and planning decisions that impact their lives. YEHP has made strides to increase youth participation, including compensating youth for participating in grantmaking and hiring processes. YEHP has established a Youth Action Board (YEHP YAB) that aims to create meaningful change for youth experiencing homelessness, working on projects, and promoting best practice to reduce inequities.

ODHS Equity North Star; Reducing the Racial Wealth Gap

Black, Indigenous, youth of color and LGBTQIA2S+ youth experience higher rates of homelessness. YEHP prioritizes equitable resource allocation to youth who experience higher rates of homelessness, including Black, Indigenous, youth of color, and LGBTQ2S+ youth. Additionally, YEHP provides a foundation for an equitable response to youth homelessness within the broader context of addressing chronic and family homelessness. Tuition and fee waivers, Direct Cash Transfer (DCT) pilots, and youth-specific housing solutions are initiatives that provide financial relief, support, and affordable housing options specifically tailored for youth, including those with a disproportionate prevalence of homelessness.

Community Engagement

YEHP convenes a Youth Experiencing Homelessness Advisory Committee which includes state agencies and nonprofit organization representation. This committee works to develop a comprehensive and coordinated approach to services and support for youth experiencing homelessness and their families.

Program Performance

Standardized data collection and tracking of youth outcomes began in 2023 with YEHP core service providers beginning to enter data into the Homeless Management Information System (HMIS). This will allow for aggregated, standardized reporting on demographics and outcomes. Reporting outcomes categories include:

- Housing: Program exits to safe and stable housing settings
- Education: Increases in enrollment, academic advancement, and motivation
- Employment: Increases in job-related skills and employment at living wage jobs

- Self-sufficiency: Life skills such as financial literacy and maintaining personal safety
- Well-being: Managing physical health needs and social connections

Performance and Outcomes for DCT pilots are being evaluated by external teams.

Enabling Legislation/Program Authorization

Oregon State Statute 417.799 and 417.800 give ODHS responsibility for coordinating statewide planning for delivery of services to youth experiencing homelessness. Recent investments: HB 4013 (2022), HB 5019 (2023), HB 3395 (2023)

My Future-My Choice

Program Contact: Bill Baney

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

MFMC seeks to support higher risk youth populations who experience elevated rates of sexually transmitted illnesses (STIs), unplanned pregnancy and sexual violence in their communities. These services support community prevention efforts to enable TANF families in breaking the generational dependence on public assistance. MFMC expands on the historical teen pregnancy prevention program to provide education and tools for youth to resist multiple risk-taking behaviors. ODHS partners with the Oregon Department of Education and the MFMC Advisory Committee to develop and implement the program.

Program Justification

Oregon teen pregnancy rates have consistently stayed below the national average. In Oregon, the teen pregnancy rate among youth 15 to 19 years continues to

decline, from 38.6 per 1,000 in 2010 to 18.1 per 1,000 in 2019. According to national data from the U.S. Department of Health and Human Services, the 2019 national rate for births to teens between the ages of 15 to 19 is 16.7 per 1,000

teens. In Oregon, the teen birth rate among youth 15 to 19 years declined from 28.45 per 1,000 in 2010 to 9.6 per 1,000 in 2020.

MFMC works closely with system/sector partners at the state and local level to ensure aligned, coordinated, and deliberate access to resources and materials to increase youth sexual health education and services. MFMC contracts with community-based organizations serving culturally specific populations and rural providers to adapt the existing curricula and materials to better support the population served. Based on the positive reception of the 6th grade MFMC curriculum and identified need for additional support for older students, MFMC developed and offers an 8th grade version of the curriculum. Oregon Department of Education updated the K-12 Health Education Standards in 2023. MFMC adapted the 6th and 8th grade curricula to adhere to the revised standards.

Community Engagement

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

Program Performance

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

Enabling Legislation

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

Summer EBT Nutrition Program

Program Contact: Christine Doody

The Oregon Department of Human Services (ODHS) administers the federal Summer EBT (S-EBT) program as the lead agency in partnership with the Oregon Department of Education, offering food benefits to eligible families with school aged children to provide access to nutritional food through the summer months when school meals are not available. Program benefits are 100 percent federally funded and program administration is funded with 50 percent federal funds and 50 percent General Fund. Benefits are issued via an Electronic Benefit Transfer (EBT) card for families to purchase eligible foods at USDA Food and Nutrition Service (FNS) approved retailers/vendors and farmer's markets.

Program Justification

Every child needs reliable access to nutritional food year-round to be healthy and reach their potential. Oregon Food Bank reports that one in five people in the state face hunger. During the summer months, many children in families with food insecurity do not have easy access to the healthy breakfasts and lunches they get at school during the school year. Partners for a Hunger-Free Oregon estimates that many families must come up with at least 10 more meals a week, per child, during summer break.

S-EBT is intended to reduce hunger and food insecurity for children who lose access to free and reduced-price meals through the National School Lunch Program (NSLP) and School Breakfast Program (SBP) during the summer months when school is not in session.

Our team's primary objective is to incorporate community partner feedback into the development and design process of the S-EBT program. S-EBT works closely with community partners to ensure that services provided are tailored to meet the needs of anticipated recipients.

Community engagement and lived experience voices are paramount in shaping a more equitable program. S-EBT is committed to designing a program that is accessible to all, culturally appropriate, and delivered with service equity in mind.

To enhance cultural responsiveness and increase outreach and access, S-EBT has hired staff representative of the diversity of the local community.

Additionally, translation and interpretation services are utilized for materials and communication needs.

Collaboration with advocates, contracted partners, Tribal nations, and individuals with lived experience is central to building a robust and equitable infrastructure for S-EBT.

Program Performance

Program performance measures for the S-EBT program are currently under review and will be determined in accordance with federal guidelines. While no specific or unique quarterly measures have been identified for S-EBT at this time, the program will adhere to federal guidelines by measuring key indicators.

These indicators include:

- The number of children determined eligible for benefits.
- The total amount of benefits issued.
- Utilization of the benefits by eligible recipients.
- The number of children determined eligible via streamlined certification versus through application submission.
- Timely issuance of benefits in accordance with federal guidelines for application processing.

S-EBT remains committed to ensuring effective program management and accountability by monitoring these essential performance measures.

Enabling Legislation

The Consolidated Appropriations Act, 2023 (P.L 117-328) authorized a permanent, nationwide Summer EBT Program with direct requirements that relate under section 13A of the Richard B. Russell National School Lunch Act (NSLA) [42 U.S.C. 1762].

Tax Infrastructure Grant Program

Program Contact: Meg Reinhold

The Tax Infrastructure Grant Program provides operational funds for culturally specific and responsive organizations, Tribal governments, and under-resourced

rural community service organizations to offer free tax credit education, tax system navigation and tax return preparation.

Program Justification

Removing Barriers to Economic Stability

Oregon is consistently in the bottom half of states for uptake of the Earned Income Credit (EITC) -- a credit which lifted nearly 8 million people out of poverty on average per year nationwide from 2017 to 2021, according to the IRS. For 2020, the most recent year of data, Oregon was last in the nation for EITC uptake. Beyond the EITC, there are many other benefits to filing, including other refundable credits and a return of excess withholding, which can be hundreds of dollars even for part-time workers.

Importantly, anti-poverty credits created by the Oregon Legislature, such as the new Oregon Kids Credit, are difficult to access without free tax return preparation services. Only about half of the estimated number of eligible families filed for this credit in 2024. It would be counterproductive to expect low-income families to pay a tax preparer \$300 or \$400 to access this \$1000 credit. The program anticipates helping 15,000 low-income Oregon families put hundreds and often thousands of dollars in their pockets in 2024. Oregon will benefit from the economic activity generated by refunds and more federal dollars coming into the state, as well as from the tax compliance impact of so many current and prior year filings.

ODHS Equity North Star, Community Engagement

This program is designed to serve populations who may have a fear of interacting with the Department of Revenue and the Internal Revenue Service without professional support. By providing this service through community-based organizations and Tribal governments, this program serves Oregonians regardless of their identity or place.

Program Performance

Twelve tax preparation organizations, including two tribal governments, have received program grants. In the first two tax seasons, they have tripled the number of returns filed to 15,000, expanded to year-round services, and are now offering assistance in twelve languages. Taxpayers using this program paid over \$15 million in taxes to the state of Oregon and received nearly \$25 million in federal and state refunds.

Enabling Legislation/Program Authorization

HB 4117 (2022).

FUNDING RESOURCES

Self-Sufficiency Programs uses a combination of General Fund and federal fund resources. The TANF program requires a minimum state expenditure level, known as Maintenance of Effort (MOE).

Total fund split is 96.5% Federal fund, 3% Other fund and <1% General fund.

Federal and Other Fund Splits:

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

Funding Justification and Significant Changes to 23-25 CSL

The Governor's Budget funded two policy option package investments impacting this area for the upcoming 2025 legislative session. The regular essential packages

are included in the Agency Request Budget and are part of the normal budget build process. Staff costs are in the Design and Delivery Program Unit form.

PACKAGE NUMBER		PACKAGE TITLE:			
107		Incr in pmts for JOBS Particptn Incntve (JPI)			
GENERAL FUNDS	OTHER FUNDS	FEDERAL FUNDS	TOTAL FUNDS	POSITIONS	FTE
5,183,325			5,183,325	-	-
PACKAGE DESCRIPTION:					
<p>Oregon’s Job Participation Incentive (JPI) is a \$10 food benefit issued to qualifying families that participate in the Supplemental Nutrition Assistance Program (SNAP). While SNAP clients who are receiving Temporary Assistance for Needy Families (TANF) benefits are not eligible for JPI, 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. If Oregon’s JPI payment is not increased to \$35, in other words, Oregon will be unable to count JPI recipients towards the state’s TANF WPR. ODHS anticipates that this will prevent the state from meeting federal WPR requirements, which is likely to result in penalty and an accompanying reduction of the state’s federal TANF block grant – funds that are crucial for serving Oregon’s most cost-burdened families. Accordingly, this POP proposes that the state increase the JPI payment to \$35. The increase would have the added benefit of helping JPI participants purchase additional food for their families at a time when food prices are relatively high.</p>					

PACKAGE NUMBER		PACKAGE TITLE:			
502		HH - YEHP CORE SERVICES MAINTENANCE -Program			
GENERAL FUNDS	OTHER FUNDS	FEDERAL FUNDS	TOTAL FUNDS	POSITIONS	FTE
18,043,000			18,043,000		-
PACKAGE DESCRIPTION:					
<p>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 built on YEHP’s modest base budget with a one-time investment that allowed the program 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, which would effectively reduce YEHP’s budget by approximately 75 percent and substantially shrink Oregon’s current youth homelessness response system. This policy option package proposes an investment that will sustain and strengthen YEHP’s presence in communities around the state, ensuring young people can 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 youths surmount the financial barriers to secure and stable housing.</p>					

Oregon Department of Human Services

Child Welfare Division

Vision for Transformation

The Child Welfare [Vision for Transformation](#) is based on the belief that children do best growing up with their family, and on core values related to honoring and supporting Tribal and cultural wisdom, building community resilience and voice, and ensuring the self-determination of all communities – particularly those that have historically experienced poor outcomes in our system.

ODHS Child Welfare will achieve this Vision for Transformation through:

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

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

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

About Child Welfare

The Child Welfare Division serves children, young adults and families who are facing challenges that can affect child safety and responds when children are subject to possible abuse and neglect. Skilled and diverse Child Welfare staff respond to reports of child abuse and neglect, helping to assess whether supports or services can be provided to the family to support their remaining together, and coordinating foster care placement in cases where a child cannot be maintained safely at home.

Child Welfare's work encompasses the following areas:

1. Oregon Child Abuse Hotline (ORCAH)
2. Child Safety Program
3. Child Fatality Review and Prevention Program
4. Family Preservation
5. Child and Family Well-Being Program (Foster Care, Youth Transitions and Health and Wellness Services)
6. Permanency Program
7. Behavioral Rehabilitative Services and Treatment Services
8. Program Design & Delivery

9. Federal Policy, Planning & Resources, and Child Welfare Policy
10. Other Central Office Programs and Focus Areas

In Oregon during Federal Fiscal Year (FFY) 2023, 7,282 children spent at least one day in foster care. The number of children entering foster care during FFY 2023 decreased by 2.8 percent from the FFY 2022 level. The number of children leaving foster care decreased by 15.2 percent difference in the same time frame. The number of children in foster care on September 30, 2023 (4,676) decreased by 7.7 percent difference from the number of children in foster care on September 30, 2022 (5,051).

1. Child Abuse Hotline

The Oregon Child Abuse Hotline (ORCAH) serves as one of the first points of contact for children in Oregon who are at risk for or are experiencing abuse and/or neglect. The 24-hour hotline receives and screens reports of child abuse and neglect statewide and provides guidance and subject matter expertise to callers and partners to ensure child safety. The hotline also assigns reports for Child Protective Services (CPS) assessments when allegations of abuse meet criteria for assignment and to ensure child safety. Additionally, the hotline serves Oregonians through cross-reporting to local law enforcement and completes required notifications with multiple community partners, including named Tribes, and coordinates emergency services when appropriate.

ORCAH receives calls and cross-reported police reports as well as electronic reports from Child Welfare caseworkers and the Office of Training, Investigations and Safety (OTIS) staff when a new allegation on an open case or assessment needed to be screened. These are collectively referred to as contacts. In calendar year 2023:

- ORCAH received 164,517 contacts.
- 87,529 reports were referred for investigation.
- 7,455 reports were founded dispositions, meaning there was reasonable cause to believe abuse occurred.
- 41.5 percent of the victims were younger than 6 years old.

2. *Child Safety Program*

The Child Safety program investigates reports of child maltreatment that were screened in from ORCAH to determine if a child has experienced abuse or neglect or is safe. Response is sometimes done in partnership with local law enforcement and Tribes. The program also offers locally based services for safety planning, services and interventions to mitigate child safety concerns.

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

- Commercial Sexual Exploitation of Children (CSEC)

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

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

- Addiction Recovery Teams (ART Teams)

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

- Domestic Violence/Sexual Assault

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

3. *Child Fatality Prevention and Review Program*

This program was created to improve child safety and prevent child maltreatment and fatalities in Oregon. The goals of this program align with the Family First Prevention and Services Act requirement to create a state fatality prevention plan. It also provides a unique and necessary opportunity to promote

a system shift toward prevention policies and practices that address risk to Oregon's most vulnerable children.

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

4. Family Preservation

Child Welfare is implementing a Family Preservation approach with 2021-23 state investments in the initial infrastructure. Through a partnership between Child Welfare and Self-Sufficiency Programs, the approach supports families to remain together while increasing stability and safety instead of putting children in foster care. This approach is a key step in Oregon's implementation of the federally approved Family First Prevention Services Act plan. Family Preservation strives to spare children and families from the trauma of separation by engaging community, meeting needs identified by families and developing safety supports and services that support families' ability to safely meet their children's needs.

Currently, when a Child Welfare safety assessment indicates that a child is unsafe and safety can be managed with the child in their home, Child Welfare and Self-Sufficiency Programs partner with the family and their team to

develop a safety plan, identify and meet needs, and conduct ongoing safety monitoring. The long-term goal for this approach is to serve more children and young adults safely in their homes and communities than in foster care.

5. *Child and Family Well-Being Programs*

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

- Foster Care

Oregon's Foster Care program values foster care services as a support to families, not as a substitute for parents and families. In order to support the families it serves, the program engages parents, youth, kin, community partners, legal professionals, Tribal partners, resource families and others as a way to holistically support family safety and stabilization. Foster care services include relative care, family foster care, and professional levels of care such as shelter care and Behavioral Rehabilitation Services, which are provided in therapeutic home or residential settings through contracted Child Caring Agencies (CCAs). The foster care system operates 24 hours a day, seven days a week, to accept and care for children who cannot remain safely at home. Oregon's goal aligns with the federal requirement of placing a child in the least restrictive, most appropriate setting that meets the child's individual needs when the child cannot safely be cared for by parent(s). This program focuses on the well-being of children and young adults while they are in foster care and is responsible for recruitment of resource (foster) families that reflect the characteristics of children in foster care. It also certifies, trains, and retains resource families (both general applicants and kith/kin caregivers). Resource families are trained by agency staff and receive a newly redesigned training curriculum. Resource families participate in a Structured Analysis Family Evaluation (SAFE) home study, designed to evaluate a family's suitability and readiness to meet the needs of children and young adults that enter the child welfare system. Resource families must also pass:

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

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

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

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

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

 - Financial literacy;
 - Communication and social skills;
 - Relationship building skills;
 - Resources available in local communities;
 - Informed decision-making;
 - Parenting;
 - Health;
 - Education support;
 - Housing;
 - Transportation options; and
 - Job readiness.

The program contracts with providers that help young people develop plans to complete high school and successfully transition to post-secondary

education or employment. Housing support options are available to eligible youth through transitional living programs, the Independent Living Housing Subsidy Program, and the federal Chafee housing program.

- Health and Wellness Services

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

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

The Health and Wellness team provides resources, support and case consultation to staff and provides resources for resource parents who care for medically fragile children. Annual psychotropic medication reviews and psychotropic medication authorizations are completed by a nurse consultant for all children in care who are currently prescribed psychotropic medications. Medical Assistance Resource Coordinators (MARCs) assist with access to care issues and help coordinate services with Coordinated Care Organizations (CCOs) throughout the state to ensure children's health, mental health and dental needs are being met.

6. Permanency Program

Child Welfare prioritizes keeping children with their families and in their communities. When this is not possible, the initial goal is the safe and successful reunification of children with their parent(s). Staff partner with parents to develop and meet goals so that children can remain safely at home or return home after placement in substitute care. Permanency staff work together with families, children, community partners and the legal system to create and support case plans with the goal of reunification. When reunification is not

possible, the Permanency Program works to identify the most appropriate alternate permanency plan. Once children are placed with a permanent adoptive or guardian family, the Permanency Program continues to provide services and supports to children up to age 18 to help meet the special needs and challenges of those who have experienced abuse and neglect. These efforts include consideration of the child's specific cultural, developmental, and linguistic needs.

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

The Permanency Program includes:

- Strengthening, Preserving and Reunifying Families (SPRF)
The Strengthening Preserving and Reunifying Families law (ORS 418.575-418.598) allows funding for an array of services to families through collaboration between ODHS and local community partners. ODHS has developed outcome-based contracts for services to specifically address the needs of children and families who come to the attention of child welfare through a screened in report of abuse or neglect. These outcome-based contracts also enable accurate reporting on results associated with SPRF services and funding.
- In-Home Safety and Reunification Services (ISRS)
This program provides culturally responsive, intensive, short-term services to families with children who can remain safely in their homes, and to children and families who have been safely reunited. ISRS provides a combination of safety and strengths-based services that lead to lasting safety changes within the family. These services are time-limited and are complemented by SPRF services for families in need of longer term or more intensive services.
- System of Care (SOC)
System of Care funds support Oregon's most vulnerable children by providing local Child Welfare offices with the flexibility to purchase services to meet a family's specific needs and ensure the safety, permanency, and well-being of their child(ren) in culturally and

linguistically responsive ways. Families are directly involved in case planning and the identification of needed services. Whenever possible, community partners share funding of custom-designed services.

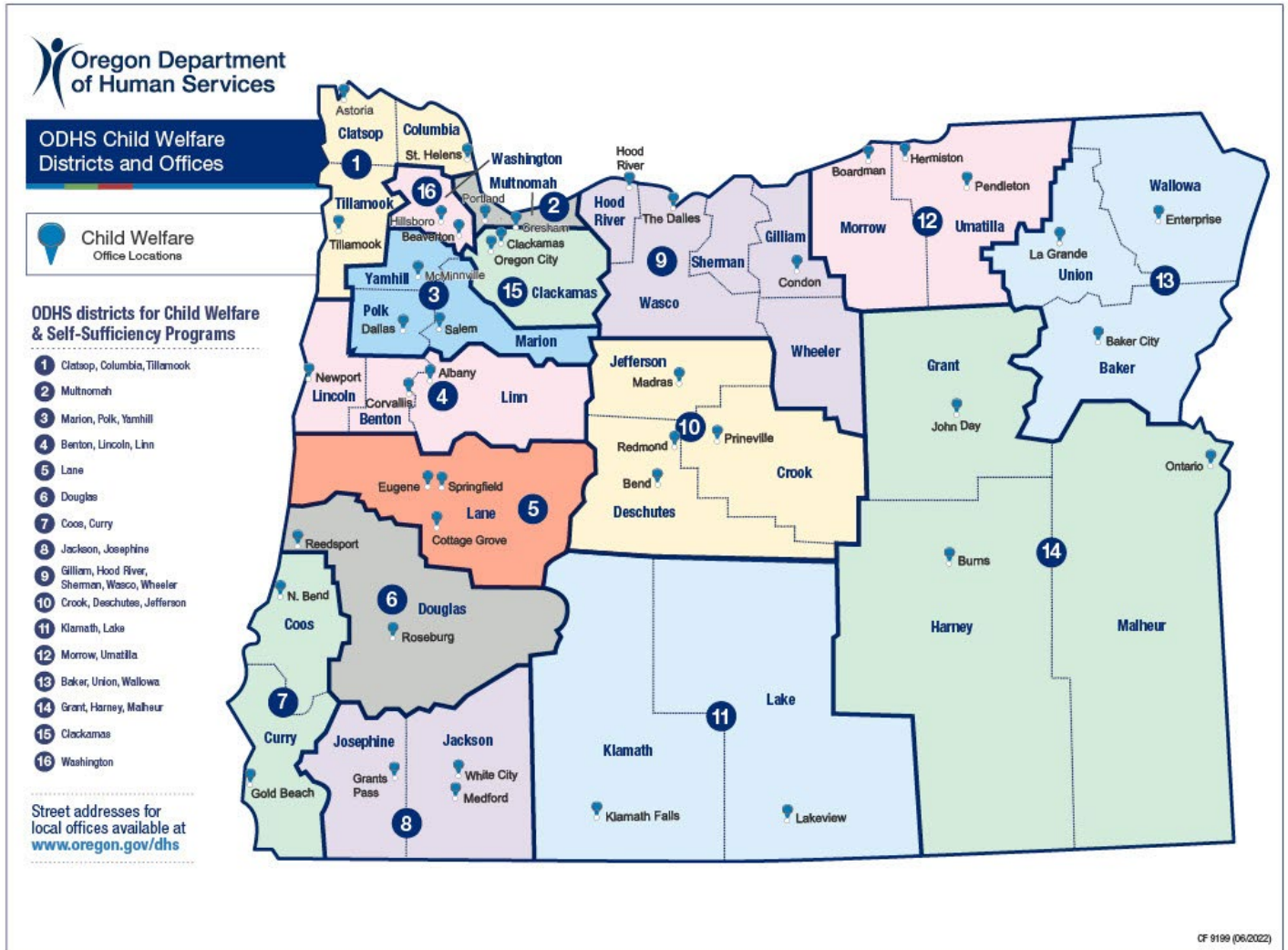
7. Program Design & Delivery

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

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

Managers and supervisors in local Child Welfare offices provide case-level supervision of direct service staff across the program areas. Child Welfare leaders and staff coordinate with Self-Sufficiency Programs to support family stability and prevent entry/re-entry into the child welfare system. Child Welfare staff coordinate with other child and family-serving systems including housing-focused organizations, Oregon Health Authority, Oregon Department of Education, county-based health and support services and others. Child Welfare employees provide direct services to children and families in local offices.

Figure 1: Child Welfare district map



8. Federal Policy, Planning & Resources (FPPR)

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

- Title IV-B – Subparts 1 & 2
- Title IV-D – Child Support
- Title IV-E – Foster Care, Adoption Assistance and Guardianship

- Assistance, Family First Prevention Services
- Title XIX – Medicaid
- Title XX – Social Services Block Grant
- TANF EA – Emergency Assistance

- Child Welfare Policy

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

9. Other Central Office Programs and Focus Areas

- Equity, Training and Workforce Development and Resource Family Training

Child Welfare staff and leaders are supported by the central office Equity, Training and Workforce Development (ETWD) program. This program is responsible for establishing and maintaining the best practices and standards for curriculum development, instructional design, training evaluation, and instructional technology. They deliver training in person, virtually and offer video learning options for varied audiences.

Additionally, the ETWD program works collaboratively with Portland State University and other technical assistance partners to develop and implement training for staff at all levels. The program also has assigned equity coordinators that support agency efforts towards workforce well-being and equitable service for race, gender, sexual orientation, and those who are differently-abled under the ADA. The workforce development framework is grounded in a clear research-informed and data-driven systems of best-practices related to:

- Recruiting, screening, selection, and onboarding quality recruits.
- Providing pre-service and ongoing training and development for staff and resource families that develop baseline and developmental

- knowledge, skills, and abilities.
 - A transfer-of-learning, coaching, supervisory and consultation framework that work to continuously increase the competence and confidence of staff at all levels.
 - Developing leadership with promotional readiness and succession planning to retain high-performing and adaptive leaders for the future.
 - Using continuous quality improvement processes that are informed by a robust workforce development evaluation plan.
 - Evolving technology to increase access to learning, attend to diverse adult learning needs and track and report on the developmental learning of all staff and resource families.
- Diversity, Equity, Inclusion, Accessibility and Belonging (DEIAB)
 In alignment with the ODHS Equity North Star. Child Welfare is working to improve DEIAB in all aspects of our programs and to provide accessible, inclusive, equitable and culturally responsive and appropriate services to children, young adults, and families. Additionally, Child Welfare is working with communities, Tribal Nations, and other partners to:
 - Center equity in all aspects of the work.
 - Create more transparent and meaningful partnerships.
 - Share quality data and outcomes.
 - Meaningfully include and center the voices of the community and those with lived experience in planning and in decision-making.
 - Create a shared vision for how meaningful partnerships will promote improved child and family outcomes.

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

- Honoring the sovereignty of Oregon Tribal Nations and complying with the spirit and intent of ICWA and ORICWA.
- Re-envisioning and increasing the use of culturally relevant services and supports.
- Increasing the inclusion of and sharing power with those most

impacted by child welfare systems and reviewing all policy, rules, and procedures for evidence of unintended contributors to inequitable outcomes.

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

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

- Improve ICWA/ORICWA compliance.
- Enhance Tribal relationships.
- Provide technical assistance and expert consultation.
- Support Child Welfare staff in improving outcomes for Tribal children and families.
- Reduce disproportionality and disparities.

- Family First and Integrated Policy

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

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

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

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

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

- Interstate Compact on the Placement of Children (ICPC)

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

The ICPC covers:

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

According to the Association of Administrators of the Interstate Compact on the Placement of Children (AAICPC) the ICPC applies to approximately 5 percent of all child welfare cases nationwide. The Oregon ICPC program includes a team of central office staff who provide training and case consultation to Child Welfare local office staff, attorneys, and members of the public. The program also includes a team of regionally based workers who complete home studies with Oregon families seeking to care for children from other states.

- OR-Kids

OR-Kids, a Criminal Justice Information System (CJIS) and case management system, is the statewide data Child Welfare information system with more than 3,637 Child Welfare users and 877 partner users across the state and agencies. It provides reports to internal and external partners, including Child Welfare caseworkers, ODHS Office of Financial Services, ODHS Human Resources, and the Federal Agency Administration of Children and Families. OR-Kids contains case records on all children and families served by Child Welfare and issues payments to service providers. Required federal reports are submitted via the OR-Kids system to access federal reimbursement for eligible services. The OR-Kids program staff monitor access for all system users across the state and partner agencies to ensure privacy and access policies are being followed.

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

- Strategy and Innovation

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

- Program Reporting and Outcomes

The Program Reporting and Outcomes team works with child welfare program on legal audit tracking, data analysis, data literacy, reporting, and creation of data tools. The team supports the Federal Child and Family Services Review Round 4, which is a comprehensive evaluation of our system and collection of feedback from workforce, providers, persons with lived experience, and Tribes. This information provides insights into our program improvement plan, which will be implemented in 2025.

- Continuous Quality Improvement

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

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

- Business Operations

The Business Operations team consists of 3 sub teams: Contracts, Business Operations and Position Management. The Contract team provides guidance and assistance to the delivery and design contract administrators to ensure contracts for the necessary services for our clients meet the office of contract and procurements requirements. They also assist in ensuring the services serving the diverse populations of our communities are culturally appropriate. They provide support and guidance in identifying and developing strong working relationships with service providers and community partners. They assist contract administrators with resolving issues with contracted providers, ensuring they are providing the services agreed upon.

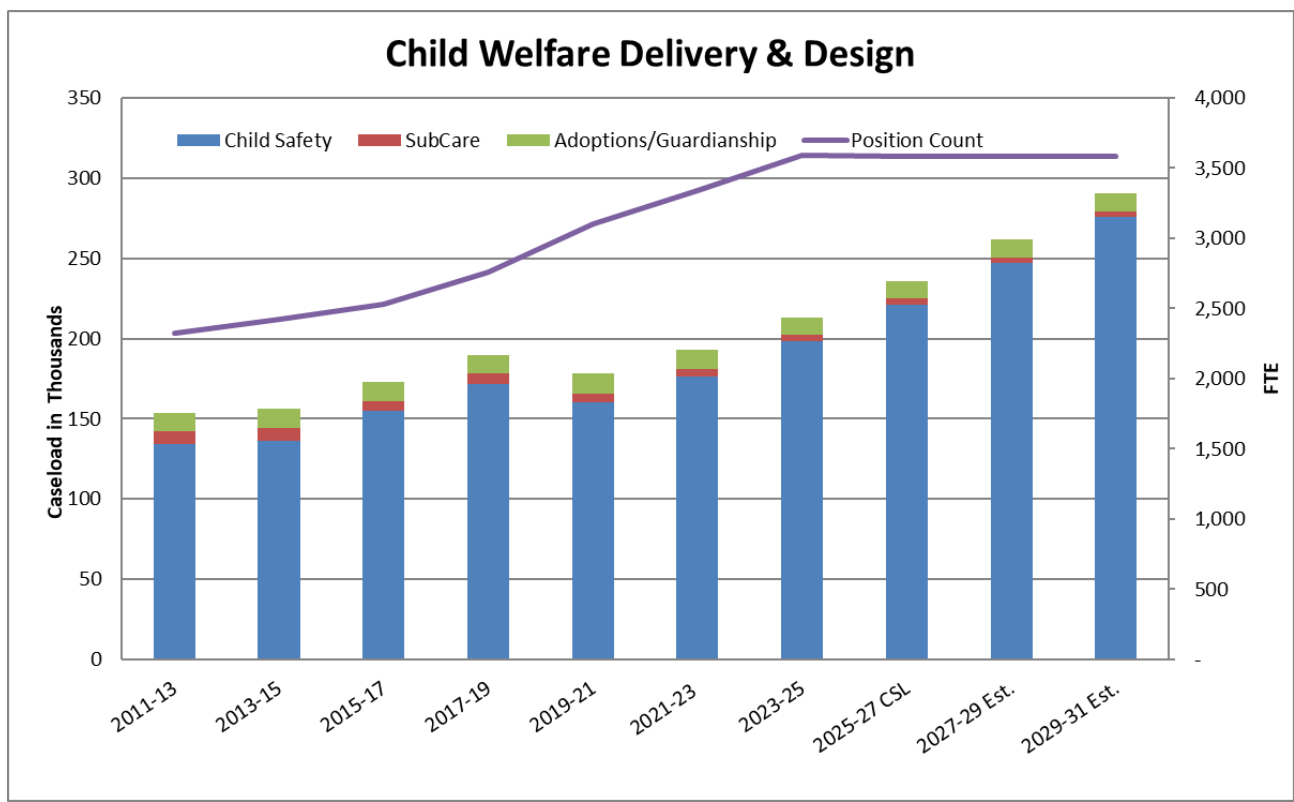
The Business Operations team provides guidance and assistance across delivery and design programs. They assist in developing business processes across delivery and design, which ensures we are fiscally sound, in compliance with our policy and procedures and aligned with other agency expectations. Providing guidance and assistance with facility-related issues when needed. The Business Operations team leads our COOP and emergency response across delivery and design.

The Position Management team oversees the agency's 3,800 positions across both delivery and design by working collaboratively with delivery to ensure the positions are balanced across delivery, providing support and assistance in filling vacancies, problem-solving with districts' staffing needs, and working collaboratively with design to provide the guidance, support, and advocacy necessary in developing workforce for programs within design. Position Management works collaboratively with agency position management ensuring our positions align properly with the budget and our reporting to legislatures and directors accurately reflects our workforce and needs.

**Oregon Department of Human Services
 Child Welfare Division
 Delivery and Design**

Primary Long-Term Focus Area: Safe and thriving communities, including a reduction of disparate outcomes for children of color.

Program Contact: Aprille Flint-Gerner, Child Welfare Director



Division Overview

The Child Welfare Division supports the safety of children and young adults who experience abuse or neglect throughout Oregon and works with the community to prevent abuse and neglect whenever possible. The work of the division is based on

the core belief that children deserve to experience safe, stable, healthy lives and to grow up safely in the care of their loving family and community.

As of July 1, 2023, there are 3,594 legislatively approved child welfare positions allocated to Child Welfare. From January 1, 2023, thru December 31, 2023, there were 164,517 contacts made to the Oregon Child Abuse Hotline (ORCAH), including 93,951 reports of child abuse or neglect. For Federal Fiscal Year (FFY) 2023, there was a total of 7,282 children spent at least one day in foster care, such as family foster care (relative and non-relative), professional treatment programs, psychiatric residential treatment programs, pre-adoptive placement, specialized placement for children with I/DD, or independent living. The program also finalized 530 adoptions in 2023, creating a permanent family for children who could not safely return to their parents or family of origin.

This statewide structure is administered from the ODHS central office in Salem and supports local delivery staff in 16 districts plus the centralized Oregon Child Abuse Hotline (ORCAH). To support families, children, youth and young adults to be safe and to experience greater well-being, Child Welfare central office design provides program administration, supervision, technical assistance and support; develops and implements policies and procedures; collaborates with community, system partners and Tribal nations; provides analysis and evaluation; designs and delivers training and workforce development supports; oversees federal claiming and reporting; provides technology, information systems and case management system support; supports quality assurance, continuous quality improvement and equity-enhancing activities for all of child welfare program and practice across the state.

Program Funding Request

CHILD WELFARE - Design	GF	OF	FF	TF	Position Count	FTE
LAB 23-25	\$ 124,572,138	\$ 279,348	\$ 75,005,439	\$ 199,856,925	278	274.41
GB 25-27	\$ 143,818,185	\$ 504,697	\$ 85,993,360	\$ 230,316,242	300	290.77
Difference	\$ 19,246,047	\$ 225,349	\$ 10,987,921	\$ 30,459,317	22	16.36
Percent change	15.45%	80.67%	14.65%	15.24%	7.91%	5.96%
CHILD WELFARE - Delivery						
	GF	OF	FF	TF	Position Count	FTE
LAB 23-25	\$ 520,623,019	\$ 1,870,746	\$ 212,975,868	\$ 735,469,633	3316	3136.98
GB 25-27	\$ 612,978,597	\$ 2,038,437	\$ 235,445,692	\$ 850,462,726	3312	3282.00
Difference	\$ 92,355,578	\$ 167,691	\$ 22,469,824	\$ 114,993,093	-4	145.02
Percent change	17.74%	8.96%	10.55%	15.64%	-0.12%	4.62%

Program Description

The Child Welfare Division supports the safety and well-being of Oregon children through programs and services including:

- Screening and evaluation of calls reporting child maltreatment.
- Assessment of families and determination of child safety.
- Case management for all open child welfare cases.
- Recruitment and retention of resource (previously called “foster”) families and residential treatment providers.
- Coordination of family time between children and their parents and families while experiencing out-of-home care.
- Court preparation, reporting and review.
- Transition-age planning for children over 14 years of age.
- Permanency planning (reunification, guardianship, adoption etc.).
- Case management services through completion of a permanency plan.

The program also provides direct supervision, training, coaching and consultation to Child Welfare staff that is critical to building worker competencies including: complex assessment and safety planning skills; skills that reinforce professional social work ethics and values; self-reflection and critical-thinking skills, casework practice through a trauma-informed and culturally responsive and equity-focused lens.

Child Welfare workers use the Oregon Safety Model and decision support tools such as Structured Decision Making® to evaluate and ensure a child’s safety throughout their involvement with Child Welfare. This model requires safety assessment and safety management at all stages of case management, from screening through case closure and includes the use of highly trained consultants and coaches to ensure safety model fidelity and quality of practice and service equity.

Child Welfare design and delivery teams coordinate with Self-Sufficiency Programs design and delivery to support family stability and prevent unnecessary

entries into foster care. In addition, Child Welfare partners with other child and family-serving systems including Oregon Housing Authorities, Oregon Health Authority, Oregon Department of Education, Oregon Youth Authority, the Nine Federally recognized Tribes of Oregon, and Tribal, community and faith-based organizations to coordinate services and supports for families. The Child Welfare Division also negotiates and manages contracts with numerous community service and community care providers and individuals to ensure families and children have access to the individualized and community-based services they need to ensure child safety, permanency and well-being.

Child Welfare is committed to equity for all Oregonians and to becoming an anti-racist organization in alignment with the ODHS [Equity North Star](#). As a result, Child Welfare makes it a priority to honor Tribal sovereignty, elevate the voices of impacted communities and those with lived expertise in program planning, system improvement and decision-making. Additionally, Child Welfare is committed to working across systems to uproot the causes and contributors to racialized and disparate outcomes, sharing power with those most impacted, and implementing program and practice enhancements that increase access to the quality and the appropriateness of services and supports families and children need to build safety and thrive.

Children Served in Foster Care, by Race FFY2022 and FFY2023

Race	FFY 2022	FFY 2023
Black or African American	7.4%	7.6%
Asian/Asian Pac Islander	1.7%	1.7%
White	63.9%	64.1%
Hispanic (any race)	19%	18%
American Indian or Alaskan Native	4.7%	4.6%
Unable to determine	3.2%	4.0%

Major cost drivers for personnel needs are:

- Federal and state program mandates;
- The number of neglect and abuse allegation reports that require assessment and response;
- Family stress factors that affect the risk of abuse and familial, community case complexities (e.g., substance abuse, unemployment, mental or physical

health issues, criminal history, domestic violence, access to services in rural communities etc.);

- Personnel turnover (training/travel costs);
- Work effort required to provide services;
- Personnel packages (i.e., position cost, etc.); and
- Department of Justice legal representation costs.

Child Welfare continues to identify and implement changes to improve effectiveness and efficiencies while ensuring child safety, such as abbreviated assessment, the overdue case closure tool, centralization of functions currently managed at the district offices, and decision support tools. Additionally, Child Welfare continues to focus on the safe and equitable reduction of the number of children who experience foster care by building the capacity to provide services and support to children at home with their families and in their communities.

Critical elements of the program are comprehensive assessments of child safety, in-home supports and services, recruitment and certification of resource family (formerly foster care) providers, and permanency planning. Other elements include the implementation of the Federal Family First Prevention Services Act and Family Preservation program. In addition, the Round 3 (~2016) Federal Child and Family Services Review (CFSR) resulted in Oregon's Program Improvement Plan (PIP) and the improvement framework in Child Welfare. The current CFSR Round 4 - the Statewide Assessment in 2023-2024 is underway and will be followed by the CFSR Round 4 - Program Implementation Plan in 2025. Other program areas include specific strategies to address areas needing improvement in Oregon's child welfare practice. The Continuous Quality Improvement team will be working to tie all of Child Welfare's improvement efforts together to streamline efforts and strategies.

Program Justification and Link to Focus Areas

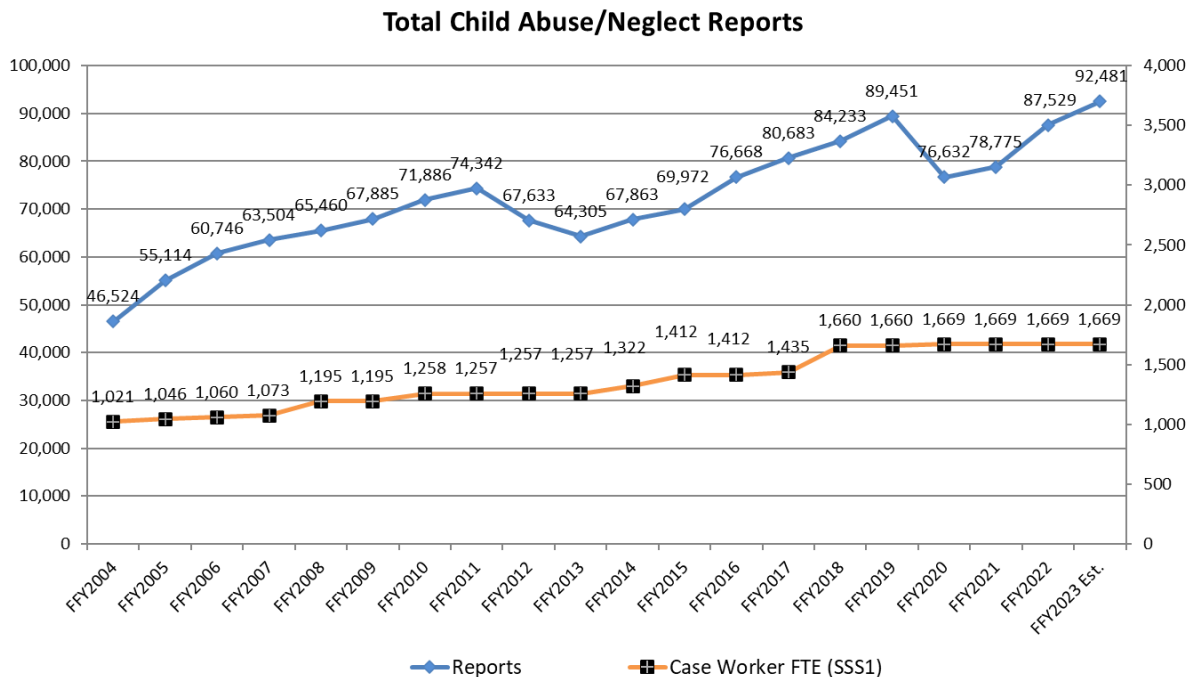
There is a direct link between program design and delivery for Child Welfare and safer, healthier communities. Child Welfare focuses on strengthening and preserving connections to Tribes, family and community by supporting children and young adults to remain safely in their own home and communities whenever possible. This is accomplished by maintaining connections to family, culture, and

community even when temporary substitute care is needed, and by making permanency the priority when we are working to safely reunify families. Child Welfare’s work with families enhances their ability to safely parent their children and prevent unnecessary and traumatizing removals and foster care placements.

Child Welfare delivery and design provides the personnel to administer, design and deliver child safety supports through abuse investigations, services, identification of and procurement of resources for family support and reunification whenever possible, or coordinating alternative child safety planning when necessary.

Program Performance

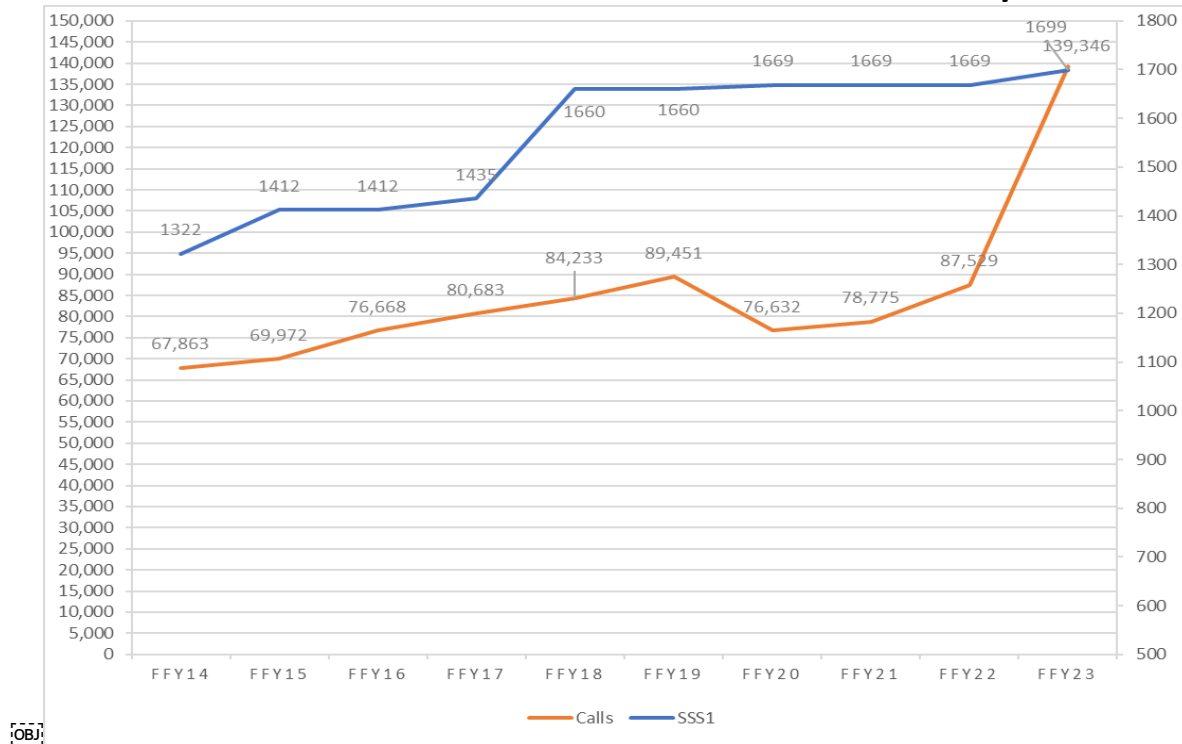
Safety for children is measured through the following performance metrics: timeliness of responding to reports of abuse and neglect; re-abuse rates; the ability to have regular and frequent quality face-to-face contact with children and families prior to a foster care placement and during a foster care placement; and the timeliness of achieving a permanent plan for a child to minimize the duration of a stay in foster care.



Staffing levels impact all performance measures. Adequate staffing is essential to respond in a timely manner, provide assessments, ensure family stability and provide access to family time (visitation) for children in foster care and to safety-building services prior to removal, during reunification activities or when moving children to an alternate permanent home. The workforce performing these duties should be composed of staff who are diverse, coachable, dedicated, motivated, skilled, resilient and adaptable to change and include those with lived experiences to competently, confidently and compassionately apply skills to their day-to-day work. These qualities are essential to providing equitable responses to all children, young adults, and families, no matter their place, demographics or identities.

The chart below provides a side by side of the number of calls to the Oregon Child Abuse Hotline (73.4 percent) increase in the last 10 years to the personnel growth (25 percent) in the same period. Together, these trends directly impact the Department’s ability to keep pace with the needs of Oregon children and families.

Number of SSS1 Caseworkers and Number of Calls by FFY



Child Welfare is prioritizing building a competent workforce, serving the right families and using the Oregon Caseload Ratio Standard to establish current programmatic staffing and program needs. This caseload standard is in alignment with the Child Welfare League of America's best practices and continues to help Oregon manage the work of the ODHS Child Welfare Vision for Transformation. Maintaining manageable caseloads improves worker morale and retains qualified staff, in addition to the critical goal of improving outcomes for Oregon's children and families.

Central Office staffing for Child Welfare Design was not included in the Oregon Caseload Ratio Standard, and no caseload ratio exists nationally for design work in child welfare. However, Child Welfare Design's work is vital to delivering services in local offices and Oregon's compliance with federal and state mandates. Child Welfare Design provides the oversight and continuous quality improvement and assurance of policy development, program design and changes required through legislation, federal reporting compliance, and direct practice support to the field.

Enabling Legislation/Program Authorization

Child Welfare services are mandated by multiple federal and state laws including PL96-272, Adoption Assistance and Child Welfare Act; PL95-608, Indian Child Welfare Act PL 105-89, Adoption and Safe Families Act; PL 110-351, Foster Connections to Success and Increasing Adoption Act; Social Security Act Title IV-E and Title IV-B; ORS Chapter 418, and ORS Chapter 419B, and Child Abuse Prevention and Treatment Act (CAPTA).

Funding Streams

Costs for personnel in program design and delivery are determined through Random Moment Sampling Surveys (RMSS) where field delivery staff are required at random intervals to indicate the time spent on various activities to determine the level of federal funding to offset the cost to the state of staff who directly support our ability to provide critical child welfare services. Block grant funds include Social Services Block Grant (SSBG) and Temporary Assistance for

Needy Families (TANF) funds. Leveraged funds include Medicaid, Title IV-E and IV-B funds. State-only General Fund also comprises a portion of the budget.

Funding Justification and Significant Changes from CSL to GB for CW Design and Delivery

There are several policy option package investments in the GB, in addition to the regular essential packages that are part of the normal budget build process, and reductions.

Package Number: 106		Package Title: CW DIVISION CONTRACT ADMINISTRATION PROGRAM			
General Fund \$1,902,083	Other Funds -	Federal Funds \$815,174	Total Funds \$2,717,257	Positions 15	FTE 10.85
<p>Description:</p> <p>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.</p>					

Package Number: 111		Package Title: SERVICES AND SUPPORTS FOR YOUTH WITH INTENTIVE NEEDS AND THEIR CAREGIVERS FOCUS EXPANSION			
General Fund \$383,562	Other Funds -	Federal Funds \$164,381	Total Funds \$547,943	Positions 3	FTE 2.25
<p>Description:</p> <p>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.</p>					

Package Number: 112		Package Title: Family First Prevention Services Act Implementation			
General Fund \$1,878,752	Other Funds -	Federal Funds \$1,878,752	Total Funds \$3,757,504	Positions 2	FTE 1.50

Description:

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.

Package Number: 501		Package Title: HH – FC Youth Path to Housing Stability			
General Fund	Other Funds	Federal Funds	Total Funds	Positions	FTE
\$218,993	-	\$93,855	\$312,848	2	1.26
Description: 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.

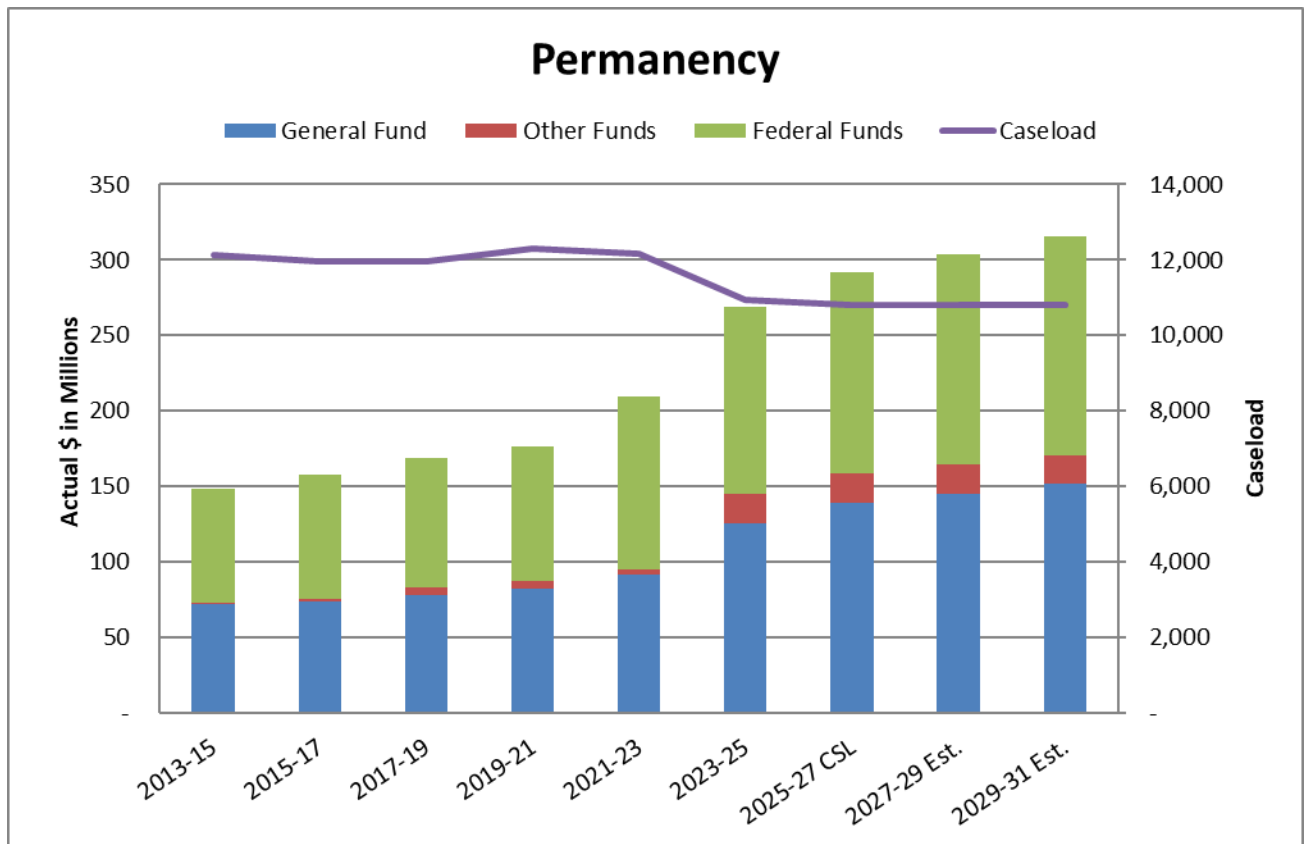
Reductions:

- CSL Services & Supplies by \$16.2M GF.
- Reduce Employee Training in CW Delivery amount of \$5.1M GF.

**Oregon Department of Human Services
 Child Welfare Division
 Permanency Program**

Primary Long-Term Focus Area: Child Permanency Healthy and Safe Communities

Program Contact: Kim Keller, Child Permanency Program Manager



Program Overview

The Child Permanency Program helps children in foster care achieve legal permanency through reunification, adoption, or guardianship. If children achieve legal permanency through adoption or guardianship, this program continues to

provide support to the families and their children to meet their special needs and lifelong challenges.

Program Funding Request

	GF	OF	FF	TF
LAB 23-25	\$ 125,838,776	\$ 18,959,852	\$ 123,921,207	\$ 268,719,835
GB 25-27	\$ 136,953,479	\$ 18,959,852	\$ 127,957,590	\$ 283,870,921
Difference LAB - GB	\$ 11,114,703	\$ -	\$ 4,036,383	\$ 15,151,086
% Difference LAB - GB	8.83%	0.00%	3.26%	5.64%

Program Description

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

Adoption and guardianship services are delivered through the joint efforts of delivery (field) and design staff. When children are unable to return to their parent’s custody, the Child Welfare Division’s efforts are directed to finding a permanent family. Delivery staff carry out the process of preparing children for adoption or guardianship, legally freeing children for adoption, working with relatives for family support and/or placement or searching for another appropriate permanent resource family, transitioning the child(ren), and monitoring the placement until the adoption or guardianship is finalized. Central office staff support delivery staff in determining which children should move toward an adoption plan and how to legally free them for adoption, ensure the completeness of the file for adoption, negotiate adoption assistance, finalize the adoption, and support families after the adoption. Design staff provide the same support and carry out the same tasks when the plan is guardianship.

During the 2023 calendar year, ODHS returned 1442 children to a parent and completed 530 adoptions and 429 guardianships. Most children adopted or placed in guardianships through Oregon’s foster care system are eligible for ongoing financial support and medical coverage. Overall, approximately 11,300 families receive ongoing adoption and guardianship financial support to assist with meeting their children’s special needs. Child Welfare also provides administrative oversight in all private and independent adoptions and operates a search and registry program mandated by law. This adds program responsibility for an additional 700-900 children who are adopted privately or independently each year in Oregon.

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

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

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

Program Justification and Link to Focus Areas

The Child Permanency Program is designed to safely and equitably reduce the number of children in foster care, which promotes healthy and safe communities. Children in foster care, their parents and resource parents need targeted, family-focused, timely and culturally responsive services to achieve reunification. Those

children who cannot safely be reunified with their biological or legal parents need safe and appropriate alternate forms of permanency. Children who have experienced abuse and neglect are better able to recover from trauma when they can achieve permanency in a timely manner. Evidence shows that children who do not have permanency are more likely to be less educated, and experience unemployment, homelessness, and incarceration at much higher rates than the general population. Specifically, children formerly in foster care who age-out without permanency have higher rates of mental illness, including clinically diagnosed mental/emotional health disorders, such as depression and post-traumatic stress disorder. They have a greater chance of involvement with the corrections community, of experiencing early parenting, and/or using the services provided by the Oregon Health Authority and addictions and mental health programs. The safety and stability that come with a permanent family help mitigate the risk of poor future outcomes for those who were abused and placed into foster care as children.

Other non-monetary post-adoption and guardianship services are important in assisting families in providing care for children who often enter adoption and guardianship with significant special needs. Children who have experienced abuse and neglect will face challenges related to trauma as they move through different developmental stages. Ongoing support for families who are parenting these children is essential to preserve placements. Post-adoption and guardianship services provided by the Oregon Post Adoption Resource Center (ORPARC) include information and referral, consultation in response to imminent and current family crises, in-home family therapy, support groups, training, and a lending library.

Children who experience disrupted adoption or guardianship re-enter the foster care or residential treatment system at a significant cost to the state.

Program Performance

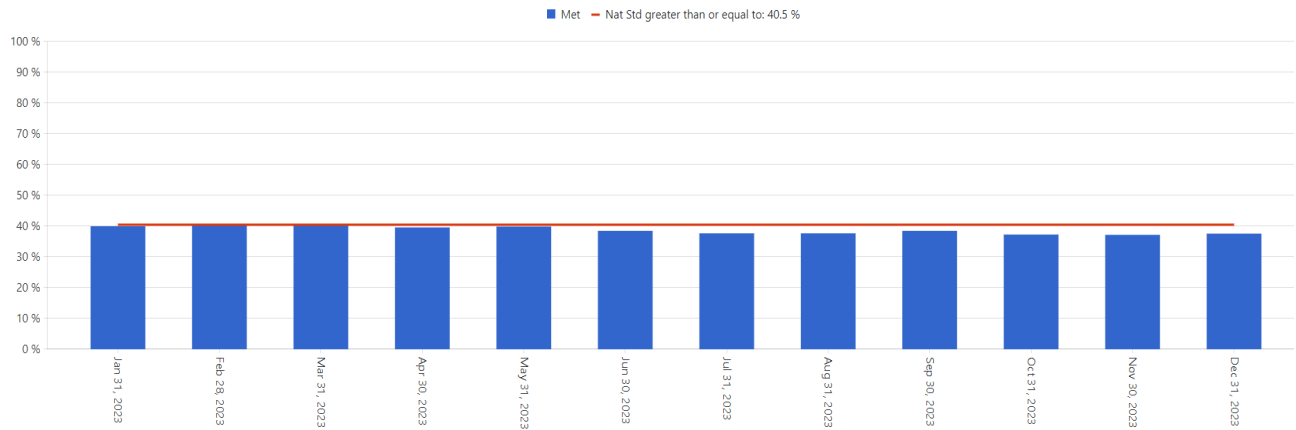
Program performance is measured in several ways, and data is consistently used to evaluate effectiveness. Currently the Child Permanency Program is focusing on three specific performance measures and designing program activities to impact these areas. They include (1) children achieving permanency within 12 months of

entering foster care, (2) reducing the median months for children to exit the foster care system to reunification, adoption and guardianship, and (3) improving the number of legally free children who are adopted in less than 12 months.

Permanency in 12 Months

The percent of all children entering foster care in a target 12-month period and discharged to permanency within 12 months of entry

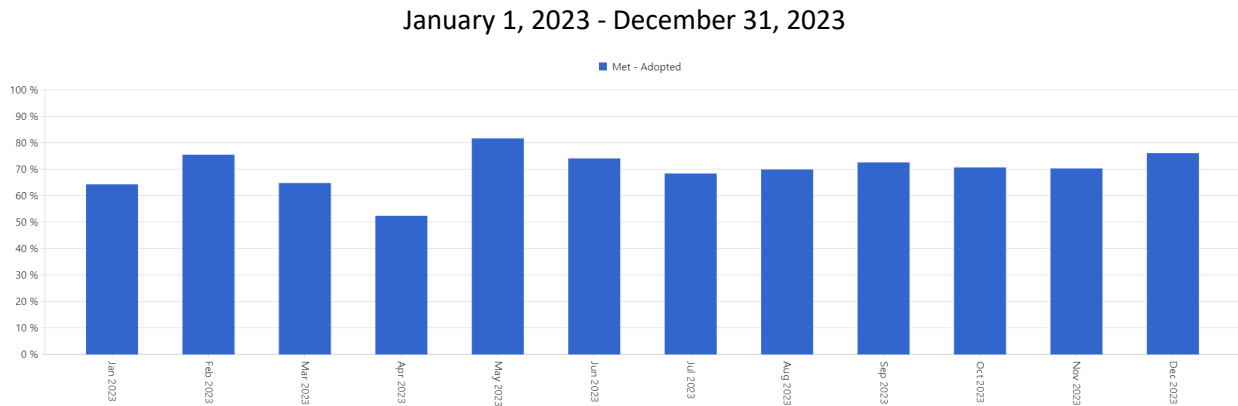
January 1, 2023 - December 31, 2023



In 2022, the Federal Standard for Permanency in 12 months was 40.5 percent or higher for children who have entered foster care and achieved permanency in less than 12 months. In 2023, Oregon’s Permanency in 12 months was 37.6 percent.

Adopted in less than 12 months of termination of parental rights (TPR)

The percent of children who became legally free for adoption 12 months ago who were discharged to a finalized adoption in less than 12 months of becoming legally free



In 2023, Oregon increased to 69.7 percent of children discharged with a finalized adoption in less than 12 months of becoming legally free when compared to 2022 (62.6 percent).

Enabling Legislation/Program Authorization

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

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

- ORS 419A and 419B which provide a series of requirements for services to children in the foster care system.
- ORS 109.309 which mandates the Department of Human Services to provide administrative services for independent adoptions, ORS 109.450 to operate a state Search and Registry program, and various other adoption related statutes within ORS Chapter 109.
- The Oregon Indian Child Welfare Act passed in 2020 which created provisions that promote Indian children’s continued connection to culture, family and tribe.

Funding Streams

A combination of General and Federal Title IV-E funds the adoption and guardianship subsidy programs. Title XIX Medicaid funds the provision of medical coverage for children in adoptions and guardianship subsidies. The total fund split is 48 percent General Fund, 6 percent other funds and 46 percent federal funds.

Federal and Other Fund Splits

Title IV-E	98 %	The largest federal funding stream dedicated to child welfare purposes, Title IV-E of the Social Security Act provides support to states through five main programs: (1) foster care; (2) adoption assistance; (3) guardianship assistance; (4) Family First Prevention Services program; and (5) the John H. Chafee Foster Care Program for Successful Transition to Adulthood and Chafee Education and Training Vouchers Program.
IV-B sub-part 2	1 %	The purpose of Mary Lee Allen Promoting Safe and Stable Families is to enable states to develop and operate coordinated programs of community-based family support services, family preservation services, family reunification services, and adoption promotion and support services.
Adoption & Legal Guardianship Incentive	1%	The Adoption and Legal Guardianship Incentive Payments program (formerly called the Adoption Incentive Payments program) recognizes improved performance in helping children and youth in foster care find permanent homes through adoption and legal guardianship. The program was originally established as part of the Adoption and Safe Families Act of 1997 and has been reauthorized and revised several times since. In the 2014 reauthorization, the program was renamed to reflect that incentives will be paid to

		jurisdictions for improved performance in both adoptions and legal guardianship of children in foster care.
Other Fund	6 %	Consists of child income-related funding which include but are not limited to: Child Support, Social Security Income and other Social Security Benefits (i.e., death benefits or disability benefits). Other fund also includes the Adoptions Savings Other Fund.

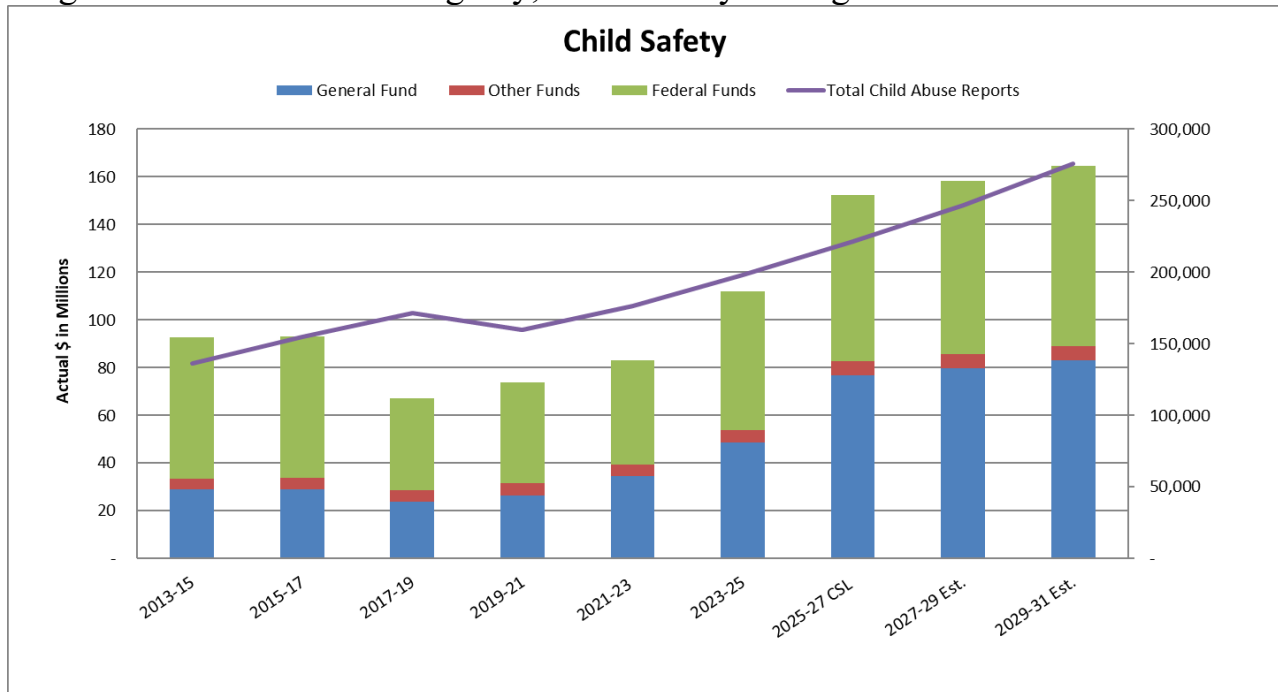
Funding Justification and Significant Changes to CSL

There are no Policy Option Packages affecting the Permanency area for 25-27 ARB.

**Oregon Department of Human Services
Child Welfare Division
Safety Program**

Primary Long-Term Focus Area: Safe and thriving communities with a reduction in disparate outcomes for children of color

Program Contact: Deena Loughary, Child Safety Manager



In the 25-27 CSL budget build, several budget areas were merged or moved to new budgets, which roll-up into the Child Welfare Safety area.

The main reason to combine the services budgets is to help with District management of allocated budgets. Further, the budget names are historical in nature and do not reflect current practice. For example, System of Care budget is currently being confused with the System of Care Advisory board work currently underway. The name comes from over 20+ years ago when ODHS CW was involved in a Settlement Agreement, that has since been ended. The Client Transportation budget has many services/expenditures that are not transportation, but instead include other key services to clients related to items bought via bulk

purchases. The Foster Care Prevention budget serves families with and without foster care engagement and should not be confused with the current Family Preservation and Prevention efforts. For the combined ISRS/SPRF area, much of the service array are now similar between the two areas, often using the same provider. Combining the budgets will help with contract management. Finally, the underlying services in OR-Kids and the funding for those services remain unchanged. The procedures around who is served and when will generally remain unchanged but will be updated to reflect current practice and budget names as needed.

The budget moves that now all roll to the Safety area are as follows:

The ISRS and SPRF budgets were combined into a new budget category within the Safety area and will be called Family Safety Services.

The Family of Origin Supports (Well Being area) budget was combined with the Family Preservation and Prevention budget in the Safety area.

The budgets Foster Care Prevention (Safety area), Client Transportation (Well Being area), and System of Care (Well Being area) budgets are now combined into a new budget called Child and Family Supports, in the Safety area.

Program Overview

The Child Safety Program provides protective and social services to children and families following reports of child abuse or neglect. Specially trained Child Protection Services (CPS) caseworkers conduct comprehensive safety assessments and make determinations about child safety, the presence of abuse, if services would benefit a family, or whether safety intervention is required due to the presence of safety threats. Services are delivered through Child Welfare staff or contracted providers to ensure linguistically and culturally appropriate service provision. Services are designed to keep children safely with their parents or caregivers whenever possible and to reunite children quickly and safely with their families when they have been removed.

Program Funding Request

	GF	OF	FF	TF
LAB 23-25	\$ 48,663,165	\$ 5,315,800	\$ 58,151,527	\$ 112,130,492
GB 25-27	\$ 81,128,017	\$ 866,849	\$ 70,740,183	\$ 152,735,049
Difference LAB - GB	\$ 32,464,852	\$ (4,448,951)	\$ 12,588,656	\$ 40,604,557
% Difference LAB - GB	66.71%	-83.69%	21.65%	36.21%

Program Description

The Oregon Department of Human Services (ODHS) Child Welfare Child Safety Program currently consists of the following team members:

- One Child Safety Program manager
- Two Child Safety Program assistant managers
- Six Child Safety Program coordinators (rule writing, implementation, training, and curriculum development, etc.)
- 14 Child Safety Program consultants who provide consultation, coaching, training, and support to caseworkers, supervisors, program and district managers on the safety model practice, Oregon Administrative Rules and statutes

The Child Safety Program consultants work out of local Child Welfare offices around the state and provide consultation and support to all 16 districts. The Child Welfare alcohol and drug services coordinator and the domestic and sexual violence fund coordinator are also located within the Child Safety Program. Domestic violence and sexual assault (DVSA) shelter and service programs are funded by ODHS to help people in Oregon be safe, healthy and independent. In addition, the program has one Child Protective Services supervisor and seven SSS1 caseworkers who function as a mobile CPS team.

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

- Statewide consultation and technical assistance for Child Welfare cases in which children and young adults are at risk of human trafficking (i.e., forced labor or commercial sexual exploitation of children)

- Assessments for allegations of abuse by parents, caregivers, other individuals known to the family, third-party child abuse allegations, and certified resource parents
- Due process, including appeals, for individuals with founded CPS dispositions
- The CPS Mobile Team supports the delivery offices statewide
- CPS Continuous Quality Improvement provides ongoing fidelity reviews in all 16 districts followed by the creation of action plans to make practice improvements in screening and assessments

CPS caseworkers are usually the first contact for families following allegations of abuse or neglect. They respond to and assess child abuse and neglect allegations for both familial, third-party reports (i.e., allegations of abuse by individuals not known to the family) and certified resource homes. CPS staff work closely with law enforcement agencies and other members of multidisciplinary teams in each county to assess child abuse reports.

When a child is unable to remain safely at home, foster care is a temporary safety service. Foster care provides a safe and stable home for children while Child Welfare works with parents or caregivers to manage safety threats and enhance their ability to safely parent at home. The priority is to make sure that children are only removed when an in-home safety plan cannot be implemented and place children whenever possible with kith/kin. In cases where children must be placed with a certified resource parent unknown to them, which can only be done with court approval, Child Welfare works to keep children connected to family or other relatives while working with parents or caregivers to help children return home as soon as possible and connect with family or other relatives whenever possible.

Child abuse assessments are not voluntary. They are inherently intrusive and can be traumatic for families. Historically, Oregon's CPS assessments were focused primarily on child abuse allegations. Now, Oregon's Safety Model is based on family engagement, requiring caseworkers to partner with families and children to gain a comprehensive understanding of family functioning. With the adoption of the Safety Model, CPS caseworkers must assess the allegation and determine if family behaviors, conditions, or circumstances are making children unsafe. Oregon's Safety Model consists of 16 universal safety threats that are analyzed

from the safety-related information gathered by CPS Staff during the comprehensive safety assessment.

The Child Safety Program is comprised of two primary bodies of work: CPS assessments and in-home services.

CPS assessments

Approximately 27 percent of all ORCAH contacts result in a new report of abuse that gets assigned to district CPS staff for safety assessments. As part of the comprehensive safety assessment, the CPS caseworker gathers safety-related information in the following categories: extent of maltreatment, circumstances surrounding the abuse, adult functioning, child functioning, parenting practices and disciplinary practices. Cultural and linguistic considerations are also factored into the process. This important safety-related information is used to determine overall child safety. If children are determined to be safe after the comprehensive safety assessment, the case is closed. If CPS determines that children are unsafe at any point during the assessment, safety planning must occur with either an in-home or out-of-home plan. A case is then formally opened, and the family transitions to a permanency case worker once the CPS assessment concludes. The comprehensive safety assessment may take up to 60 days to complete based on the required elements of the safety model and CPS assessment rules.

In-home services

The ability to keep children safely at home is largely dependent on support services to stabilize the family while safety concerns are addressed. In-home services are available to families during child abuse assessments when child safety threats are present. These services are designed to ensure a safe environment for children without removing them from their parents or caregiver. If circumstances require a child to be removed from their parent or caregiver, these services provide the necessary support to the family so the child can be safely reunited with their family. These services are intended to help families manage identified safety threats and prevent foster care placement.

In-home services support crucial Child Welfare initiatives to increase the number of children who can remain safely at home after a safety threat is identified and decrease the length of time a child spends in foster care if removal is required. By

contracting with a wide variety of providers, In-Home Safety and Reunification Services (ISRS) also allows for a culturally and linguistically specific approach to reducing the disproportionate placement of children of color in foster care.

Services offered primarily fall within two categories: In-Home Safety and Reunification Services (ISRS) and Strengthening, Preserving and Reunifying Families (SPRF). ISRS includes services designed to provide for the immediate safety of children at risk of abuse by managing the safety threats within the family to prevent removal. When children have been placed in protective custody, ISRS services can also work with parents or caregivers to address safety threats so that children can return home with in-home safety services. During FFY 2023, a total of 5,198 children were served in their home. All children served in-home receive case management and safety services. Over 2,534 children also received additional services.

The goals of ISRS programs are to encourage collaboration between state and community programs and resources, as well as help children remain safely with their families. These resources can help stabilize families in their time of need and help families to develop goals for family preservation and reunification services (supported through SPRF), empowering the family to make changes that may alleviate the need for an out-of-home placement.

SPRF programs are potentially an enhancement to ISRS services and are delivered through contracts with community providers. Parents and families benefit from ODHS and communities working together to provide intensive upfront services using family engagement in identifying solutions, services and supports to address safety threats and promote caregiver resilience. Culturally relevant and linguistically specific services are especially important in helping African American and Native American children remain home with their families.

In the 25-27 CSL budget, ISRS and SPRF budgets were combined into a new budget category within the Safety area and will be called Family Safety Services.

Key partnership

A key partner in the Child Safety Program's success is the Department of Justice (DOJ) Attorney General's Office, which provides legal representation to ODHS for all juvenile dependency work involving children under its jurisdiction. Oregon

Child Welfare has full representation by DOJ, which also files and litigates termination of parental rights cases.

Program justification

Each year, thousands of Oregon families come through the Child Welfare system due to allegations of child abuse or neglect. Child Welfare services are designed to strengthen families to prevent further child abuse and neglect, prevent the unnecessary removal of children from families and promote reunification. Drug and alcohol abuse, together with domestic violence, are the two major types of family crises contributing to children entering foster care in Oregon. By supporting families early with services designed to keep children safely with their parents, costly foster care placements can be avoided. The total average monthly cost per child in foster care in 2022 was approximately \$5,514.

Program Performance

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

- **First contact:** To measure how well ODHS ensures initial child safety, the timeliness of first contact is measured for those reports of child abuse and neglect that are assigned for investigation. According to ROM (Results-Oriented Management CPS.03), 72.5 percent of assignments met the required time period in 2023.
- **Safety maintained:** ODHS measures the comprehensiveness of the CPS assessment, the appropriateness of safety planning, and the effectiveness of services provided by monitoring whether a child experiences a reoccurrence of maltreatment within six months of the prior incident. According to ROM (Results-Oriented Management SA.04), 93.5 percent of children were safe from re-abuse within six months.
- **Recurrence of maltreatment:** The federal measure for reoccurrence of maltreatment is defined as the percent of victims who are substantiated as victims in a subsequent report within 12 months of the initial report finding. For 2023, according to ROM (Results-Oriented Management SA.02) Child Welfare is above the national standard of 9.1 percent for this measurement, at 11 percent. Cases involving parental factors of domestic violence and substance abuse continue to be identified as themes for re-abuse across the state.

Enabling Legislation/Program Authorization

Oregon Revised Statute

ORS 419B.020 is the statute that mandates the Department and Law Enforcement to conduct investigations upon receipt of reports of child abuse or neglect. ORS 418.575 through 418.598, Strengthening, Preserving and Reunifying Families legislation, was passed during the 2011 legislative session.

United States Code (Public Laws or P.L. refer to the actual bills)

The Child Abuse Prevention and Treatment Act (CAPTA) is one of the key pieces of federal legislation that defines child abuse and neglect and guides the work of child protection. CAPTA was originally signed into law in 1974 (P.L. 93-247). It has been reauthorized on multiple occasions since then, with amendments that have strengthened and refined the scope of the law. The Indian Child Welfare Act (ICWA), which was first enacted by Congress in 1978 (P.L. 95-608) also applies to the Child Safety Program.

Funding Resources

Child Safety Program uses a combination of general and federal fund resources. Some of the resources are dedicated and do not require a match, while other fund sources are leveraged funds that are matched. Several budget areas have been moved to the Safety area, which affects the fund splits and funding sources, when compared to prior periods. The CSL total fund split is 45 percent General Fund, five percent other funds and 50 percent federal funds.

Federal and Other Fund Splits:

Title IV-E, including Chafee ETV	19%	The largest federal funding stream dedicated to child welfare purposes, Title IV-E of the Social Security Act provides support to states through five main programs: (1) foster care; (2) adoption assistance; (3) guardianship assistance; (4) Family First Prevention Services program; and (5) the John H. Chafee Foster Care Program for Successful Transition to Adulthood and Chafee Education and Training Vouchers Program.
Social Services Block Grant	40%	Social Services Block Grant (SSBG) is a flexible source of federal funds that allows states to tailor social service programming to their populations' needs. Through the SSBG, states provide essential social services linked to its goals to reduce dependency and promote self-sufficiency; protect children and adults from

		neglect, abuse and exploitation; and to help individuals who are unable to take care of themselves to stay in their homes or to find the best institutional arrangements.
Title IV-B Sub-Part 1	8%	Stephanie Tubb Jones Child Welfare Services (CWS) promotes flexibility in the development and expansion of a coordinated child and family services program that utilizes community-based agencies and ensures all children are raised in safe, loving families. CWS funds can be used for a wide variety of Child Welfare services.
Title IV-B Sub-Part 2	6%	The purpose of MaryLee Allen Promoting Safe and Stable Families (PSSF) is to enable states to develop and operate coordinated programs of community-based family support services, family preservation services, family reunification services, and adoption promotion and support services.
Family Violence Prevention and Services Act	7%	The purpose of this funding resource is dedicated to the support of the emergency shelter and related assistance for victims of domestic violence and their children.
TANF – EA	3%	TANF is a federal block grant to states that operates according to four overarching purposes, one of which is to aid needy families with children so that the children can live in their own homes or the homes of relatives. For children removed from their homes due to abuse and neglect by their parents or caregivers, TANF can be used to provide financial assistance and an array of services to support children living with non-parent caregivers. In addition, federal law allows states to use TANF dollars for programs or activities a state conducted under its pre-1996 (pre-TANF) Emergency Assistance program.
Medicaid Admin	17%	This federal fund limitation is to support the Oregon DSHP (Designated State Health Programs), part of Oregon’s 2022-2027 1115 Medicaid Demonstration Waiver. This is not revenue, but rather federal limitation used to support required refinancing for the DSHP program.
Other Fund	5%	These include dollars from the Child Abuse Prevention and Treatment Act (CAPTA), the Children’s Justice Act and the Victims of Crime Act. Other funds also consist of child income-related funding which include but are not limited to: Child Support, Social Security Income and other Social Security Benefits (i.e., death benefits or disability benefits).

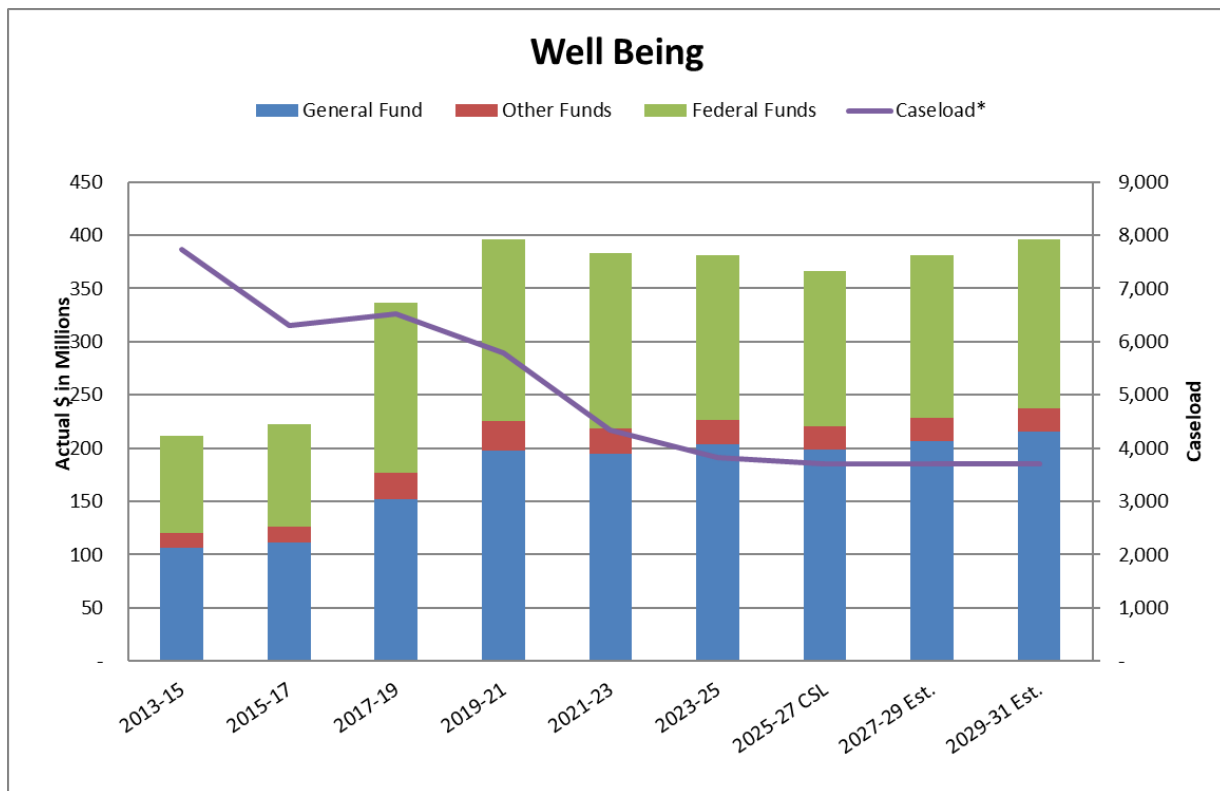
Funding Justification and Significant Changes to CSL

There are no Policy Option Packages affecting the Safety area for 25-27.

**Oregon Department of Human Services
 Child Welfare Division
 Well-Being Program**

Primary Long-Term Focus Area: Supporting families through trauma-informed, community-centered, and culturally responsive services focused on well-being

Program Contacts: Stacey Loboy, Foster Care Manager
 Sara Fox, Treatment Services Manager
 Kelly Brezinski, Youth Transitions Manager



Note: On average, in 25-27 the caseload as of the Spring 2024 forecast is projected to be 3,694 children in paid foster care on any given day in Oregon.

A significant change in the 25-27 CSL budget build includes several budget areas were merged or moved to new budgets, which roll-up into the Child Welfare Safety area.

The main reason to combine the services budgets is to help with District management of allocated budgets. Further, the budget names are historical in nature and do not reflect current practice. For example, System of Care budget is currently being confused with the System of Care Advisory board work currently underway. The name comes from over 20+ years ago when ODHS CW was involved in a Settlement Agreement, that has since been ended. The Client Transportation budget has many services/expenditures that are not transportation, but instead include other key services to clients related to items bought via bulk purchases. The Foster Care Prevention budget serves families with and without foster care engagement and should not be confused with the current Family Preservation and Prevention efforts. For the combined ISRS/SPRF area, much of the service array are now similar between the two areas, often using the same provider. Combining the budgets will help with contract management. Finally, the underlying services in OR-Kids and the funding for those services remain unchanged. The procedures around who is served and when will generally remain unchanged but will be updated to reflect current practice and budget names as needed.

The budget moves from the Well Being area to the Safety area are as follows: The Family of Origin Supports (Well Being area) budget was combined with the Family Preservation and Prevention budget in the Safety area.

The budgets Foster Care Prevention (Safety area), Client Transportation (Well Being area), and System of Care (Well Being area) budgets are now combined into a new budget called Child and Family Supports, in the Safety area.

Program Overview

The Child Well-Being Program, including the Foster Care, Youth Transitions and Treatment Services programs, is designed to function as a critical safety network for children with immediate safety needs, as well as provide support and services to youth and young adults in foster care. ODHS is responsible for caring for children until they can safely live with their parents per ORS 418.015. These children are placed in the legal custody of ODHS by a court. Under limited

circumstances and for a short time, a family may place a child in State custody voluntarily. However, most of the children served in foster care are there involuntarily, with court intervention, because of abuse or neglect they experienced in their family home.

Program Funding Request

	GF	OF	FF	TF
LAB 23-25	\$ 203,488,863	\$ 23,276,220	\$ 154,783,987	\$ 381,549,070
GB 25-27	\$ 222,495,132	\$ 22,278,866	\$ 147,882,407	\$ 392,656,405
Difference LAB - GB	\$ 19,006,269	\$ (997,354)	\$ (6,901,580)	\$ 11,107,335
% Difference LAB - GB	9.34%	-4.28%	-4.46%	2.91%

Program Description

The Foster Care services program operates 24 hours a day, seven days a week to accept and care for children, youth and young adults who cannot remain safely in their family homes. The children and young adults range in age from birth to 21 years old. In FFY 2023, a total of 7,282 children spent at least one day in family foster care, professional treatment programs, psychiatric residential treatment, pre-adoptive placements, developmental disability placements and/or independent living, with the majority of these children and young adults (3,735) residing in family foster home settings.

At the end of 2023, there were approximately 2,823 certified resource parent homes, including 1,121 general resource parent homes and 1,702 child-specific resource parent homes. Child-specific providers include relatives or others who are certified for a specific child or children requiring placement.

ODHS works with Tribes, community members and organizations representing diverse community and cultural perspectives to deliver foster care services to children youth and young adults across the state. The agency has federal and state mandates, as well as an internal vision, to provide efforts to reunify children with their parents. In FFY 2023, 52.9 percent of children entering care returned home to a parent. In FFY 2022 Child Welfare contracted with approximately 34 licensed Child Caring Agencies in Oregon that care for children and young adults in foster care, most often because the child or youth has significant developmental,

behavioral or mental health needs. Approximately 200 children are placed with Licensed Child Caring Agencies to provide a higher level of specialized care.

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

Child Welfare supports programming that helps attend to the safety and well-being needs of children, youth, and young adults, while expanding the available service array to meet the unique and diverse needs of Oregon's most vulnerable populations. ODHS works in collaboration with multiple Tribal Nations, state, and local government agencies such as the Oregon Health Authority, Oregon Youth Authority, Oregon Department of Education, ODHS Office of Developmental Disabilities Services and Self-Sufficiency Programs, and local law enforcement. ODHS also partners with a number of community programs, schools, business and faith communities, and volunteer programs. With the [Vision for Transformation](#), Child Welfare continues to focus on safely and equitably reducing the number of children that enter the foster care system unnecessarily and providing for the care and well-being of children who do enter the system. Children who must enter the foster care system often have greater needs than those who can remain at home. The program needs well-trained and supported staff to meet the needs of children experiencing foster care, their parents, and their resource parents.

In 2022, the average monthly cost per child in foster care was approximately \$5,514. There are multiple cost drivers to this program area including the number of children entering the substitute care system due to abuse or neglect, and the length of time they experience substitute care. A significant cost driver is an increased cost of living and daily expenses for providing food, clothing, shelter, education, or other support services for children and youths. This is intended to cover the cost of providing food, clothing, shelter, school supplies, and the cost to participate in activities, etc. Often the additional costs for the child are paid for by the resource parent, which remains a barrier for many families and the private child-caring agencies across the state.

After a 10 percent reduction in the reimbursement rates in 2011, they were approved for an increase in 2018, however that rate remained in place until recent budget approval allowed for an increase starting in January 2024.

ODHS has implemented a variety of strategies to improve outcomes. This includes a commitment to reinvest in local community services to strengthen families and reduce the need for foster care.

The Well-Being Program provides a range of resources and supports to improve outcomes for children in foster care and those aging out of care. Educational support and school placement continuity, as well as continuity of health care access are important factors in increasing stability and mitigating the effects of trauma and disruption. Older teens and young adults need resources and supports as they prepare to exit the foster care system.

The Well-Being Program is also responsible for the certification and support of resource families and relative caregivers who care for children in foster care. This includes recruitment, assessment, retention, training, and support. Training of these families is conducted by agency staff and through contracted providers. Families participate in a Structured Analysis Family Evaluation (SAFE) home study assessment, designed to evaluate a family's readiness to meet the needs of children that enter the system.

Program Justification and Link to Focus Areas

The Child Well-Being Program is an integral part of the Oregon's plan to achieve a safer, healthier community for the residents of Oregon. As a state policy, Child Well-Being programs are necessary to ensure safety for children when they are unable to remain safely with their families. Reliance on the foster care system is no longer sustainable nationally or in Oregon. The financial support for this system has not kept up with growing costs, which has negatively impacted the ability of potential resource families to step forward to provide family foster care.

Ongoing research indicates that, if families access substantive preventive services quickly, many children can safely remain at home.

Re-directing resources away from the removal of children from families and increasing the capacity of families who currently have children in the substitute care system by investing in upfront and in-home services within communities will pay far greater dividends to families.

Program Performance

Program performance is measured in the following ways:

- The number of children entering foster care during calendar year 2023 (2,152) decreased from calendar year 2022 (2,241).
- For calendar year 2023, 54.5 percent of children who left foster care were reunified with their families, 20 percent were adopted, and 16.2 percent exits were to guardianship.
- For calendar year 2023, the median number of months from entry to exit from foster care is 20.7 months. For children who were reunited with families, this time period includes the trial home visit, which can be up to six months.
- For FFY 2023, teens (13 years to 17 years old) comprised of 23.5 percent of the foster care population. A total of 1,099 teens spent at least one day in foster care during FFY 2023.
- A total of 269 current and former foster care youth received Chafee ETV scholarships for the 2022-2023 school year, an increase of 73 from the 2019-2020 school year. Of the 269 scholarships, 161 (59 percent) were awarded this school year to new awardees.
- A total of 32 Adoption Incentive Awards during the same school period, of which 16 (50 percent) were to new awardees.

Enabling Legislation/Program Authorization

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

- *Adoption Assistance and Child Welfare Act P.L. 96-272.* To establish a program of adoption assistance, strengthen the program of foster care assistance for needy and dependent children, and improve the child welfare, social services, and aid to families with dependent children's

programs. It requires states to ensure and the courts to determine that reasonable efforts continue to be made on behalf of each individual child to mitigate the need for continued foster care.

- *Indian Child Welfare Act (ICWA) PL 95-60.* To establish standards for the placement of Indian children in foster and adoptive homes and to prevent the breakup of Indian families.
- *Adoption and Safe Family Act PL 105-89.* To promote the adoption of children in foster care by placing limitations and timelines.
- *Foster Care Independence Act of 1999 PL 160-169.* To help children make a successful transition from foster care to adulthood and self-sufficiency.
- *Fostering Connection to Success and Increasing Adoption Act PL 110-35.* To support and connect relative caregivers and improve outcomes for children in foster care.

Funding Resources

The Well-Being Program uses a combination general and federal fund resources. Some of the resources are dedicated and do not require a match, while other fund sources are leveraged funds which are matched. Several budget areas have been moved from the Well Being area, which affects the fund splits and funding sources, when compared to prior periods. The total fund split is 55 percent General Fund, six percent other funds and 39 percent federal funds.

Federal and Other Fund Splits

Title IV-E, including Chafee ETV	33 %	The largest federal funding stream dedicated to child welfare purposes, Title IV-E of the Social Security Act provides support to states through five main programs: (1) foster care; (2) adoption assistance; (3) guardianship assistance; (4) Family First Prevention Services program; and (5) the John H. Chafee Foster Care Program for Successful Transition to Adulthood and Chafee Education and Training Vouchers Program.
Title IV-B Sub-Part 1	1%	Stephanie Tubb Jones Child Welfare Services (CWS) promotes flexibility in the development and expansion of a coordinated child and family services program that utilizes community-based agencies and ensures all children are raised in safe, loving families. CWS funds can be used for a wide variety of Child Welfare services.

IV-B sub-part 2	1 %	The purpose of Mary Lee Allen Promoting Safe and Stable Families is to enable states to develop and operate coordinated programs of community-based family support services, family preservation services, family reunification services, and adoption promotion and support services.
TANF – EA	17 %	TANF is a federal block grant to states that operate according to four overarching purposes, one of which is to aid needy families with children so that the children can live in their own homes or the homes of relatives. For children removed from their homes due to abuse and neglect by their parents, TANF can be used to provide financial assistance and an array of services to support children living with non-parent caregivers. In addition, federal law allows states to use TANF dollars for programs or activities a state conducted under its pre-1996 (pre-TANF) Emergency Assistance program.
Title XIX	42%	Medicaid is a federal-state health care financing program that provides health insurance to millions of low-income individuals. In addition to funding basic health care services, Medicaid can be used to support certain activities related to child welfare, described below.
Medicaid Admin	6%	This federal fund limitation is to support the Oregon DSHP (Designated State Health Programs), part of Oregon’s 2022-2027 1115 Medicaid Demonstration Waiver. This is not revenue, but rather federal limitation used to support required refinancing for the DSHP program.
Other Fund	6%	Consists of child income-related funding which include but are not limited to: Child Support, Social Security Income and other Social Security Benefits (i.e., death benefits or disability benefits). Other fund also includes the Adoptions Savings Other Fund.

Funding Justification and Significant Changes to Current Service Level

The Governor’s Budget funds two policy option package investments impacting this area for the upcoming 2025 legislative session. The regular essential packages are included in the Governor’s Request Budget and are part of the normal budget build process.

Package Number: 112	Package Title: Family First Prevention Services Act Implementation				
General Fund	Other Funds	Federal Funds	Total Funds	Positions	FTE
5,163,000	-	5,163,000	10,326,000	n/a	n/a
Description:					
<p>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 mental health services. Funding would advance Family First 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 federal Family First Transition grant funding ends. State funding would give ODHS access to 50 percent federal reimbursement dollars for ongoing Family First 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 foster care.</p>					

Package Number: 501	Package Title: HH - FC Youth: Path to Housing Stability				
General Fund	Other Funds	Federal Funds	Total Funds	Positions	FTE
4,012,800	-	-	4,012,800	n/a	n/a
Description:	(Well Being Portion)				
<p>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 with experience in the Child Welfare system. The proposed work aligns with the State of Oregon Homelessness Response Framework (HRF) Pillar 3, Youth Deliverables 3, 5, 6, and 8. 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.</p>					

The Governor’s Budget also includes an additional investment in this area:

- \$10M GF for Temporary Lodging Prevention Innovative Placements

Oregon Department of Human Services

Office of Aging and People with Disabilities

Program Mission

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

Program Vision

Oregon's older adults, people with physical disabilities and their families have easy access to services, supports and early interventions that help maintain independence, promote well-being, honor choice, respect cultural preferences and uphold dignity.

Program Goals

Safety and well-being: Older adults and people with disabilities feel safe and experience their best quality of life.

Accessibility: Oregonians can readily and consistently access timely, person-centered services and supports to meet their needs.

Quality outcomes: Oregonians engage in services and supports that are preventive, evidence-informed and lead to quality outcomes.

Service equity: Oregonians experience programs, services, and supports that are designed, improved and responsive to historical inequities, current disparities and individual experiences.

Engagement: Through strong, collaborative partnerships and rich community dialogue, consumers are provided information and are engaged in two-way communication and regular opportunities to voice their needs and opinions.

About the Aging and People with Disabilities (APD) Program

During the biennium, APD expects to serve:

- More than 36,000 older adults and people with physical disabilities per month who qualify for Medicaid-funded long-term services and supports.

- More than 150,000 older individuals who benefit from Older Americans Act services.
- About 175,000 people who need Medicare Premium assistance.
- About 36,300 Oregonians on any given day rely on long-term care settings that APD licenses.
- More than 80,000 individuals who receive a Social Security Disability determination and need help accessing federal income benefits available to individuals with a disability.
- About 2,000 unique individuals ages 60 and older who seek help through Oregon Project Independence.
- More than 1,200 people who receive long-term care options counseling from the Aging and Disability Resource Connection.
- Individuals who will make more than 50,000 calls seeking to report abuse or neglect or request information and referral services from Adult Protective Services.

Services, Delivery and Design

APD's budget is sectioned into three key areas: program services, program delivery and program design.

Program services focus on supporting older adults and people with disabilities in maximizing their independence while supporting their individual needs. Services are provided through the following APD programs:

- Aging and Disability Resource Connection
- Adult Protective Services
- Safety Oversight and Quality
- Medicaid Services
 - In-home services
 - Community-based care facilities including adult foster homes

- Nursing facilities
- Oregon Deaf and Hard of Hearing Services
- Senior Health Insurance Benefits Assistance (SHIBA)
- Older Americans Act
- Oregon Project Independence
- Oregon Project Independence - Medicaid
- Financial support services

Aging and Disability Resource Connection

- The Aging and Disability Resource Connection (ADRC) of Oregon serves individuals who live in Oregon and need information or referral services about APD programs and services and/or other resources that serve older adults and people with disabilities. The ADRC is a collaborative public-private partnership that streamlines consumer access to a complex aging and disability service delivery system. ADRC services are free to Oregonians and the service raises visibility and awareness of the full range of options available. The ADRC provides trusted information and assistance and empowers people to make informed decisions. Through trained options counselors, consumers can develop long-term services and supports action plans that align with their preferences, financial situation, strengths, values and needs.
- If a person may be eligible for Medicaid long-term services and supports, they will be referred to APD local offices or Area Agencies on Aging (AAAs) for a full assessment.
- Employees from both APD local offices and AAAs throughout Oregon are responsible for providing direct consumer services. Employees also determine eligibility for older adults and people with disabilities for medical programs provided through the Oregon Health Authority (OHA).
- During the 2023 calendar year, the ADRC received 69,905 direct contacts and 119,560 website visits. The ADRC, as with all APD, must keep pace with the growth of the older adult population and is increasingly serving a more diverse population. APD strives to identify and mitigate disparities in outcomes for

diverse populations using REAL-D¹ and SOGI² data collection, and to provide timely and culturally and linguistically appropriate access to services.

Adult Protective Services

- APD and some AAA offices are responsible for investigating instances of abuse against older adults and persons with disabilities across the state. Elder abuse and other forms of adult abuse are costly both from a human and financial perspective. A person who has experienced abuse is likely to have increased health and long-term care costs. In 2023, local Adult Protective Services (APS) offices received a total of 52,538 calls. These numbers are slightly up from 2022, when local offices received 49,982 calls. Of the cases investigated, 22 percent were in community-based long-term care settings such as adult foster homes, assisted living facilities, residential care facilities and memory care settings.
- In 2023, APS completed 11,809 abuse investigations in community settings, as well as 7,170 investigations in licensed long-term care settings, though some investigations may have started in 2022. Financial exploitation and neglect remain the most common forms of abuse for older adults and people with disabilities. In the 2023 calendar year, 30 percent of abuse allegations in the community were for financial exploitation.
- Many alleged victims involved in APS investigations do not have Medicaid at the time of the investigation. APS involvement is often the first occasion that APD works with these individuals and helps protect them from neglect and harm.

Safety, Oversight and Quality

- The APD Safety, Oversight and Quality (SOQ) licenses most providers of long-term services and supports for older adults and people with disabilities. The providers offer a wide range of services. Through oversight, investigation of complaints and reports of potential abuse, and corrective action, SOQ reduces future incidence of unsafe conditions and improves the quality of care. These

¹ REALD: race, ethnicity, language and disability

² SOGI: sexual orientation, gender identity

services are most effective when they are provided in a quality model aimed at preventing harm.

- The providers licensed by SOQ include adult foster homes, assisted living facilities, residential care facilities, nursing homes, conversion facilities, intensive intervention care facilities and facilities with memory care endorsements. SOQ strives to ensure service equity and the delivery of culturally and linguistically appropriate services.

Medicaid Services

- All long-term services and supports options are funded with support of the Medicaid program through home- and community-based waivers or state plan options for eligible individuals. Oregon has been able to create cost-effective programs that meet people's needs in their homes and other community settings using these options, sparing consumers from the unnecessary use of higher-cost services, primarily those offered in nursing facilities.
- Each month, about 36,000 older adults and people with physical disabilities use Medicaid long-term services provided through APD. By federal law, each state must develop criteria for access to nursing facility care paid by Medicaid. Criteria must include financial and asset tests as well as service eligibility criteria. The federal government, through Centers for Medicare and Medicaid Services (CMS), must approve any criteria established by the states. Access to home- and community-based care are determined by the same criteria.
- More than 7,000 older adults and people with physical disabilities are eligible to receive Medicaid long-term services but are not yet receiving paid care. These individuals receive APD case management services only.
- Many older adults and individuals with disabilities need assistance from other people to perform daily activities and to ensure their health and safety. Activities of Daily Livings (ADLs) are personal activities required for continued health and well-being and include mobility, eating, elimination, cognition and personal hygiene. Instrumental activities of daily living (IADL) include housekeeping and meal preparation.
- APD created service priority levels (SPLs) to establish eligibility for Medicaid long-term services and supports. SPLs prioritize services for older adults and people with physical disabilities whose well-being and survival would be in jeopardy without services. SPLs are based on the ability of the person to

perform ADLs. SPL 1 reflects the highest level of need and SPL 18 is the lowest level of need.

- Prior to 2003, APD served individuals through SPL 17. Since then, because of budget constraints, APD is only able to serve individuals in SPLs 1-13. Beginning in June 2024, APD's new Oregon Project Independence – Medicaid (OPI-M) program will serve eligible individuals through SPL 18.
- APD assists thousands of Oregonians in selecting competent providers and establishing effective working relationships with those providers. Due to an increasingly diverse population of older adults and people with disabilities in Oregon, APD must develop services and supports that are responsive to the cultural and linguistic needs of consumers. This includes efforts through the Oregon Home Care Commission in recruiting diverse homecare workers.

Medicaid-funded Long-Term Services and Supports provides help to eligible individuals with fundamental ADLs such as mobility, elimination, cognition, eating, bathing, dressing and personal hygiene. These services ensure that the person is living in a safe and healthy environment. A fundamental tenant of the program is to promote choice, independence and dignity. Services can be provided in nursing facilities or in home- and community-based settings.

In-Home Services: In-home services are the cornerstone of Oregon's long-term services and supports system and were created to meet the preferences of older adults and people with disabilities throughout Oregon. For more than 25 years, Oregon has created options to meet people's needs in their own or their families' homes.

In the in-home service option, there are an array of services that an individual can choose to meet their specific needs and preferences. A case manager works with the individual to develop a person-centered service plan that is specific to the consumer. The different options that an individual can select to receive include:

- a.) Medicaid consumer-employed Homecare Workers: Homecare Workers (HCW) are hired directly by the consumer and provide many of the services Medicaid recipients need to remain in their own homes. The consumer, or their selected representative, is responsible for locating, hiring, and providing day to day direction on how their services should be delivered. The HCW must pass a criminal background check conducted by the Department and must complete required training. In partnership with the

consumer, APD develops and authorizes a person-centered service plan, makes payment to the HCW and provides ongoing contact with the

consumer to ensure service needs are met. Over 18,500 consumers are expected to receive services supplied by HCWs by the end of the 2023-25 biennium.

The Oregon Home Care Commission (OHCC) was established in 2000 by an amendment to the Oregon Constitution. It is a public commission dedicated to ensuring high-quality home care services to individuals using consumer-employed providers. Service Employees International Union Local 503, Oregon Public Employees Union, represents approximately 22,000 HCWs, 15,000 who are actively working. For purposes of collective bargaining, OHCC serves as the HCW employer of record. The commission provides an extensive training curriculum. The OHCC also makes training available to consumers to better understand their employer responsibilities and increase their skill in managing the use of HCWs.

- b.) In-home agency services: Many consumers prefer to receive their in-home services through an in-home care agency. In-home care agencies (IHCA) are licensed by the Oregon Health Authority. These agencies employ, assign and schedule caregivers to perform the tasks authorized by the consumer's case manager. APD contracts with licensed IHCAs throughout the state. IHCAs work closely with ODHS case managers and consumers to ensure services are provided as authorized and to ensure the quality of the work performed.*
- c.) Medicaid Independent Choices Program: This program increases consumers' self-direction and independence by allowing the consumer to purchase the services directly. Consumers receive a cash benefit based on their assessed need based on what the state would have paid a HCW. The consumer directly pays for services. Consumers are responsible for locating providers, paying their employees, and withholding and paying necessary taxes. Depending upon how they manage their service benefit, many can purchase a few additional services or items otherwise not covered by Medicaid to increase their independence or well-being.*
- d.) Medicaid adult day services: Adult day services are designed to provide support and companionship for older adults who need assistance or supervision during the day. Programs offer relief to family members and*

caregivers, allowing them to go to work, handle personal business, or just relax while knowing their relative is safe and receiving the services and supports they need. The goals of the programs are to delay or prevent institutionalization by providing alternative care, to enhance self-esteem, and to encourage socialization.

- e.) Medicaid home-delivered meals: Home-delivered meals are provided to those who are homebound and unable to go to sites, such as senior centers, for meals. These programs generally provide a hot midday meal and often frozen meals for days of the week beyond the provider's delivery schedule.
- f.) Medicaid (state plan) personal care services: Individuals who do not meet service priority levels (SPLs), but have more limited personal care needs, may qualify for Medicaid Personal Care Services. Services are generally limited to no more than 270 hours per year. Personal care services are more limited than the standard Medicaid Long-term Services and Supports benefit and individuals must meet more restrictive financial eligibility.
- g.) Medicaid specialized living services: The services are provided through a contract with APD and targeted to a specific group of consumers living in their own apartments and assisted by a specialized program offering direct service and supports.

Community-based facilities

Community based care facilities are another service option available to eligible consumers. These include adult foster homes, assisted living facilities, memory care and residential care facilities that are an alternative to nursing facilities. Services include assistance with ADLs, medication oversight and social activities. Services can also include nursing and behavioral supports to meet complex needs. State and federal guidelines related to health and safety of these facilities must be met.

- a.) Adult foster homes: Services are provided in home-like settings licensed for five or fewer individuals who are not related to the foster home provider. Homes may specialize in certain services, such as serving ventilator-dependent residents. Care providers are onsite 24 hours per day.
- b.) Assisted living and residential care facilities: Licensed 24-hour service settings serve six or more residents and facilities range in size from six to

more than 100 beds. The difference between residential care and assisted living is the fact that individuals typically have shared rooms in residential care and in assisted living individuals have their own rooms with small kitchenettes.

- c.) Intensive intervention care facilities: Intensive Intervention Care (IIC) facilities are small residential care facilities designed to serve individuals with significant behavioral and mental health needs who cannot safely be served in larger facilities. Five or fewer people can live in a single IIC home.
- d.) Enhanced care services: Enhanced care services are specialized 24-hour programs in licensed care settings that provide intensive behavioral supports for older adults and people with physical disabilities who have needs that cannot be met in any other setting. These programs support consumers with combined funding from APD and the Oregon Health Authority's mental health program.
- e.) Memory Care Community Endorsement: These facilities are endorsements that can be added to licensed Assisted Living Facilities, Residential Care Facilities or Nursing Facilities. They serve individuals with dementia and other cognitive diseases. They are required to have enhanced training and a more secure setting for their residents. The endorsement is in addition to the underlying licensure.
- f.) Program for the All-inclusive Care for the Elderly (PACE): PACE is a Medicare/Medicaid program built on a care model that combines all medical services and long-term services and supports into one program. Currently, about 1,950 Oregonians ages 55 and older are served in this program, which generally allows them to attend adult day services and live in a variety of settings. Through a capitated payment, PACE programs are responsible for providing and coordinating their consumers' full health and long-term service needs in any facilities approved in Oregon or in the individual's home.

Nursing facilities

Institutional services for older adults and people with physical disabilities are provided in nursing facilities licensed and regulated by APD. Nursing facilities provide individuals with skilled nursing services, housing, related services, and ongoing assistance with activities of daily living.

Oregon has led the nation since 1981 in the development of lower cost alternatives to institutional (nursing facility) care. Home- and community-based alternatives to nursing facility services emphasize independence, dignity and choice and offer needed services and supports at lower costs than medical models. Nursing facilities play a critical role in hospital discharges and placements for individuals with high needs. Consumers can select to receive their services in a nursing facility though APD has services available to help individuals transition to lower levels of care.

Oregon Deaf and Hard of Hearing Services

- Oregon Deaf and Hard of Hearing Services (ODHHS) serves as a resource for all Oregonians, to improve quality of life for Deaf, DeafBlind and Hard of Hearing people and their families. APD's ODHHS is engaged in ongoing training of state agency staff to improve the experiences of people seeking services and ensures that state agencies are able to provide American Sign Language and closed captioning supports. They also advocate across state agencies to identify and improve access for Deaf, DeafBlind and Hard of Hearing individuals. Recently, APD invested in co-navigator services to help DeafBlind individuals access their communities.

Senior Health Insurance Benefits Assistance (SHIBA)

- In 2023, there were 933,302 Medicare beneficiaries in Oregon. Older adults who are newly eligible for Medicare may be unsure of where to start with enrollment and may not understand which plan best fits their unique health care needs. The Senior Health Insurance Benefits Assistance (SHIBA) program offers Medicare-eligible adults and their families free, objective and comprehensive one-on-one benefits counseling so people can make informed decisions about their Medicare coverage.
- Direct services are provided by SHIBA staff and a team of nearly 200 certified volunteer counselors who provide information about what Medicare plans are available, help with Medicare appeals and educate consumers on how to protect, detect and report Medicare fraud, waste and abuse. During the 2023 federal fiscal year, SHIBA certified counselors provided 15,397 one-on-one counseling sessions to Oregonians.

Older Americans Act

The Older Americans Act is administered in Oregon through APD and is primarily

funded by the federal government. It provides funding for locally developed programs serving individuals ages 60 and older. APD distributes funds to local Area Agencies on Aging (AAAs) for services. AAAs may deliver services directly or through subcontractors. Approximately 75,000 Oregonians currently access these services. The AAAs develop services that are within federal and state expectations and meet the needs and preferences unique to individuals in their local area. Federal mandates require that services target those with the most significant economic and social need, to minorities and to those residing in rural areas. There are no income or asset requirements to receive services except those related to the Senior Community Service Employment Program (SCSEP).

APD distributes federal funds to the AAAs using a federally approved intra-state funding formula that is based on the demographics and square mileage of each area. APD encourages and incentivizes culturally specific and linguistically competent supports within all programs through contractual equity and demographic reporting requirements. Programs include family caregiver supports, nutrition via congregate and home-delivered meal programs, older adult employment, legal services, elder abuse prevention services and more. Most AAAs also sponsor and promote evidence-based wellness and chronic health condition management activities, and many also provide assistance to local senior centers.

Oregon Project Independence (OPI)

OPI is a state-funded program offering in-home services and related supports to individuals 60 years of age and older or people who have been diagnosed with Alzheimer's or a related dementia disorder. Approximately 2,000 Oregonians are expected to be served in this program during a calendar year. The program was expanded in 2014 by Oregon Legislature to include younger adults with disabilities. The funding allowed for a pilot program to expand the program to adults ages 19-59 with physical disabilities.

OPI is administered statewide by local Area Agencies on Aging (AAAs). Many areas have waiting lists due to high demand and limited program funding. Consumer eligibility is determined by an assessment of functional ability using the same criteria that is used for Medicaid eligibility. Typical services include assistance with ADLs, housekeeping, bathing, grooming, health care tasks, meal preparation, caregiver respite, chore services, adult day services and transportation.

The OPI program has no financial asset limitations for consumers. A sliding fee scale is applied to consumers with net monthly income between 100 and 200 percent of the federal poverty level (FPL) to pay toward the cost of service. A small group with income above 200 percent of FPL pays the full rate for services provided. Generally, this is because they benefit from case management and ongoing support and monitoring in addition to the purchased services.

Oregon Project Independence – Medicaid (OPI-M)

To address ongoing waitlists and limits on the numbers of individuals who could be served in OPI, the Oregon Project Independence – Medicaid (OPI-M) program was approved by the Oregon Legislature in 2021 and approved by Centers for Medicare and Medicaid Services (CMS) in February 2024. Funding for OPI-M comes from a combination of OPI and a new appropriation initially authorized in 2021-2023 for family caregiver assistance. Implementation started in June 2024 with the caseload expected to grow over the 2023-2025 and 2025-2027 biennia to approximately 5,000 individuals.

OPI-M is an important in-home services program that:

- Serves individuals with higher incomes and assets than traditional Medicaid.
- Provides similar in-home services to Oregon Project Independence (OPI) program
- Provides family caregiver supports such as respite and training
- Draws down federal funding unlike Original OPI
- Exempts individual's estate from estate recovery unlike traditional Medicaid
- More than doubles the number of individuals who may be served and eliminates OPI waitlists with very little new state General Funds.

With the CMS approval in February 2024, APD is implementing this program in part by transitioning as many individuals as possible from the OPI program to the OPI-M program. Additionally, APD and the Area Agencies on Aging will work to eliminate OPI waitlists and transition individuals who lose eligibility for traditional Medicaid to OPI-M.

Financial support services

APD has financial support programs designed to meet a variety of special circumstances for certain low-income populations. These include:

- General assistance (GA) program – With this program, APD serves individuals with severe disabilities who are experiencing homelessness or who are at risk of homelessness. To be eligible for the GA program, individuals must meet all the following criteria:
 - Be experiencing homelessness or at risk of experiencing homelessness.
 - Be an adult, age 18-64, with no minor children living with them.
 - Have a severe disability that meets Social Security disability criteria.
 - Be eligible for Presumptive Medicaid medical assistance.
 - Meet all eligibility criteria for Supplemental Security Income (SSI).
 - Apply for SSI and appeal any denials received; and
 - Sign an Interim Assistance Agreement (IAR), allowing ODHS to recover GA funds paid to them once awarded SSA benefits.
 - General assistance program benefits include up to \$615 per month in housing assistance, \$103 in utility assistance per month, \$69 in cash assistance per month, and free assistance with the Social Security application and appeals process.

- Cash payments – special needs – APD is required to meet maintenance of effort (MOE) payments for older adults and people with disabilities who have lower incomes and receive federal Supplemental Security Income (SSI) benefits. These benefits are focused on payments that allow consumers to maintain independence and mobility in a safe environment. Examples of special needs payments include help for non-medical transportation, repairs of broken appliances such as a furnace, or for such things as adapting a home’s stairs into a ramp.

- Employed Persons with Disabilities Program (EPD) – This program allows people with a disability to work to their full extent and not lose Medicaid coverage. To be eligible, a person must be deemed to have a disability by Social Security Administration criteria, be employed and have adjusted income of less than 250 percent of FPL. Eligible individuals pay a monthly participation fee and are eligible for the full range of Medicaid benefits and services.

- Other benefits – In addition to Medicare, consumers often need help accessing other programs for which they are eligible. APD determines consumer eligibility and submits consumer data to CMS for two Medicare-related programs: Medicare buy-in and Medicare Part D low-income subsidy. APD serves more than 175,000 consumers in these two programs. These programs

help low-income beneficiaries with their cost-sharing requirements. Securing this coverage also ensures Medicare remains in a “first payor” status, ultimately saving the state’s Medicaid program significant money.

Social Security Disability Determination Services

APD determines eligibility for Social Security Disability and Supplemental Security Income benefits on behalf of the Social Security Administration. In 2022, 41,237 cases were adjudicated, and in 2023, 44,050 cases were adjudicated. This represents a 17.7 percent increase in production over the prior two-year period.

Program Design – APD programs are supported by a variety of staff and services. These include:

- Central leadership and administration
- Medicaid eligibility and federal waiver administration
- Development and maintenance of policy and administrative rules
- Training and technical assistance for local office staff
- Oversight of licensed care facilities
- Ensuring Medicaid provider enrollment
- Support and leadership for various advisory councils.
- Administration of the Older Americans Act
- Oregon Home Care Commission.

Program Delivery – Direct services to Oregonians are provided through:

- Direct service staff located in local offices throughout the state
- Case management
- Presumptive Medicaid Disability Determination Team
- State Family/Pre-SSI

- General Assistance
- Disability Determination Services
- Provider payments and relations
- Adult Protective Services investigations
- Adult Foster Home, Nursing Facility and Community Based Care licensing
- Long term care referral services registry.

Eligibility and case management services are delivered throughout the state by APD and Area Agency on Aging (AAA) employees. ORS Chapter 410 allows AAAs, run by governmental entities, to determine which populations they wish to serve and which programs they wish to administer. Type B Transfer AAAs choose to provide Medicaid services in addition to Older Americans Act and Oregon Project Independence services. In areas where the AAAs (Type A - AAAs) do not provide Medicaid services, APD has local offices to serve older adults and people with disabilities.

APD and AAA case managers perform a variety of roles in serving older adults and people with disabilities and are the front line in protecting individuals from abuse and neglect. They determine eligibility for long-term services and supports and assist individuals in developing person-centered service plans, accessing supports through APD and other programs, and finding qualified providers. They also address issues and concerns regarding providers and act as advocates and champions for consumer rights.

APD case managers face increasingly complex work. APD has implemented Waivered Case Management expectations requiring monthly contact on every case to ensure the health and safety of individuals receiving services. Due to changes to the Fair Labor Standards Act, APD added more responsibilities on working with homecare workers, including managing hourly caps, limiting overtime, and ensuring access to adequate services. Based on federal expectations, APD has also increased expectations related to person-centered planning and ensuring individuals' safety. Legal requirements have made notices more complex and detailed, requiring more case management time to issue eligibility related notices.

In addition, a new CMS Rule, Ensuring Access to Medicaid Services (CMS-2442-F) finalized on April 4, 2024, will have significant impacts on APD, including:

- The requirement to develop new advisory councils and minimum requirements for advisory committee membership,
- Strengthened oversight of person-centered service planning,
- Stronger requirements for critical incident reporting,
- Creation of a new grievance system,
- Increased public reporting on compensation to direct care workers, and
- In six years, a requirement that a minimum of 80 percent of Medicaid payments for services be spent on compensation for direct care workers, and a requirement for public reporting of quality, performance, and compliance measures.

History

During the past 40 years, there has been a profound shift in society's understanding of the importance of supporting the independence of older adults and people with disabilities. Traditionally, states provided services in institutional settings such as nursing facilities. Oregon's first nursing facility opened in the 1940s. With the passage of the federal statute creating Medicaid, the state began to pay for nursing facility services for eligible individuals in the 1960s.

The Older Americans Act, also passed in the 1960s, has gradually expanded additional protections and services to vulnerable older adults, including access to home-delivered meals, senior centers, transportation, family caregiver support and legal services as well as support through the Office of the Long-Term Care Ombudsman to uphold rights and resolve complaints.

As professional standards and public thinking about how to best serve people with disabilities began to change, community living options became more accessible. Leading the nation in the 1970s, Oregon developed legislation that recognized the importance of assisting older adults in maintaining their independence and honoring their inherent dignity. Later, on a national level, the Americans with Disabilities Act strengthened and expanded civil rights in the areas of employment, public accommodations, transportation, and housing. As accessibility increased, the right to community integration became more attainable for individuals with disabilities and families had more options for members to be able to receive needed supports at home.

Federal dollars to fund Medicaid waivers first became available in 1981 for Home and Community-Based Services. That same year, the Oregon Legislature updated

its policies around disabilities and found that significant numbers of people with disabilities lived in institutions because adequate community services did not exist. The legislature mandated that the state work to empower people with disabilities, keep them as independent as possible and develop service settings that were alternatives to institutionalization. The 1981 Oregon Legislature also created the Senior Services Division and a strong statutory mandate to support older adults in their own homes and community settings outside of institutions. This action forged the way for Oregon to lead the nation in the development of lower-cost alternatives to institutional care.

In response to that mandate, Oregon applied for and received the first home and community-based services waiver that allowed Medicaid funds to provide long-term services outside an institution. Throughout the 1980s and 1990s, Oregon received waivers that allowed services for unique groups of people. For Medicaid-eligible older adults and people with disabilities in Oregon, this has meant that the provision of long-term services and supports has, in large measure, shifted away from nursing facilities to in-home services, assisted living facilities, residential care facilities and adult foster homes. In 2013, APD worked with the legislature to shift from waivers to a state plan, which allowed the state to gain additional federal funds to support individuals receiving services through the Medicaid program.

Future populations

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

The aging population in Oregon will continue to grow dramatically as more baby-boomers reach retirement age. More than 875,000 Oregonians are age 65 and older. By 2030, this population is projected to increase by 12 percent to nearly one million older adults. Those age 85 and older, and most at risk of needing Medicaid long-term care services and supports, are estimated to increase by 60 percent in the next 10 years, according to the Oregon Office of Economic Analysis from approximately 85,000 today to more than 135,000 in 2033.

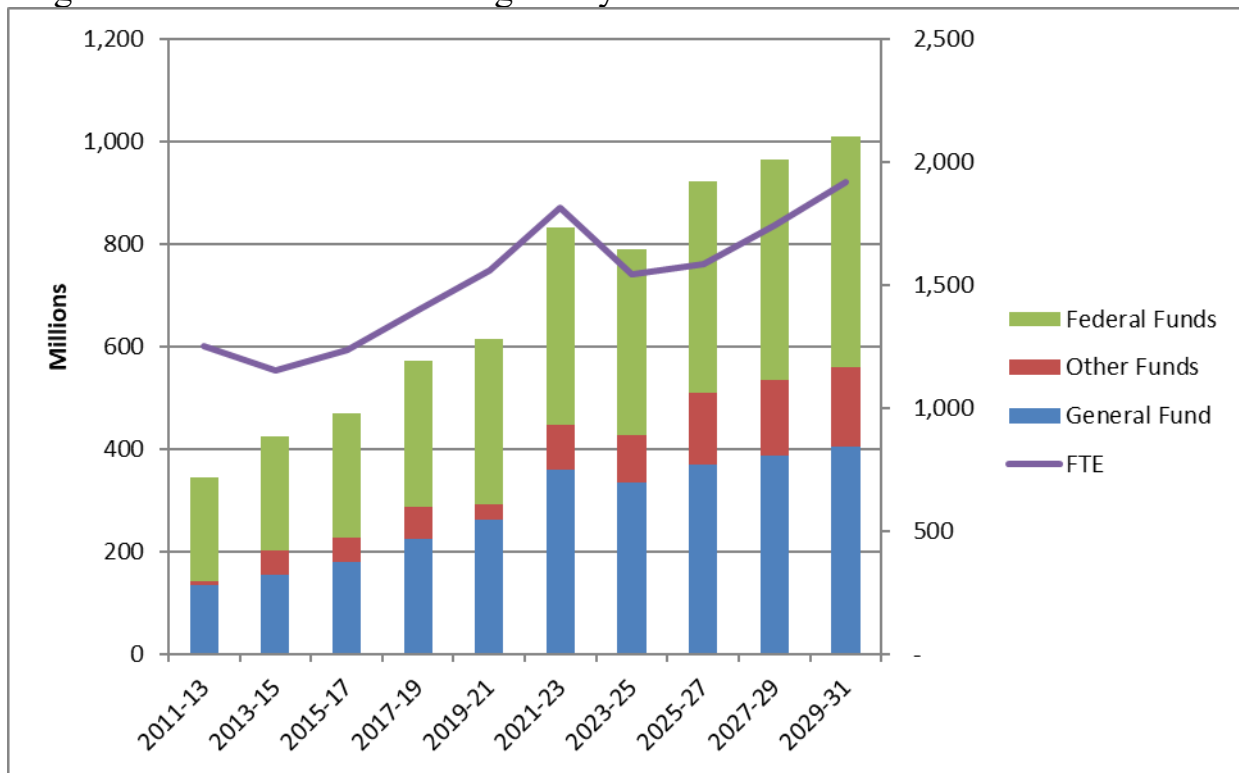
Guided by the [ODHS Equity North Star](#), APD programs and services continue to evolve through a focus on equity and inclusion for individuals of all races, ethnicities, sexual orientations, gender identities and expressions, disabilities, ages, geographic locations, and Tribal affiliations. By working closely with communities

to design and deliver services, APD helps ensure that all of Oregon's older adults and people with disabilities have access to the supports they need to achieve and maintain whole well-being.

**Oregon Department of Human Services
Office of Aging and People with Disabilities
Delivery and Design**

Core Long-Term Focus Area: Person-centered services, supports and early interventions for Oregon’s older adults and people with disabilities that are innovative and help maintain independence, keep people safe, promote well-being, honor choice, respect cultural preferences and uphold dignity. The services provided help people access the supports they need to live their best lives in the communities they choose.

Program Contact: Nakeshia Knight-Coyle



APD expects to see a rebound in caseload growth in the coming biennium with increased complexity in the individuals it serves. APD faces immediate challenges to sustain staffing levels to meet the growing need for services and higher expectations on those workers.

Program Overview

The Aging and People with Disabilities (APD) delivery system provides services and supports to Oregonians over the age of 60 and to adults with physical disabilities. The population is a diverse cross-section of Oregonians that requires supports that take into account race, ethnicity and language, gender identity and expression, and sexual orientation. APD provides services to individuals recognizing their unique individuality and lived experiences.

Delivery and Design includes staff who create programs and services and provide technical assistance to Oregon’s long-term care system, as well as the staff and partners who directly provide services in more than 50 offices located throughout the state.

Program Funding Request

APD Delivery and Design						
	GF	OF	FF	TF	Positions	FTE
23-25 LAB	333,214,864	92,273,772	363,131,771	788,620,407	1,557	1,541.96
25-27 GB	368,480,277	141,498,846	411,234,073	921,213,196	1,619	1,582.50
Difference	35,265,413	49,225,074	48,102,302	132,592,789	62	40.54
Percent Change	10.6%	53.3%	13.2%	16.8%	4.0%	2.6%

Program Description

The APD program delivery system directly provides respectful and inclusive services and eligibility determinations to about 300,000 individuals living in Oregon. Some of the services provided include:

- Aging and Disability Resource Connection (ADRC)
- Adult Protective Services (APS)
- Disability Determination Services
- Medicaid Financial Eligibility Policy
- Long-Term Care Facility Licensing
- Medicaid Long-Term Care Services and Supports
- Older Americans Act (includes meals and job support)
- Oregon Deaf and Hard of Hearing Services
- Oregon Home Care Commission
- Oregon Project Independence (OPI) and Oregon Project Independence – Medicaid (OPI-M)

- Senior Health Insurance Benefits Assistance (SHIBA)

About 175,000 individuals access financially based services such as assistance with Medicare premiums and are primarily served by eligibility staff; case management services are provided to individuals accessing long term services and supports. Approximately 41,000 of the 175,000 individuals who receive financially based services are also eligible for Medicaid long-term care services and supports (LTSS). For these individuals, local case management services can consist of assessments and reassessments, choice counseling, person-centered service plan development, service authorization, risk monitoring and ongoing monitoring and support. Additionally, local offices have memorandums of understanding (MOUs) with local Coordinated Care Organizations. These MOUs focus on joint accountability for coordinating care for individuals accessing long-term care services. State and Area Agency on Aging (AAA) case managers are the frontline in ensuring effective care coordination occurs for individuals served by APD's long-term services and supports system.

Local staff license adult foster homes, including those that do not participate in Medicaid. Local staff also provide Adult Protective Services, consisting of investigations and determinations of abuse and neglect against older adults and people with disabilities.

APD historically earned local service delivery staff through a caseload ratio model (e.g., one eligibility worker for every 500 cases). In the 2013-15 biennium, the legislature authorized the transition to a workload model. This model differs from the caseload ratio model in that it measures time required to perform tasks and captures work performed for individuals who are never found eligible. However, the model has fallen out of date and needs an overhaul. It only captures the work that staff are able to do and does not account for increasingly complex changes in expectations and the work they are unable to complete.

In addition, APD only earns staff for LTSS consumers who receive paid care. APD provides case management services for LTSS consumers without paid care providers, however APD does not earn staff to provide these services. It is important to note that LTSS consumers without paid caregivers are often high need and high risk due to their lack of paid care, which requires APD to provide more intensive case management services.

The APD delivery system is comprised of both state staff and staff with Area Agencies on Aging (AAA) located in communities throughout Oregon. Under ORS 410.270, AAAs have the right to elect to deliver Medicaid services locally. Currently, four AAAs have elected this option. These four AAAs (Multnomah County, Northwest Senior and Disability Services, Oregon Cascades West Council of Government, and Lane Council of Governments) serves some of the most populous areas of Oregon. APD serves the remainder of the state including Washington and Clackamas counties.

The Oregon Home Care Commission (OHCC) is also included in the Delivery and Design program area. Under Oregon’s Constitution, the OHCC is responsible for ensuring the quality of home care services for older adults and people with disabilities. Through an outside vendor, the Commission maintains a registry of homecare workers, personal support workers and personal care attendants that can be accessed by individuals served by ODHS and the Oregon Health Authority. Training is provided to both consumers of services and homecare workers in a variety of areas addressing safety and quality. The efforts of the OHCC are critical to the successful delivery of long-term care services to Oregonians.

Finally, the Senior Health Insurance Benefits Assistance (SHIBA) program offers Medicare eligible adults and their families free, objective and comprehensive one-on-one benefits counseling so people can make informed decisions about their Medicare coverage. Direct services are provided by SHIBA staff and a team of nearly 200 certified Medicare counselors who volunteer their time to provide information about what Medicare plans are available, help with Medicare appeals and educate consumers on how to protect, detect and report Medicare fraud, waste and abuse. During the 2023 federal fiscal year, SHIBA certified counselors provided 15,397 one-on-one counseling sessions to Oregonians with questions about Medicare.

APD’s Design and Delivery area also includes the staff that design and administer services centrally. Some of the major services provided include:

- Negotiating system design with federal partners
- Developing program policy and maintaining administrative rules
- Reviewing proposed programs, rules and policies for equity impacts
- Paying providers
- Executing contracts

- Negotiating and implementing collective bargaining agreements
- Training case managers and others
- Providing technical assistance to local offices
- Supporting the development of central and local office Service Equity Plans
- Maintaining provider rates

Program Justification and Link to Focus Areas

The APD Delivery and Design system supports individuals living in their communities in settings of their choice, whether in their own home, a community-based care facility or a nursing facility by ensuring individuals are served by a well-trained and well-resourced workforce. Ensuring that policies and expectations are clear and understood by local offices supports both federal compliance and statewide consistency. Partnerships between local law enforcement, local court systems and local advocates are critical to ensuring that older adults and people with disabilities are protected from neglect and abuse.

Program Performance

APD is steadfastly focused on ensuring LTSS individuals are able to live in the setting of their choice. At this time, approximately 52 percent of APD consumers receive services in their own home. Approximately 37 percent of consumers receive services in community-based care settings, and only 11 percent receive services in nursing facilities.

For the 2023-2025 biennium's quality assurance review cycle to date, 96 percent of LTSS Service payments were issued appropriately. Case management contacts, which are required by APD's Waiver and ensure the health and safety of individuals, were completed correctly 79 percent of the time, below the CMS requirement of 86 percent compliance. 72 percent of LTSS reassessments were completed timely per CMS' requirement of annual reassessments. Reassessment delays are a result of inadequate case management staffing and the expiration of COVID Public Health Emergency-related flexibilities. In spite of timeliness challenges, 98 percent of consumers reported satisfaction with their services and 97 percent reported satisfaction with how they are treated by their local APD or AAA office.

For the 2023-2025 biennium to date, Adult Protective Services (APS) opened intakes for 22,762 Community abuse complaints and 14,917 Facility abuse

complaints, and 78.42 percent of investigations were completed timely. During this same period, the Safety, Oversight, and Quality (SOQ) unit issued 1,122 Adult Foster Home licenses, 92 Assisted Living Facility licenses, 94 Nursing Facility licenses, and 118 Residential Care Facility licenses. In addition, SOQ received 2,954 licensing complaints, and 11.51 percent of investigations were completed timely.

The SOQ complaint investigations workload increased significantly due to the implementation of 2021's Senate Bill 714. This bill requires residential facilities to utilize an acuity-based staffing tool (ABST) to calculate staffing to meet the scheduled and unscheduled needs of residents 24 hours a day, seven days a week. It further requires the department to review a facility's compliance the ABST any time it conducts a survey, license approval or renewal, or investigation into a complaint regarding abuse of a resident, injury of resident, resident safety or staffing levels. The increased workload has impacted investigation timeliness.

Enabling Legislation/Program Authorization

Oregon Revised Statutes 410.070 charges the agency with primary responsibility for the planning, coordination, development, and evaluation of policy, programs and services for older adults and people with disabilities in Oregon. Area Agencies on Aging have universal responsibilities as articulated in ORS 410.210. Additionally, ORS 410.270 authorizes Area Agencies on Aging to perform services locally that would otherwise be administered by state staff if they elect to do so.

Funding Justification and Significant Changes to CSL

PACKAGE NO.	PACKAGE TITLE				
101	101 - Strengthening Safety and Regulatory Oversight				
GENERAL FUND	OTHER FUNDS	FEDERAL FUNDS	TOTAL FUNDS	POSITIONS	FTE
1,283,611	-	1,283,611	2,567,222	19	8.75
PACKAGE DESCRIPTION					
<p>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.</p>					

PACKAGE NO.	PACKAGE TITLE				
103	103 - Access Rule (CMS)				
GENERAL FUND	OTHER FUNDS	FEDERAL FUNDS	TOTAL FUNDS	POSITIONS	FTE
1,044,399	-	1,044,399	2,088,798	12	8.29
PACKAGE DESCRIPTION					
<p>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.</p>					

PACKAGE NO.	PACKAGE TITLE				
560	560 - BH-Ensur'g access to svcs for indiv w/ BH Cdtm				
GENERAL FUND	OTHER FUNDS	FEDERAL FUNDS	TOTAL FUNDS	POSITIONS	FTE
3,421,817	-	3,421,816	6,843,633	26	11.41
PACKAGE DESCRIPTION					
<p>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.</p>					

Changes Included in the Governor’s Budget (GB)

GB proposes reductions as follows:

- Reduce CSL Services & Supplies by \$1.1M GF
- Eliminate mental health funding, reducing Professional Services in Design by \$3.3M GF

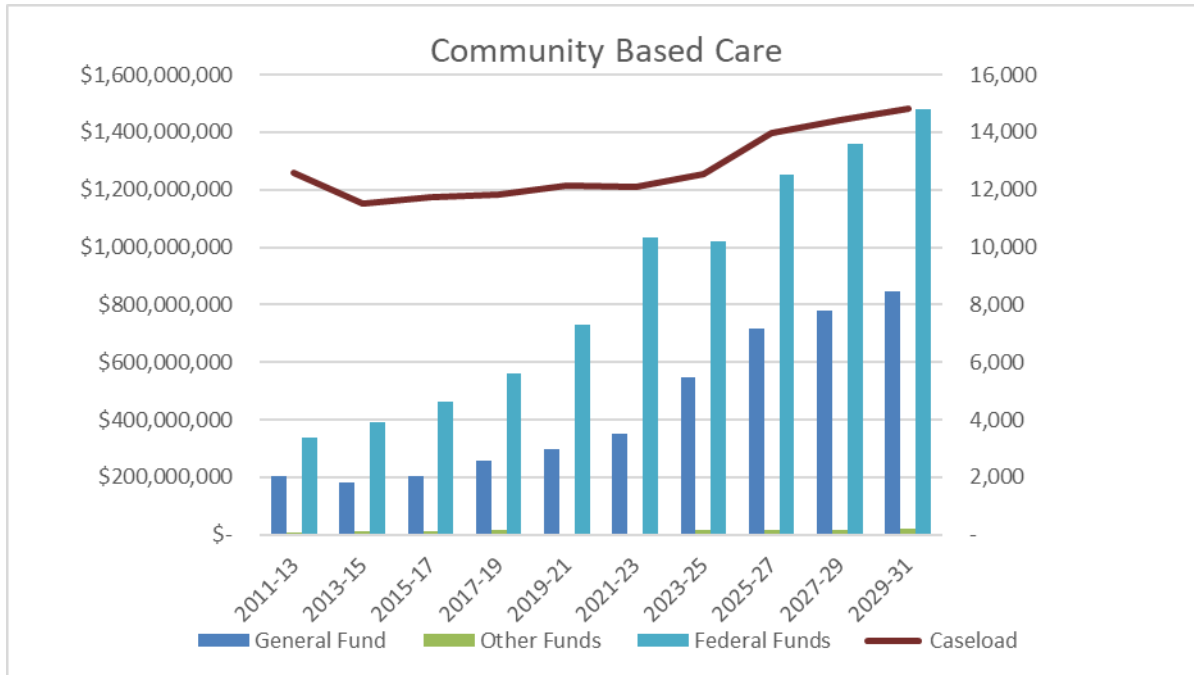
GB proposes the following net-zero TF impacts:

- Includes a one-time use of revenue from the Quality Care Fund in lieu of \$18M GF. This will offset GF costs within APD’s Delivery and Design programs.

**Oregon Department of Human Services
Office of Aging and People with Disabilities
Medicaid Long-Term Care Community-Based Care**

Core Long-Term Focus Area: Person-centered services, supports and early interventions for Oregon’s older adults and people with disabilities that are innovative and help maintain independence, keep people safe, promote well-being, honor choice, respect cultural preferences and uphold dignity. The services provided help people access the supports they need to live their best lives in the communities they choose.

Program Contact: Nakeshia Knight-Coyle



Program Overview

Community-based care includes a variety of 24-hour care settings and services for older adults and people with physical disabilities who need assistance with activities of daily living. These services are part of Oregon’s nationally recognized

home and community-based care system, which provides a critical, cost-effective alternative to nursing facilities.

Eligibility for services is based upon a combination of financial criteria and service needs. An individual’s service needs are calculated as a “service priority level” which ranges from 1 (highest need) to 18 (lowest need). In the 2003 budget crisis, funding to serve individuals with service priority levels 14 through 17 was eliminated (SPL 18 was not funded at that time), eliminating approximately 8 percent of the APD eligible consumers. These levels remain unfunded through Medicaid; however, some (not all) of the needs may be met for these individuals through Older Americans Act, Oregon Project Independence and Oregon Project Independence- Medicaid programs.

Program Funding Request

APD Community Based Care				
	General Fund	Other Fund	Federal Fund	Total Funds
23-25 LAB	548,287,826	15,255,627	1,019,231,913	1,582,775,366
25-27 GB	718,451,307	16,109,942	1,251,573,725	1,986,134,974
Difference	170,163,481	854,315	232,341,812	403,359,608
% Diff	31.04%	5.60%	22.80%	25.48%

Program Description

The State of Oregon strives to meet the needs and expectations of increasingly diverse populations, and community-based care provides a critical alternative to nursing facilities for older adults and people with disabilities who need help meeting their daily needs.

Eligibility for long-term care services and supports is based upon a combination of financial criteria and service needs. Recipients contribute their own funds toward room and board directly to community-based care facilities, while the state pays for services consisting mostly of assistance with activities of daily living (walking, transferring, eating, dressing, grooming, bathing, hygiene, toileting, and cognition) and instrumental activities of daily living (meal preparation, housekeeping, laundry, shopping, medication, and oxygen management). Nursing facility care is a guaranteed Medicaid benefit to eligible individuals. If the state did not use alternatives to nursing facility level of care, more than 35,000 individuals,

including almost 13,000 in community-based care settings, would likely be receiving services in nursing facilities at more than 440 percent of the cost of community-based care services.

Community-based care includes:

- Adult foster homes, which serve five or fewer individuals in a home-like setting.
- Residential care facilities (RCFs), which serve six or more individuals in a facility with private or shared rooms and common areas.
- Assisted living facilities (ALFs), which serve six or more individuals in their own apartments.
- Memory care facilities, licensed as either an ALF or RCF, with an endorsement allowing them to specialize in serving individuals with dementia.
- Enhanced-care services, which serve APD-eligible individuals complicated by significant mental health needs. This program is jointly funded between ODHS and the Oregon Health Authority.
- Program of All-Inclusive Care for the Elderly (PACE) serves more than 1,950 individuals via a fully capitated premium. The program is jointly funded with Medicare and Medicaid dollars and provides an integrated program for medical and long-term services. Participants are 55 years of age or older, generally attend adult day services, and live in a variety of settings representative of Oregon's long-term care continuum. PACE providers are responsible for providing and coordinating the full health and long-term service needs of their clients in all of these setting types. This caseload is expected to grow due to an upcoming PACE expansion in the following counties: Clackamas, Marion, Polk, Linn, Benton, Lane, Deschutes, Crook and Jefferson.

APD competes with the private pay market for access to most community-based care. Most facilities have a mix of private pay and Medicaid residents. As the society ages and the economy strengthens, APD may lose access due to competition for open beds with the private pay market.

Adult foster homes are represented by SEIU and have collective bargaining rights. Factors such as safety and quality cannot be negotiated; however, issues such as training, impact of policy changes and service rates are mandatory subjects of bargaining.

Each community-based care setting must meet federal and state laws and regulations related to health, safety, and service delivery. Mandatory services include assistance with activities of daily living, medication oversight, and social activities. Some settings that serve individuals with more complex needs may include additional services, such as nursing and behavioral supports.

Program Justification and Link to Focus Areas

Community-based care maximizes federal resources while reducing unnecessary costs in higher levels of care. With one of the lowest levels of nursing facility utilization in the country, Oregon is at the forefront of using community-based care as a core alternative to nursing facilities.

Program Performance

A key goal of the Oregon Department of Human Services (ODHS) is that people are safe and living as independently as possible. ODHS currently measures this goal based on the percentage of individuals living in community-based care settings rather than a nursing facility. In the current biennium, approximately 37 percent of all LTSS consumers receive their services in community-based care settings.

Community-based care service plans have been proven to be a cost-effective alternative to nursing facility care. Costs range by facility type and assessed need of the individual. The monthly average cost by setting is:

- Adult Foster Home: \$6,152
- Regular Residential Care Facility: \$2,023
- Contracted Residential Care Facility: \$7,551

The cost of similar services provided in a nursing facility exceeds \$16,663 per month.

Enabling Legislation/Program Authorization

Community-based care is operated under a variety of Medicaid home and community-based options. The newest mechanism is the 1915(k) State Plan Option or, “K plan.” Through the K plan the state provides services that substitute for

nursing facility services, the mandated benefit for Medicaid eligible individuals. The K plan provides an enhanced federal match allowing the state to draw down additional federal funds to support the Medicaid program. Additionally, ORS 410 and ORS 443 provide statutory policy and structure to the services offered.

Funding Streams

Community-based care services are funded through the Medicaid program. The services are designed and approved using Medicaid 1915(k), the Community First Choice Option in the Medicaid State Plan. The 1915(k) provides a 6 percent enhanced match so the FMAP 58.05 percent + 6 percent: 64.05 percent federal funds and 35.95 percent state General Funds. There is a small amount of funding from the estates of former recipients. When a Medicaid recipient passes away, ODHS is required by federal law to recover money spent for the individual's care from the recipient's estate, a process usually called Estate Recovery.

Funding Justification and Significant Changes to CSL

PACKAGE NO.	PACKAGE TITLE				
560	Ensuring access to services for individuals with mental health conditions				
GENERAL FUND	OTHER FUNDS	FEDERAL FUNDS	TOTAL FUNDS	POSITIONS	FTE
\$6,569,611	\$ -	\$12,368,442	\$18,938,053	-	-
PACKAGE DESCRIPTION					
People with disabilities who need home- and community-based supports through APD should not have to jump through bureaucratic hoops because of a mental health condition or					

substance use disorder. Yet, the current system is fragmented, subjecting potential consumers under 65 who have a mental health or substance use condition to an additional application and verification process. This poses significant delays in services, and many people are denied services altogether. This policy option package proposes to eliminate the archaic exclusion that requires APD to deny eligibility for individuals whose primary driver of need is mental illness or substance use. APD would recruit and contract specialized providers with experience in behavioral health and substance use conditions. Eliminating the barrier between APD and behavioral health programs would allow APD to provide more comprehensive and person-centered services to people with disabilities.

Changes Included in the Governor's Budget (GB)

GB proposes additional investment:

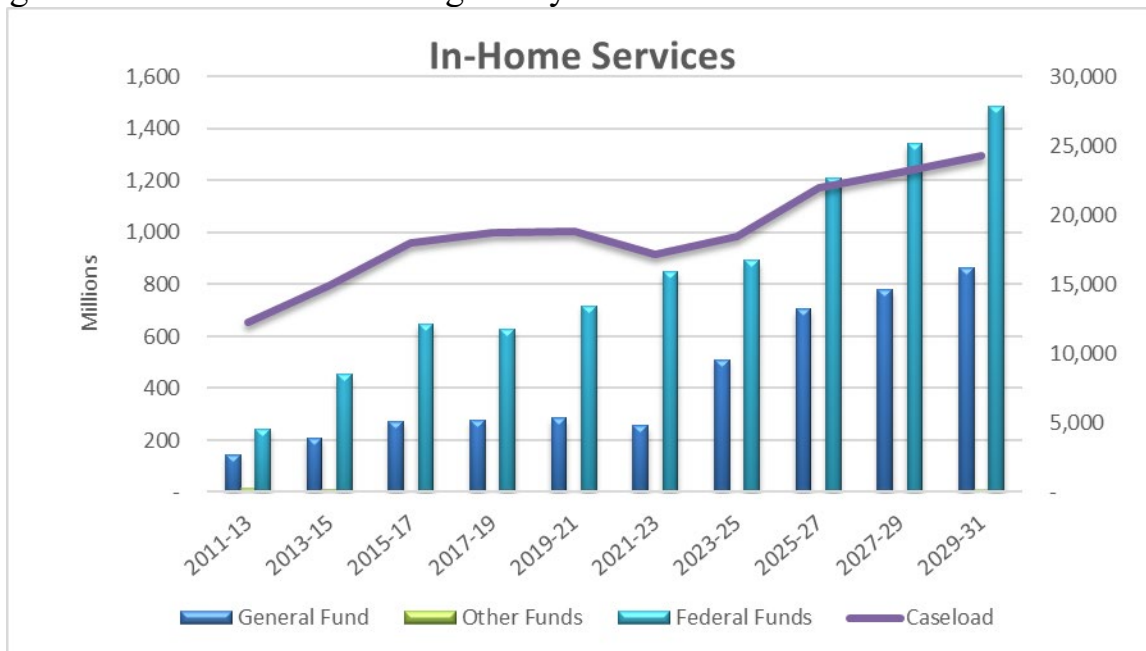
Funding for APD Adult Foster Home Rate Methodology Change \$21,367,284 GF and \$38,076,068 FF

This investment will raise the rates paid to Aging and People with Disabilities Adult Foster Homes to be comparable to Intellectual and Developmental Disabilities Adult Foster Home rates. This will help Aging and People with Disabilities Adult Foster Home providers stay solvent and help with consumers' access to these services. However, this funding is not sufficient to fully address the costs associated with the complexity of the individuals served in Aging and People with Disabilities foster homes. Unlike in Intellectual and Developmental Disabilities and Behavioral Health, Adult Foster Homes in Aging and People with Disabilities serve most complex individuals.

**Oregon Department of Human Services
Office of Aging and People with Disabilities
Medicaid and Non-Medicaid Long-Term Care In-Home Services**

Core Long-Term Focus Area: Person-centered services, supports and early interventions for Oregon’s older adults and people with disabilities that are innovative and help maintain independence, keep people safe, promote well-being, honor choice, respect cultural preferences and uphold dignity. The services provided help people access the supports they need to live their best lives in the communities they choose.

Program Contact: Nakeshia Knight-Coyle



In 2021-23 there was a significant federal funds increase from Home and Community Based American Rescue Plan Act. This included additional enhanced funding that ended on December 31, 2023. In the 25-27 biennium, Oregon Project Independence-Medicaid (OPI-M), Adult Day Services, Medicaid Home Delivered Meals, and Non-Medical Transportation budgets were moved from ‘Other services’ to In-Home care for reporting purposes. OPI-M funding and a detailed explanation of the OPI-M program is captured in the OPI-M Program Unit Form.

Program Overview

In-home services are the least restrictive service offered in Oregon’s long-term care continuum. This program funds Medicaid and non-Medicaid long-term care services to older adults and people with disabilities in their own homes. In-home services offer an opportunity to provide individualized care in a respectful, sensitive, and inclusive manner to Oregonians from a variety of diverse backgrounds.

These services are provided through three primary program options. Two of the program options are described below, and the third option, Oregon Project Independence – Medicaid (OPI-M), will be described on a separate Program Unit Form.

- The 1915(k) State Plan Option (K-plan) provides additional flexibilities and enhanced federal funds. This option has been in place since July 2013.
- The Oregon Project Independence (OPI) program is a state-funded program, which provides an opportunity for more individuals to access limited in-home services. This program has a goal of preventing or delaying entry into Medicaid services through the K-plan. Traditionally, OPI has primarily served individuals who are 60 years of age or older, however these services have previously received funding to provide a limited expansion to individuals under the age of 60.

Program Funding Request

APD In-Home Care				
	GF	OF	FF	TF
23-25 LAB	\$509,524,262	\$4,197,619	\$892,089,289	\$1,405,811,170
25-27 GB	\$705,159,240	\$6,571,424	\$1,211,730,892	\$1,923,461,556
Difference	\$195,634,978	\$2,373,805	\$319,641,603	\$517,650,386
% Difference	38.40%	56.55%	35.83%	36.82%

Program Description

These cost-effective programs enable older adults and people with disabilities who have low incomes to remain in their own homes and established communities. Individuals from culturally diverse backgrounds benefit from this program that provides enhanced independence, health, safety, and quality of life. Oregon's model of long-term care is referred to as a social model, distinctly different from a medical model of care. Social models of care focus on client autonomy, respect, choice, and individualized care planning. Individuals are viewed holistically, provided supports that enhance independence, dignity, and respect.

Currently, most individuals receiving in-home services are provided through the K-plan. Some individuals are currently receiving services through the state funded OPI program, however based upon funding limitations, some are put onto a waiting list until funding becomes available. However, the OPI-M program, which includes a federal match, will eliminate the OPI waiting list and reduce the need for the OPI program in general. Both the OPI and OPI-M programs combined allows individuals to be served who would otherwise go without services.

Eligibility for services is based upon a combination of financial criteria and service needs.

- **Financial Criteria:** For K-plan, the individual's income and resource amounts must be within eligibility requirements to receive OHP medical benefits. For OPI, individuals who are between 150 percent to 400 percent of the federal poverty level (FPL) will pay a sliding scale fee towards the cost of services, while those exceeding 400 percent will pay the full cost of services.
- **Service Criteria:** An individual's service needs are calculated as a "service priority level" which ranges from 1 (highest need) to 18 (lowest need). For the K-plan, an individual's service need must be between "service priority level" 1 and 13. For OPI, an individual's service need must be between 1 and 18.

The primary service for this program is in-home supports, which includes necessary assistance with activities of daily living (walking, transferring, eating, dressing, grooming, bathing, hygiene, toileting, and cognition) and instrumental

activities of daily living (meal preparation, housekeeping, laundry, shopping, medication, and oxygen management). Assistance ranges from several hours per week to 24 hours per day.

Individuals may choose to receive these services through the Consumer-Employed Provider program, which allows individuals to hire homecare workers. The individual is the employer and is empowered and responsible to hire, train, supervise, track hours worked, address performance deficiencies, and discharge providers. Homecare workers are paid a set rate established through collective bargaining, which the State pays on the individual's behalf. The Oregon Home Care Commission establishes homecare worker enrollment standards and training required, both of which contribute to the quality of in-home services.

Individuals may also choose to receive these services through a licensed in-home care agency where the agency provides all employer responsibilities, but the individual still directs their care.

Optionally, for individuals eligible for K-plan services, individuals may choose to receive services through the 1915(j) Independent Choice Program (which provides a "cash-out" benefit to individuals, who can then in turn pay for their services directly), or for some individuals, receive services through the Specialized Living program, which are contracted services, designed to serve a specific special-needs, such as those with traumatic brain injuries or quadriplegia who would otherwise require 24-hour care.

For K-plan services, in addition to the services mentioned above, there are supportive services the individual may choose from, such as:

- **Medicaid Adult Day Services:** Adult day services provide supervision for adults with functional or cognitive impairments who cannot be left alone for significant periods of time. Services may be provided in stand-alone centers, hospitals, senior centers, and licensed care facilities.
- **Medicaid Home-Delivered Meals:** Home-delivered meals are provided for Medicaid eligible individuals. These programs provide up to two daily hot mid-day meal(s) and often frozen meals for days of the week beyond the provider's delivery schedule.
- **Community Transportation:** Community Transportation provides transportation for non-medical purposes that promotes the individual's health and safety needs.

Without these supports, more than 20,000 individuals would likely receive services in a more costly nursing facility and/or be at an increased risk for hospitalizations. Oregon provides a variety of in-home service options available to individuals based on preference, choice, and cost-effectiveness.

K-plan is administered through APD and Medicaid contracted Area Agencies and Aging (AAAs) offices, commonly called Type B AAAs. OPI is administered through the network of all contracted AAA offices.

Cost Drivers

The major cost drivers of the in-home services program are the current number of eligible individuals, their level of needed assistance, the length of time receiving services, and the growing population of those requiring services. The population served is much different than it was 30 years ago when Oregon first received a waiver to allow in-home services. With the advancement of medical technology and treatment options, individuals are living longer with chronic disease and significant disabilities.

Most of the actual costs are based upon wages and benefits paid for homecare workers tied to collective bargaining, as well as payments made to in-home care agencies.

Program Justification and Link to Focus Areas

In the early 1980s, Oregon was the first state awarded a Medicaid 1915(c) Home and Community-Based Services waiver from the Centers for Medicare and Medicaid Services, which allowed Oregon to serve individuals in their homes and communities. In 2013, Oregon added a new, 1915(k) State Plan Option, or “K plan,” that provides additional flexibility and funds. In an independent study conducted by AARP, Oregon received an overall ranking of 4th out of 50 states in terms of choice of settings and providers, quality of life and quality of care, and effective transitions from nursing facilities back into the community. Across the nation, Oregon continues to be a leader for serving individuals in their own homes.

The OPI program’s intent is to decrease the number of Oregonians who would otherwise access, or eventually access, services through the K-plan. The OPI

program continues to maintain waiting lists, however this list will soon be reduced or eliminated as OPI-M is implemented.

These programs empower individuals to direct their own services and make choices that enhance their quality of life, live with dignity, and remain as independent as possible. Health and safety are maintained through the provision of necessary assistance with activities of daily living and instrumental activities of daily living. Consistent provision of services, including medication management and the preparation of nutritious meals, delays or diverts an individual's entry into more costly services and care settings.

Program Performance

A key goal of the Oregon Department of Human Services (ODHS) is that people are safe and living as independently as possible. ODHS currently measures this goal based on the percentage of individuals living in their own homes in lieu of a licensed care facility, as well as the percentage of individuals who move to a less restrictive service setting. Approximately 58 percent of APD consumers live in their own homes or their families' homes. This includes 18,432 individuals receiving paid services and approximately 5,500 individuals who have been unable to find a paid caregiver.

Enabling Legislation/Program Authorization

Medicaid is an entitlement program that was enacted in 1965 under Title XIX of the Social Security Act. Eligible individuals have the right to receive long-term care services in a nursing facility. While states are not required to participate in Medicaid, they must follow Medicaid rules to receive federal matching funds. Oregon's Long-Term Care system operates under a variety of Medicaid options which allows long-term care services to be provided in home and community-based settings, more cost effective than the required nursing facility service.

K-plan services is a service option under Title XIX, section 1915 of the Social Security Act. OPI services is authorized under Oregon law at ORS 410.410 to 410.480.

Funding Streams

K-plan In-home services are funded through the Medicaid program. The services are designed and approved using Medicaid 1915c Home and Community-Based Waivers, and primarily, the Community First Choice Option in the Medicaid State Plan. The program 1915c Waiver funding match rate is current Federal Medical Assistance Percentage (FMAP), 58.05% Federal funds and 41.95% State General Funds and for 1915K, FMAP + 6%: 64.05% Federal funds and 35.95% State General Funds. There is a small amount of funding from the estates of former recipients. When a Medicaid recipient passes away, ODHS is required by federal law to recover money spent for the individual's care from the recipient's estate. These funds are reinvested in services for other individuals, offsetting the need for general funds.

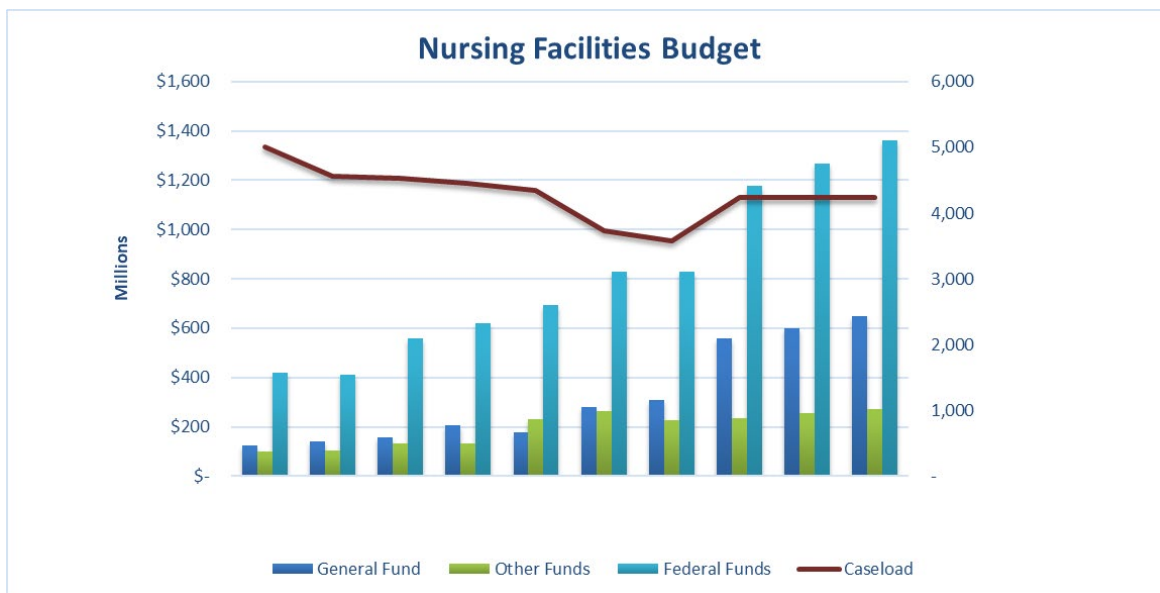
Funding Justification and Significant Changes to CSL

N/A

**Oregon Department of Human Services
Office of Aging and People with Disabilities
Medicaid Long-Term Care Nursing Facilities**

Core Long-Term Focus Area: Person-centered services, supports and early interventions for Oregon’s older adults and people with disabilities that are innovative and help maintain independence, keep people safe, promote well-being, honor choice, respect cultural preferences and uphold dignity. The services provided help people access the supports they need to live their best lives in the communities they choose.

Program Contact: Nakeshia Knight-Coyle



Program Overview

Nursing facility services are the institutional option available in Oregon’s long-term services and supports continuum, which also consists of in-home and community-based care. Nursing facilities are generally considered the most restrictive setting of the three options offered; however, this program is important for individuals with the highest levels of acuity and is a mandated federal benefit under the Medicaid program. Nursing facility services are the guaranteed benefit

(entitlement) by federal law for individuals who meet nursing facility level of care criteria set by the state and individuals may choose this care setting even if they could be served in a less intensive care setting.

Program Funding Request

APD Nursing Facilities				
	General Fund	Other Fund	Federal Fund	Total Funds
23-25 LAB	\$308,805,467	\$226,495,049	\$830,803,892	\$1,366,104,408
25-27 GB	\$558,648,634	\$235,892,684	\$1,176,631,643	\$1,971,172,961
Difference	\$249,843,167	\$9,397,635	\$345,827,751	\$605,068,553
% Diff	80.91%	4.15%	41.63%	44.29%

Program Description

Nursing facilities are most appropriate for people with high acuity needs requiring 24-hour medical oversight and a protective/structured setting. They offer short-term care for individuals who need rehabilitation services or 24-hour nursing. They also serve individuals with permanent health problems too complex or serious for in-home or community-based care settings.

Nursing facility rates cover basic, complex, bariatric, pediatric, enhanced care, and post-hospital extended care. Services vary in nursing care facilities, but generally consist of the following:

- Medical treatment prescribed by a doctor,
- Physical, speech, and occupational therapy,
- Assistance with personal care activities such as eating, walking, bathing, and using the toilet (custodial care); and
- Social services.

Oregon currently has 129 licensed nursing facilities. These facilities have approximately 2.18 million annual resident days, of which nearly 66.2 percent are Medicaid clients. The majority of residents are admitted directly from acute care hospitals with a very small percentage from home or other care settings.

Payer	Long-Term Care – Nursing Facility
Medicare	19.32%
Medicaid	66.17
Private Pay	14.51%

There has been an increase in the number and percentage of Medicaid consumers receiving services this last year, after 3 years of decreased beds. As such, there has also been an increase in revenue coming from Medicaid in the last biennium. It is now about 59.8% of NF revenue compared to about 54.8% previously.

The main cost drivers are lower census in nursing facilities, the length of stay in a nursing facility, and the steady increase in the daily reimbursement rate. The nursing facility reimbursement rate is tied to the provider assessment statute. The current nursing facility reimbursement basic rate as of July 1, 2024, is \$518.22 per resident per day. The proposed rate for July 1, 2025, is \$556.21.

In the 2023-2025 biennium, the provider assessment is expected to account for approximately \$163.6 million of \$4.5 billion in total APD program expenditures.

Program Justification and Link to Focus Areas

Nursing facility services keep people safe and promote well-being. Though nursing facility level of care is a guaranteed benefit, Oregon has been the national leader in creating cost-effective alternatives that meet people's needs in their homes and other community settings, such as assisted living facilities, in-home care, retirement communities, residential care, and adult foster homes. Oregon continues to work closely with individuals and their families to offer the full array of community-based services. The new State Plan Authority approved by the Centers for Medicare and Medicaid Services in July 2013 provides Medicaid-funded resources to assist individuals in transitioning from nursing facilities. While this work continues, it is unlikely that the state will significantly decrease the percentage of individuals served in nursing facilities further.

Program Performance

Nursing facilities are subject to both federal and state regulations. The state, on behalf of the Centers for Medicare and Medicaid Services, licenses, and monitors all nursing facilities in Oregon. APD only pays nursing facilities that meet these licensing requirements.

Nursing facilities are an important service in our long-term care continuum, meeting the needs of some individuals with higher acuity levels. Oregon continues to highlight, strengthen, and encourage the use of home and community-based care facilities instead of nursing facilities. As of March 2024, the percentage of long-term care recipients utilizing nursing facilities services is 11.1 percent, one of the lowest in the country.

Enabling Legislation/Program Authorization

Medicaid is an entitlement program that was enacted in 1965 under Title XIX of the Social Security Act. While states are not required to participate in Medicaid, to receive federal matching funds states must follow the Medicaid rules. Oregon's long-term care system operates under Medicaid state plan authority. All clients who qualify for nursing facility care have the choice of receiving care in other settings such as in-home or in community-based care settings.

Oregon's nursing facility reimbursement rate and accompanying provider assessment authorization is promulgated in ORS 409.736. The 2013 Legislative Assembly reauthorized the provider assessment through 2020.

Funding Streams

Nursing facility services are funded through the Medicaid program; therefore, the federal government pays 58.05 percent Federal Medical Assistance Percentage (FMAP), with the balance being split between state General Funds and provider taxes. There is also funding provided through the estates of former recipients. When a Medicaid recipient passes away, the state is required by federal law to recover expenditures for the individual's care from the recipient's estate in a process usually referred to as estate recovery.

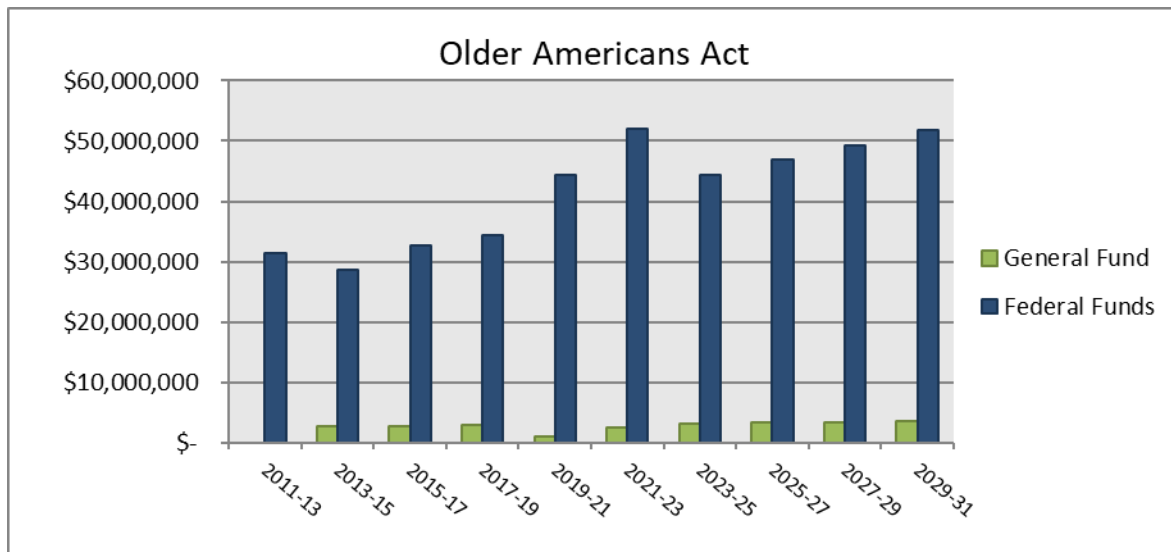
Funding Justification and Significant Changes to CSL

N/A

**Oregon Department of Human Services
Office of Aging and People with Disabilities
Older Americans Act**

Core Long-Term Focus Area: Person-centered services, supports and early interventions for Oregon’s older adults and people with disabilities that are innovative and help maintain independence, keep people safe, promote well-being, honor choice, respect cultural preferences and uphold dignity. The services provided help people access the supports they need to live their best lives in the communities they choose.

Program Contact: Nakeshia Knight-Coyle



Older Americans Act funding comes primarily from the federal government. In FY 2023, OAA funding helped serve more than 75,000 Oregonians.

Program Overview

Services and supports available to individuals under the Older Americans Act (OAA) provide vital assistance designed to support older adults in the community. The OAA is a federal law that set out a national aging network structure consisting of the U.S. Administration on Aging (AoA), State Units on Aging (ODHS/Aging

and People with Disabilities program), and Area Agencies on Aging (AAAs). The OAA authorizes funding and services through this network to serve older individuals in their homes and communities, through local entities. All individuals aged 60 or older, regardless of income are eligible to receive services but the programs are targeted towards those in greatest social or economic need. A specific focus on how to better serve diverse populations of older adults across race/ethnicity, sexual orientation, gender, veteran status and other intersecting categories is essential with the continually changing demographics of Oregon.

Program Funding Request

APD Older Americans Act				
	GF	OF	FF	TF
23-25 LAB	\$3,126,863	\$0	\$44,454,670	\$47,581,533
25-27 GB	\$3,301,965	\$0	\$46,944,133	\$50,246,098
Difference	\$175,102	\$0	\$2,489,463	\$2,664,565
% Difference	5.60%		5.60%	5.60%

Program Description

Older Americans Act services are administered entirely by 16 local Area Agencies on Aging. To qualify for OAA supported services an individual must meet the following criteria:

- Be 60 years of age or older;
- Be a caregiver of someone 60 years of age or older (or younger if the person is diagnosed with Alzheimer’s Disease or related dementia) or an older relative caring for a child 18 years of age or younger or an individual with disabilities age 18 or older; or
- For the Senior Community Service Employment Program (Title V), be 55 or older and have an adjusted income at or below 125 percent of Federal Poverty Level.

There is no income or asset/resource criteria for eligibility, except for the Senior Community Service Employment Program (Title V).

Older Americans Act services and funding by title

- **Title III**

Supportive Services - Helps maintain independence through assisted transportation, information and referral/assistance, in-home care, adult day care, chore services, home modification and other housing help, legal assistance, mental health outreach, and assistive devices. Title III also partially funds Oregon's Aging and Disability Resource Connection (ADRC), which provides unbiased information, referral, and options counseling for individuals (consumers, family members, caregivers) needing long-term services and supports.

Nutrition Services - In order to reduce hunger and food insecurity and promote socialization, health, and well-being the Act authorizes both home-delivered (commonly known as Meals on Wheels) and congregate (community setting, senior center, community center, etc.) meals programs. The Act also requires nutrition education and counseling.

Nutrition Services Incentive Program (NSIP) - Supplements funding authorized under Title III for food used in meals served under the Older Americans Act. States receive an allocation based on the number of meals served under the OAA in the state in proportion to the total number of meals served by all states.

Preventive Health Services - Authorizes evidence-based programs that promote healthy lifestyles through physical activity, appropriate diet and nutrition and self-management of chronic health conditions.

National Family Caregiver Support Program - Provides individual and group options counseling, training, and respite care for family members and friends who are primary caregivers to older adults. This program also provides support to older relatives who are raising grandchildren.

Legal Assistance Services – Part of the essential core of OAA's legal assistance and elder rights programs. Legal services protect older adults against direct challenges to their independence, choice, and financial security. These legal services are specifically targeted to older individuals with economic or social needs.

- **Title V**

Senior Community Service Employment Program (SCSEP) – Authorizes a community service and work-based training program for older workers that provides subsidized, service-based training for people with low incomes who are age 55 or older, are unemployed and have poor employment prospects. Participants are paid minimum wage for approximately 20 hours per week while they develop valuable skills and connections to help them find and keep jobs in their communities. Title V funding is awarded to ODHS/APD from the U.S. Department of Labor and is competitively sub-granted to a qualified job training organization.

- **Title VII**

Elder Rights Services - Provides a focus on the physical, mental, emotional and financial well-being of older Americans. Services include pension counseling, legal assistance, and elder abuse prevention education.

Ombudsman Program - Establishes an Office of the State Long-Term Care Ombudsman program to identify, investigate, and resolve complaints made by or on behalf of residents of licensed care facilities (nursing homes, assisted living, and adult foster homes) and promote system changes that will improve the quality of life and care for residents. The allocation for this program is 100 percent passed through to the Office of the Long-Term Care Ombudsman, a separate state agency from APD.

OAA Funding - OAA funding is granted to each State Unit on Aging (ODHS/APD) based on a population formula. ODHS/APD provides funds to Oregon's 16 designated Area Agencies on Aging (AAA) through an Intrastate Funding Formula (IFF) The IFF is a formula taking into account base funding, land area and population data for each AAA planning and service areas.

The AAAs work with their local communities to assess the needs of older adults and develop an area plan for their planning and service area. Once approved by ODHS/APD, the area plan becomes the basis for the funding agreement between the AAA and ODHS/APD.

Program Justification and Link to Focus Areas

The OAA provides vital support for older adults who are at significant risk of losing their independence by providing food, job training and opportunities, social

support, transportation, legal services, chronic disease self-management and fall prevention.

Annual State Program reports are submitted to the Administration for Community Living (ACL), consisting of service unit data and client demographics. Evidence-based programs supported by the preventive health services funding under Title III have provided an opportunity to demonstrate health care cost-saving based on the research supporting the programs. The Senior Community Service Employment Program tracks six performance measures each year including employment and retention. Performance standards and measures have recently been established for the Aging and Disability Resource Connection of Oregon, and will be tracked appropriately.

Program Performance

- **Number of people served/items produced**
OAA data reporting requires AAAs to capture identifiable unduplicated clients who receive registered services and an estimated number of clients receiving non-registered services. Registered services include personal care, home care, chore, meals, day care, case management, assisted transportation, caregiver, and nutrition counseling. Non-registered services include but are not limited to information and assistance, health promotion programs, group education, etc. Oregon's 16 AAAs served approximately 71,301 distinct individuals in state fiscal year 2023.

Enabling Legislation/Program Authorization

Federal Law: 45 CFR, Part 1321.

Funding Streams

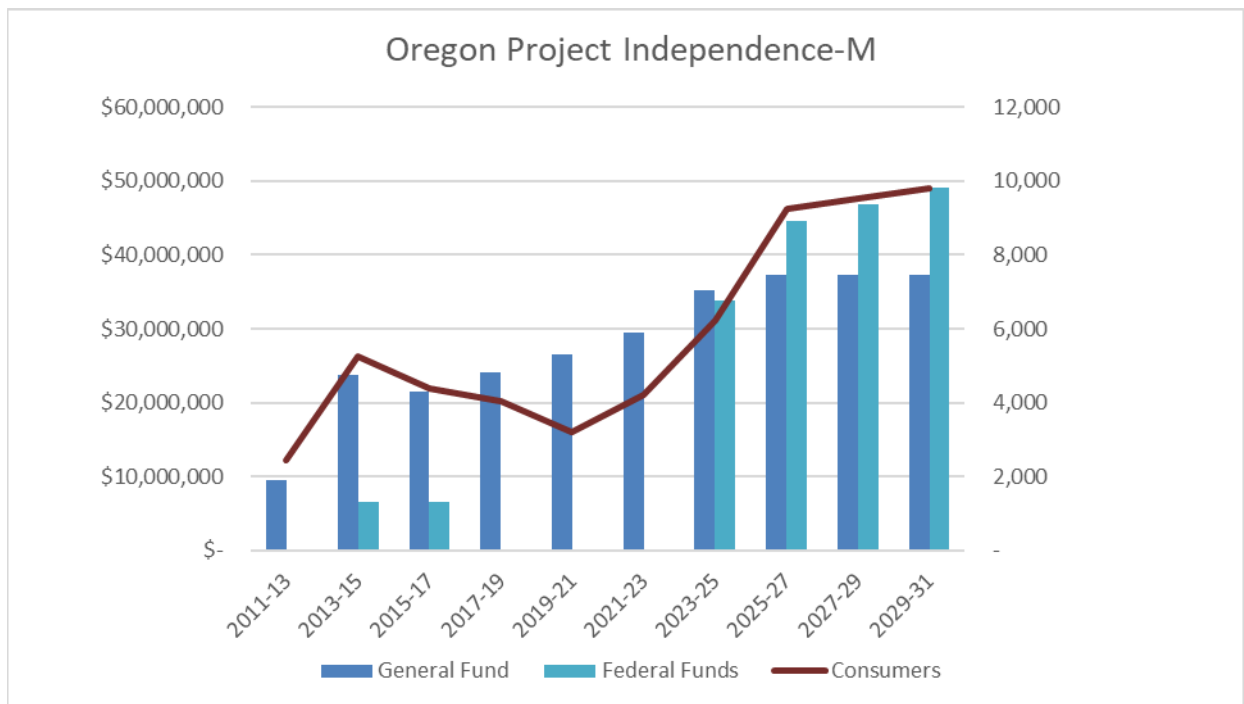
OAA funds are 100 percent federal. The law has a required Maintenance of Effort and state match of \$5 million per biennium, which is met with state funding authorized for Oregon Project Independence (ORS 410.410 to 410.480). OAA funding was never intended to, nor does it, fully fund services. Each dollar of federal OAA funding is leveraged with \$2 of state and local funds, participant donations, and community fundraising. Additionally, the services are enhanced with the in-kind support of volunteers, donated community space and equipment, etc.

Funding Justification and Significant Changes to CSL
N/A

**Oregon Department of Human Services
Office of Aging and People with Disabilities
Oregon Project Independence Medicaid (OPI-M)**

Core Long-Term Focus Area: Person-centered services, supports and early interventions for Oregon’s older adults and people with disabilities that are innovative and help maintain independence, keep people safe, promote well-being, honor choice, respect cultural preferences and uphold dignity. The services provided help people access the supports they need to live their best lives in the communities they choose.

Program Contact: Nakeshia Knight-Coyle



Program Overview

In-home services are the least restrictive service offered in Oregon’s long-term care continuum. In-home services offer an opportunity to provide individualized care in a respectful, sensitive, and inclusive manner to Oregonians from a variety of diverse backgrounds.

The Oregon Project Independence – Medicaid (OPI-M) program was approved by the Oregon Legislature in 2021 and approved by Centers for Medicare and Medicaid Services (CMS) in February 2024. Implementation started in June 2024 with the caseload expected to grow over the 2023-2025 and 2025-2027 biennia to approximately 5,000 individuals.

OPI-M is an important in-home services program that:

- Serves individuals with higher incomes and assets than traditional Medicaid.
- Provides similar in-home services to Oregon Project Independence (OPI) program
- Provides family caregiver supports such as respite and training
- Draws down federal funding unlike Original OPI
- Exempts individual’s estate from estate recovery unlike traditional Medicaid
- More than doubles the number of individuals who may be served and eliminates OPI waitlists with very little new state General Funds.

With the CMS approval in February 2024, APD is implementing this program in part by transitioning as many individuals as possible from the OPI program to the OPI-M program. Additionally, APD and the Area Agencies on Aging will work to eliminate OPI waitlists and transition individuals who lose eligibility for traditional Medicaid to OPI-M.

Program Funding Request

APD Oregon Project Independence-M				
	GF	OF	FF	TF
23-25 LAB	\$29,511,348	\$0	\$33,751,667	\$63,263,015
25-27 GB	\$37,217,933	\$0	\$44,587,125	\$81,805,058
Diff.	\$7,706,585	\$0	\$10,835,458	\$18,542,043
% Diff.	26.11%	0.00%	0.00%	29.31%

Program Description

This cost-effective program enables older adults and people with disabilities who may have income and/or resources that are higher than the in-home services authorized through traditional Medicaid, but lower than the eligibility criteria for OPI-M, to remain in their own homes and established communities. Increasing

access to these services for more individuals will improve overall health outcomes and prevent or delay individuals from needing access to the services under the traditional Medicaid program.

Individuals from culturally diverse backgrounds benefit from this program that provides enhanced independence, health, safety, and quality of life. Oregon's model of long-term care is referred to as a social model, distinctly different from a medical model of care. Social models of care focus on client autonomy, respect, choice, and individualized care planning. Individuals are viewed holistically, and are provided supports that enhance independence, dignity, and respect.

Eligibility for services is based upon a combination of financial criteria and service needs.

- **Financial Criteria:** For OPI-M, the income and resource limits are significantly higher than other APD programs at 400 percent of the Federal Poverty Limit (FPL) and countable resources lower than the cost of six months of residing in a nursing facility. As of May 2024, this translates to income of no more than \$5,020 a month and countable resources of no more than \$87,215.
- **Service Criteria:** An individual's service needs are calculated as a "service priority level" which ranges from 1 (highest need) to 18 (lowest need). OPI-M serves all individuals between 1-18. APD's other Medicaid long term services and supports (LTSS) program only serves individuals in Service Priority Levels 1 through 13.

The primary service for this program includes in-home supports, which includes necessary assistance with activities of daily living (walking, transferring, eating, dressing, grooming, bathing, hygiene, toileting, and cognition) and instrumental activities of daily living (meal preparation, housekeeping, laundry, shopping, medication, and oxygen management). OPI-M allows individuals to receive up to 40 hours of care every two weeks.

Individuals may choose to receive these services through the Consumer-Employed Provider program, which allows individuals to hire homecare workers. The individual is the employer and is empowered and responsible to hire, train, supervise, track hours worked, address performance deficiencies, and discharge

providers. Homecare workers are paid a set rate established through collective bargaining, which the state pays on the individual's behalf. The Oregon Home Care Commission establishes homecare worker enrollment standards and training required, both of which contribute to the quality of in-home services.

Individuals may also choose to receive these services through a licensed in-home care agency where the agency provides all employer responsibilities, but the individual still directs their care.

Individuals can also receive home delivered meals, adult day program services, targeted services that increase independence, and much more. These programs also support family caregivers through caregiver training and respite.

Without these supports, individuals are at an increased risk for hospitalizations and negative health outcomes, resulting in the individual paying increased costs for care privately and eventual entry into the more expensive traditional Medicaid LTSS programs.

The OPI-M program is administered through a combination of state APD offices and contracted Area Agency on Aging (AAA) offices throughout the state.

Cost Drivers

The major cost drivers include the number of individuals who will be served, the assessed need of the individuals and the cost of providing the services. The OPI-M caseload is expected to be comprised of individuals who are currently on OPI waitlists, those who are currently receiving OPI and chose to transition to OPI-M, and new enrollees. Enrollment costs also include their level of needed assistance, the length of time receiving services, and the expected growth of this program.

Most of the actual costs are based upon wages and benefits paid for homecare workers tied to collective bargaining, as well as payments made to in-home care agencies.

Program Justification and Link to Focus Areas

The OPI-M program allows more individuals to be served by leveraging federal dollars with a small increase in state general fund expenditures.

OPI-M empowers individuals to direct their own services and make choices that enhance their quality of life, live with dignity, and remain as independent as possible. Health and safety are maintained through the provision of necessary assistance with activities of daily living and instrumental activities of daily living. Consistent provision of services, including medication management and the preparation of nutritious meals, delays or diverts an individual's entry into more costly services that are offered by the traditional Medicaid LTSS programs.

Program Performance

A key goal of the Oregon Department of Human Services (ODHS) is that people are safe and living as independently as possible. ODHS currently measures this goal based on the percentage of individuals living in their own homes rather than a licensed care facility, as well as the percentage of individuals who move to a less restrictive service setting.

Since this program started on June 1, 2024, performance data is not yet available. However, APD expects to serve more than 4,400 individuals in the OPI-M program over the next five years.

Enabling Legislation/Program Authorization

Medicaid is an entitlement program that was enacted in 1965 under Title XIX of the Social Security Act. Eligible individuals have the right to receive long-term care services in a nursing facility. While states are not required to participate in Medicaid, they must follow Medicaid rules to receive federal matching funds. Oregon's Long-Term Care system operates under a variety of Medicaid options which allows long-term care services to be provided in home and community-based settings. These settings are more cost effective than the required nursing facility service.

Title XIX has specific program requirements that states must follow. However, OPI-M is considered a "demonstration," or an alternative way of providing services that do not have to meet all Title XIX requirements. This is authorized under Title XI, section 1115, as approved by CMS. The Oregon Legislature directed the Department to pursue the 1115 Demonstration waiver in the 2021 session.

Funding Streams

OPI-M services are funded through the Medicaid program, utilizing the 1115 Demonstration approval. It utilizes the Federal Medical Assistance Percentage (FMAP rate), 58.05 percent Federal funds and 41.95 percent State General Funds (the percentages experience slight adjustments at the beginning of each federal fiscal year). Per the Demonstration approval, OPI-M will not recover money spent for the individual's care from the recipient's estate. The State General Fund is a combination of the amount allocated for Original OPI and dedicated 1115 funding authorized in 2021 and 2023.

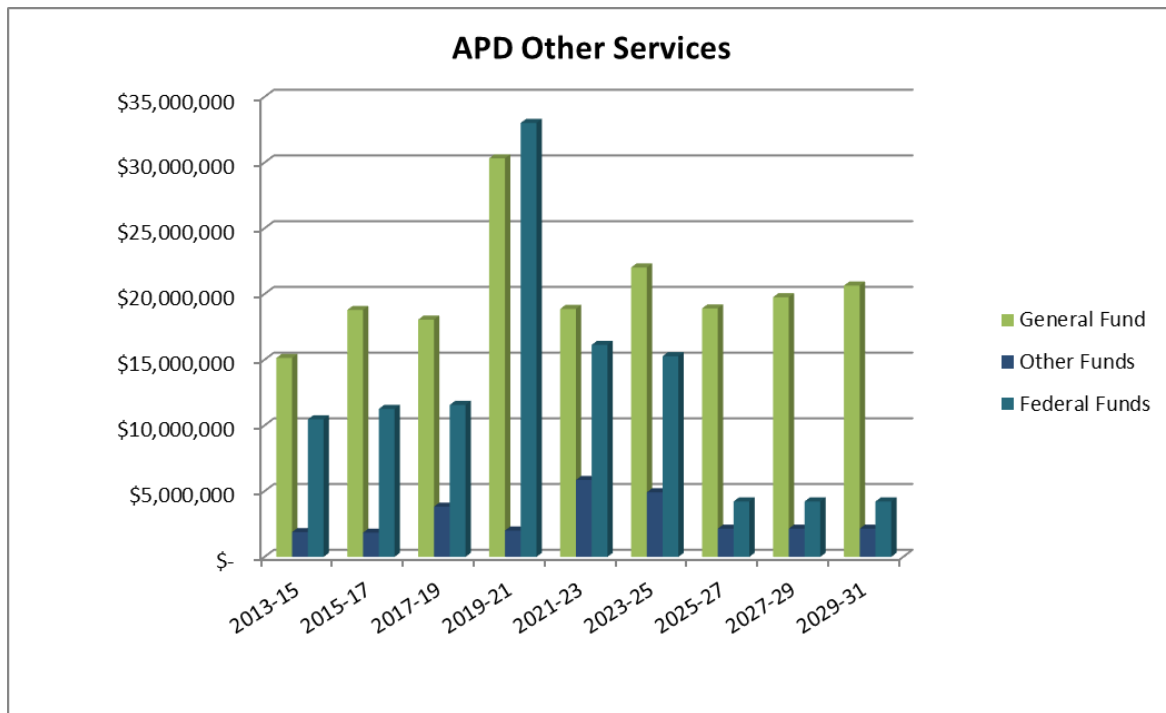
Funding Justification and Significant Changes to CSL

N/A

**Oregon Department of Human Services
Office of Aging and People with Disabilities
Other Services**

Core Long-Term Focus Area: Person-centered services, supports and early interventions for Oregon’s older adults and people with disabilities that are innovative and help maintain independence, keep people safe, promote well-being, honor choice, respect cultural preferences and uphold dignity. The services provided help people access the supports they need to live their best lives in the communities they choose.

Program Contact: Nakeshia Knight-Coyle



Costs for 2009-2011 and 2011-2013 are higher due to the transfer of the funding for Medicare Part A and Medicare Part B buy-in programs from the Oregon Health Authority (OHA) to Aging and People with Disabilities (APD). These funding sources were transferred back to OHA in 2013-2015, but APD continues to administer the programs. 2023-2025 costs have also changed due to removal of ancillary in-home services such as adult day services and home delivered meals-Medicaid. These services are captured in In-Home Supports services.

Program Overview

The Other Services category is dominated by the federally mandated Medicare Savings Programs (MSPs) and the Medicare Buy-In program which help low-income Medicare beneficiaries meet their cost sharing requirements. This cost-effective investment ensures that Medicare remains in a first-payer position, thereby reducing costs to the State's Medicaid health programs (Oregon Health Plan). Other services include APD's cash payment programs that help individuals remain independent in their own homes.

Program Funding Request

	APD Other Services (excludes OPI and OAA)			
	GF	OF	FF	TF
LAB 23-25	22,019,239	4,917,998	15,269,122	42,206,359
GB 23-25	18,905,568	2,148,828	4,217,653	25,272,049
Difference	(3,113,671)	(2,769,170)	(11,051,469)	(16,934,310)
% Change	-14.1%	-56.3%	-72.4%	-40.1%

Program Description

Federal law requires states to provide payments on behalf of low-income Medicare beneficiaries who meet specific income guidelines. APD helps consumers access this benefit and pays the cost-sharing requirements that these Medicare beneficiaries would have to pay if MSPs did not exist. MSPs cover some of these costs that could otherwise be a substantial burden for low-income Medicare beneficiaries and could possibly limit their access to necessary services.

Medicare beneficiaries include individuals aged 65 or older and people with disabilities who have been receiving Social Security Disability payments for at least two years. APD is expected to serve more than 175,000 older adults and people with disabilities in the MSPs during the next biennium.

The passage of the Medicare Improvements for Patients and Providers Act (MIPPA) of 2008 expanded the asset allowance and eliminated the estate recovery requirement for individuals receiving benefits through the Medicare Savings Programs. In 2016, Oregon eliminated the asset limit for these programs. These

changes eliminated many of the barriers to the MSPs for a significant number of Oregonians.

The Medicare related programs include the following:

- **State Medicare buy-in:** By purchasing Medicare Part B (which has a federally required premium) for individuals eligible for both Medicare and Medicaid (dual-eligibles), the Medicaid program pays for medical services (such as physician, radiology, and laboratory services) only after Medicare has paid as primary payer.
- **Medicare Savings Programs (MSPs):** There are four Medicare Savings Programs. Each have different eligibility criteria and provide different benefits. These include:
 - The *Qualified Medicare Beneficiary* (QMB) program - Beneficiaries receive state assistance for the costs associated with the Medicare hospital benefit, Part A, and physician services, Part B, that would otherwise be required of them, including premiums, deductibles, and co-payments. These clients have income equal to or less than 100 percent of the federal poverty level (FPL).
 - The *Specified Low-Income Medicare Beneficiary* (SLMB) program provides assistance with the Part B Premium. Individuals must have income between 101 and 120 percent of FPL.
 - The *Qualifying Individual* (QI) program pays for the Part B premium for individuals between 121 percent and 135 percent of FPL but unlike the other programs, this is not an entitlement. Unlike the QMB and SLMB programs, the QI program is a federal allotment to states that is set at a specific amount each year. States receive 100 percent federal matching up to the amount of the allotment, and
 - The *Qualified Disabled and Working Individuals* (QDWI) program helps pay the Part A premium for people who have lost premium-free Part A coverage because they returned to work.

Medicare Part D is the Medicare pharmacy benefit. All consumers in the Medicare buy-in programs receive assistance from CMS with their Medicare Part D premiums and co-insurance amounts. Along with these mandated programs, APD also provides a limited benefit called **Cash Payments**.

These are special-needs payments to reduce the need for more expensive long-term care payments and to allow a client to retain independence and mobility in a safe environment. Special needs payments may be used for such things as adapting a home's stairs into a ramp or repairing a broken furnace. Clients can also receive cash payments to help pay Medicare Part D prescription drug copays, payments for non-medical transportation, and a one-time emergency payment for an unexpected loss (such as stolen cash, a car repair, or a broken appliance). The budget supporting these payments meets the federal requirement for APD's maintenance of effort (MOE) related to the Supplemental Security Income program.

Program Justification and Link to Focus Areas

Other Services are targeted supports that help Oregonians remain in the least restrictive setting possible. The Department strives to provide services in a respectful, culturally, and linguistically appropriate manner. These services support efforts to increase home- and community-based care to 90 percent of the total Medicaid long-term care caseload.

These services also allow individuals to receive services at the right time and in the right place. They maximize expenditures by using the federal portion of Medicaid funding to provide person-centered services when the person needs them and helps ensure financial stability for the Long-Term Care Service and Supports system.

Program Performance

In an independent study conducted by AARP in 2023, Oregon received an overall ranking of 7th out of 50 states in terms of choice of settings and providers, quality of life, quality of care, and effective transitions from nursing facilities back into the community. With approximately 54 percent of the Medicaid caseload served in their own homes, Oregon continues to rank in one of the highest percentiles.

Enabling Legislation/Program Authorization

Title XIX of the Social Security Act, ORS 410 and ORS 443 provide statutory policy and structure to the services offered.

Funding Streams

Besides Oregon Supplemental Income Program, which is the primary service within this program area, and is 100% General Fund. Other services are mostly funded through the Medicaid program; the federal government pays approximately 58.05 percent. There is a small amount of funding that is General Fund only, which serves to meet the state's maintenance of effort requirements. There is also funding provided through the estates of former recipients. When a Medicaid recipient passes away, the state is required by federal law to recover expenditures for the individual's care from the recipient's estate in a process usually referred to as estate recovery.

Funding Justification and Significant Changes to 25-27 CSL

N/A

Oregon Department of Human Services: Office of Developmental Disabilities Services

Program mission

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

Program vision

People and families access quality supports that are simple to use and responsive to their strengths, needs and choices while they live and thrive as valued members of their community.

Program values

ODDS fulfills its mission and carries out its responsibilities while adhering to the following values:

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

Our communities are enriched and strengthened by embracing intellectual and developmental diversity, as every individual has something unique and important to contribute. Individuals with I/DD and their families can achieve their highest potential when their supports are centered on and directed by individuals' unique needs and are flexible, community inclusive, and supportive of the discovery and development of their unique gifts, talents and abilities.

All people with I/DD should have equitable access to the services and supports provided by ODDS and its statewide partners. ODDS is committed service equity

and is guided by ODHS' [Equity North Star](#) to create a system that is sustainable, easy to use, effectively communicated and equitably accessible. This includes:

- Engaging people with I/DD, their families and diverse communities to better understand how the system supports them and/or comes up short;
- Reaching out to and prioritizing underserved communities;
- Building partnerships with the Nine Federally Recognized Tribes of Oregon and Indigenous peoples across the state to better support individuals with I/DD;
- Identifying systemic barriers to equitable access and working to remove those barriers to improve outcomes;
- Translating documents into accessible formats and languages spoken by individuals and their families and providing more equitable access to interpretation services;
- Embedding equitable practices at all levels of the service delivery system; and
- Building a Tribal Navigator program.

To realize our service equity values, ODDS is developing a Service Equity Action Plan that guides and supports equity initiatives at the agency, program and partner levels. The ODDS Service Equity Committee and manager are working with ODDS leadership and staff to find ways to remove systemic barriers and to apply best practices. ODDS also has an external service equity committee for its CME partners. Each CME has completed equity assessments and developed action plans and will report progress annually to ODDS. ODDS will develop a third committee for providers, individuals and families.

The realization of our values is built on critical partnerships between the state agencies, local governments, Tribal partners, self-advocates and families, nonprofits, provider agencies and other partners. Guided by these values, we observe that:

- People participate more fully in their communities through our services and advocacy.
- Children with I/DD grow up with the same expectations and opportunities as any child in Oregon.
- People can focus on their well-being while their support workers focus on the demands of providing professional services and supports.
- People are more independent and empowered to achieve their goals and live their best lives as they see fit in their community.

ODDS has also been working to achieve the following goals from its 2018–23 strategic plan:

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

Our current strategic plan is outdated due to the leadership transition ODDS has been undergoing since fall 2022. ODDS’ new interim leadership will be reviewing and updating the strategic plan in partnership with the ODDS Vision Advisory Committee (leaders of key I/DD partner organizations) and the I/DD community.

People served

ODDS serves people with intellectual disabilities (IQ 75 or below) or developmental disabilities such as autism, Down syndrome and cerebral palsy. Some people with I/DD may also have significant medical or behavioral health needs. Most people with I/DD meet Medicaid financial and nonfinancial eligibility requirements and ODDS program requirements. ODDS also serves a small number of children with extraordinary medical needs who do not have I/DD in ODDS’ Children’s Intensive In-home Services Program and the Children’s Extraordinary Need’s Program. These criteria will be defined later in this document. All individuals served by ODDS experience disabilities that have a significant lifelong impact on their ability to function independently. Therefore, ODDS’ system of supports provides services across the lifespan.

As of June 3, 2024, ODDS serves 36,224 individuals in Oregon, 24,554 adults and 11,670 children.¹ In order to be eligible for ODDS program services and supports, a person must meet financial and nonfinancial eligibility requirements for Medicaid and have at least one of the following:

¹ Source: ODDS data team, June 3, 2024.

- Intellectual disability as determined by IQ with onset before age 18 and limited ability to handle day-to-day activities.
- Developmental disability with onset before age 22 limited ability to handle day-to-day activities.

Additionally, individuals meeting the above-listed criteria must also require the “level of care” provided in an intermediate care facility for individuals with intellectual disabilities (ICF/ID). This means that, if not for receiving services provided through the ODDS program in a home and community-based setting, an individual would reside in an ICF/ID.

Services offered

Oregon’s I/DD program services are primarily offered through federal Medicaid home- and community-based services (HCBS) authorities, most of which are through the Community First Choice Option (K Plan). Other ancillary services are offered through six HCBS waivers operated by ODDS. Waiver services are complimentary to and coordinated with K Plan services to optimize choice and offer cost-effective supports based on individuals’ functional needs and that meet the goals that are important to each person.

ODDS offers the following home- and community-based services:

- **Case management:** Case management services are delivered using person-centered practices to assist individuals in accessing needed medical, employment, social, educational and other services. Case management services include but are not limited to assessment and periodic reassessment of individual needs and preferences, development, and periodic revision of the Individual Support Plan (ISP), referral and related activities, and monitoring and follow-up activities.

Under the K Plan and HCBS waivers, through the provision of case management services, eligible persons must receive a functional needs assessment called the Oregon Needs Assessment (ONA). The assessment process includes an individual’s case manager gathering person-centered information and the functional needs assessment, which includes risks, conducted by a state-trained assessor or case manager.

The ONA informs an individual’s person-centered planning process. Person-centered means the process is focused on each person’s strengths, their

personal goals and outcomes, service needs and risks, and ways they can best integrate into their communities. The planning process results in an annual Individual Support Plan (ISP) that documents the services the person will access in order to meet their goals and needs.

Together, the ONA and ISP inform the types of paid and unpaid services and supports a person receives and the number of service hours available to each person including the rates paid for ODDS-funded services.

- **Attendant care:** Attendant care provides support for people to perform activities of daily living and instrumental activities of daily living (ADL/IADL). This is the primary service available to people with I/DD through the K Plan. Activities of daily living include assistance with bathing/personal hygiene, dressing, eating, mobility (ambulation, transferring and positioning), bowel care and bladder care, stand-by support, cognition, memory care, and behavior supports. IADL supports include light housekeeping, laundry, medication management, meal preparation, shopping, and chore services. This document expands on additional types of attendant care later in the “Services information by settings” section of this document.
- **Other services:** ODDS offers other HCBS Waiver and K Plan services that are meant to increase independence and enhance participation in the broader community. Attendant care can be provided within the provision of these other services. Other services include but are not limited to:
 - *Employment services:* ODDS partners with ODHS Vocational Rehabilitation (VR) and the Oregon Department of Education to offer employment services to help people find and advance in competitive integrated jobs in their communities. Some employment services include benefits counseling, job coaching, Employment Path services, Discovery, small group supported employment, and job development.
 - *Day support activities* include services that support people to achieve their goals related to integration, independence and participation in their communities. These services are often used as a wraparound support to employment and other supports that promote independence and community inclusion.

- *Community transportation*: People who live at home may access community transportation if it's related to a goal or support need. People who live in a residential service setting may access community transportation to get to or from work or day support activities. Otherwise, transportation supports are considered part of the rate for 24-hour services. Community transportation does not include medical transportation.
- *Professional behavioral services* include emergency crisis strategy, proactive strategy, reactive strategy, and recovery strategy that are included in an individual's Positive Behavior Support Plan or Temporary Emergency Safety Plan and delivered by a designated person to assist an individual with challenging behavior.
- *Assistive devices* are any category of durable medical equipment, mechanical apparatus, electrical appliance, or instrument of technology used to assist and enhance an individual's independence in performing any ADL/IADL.
- *Assistive technology* provides additional security to individuals and replaces the need for direct interventions. Assistive technology also allows individuals to self-direct their care and maximizes independence.
- *Environmental modifications for in-home settings* are physical adaptations to the interior of an individual's home that are related to an ADL, IADL or health-related task, or that maximize independence around the home.
- *Environmental safety modifications for in-home settings* are physical adaptations to the exterior of an individual's home to ensure the individual's health, welfare and safety, or maximize their independence around the home.
- *Vehicle modifications for in-home settings* include adaptations or alterations made to a vehicle that is the primary means of transportation for an individual in order to accommodate the individual's service needs.
- *Long-term care community nursing* includes nursing services that focus on an individual's chronic and ongoing health and safety needs. These services include nurse delegation and care coordination for eligible individuals. This service does not include direct nursing care.

- *Direct nursing services for adults* includes the continuous assessment and reassessment of an individual’s medical condition, as part of each shift, skilled nursing tasks, nursing interventions, implementation of treatment and therapies, data collection, documentation, written and oral communication with various parties and entities, assuring current physician orders are in place or coordinating this responsibility with the residential provider, and other nursing responsibilities under OAR 851-045-0040 approved by the ODDS.
- *Specialized medical supplies* include, but are not limited to various medical items, such as incontinence, nutrition, and infection control supplies, supplies necessary to the proper functioning of life support equipment, supplies that address physical conditions, and supplies necessary for the continued operation of augmentative communication devices or systems.
- *Family training* includes the training, education or instruction for an individual’s unpaid family member to increase the family member’s understanding of the individual’s disability, how to care for the individual, or how to support the individual at home. Family training occurs at workshops and conferences.

Services information by settings

Individuals receive services and supports in these settings:

- In-home settings
 - One’s own or family home
 - ODHS Child Welfare-licensed resource homes (formerly called foster homes)
- 24-hour settings
 - Group care homes for children and adults, including the Stabilization and Crisis Unit homes (SACU)
 - ODHS ODDS-licensed adult and children’s foster homes
 - Host Homes for children
 - Supported living for adults
- The broader community
- Employment settings

In all of these settings, a diverse workforce, and the ability to provide linguistically and culturally appropriate services are critical to removing barriers to service access.

In-home services are provided to the majority of individuals served by ODDS. Without these services, many individuals would require much more expensive out-of-home services such as group care or foster homes. Most children and adults living in their own or family homes receive waiver case management services through ODDS' contracted case management entities.

For both children and adults, in-home services are currently provided by personal support workers (PSWs) or by direct support professionals (DSPs) affiliated with Medicaid-certified provider agencies. PSWs are hired directly by the person receiving services or by their employer representative. DSPs are employees of private organizations who contract with the state to provide services.

Individuals who live in their own home or with their family can access a range of additional services (defined in the "Other services" section above) that are needed to successfully support them and to meet their goals and needs. They access these services through the K Plan or a waiver.

Some children receiving in-home services do so through ODDS' *Children's Intensive In-home Services (CIIS)* program. Children enrolled in CIIS receive case management services from ODDS employees. CIIS operates three HCBS model waivers that provide intensive supports to children living in their family home or with Child Welfare resource parents:

- The first program is for children with significant behavioral challenges who, without supports, would require services in an ICF/ID.
- The second program is for children with medical conditions who, without supports, would require services in a nursing facility.
- The third program is for children with intense medical needs. These children are dependent on life support technology such as ventilators that, without these in-home services, would require services in a hospital.

A small number of children receive in-home services through a new HCBS waiver program called the *Children's Extraordinary Needs (CEN) program*. As required by Senate Bill 91, ODDS implemented the CEN program July 1, 2024. This waiver allows children with the highest medical and behavioral needs to receive paid attendant care from their parents or guardians in their family home. The parents or

guardians of enrolled children become DSPs employed by a provider agency. Each enrolled child receives up to 20 hours per week of paid-parent attendant care. The children receive case management services from CIIS or their local CDDP.

24-hour settings provide services to children and adults who, for various reasons, are unable to live at home, on their own or with their family. Adults may also choose to receive services in a *group care home*, I/DD-licensed *foster home* or *supported living service*. Private organizations enrolled with the state as qualified Medicaid providers provide group care home and supported living services. Supported living for adults includes 24-hour services provided in an individual's own home by a provider agency. Adult foster care providers are represented by the Service Employees International Union (SEIU) and licensed by their local CDDP as I/DD providers. Child foster care providers are private providers certified by their local CDDPs as an I/DD children's foster home.

Children with I/DD may enter 24-hour services as a voluntary placement when their needs cannot be met at home. Children may also be placed in these settings when under the care and custody of ODHS Child Welfare. Children under *Child Welfare's licensed resource homes* are considered to be residing in an in-home setting. In these cases, Child Welfare maintains responsibility as guardian of the child. ODDS, CDDPs and I/DD provider agencies provide the services and supports related to the child's I/DD.

The Stabilization and Crisis Unit (SACU) provides 24-hour residential services and day supports to adults and children with I/DD who experience intense medical and behavioral challenges. SACU provide when no other home- and community-based setting can meet an individual's needs. SACU is a safety net for Oregon's most vulnerable individuals with I/DD. This includes persons with I/DD coming out of the Oregon State Hospital or corrections systems, as well as those from crisis situations where counties and private providers cannot meet the needs of the person to ensure health and safety. SACU focuses on supporting people in community-based settings and enabling them to return to less intensive service levels as quickly as possible. SACU provides services in licensed four and five-bed group care homes. Adults residing in SACU receive waiver case management through CDDPs. Children receive waiver case management through ODDS Children's Residential Unit.

General Fund and other funded services and programs

- **Family support services:** These services are available to any family with a child with I/DD who is under age 18 and is not eligible for Medicaid. This is a state General Fund program that offers minimal support services with the most common request being for respite care.

All children in this program have case managers through their county CDDP and state-funded services are allocated based on need. Most participating children are also in school programs and the case manager coordinates between school and home. Family support services can be more cost effective by allowing the family to support the child with a small amount of funding, without accessing Medicaid.

- **Oregon Council on Developmental Disabilities:** The Oregon Council on Developmental Disabilities (OCDD) is an advisory council to ODDS that advances “social and policy change so that people with developmental disabilities, their families and communities may live, work, play, and learn together.” (Source: ocdd.org) ODDS and the council work together with other advocacy organizations to advance the rights of people with I/DD, their families and support staff and to advance awareness of and equitable access to Oregon’s system of I/DD services and supports. OCDD provides funding and staff support to the Oregon Self-Advocacy Coalition (OSAC). The council receives its funding from the ODHS/ODDS budget.
- **Family networks:** The Oregon Consortium of Family Networks (OCFN) are family-driven networks that provide training, information, referral and general support. The networks support families in their own communities. OCFN states that it, “believes in supporting families to have a vision for a whole life for themselves and their children, to use services effectively, and to develop natural support in local communities.” (Source: ocdd.org) All families are welcome to join the networks, which are committed to honoring diverse voices and are expanding supports in Oregon’s growing Spanish-speaking community. The Oregon Council on Developmental Disabilities provides the networks with funding and staff support.

Program design and delivery

ODDS programs are supported by central office staff and services. Central operations provide strategic planning, program funding, policy development, service equity initiatives, general oversight and technical support to community services as well as support and leadership for various advisory organizations.

The structure for service delivery and design includes a central program administration office within ODHS, and case management entities (CMEs), including Children's Intensive In-home Services (CIIS), Children's Residential Unit (CRU), community developmental disabilities programs (CDDPs) and brokerages.

- CIIS supports children with intensive needs who live in in-home settings.
- CRU supports children residing in group care home settings, including SACU.
- There are two types of contracted CMEs:
 - CDDPs support children and adults regardless of setting, and
 - Brokerages support adults in in-home settings.

CIIS, CRU, and contracted CDDPs are responsible for I/DD eligibility determination and redeterminations, protective service investigations, and foster care licensing and reviews. After their eligibility is established through the CDDP, adults who live in in-home settings can choose to be served by the CDDP or by a brokerage. Brokerages provide case management services, including assessment and service planning for adults in-home. A functional needs assessment — the Oregon Needs Assessment (ONA) — determines a person's level of need and the amount or rate of services to meet that need. A services coordinator (SC) or personal agent (PA) then works with the person, their family and others important in the person's life to complete an Individual Support Plan (ISP) and a Career Development Plan (CDP). They then work with the person to identify necessary supports required to meet the needs identified through the assessment and the goals identified in the ISP and CDP. SCs and PAs provide referrals to providers and other resources necessary to meet the person's needs. SCs and PAs continuously monitor the individual's ISP implementation, their satisfaction with services and supports, and the plan and services in place to ensure the person's health and safety.

ODDS provides regulatory oversight and assures that provider agencies and CMEs adhere with federal and state requirements via the following units:

- **The ODDS Quality Improvement Unit** is responsible for coordinating quality assurance and quality improvement for I/DD services, including:
 - Regular quality reviews of brokerages, CDDPs and CIIS.
 - Oversight of licensing activities.
 - Coordinating with abuse investigator specialists and the Office of Training, Investigations and Safety (OTIS).
 - Establishing quality metrics for I/DD programs; collecting and analyzing data to measure overall system performance and inform policy decisions.
- **The ODDS Quality Assurance Unit** conducts field reviews on a two-year cycle at CIIS, the Children’s Residential Program and in each CDDP and brokerage. The reviews are focused on meeting the Centers for Medicare and Medicaid Services’ (CMS) assurances using performance measures approved by CMS and ensuring compliance with specific program administrative rules and procedures. The reviews help ODDS identify program-specific strengths and areas requiring improvement. The reviews inform the training and technical assistance we provide to CIIS, Children’s Residential Services, CDDPs and brokerages. The reviews help us identify common trends across the state areas in need of systemic change, improvement, implementation of best practices and training.
- **The ODDS Licensing Unit** is responsible for licensing and ensuring the quality of care in programs that serve persons with I/DD. This includes the licensing of adult foster homes and 24- hour residential care facilities. The unit is responsible for the Medicaid-agency certification of partner agencies and the endorsement of 24-hour residential programs, supported living programs, community living supports, direct nursing supports, professional behavior services, employment services and host homes. It also certifies support service brokerages and child foster homes. Through licensing and certification, the Licensing Unit ensures providers of services comply with requirements for federal and state reimbursement. The unit also conducts complaint investigations and determines necessary corrective actions, such as civil penalties and revocation of a license or certificate.

Future trends

Oregon is recognized nationally as an innovative leader in developing community-based services for persons with I/DD. ODDS and its partners take a self-directed, family-involved, individually focused, culturally appropriate and sustainable approach to service. Oregon is one of the few states that have no state- or privately-operated, institutional-level services specifically for people with developmental disabilities. Ongoing input from our partners both nationally and in Oregon indicates that the number of people with I/DD-related needs is growing. As of June 3, 2024, ODDS served 36,224 individuals with I/DD compared to 21,294 in July of 2013 when the K-Plan was implemented. Since then, I/DD system has experienced 70 percent growth in total enrollment.²

We are also observing significant growth in the number of provider agencies and 24-hour residential providers, which, since 2020, have experienced average annual growth rates of 25 and 20 percent, respectively.

Cumulative new I/DD providers by year						
Provider type	2020	2021	2022	2023	As of March 2024	Average annual % growth
Agencies	374	489	636	823	855	25%
Residential	827	967	1177	1422	1498	20%

(Source: ODDS Licensing Unit)

Using the same average annual growth rates as above for 2024, we anticipate there will be 215 new agency providers and 300 new residential providers in 2024. However, based on the pending number of applications as of March 2024 (145 and 136, respectively, according to the ODDS Licensing Unit), we expect the 2024 growth rates to be much higher than 25 and 20 percent.

Efforts to ensure the long-term sustainability of ODDS' programs, services and oversight responsibilities are essential to meet the growing needs of Oregon's I/DD community. The staffing capacity of ODDS' regulatory and licensing team must keep pace with the increased number of new agencies.

² Source: ODDS data team, June 3, 2024.

ODDS is committed to providing choices for individuals to choose a living setting that is right for them and helps them achieve their goals. To reach underserved and underrepresented communities, we must continue our efforts to build a diverse workforce capable of delivering linguistically and culturally agile services. To do this, we are working to ensure capacity and staffing within its existing care settings and programs. One such effort is Impact Oregon, a website that connects job seekers with careers in Oregon's I/DD system of services and supports.

ODDS has also seen a trend of child foster homes closing. 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 percent 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. Additionally, children placed in ODDS-certified child foster homes have not been able to access home modification services. This means children placed in a foster home may not have the accessibilities needed during their stay. Funding home 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. The proposed policy option package (POP), "ODDS Certified Child foster care capacity and accessibility supports," will fund recruitment and development of child foster care providers, including culturally and linguistically specific providers. This will create a more robust pool of skilled child foster providers capable of supporting children who cannot be served safely in their own family homes due to their complex support needs.

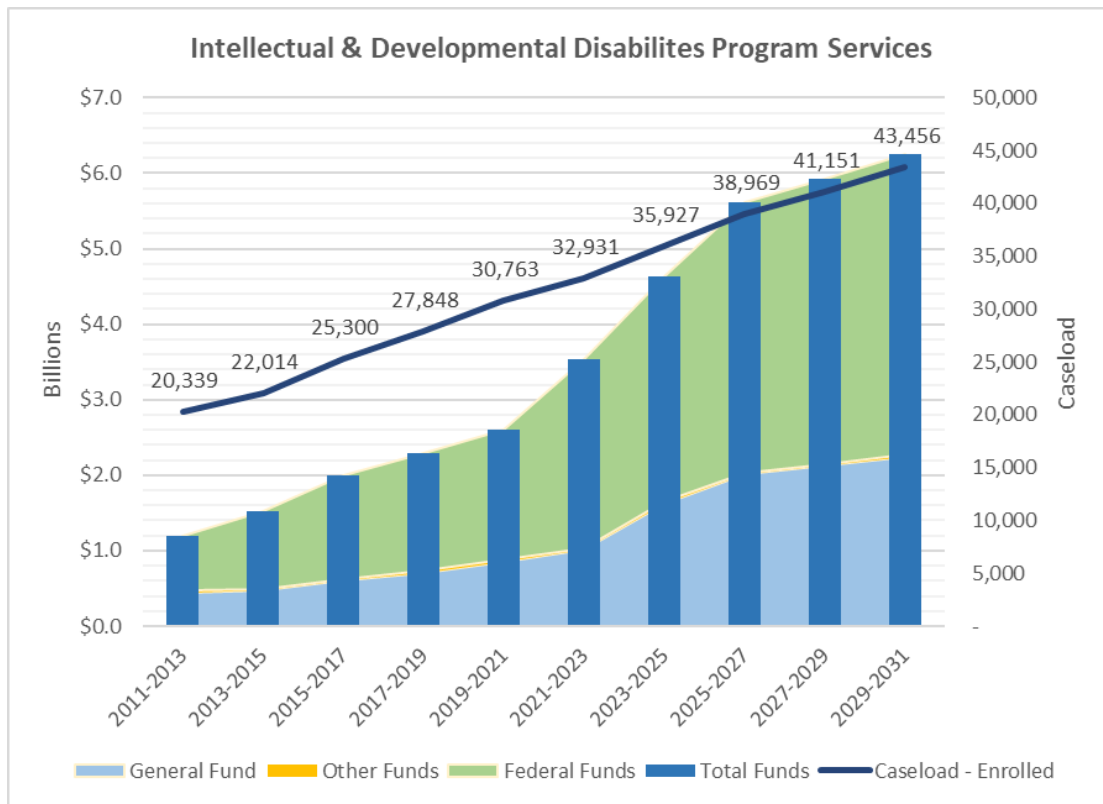
ODDS Operations is also modernizing its IT systems to improve and standardize processes for case management entities and the access for individuals and families. This will be achieved with a statewide case management system which will go live in 2025. ODDS is also adding a new IT system for enrolling and maintaining providers. This will be implemented in two phases; phase 1 will be agency providers and foster care providers to replace the ASPEN system and phase 2 will be personal support workers, homecare workers and personal care attendants. The first phase will go live in fall of 2024. The current eXPRS system allows CMEs to enter service authorizations for individuals, which allows providers to bill and receive payment. Operations is also responsible for contracting, including the contracts and grants currently involved with ARPA, auditing the financial impacts of a completed contract or grant and reviewing other contract obligations, enrolling PSW providers, and providing technical assistance to all CMES and providers.

**Oregon Department of Human Services
Office of Developmental Disabilities Services
Intellectual and developmental disabilities program services**

Core long-term focus area: The Office of Developmental Disabilities Services (ODDS), partners and the developmental disabilities community come together to provide services, supports and advocacy to empower Oregonians with intellectual and developmental disabilities (I/DD) to live full lives in their communities.

Program contact: Dana Hittle

Program services – caseload and funding



Note: Effective 2013–15, K Plan increased enrollment as well as lifted spending caps.

Program overview

Oregon’s home- and community-based services for people with intellectual and developmental disabilities and people enrolled in the Children’s Intensive In-home Services program are provided under several Medicaid authorities including Community First Choice Option (CFCO), also known as K Plan, and [six 1915\(c\) waiver programs](#). ODDS also operates a small family support program funded by state General Fund and providing limited flexible supports for individuals and families.

Program funding request

I/DD Program Services	GF	OF	FF	TF
23-25 LAB	\$ 1,623,619,730	\$ 23,929,182	\$ 2,991,960,816	\$ 4,639,509,728
25-27 GB	\$ 2,010,723,798	\$ 25,421,267	\$ 3,578,244,643	\$ 5,614,389,708
Difference	\$ 387,104,068	\$ 1,492,085	\$ 586,283,827	\$ 974,879,980
Percent Change	23.8%	6.2%	19.6%	21.0%

Program description

- **Adult and Children Waivers (1915K State Plan and 1915C waiver)**
Supports provided under K Plan are services such as attendant services that support individuals in accomplishing activities of daily living and instrumental activities of daily living (ADL/IADL), relief care, behavioral support services, transportation, environmental modifications, and assistive technology and devices.

The adults’ and children’s home and community-based waivers provide services such as case management, employment services and other ancillary services (direct nursing services, specialized medical supplies, environmental safety and vehicle modifications, and family training). Services through the children’s waiver are provided to children in all settings, including family homes, group homes, host homes, and foster care through community developmental disabilities programs (CDDPs). Services through the adults’ waiver are provided to adults, age 18 and older. Adults receiving service through CDDPs may reside in all settings including their own homes, family homes, supportive living, group homes and foster care. Adults served through support services brokerages receive services in their

own or family home. Individuals receiving services through either waiver can access all K Plan services. Under K Plan, an individual can elect to live in any setting of their choice, but it may affect whether they receive case management support through a CDDP or brokerage.

For both children and adults, the direct care services are provided through personal support workers (PSWs), provider agencies, behavior consultants and respite providers. PSWs were provided collective bargaining rights in 2010 through HB 3618.

- **Children’s Intensive In-Home Services Model waivers**

ODDS administers three model waivers through the Children’s Intensive In-Home Services (CIIS) unit: Medically Involved Children’s Waiver, Medically Fragile Model Waiver, and Behavioral Model Waiver for children. Children receiving service through model waivers are also able to access K Plan services. These services are substantially the same as individuals served through the Adult and Children’s Waivers, including attendant services, relief care, behavioral support services, environmental modifications, and assistive technology and devices.

- **Employment services**

ODDS currently offers supported employment services, such as job development, job coaching, supported small-group employment, discovery and Employment Path. Discovery and Employment Path help individuals explore and learn skills to help them gain competitive integrated employment. These services are currently provided through all six waivers.

People employed in the community have the highest level of integration and have stronger social networks. The more people with intellectual and developmental disabilities can achieve paid employment, the less dependent they are on public resources and the greater the state’s flexibility in designing future services that respond to the need of this population.

Oregon has been very successful in developing community-based care to move away from institutions as a model of care. Individuals with intellectual and developmental disabilities fully engaging with their communities brings positive outcomes while being fiscally beneficial. Based on federal

requirements, community employment services are the only employment services to receive federal funding as of September 1, 2020.

- **Children’s Extraordinary Needs Waiver Program**

The Oregon Legislature passed Senate Bill 91 in 2023. The bill directed ODDS to create a permanent program that pays parents and legal guardians to provide attendant care services to their minor children. The program is for minor children who have:

1. An intellectual or developmental disability (I/DD) or are eligible for the Children’s Intensive In-home Services’ (CIIS) medically fragile or medically involved waivers, and
2. Are assessed with very high medical or behavioral needs in their Oregon Needs Assessment (ONA). This means they are in the ONA service groups 5m or 5b.

The CEN waiver serves children under the age of 18 who live in the family home. It provides services such as case management, employment services, and other ancillary services (specialized medical supplies, environmental safety, vehicle modifications, and family training). CEN is the only program which permits parents or legal guardians to be paid to provide attendant care to their minor child.

- **Family Support Program**

Limited supports for children are offered by ODDS through the Family Support Program and are available to any family of a child under age 18 who is not receiving K Plan or waiver services. The program is funded by general fund and offers flexible supports with the most common request being for attendant care and respite services. On average, during 2019-21 biennium, the program served 12 families per month at an average monthly cost of \$223. To date, during 23-25 biennium, the program served 17 families at an average monthly cost of \$207. All children in these programs have case managers through their county community developmental disabilities program (CDDP).

Program justification and ODHS Equity North Star

ODDS' services and supports ensure individuals with intellectual and developmental disabilities are healthy and have the best possible quality of life in their communities among families and friends and are working or attending school to achieve their greatest potential. The service equity focus of I/DD service delivery system reflects the ODHS Equity North Star: "Staff and communities will know services and supports are working when all who live in Oregon, regardless of identity or place can achieve well-being." This is being achieved through investments into the direct workforce, development of robust and diverse network of providers, including culturally specific providers, improved language access, building cultural agility and ensuring that individuals' goals and preferences are respected and supported in the context of their communities, families and culture. ODDS continuously works to ensure that services are provided in a linguistically and culturally competent manner.

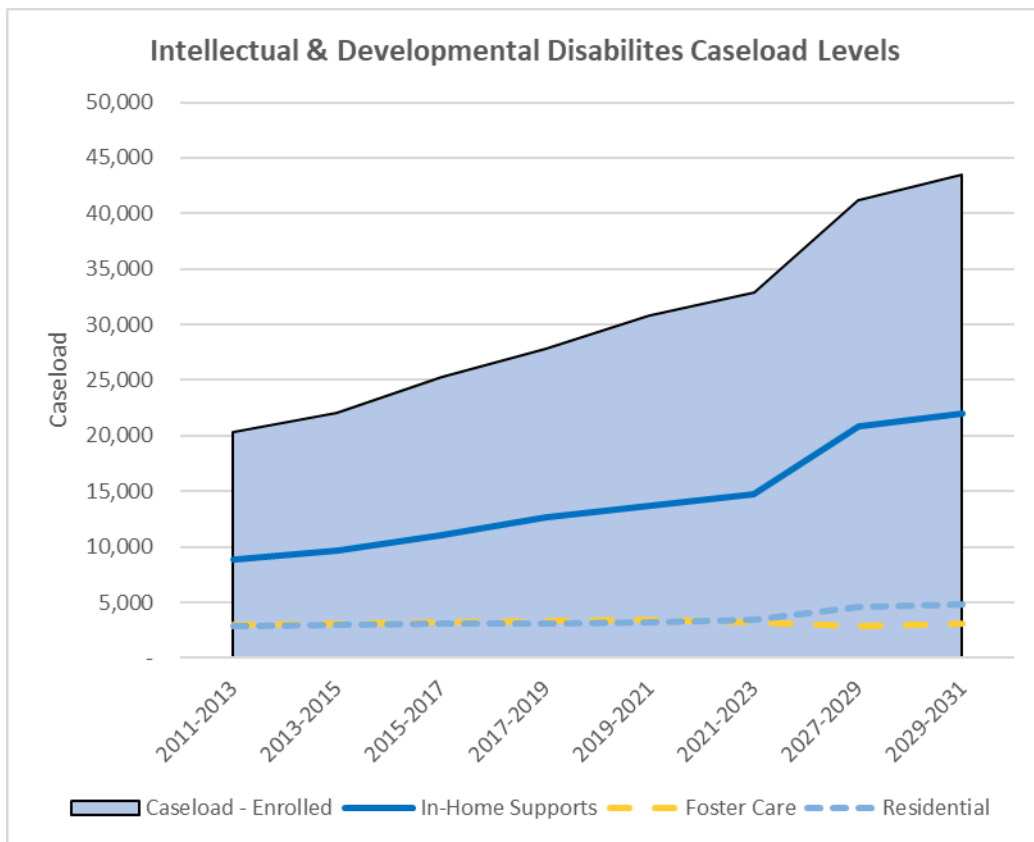
ODDS' services and supports connect individuals and families to needed home and community-based services and links them to resources critical to the social determinants of health, such as housing, food, employment, through other governmental and community resources. When compared to the entire Medicaid population, adults in the Medicaid-funded home and community-based services with I/DD are uniquely more reliant on the service system to make lifestyle changes and to adequately access health care. Funding I/DD programs to support the necessary lifestyle choices that reliably and consistently follow through with medical recommendations will result in significant cost savings to the state's medical programs. Families and case managers are critical to help with health care coordination in the communication and implementation of treatment.

I/DD services are critical to the financial stability of individuals with I/DD and their families. With supports, families are not forced to decide between working and supporting their family member. It is also important that working-age adults with developmental disabilities are supported to work. Oregon has implemented an Employment First policy. This prioritizes individuals in actively engaging in developing work skills and defining work interests, pursuing job development or being employed in the community, and receiving support to maintain employment. In addition to being happier and healthier, individuals with I/DD who are employed broaden their network of supports.

An important equity milestone was achieved with the full implementation of the Healthier Oregon program in July 2023. The program provides I/DD home- and community-based services to all eligible individuals regardless of their legal status in the United States. This effort directly reflects ODHS’ Equity North Start pillar: “We are dedicated to make services, supports and well-being accessible to all”.

Program performance

Supporting individuals to live in a setting of their choosing is the most desirable outcome for people with I/DD. The number of people supported at home has been the largest area of growth in Oregon’s I/DD system. This is illustrated in the chart below.



Choice, self-determination and person-centered practices are core values of the I/DD service delivery system. ODDS uses various key performance metrics and quarterly target review (QTR) metrics to ensure these values are integrated

throughout the service delivery system. One example of a QTR metric is derived from National Core Indicators (NCI) Survey of adults and looks at the percentage of NCI respondents answered affirmatively that they helped make their annual service plan and set their own goals. In 2022, which is the most recent NCI data, 71 percent of adults surveyed in Oregon answered affirmatively that they helped create their service plan and set their own goals. That is up from 66 percent in 2021. ODDS is working with its contracted case management entities (CMEs) to improve that statistic. One example of this includes the ODDS Quality Assurance Unit creating a data brief to help CMEs explore ways they could improve this response. The brief asks CMEs to identify barriers and work to ensure that each individual's voice and goals are central in their planning process.

Enabling legislation/program authorization

Oregon Revised Statutes 427.005, 427.007, and 430.610 through 430.695 enable the provision of family support for children with developmental disabilities. Oregon Revised Statutes 427.410 enables the provision of support services for adults through support services brokerages.

At the federal level, in addition to all applicable Medicaid statutes and regulations, services must comply with the Title II of the Americans with Disabilities Act (ADA) of 1990 and Section 504 of the Rehabilitation Act of 1973. Compliance with these federal laws is subject to the U.S. Supreme Court's Olmstead Decision of 1999 and the U.S. Department of Justice's interpretation of that decision as it relates to the ADA and Rehabilitation Act. The Olmstead ruling applies to ODDS' services.

Funding streams

ODDS' services are designed and approved using Medicaid 1915(c) home and community-based services waivers and the Community First Choice Option (K Plan) State Plan Option. The program's 1915(c) waiver funding match rate is current Federal Medical Assistance Percentage (FMAP) and General Fund. For the program's K Plan services the funding match rate is FMAP plus 6 percent, and General Fund. The Healthier Oregon Program is funded with 100 percent General Funds.

Funding justification and significant changes to CSL

Related to the SACU reduction an offsetting cost of \$16.4M GF / \$49.1M TF has been added to IDD Program's budget.

Oregon Department of Human Services: Delivery and Design

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

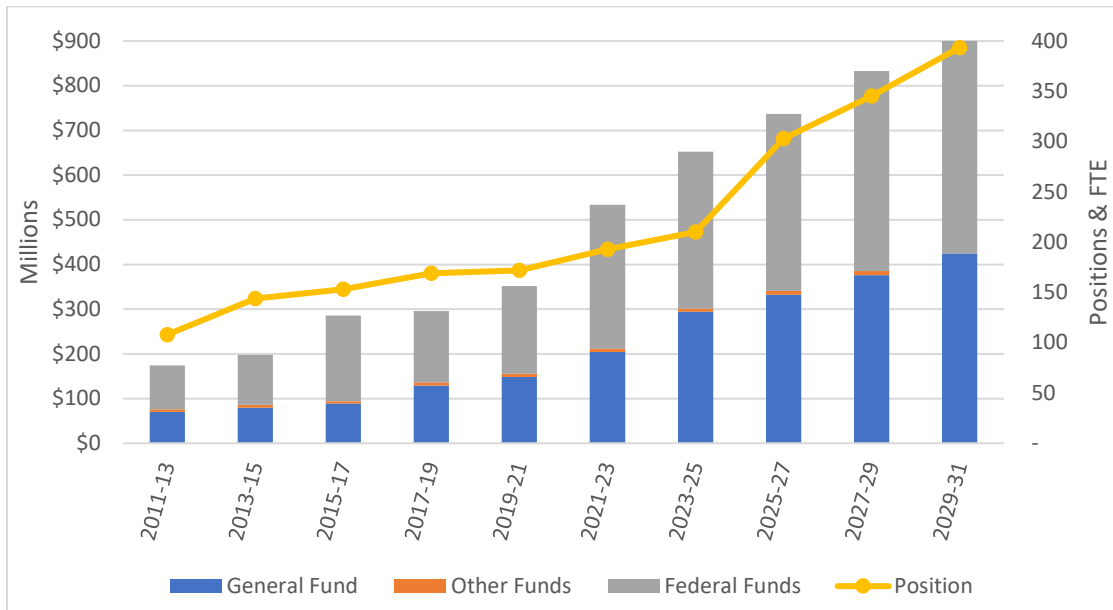


Figure I: Funding of I/DD Delivery and Design (not reflective of funding or FTE for the Stabilization and Crisis Unit (SACU)).

Program Overview The Office of Developmental Disabilities Services (ODDS) manages a lifespan program that provides support and funding to children and adults with intellectual and developmental disabilities (I/DD) to live fully engaged lives in their communities. Programs are provided in the community in the person’s own home, family home, foster care or group home, or in supported living programs. Design and Delivery provides administrative and operational support to these programs.

Program Funding Request

Intellectual & Developmental Disabilities Delivery and Design	General Fund	Other Funds	Federal Funds	Total Funds	Positions	FTE
23-25 LAB	\$264,603,382	\$6,592,593	\$332,378,158	\$603,574,133	246	234.72
25-27 GB	\$283,806,336	\$6,980,252	\$343,391,664	\$634,178,252	303	287.70
Difference	\$19,202,954	\$387,659	\$11,013,506	\$30,604,119	57	52.98
Percent Change	7.3%	5.9%	3.3%	5.1%	23.2%	22.6%

Program Description

More than 32,000 Oregonians with I/DD are receiving case management and other supports through the ODDS program. Since implementation of Community First Choice Option (CFCO), also known as K Plan, in July 2013, the Oregon I/DD service delivery system has undergone significant changes. CFCO has moved the program along the equity trajectory by ensuring that all eligible Oregonians can access home and community based services and supports based on their needs.

The structure for service delivery and design includes a central program administration office, Children Intensive In-Home Services (CIIS) unit, and contracted services with Community Developmental Disabilities Programs (CDDPs) and Support Service Brokerages (Brokerages). Additionally, the ODDS central office provides strategic planning focused on service equity, program funding, policy development and training, provider licensure and certification, general oversight, and technical support to community services. Contracted Community Developmental Disability Programs (CDDPs) are responsible for eligibility determination, program enrollment, case management, abuse investigation, and foster care licensing and certification. Adults receiving in-home services can also choose to get case management through contracted Brokerages.

With CFCO, people can choose the setting in which they live, which increases the importance of supporting and strengthening the ability of families and communities to be more inclusive and provide natural supports to those with I/DD.

ODDS delegates the responsibility for administration of the Community Developmental Disabilities Programs (CDDPs) to local county government first, in accordance with state statutes (ORS 407). ODHS will implement state contracts with a private agency for counties who do not wish to pursue this program. Local oversight responsibilities include determining eligibility for developmental disabilities services. CDDPs also are responsible for case management services, evaluation and coordination of services, planning and resource development, developing and monitoring Individual Support Plans (ISPs), documentation of service delivery to comply with state and federal requirements. CDDPs also perform abuse investigations of adults, quality assurance services, and perform licensing and certification tasks for foster homes, including site reviews. ODDS

provides funding for the equivalent of nearly 1,097 full-time employees of CDDPs through contracts. CDDPs provide case management for all individuals, except adults choosing to be served by a Support Service Brokerage. Adults living in their own or family home have a choice of case management providers, between the local CDDP and a Brokerage. Children are all served by the CDDPs, except those case managed by ODDS staff through the Children's Intensive In-Home Services or Children's Residential Services programs.

There are 14 Support Service Brokerages statewide. Brokerages vary in size and support from 251 to 720 people. People with I/DD are enrolled in Brokerages from the county when they select Brokerage case management services. Once in a Brokerage, the Brokerage Personal Agent (PA) completes a needs assessment, develops the Individual Support Plan, and assists the person in determining services needed, amount of service and possible workers or provider agencies. PAs help the individual to design plans that meet their needs as determined by the need's assessment. ODDS provide funding for 319 full-time employees to the Brokerages. In order to not duplicate services, once a person is in a Brokerage, they do not also get case management from the CDDP.

The majority of individuals receiving services are eligible for Medicaid. The state uses Medicaid Home and Community-Based Services (HCBS) that allow for shared funding from the federal government. Through the CFCO State Plan Option, the states receive FMAP plus an additional 6 percent in federal match.

ODDS staff provide policy and program design, training, technical support, provider licensure and certification, quality assurance, and field support of CDDPs, Brokerages, and direct service providers. There are more than 3,900 private service provider agencies, including 1,418 foster care providers and more than 12,000 Personal Support Workers. Regulatory oversight for licensed settings is provided by the ODDS Licensing Unit.

Central office staff provides programmatic and budget analysis support to Department of Administrative Services Labor Management, collective bargaining, for the Adult Foster Homes, Home Care Workers, and Personal Support Workers.

The Delivery system also includes the Children's Intensive In-Home Services (CIIS) and the Children's Residential Services comprised of state staff under ODDS' umbrella. These units operate and provide case management services to

the three Model Waivers for children and provide case management support to children in residential services.

Program Justification and Link to Equity North Star

ODDS vision is: People and families access quality supports that are simple to use and responsive to their strengths, needs and choices, while they live and thrive as valued members of their community. ODDS is working to fully align with ODHS Equity north star in every aspect of its operations.

The program delivery and design system, administered and monitored by central staff and implemented through the CDDPs and Brokerages, is designed to ensure supports are provided so the individual is supported in context of their community, family and culture, so they are healthy and safe, and fully engaged in their community. The goal is to help individuals have the best possible quality of life and outcomes at any stage of their life. Person-centered strategies are used to maximize the person’s outcomes and use of natural supports. In collaboration with local CME partners, CDDP and Brokerages, ODDS works to ensure that system, services, supports, and well-being are accessible to all. These goals are accomplished through partnerships with other ODHS programs, state agencies, and local communities and organizations at the state and local level. This Delivery and Design strategy reflects the North Star commitment “to partnering with communities to develop and deliver policies and programs that are equitable and improve community conditions”. In this I/DD service delivery system is guided by its Strategic Plan and service equity priorities.

Program Performance

Adequate personnel resources are necessary to ensure delivery of programs and provision of services within Developmental Disabilities in a linguistically and culturally competent manner. The chart below provides a comparison of the caseload growth to the equivalent contracted CDDP and Brokerage personnel: CDDP Service Coordinators and the Brokerage Personal Agents.

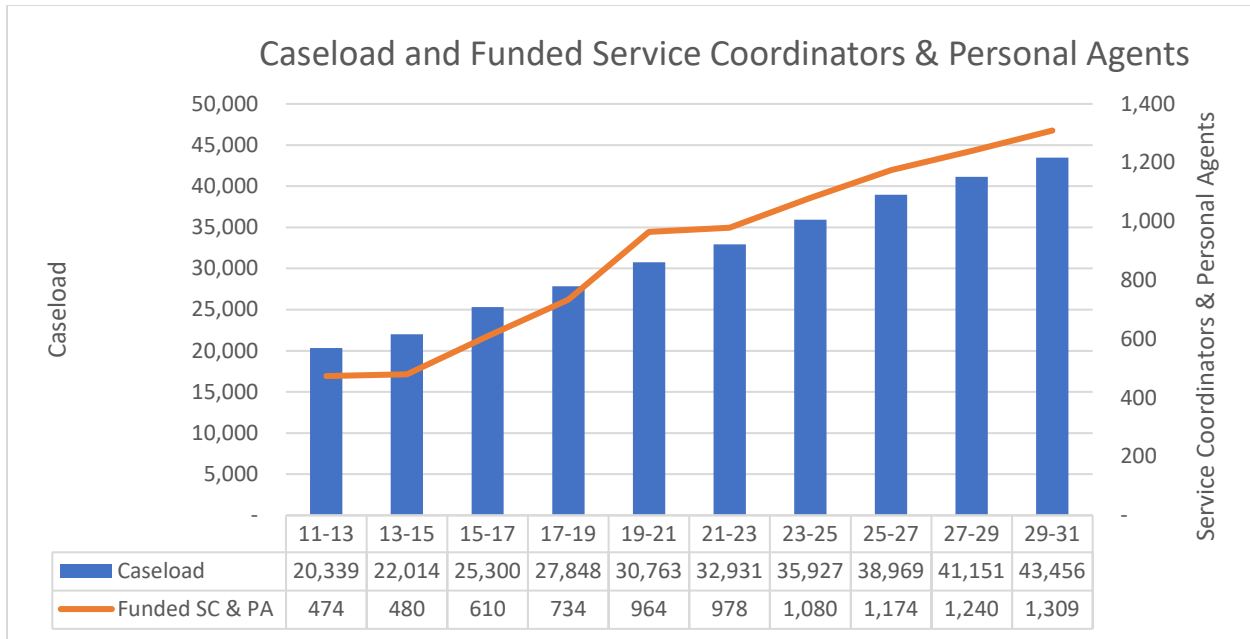


Figure II: Growth of I/DD Caseload and CDDP Service Coordinators and Brokerage Personal Agents.

Enabling Legislation/Program Authorization

The services are designed and approved using Medicaid 1915c Home and Community-Based Waivers and the 1915k CFCO Medicaid State Plan. Individuals can also be court committed to the state care and custody under ORS 427. Case Management can also be authorized under the Medicaid State Plan. Federal authorization for all services is at 42 C.F.R. 441 and Section 1915(c) of the Social Security Act. Authorization to provide the services in Oregon is in ORS 410.070, 409.050.

At the federal level, in addition to all applicable Medicaid statutes and regulations, services must comply with the Title II of the Americans with Disabilities Act (ADA) of 1990 and Section 504 of the Rehabilitation Act of 1973. Compliance with these federal laws are subject to the U.S. Supreme Court’s Olmstead Decision of 1999 and the U.S. Department of Justice’s interpretation of that decision as it relates to the ADA and Rehabilitation Act. The Olmstead Decision requires states to provide services and supports in non-segregated settings.

Funding Streams

The services are designed and approved using the Community First Choice Option in the Medicaid State Plan and Home and Community-Based Waivers, which provide a federal match to the program's General Fund. The program funding match rate for waived services is the current FMAP rate which is 60% Federal Funds and 40% state General Fund and for CFCO services is the current FMAP rate plus an additional 6%; 66% Federal Funds and 34% state General Fund.

The administration of CDDP, Brokerage, and Central Office staff are funded at the Medicaid administrative match of 50/50. Authorization to provide the services in Oregon is in ORS 410.070, 409.050. Case Management services delivered by CDDPs and Brokerages are billed FFS and are federally matched at the federal FMAP waived rate.

Funding Justification and Significant Changes to GB

In addition to the regular essential packages that are part of the normal budget build process, the Governor's Budget includes the following adjustments to CSL:

- As part of a CDDP/Brokerage reduction, bringing ODDS licensing and certification functions back in-house. This results in \$2.3M GF savings, and will require 20 positions to fully staff this initiative.
- There is also an ODDS contracts reduction of \$1.5M GF.

There are three POPs listed below that are also included as part of the Governor's budget.

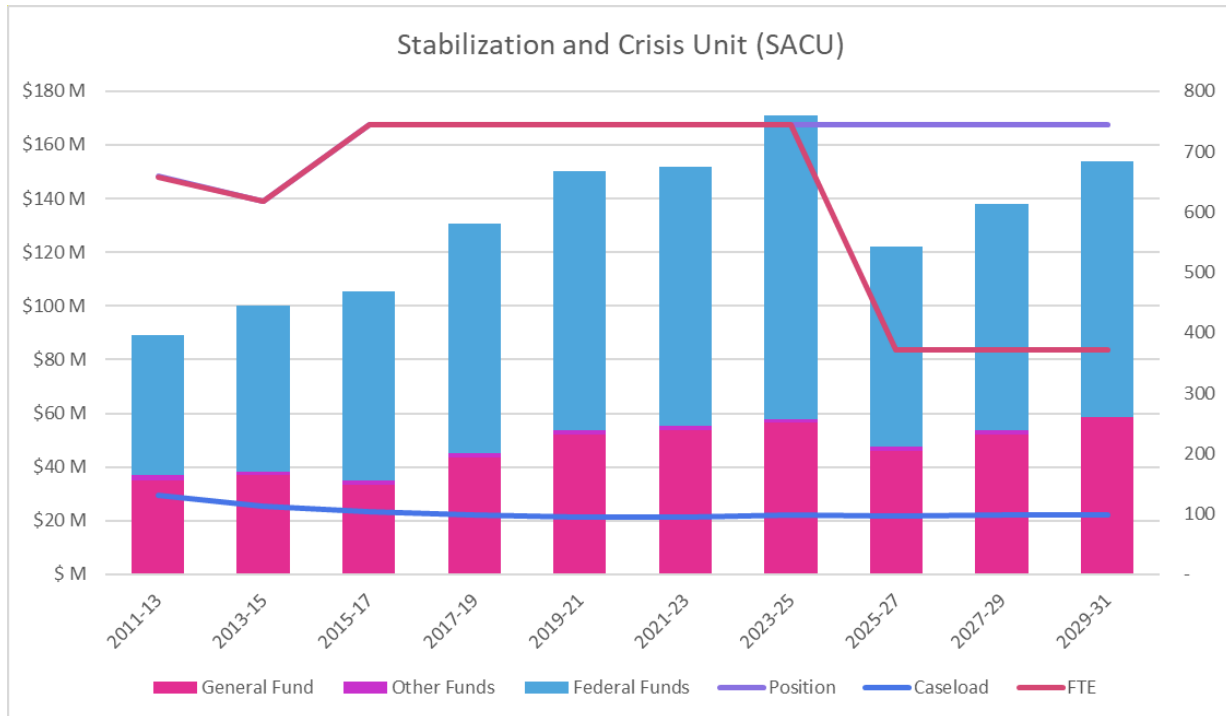
PACKAGE NO.	PACKAGE TITLE				
POP 101	Strengthening Safety and Regulatory Oversight				
GENERAL FUND	OTHER FUNDS	FEDERAL FUNDS	TOTAL FUNDS	POSITIONS	FTE
\$1,550,862	\$0	\$1,550,862	\$3,101,724	14	12.52
PACKAGE DESCRIPTION					
<p>This policy option package (POP) proposes to provide investments to strengthen the Oregon Department of Human Services (ODHS)' regulatory oversight of newly licensed APD Residential Care Facilities (RCF); APD Adult Foster Homes (AFH); ODDS Residential Training Facilities (RTF); ODDS Residential Training Homes (RTH) and ODDS Adult Foster Homes (AFH). This includes facilities that are brand new as well as those that have been recently sold to a new owner.</p> <p>This funding will allow ODHS to review community-based care facilities and homes within 120 days after being newly licensed or after a change in ownership. This review will help 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 health and safety of residents, including those receiving Medicaid-funded HCBS services. Federal regulations support this early intervention.</p>					

PACKAGE NO.	PACKAGE TITLE				
POP 103	Access Rule (CMS)				
GENERAL FUND	OTHER FUNDS	FEDERAL FUNDS	TOTAL FUNDS	POSITIONS	FTE
\$1,076,943	\$0	\$1,076,943	\$2,153,886	12	8.54
PACKAGE DESCRIPTION					
<p>APD and ODDS lack staffing and resources to implement and ensure compliance with the requirements and regulations of the Centers for Medicare and Medicaid Services' (CMS) new Access Rule. Without compliance, they will lose federal funding related to Medicaid-funded home- and community-based services (HCBS). The proposed federally required changes are intended to:</p> <ol style="list-style-type: none"> 1. Improve access to care, quality and health outcomes. 2. Better address health equity issues in the Medicaid program across fee for service (FSS), managed care, and HCBS programs. 3. Increase oversight, monitoring, transparency and accountability. 4. Require reporting on timeliness of access to personal care services, etc. 5. Standardize data and monitoring, including required quality assurance and quality improvement strategies and data sets. 6. Promote active beneficiary engagement in Medicaid programs. <p>Establish grievance and incident management systems across HCBS.</p>					

PACKAGE NO. POP 117	PACKAGE TITLE Service Equity				
GENERAL FUND \$1,444,427	OTHER FUNDS \$0	FEDERAL FUNDS \$844,427	TOTAL FUNDS \$2,288,854	POSITIONS 6	FTE 4.50
PACKAGE DESCRIPTION					
<p>This proposal seeks to improve equity and access to services for people in Oregon with intellectual and developmental disabilities from underrepresented communities, particularly Tribal members. It funds a Tribal Navigator Program to build government-to-government relationships with Oregon's nine federally recognized Tribes - helping bring ODDS into compliance with Senate Bill 770 assisting in the implementation of the ODHS Tribal Consultation Policy. It also establishes regional equity worker positions to help service providers implement equity plans and expands family networks that assist diverse families in navigating the service system. Data shows significant underrepresentation of the Hispanic/Latino, Asian, and multiracial communities in accessing these critical services. By investing in this proposal, we can take important steps to fulfill Oregon's commitment to equity and ensure all eligible Oregonians can access the supports they need, regardless of their cultural background.</p>					

Oregon Department of Human Services: Stabilization and Crisis Unit (SACU)

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



*A 50 percent FTE (no positions) and associated funding reduction occurred in 2025-27.

Program Overview

The Stabilization and Crisis Unit (SACU) is a safety net resource for Oregonians with intellectual and developmental disabilities (I/DD) who have no other option for a residential bed due to significant I/DD and mental health challenges. SACU serves the most vulnerable, intensive, behaviorally and medically challenged individuals with I/DD. This includes people with developmental disabilities coming out of crisis situations, including hospitals, correctional systems, and private providers who cannot meet the needs of the individual to ensure their health and safety. Almost all individuals served by SACU present with dual diagnosis of mental health and I/DD issues. This program is an integral part of the overall intellectual/developmental disabilities continuum of services. SACU focuses on

supporting people in community-based settings and preparing them to return to less intensive service levels once stabilized.

Program Funding Request

Intellectual & Developmental Disabilities Stabilization and Crisis Unit	GF	OF	FF	TF	Positions	FTE
23-25 LAB	\$64,449,498	\$1,652,673	\$125,819,930	\$191,922,101	745	744.92
25-27 GB	\$45,933,907	\$1,406,841	\$74,676,321	\$122,017,069	745	372.50
Difference	-\$18,515,591	-\$245,832	-\$51,143,609	-\$69,905,032	-	(372.42)
Percent Change	-28.7%	-14.9%	-40.6%	-36.4%	0.0%	-50.0%

Program Description

SACU provides 24-hour residential services to individuals with intellectual/developmental disabilities who have significant behavioral, mental health/medical care needs. The services are provided in licensed 4 and 5-bed group homes located across six counties from the Portland metropolitan area south to Eugene.

As individuals enter SACU, staff work with each person to modify behaviors and increase individual skills. Many of the individuals supported have frequent and intense behaviors and staff may provide physical interventions as trained through the Oregon Intervention System (OIS). All individuals have focused behavioral protocols that require frequent staff training and a high level of data collection and review. The program utilizes a person-centered approach and complies with all state and federal regulations.

There is an active referral list of adults and children waiting to enter SACU. Before entry into SACU, individuals are first referred by the local Community Developmental Disabilities Program to community-based providers across the state. When a person is denied or terminated from a current provider program, they move to a SACU placement. Nearly all individuals served have co-morbid (co-occurring) disorders of mental illness and intellectual/developmental disability and mental illness. The acuity level of challenging behaviors requires intensive 24-hour supervision and behavioral support services to ensure safety to themselves and the community. Challenging behaviors range from aggression toward people or property, including self-injurious behaviors. SACU also supports up to 10 individuals with medically fragile conditions that require 24-hour nursing care and support services.

More than 50 percent of these individuals have a history of criminal charges and/or current or pending legal sanctions. The convictions range from such crimes as assault, criminal mischief, theft, harassment, public indecency, possession, rape, sex abuse, and murder. A number have legal sanctions as a result such as parole, probation, Psychiatric Security Review Board (PRSB), or are registered sex offenders. Some are civilly committed as they have been found to be a danger to themselves or others. The majority of individuals referred to SACU have an identified need for a secured facility due to their risk of flight and/or offensive behavior. In addition, a large percentage of individuals require a secure placement where housing modifications are implemented to avoid injury to self and others.

SACU serves 70 adults who need acute stabilization and crisis services. These individuals have been identified due to extreme behavioral and psychiatric needs that have not been successfully provided in the community.

SACU has 15 beds available for children (up to 18 years old) who are in acute crisis situations and require stabilization. These children come from a variety of settings including the family home, foster care, 24-hour group home care, and institutional care.

SACU serves up to 10 individuals in specialized medical facilities due to their fragile medical conditions and I/DD needs.

In all the homes, SACU staff provide services that ensure health and safety needs are met and that the individual has the ability to participate in the community. As the goal of the program is to have the individual live in the most independent, least restrictive community setting, it is important to ensure the individual can be supported in the same type of setting.

All of the individuals in SACU qualify for Medicaid, currently use the Oregon Health Plan and are served by Coordinated Care Organizations, to meet their medical needs. Since there are high medical, behavioral and mental health needs, the program treatment plans are critical for individual stabilization and coordination of health services.

From the initial homes established in 1987 through today, the profile of the individuals served by SACU has dramatically changed. As private agencies increased their skills to meet challenging needs and were able to provide services, the individual who needs safety net services has changed. In 2000, SACU had six homes serving 30 people with high medical needs. Today these medical homes

serve only up to 10 individuals. These individuals now receive care in community and nursing facilities.

In the past, the numbers of people with intensive behaviors were people who had a diagnosis of autism. Today, intensive behaviors are related to co-occurring mental health diagnosis and/or criminal convictions.

With the 2015-2017 budget, SACU completely transformed the organizational structure to increase efficiencies and lower injuries and overtime. The agency formed seven island structures within the existing three regions and created a staffing float pool, which allows for more flexibility in direct care staffing. SACU also created the Crisis Outreach Assessment Team (COAT), a rapid-response team that responds to an individual's crisis as it is occurring. COAT also completes mental health assessments allowing SACU to better support the individuals served. In addition, SACU contracted with a national consultant, Benchmark, to review SACU as a whole and make recommendations for improved services as well as individual and staff safety.

Program Justification and Link to Focus Areas

SACU links to the Safer, Healthier Communities focus area. SACU helps individuals with intellectual/developmental disabilities be healthy and have the best possible quality of life by helping them live in their communities and to work or attend school to achieve their potential. Stabilization and training are provided for adults and children who have entered the program in crisis. SACU helps individuals transition back into community settings with support from their families, caregivers, or private providers.

Individuals enrolled have no other alternatives for a residential placement. They are in crisis due to a family breakdown; discharge from a hospital, psychiatric or correctional setting, or discharge from a private provider who can no longer support them due to the intensity of their behavioral or medical needs. SACU provides a critical alternative to assist the person to return to a healthy and productive life through a high-quality residential program, including community-based housing, appropriate nutritional and medical care, and interventions.

In addition, the safety net provided by SACU allows for targeted, community-based support to individuals in crisis or with otherwise unmet intensive needs, individuals receive the services they need for the time they need them, and are then assisted to transition back to families or private providers.

Program Performance

Staff ratios are quite high; at minimum all require a 1:1 staffing level. Many require a greater staffing level while in the community. The goal is to stabilize behaviors and health issues in a residential setting so that transition to a private provider is successful. Average length of stay for SACU adults overall (in both medical and behavioral beds) is 6 years.

SACU is focusing on placement of these long-term individuals in private care. These types of individuals, who can now be served by private providers due to improvements in community service skills and capacity, are no longer prioritized for this program.

SACU continues to build strong data tracking, including clinical data (individuals' incidents, medication errors, safety records, restraints, and a number of other elements), staffing data (ratios, overtime), and programmatic data (admissions, transfers, exits, length of stay). SACU uses this data to make programmatic changes.

Enabling Legislation/Program Authorization

Virtually all individuals served by SACU are funded through Medicaid Home and Community-Based Waivers and the 1915(k) Medicaid State Plan. The individuals served by SACU would be entitled to nursing home or intermediate care facilities for persons with intellectual and developmental disabilities (ICF/IDD) institutional services. Oregon no longer uses institutional care, but the service would be required if we could not meet the need in the community.

Other federal laws and rulings that impact services delivered through SACU are the Americans with Disabilities Act and the Supreme Court Ruling on Olmstead, which generally require individuals to be served in least restrictive, non-institutional settings. Oregon commitment statutes in ORS 427 also require the State to provide care and custody to a person who presents harm to themselves or others, and SACU's status as the safety net is integral to accomplishing this.

Additional statutes that guide the delivery and program are found in ORS 412, 430, 409 and 410. The Oregon Administrative Rules (OARs) that govern the operations of SACU require that individuals be supported in the community and in pursuit of educational and vocational activities.

At the Federal level, in addition to all applicable Medicaid statutes and regulations, services must comply with the Title II of the Americans with Disabilities Act (ADA) of 1990 and Section 504 of the Rehabilitation Act of 1973. Compliance with these Federal laws is subject to the U.S. Supreme Court's Olmstead Decision of 1999 and the U.S. Department of Justice's interpretation of that decision as it relates to the ADA and Rehabilitation Act. The Olmstead ruling is relevant to SACU in that it requires all services allowed in the waiver, including SACU, are ones that create inclusion in the community equitably across the state.

Funding Streams

The services are designed and approved using a Medicaid 1915(c) Home and Community-Based Waiver and a 1915(k) Medicaid State Plan which provides a Federal match to the program's General Funds. The program funding match rate is 58 percent Federal funds and 42 percent state general funds for waiver services and 64 percent Federal funds and 36 percent state general funds for 1915(k) State Plan services. Based on their income level, some individuals also pay an other funds contribution toward their room and board costs.

Funding Justification and Significant Changes to CSL

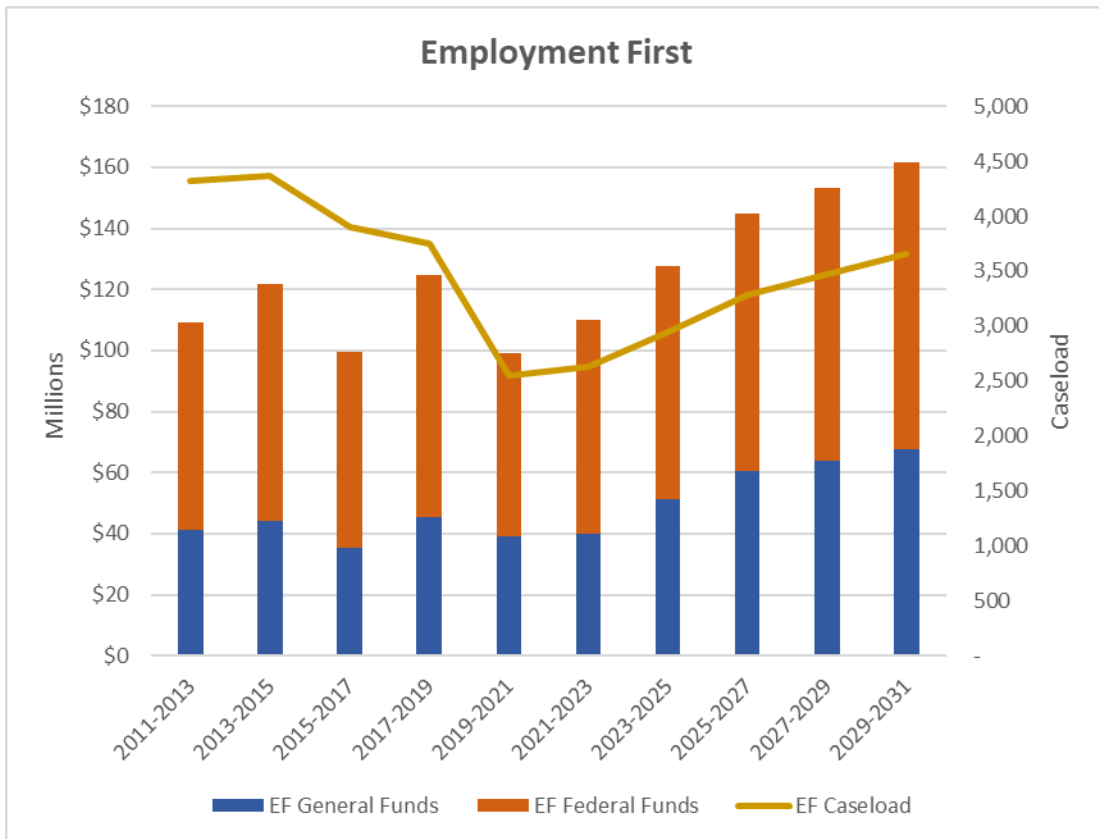
There are no investments in the Agency Request Budget, only the regular essential packages that are part of the normal budget build process.

As part of the 25-27 Governor's Budget, SACU's budget was reduced by 50% FTE, with the equivalent funding of \$94.75M TF. In addition to this is an overall services and supplies reduction of \$1.6M GF.

**Oregon Department of Human Services
Office of Developmental Disabilities Services
Employment Services**

Core long-term focus area: The Office of Developmental Disabilities Services (ODDS) administers employment services available through the Medicaid-funded Home and Community-Based Services (HCBS) program to ensure Oregonians with intellectual and developmental disabilities have support to seek and advance in competitive integrated employment.

Program contact: Allison Enriquez



Program Overview

The Office of Developmental Disabilities Services (ODDS) administers employment services available through the Medicaid-funded Home and Community-Based Services (HCBS) program to ensure Oregonians with intellectual and developmental disabilities have support to seek and advance in competitive integrated employment.

ODDS, ODHS Vocational Rehabilitation (VR) and the Oregon Department of Education (ODE) work together as core agency partners implementing [Oregon's Employment First initiative](#) to support individuals with intellectual and developmental disabilities to obtain and advance in competitive integrated employment. Employment First is a national and state set of policies or initiatives built on the belief that with the right supports and job match, everyone can work and advance in competitive integrated employment, including people with intellectual and developmental disabilities, and that competitive integrated employment is the priority employment option for individuals with I/DD. In 2008, Oregon was one of the first states to implement an Employment First initiative.

Oregon's employment service delivery system for people with intellectual and developmental disabilities underwent significant transformation from 2014 and 2024 to increase access to employment in integrated community settings as a result of the *Lane v. Brown* federal class action [settlement agreement](#) and also a series of federal and state statute and regulation changes to ensure compliance with the Americans with Disabilities Act and the [Olmstead integration mandate](#).

Transformation initiatives brought ODDS employment services for people with I/DD into compliance with the following:

- Setting requirements outlined in federal regulations governing ODDS and Medicaid-funded home and community-based services (HCBS);
- The Rehabilitation Act, amended formally as of July 22, 2014, via the Workforce Innovation and Opportunity Act, to require competitive integrated employment as the outcome to be considered a successful placement through VR.
- *Lane v. Brown* settlement agreement, a landmark federal class action lawsuit. This landmark case was the first lawsuit in the nation to challenge a state's reliance on segregated employment settings for individuals with disabilities, including sheltered workshops, as a violation of the integration mandate of Title II of the ADA. After 10 years of work, a court determined Oregon reached substantial compliance with the terms of the *Lane v. Brown* settlement

agreement and the case was successfully dismissed in July 2022.

Provider capacity remains a challenge and ongoing workforce shortages were exacerbated by the COVID-19 pandemic. ODDS, as part of Oregon's ongoing Employment First initiative, continues to focus on the following to ensure employment services support people to succeed and advance in competitive integrated employment:

- Increased collaboration not only with VR and ODE, but with all of Oregon's public workforce partners, including collaboration with local workforce development boards and the workforce talent development board. Of note, employment services available through ODDS and the Medicaid-funded HCBS program are an optional public workforce partner under the federal Workforce Innovation Opportunity Act (W.I.O.A.), yet a necessary one to ensure a public workforce system that is accessible and inclusive for people with intellectual and developmental disabilities.
- ODDS also continues to work with partners on a variety of capacity building initiatives to address workforce shortages, including implementation of a supported employment training curriculum to be housed within community colleges around Oregon. Treasure Valley is piloting this program in 2024 and early 2025, and a second community college is also expected to implement the curriculum with an ARPA grant.
- ODDS continues to support implementation of SB 494, passed in 2019, to end Oregon's use of 14(c) subminimum wage certificates as of July 1, 2023.
- Increase communication and engagement with businesses partners.
- Implement Oregon's State as a Model Employer (SAME) initiative to increase accessible and inclusive hiring practices for people with disabilities within State government.

ODDS will be proposing an Employment First legislative concept for Oregon's 2025 session that will codify requirements from *Lane v. Brown* and also Executive Order 13-04 and 15-01 to ensure ongoing oversight of Oregon's Employment First initiative and ensure long term sustainability of the transformed systems that now support people with I/DD to work and advance in competitive integrated employment, leading to their increased independence, participation and integration in the community.

Program funding request

Employment First	GF	OF	FF	TF
LAB 23-25	51,290,601	-	76,361,467	127,652,068
GB 25-27	60,688,026	-	84,307,974	144,996,000
Difference LAB - GB	9,397,425	-	7,946,507	17,343,932
% Difference LAB - GB	18.32%		10.41%	13.59%

Program Description

The optimal and expected outcome of all ODDS employment services is for people with I/DD to obtain and advance in competitive integrated employment in the community. All people with I/DD who are eligible may use employment and/or day services available through the waiver. ODDS employment services include:

- Job coaching — Supports individuals to work independently in competitive integrated employment making minimum wage or better.
- Benefits Counseling — Support to develop a plan to manage important health care related benefits while working.
- Employment Path — Support to develop employment skills.
- Supported small group services — Supports individuals to work in the community with up to eight other individuals who have disabilities and make minimum wage or better.
- Discovery — A time-limited service that helps an individual learn more about their employment strengths and potential job interests as an initial step before actively looking for a job.

Program Justification

ODDS Employment Services and Employment First is essential for implementing ODDS' strategic plan and advancing the aims of the [Equity North Star](#).

Ensuring people with I/DD continue to have opportunities to seek and advance in competitive integrated employment is a key strategy to increase integration, independence, and participation in the community as well as building an inclusive and diverse workforce.

Work is how most adults spend their time, contribute as taxpayers, relate to society, and, importantly, access the full benefits of citizenship, including independence and economic self-sufficiency. As with all other citizens, for individuals with I/DD,

employment has many positive impacts. Employment improves economic well-being as well as physical and mental health.

Employment First strengthens economic development strategies. Hiring people with disabilities is not only of benefit to job seekers with disabilities, but also to businesses. Employers report that their employees with disabilities help with overall retention, contribute to a positive workplace culture, are dedicated workforce, etc. Some information from Oregon employers can be found here: [Employer testimonial](#).

Program Performance

Since Employment First initiatives began in 2008, there has been growth in community employment. According to the September 2023 Employment Outcome Survey data, 1,871 people received individual supported employment services compared to 478 people in 2017. The rate dropped to about 1,100 people working in competitive integrated employment in September 2020 (due to COVID-19). For more information, please visit the [Employment First Outcomes and Successes Report](#).

The number of people working in competitive integrated employment is tracked as an ODHS key performance metrics. ODE also tracks "Post School Outcomes" (PSO) data that is used to track outcome data for transition age youth after leaving school.

Of note, although there were over 4,200 individuals in a Sheltered Workshop setting (totaling more than 45 Sheltered Workshops) in 2012, currently there are none.

For more details regarding process, please refer to the [regular data reports](#) available on our website.

Enabling legislation and program authorization

The provisions of employment-related services for individuals with I/DD are in ORS 430.610, .650, and .670. The enabling statutes are in ORS 409.050 and ORS 410.070.

ODDS employment services are part of the Medicaid Home and Community-Based Services program.

Funding Streams

All funding for ODDS employment services receive a federal match through a Medicaid 1915(c) Waiver as part of the Home and Community-Based Services program.

Vocational Rehabilitation (VR) funds services including job development supports to find a job in competitive integrated employment (see Rehabilitation Act of 1973 and Title IV of the Workforce Innovation and Opportunity Act). ODDS and VR work to ensure services are coordinated and not duplicated.

Funding justification and significant changes to CSL

There are no investments in the Governor’s Budget, only the regular essential packages that are part of the normal budget build process.

Oregon Department of Human Services: Vocational Rehabilitation Program

Program Mission

Vocational Rehabilitation aims to assist Oregonians with disabilities to achieve, maintain and advance in employment and independence.

Program Vision

Every Oregonian with a disability who desires to work is given an equitable opportunity and means.

About Vocational Rehabilitation

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

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

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

VR helps Oregonians with disabilities gain employment through a variety of services, including:

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

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

benefits are presumed eligible for services.

VR has a diverse staff of counselors with expertise in the areas of:

- Intellectual and developmental disabilities (I/DD)
- Deafness and hearing loss
- Mental health
- Motivational interviewing
- Spinal injury
- Traumatic brain injury
- Other disability specific areas of specialization

Additionally, VR counselors consider the participant's cultural and language needs and the intersection of barriers to employment that race, language, and disability can present for Oregonians seeking employment. Ongoing efforts aim to reach underserved communities and create a more inclusive and supportive environment for all job seekers with disabilities.

Individuals VR serves

In State Fiscal Year 2023, VR made significant strides in supporting job seekers with disabilities. Through the dedicated efforts of the service delivery team — including rehabilitation counselors, youth services coordinators, workforce and business relations coordinators, support staff and contracted employment specialists — we achieved notable service outcomes:

- 4,113 job seekers entered rehabilitation plans.
- 12,657 received VR services.
- 2,627 successfully obtained employment.
- 449 individuals with Intellectual and Developmental Disabilities (I/DD) secured competitive, integrated employment.
- 4,626 young people benefited from Pre-Employment Transition Services (Pre-ETS).
- 921 people received services who are Deaf or Hard of Hearing (DHH).

VR's commitment to equity is reflected in the diversity of participants served. In SFY 2023, VR participation by race comprised:

- 132 American Indian/Alaska Native
- 77 Asian
- 91 Black/African American
- 232 Hispanic/Latino/Latina individuals
- 18 Native Hawaiian/Other Pacific Islander
- 1,777 White

Services and programs

VR employees provide direct services through a network of 40 [local offices](#) across Oregon.

Services are provided by rehabilitation counselors, youth services coordinators, workforce and business relations coordinators, support staff and contracted employment specialists. VR is also co-located in some WorkSource Oregon Centers and other human services offices across the state as part of an effort to increase access to the larger workforce support system in Oregon.

VR provides the following services:

- [Core vocational rehabilitation services](#)
- [Youth services](#)
- Supported employment
- [Services to businesses](#)
- Career Counseling, Information and Referral

VR also administers the following programs:

- [Inclusive Career Advancement Program](#) (ICAP)
- [Work Incentives Network](#) (WIN)

- **Core VR services**

These are individualized services provided to VR participants whose disabilities present a barrier to employment. A rehabilitation counselor conducts a comprehensive assessment to evaluate a client's career potential. This includes assistance determining which services can help support an individual in achieving their employment potential. Vocational counseling and guidance build on this assessment and help the client identify a vocational goal. The counselor works with

the client to develop an individualized plan for employment and helps the client access appropriate services in support of the plan.

- **Youth Services**

VR provides services to young people between the ages of 14 and 24 who are getting ready to transition to work. Individualized services help each person develop job skills, explore career interests, and learn to advocate for themselves.

Pre-Employment Transition Services (Pre-ETS)

In 2014, Congress passed the Workforce Innovation and Opportunity Act (WIOA). The legislation allows students ages 14-21 who are potentially eligible or eligible for VR services to receive Pre-Employment Transition Services (Pre-ETS). VR Pre-ETS Coordinators, as well as contracted positions located in schools and Education Service Districts, provide students an opportunity to access:

- Career Exploration
- Post-Secondary Counseling
- Self-Advocacy Instruction
- Work-Based Learning Experiences
- Workplace Readiness Training

Individual Transition Services

These services are available to students and youth ages 14-24 who have been found eligible for VR services and have an open Individual Plan for Employment. The purpose of these services is to assist young people — whether or not they are enrolled in school — in developing and pursuing career interests through post-secondary education or vocational training, as well as securing a job through job search, placement, retention, follow-up and follow-along services.

Group Transition Services

These services are available to young people with disabilities — whether or not they are enrolled in school — who may not have yet applied or been determined eligible for Vocational Rehabilitation services. These specific transition services are designed to benefit a group and are not individualized services directly related to an Individualized Plan for Employment goal.

Services may include tours of universities and vocational training programs; employer or business site visits to learn about career opportunities; career fairs coordinated with workforce development organizations and employers to facilitate mock interviews and resume writing; and other general services.

- **Supported Employment Services**

These services are for individuals with the most significant disabilities for whom employment is not possible through traditional means, but who can obtain and maintain competitive employment in the community with job coaching and ongoing supports. Substantial and supported employment services are provided on a time-limited basis for each client. Oregon Health Authority, ODHS Office of Developmental Disability Services, other community programs, families and private employers are responsible for the subsequent services once VR has found employment for an individual and completed training. Supported Employment Services provide individuals with both traditional VR services and support services provided by job coaches, typically at job sites.

- **Career Counseling, Information and Referral (CCIR)**

The WIOA created CCIR services in the 2014 update to the Rehabilitation Act, and states began related subminimum wage projects in 2017. These services provide career counseling, information, and referral to individuals of any age known by VR to be employed at subminimum wage. Employers with 14C certificates from Department of Labor are allowed to employ individuals at less than minimum wage. These employers are required to inform employees about training opportunities but are prohibited from providing CCIR services as the latter is a VR function. Currently there are no clients in Oregon earning subminimum wage.

- **Inclusive Career Advancement Program**

The [Inclusive Career Advancement Program](#) (ICAP), a five-year federal disability innovation grant initiated in 2021 and funded through September 2026, aims to empower Oregonians with disabilities by enhancing their access to meaningful career opportunities through specialized training and support. Partnering with 16 Oregon community colleges and focusing on high-demand fields, ICAP facilitates skill development and establishes pathways to sustainable careers, optimizing long-term success for participants.

ICAP is embedded within VR and collaborates with the Oregon Commission for the Blind, Cornell Yang-Tan Institute, and Portland Community College. ICAP

delivers integrated support through career coaching and wraparound services to VR participants. Through local and statewide communities of practice and local implementation teams, ICAP enhances collaboration, addressing unique participant needs. The program prioritizes equitable access by creating partnerships with historically underserved communities, including rural areas, Indigenous communities, Black communities, and other communities of color. By addressing challenges faced by individuals with disabilities, ICAP strives to improve employment outcomes, retention rates, median earnings, credential attainment, workforce skills and effectiveness in meeting Oregon's workforce needs.

As of May 2024, ICAP has enrolled 278 students at local community colleges. Twenty-two students with disabilities have completed their training, and eight have gained and maintained competitive employment in their new career field. By September 2024, VR anticipates 75 more enrollments, 50 completing their training, and 30 achieving competitive employment.

- **Work Incentives Network**

The [Work Incentives Network](#) (WIN) provides benefits planning through contracts with six Centers for Independent Living. Through the state's General Fund dollars, WIN is able to provide benefits and work incentives planning to any Oregonian with a disability who receives a public benefit and who wants to obtain, maintain or increase their employment. In doing so, the network empowers individuals to make informed decisions regarding their employment and benefits while understanding how to maintain access to crucial services and medical coverage. People who successfully have access to benefits planning are better able to secure employment, live independently, engage with their communities, and live a higher quality of life. Through employment, they also pay taxes and reduce reliance on publicly funded services.

VR Partnerships

- **Centers for Independent Living**

Oregon's seven [Centers for Independent Living \(CILs\)](#) are nonprofit organizations that provide the following independent living services:

- Information and referral to services
- Independent living skills training
- Peer counseling

- Systems and individual advocacy
- Transition services for youth
- Work Incentives Coordinators who provide benefits counseling to help people with disabilities make informed employment decisions

Authorized under the Rehabilitation Act of 1973, CILs also provide a range of services based on local needs, many of which complement services provided through other state and federally funded programs. Services are provided through a peer-mentoring model with an emphasis on self-advocacy and consumer responsibility.

The State Independent Living Council (SILC) oversees Oregon’s independent living services. The council’s mission is to promote choice, equal access, and full inclusion for people with disabilities throughout Oregon. The council meets quarterly; meetings are open to the public.

- **State Rehabilitation Council**

The [Oregon State Rehabilitation Council \(SRC\)](#) aims to ensure Vocational Rehabilitation (VR) is consumer-driven and that available programs, services and resources result in competitive, integrated employment.

Authorized under the federal Rehabilitation Act of 1973, the SRC is an accountability partner to VR. Members represent the voice of those who receive VR services and provide VR with an external, consumer-oriented perspective. The council also provides consumers with a formal mechanism to influence the direction of VR programs in Oregon. The council meets quarterly.

- **Employment First**

Oregon's [Employment First initiative](#) is a partnership among state agencies to improve employment outcomes for people with intellectual and developmental disabilities (I/DD). Cooperating agencies are VR, the ODHS Office of Developmental Disabilities Services, Oregon Department of Education and Oregon Council on Developmental Disabilities.

Partners work to increase competitive, integrated employment for people with I/DD, as outlined in the Employment First Policy. The policy states that employment in fully integrated work settings will be the first and priority option explored in service planning for all working-age adults and students preparing to transition to the world of work. The policy is based on the general philosophy that people with I/DD have the ability, with the right supports and job match, to

succeed and advance in competitive integrated employment.

In alignment with this policy, ODHS stopped funding services in sheltered workshop settings as of September 2020. Additionally, Employment First partners have continued to support and implement SB 494 passed in 2019 to end 14(c) subminimum wage certificates as of July 1, 2023.

VR has specialized counselors around the state committed to working with people with I/DD to help them find employment in their communities.

- **Tribal Partnerships**

The VR program continues to partner with and support the five Tribal VR programs:

- Confederated Tribes of Grand Ronde
- Klamath Tribes
- Confederated Tribes of the Umatilla Indian Reservation
- Confederated Tribes of Siletz Indians
- Confederated Tribes of Warm Springs

Each federally recognized Tribe shares a unique vision for its program and identifies how ODHS VR can support service delivery to Tribal members.

This collaboration includes:

- Supporting shared clients with complex disability-based barriers to employment who require specialized rehabilitation services.
- Cross-training new VR counselors on the cultural customs specific to the Tribal Nation.
- Hosting joint rehabilitation trainings for state and Tribal VR counselors.
- Facilitating Tribal VR directors and Tribal leaders to meet with the ODHS Director.
- Sharing space within WorkSource buildings.

- **Workforce Partnerships**

With the passage and implementation of the Workforce Opportunity and Innovation Act (WIOA) of 2014, VR was identified as a core partner in the workforce system. VR works closely with core workforce partners to create a

system that is less siloed, more efficient, inclusive, equitable and diverse.

VR is represented on the nine local workforce development boards in Oregon and has a large role in the statewide Workforce and Talent Development Board. VR and its workforce partners have developed and updated the combined state plan that guides collaborative efforts to build an effective and strong workforce support system throughout Oregon.

Additionally, VR, ODHS Self Sufficiency Programs, the Oregon Employment Department, local workforce development boards and Adult Basic Education programs around the state meet regularly to ensure all services are aligned, minimize duplication, and create opportunities for expanding services in ways that meet the needs of shared clients. Moving toward this shared purpose has increased awareness of the needs of individuals with disabilities seeking employment while creating more opportunities for clients in local communities.

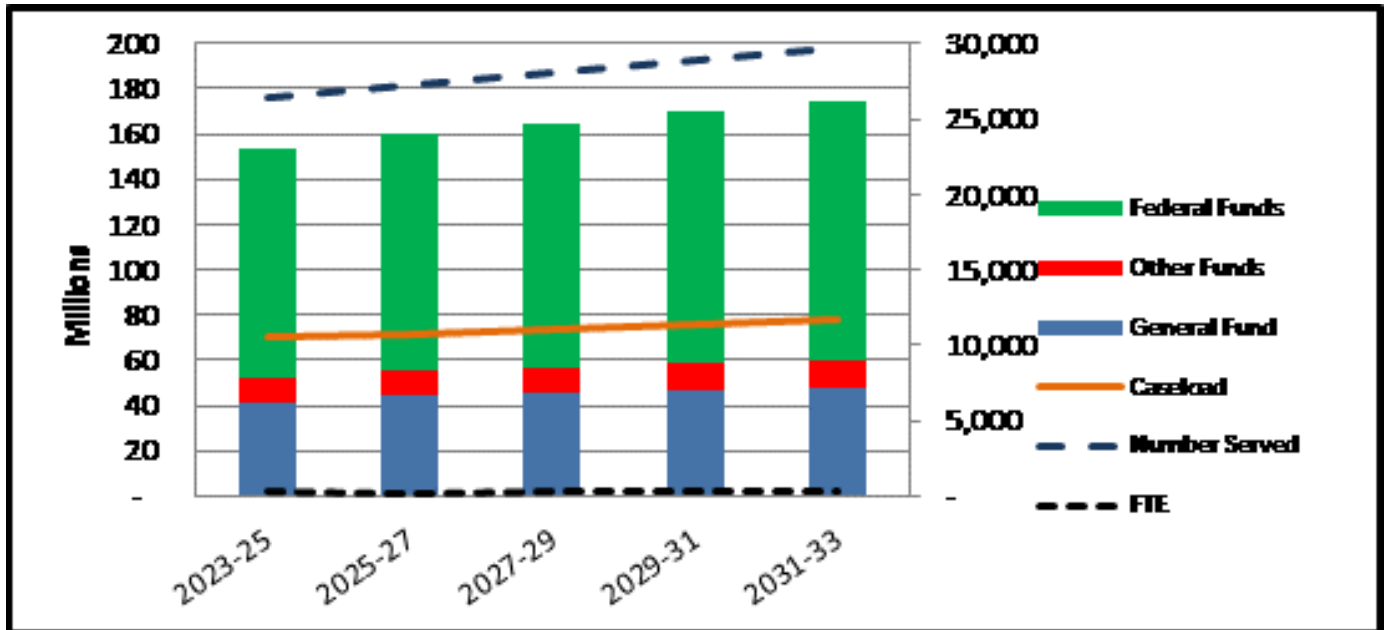
VR continues to create diverse opportunities for individuals with disabilities to gain equitable access to employment. VR provides training and outreach to businesses to help eliminate stigmas around hiring people with disabilities and demonstrate that VR's diverse clients are reliable, dependable, and skilled workers. VR also partners with businesses to provide work-based learning opportunities for all clients, including youth transitioning into post-secondary careers and apprenticeships.

Oregon Department of Human Services: Vocational Rehabilitation

Core long-term focus area: Assist Oregonians with disabilities to achieve, maintain and advance in employment and independence.

Program Contact: Keith Ozols, Director

Vocational Rehabilitation Funding Sources, Caseload Levels and FTEs



Note: Cost-per-case increase is the result of a growing number of people with cognitive disorders requiring services that come with higher costs.

Program Overview

Vocational Rehabilitation (VR) helps Oregonians with disabilities obtain, maintain, regain and advance in employment through counseling, specialized training and job placement. This includes helping youth with disabilities transition from educational programs to the workforce; assisting adults with disabilities in achieving, maintaining or advancing in employment; helping employers overcome barriers to employing people with disabilities; and partnering with other state and local organizations that coordinate employment and workforce programs.

Program Funding Request

OVRs	GF	OF	FF	TF	POS	FTE
LAB 23-25	41,073,319	10,939,321	101,134,498	153,147,138	285	280.34
GB 25-27	44,858,470	11,062,941	104,556,467	160,477,878	286	284.04
Difference LAB - GB	3,785,151	123,620	3,421,969	7,330,740	1	3.70
% Difference LAB - GB	9.22%	1.13%	3.38%	4.79%	0.35%	1.32%

Program Description

VR is comprised of five primary areas: core services, youth programs, supported employment, services to businesses, and career counseling, information, and referral. VR also administers the Independent Living program, the Inclusive Career Advancement Program and the Work Incentives Network.

- **Core Services**

These are basic services provided to individuals whose disabilities present an impediment to employment. The Vocational Rehabilitation Counselor (VRC) conducts a comprehensive assessment to evaluate vocational potential, including diagnostic and related services necessary for the determination of program eligibility as well as the nature and scope of services to be provided. Vocational counseling and guidance build on this assessment and help the client identify a vocational goal. The counselor, in partnership with the client, develops an individualized plan for employment and authorizes services and training in support of the plan while maintaining a counseling relationship with the client.

The counselor may refer the client to one or more Job Placement Services contractors to help the client meet their goals.

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

Key partners include private businesses, the State Rehabilitation Council, Local Workforce Development Boards, Oregon Tribal Nations, Tribal VR programs, Oregon Commission for the Blind, the ODHS Office of Developmental Disabilities Services, the Oregon Employment Department and the Statewide Independent Living Council.

- **Youth Services**

The Workforce Innovation and Opportunity Act requires VR to spend 15% of its budget on youth services. Research shows helping people with disabilities early in their lives better helps them achieve employment, independence and well-being as adults.

VR provides services to young people between the ages of 14 and 24 who are getting ready to transition to work. Individualized and group services help each person develop job skills, explore career interests and learn to advocate for themselves.

Any young person can receive services who is VR eligible or receiving services through their school district under an Individual Education Plan or 504 plan. VR funds contracted transition specialists in schools who work directly with students with disabilities. VR also has a dedicated youth team to serve students who do not have a specialist in their school or community.

Key partners include school districts, businesses, the Oregon Department of Education, the ODHS Office of Developmental Disabilities Services, the Oregon Commission for the Blind and Families and Community Together (FACT).

- **Supported Employment Services**

Approximately 95 percent of all eligible clients currently served by VR are people with significant disabilities. These individuals typically experience multiple functional limitations requiring several services provided over an extended period.

These services enable Oregonians, including youth, with the most significant disabilities to achieve and maintain competitive integrated employment. Vocational Rehabilitation supported employment services (i.e., job coaching, training normally done at the job site) are time-limited, lasting from job placement until the individual is stable in their job and long-term supports are in place. Oregon Health Authority's Behavioral Services, ODHS Office of Developmental Disability Services, community programs and families, or private employers provide long-term supports after the individual has exited the VR Program.

- **Services to businesses**

VR also offers business services that include consultations with employers about diversifying their workforce by hiring people with disabilities, and pre-screening services to match employers with clients who are qualified, reliable job candidates. VR coordinates with the Oregon Commission for the Blind to provide trainings and services to businesses.

- **Career Counseling, Information and Referral**

These services provide career counseling, information and referral to individuals of any age known by VR to be employed at subminimum wage. Currently there are no clients in Oregon earning subminimum wage; ODHS stopped funding services in sheltered workshop settings in September 2020, in alignment with its Employment First Policy.

- **Independent Living Program**

The Independent Living Program is a federal program established in Title VII of the Rehabilitation Act of 1973, as amended, and regulated by the Code of Federal Regulations, Title 45, and Part 1329. In conjunction, Oregon's State Independent Living Council was established in 1994 by Governor's Executive Order 94-12. VR is listed as the designated state entity for this program in the State Plan for Independent Living, per Section 704 of Title VII.

Centers for Independent Living (CILs) are non-residential community-based organizations that provide these independent living services for individuals with all types of disabilities. Services provided in CILs include peer support, independent living skills training, information and referral, advocacy and transition services for youth.

- **Inclusive Career Advancement Program**

The [Inclusive Career Advancement Program](#) (ICAP), a five-year federal disability innovation grant initiated in 2021 and funded through September 2026, aims to empower Oregonians with disabilities by enhancing their access to meaningful career opportunities through specialized training and support. Partnering with 16 Oregon community colleges and focusing on high-demand fields, ICAP facilitates skill development and establishes

pathways to sustainable careers, optimizing long-term success for participants.

- **Work Incentives Network**

The Work Incentives Network (WIN) provides benefits planning through contracts with six Centers for Independent Living. Through the state's General Fund dollars, WIN is able to provide benefits and work incentives planning to any Oregonian with a disability who receives a public benefit and who wants to obtain, maintain or increase their employment. In doing so, the network empowers individuals to make informed decisions regarding their employment and benefits while understanding how to maintain access to crucial services and medical coverage. People who successfully have access to benefits planning are better able to secure employment, live independently, engage with their communities, and live a higher quality of life. Through employment, they also pay taxes and reduce reliance on publicly funded services.

Program Justification

Communities thrive when everyone who wants to work has access to jobs. No one should overlook the opportunity to find employment because they have a disability and don't know what accommodations are available to them or how to ask for help. VR is uniquely positioned to assist people with disabilities who want to find a job, keep a job or get the training they need to advance in their career.

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. The VR program and the services provided align with Governor Kotek's focus on homelessness by empowering people with disabilities to achieve economic and housing stability.

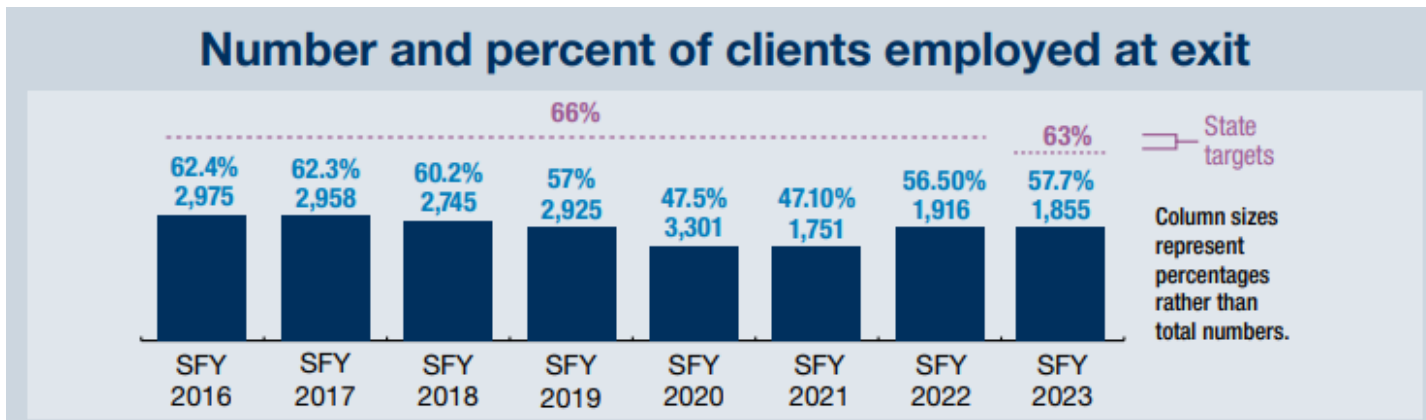
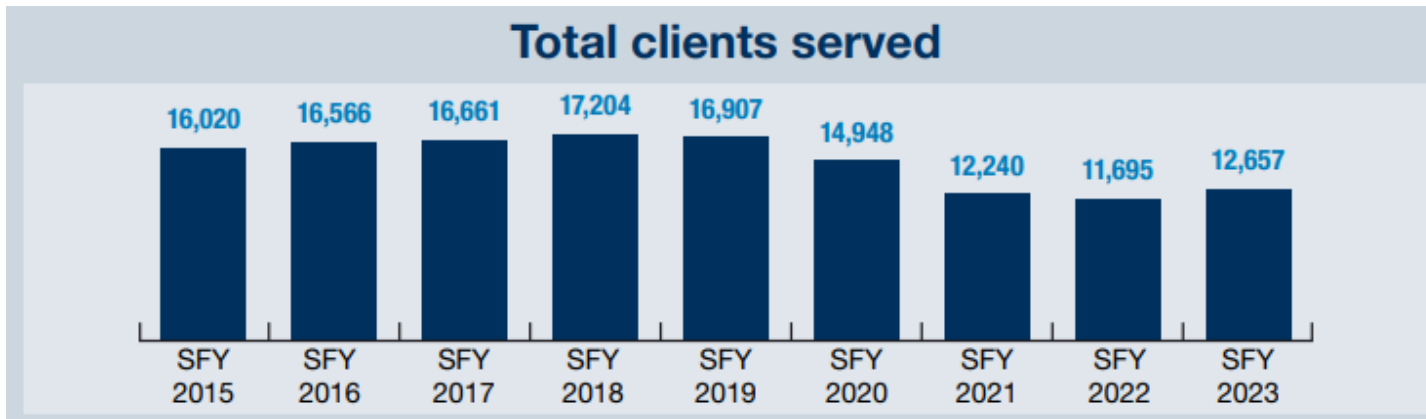
Secondarily, by creating better access to the workforce system, VR is increasing the number of employable Oregonians, many of whom bring in skills and attributes that contribute to a thriving Oregon economy.

VR's mission and priorities outlined in its 2024-2027 State Plan are guided by the ODHS Equity North Star. In the next four years, the program is focused on strengthening its foundations by streamlining the eligibility process so more people can be served sooner. VR is also committed to meeting the needs of historically

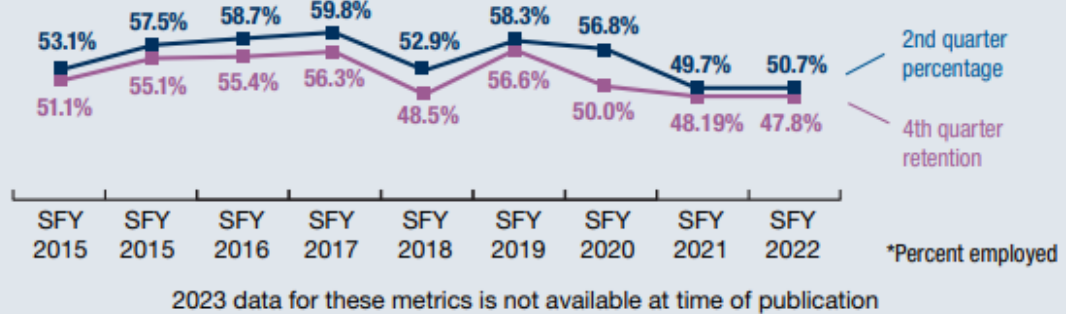
underserved communities by strengthening partnerships and prioritizing meaningful community engagement.

Program Performance

The following graphics show VR’s performance over time. VR tracks employment outcomes for a year following employment. This helps the program ensure it is not only helping participants find jobs, but also keep those jobs.

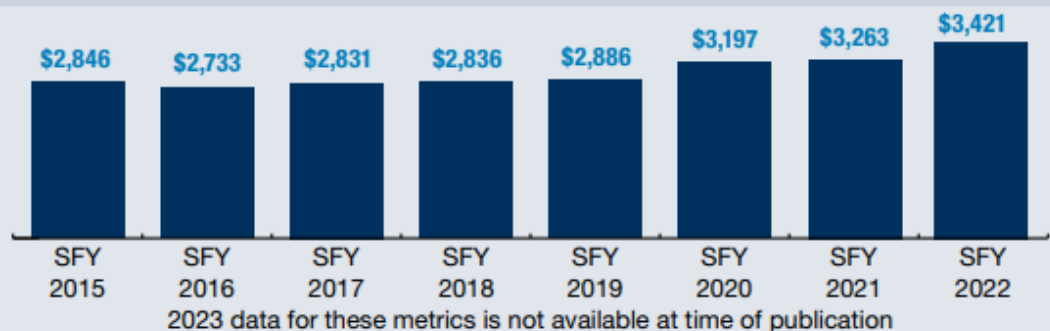


Rates of retention in employment*, second and fourth quarters after exit



Helping people VR services find a job that pays a competitive wage is a hallmark of VR success. VR counselors incorporate extensive labor market research to help clients find a job with a living wage.

Median monthly income during second quarter after exit



- **Projected performance, 2025-2027**

Recently Oregon VR and the Rehabilitation Services Administration (RSA), VR’s federal funding source, negotiated the projected performance levels for the 2024 and 2025 program years. The table below lists each of VR’s Key Performance Measures. It indicates the “Expected Level” that is generated by a statistical adjustment model and the “Negotiated Level” is the final level mutually agreed upon by RSA and VR. The percentages reflect the total number of VR clients who are being or have been served under an Individualized Plan for Employment with VR. These levels are reflected in the recently accepted WIOA State Plan.

Key Performance Measure	PY 2024 State	PY 2024 Proposed	PY 2025 State	PY 2025 Proposed

	Expected Level	Negotiated Level	Expected Level	Negotiated Level
Employment (2nd Quarter after Exit)	60.4%	60.4%	60.4%	61%
Employment (4th Quarter after Exit)	54.5%	56.5%	54.5%	57%
Median Earnings (2nd Quarter after Exit)	\$4284	\$4284	\$4284	\$4300
Credential Attainment Rate	45.9%	47%	45.9%	47.5%
Measurable Skill Gains	29.5%	35%	29.5%	36%

During the 2025 program year, RSA and VR will again engage in negotiations for the projected performance levels for the 2026 and 2027 program years. The statistical adjustment model will be updated with the actual performance levels for the 2024 and 2025 program years and that model’s algorithm will develop the new Expected Levels for the 2026 and 2027 program years. Once those Expected Levels are established in 2025, VR and RSA will engage in negotiations for the projected performance levels for the 2026 and 2027 program years. It is expected that VR will be able to meet all of the 2024 and 2025 Negotiated Levels and it is also expected that the future Negotiated Levels for 2026 and 2027 will continue to rise with a statistical variance of 1% to 5% depending on the Statistical Adjustment Model.

Enabling Legislation/Program Authorization

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

Funding Streams

- **VR services**

VR's core services, Youth Services, Supported Employment, Services to Businesses, and Career Counseling, Information and Referral services are all funded through the U.S. Department of Education. VR receives a formula-based grant with Match and Maintenance of Effort requirements. The match rate for Vocational Rehabilitation is 21.3 percent General Fund; 78.7 percent Federal Funds. Grant dollars cannot be used by other programs. Program income, which is reinvested back into VR, includes Social Security reimbursement and Youth Service Contracts.

- **Independent Living Program**

VR serves as the Designated State Entity to receive, administer and account for the funds made available to the State under Title VII, Chapter 1, Part B of the Rehabilitation Act and State General Funds appropriated for Oregon's IL Network. The match rate for Title VII, Chapter 1, Part B funds is 10 percent General Fund; 90 percent Federal Funds. All partners of the Independent Living Program receive funds through VR through executed state contracts.

For Independent Living the match rate is 10 percent General Fund; 90 percent Federal Funds.

- **Inclusive Career Advancement Program**

In October 2021, VR was awarded an \$18,186,503.00, 5- year model demonstration grant called the Inclusive Career Advancement Program (ICAP). The program is funded entirely through federal funds with no match or Maintenance of Effort requirements.

- **Work Incentives Network**

The Work Incentives Network is supported by \$799,297 in General Fund. Of that amount \$726,000 is allocated for contracts and \$73,297 is utilized for supplies and case management software.

Funding Justification and Significant Changes from ARB to GB

There was a policy option package investment made in GB, in addition to the regular essential packages that are part of the normal budget build process.

PKG NO		PKG TITLE				
105		Contract and Fiscal Compliance				
GF	OF	FF	TOTAL FUNDS	POS	FTE	
\$ 745,663			\$ 745,663	4	3.00	
PKG DESCRIPTION						
<p>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.</p>						

Oregon Department of Human Services

Oregon Eligibility Program

Program Overview

There are core needs every person must address to thrive in our communities. Sometimes when an individual or family's circumstances change, they need help with basic supports to get through the bumps in the road on their way to well-being. Oregon Eligibility Partnership (OEP) provides medical, food, cash, and childcare benefits to one in three people in Oregon. OEP is dedicated to simplifying access to these essential services, so people receive the supports they are eligible for and don't backslide on their journey to well-being.

OEP prioritizes equitable service delivery and providing direction and resources to employees who determine eligibility. To these ends, OEP has established structured governance and processes that unite historically independent programs together to better support individuals and families.

OEP's core responsibility is to make sure eligibility determination services receive robust technological and staffing support. The goal is to maintain a customer service experience that is consistent and delivers equitable, prompt and accurate eligibility determinations.

OEP is steadfast in adhering to program eligibility rules and regulations and the service delivery expectations of our federal partners. OEP actively collaborates with partners, staff, community members, and sovereign Tribal communities to address operational impacts and identify opportunities to improve customer service.

To gauge its effectiveness, OEP evaluates interactions between people who use its services and employees who determine eligibility. This assessment includes analyzing relevant performance metrics, which are publicly accessible on our [ONE Customer Service Center dashboard](#).

Equity North Star

The path to OEP's envisioned future is guided by the ODHS [Equity North Star](#),

which puts race and intersectionality at the center of our decisions and positions communities as shapers of ODHS policies, programs and delivery strategies. OEP recognizes that solutions must be grounded in the lived experience of families and the balance of decision-making power must be shifted to communities who are most affected. Accordingly, OEP engages community to identify shared concerns and community-driven solutions.

Community-driven accountability mechanisms will create greater transparency and invite disempowered groups to shape the future of the services delivered. Rather than expanding the reach and resources of the agency itself, OEP will invest time, training and other resources in partners who are rooted in community and already performing invaluable work.

Program Goals

Service Delivery Quality and Timeliness

- Stabilize OEP operations as a statewide support system for eligibility.
- Build support systems for statewide delivery through local offices and the virtual ONE Customer Service Center.
- Finalize a sustainable customer service model that ensures efficient, effective, timely, accurate and equitable services.
- Collaborate with program leadership to address changes, enhancements or new service offerings.
- Implement corrective actions for identified system and systemic issues.
- Monitor, analyze and develop improvement solutions for statewide operations related to Able-bodied Adults without Dependents (ABAWD), medical with Long-term Services and Supports or Long-term Care (LTSS/LTC), community partners and Temporary Assistance for Domestic Violence Survivors (TA-DVS) programs.

Equity and Engagement

- Enhance engagement with people in Oregon seeking and receiving services, employees, legislature, and community partners and advocates.
- Identify and address data and gaps to inform engagement strategies.

- Provide diversity, equity, inclusion and belonging (DEIB) education and support.
- Develop solutions to improve accessibility to benefits.
- Connect the customer service model to equity principles.

Work Environment

- Sustain and improve a safe and inclusive work environment.
- Support employee development opportunities.
- Promote workforce diversity and equity.
- Maintain genuine engagement as we grow.

Long Term Goals

- Ensure OEP is accountable to those we serve at every level.
- Fully support state and federal legislation.
- Engage and support social service navigation and people-centered approaches.
- Optimize processes to support economic stability and mobility for people in Oregon.
- Eliminate systemic forms of inequity.

OEP measures its performance through data and information tracking. We have proposed the following Key Performance Measures (KPMs) related to our work:

APPLICATIONS PROCESSED TIMELY Percentage of new eligibility determination requests for Supplemental Nutrition Assistance Program (SNAP), medical, Long-Term Services and Supports (LTSS) and Employment Related Day Care (ERDC) services completed on time in accordance with federal requirements.	95 percent
RENEWALS PROCESSED TIMELY The percentage of renewal eligibility determination requests for SNAP, Medical, LTSS and ERDC services that are received on time and processed with no break in benefits.	80 percent
SNAP APPLICATIONS PROCESSED ACCURATELY The percentage of eligibility determination requests for SNAP services completed accurately.	95 percent
CUSTOMER SATISFACTION WITH ELIGIBILITY SERVICES PROVIDED	85 percent

The percentage of customers receiving eligibility determination services for SNAP, Medical, LTSS and ERDC rating the services as ‘satisfactory’ or better.	
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OEP has internal scorecards available for staff that track key performance indicators. Additionally, OEP maintains an [external dashboard](#) with information about applications, medical redeterminations, and call times. We are committed to continually providing transparent data on our customer service, timeliness and quality. OEP believes each number and statistic represents a promise to serve the individuals in this state with integrity and stewardship.

Program – Current State

In February 2021, Oregon completed an expansion of the ONE Eligibility system. The expansion made it possible to have a single application for medical, food, cash and childcare benefits. The expansion of the ONE Eligibility system also created the statewide infrastructure to support the long-standing customer service goal to give people in Oregon more choice and convenience in applying for and managing these benefits.

OEP launched in 2022 to continue integrating eligibility operations. Today, OEP supports a system where people in Oregon can enter through any door (office, phone, online, mail, mobile app) and get the services they need. OEP remains focused on stabilizing and normalizing this new, integrated way of delivering services to people in Oregon.

The units within OEP include the following:

- **The OEP Director’s Office** is accountable for the overall direction, prioritization and support for ONE program eligibility operations and the Centralized Abuse Management (CAM) system. This office also oversees the direction within OEP and liaises with partners across ODHS, Oregon Health Authority (OHA) and the Oregon Department of Early Learning and Care (DELIC), serving as the single source of direction for ONE program eligibility staff.
- **Business Information Services** holds primary responsibility for Enterprise IT Solutions that people in Oregon use to access benefits and that staff depend on to support the needs of programs and people. These include the ONE Eligibility

system, Centralized Abuse Management (CAM), phones, and the Oregon ONE Mobile app.

- **Service Delivery Supports** provides operational direction, training and change management support to meet the needs of eligibility staff, ensuring timely and accurate eligibility determinations. OEP change management includes a network of staff who provide feedback and help implement local changes. This unit also defines eligibility operational processes and design, communicates with program and policy teams about operational implementation, and supports the statewide delivery of eligibility through the customer service center and local offices. Helpdesk functionality for the ONE Eligibility system is housed within this group, connecting systems and people who use them for a more holistic operational response.
- **Oversight, Quality Assurance and Central Coordination** combine functions intended to provide oversight and ensure quality in specific areas of the eligibility determination process. This includes eligibility hearings, quality assurance, operational analysis, operational data, and key performance measures (KPMs), central coordination (for audits, projects) and Long-term Support and Services (LTSS) eligibility support.
- **Outreach and Engagement** offers OEP a data-driven, strategic direction to eliminate institutional and structural bias and discrimination based on race, ethnicity, language, gender, gender identity, nationality/immigration status, ability, sexual orientation, age, rurality, and religion. This unit develops and leverages community relationships to incorporate individual voices in eligibility operations and the governance of the ONE Eligibility system.
- **Statewide Virtual Eligibility Center (VEC)** manages the ONE Customer Service Center and ensures telephonic eligibility operations are adequately resourced and supported. It also ensures the customer service model, policies, procedures, and practices are implemented and followed.
- **Eligibility Operations** manages eligibility operations, staff, and other resources necessary to ensure storefront and Area Agencies on Aging (AAA) operations adhere to the customer service model, policies, procedures, and practices. This section also directs workflow to meet operational objectives and manages several

eligibility specialty teams needed to process discrete bodies of eligibility work effectively.

Program – Future State

OEP's core objectives remain steadfast:

- Providing timely, accurate, and equitable eligibility determination services for medical, food, cash, and childcare benefits.
- Ensuring that people in Oregon are central to our operational decisions and process designs.
- Strengthening our relationships and operational processes with partner agencies and programs.

OEP will continue to stabilize operations in an environment where caseloads are expected to remain near the all-time highs experienced during the COVID-19 pandemic. We will keep deploying resources and system enhancements, expecting the new "normal" to emerge near the end of the 2023-25 biennium, at which point we can adjust and right-size as we stabilize operations.

As we work through this normalization, we will explore ways to build greater capacity for our staff through technology. Currently, we are staffed at close to 50 percent of what our workload model indicates is necessary. To balance this, we are using technology to automate processes and provide users with options that do not require staff intervention, freeing up staff to assist individuals in applying, reapplying or receiving other necessary assistance.

Though outcomes for timely and accurate eligibility determinations are steadily improving, they are not yet meeting the satisfaction of our federal partners. Our primary strategies include improved focus, training, accountability, and oversight, as well as implementing process and IT system improvements to enhance both timeliness and accuracy. Additionally, we are using a Quality Oversight Board (QOB) with membership from OEP and its partners. This board analyzes, prioritizes, problem-solves, and makes recommendations to OEP for measurable operational improvements. Our federal partners are closely monitoring this group, anticipating it to be a best practice for other states.

Alongside the necessary forward movement, OEP must emphasize balance and operational stability. OEP and the systems we have deployed are new and require time to stabilize. OEP has not had a stabilization period yet, but we hope to establish one, combined with a methodology that focuses on the fundamentals of our work, to allow systems and the people who use them time to mature.

OEP must prioritize the work of staff and support within allocated and funded levels. To keep up with high demand, OEP continues to authorize regular overtime and is finding ways to leverage resources, allocations, positions and technology to ensure our pillars of customer service, equity, efficiency and consistency are met, and that individuals receive timely services and accurate information.

Service Delivery Structure

The eligibility service delivery structure includes several access points for services and information. Understanding this structure depends on how individuals' approach ODHS, Oregon Health Authority (OHA) and the Department of Early Learning and Care (DELIC) for services. The overarching principle is to provide a variety of methods that allow people to engage with us in their preferred way, ensuring a uniform and equitable customer experience.

Local offices

Eligibility for services, requests for replacement EBT cards and proof of eligibility letters needed for other programs are some of the major services provided through more than 80 local full-service, satellite and Area Agencies on Aging (AAA) offices located throughout the state in our 16 districts. The workforce stationed in these offices supports individuals who choose to access services and information by visiting a local office.

ONE Customer Service Center, statewide phone center

For people who prefer to get information or services by phone, the statewide ONE Customer Service Center operates with a fully remote workforce dedicated to answering nearly 4,500 calls each day. In 2023, the center experienced a peak of more than 7,700 calls in a single day. On average, ODHS is staffed to answer about 3,000 calls daily, resulting in many calls being abandoned as individuals hang up before reaching a staff member. To address this, OEP provides information on

anticipated hold times and suggests alternatives such as applying online, visiting an office, or working with a community partner to help manage the demand. OEP is also exploring new technology to assist individuals more efficiently, reducing the time they need to spend on the phone.

Public information about our call answer rates and survey responses is available on our dashboards at benefits.oregon.gov. The ONE Eligibility system also communicates important information to individuals via text, email and voicemail. As of early 2024, more than 500,000 individuals in the state receive text messages from the ONE Eligibility system, sent to remind them of appointments or information needed by the department.

ONE Online

Oregon's ONE Online system supports service applications, renewals, updates, and information requests through a web-based and often fully automated process. Once a person has an account, they can apply for benefits, submit necessary updates and renewal documentation, and view their benefits or the status of their applications. While phone contact may occasionally be necessary to complete the process or clarify information, the use of ONE Online is growing. Surprisingly, a significant number of older adults in Oregon are using ONE Online, challenging the notion that IT-based tools are not readily adopted by this demographic.

In 2023, ONE Online averaged 270,000 logins each month, with an average of 95,000 distinct people logging in monthly. Additionally, between 9,000 and 10,000 new accounts are created each month, including those for Community Partners and individuals applying for themselves or family members. Notably, 45 percent of people log into ONE Online via a mobile device, which is one of the reasons the department developed a mobile application.

Oregon ONE Mobile App

Like ONE Online, the Oregon ONE Mobile app allows people to engage with ODHS eligibility services from their smartphones. While not all tasks available on ONE Online are currently accessible via the app, more features are being added. The Oregon ONE Mobile app is primarily designed for people who are already approved for benefits, enabling them to manage their benefits efficiently. Through the app,

users can view correspondence, upload documents by taking pictures, find offices, and receive reminders. More than 100,000 people have downloaded the Oregon ONE Mobile app, and more than 30,000 documents have been uploaded through the app, which would otherwise have been mailed or brought into an office.

Community Partners and Tribes

OEP's relationship with community partners and the Federally Recognized Nine Tribes of Oregon is essential for connecting with and providing services to many hard-to-reach people in Oregon. These partners often serve as the primary contact and trusted source of information for our programs, facilitating assistance for those needing services. OEP has added staff specifically to focus on these relationships, ensuring partners are well-supported and appreciated.

Department of Human Services: Oregon Eligibility Partnership

Primary long-term focus areas:

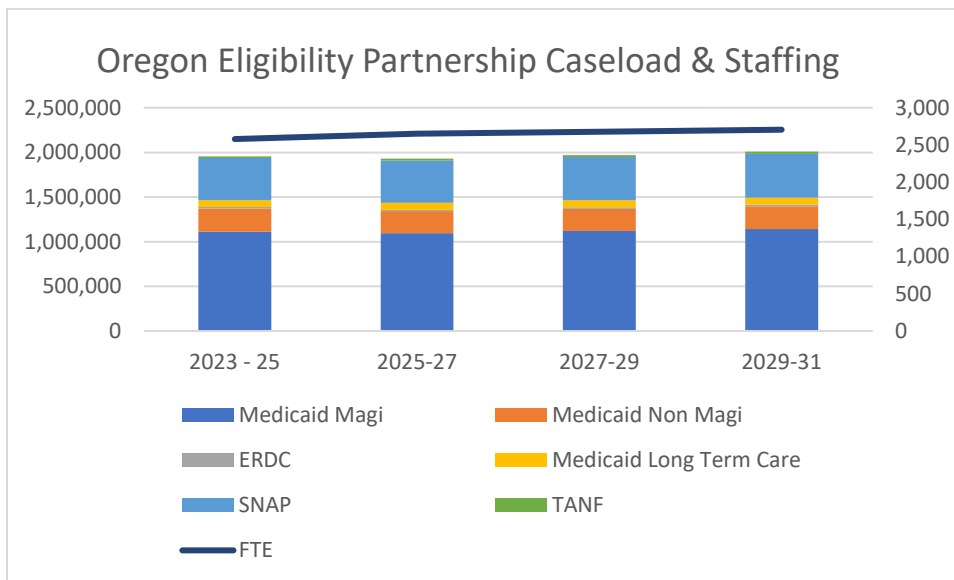
Accurate, timely and equitable eligibility determinations for medical, food, cash and child care benefits.

Customer experience and system enhancements

Program Contact:

Nathan Singer, Director

Program Overview



Oregon Eligibility Partnership (OEP) provides medical, food, cash and child care benefits to one in three people in Oregon. OEP is dedicated to simplifying access to these essential services so people receive the supports they are eligible for and don't backslide on their journey to well-being. OEP consist of the following operational units:

- **Business Information Services** holds primary responsibility for Enterprise IT Solutions people in Oregon use to access benefits and that staff depend on to support the needs of programs and people. These include the ONE Eligibility system, Centralized Abuse Management (CAM), phones and the Oregon ONE

Mobile app.

- **Service Delivery Supports** provides operational direction, training and change management support to meet the needs of eligibility staff, ensuring timely and accurate eligibility determinations. This includes the network of change management staff who provide feedback and help implement local changes. This unit also defines eligibility operational processes and design, communicates with program and policy teams about operational implementation, and supports the statewide delivery of eligibility through the customer service center and local offices. Helpdesk functionality for the ONE Eligibility system is housed within this group, connecting systems and people who use them for a more holistic operational response.
- **Statewide Virtual Eligibility Center (VEC)** manages the ONE Customer Service Center and ensures telephonic eligibility operations are adequately resourced and supported. It also ensures the customer service model, policies, procedures, and practices are implemented and followed.
- **Eligibility Operations** manages eligibility operations, staff and other resources necessary to ensure local office and Area Agencies on Aging (AAA) operations adhere to the customer service model, policies, procedures, and practices. This section also directs workflow to meet operational objectives and manages several eligibility specialty teams needed to process discrete bodies of eligibility work effectively.
- **Oversight, Quality Assurance and Central Coordination** combine functions intended to provide oversight and ensure quality in specific areas of the eligibility determination process. This includes eligibility hearings, quality assurance, operational analysis, operational data, Key Performance Measures (KPMs), central coordination (for audits, projects) and Long-term Support and Services (LTSS) eligibility support.
- **Outreach and Engagement** offers OEP a data-driven, strategic direction to eliminate institutional and structural bias and discrimination based on race, ethnicity, language, gender, gender identity, nationality/immigration status, ability, sexual orientation, age, rurality, and religion. This unit develops and leverages community relationships to incorporate individual voices in eligibility operations and the governance of the ONE Eligibility system.

These units work together to ensure eligibility determination services are delivered to people in Oregon in a timely, accurate and equitable manner consistent with OEP’s customer service model and guidelines.

Program Funding Request

	General Fund	Other Funds	Federal Funds	Total Funds	Positions	FTE
2023-25 LAB	371,533,373	11,578,031	434,198,263	817,309,667	2,624	2,579.95
2025-27 GB	444,885,391	5,712,458	501,750,069	952,347,918	2,659	2,654.89
Difference	73,352,018	(5,865,573)	67,551,806	135,038,251	35	74.04
Percent change	19.74%	-50.66%	15.56%	16.52%	1.33%	2.90%

Entering the 2025-27 biennium, OEP anticipates caseloads will be slightly less than the historic highs experienced during the pandemic and the COVID-19 Public Health Emergency (PHE) unwinding period. Our workforce will face similar workloads, with high staff-to-case ratios.

Annually, we experience peaks in significant operational pressure during the summer SNAP enrollment and fall medical open enrollment periods. During these seasonal peaks, people will experience longer call wait times, delays in benefits, and backlogs. OEP’s 2025-27 budget requests were designed to ensure that people in Oregon receive accurate and timely benefit determinations provided in an equitable manner.

Program Description

- **Service Delivery Structure**

The eligibility service delivery structure includes several access points for services and information. Understanding this structure depends on how individuals’ approach ODHS, Oregon Health Authority (OHA) and the Department of Early Learning and Care (DELIC) for services. The overarching principle is to provide a variety of methods that allow people to

engage with us in their preferred way, ensuring a uniform and equitable customer experience.

- **Local offices**

Eligibility for services, requests for replacement EBT cards, and proof of eligibility letters needed for other programs are some of the major services provided through more than 80 local full-service, satellite and Area Agencies on Aging (AAA) offices located throughout the state in our 16 districts. This workforce is stationed in these offices to support individuals who choose to access services and information by visiting a local office.

- **ONE Customer Service Center, statewide phone center**

For people who prefer to get information or services by phone, the statewide phone center, the ONE Customer Service Center, operates with a fully remote workforce dedicated to answering nearly 4,500 calls each day. In 2023, the center experienced a peak of more than 7,700 calls in a single day. On average, ODHS is staffed to answer about 3,000 calls daily, resulting in many calls being abandoned as individuals hang up before reaching a staff member. To address this, OEP provides information on anticipated hold times and suggests alternatives such as applying online, visiting an office or working with a community partner to help manage the demand. OEP is also exploring new technology to assist individuals more efficiently, reducing the time they need to spend on the phone.

Public information about our call answer rates and survey responses is available on our dashboards at benefits.oregon.gov. The ONE Eligibility system also communicates important information to individuals via text, email and voicemail. As of early 2024, more than 500,000 individuals in the state receive text messages from the ONE Eligibility system, sent to remind them of appointments or information needed by the department.

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Oregon's ONE Online system supports service applications, renewals, updates, and information requests through a web-based and often fully automated process. Once a person has an account, they can apply for benefits, submit necessary updates and renewal documentation, and view their benefits or the status of their applications. While phone contact may occasionally be necessary to complete the process or clarify information, the

use of ONE Online is growing. Surprisingly, a significant number of people in Oregon who are older are using ONE Online, challenging the notion that IT-based tools are not readily adopted by this demographic.

In 2023, ONE Online averaged 270,000 logins each month, with an average of 95,000 distinct people logging in monthly. Additionally, between 9,000 and 10,000 new accounts are created each month, including those for Community Partners and individuals applying for themselves or family members. Currently, we serve nearly 1.5 million people, with about 48 percent submitting applications online through ONE Online. This includes people from every generation.

Notably, 45 percent of people log into ONE Online via a mobile device, which is one of the reasons the department developed a mobile application.

- **Oregon ONE Mobile App**

Like ONE Online, the Oregon ONE Mobile app allows people to engage with ODHS eligibility services from their smart phones. While not all tasks available on ONE Online are currently accessible via the app, more features are being added. The Oregon ONE Mobile app is primarily designed for people who are already approved for benefits, enabling them to manage their benefits efficiently. Through the app, users can view correspondence, upload documents by taking pictures, find offices, and receive reminders. More than 100,000 people have downloaded the Oregon ONE Mobile app, and more than 30,000 documents have been uploaded through the app, which would otherwise have been mailed or brought into an office.

- **Community Partners and Tribes**

OEP's relationship with community partners and the Federally Recognized Nine Tribes of Oregon is essential for connecting with and providing services to many hard-to-reach people in Oregon. These partners often serve as the primary contact and trusted source of information for our programs, facilitating assistance for those needing services. OEP has added staff specifically to focus on these relationships, ensuring partners are well-supported and appreciated.

Regardless of how they access the ONE Eligibility system, staff respond to client inquiries about applications and coverage for medical, food, cash and

child care. People typically ask about application status, benefit information, coordination of other benefits or services, and changes in personal information that may impact their eligibility. OEP continues to have ODHS staff who are members of the Warm Springs Tribe and is grateful for the partnership that allows an ODHS office to be available and staffed by Tribal members.

Program Justification

OEP serves as the primary resource for many people in Oregon seeking assistance to achieve and maintain health, safety and independence. OEP is fundamental to the ODHS core mission, as it provides individuals with essential benefits and promotes service equity by incorporating REAL+D information, respecting individuals' preferred names over legal names, and offering application options in multiple languages. A significant portion of our caseload comprises mandated cases, highlighting our obligation to serve individuals in need. Moreover, our work often runs counter to economic cycles - during economic downturns and tight budgets, we observe an increase in workload as more individuals require assistance.

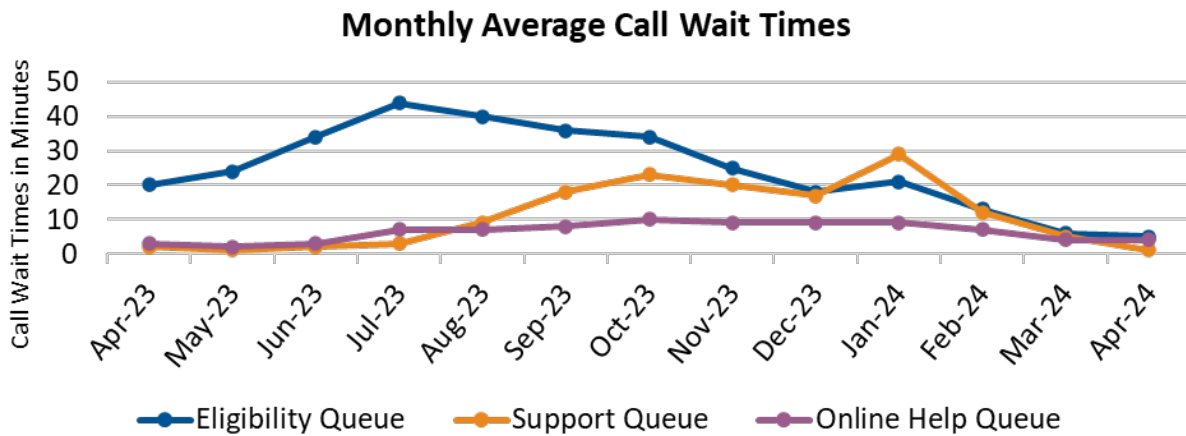
Program Performance

OEP consistently reviews data and information within our program, ensuring transparency by sharing it with staff on internal websites. We also have eligibility operations dashboards posted for the public at benefits.oregon.gov where people can get information about application processing and the ONE Customer Service Center.

In 2024, OEP supported more than 957,000 active cases, representing more than 1.5 million individuals. Despite this workload, OEP continues to process applications and provide support to individuals, receiving more than 50,000 applications each month. Oregon has a higher standard of application processing than is federally required. We aim to receive applications and determine eligibility on the same day or next day. In April 2024, we reached a record high of 59 percent of applications being processed the same day or next day.

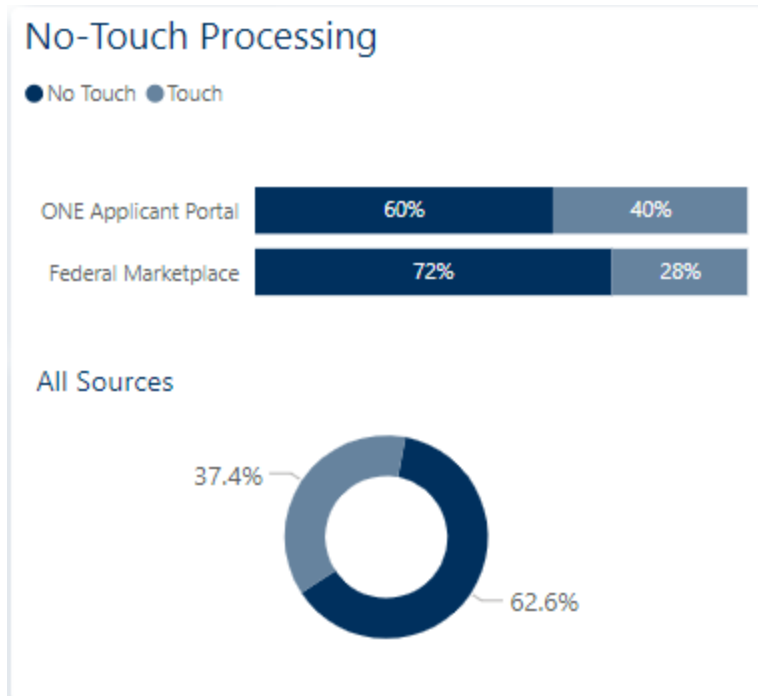
	TOTAL (Unique)	SNAP	ESNAP	Medical	CASH	ERDC	TADVS
Cases with Active Benefits	957,848	424,915	6,632	902,443	22,985	16,365	1,873

The virtual One Customer Service Center plays a crucial role in assisting individuals with benefit applications, redeterminations, federally mandated interviews, and information collection for medical, food, cash and child care benefits. Average wait times improved during the second half of the 2023-25 biennium due to adjustments in processes and staffing.



Through the regular use of overtime and strategic deployment of additional staffing beyond our legislatively authorized amounts, OEP has been able to maintain timeliness standards in most months, despite operating at less than 50 percent of what our workload model suggests is needed. Additionally, by tracking tasks created and processed, staff have successfully maintained and even reduced the backlog of tasks to historically low levels in recent months.

Tasks denote specific programmatic actions based on information received by the department from individuals or interfaces, requiring a worker to take action. We systematically process a large number of tasks, with medical cases allowing for the highest percentage of no-touch processing, where the system can make a determination without requiring worker intervention, accounting for almost 62.6 percent of processed applications.



However, OEP recognizes that despite these improvements, being funded at 48.5 percent for core positions falls short of meeting the workload model's recommended staffing levels. There is a need to explore technological and process enhancements to increase capacity and effectively support the one in three people in Oregon we serve.

Enabling Legislation/Program Authorization

The eligibility determination requirements for programs like the Supplemental Nutrition Assistance Program (SNAP) and Medicaid are outlined in federal regulations such as 7 CFR 272 and 42 CFR 432, respectively. Programs like Temporary Assistance for Needy Families (TANF) and Employment Related Day Care (ERDC) are governed by regulations found in 45 CFR 260 and 45 CFR 98. ODHS operates as a business associate of OHA the state Medicaid agency, performing eligibility determinations on behalf of both agencies, along with Type B AAA county employees, under the authority of ORS 410 and corresponding administrative rules.

Funding Sources

OEP's funding is derived from a combination of federal funds allocated through the Center for Medicare & Medicaid Services (CMS) and the Department of Agriculture Food and Nutrition Services (FNS), as well as General Fund allocations that support programs which do not receive federal administrative funds, meaning that federal dollars allocated to these programs are strictly designated for services. This includes programs like Employment Related Day Care (ERDC), Temporary Assistance for Needy Families (TANF), certain portions of Healthier Oregon, and Veteran and Compact of Free Association (COFA) dental programs.

PACKAGE NO.	PACKAGE TITLE				
104	Federally Required Changes to Data Services Hub				
GENERAL FUND	OTHER FUNDS	FEDERAL FUNDS	TOTAL FUNDS	POSITIONS	FTE
4,980,394	0	15,038,366	20,018,760	4	3.00
<p>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.</p>					

PACKAGE NO.	PACKAGE TITLE
108	SNAP Elderly Simplified App Process (ESAP)

GENERAL FUND	OTHER FUNDS	FEDERAL FUNDS	TOTAL FUNDS	POSITIONS	FTE
510,046		510,046	1,020,092	1	1.00

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.

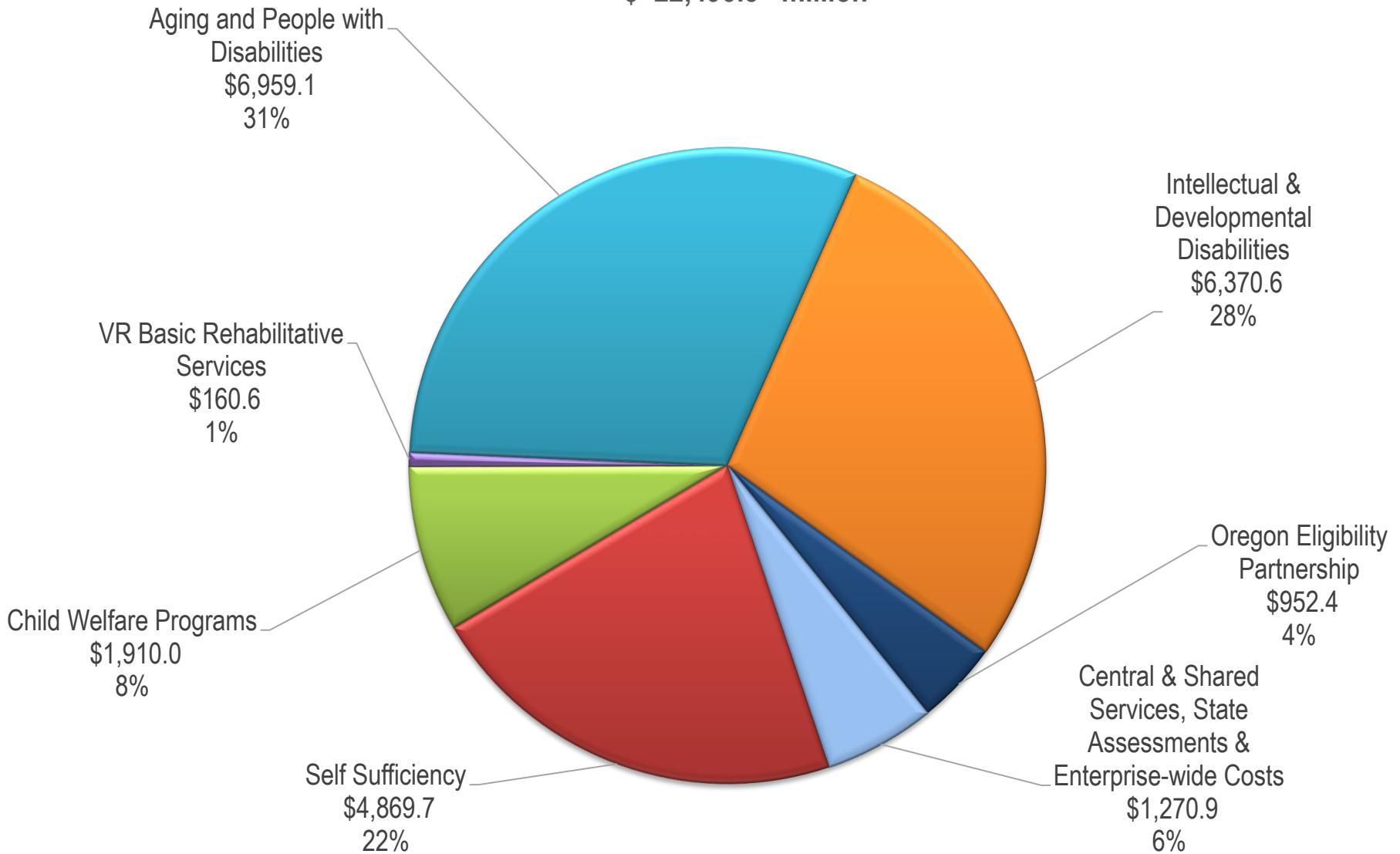
PACKAGE NO.	PACKAGE TITLE				
110	Position Authority and Funding for Agency Operations				
GENERAL FUND	OTHER FUNDS	FEDERAL FUNDS	TOTAL FUNDS	POSITIONS	FTE
2,219,301	78,228	2,305,102	4,602,631	10	10.00

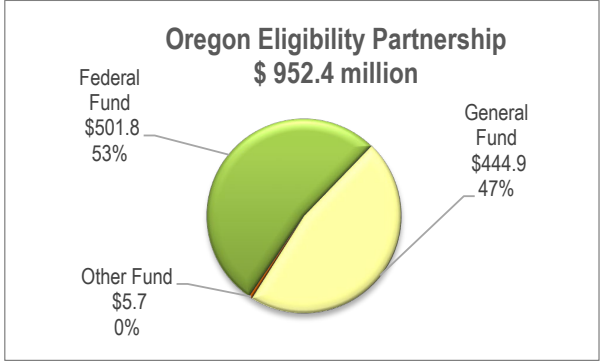
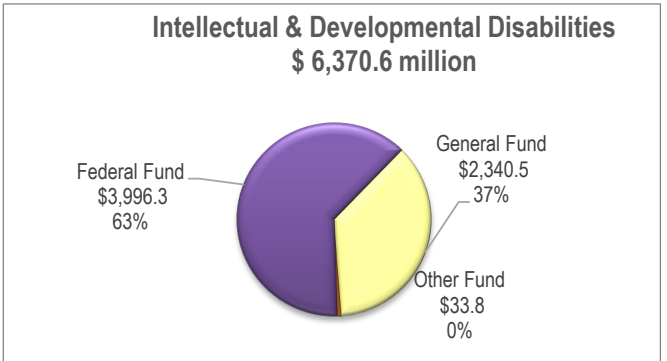
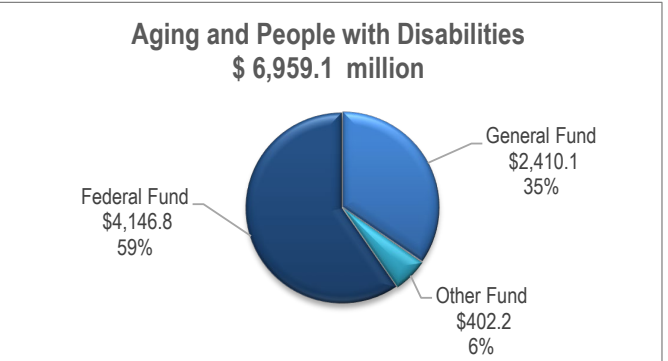
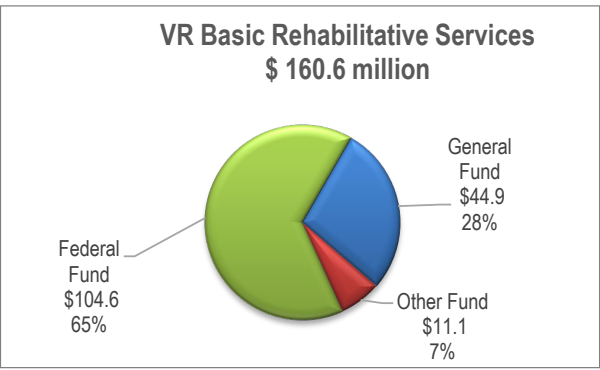
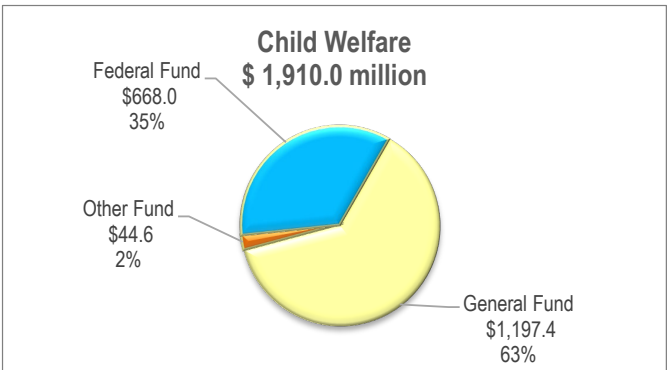
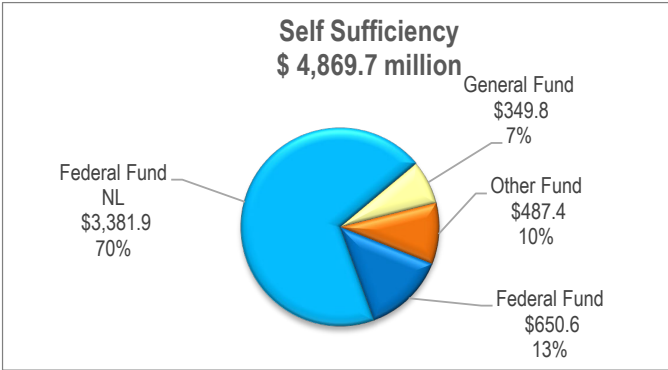
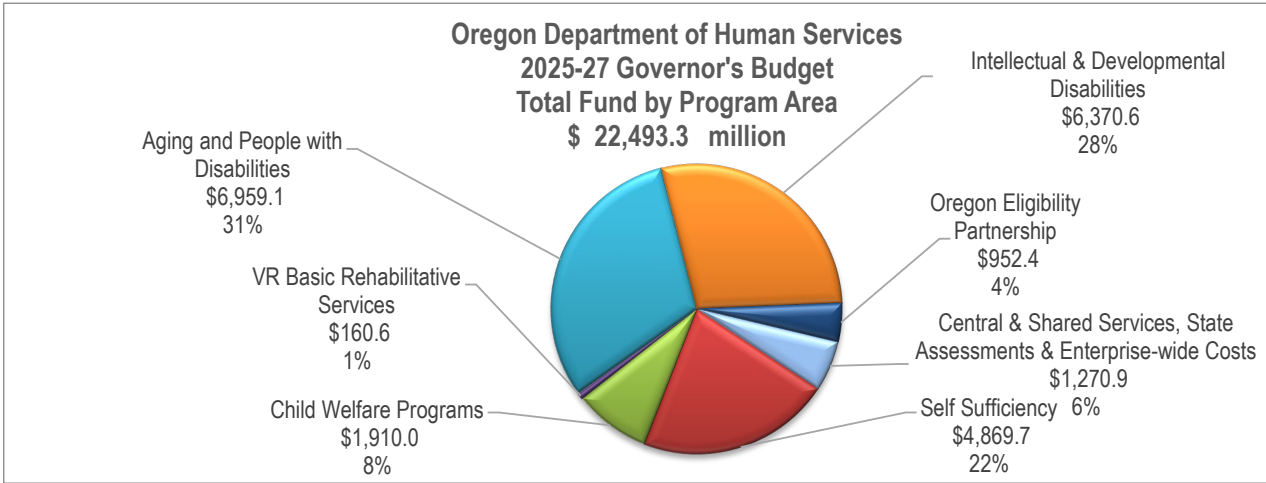
Currently, staff serving in non-budgeted positions (NBPs) are performing essential, ongoing functions in each of ODHS' major programs. ODHS must fund these positions using temporary sources like vacancy and one-time services and supplies savings. The agency also receives no funding for these positions' 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.

PACKAGE NO. 113	PACKAGE TITLE Central Abuse Management System (CAM) Maintenance and Operations (M&O) Support				
GENERAL FUND 1,250,000	OTHER FUNDS 0	FEDERAL FUNDS 1,250,000	TOTAL FUNDS 2,500,000	POSITIONS 0	FTE 0.00
<p>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.</p>					

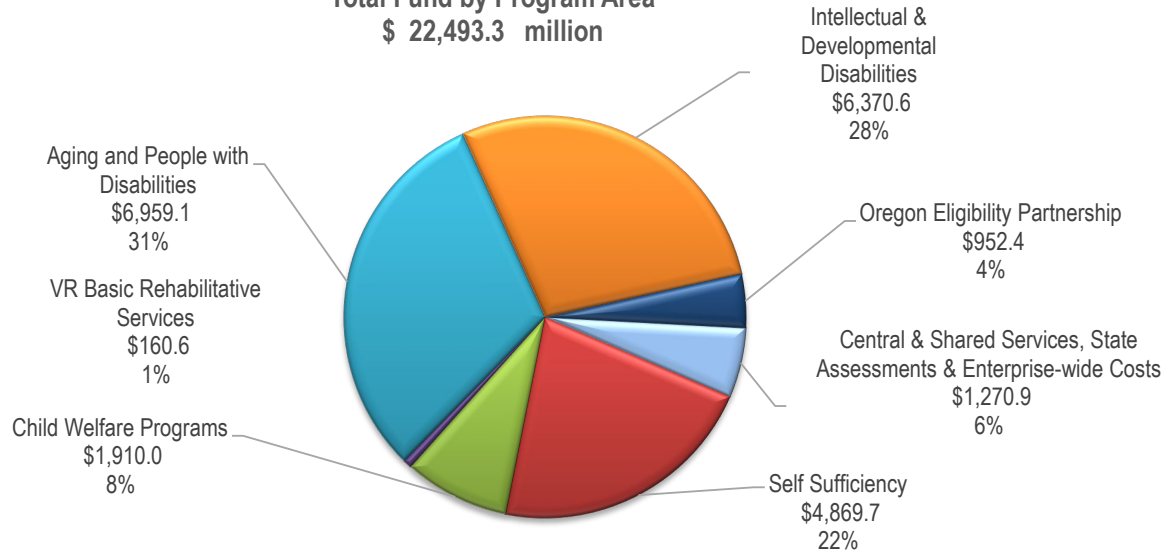
PACKAGE NO. 201	PACKAGE TITLE Mainframe Modernization				
GENERAL FUND 384,446	OTHER FUNDS 0	FEDERAL FUNDS 384,446	TOTAL FUNDS 768,892	POSITIONS 4	FTE 3.00
<p>ODHS continues to utilize mainframe computer systems that are more than 50 years old and increasingly unsupported, which is limiting the agency’s 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.</p> <p>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.</p>					

**Oregon Department of Human Services
2025-27 Governor's Budget
Total Fund by Program Area
\$ 22,493.3 million**

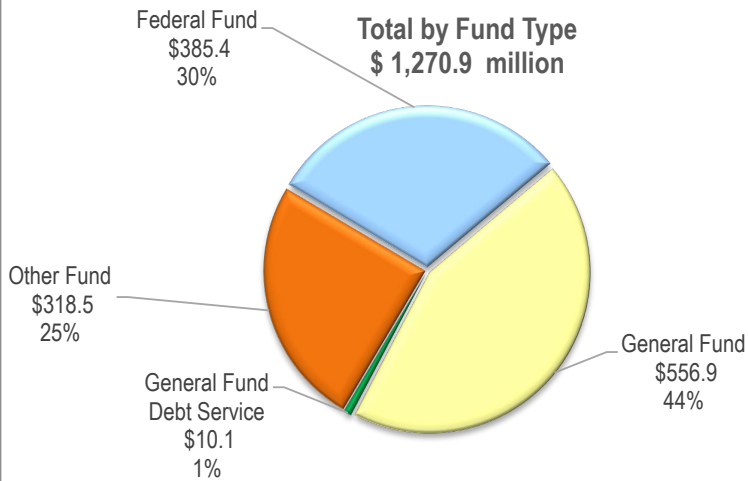




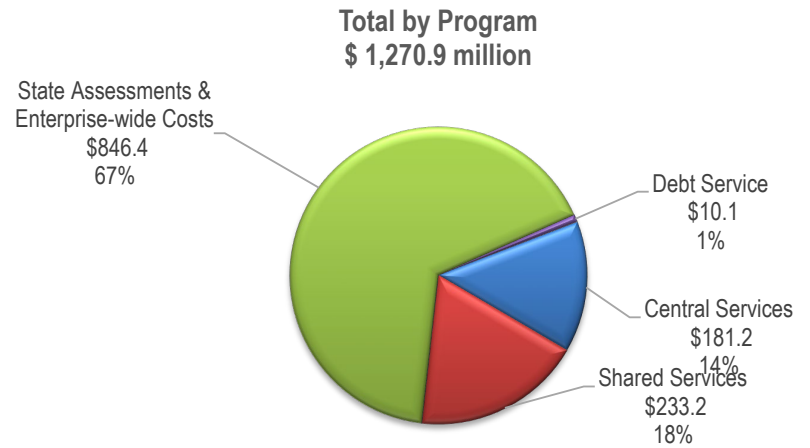
**Oregon Department of Human Services
2025-27 Governor's Budget
Total Fund by Program Area
\$ 22,493.3 million**

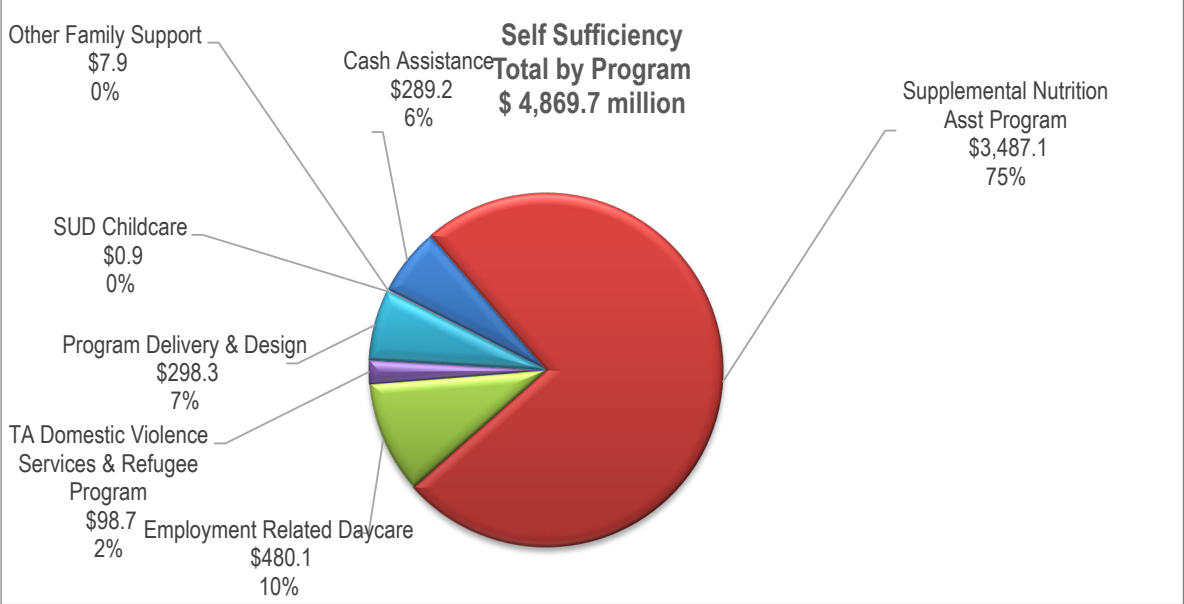
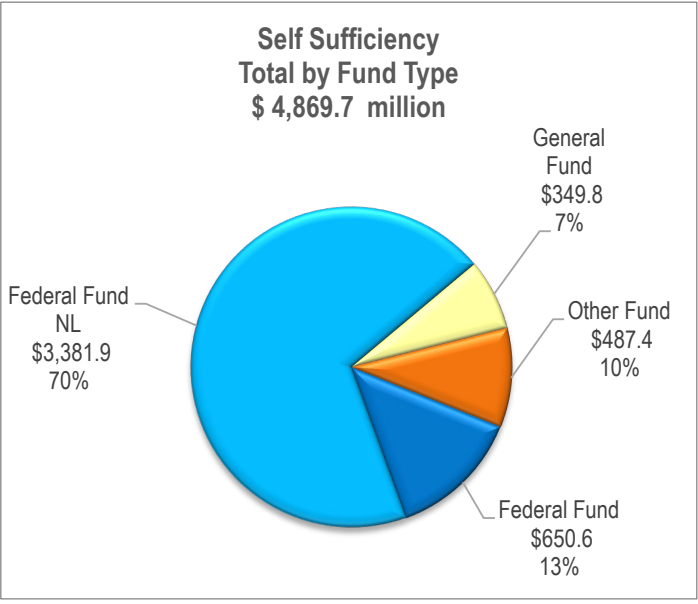
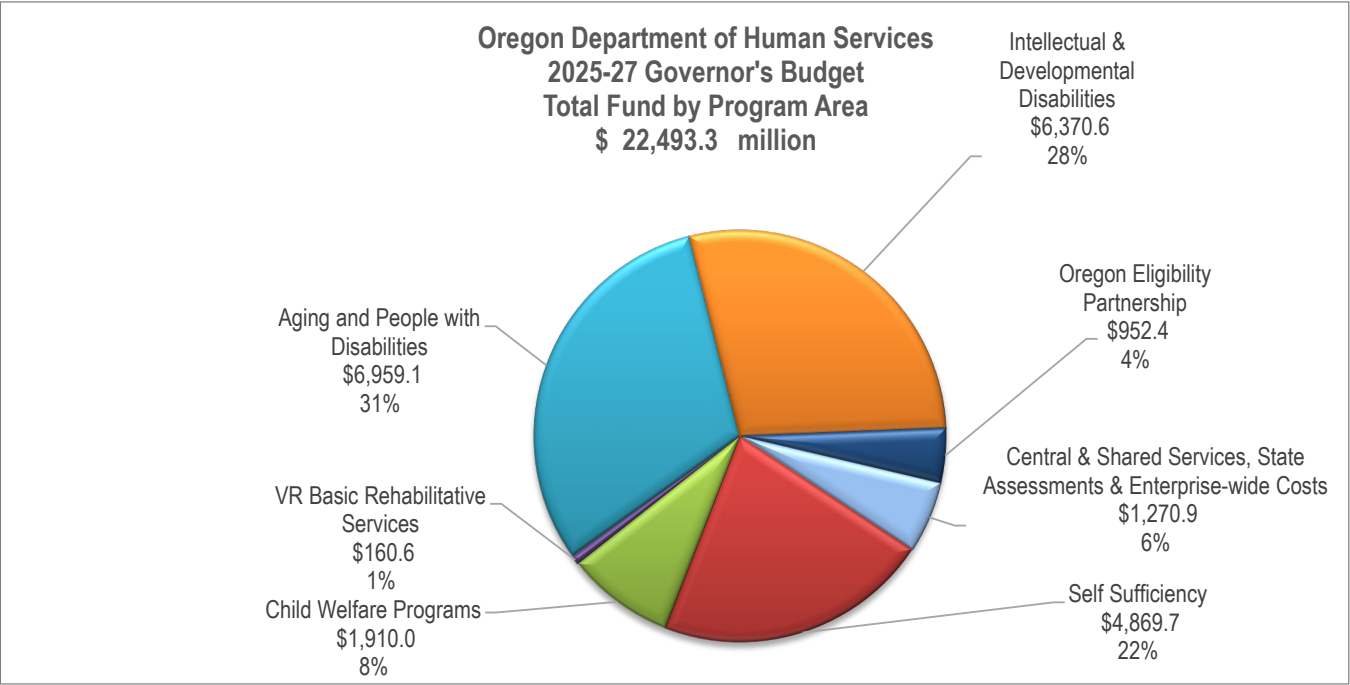


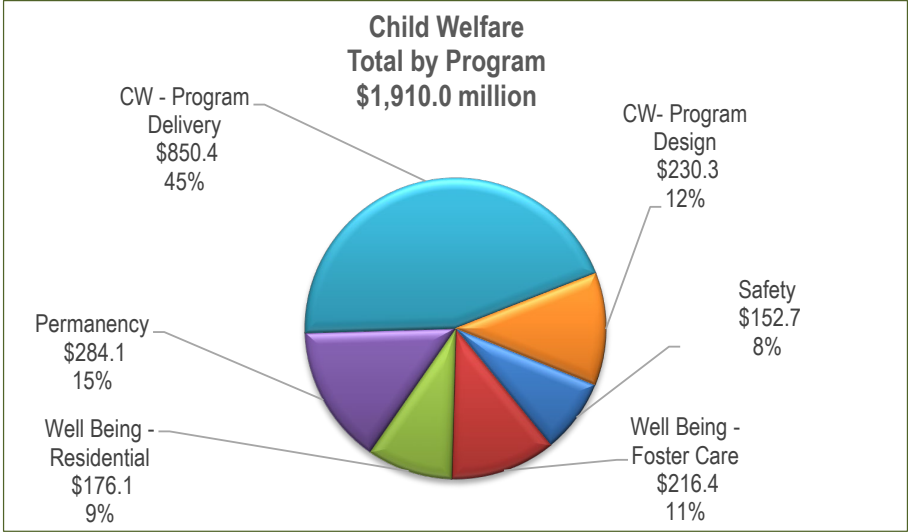
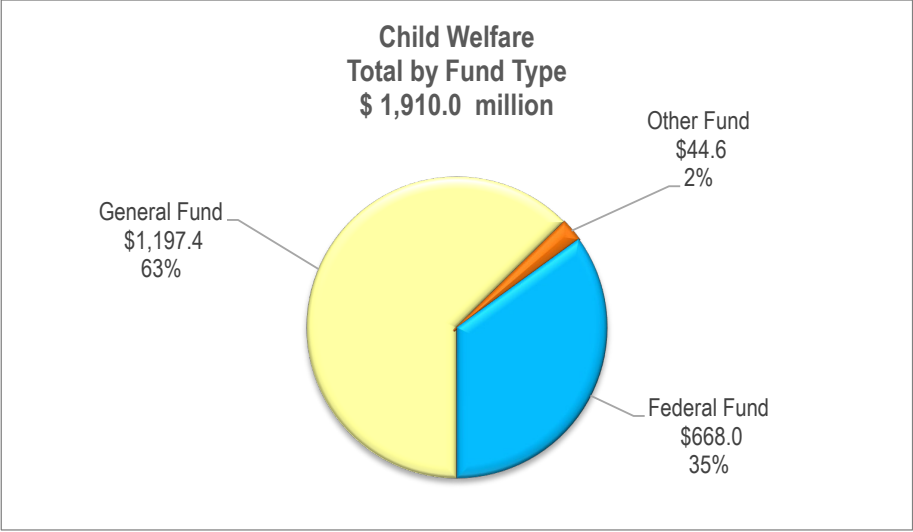
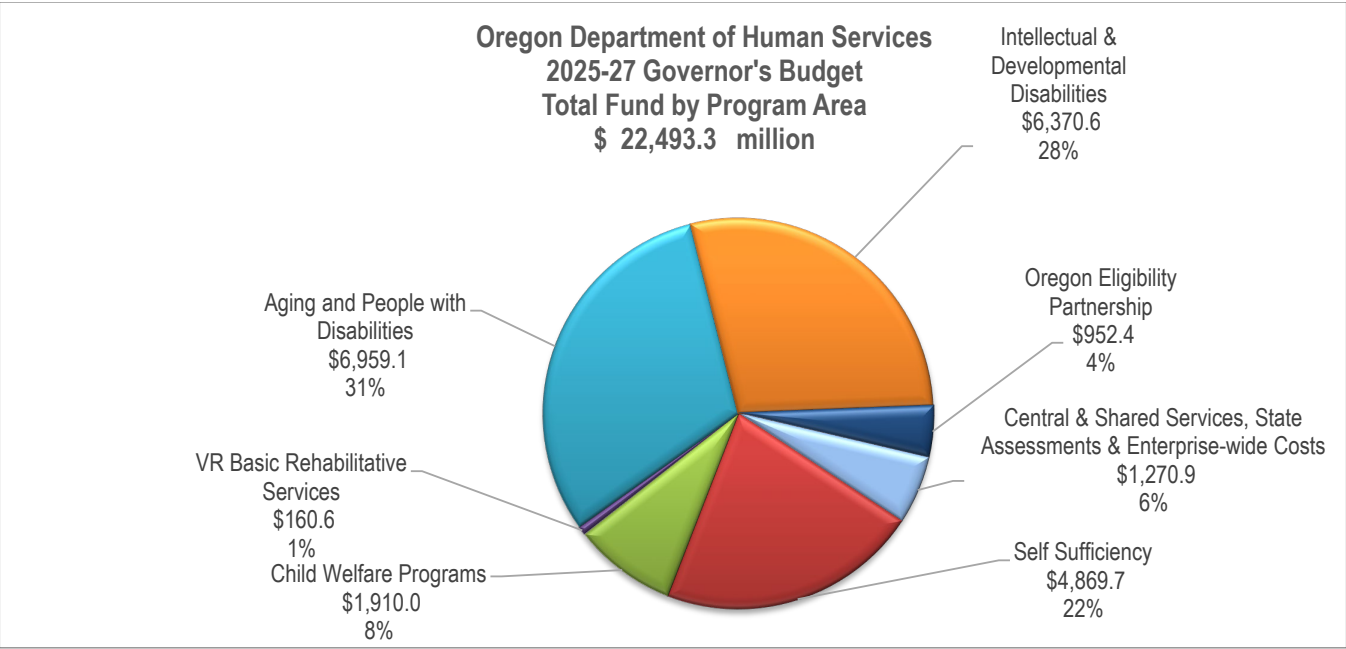
Central & Shared Services, State Assessments & Enterprise-wide Costs

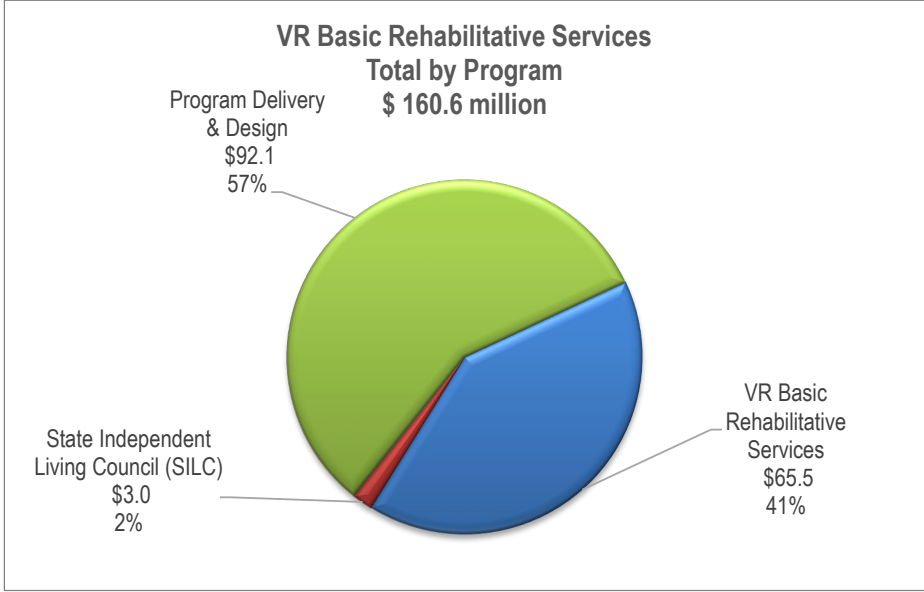
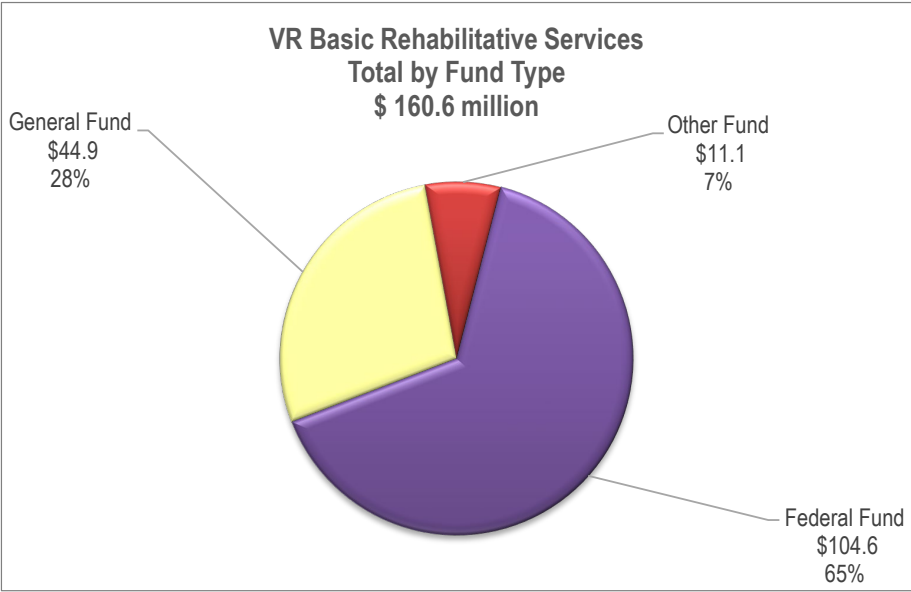
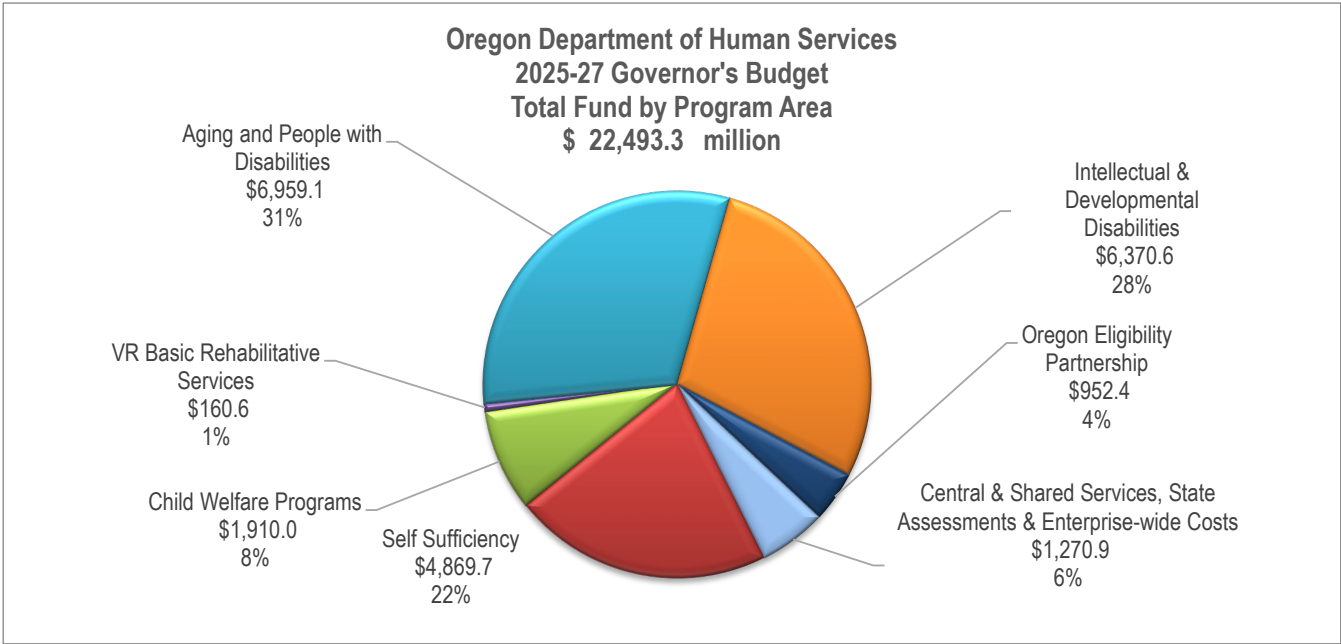


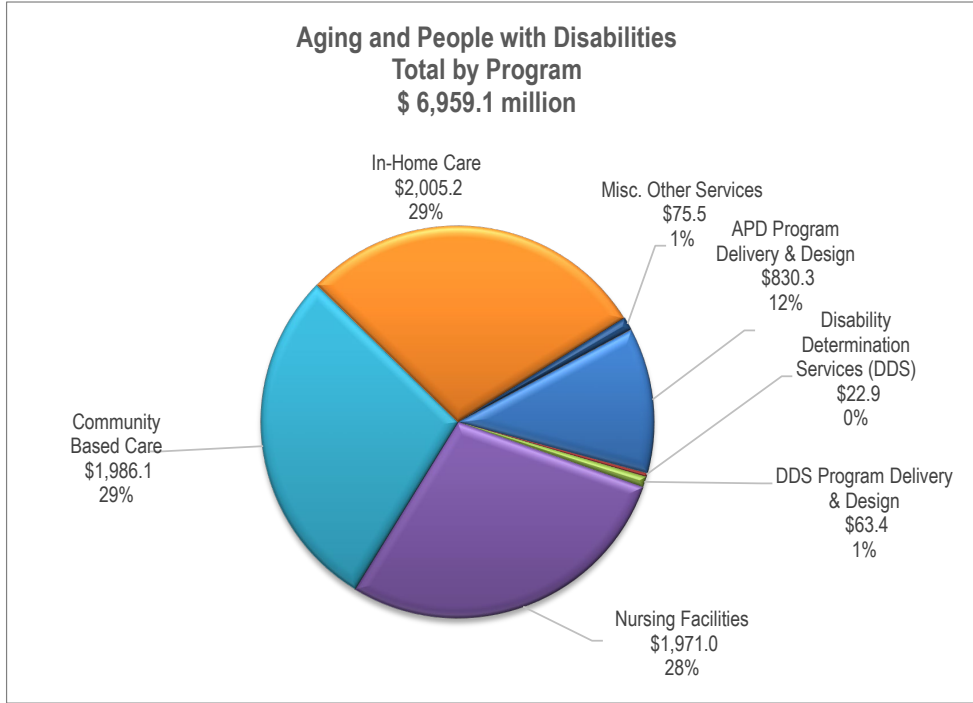
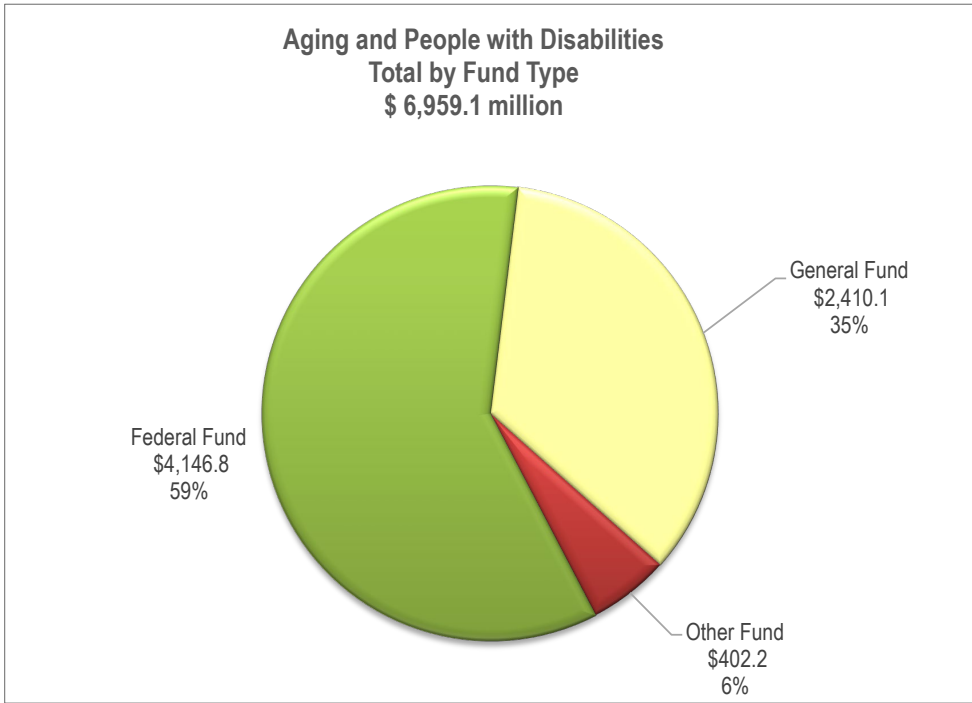
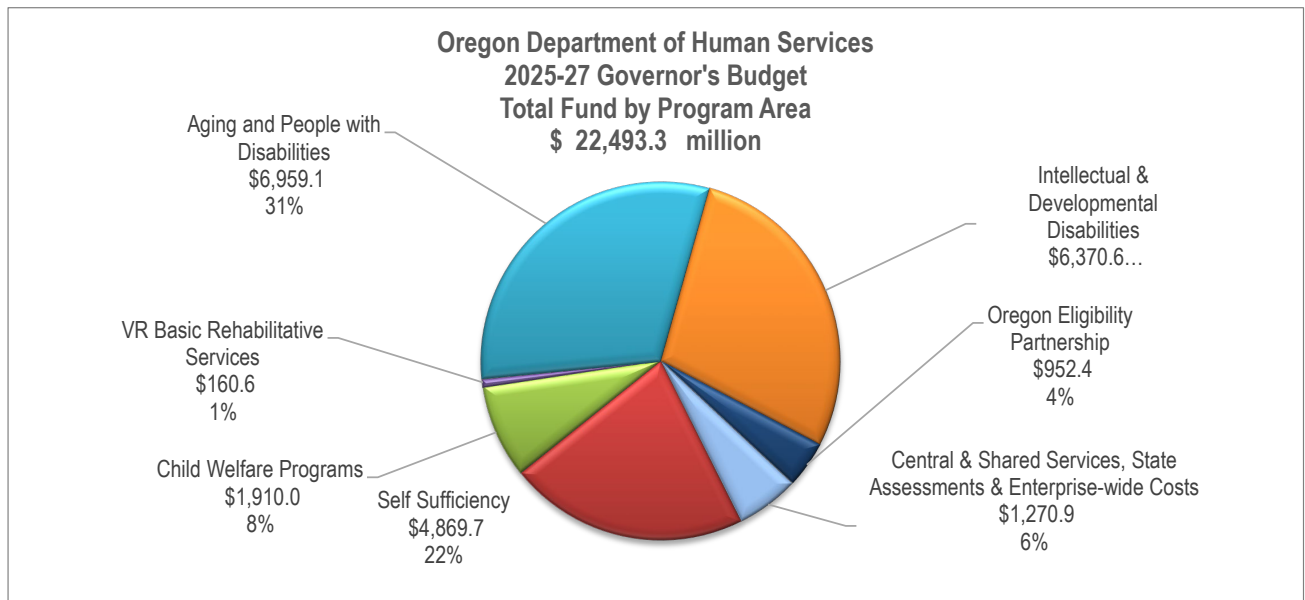
Central Services, Shared Services, State Assessments & Enterprise-wide Costs

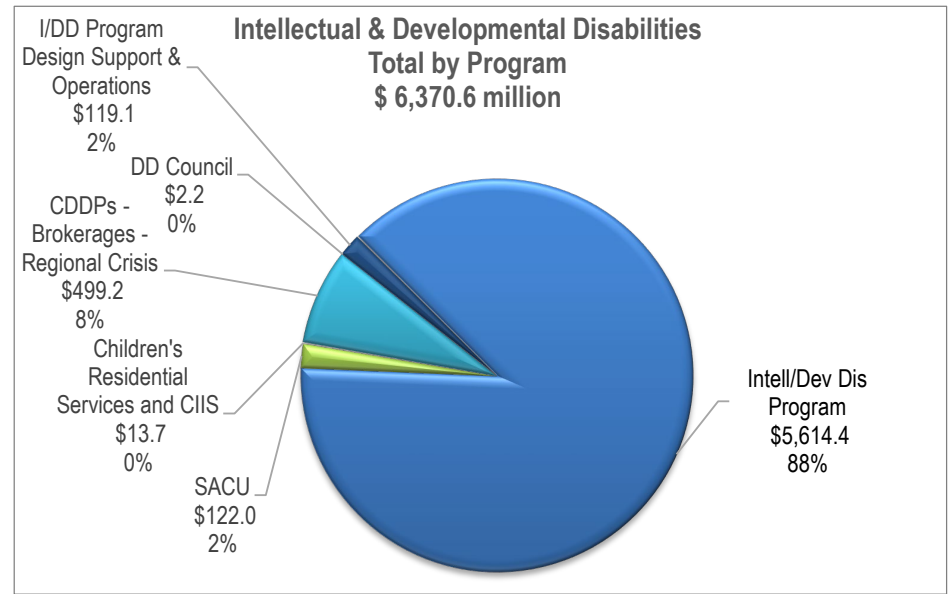
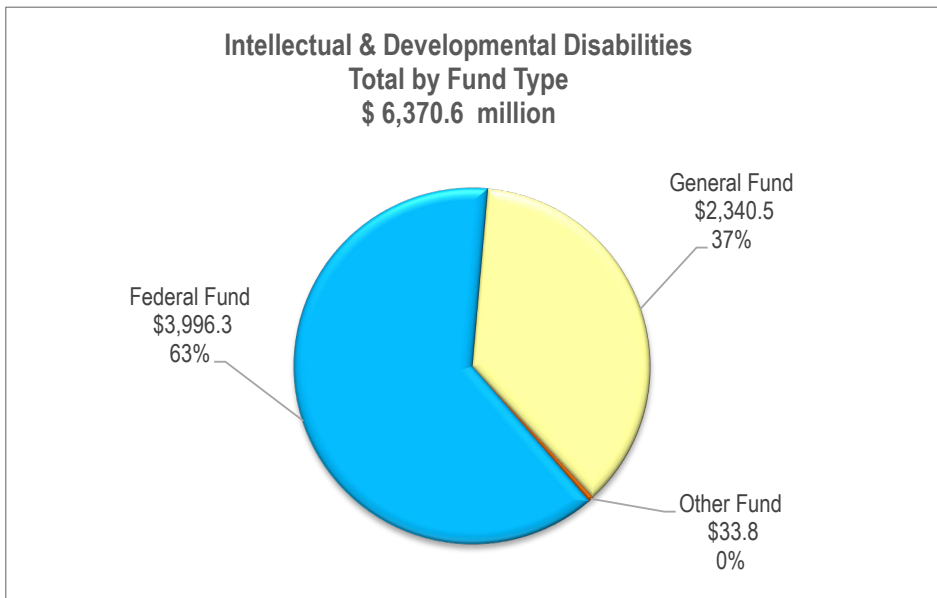
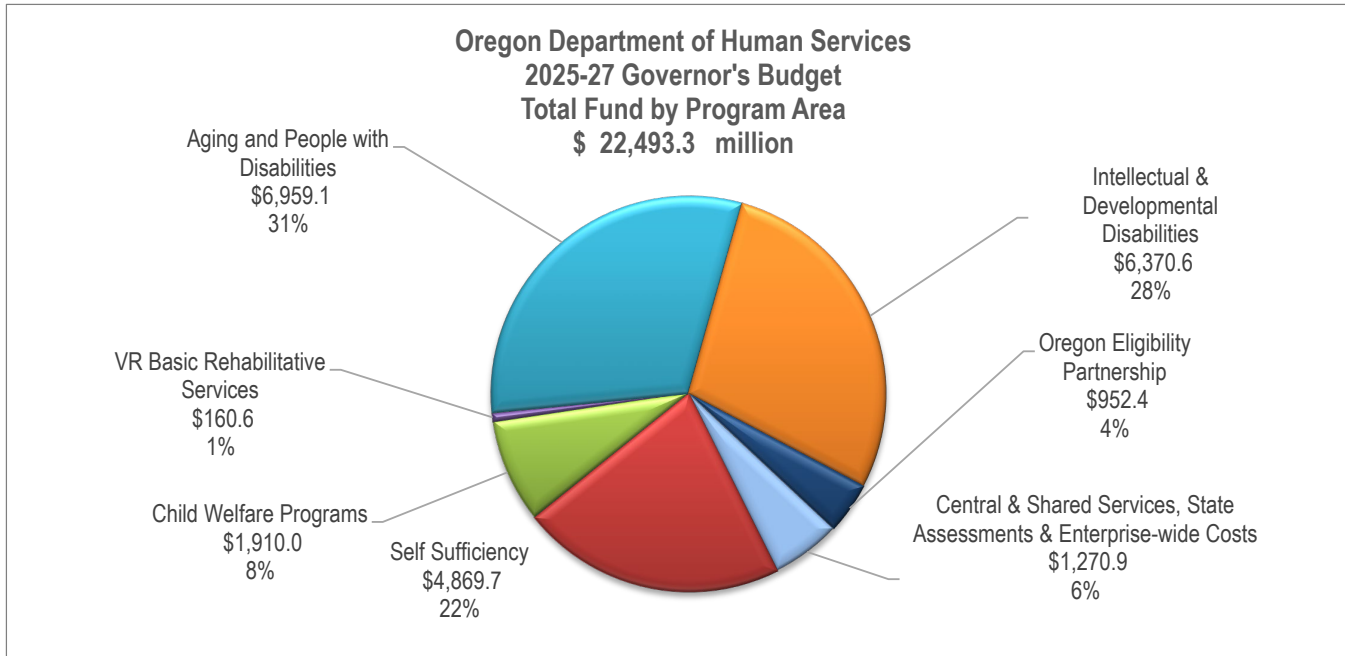




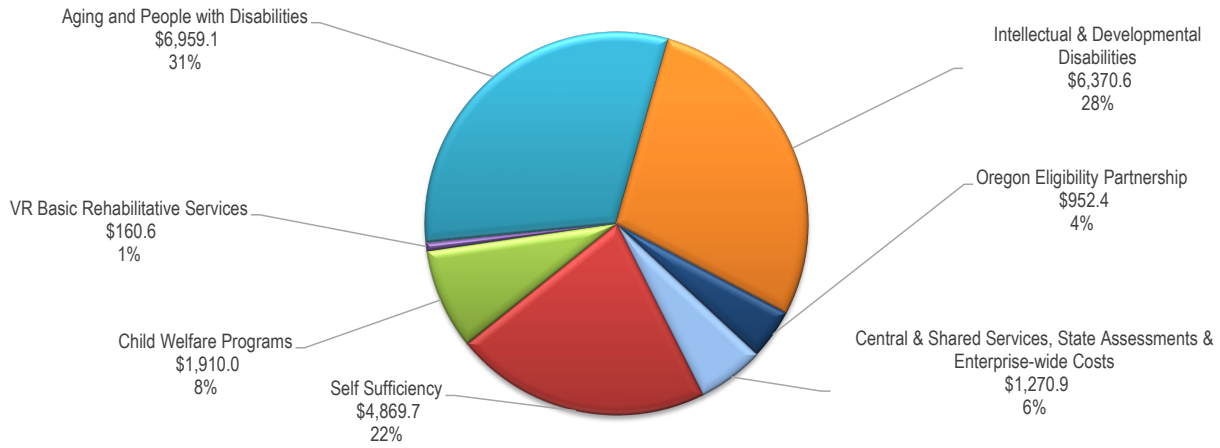




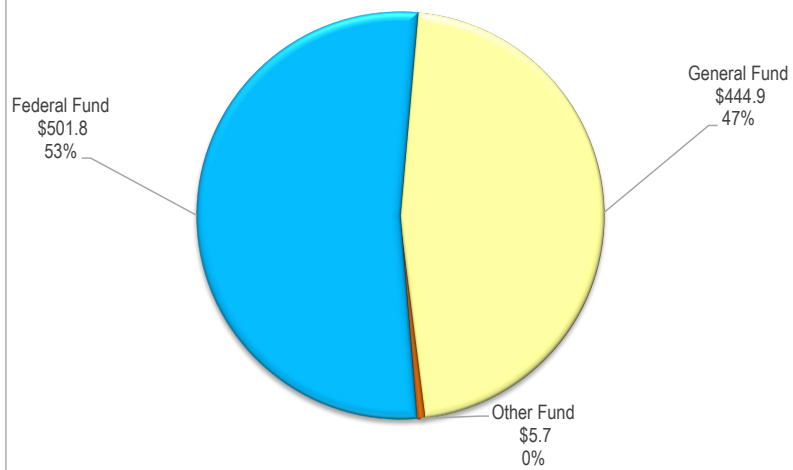




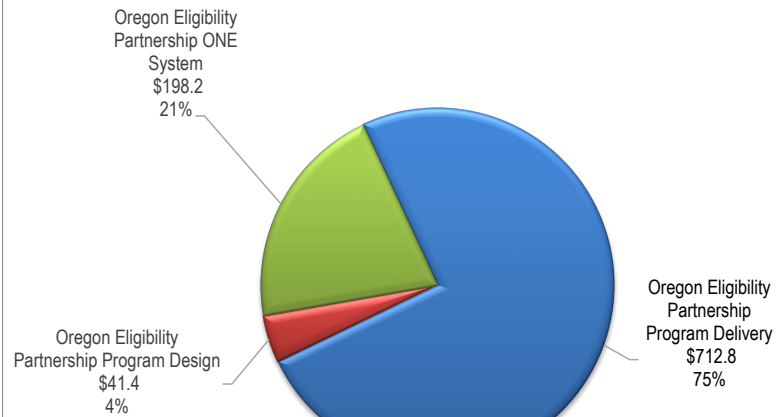
**Oregon Department of Human Services
2025-27 Governor's Budget
Total Fund by Program Area
\$ 22,493.3 million**



**Oregon Eligibility Partnership
Total by Fund Type
\$ 952.4 million**



**Oregon Eligibility Partnership
Total by Program
\$ 952.4 million**



Oregon Department of Human Services (ODHS)

2025-27 Biennium - All Records

Long-term vacancies as of December 31, 2024

1	2a	2b	3	4a	4b	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Agency	Program ^	SCR	DCR	Pos No	Autho *	Position Class Comp	Position Class Repr Comp	Position Title	Pos Type	GF Fund Split	LF Fund Split	OF Fund Split	FF Fund Split	FTE	2025-27 GF PS Total	2025-27 LF PS Total	2025-27 OF PS Total	2025-27 FF PS Total	2025-27 Total Bien PS BUDGET	Vacant Date	Position eliminated in GRB? Y/N	Reason for vacancy
10000	Central	010-40	10000-010-40-01-00000	1020559	001395568	MMS	X7084	BUSINESS OPERATIONS MANAGER 2	PF	0.49	0.00	0.05	0.47	1.00	151,188	0	15,100	145,054	311,342	1/0/1900	N	Organizational structure review
10000	Central	010-40	10000-010-40-02-10000	0789103	000204740	OA	C0103	OFFICE SPECIALIST 1	PF	0.66	0.00	0.04	0.30	1.00	109,364	0	6,345	49,519	165,227	11/9/2020	N	In classification review and/or reclassification process
10000	Central	010-40	10000-010-40-02-10000	1012240	001208290	MMN	X1486	INFORMATION SYSTEMS SPECIALIST 6	PF	0.66	0.00	0.04	0.30	1.00	183,142	0	10,625	82,925	276,692	5/10/2023	N	In classification review and/or reclassification process
10000	Central	010-40	10000-010-40-02-10000	2622001	000122540	MMN	X1339	LEARNING & DEVELOPMENT SPECIALIST 2	PF	0.66	0.00	0.04	0.30	1.00	161,091	0	9,346	72,940	243,377	6/7/2022	N	In classification review and/or reclassification process
10000	Central	010-40	10000-010-40-02-11000	1026069	001438651	OA	C0872	Operations & Policy Analyst 3	LP	0.60	0.00	0.00	0.40	0.75	104,419	0	0	69,612	174,031		N	Not listed in HCM Vacant Budgeted Position Report Limited duration - Financing another position in 23-25; no savings because position doesn't exist in 25-27
10000	Central	010-40	10000-010-40-02-11000	1026070	001438652	OA	C0104	Office Specialist 2	LP	0.60	0.00	0.00	0.40	0.75	61,686	0	0	41,124	102,810		N	Not listed in HCM Vacant Budgeted Position Report Limited duration - Financing another position in 23-25; no savings because position doesn't exist in 25-27
10000	Central	010-40	10000-010-40-02-30000	1021691	001410235	OA	C0108	ADMINISTRATIVE SPECIALIST 2	PF	0.46	0.00	0.01	0.53	1.00	97,020	0	1,560	112,196	210,775	1/0/1900	N	In classification review and/or reclassification process
10000	Central	010-40	10000-010-40-02-30000	1021697	001410241	OA	C0108	ADMINISTRATIVE SPECIALIST 2	PF	0.46	0.00	0.01	0.53	1.00	97,020	0	1,560	112,196	210,775	1/0/1900	N	In classification review and/or reclassification process
10000	Central	010-40	10000-010-40-02-30000	1021705	001410249	OA	C1486	INFORMATION SYSTEMS SPECIALIST 6	PF	0.53	0.00	0.01	0.46	1.00	138,120	0	2,332	121,586	262,038	1/0/1900	N	In classification review and/or reclassification process
10000	Central	010-40	10000-010-40-02-30000	9400812	000185360	OA	C0866	PUBLIC AFFAIRS SPECIALIST 3	PF	0.50	0.00	0.00	0.50	1.00	138,657	0	0	138,657	277,313	6/30/2021	N	Financing another position
10000	Central	010-40	10000-010-40-02-50000	1001157	000954950	OA	C0872	OPERATIONS & POLICY ANALYST 3	PF	0.50	0.00	0.00	0.50	1.00	134,355	0	0	131,905	266,260	1/31/2022	N	In recruitment
10000	Central	010-40	10000-010-40-02-80000	4111154	000187680	OA	C1244	FISCAL ANALYST 2	PF	0.50	0.00	0.00	0.50	1.00	118,211	0	0	118,211	236,422	9/22/2021	N	In classification review and/or reclassification process
10000	Shared	010-45	10000-010-45-04-00000	1022603	001430523	MMN	X0872	OPERATIONS & POLICY ANALYST 3	PF	0.00	0.00	1.00	0.00	1.00	0	0	275,078	0	275,078	1/0/1900	N	In classification review and/or reclassification process
10000	Shared	010-45	10000-010-45-04-00000	1022604	001430524	MMN	X1218	ACCOUNTANT 3	PF	0.00	0.00	1.00	0.00	1.00	0	0	275,078	0	275,078	1/0/1900	N	In classification review and/or reclassification process
10000	Shared	010-45	10000-010-45-04-00000	1026085	001438725	OA	C1215	ACCOUNTANT 1	PF	0.00	0.00	1.00	0.00	1.00	0	0	179,975	0	179,975	1/0/1900	N	In recruitment
10000	Shared	010-45	10000-010-45-04-00000	1026086	001438726	OA	C0872	OPERATIONS & POLICY ANALYST 3	PP	0.00	0.00	1.00	0.00	0.50	0	0	133,130	0	133,130	1/0/1900	N	In classification review and/or reclassification process
10000	Shared	010-45	10000-010-45-04-00000	1026095	001439117	OA	C1217	ACCOUNTANT 2	PP	0.00	0.00	1.00	0.00	0.50	0	0	118,211	0	118,211	1/0/1900	N	In classification review and/or reclassification process
10000	Shared	010-45	10000-010-45-04-00000	4119086	000190700	OA	C0212	ACCOUNTING TECHNICIAN	PF	0.00	0.00	1.00	0.00	1.00	0	0	188,918	0	188,918	7/1/2022	N	In recruitment
10000	Shared	010-45	10000-010-45-07-00000	1012249	001208390	OA	C0103	OFFICE SPECIALIST 1	PF	0.00	0.00	1.00	0.00	1.00	0	0	165,227	0	165,227	12/19/2022	N	Financing another position
10000	Shared	010-45	10000-010-45-07-00000	1012256	001208460	OA	C0103	OFFICE SPECIALIST 1	PF	0.00	0.00	1.00	0.00	1.00	0	0	165,227	0	165,227	9/5/2023	N	Organizational structure review
10000	Shared	010-45	10000-010-45-07-00000	1021714	001410258	OA	C0107	ADMINISTRATIVE SPECIALIST 1	PF	0.00	0.00	1.00	0.00	1.00	0	0	176,032	0	176,032	1/0/1900	N	In classification review and/or reclassification process
10000	Shared	010-45	10000-010-45-07-00000	1023098	001429904	OA	C0103	OFFICE SPECIALIST 1	PF	0.00	0.00	1.00	0.00	1.00	0	0	165,227	0	165,227	1/0/1900	N	Organizational structure review
10000	Shared	010-45	10000-010-45-07-00000	1023101	001429907	OA	C0103	OFFICE SPECIALIST 1	PF	0.00	0.00	1.00	0.00	1.00	0	0	165,227	0	165,227	1/0/1900	N	Organizational structure review
10000	Shared	010-45	10000-010-45-07-00000	1023102	001429908	OA	C0103	OFFICE SPECIALIST 1	PF	0.00	0.00	1.00	0.00	1.00	0	0	165,227	0	165,227	1/0/1900	N	Organizational structure review
10000	Shared	010-45	10000-010-45-07-00000	1023103	001429909	OA	C0103	OFFICE SPECIALIST 1	PF	0.00	0.00	1.00	0.00	1.00	0	0	165,227	0	165,227	1/0/1900	N	Organizational structure review
10000	Shared	010-45	10000-010-45-07-00000	1023104	001429910	OA	C0103	OFFICE SPECIALIST 1	PF	0.00	0.00	1.00	0.00	1.00	0	0	165,227	0	165,227	1/0/1900	N	Organizational structure review
10000	Shared	010-45	10000-010-45-07-00000	1023105	001429911	OA	C0103	OFFICE SPECIALIST 1	PF	0.00	0.00	1.00	0.00	1.00	0	0	165,227	0	165,227	1/0/1900	N	Organizational structure review
10000	Shared	010-45	10000-010-45-07-00000	1023106	001429912	OA	C0103	OFFICE SPECIALIST 1	PF	0.00	0.00	1.00	0.00	1.00	0	0	165,227	0	165,227	1/0/1900	N	Organizational structure review
10000	Shared	010-45	10000-010-45-07-00000	1026025	001438653	MMS	X7084	BUSINESS OPERATIONS MANAGER 2	PF	0.00	0.00	1.00	0.00	1.00	0	0	311,342	0	311,342	1/0/1900	N	Organizational structure review
10000	Shared	010-45	10000-010-45-07-00000	1026030	001438658	MMN	X0872	OPERATIONS & POLICY ANALYST 3	PF	0.00	0.00	1.00	0.00	1.00	0	0	275,078	0	275,078	1/0/1900	N	In classification review and/or reclassification process
10000	Shared	010-45	10000-010-45-07-00000	1026031	001438659	MMN	X0872	OPERATIONS & POLICY ANALYST 3	PF	0.00	0.00	1.00	0.00	1.00	0	0	275,078	0	275,078	1/0/1900	N	In classification review and/or reclassification process
10000	Shared	010-45	10000-010-45-07-00000	9410090	000545770	OA	C0107	ADMINISTRATIVE SPECIALIST 1	PF	0.00	0.00	1.00	0.00	1.00	0	0	176,032	0	176,032	11/30/2023	N	In classification review and/or reclassification process

1	2a	2b	3	4a	4b	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Agency	Program ^	SCR	DCR	Pos No	Authno *	Position Class Comp	Position Class Repr Comp	Position Title	Pos Type	GF Fund Split	LF Fund Split	OF Fund Split	FF Fund Split	FTE	2025-27 GF PS Total	2025-27 LF PS Total	2025-27 OF PS Total	2025-27 FF PS Total	2025-27 Total Bien PS BUDGET	Vacant Date	Position eliminated in GRB? Y/N	Reason for vacancy
10000	OEP	060-12	10000-060-12-01-00000	1008390	001166040	OAH	C0323	PUBLIC SERVICE REPRESENTATIVE 3	PF	0.50	0.00	0.00	0.50	1.00	82,614	0	0	82,614	165,227	6/3/2021	N	Financing another position
10000	OEP	060-12	10000-060-12-01-00000	1008391	001166070	OAH	C0323	PUBLIC SERVICE REPRESENTATIVE 3	PF	0.50	0.00	0.00	0.50	1.00	82,614	0	0	82,614	165,227	4/26/2021	N	Financing another position
10000	OEP	060-12	10000-060-12-01-00000	1010856	001179510	OAH	C0323	PUBLIC SERVICE REPRESENTATIVE 3	PF	0.50	0.00	0.00	0.50	1.00	82,614	0	0	82,614	165,227	11/30/2021	N	Financing another position
10000	OEP	060-12	10000-060-12-01-00000	1010857	001179520	OAH	C0323	PUBLIC SERVICE REPRESENTATIVE 3	PF	0.50	0.00	0.00	0.50	1.00	82,614	0	0	82,614	165,227	6/2/2021	N	Financing another position
10000	OEP	060-12	10000-060-12-01-00000	1010858	001179530	OAH	C0323	PUBLIC SERVICE REPRESENTATIVE 3	PF	0.50	0.00	0.00	0.50	1.00	82,614	0	0	82,614	165,227	9/1/2020	N	Financing another position
10000	OEP	060-12	10000-060-12-01-00000	1010861	001179560	OAH	C0323	PUBLIC SERVICE REPRESENTATIVE 3	PF	0.50	0.00	0.00	0.50	1.00	82,614	0	0	82,614	165,227	7/27/2021	N	Financing another position
10000	OEP	060-12	10000-060-12-01-00000	1010862	001177990	OAH	C0323	PUBLIC SERVICE REPRESENTATIVE 3	PF	0.50	0.00	0.00	0.50	1.00	82,614	0	0	82,614	165,227	7/27/2021	N	Financing another position
10000	OEP	060-12	10000-060-12-01-00000	1010863	001178000	OAH	C0323	PUBLIC SERVICE REPRESENTATIVE 3	PF	0.50	0.00	0.00	0.50	1.00	82,614	0	0	82,614	165,227	4/26/2021	N	Financing another position
10000	OEP	060-12	10000-060-12-01-00000	1010864	001178020	OAH	C0323	PUBLIC SERVICE REPRESENTATIVE 3	PF	0.50	0.00	0.00	0.50	1.00	82,614	0	0	82,614	165,227	6/2/2021	N	Financing another position
10000	OEP	060-12	10000-060-12-01-00000	1014279	001270750	OAH	C0323	PUBLIC SERVICE REPRESENTATIVE 3	PF	0.50	0.00	0.00	0.50	1.00	82,614	0	0	82,614	165,227	7/27/2021	N	Financing another position
10000	OEP	060-12	10000-060-12-01-00000	1020963	001405013	MMS	X7086	BUSINESS OPERATIONS SUPERVISOR 2	PF	0.68	0.00	0.00	0.32	1.00	172,294	0	0	81,080	253,374	1/0/1900	N	In classification review and/or reclassification process
10000	OEP	060-12	10000-060-12-01-00000	9405111	001166570	OAH	C0323	PUBLIC SERVICE REPRESENTATIVE 3	PP	0.55	0.00	0.00	0.45	0.58	52,606	0	0	43,110	95,716	1/3/2020	N	Financing another position
10000	OEP	060-12	10000-060-12-01-00000	9410135	000544050	OAH	C0323	PUBLIC SERVICE REPRESENTATIVE 3	PF	0.61	0.00	0.00	0.39	1.00	101,416	0	0	63,811	165,227	11/28/2021	N	Financing another position
10000	OEP	060-12	10000-060-12-01-00000	9410758	001167390	OAH	C0323	PUBLIC SERVICE REPRESENTATIVE 3	PF	0.55	0.00	0.00	0.45	1.00	90,809	0	0	74,418	165,227	4/13/2021	N	Financing another position
10000	OEP	060-12	10000-060-12-01-00000	9410770	001167430	OAH	C0104	OFFICE SPECIALIST 2	PP	0.55	0.00	0.00	0.45	0.92	83,241	0	0	68,216	151,457	3/21/2019	N	Financing another position
10000	OEP	060-12	10000-060-12-02-00000	1000346	000895810	OAH	C0108	ADMINISTRATIVE SPECIALIST 2	PF	0.25	0.00	0.00	0.75	1.00	48,999	0	0	146,997	195,996	5/17/2023	N	In classification review and/or reclassification process
10000	OEP	060-12	10000-060-12-02-00000	1020085	001394672	MMN	X0872	OPERATIONS & POLICY ANALYST 3	PF	0.40	0.00	0.00	0.60	1.00	124,537	0	0	186,805	311,342	1/0/1900	N	Organizational structure review
10000	OEP	060-12	10000-060-12-02-00000	1023587	001430260	MMN	X0872	OPERATIONS & POLICY ANALYST 3	PF	0.58	0.00	0.00	0.42	1.00	166,262	0	0	120,396	286,658	1/0/1900	N	In classification review and/or reclassification process
10000	OEP	060-12	10000-060-12-02-00000	1023592	001430272	MMN	X0872	OPERATIONS & POLICY ANALYST 3	PF	0.58	0.00	0.00	0.42	1.00	166,262	0	0	120,396	286,658	1/0/1900	N	In classification review and/or reclassification process
10000	OEP	060-12	10000-060-12-02-00000	1025906	001435214	OAH	C0872	OPERATIONS & POLICY ANALYST 3	PF	0.45	0.00	0.00	0.55	1.00	119,817	0	0	146,443	266,260	1/0/1900	N	In classification review and/or reclassification process
10000	OEP	060-12	10000-060-12-02-00000	1025908	001435216	OAH	C0872	OPERATIONS & POLICY ANALYST 3	PF	0.45	0.00	0.00	0.55	1.00	119,817	0	0	146,443	266,260	1/0/1900	N	In classification review and/or reclassification process
10000	OEP	060-12	10000-060-12-02-00000	1025909	001435217	OAH	C0872	OPERATIONS & POLICY ANALYST 3	PF	0.45	0.00	0.00	0.55	1.00	119,817	0	0	146,443	266,260	1/0/1900	N	In classification review and/or reclassification process
10000	OEP	060-12	10000-060-12-02-00000	1025910	001435218	OAH	C0872	OPERATIONS & POLICY ANALYST 3	PF	0.45	0.00	0.00	0.55	1.00	119,817	0	0	146,443	266,260	1/0/1900	N	In classification review and/or reclassification process
10000	OEP	060-12	10000-060-12-02-00000	1025913	001435221	OAH	C0872	OPERATIONS & POLICY ANALYST 3	PF	0.45	0.00	0.00	0.55	1.00	119,817	0	0	146,443	266,260	1/0/1900	N	Organizational structure review
10000	OEP	060-12	10000-060-12-02-00000	1025914	001435222	OAH	C0872	OPERATIONS & POLICY ANALYST 3	PF	0.45	0.00	0.00	0.55	1.00	119,817	0	0	146,443	266,260	1/0/1900	N	Organizational structure review
10000	OEP	060-12	10000-060-12-02-00000	1025915	001435223	OAH	C0872	OPERATIONS & POLICY ANALYST 3	PF	0.45	0.00	0.00	0.55	1.00	119,817	0	0	146,443	266,260	1/0/1900	N	Organizational structure review
10000	OEP	060-12	10000-060-12-02-00000	1025916	001435224	OAH	C0872	OPERATIONS & POLICY ANALYST 3	PF	0.45	0.00	0.00	0.55	1.00	119,817	0	0	146,443	266,260	1/0/1900	N	Organizational structure review
10000	OEP	060-12	10000-060-12-02-00000	1025919	001435227	MMN	X0872	OPERATIONS & POLICY ANALYST 3	PF	0.45	0.00	0.00	0.55	1.00	128,996	0	0	157,662	286,658	1/0/1900	N	Organizational structure review
10000	OEP	060-12	10000-060-12-02-00000	1025920	001435228	OAH	C0872	OPERATIONS & POLICY ANALYST 3	PF	0.45	0.00	0.00	0.55	1.00	119,817	0	0	146,443	266,260	1/0/1900	N	Organizational structure review
10000	OEP	060-12	10000-060-12-03-00000	1018578	001360280	MMN	X0873	OPERATIONS & POLICY ANALYST 4	PF	0.50	0.00	0.00	0.50	1.00	155,671	0	0	155,671	311,342	9/25/2021	N	Financing another position
10000	OEP	060-12	10000-060-12-03-00000	1020086	001394673	MMS	X7364	HUMAN SERVICES MANAGER 2	PF	0.40	0.00	0.00	0.60	1.00	124,537	0	0	186,805	311,342	1/0/1900	N	Organizational structure review
10000	OEP	060-12	10000-060-12-03-00000	1022540	001430199	OAH	C0871	OPERATIONS & POLICY ANALYST 2	PF	0.50	0.00	0.00	0.50	1.00	133,130	0	0	133,130	266,260	1/0/1900	N	In classification review and/or reclassification process
10000	OEP	060-12	10000-060-12-03-00000	1022691	001429213	OAH	C0872	OPERATIONS & POLICY ANALYST 3	PF	0.45	0.00	0.00	0.55	1.00	119,817	0	0	146,443	266,260	1/0/1900	N	In classification review and/or reclassification process
10000	OEP	060-12	10000-060-12-03-00000	1025899	001435207	OAH	C1117	RESEARCH ANALYST 3	PF	0.45	0.00	0.00	0.55	1.00	102,478	0	0	125,251	227,729	1/0/1900	N	Organizational structure review
10000	OEP	060-12	10000-060-12-03-00000	1025901	001435209	OAH	C0872	OPERATIONS & POLICY ANALYST 3	PF	0.45	0.00	0.00	0.55	1.00	119,817	0	0	146,443	266,260	1/0/1900	N	Organizational structure review
TOTAL									286	157.48	0.00	25.72	102.79	275.02	32,606,241	0	5,096,142	21,529,814	59,232,197			

* Because DAS WDO changes the PPDB Numbers on budgeted Board and Commission positions, the authorization number must be used as the unique key for referencing ORPICS/budgeted dollars, fund splits and FTE.

^ The Program acronym was added to aid reporting clarity

Data Sources: **ORPICS Reports** 2025-27 post-GB keying/pre-GB audit ORPICS
2023-25 ORPICS as of 12/31/24 (for Limited Duration Positions)
Workday Reports HCM Vacant Budgeted Positions report as of 12/31/24
HCM Position Freeze with Comments report as of 12/31/24

Summary of ODHS Long Term Budgeted Vacant Positions (vacant greater than 12 months)

2025-27 Biennium

Long Term Vacancy Report Summary

Long Term Vacancy (LTV) Reasons	Central 010-40	Shared 010-45	SSP 060-01	VR 060-07	APD 060-08	IDD 060-09	CW 060-10	OEP 060-12	Grand Total
Board & Commission position - minimal savings	0	0	0	0	3	1	0	0	4
Delayed Phase-in	0	1	0	0	0	0	87	0	88
Federal hiring freeze	0	0	0	0	12	0	0	0	12
Filled - pending entry into Workday system	0	0	1	1	0	0	0	0	2
Financing another position	1	1	3	0	3	2	17	25	52
In classification review and/or reclassification process	7	11	3	1	6	5	6	10	49
In recruitment	1	2	5	1	12	0	4	0	25
Limited duration - Financing another position in 23-25; no savings because position doesn't exist in 25-27	2	0	2	0	0	0	0	0	4
Limited duration in 23-25; no savings because position doesn't exist in 25-27	0	0	5	2	0	0	0	0	7
Organizational structure review	1	10	3	0	5	3	3	10	35
Other - no job requisition, not frozen	0	0	0	0	3	1	0	0	4
Other: SACU CBA language allows for underfill, but it crosses job families. APM recommends reclassification.	0	0	0	0	0	2	0	0	2
Position pending movement to another program	0	0	0	0	2	0	0	0	2
Grand Total	12	25	22	5	46	14	117	45	286

Programs	2025-27 GF	2025-27 LF	2025-27 OF	2025-27 FF	2025-27 Total	Sum of FTE
Central	\$ 1,494,272	\$ -	\$ 46,867	\$ 1,195,923	\$ 2,737,062	11.50
Shared	\$ -	\$ -	\$ 4,918,003	\$ -	\$ 4,918,003	23.50
SSP	\$ 2,808,389	\$ -	\$ 6,106	\$ 1,036,804	\$ 3,851,300	18.90
VR	\$ 92,991	\$ -	\$ 2,235	\$ 986,928	\$ 1,082,155	5.00
APD	\$ 3,388,455	\$ -	\$ 122,931	\$ 5,594,389	\$ 9,105,775	42.62
IDD	\$ 1,097,734	\$ -	\$ -	\$ 1,903,327	\$ 3,001,061	13.00
CW	\$ 19,027,694	\$ -	\$ -	\$ 5,960,761	\$ 24,988,455	116.00
OEP	\$ 4,696,705	\$ -	\$ -	\$ 4,851,681	\$ 9,548,386	44.50
Grand Total	\$ 32,606,241	\$ -	\$ 5,096,142	\$ 21,529,814	\$ 59,232,197	275.02

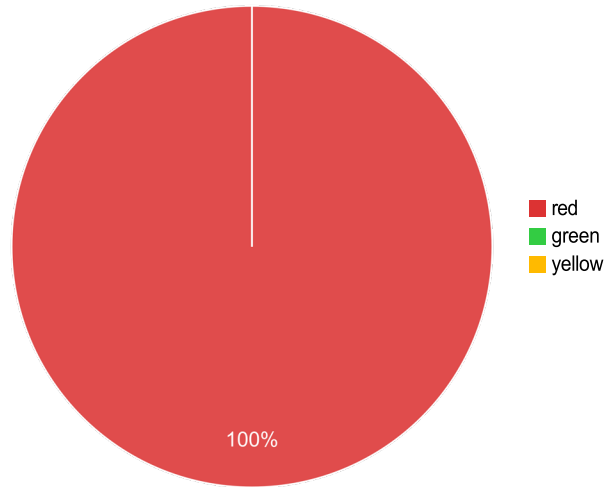
Department of Human Services

Annual Performance Progress Report

Reporting Year 2024

Published: 8/6/2024 1:33:58 PM

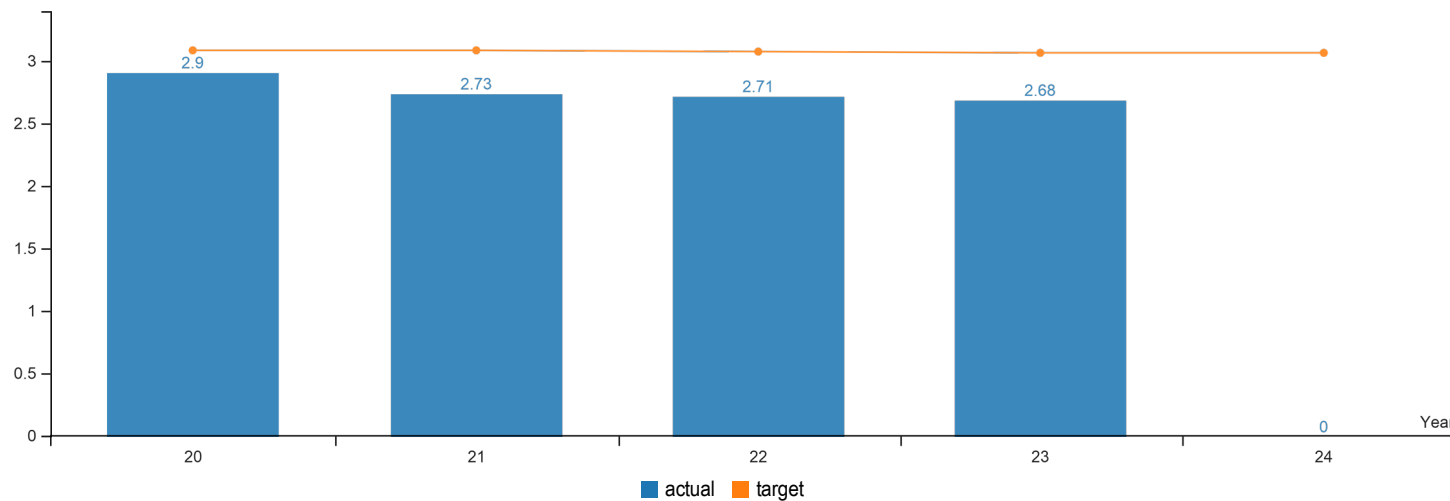
KPM #	Approved Key Performance Measures (KPMs)
1	OLDER ADULTS NEEDING LONG TERM CARE SERVICES (APD) - The percentage of older adults (65+) needing publicly-funded long term care services
2	LONG TERM CARE RECIPIENTS LIVING OUTSIDE OF NURSING FACILITIES (APD) - The percentage of Oregonians accessing publicly-funded 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
Summary Stats:	= Target to -5% 0%	= Target -5% to -15% 0%	= Target > -15% 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



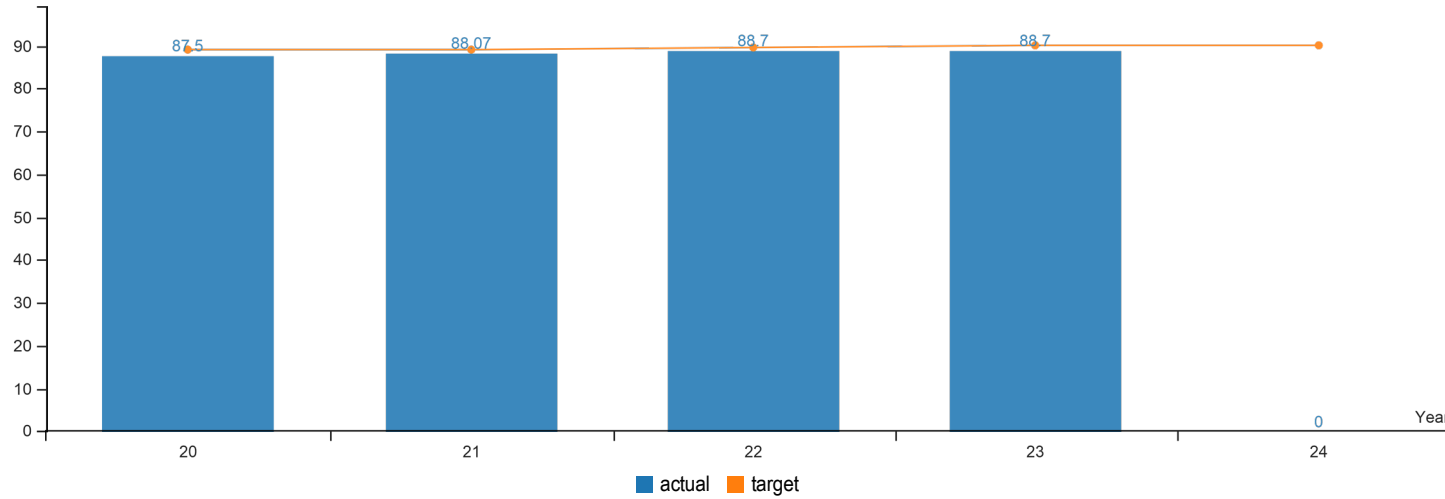
Report Year	2020	2021	2022	2023	2024
LTC NEED PREVENTION					
Actual	2.90%	2.73%	2.71%	2.68%	
Target	3.08%	3.08%	3.07%	3.06%	3.06%

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



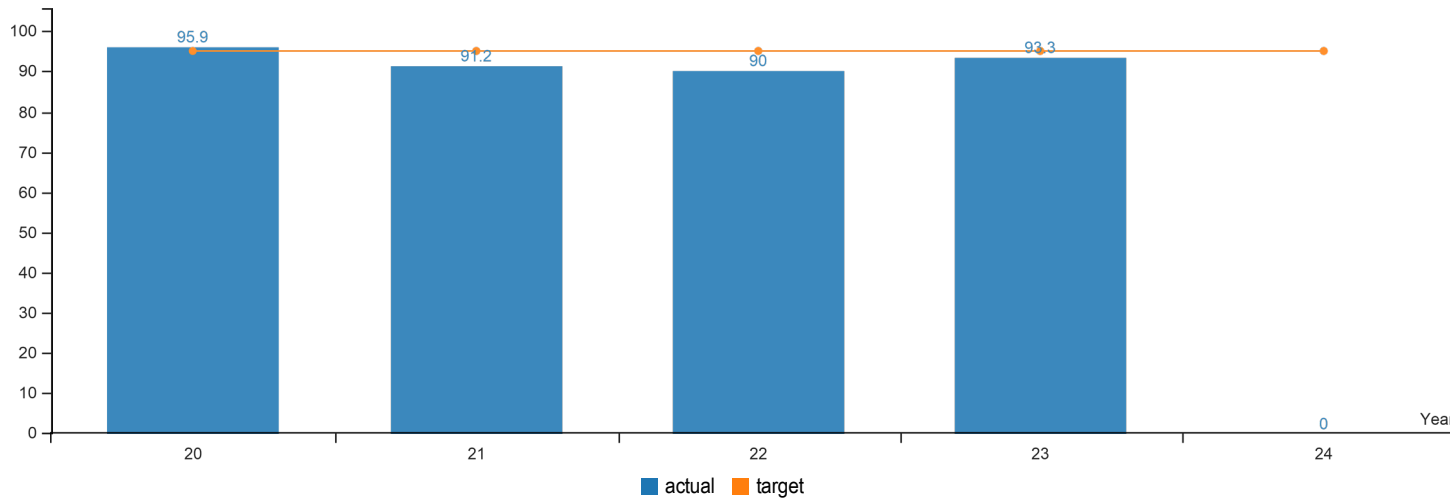
Report Year	2020	2021	2022	2023	2024
LTC RECIPIENTS LIVING OUTSIDE OF NURSING FACILITIES					
Actual	87.50%	88.07%	88.70%	88.70%	
Target	89%	89%	89.50%	90%	90%

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



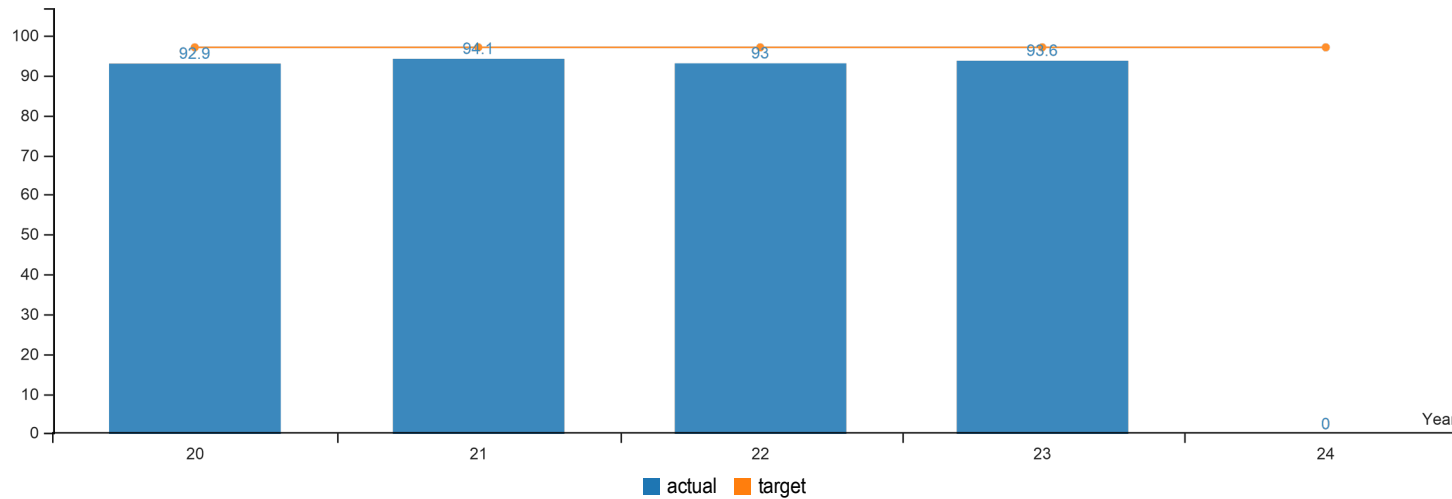
Report Year	2020	2021	2022	2023	2024
Abuse Investigation Timeliness					
Actual	95.90%	91.20%	90%	93.30%	
Target	95%	95%	95%	95%	95%

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



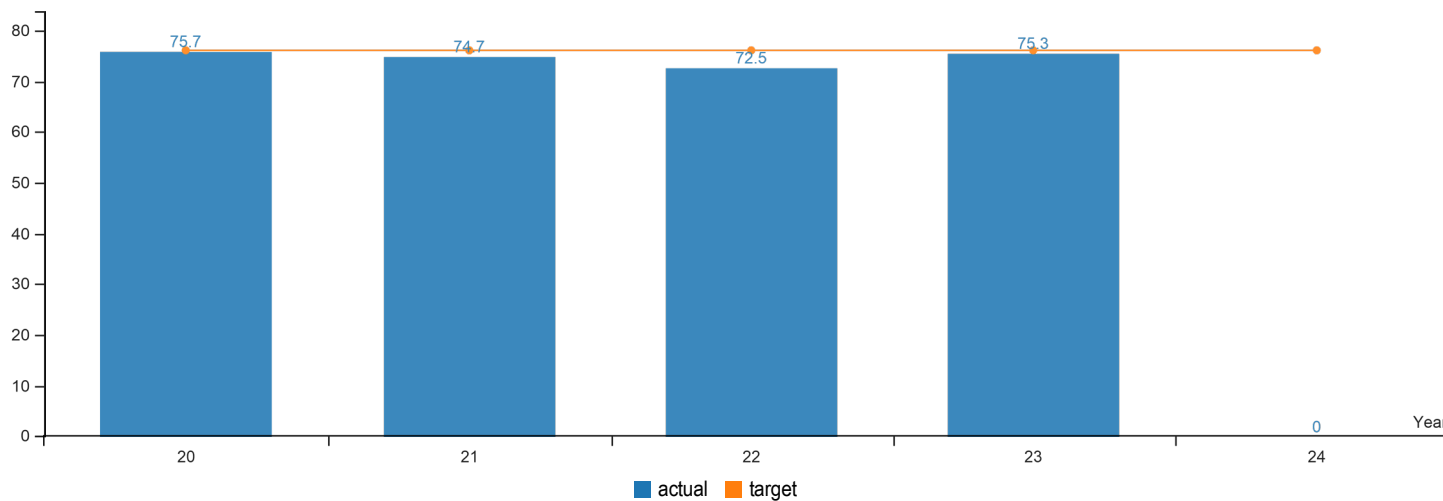
Report Year	2020	2021	2022	2023	2024
ABSENCE OF REPEAT CHILD MALTREATMENT					
Actual	92.90%	94.10%	93%	93.60%	
Target	97%	97%	97%	97%	97%

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



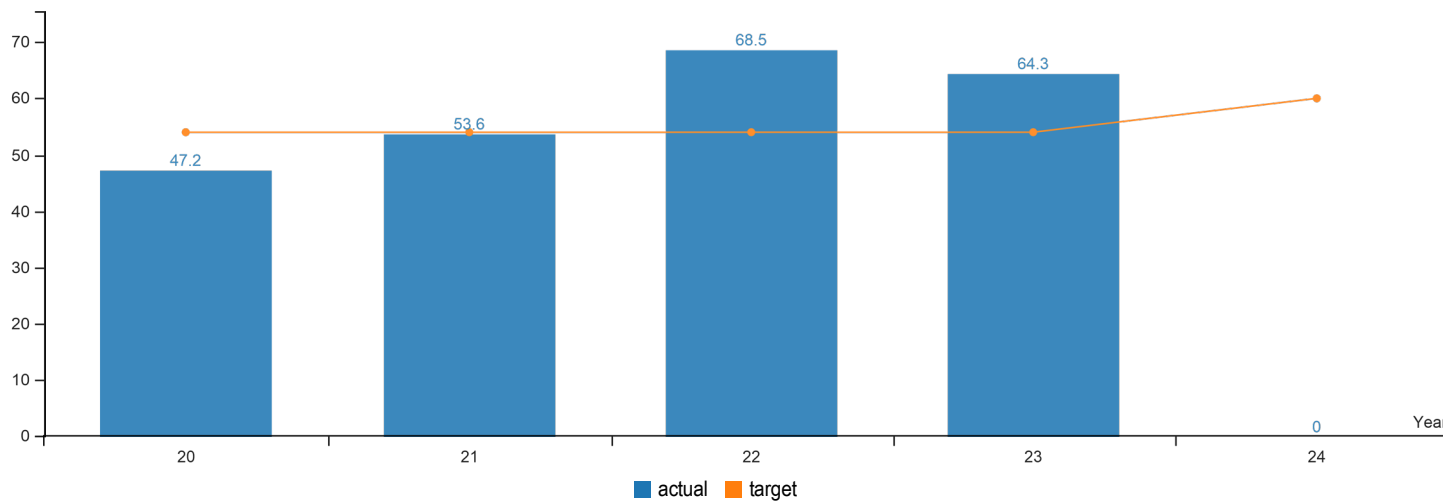
Report Year	2020	2021	2022	2023	2024
Timely Reunification					
Actual	75.70%	74.70%	72.50%	75.30%	
Target	76%	76%	76%	76%	76%

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

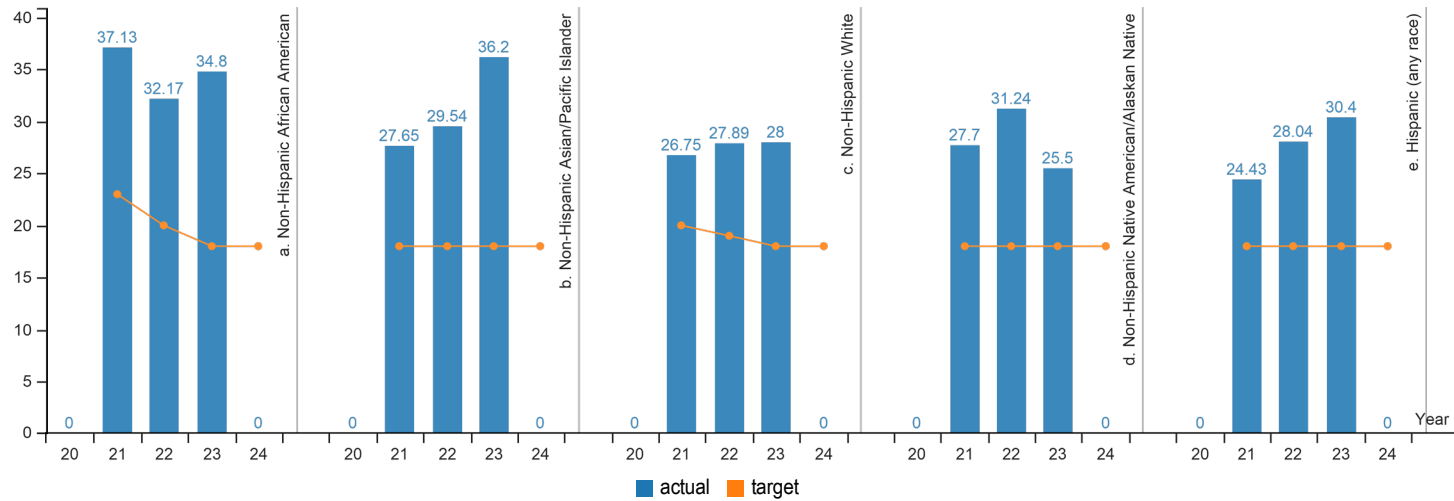


Report Year	2020	2021	2022	2023	2024
Timeliness of Adoption Once Legally Free					
Actual	47.20%	53.60%	68.50%	64.30%	
Target	54%	54%	54%	54%	60%

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



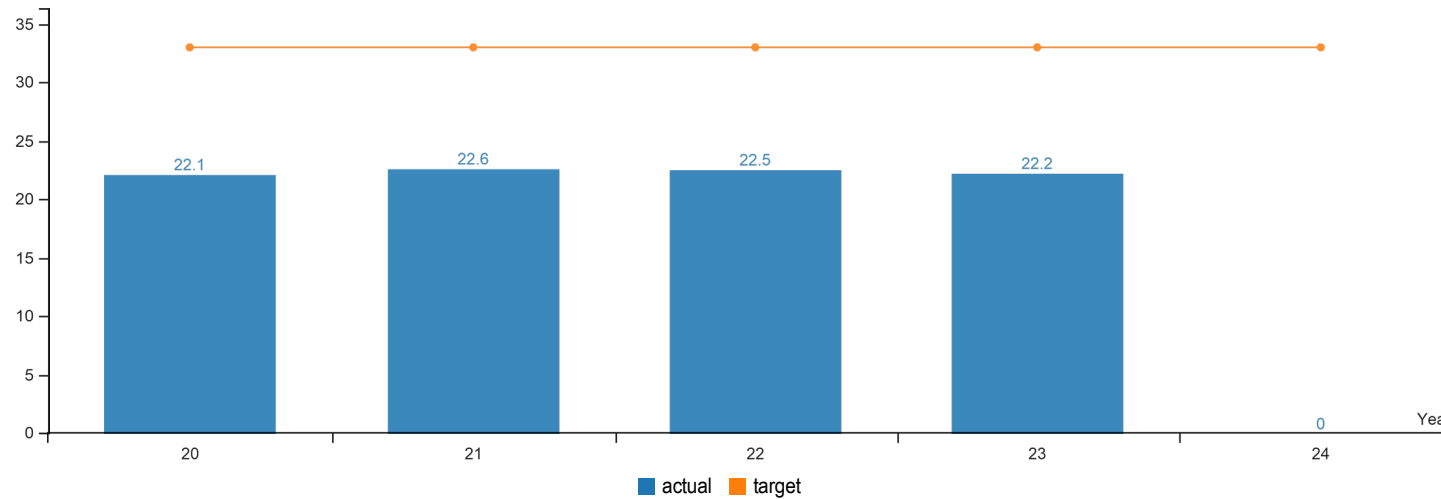
Report Year	2020	2021	2022	2023	2024
a. Non-Hispanic African American					
Actual		37.13	32.17	34.80	
Target		23	20	18	18
b. Non-Hispanic Asian/Pacific Islander					
Actual		27.65	29.54	36.20	
Target		18	18	18	18
c. Non-Hispanic White					
Actual		26.75	27.89	28	
Target		20	19	18	18
d. Non-Hispanic Native American/Alaskan Native					
Actual		27.70	31.24	25.50	
Target		18	18	18	18
e. Hispanic (any race)					
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



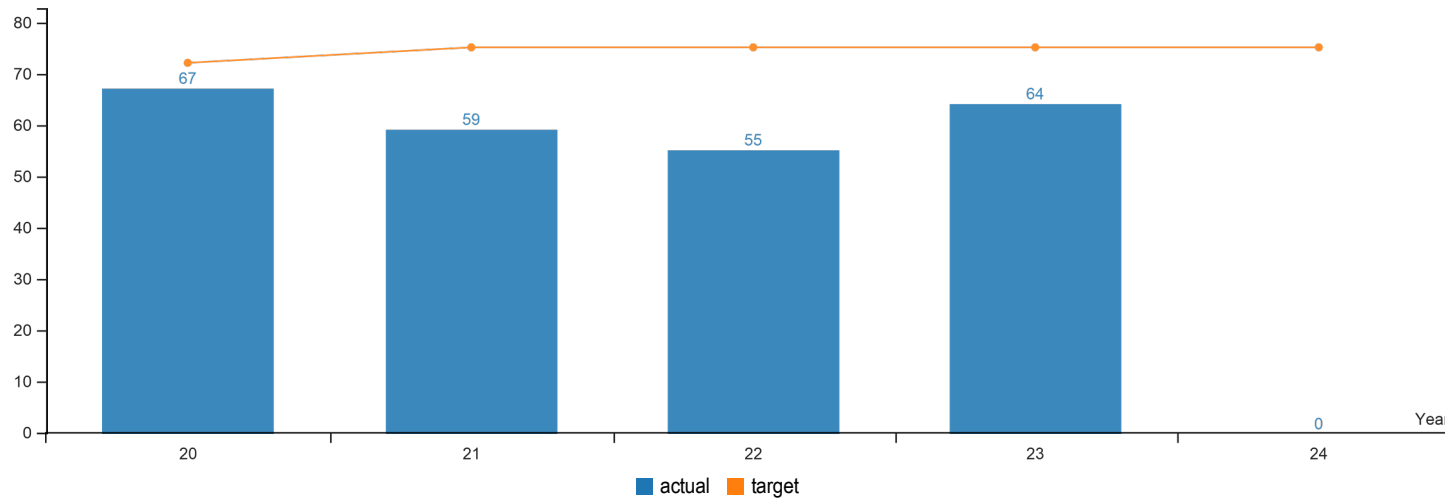
Report Year	2020	2021	2022	2023	2024
CHILDREN RESIDING AT HOME IN LEAST RESTRICTIVE SETTING					
Actual	22.10%	22.60%	22.50%	22.20%	
Target	33%	33%	33%	33%	33%

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



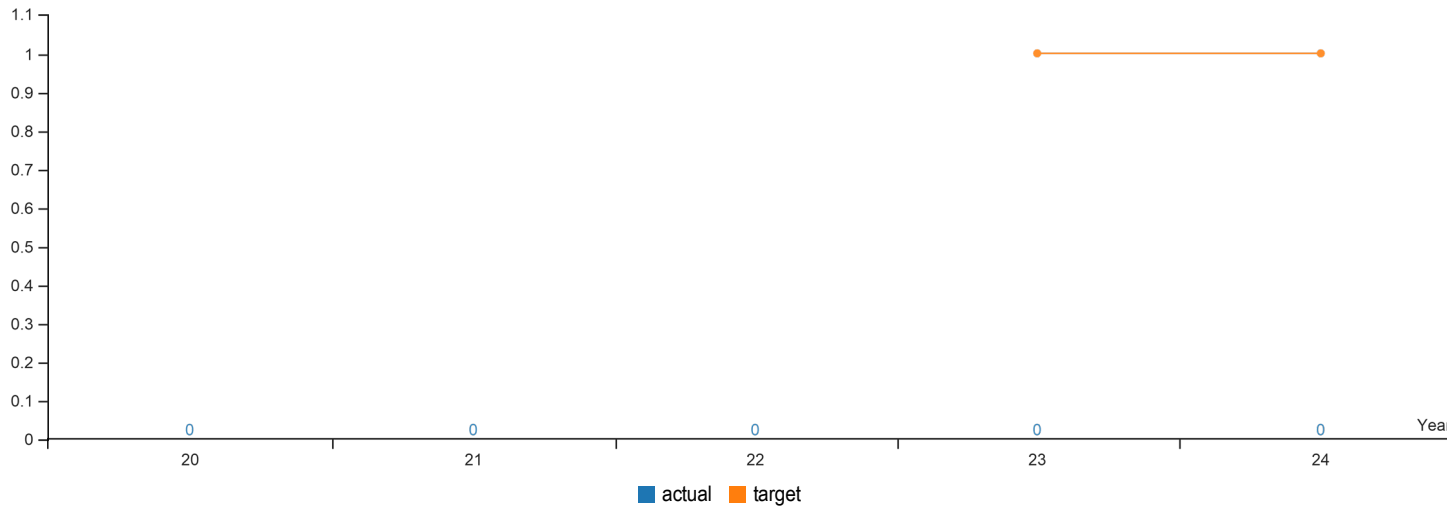
Report Year	2020	2021	2022	2023	2024
SERVICE ELIGIBILITY - ODDS					
Actual	67%	59%	55%	64%	
Target	72%	75%	75%	75%	75%

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



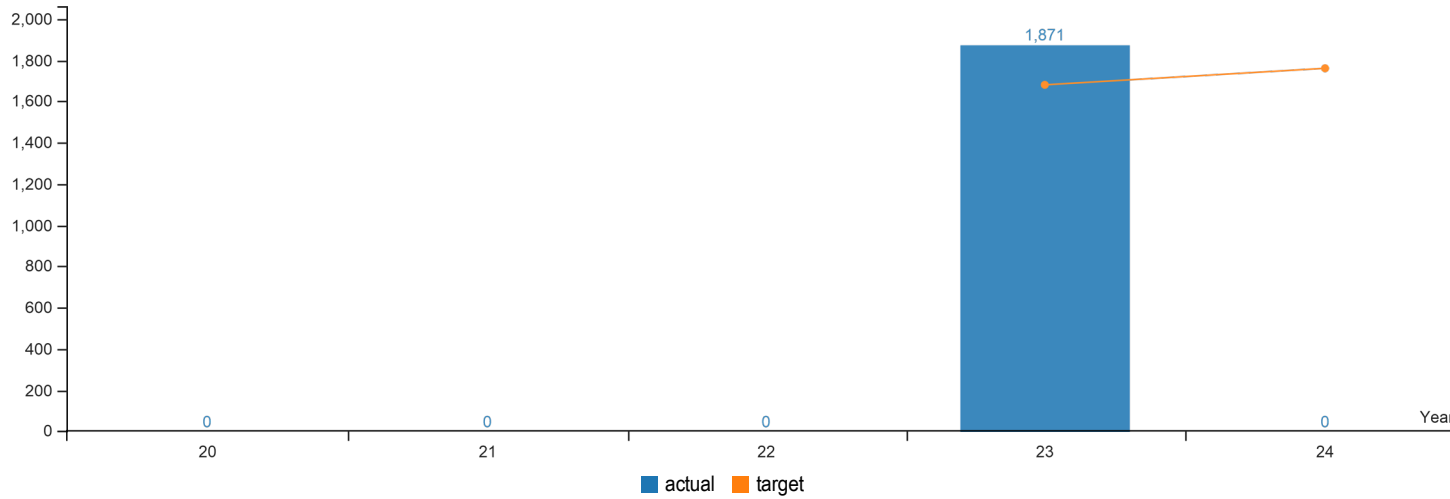
Report Year	2020	2021	2022	2023	2024
INTELLECTUAL/DEVELOPMENTAL DISABILITY DISPROPORTIONALITY (ODDS)					
Actual					
Target				1%	1%

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



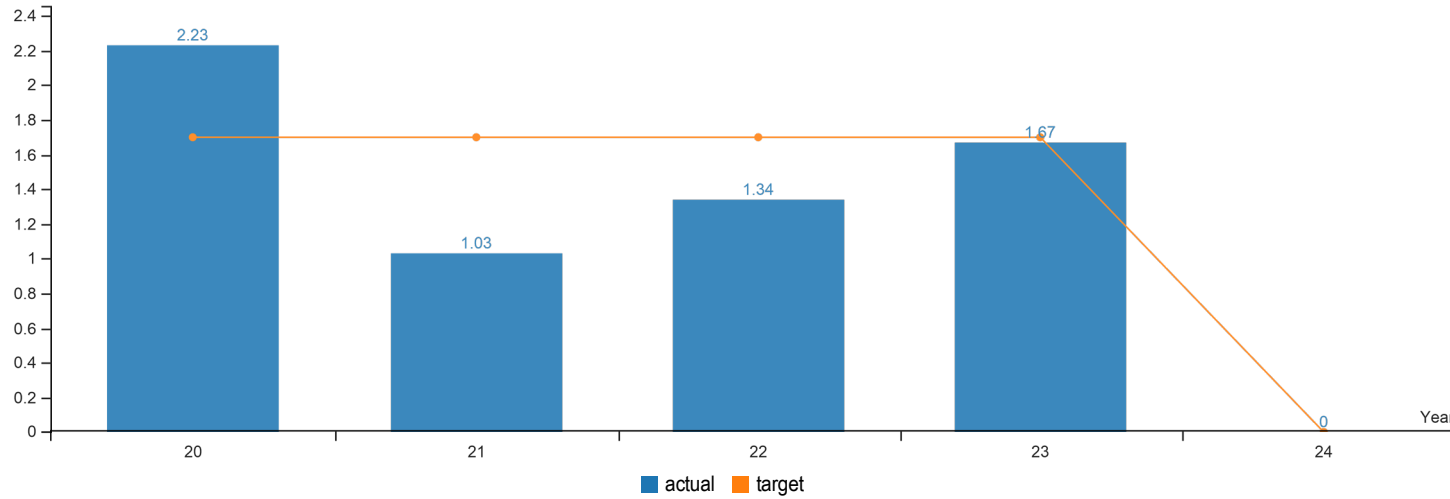
Report Year	2020	2021	2022	2023	2024
SUPPORTED ODDS EMPLOYMENT SERVICES TO MAINTAIN COMPETITIVE INTEGRATED EMPLOYMENT					
Actual				1,871	
Target				1,680	1,760

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



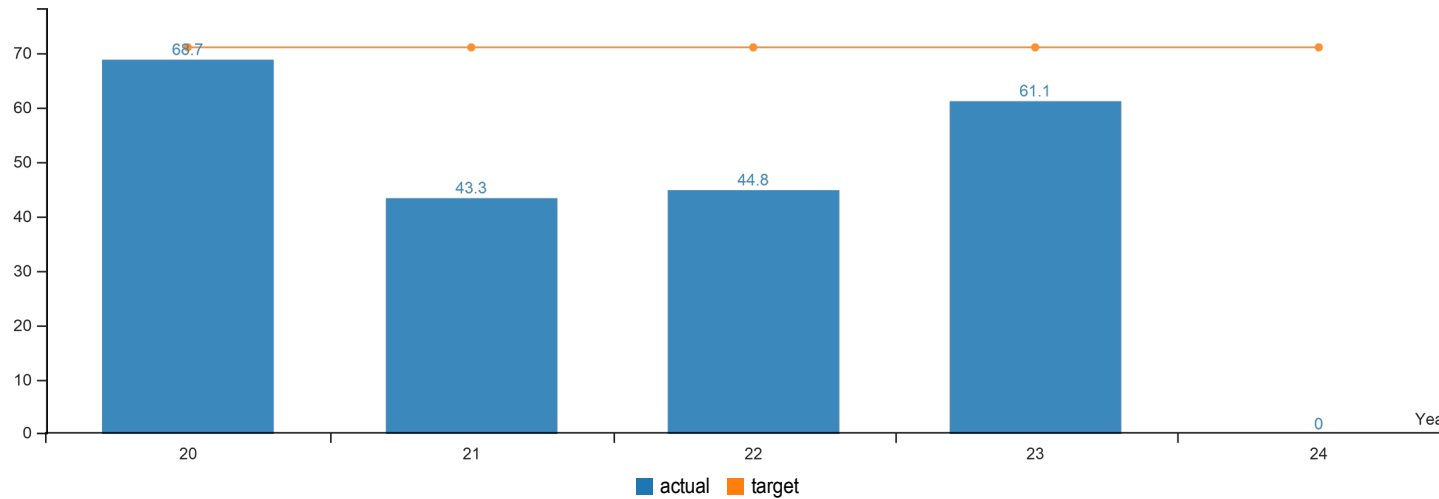
Report Year	2020	2021	2022	2023	2024
ABUSE OF PEOPLE WITH DEVELOPMENTAL DISABILITIES					
Actual	2.23%	1.03%	1.34%	1.67%	
Target	1.70%	1.70%	1.70%	1.70%	0%

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



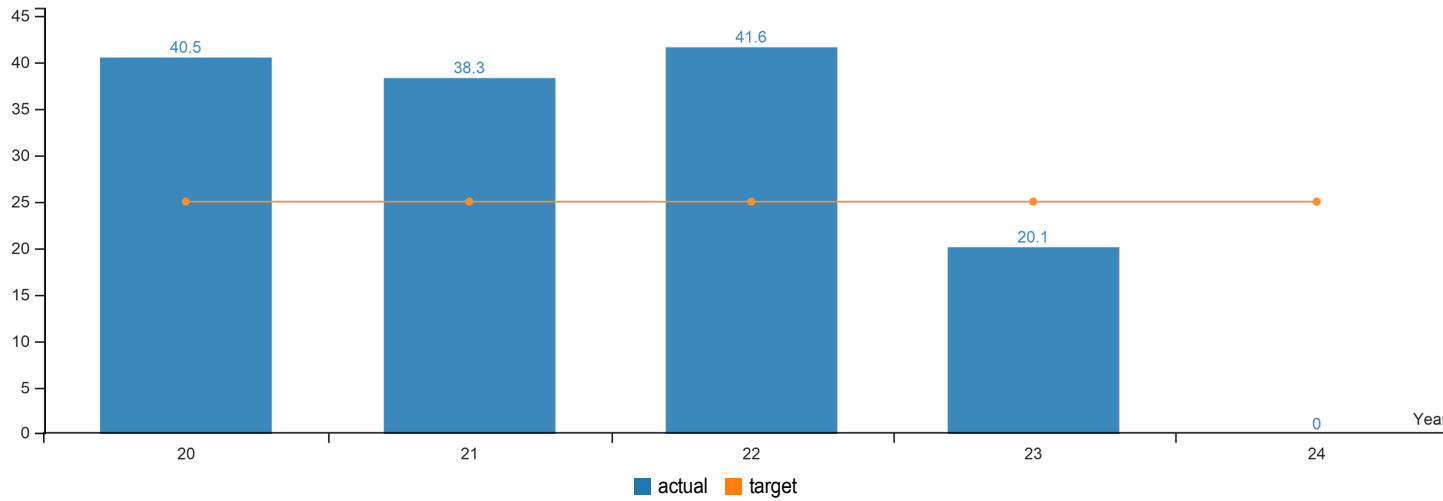
Report Year	2020	2021	2022	2023	2024
HOUSEHOLDS AT, OR ABOVE, LIVING WAGE					
Actual	68.70%	43.30%	44.80%	61.10%	
Target	71%	71%	71%	71%	71%

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



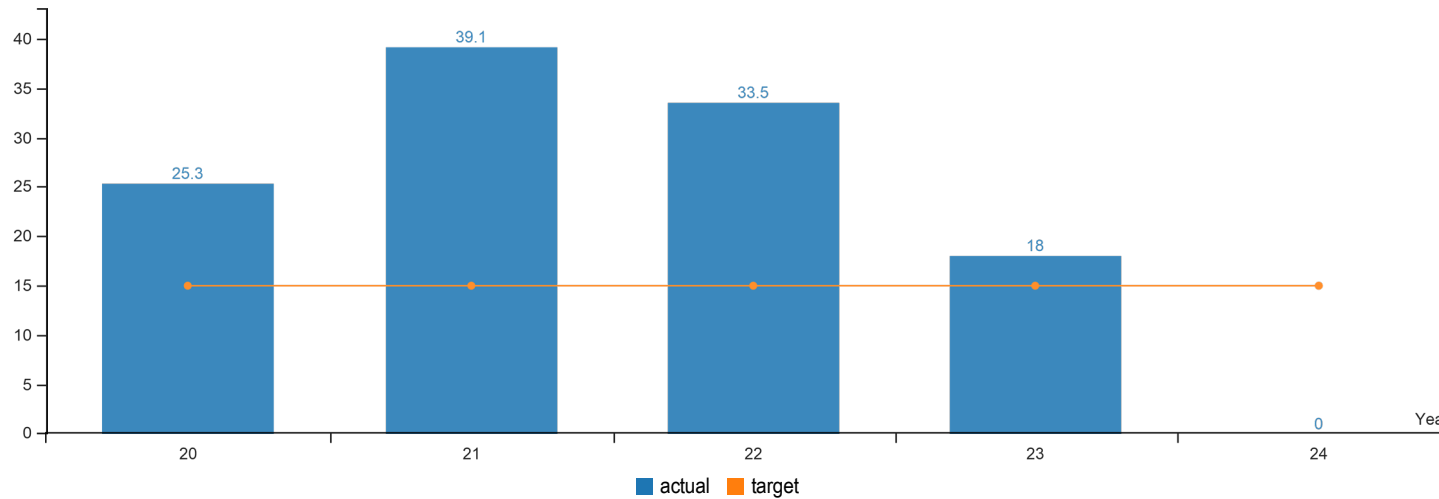
Report Year	2020	2021	2022	2023	2024
HOUSING STABILITY					
Actual	40.50%	38.30%	41.60%	20.10%	
Target	25%	25%	25%	25%	25%

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



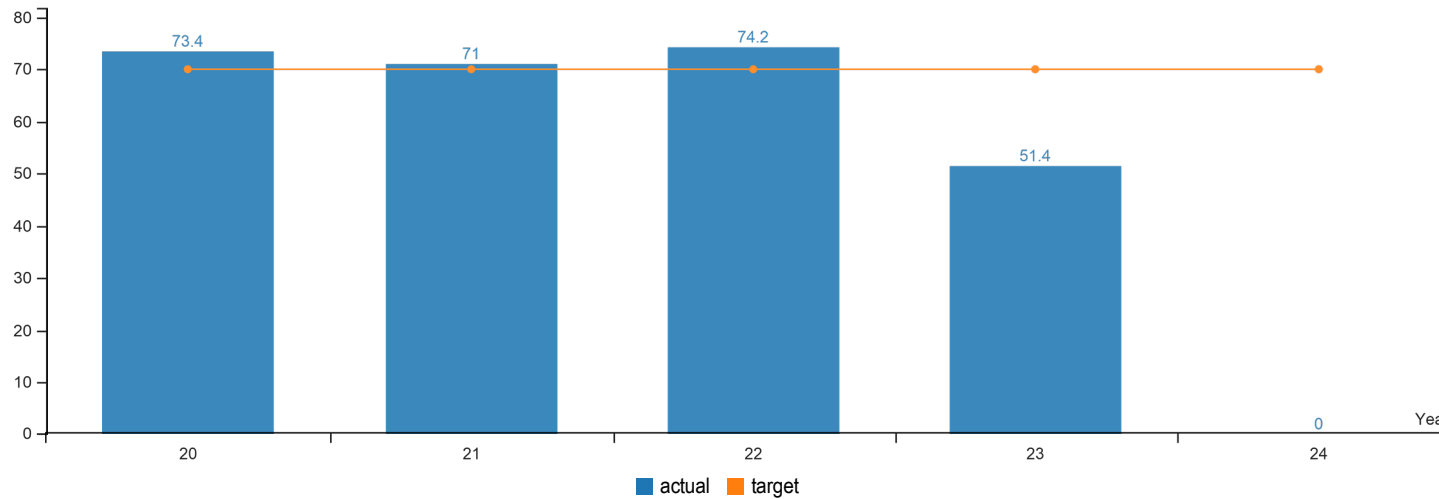
Report Year	2020	2021	2022	2023	2024
FOOD SECURITY					
Actual	25.30%	39.10%	33.50%	18%	
Target	15%	15%	15%	15%	15%

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



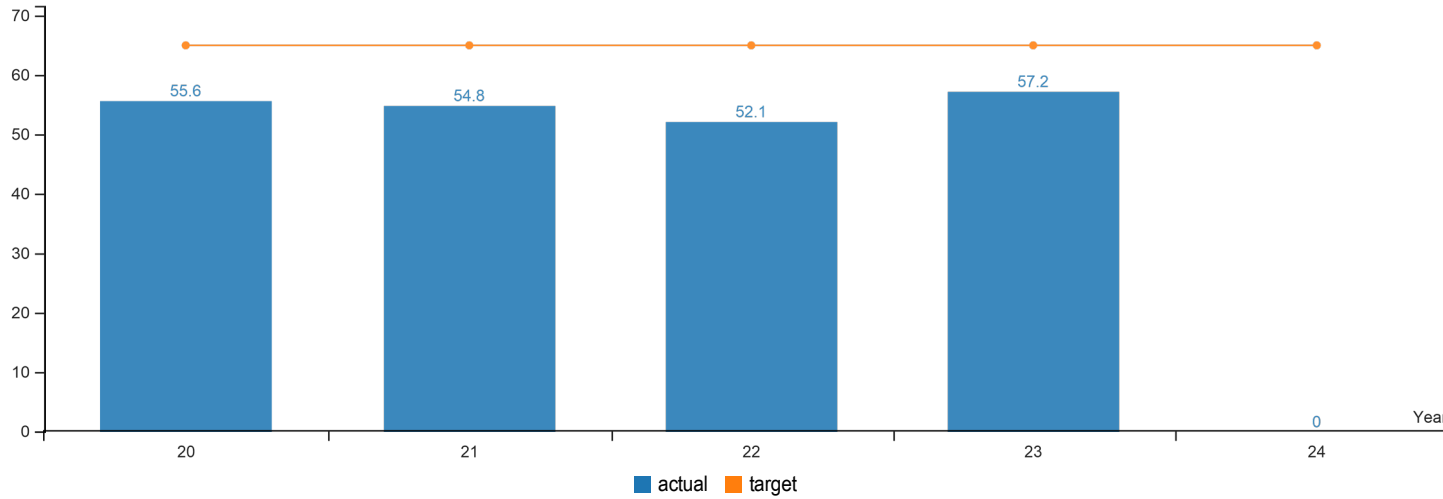
Report Year	2020	2021	2022	2023	2024
SELF-EFFICACY/HOPE					
Actual	73.40%	71%	74.20%	51.40%	
Target	70%	70%	70%	70%	70%

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



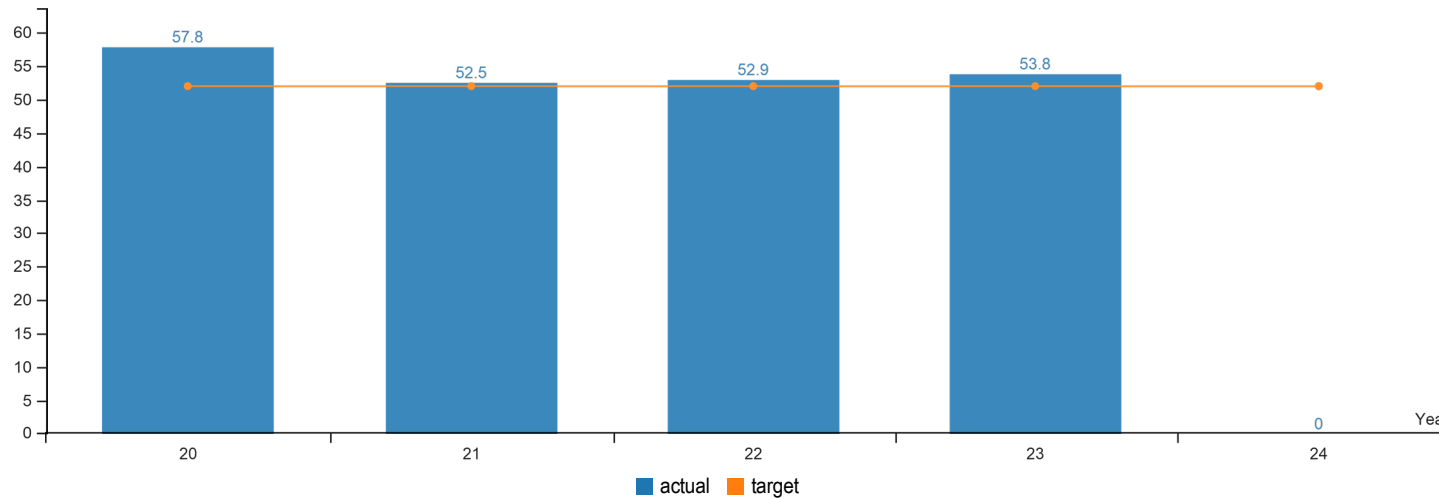
Report Year	2020	2021	2022	2023	2024
OVRs CLOSED - EMPLOYED					
Actual	55.60%	54.80%	52.10%	57.20%	
Target	65%	65%	65%	65%	65%

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



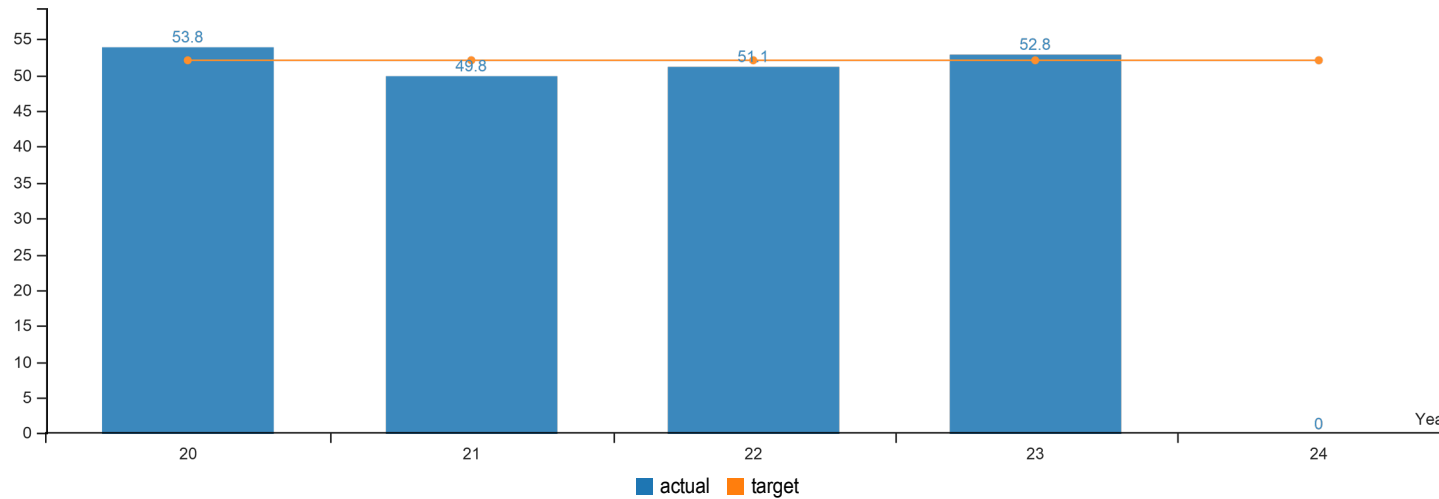
Report Year	2020	2021	2022	2023	2024
EMPLOYMENT IN SECOND QUARTER					
Actual	57.80%	52.50%	52.90%	53.80%	
Target	52%	52%	52%	52%	52%

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



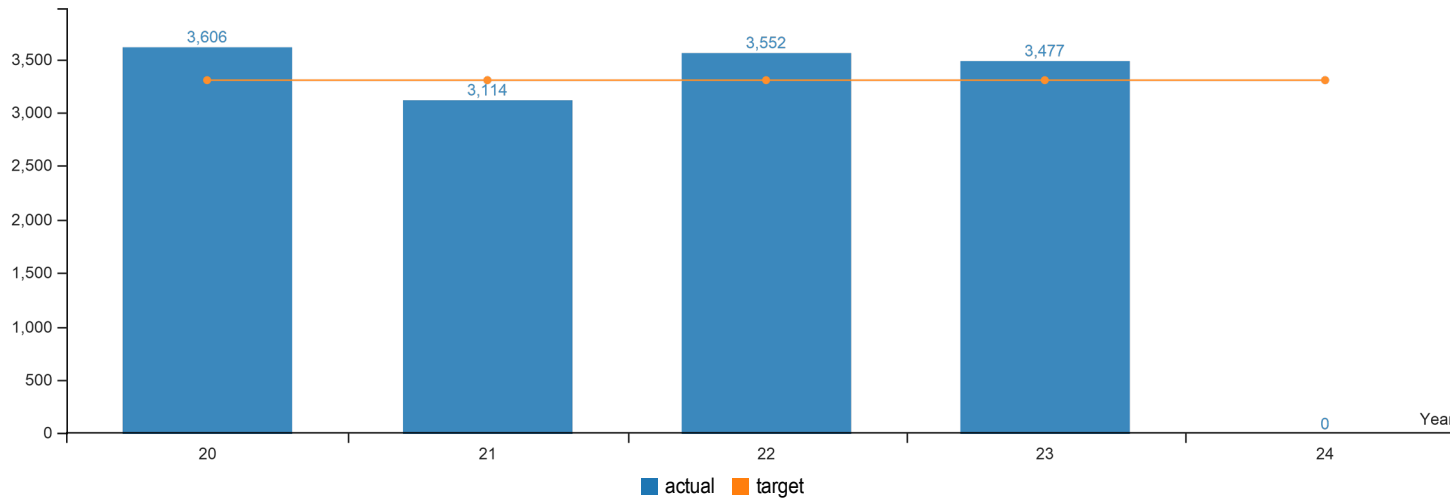
Report Year	2020	2021	2022	2023	2024
EMPLOYMENT IN FOURTH QUARTER					
Actual	53.80%	49.80%	51.10%	52.80%	
Target	52%	52%	52%	52%	52%

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

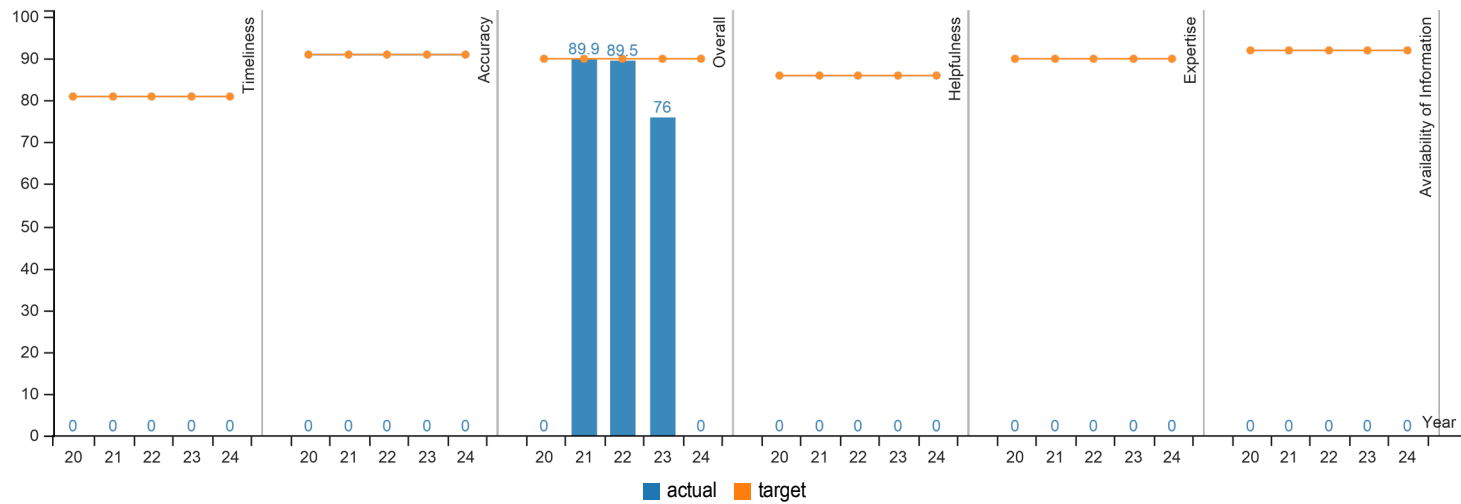


Report Year	2020	2021	2022	2023	2024
MEDIAN QUARTERLY WAGE					
Actual	\$3,606.00	\$3,114.00	\$3,552.00	\$3,477.00	
Target	\$3,300.00	\$3,300.00	\$3,300.00	\$3,300.00	\$3,300.00

How Are We Doing

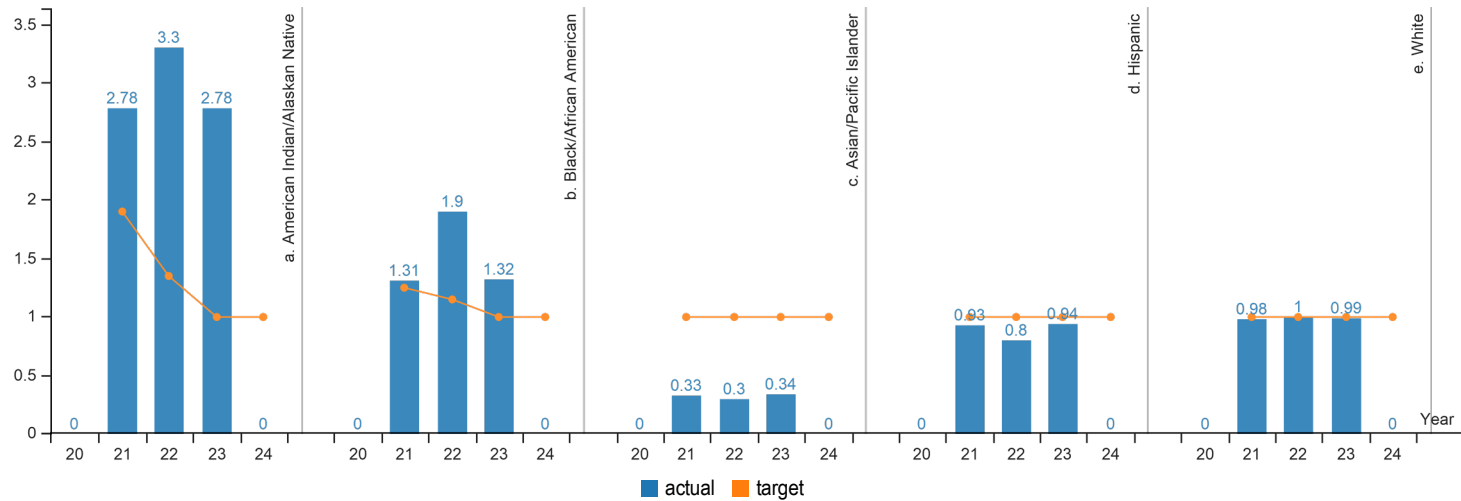
Factors Affecting Results

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
Timeliness					
Actual					
Target	81%	81%	81%	81%	81%
Accuracy					
Actual					
Target	91%	91%	91%	91%	91%
Overall					
Actual		89.90%	89.50%	76%	
Target	90%	90%	90%	90%	90%
Helpfulness					
Actual					
Target	86%	86%	86%	86%	86%
Expertise					
Actual					
Target	90%	90%	90%	90%	90%
Availability of Information					
Actual					
Target	92%	92%	92%	92%	92%

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



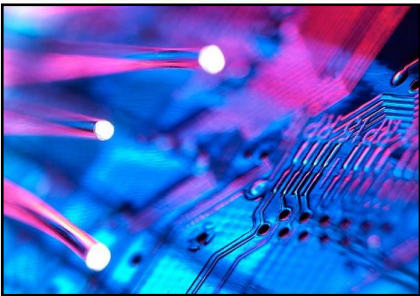
Report Year	2020	2021	2022	2023	2024
a. American Indian/Alaskan Native					
Actual		2.78	3.30	2.78	
Target		1.90	1.35	1	1
b. Black/African American					
Actual		1.31	1.90	1.32	
Target		1.25	1.15	1	1
c. Asian/Pacific Islander					
Actual		0.33	0.30	0.34	
Target		1	1	1	1
d. Hispanic					
Actual		0.93	0.80	0.94	
Target		1	1	1	1
e. White					
Actual		0.98	1	0.99	
Target		1	1	1	1

How Are We Doing

Factors Affecting Results

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	TBD	TBD	Alert is just in the initial 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	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	TBD	TBD	TBD	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	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.	2022-01-03	2025-12-25	\$ 20,318,175	TBD	\$ 712,409	\$ -	\$ -	\$ 6,411,685	TBD	\$ -	\$ -	TBD	TBD	TBD	TBD	TBD	TBD	TBD			
Healthy People	OHA	MMIS Private Public Providers	P80034	Chad/SAID	MMIS Private Public Providers	None	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.	2021-08-02	2026-09-30	\$ 1,066,342	\$ 1,164,065	\$ 59,256	\$ -	\$ -	\$ 533,304	TBD	\$ -	\$ -	TBD	TBD	TBD	TBD	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	TBD	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	TBD	TBD	TBD	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	TBD	TBD	TBD	TBD	TBD	PPM Budget accommodates 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	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	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	Project is still in the planning phase. Completed scope and M&O estimates are yet to be determined.		
Healthy People	ODHS OHA	Mainframe Modernization	TBD	Carol/Randa	Mainframe Migration Provider and Client Payments	None		2023-07-01	2027-07-01	\$ 25,444,863	TBD	\$ 4,984,276	\$ 5,109,564	\$ -	\$ 3,079,871	\$ 2,902,941	\$ 619,809	\$ -	\$ 7,527,500	TBD	TBD	TBD	TBD	TBD	TBD			
Healthy People	ODHS OHA	REALD and SOGI Registry Implementation	P45002	Lisa, Said	REALD and SOGI Registry Implementation	Legislature	Developing 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	TBD	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.		
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	None		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	TBD	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	TBD	TBD	TBD	TBD	Project direction still being determined. Expected to go beyond the current 03/2025 end date.		

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	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	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	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

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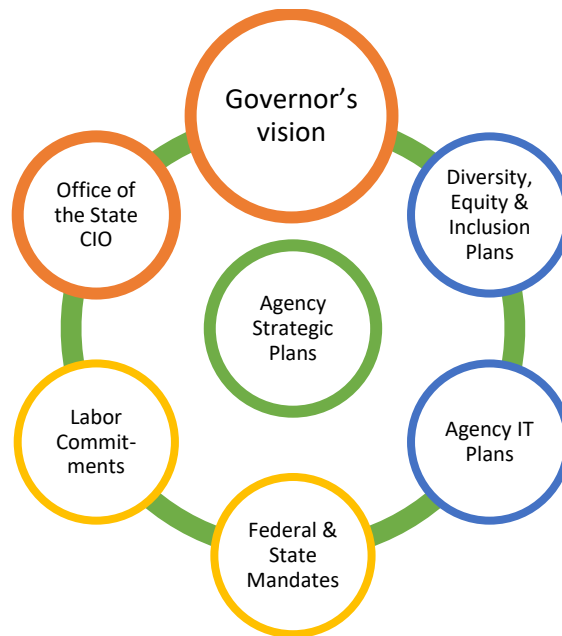
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1. Executive Overview

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
<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• 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 (DELIC) 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 2020¹:

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.

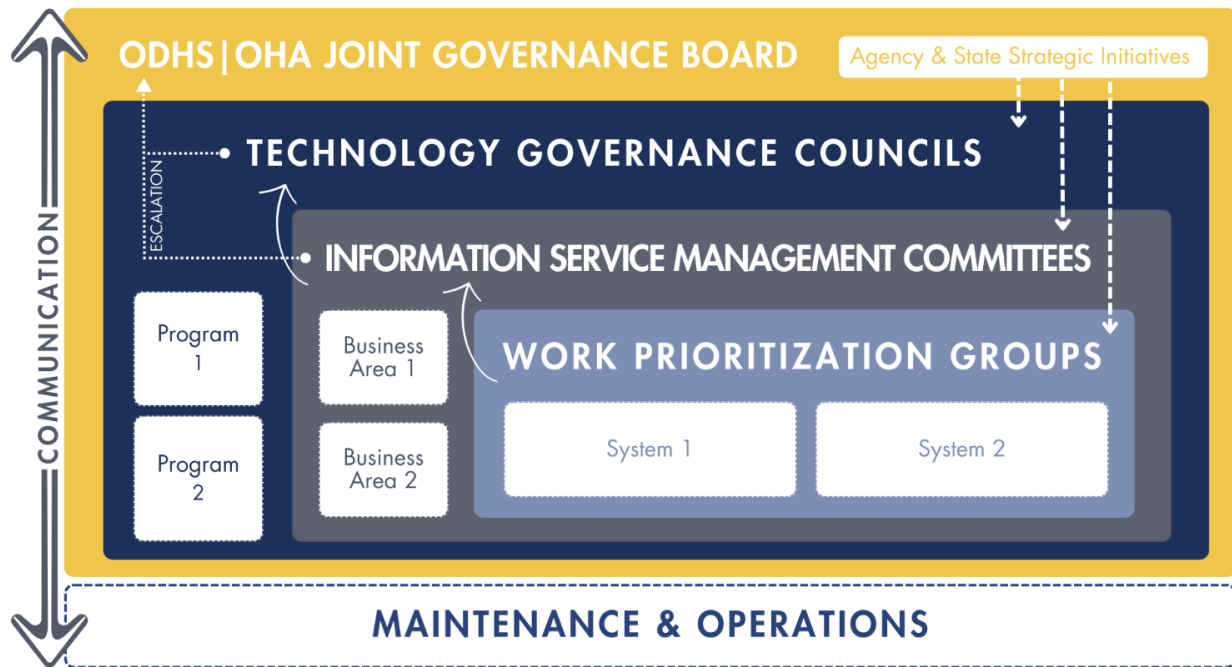
3. Large Technical Projects & Governance Model

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 (DELIC) Technology Initiatives** – Work associated to DELIC 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 OEBC/PEBC 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 (DELIC) 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 OEBC/PEBC 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

<h2 style="text-align: center;">Mapping Projects to Strategic Goals and Drivers</h2>		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 (DELIC) 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	OEBS/PEBS 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

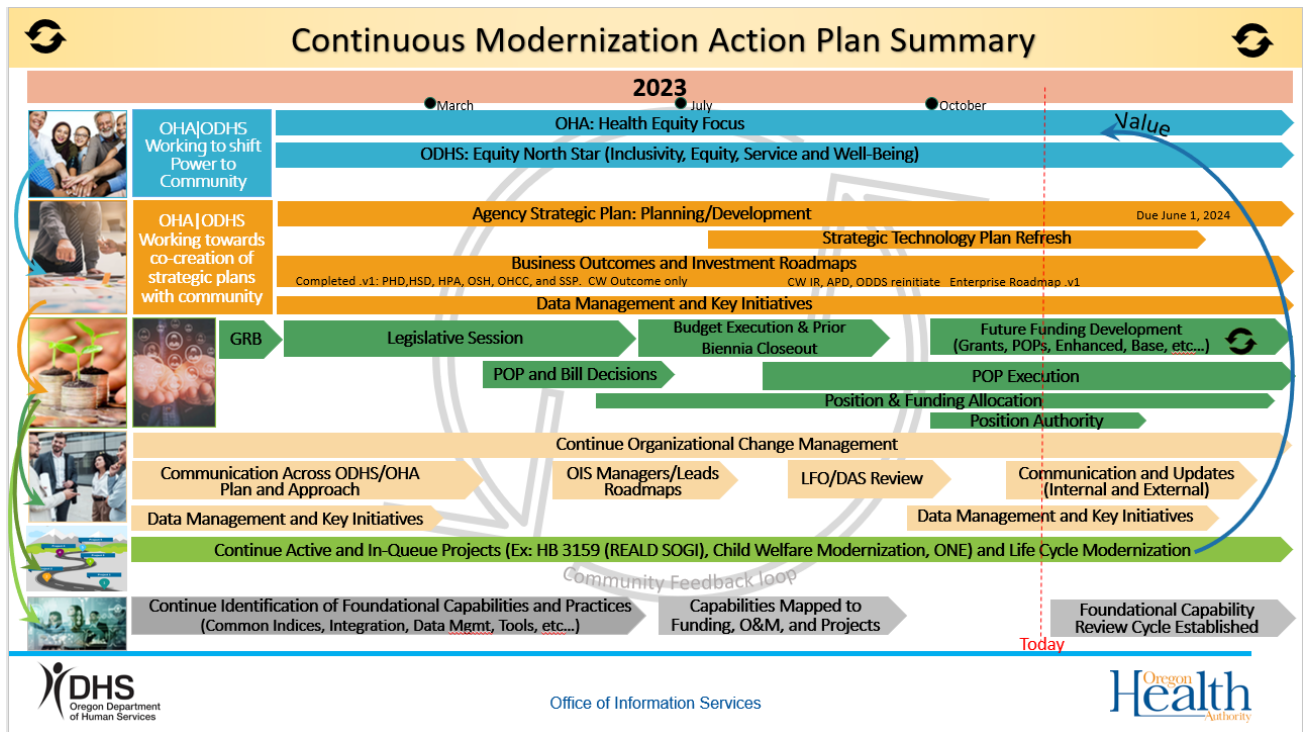
Our IT Modernization Framework aligns state level, business strategy and technical strategies. OIS is working closely with agency programs to develop what we refer to as Business Outcome Statements (business strategy) and Investment Roadmaps.

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

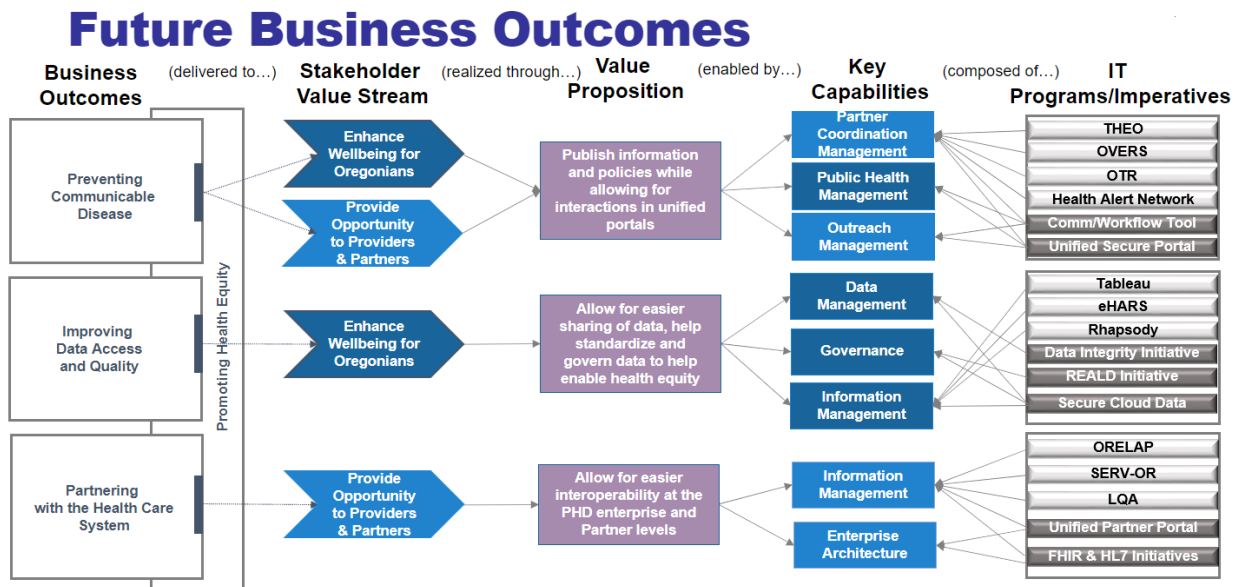
The visual below depicts the Continuous Modernization Action Plan. The plan and resulting deliverables are led from a health and service equity perspective. The resulting deliverables drive and inform technology investments to meet the outcomes the agencies' desire. See Appendix A for a larger visual.



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.

Portfolio Roadmap			Center for Public Health Practice Investment Roadmap																Last Updated Oct-23					
Initiative:	Project	Status	Year 1		Year 2				Year 3				Year 4				Year 5				Year 6			
			Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Promoting Health Equity	Gender Neutral records for REALD Master Patient Index	Planned	Plan	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy
	Tools to help with Health Equity that are focused on equity-based decisions	Future	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan
		Future	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan
Preventing Communicable Disease	New Laboratory Information System (LIMS)	Current	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy
	New ALERT Immunization Information System (IIS)	Planned	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy
		Future	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy
Improving Data Access and Quality	Increased use of cloud Disaster Recovery (DR) Health Data Warehouse	Planned	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy
		Future	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy
Partnering with the Health Care System	Increased use of Rhapsody	Current	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy
		Planned	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy
Public Health Enterprise Interoperability Database & Reporting Structures	Expand Rhapsody across all Centers	Future	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy
		Future	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy
		Future	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy

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 – OEBC/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

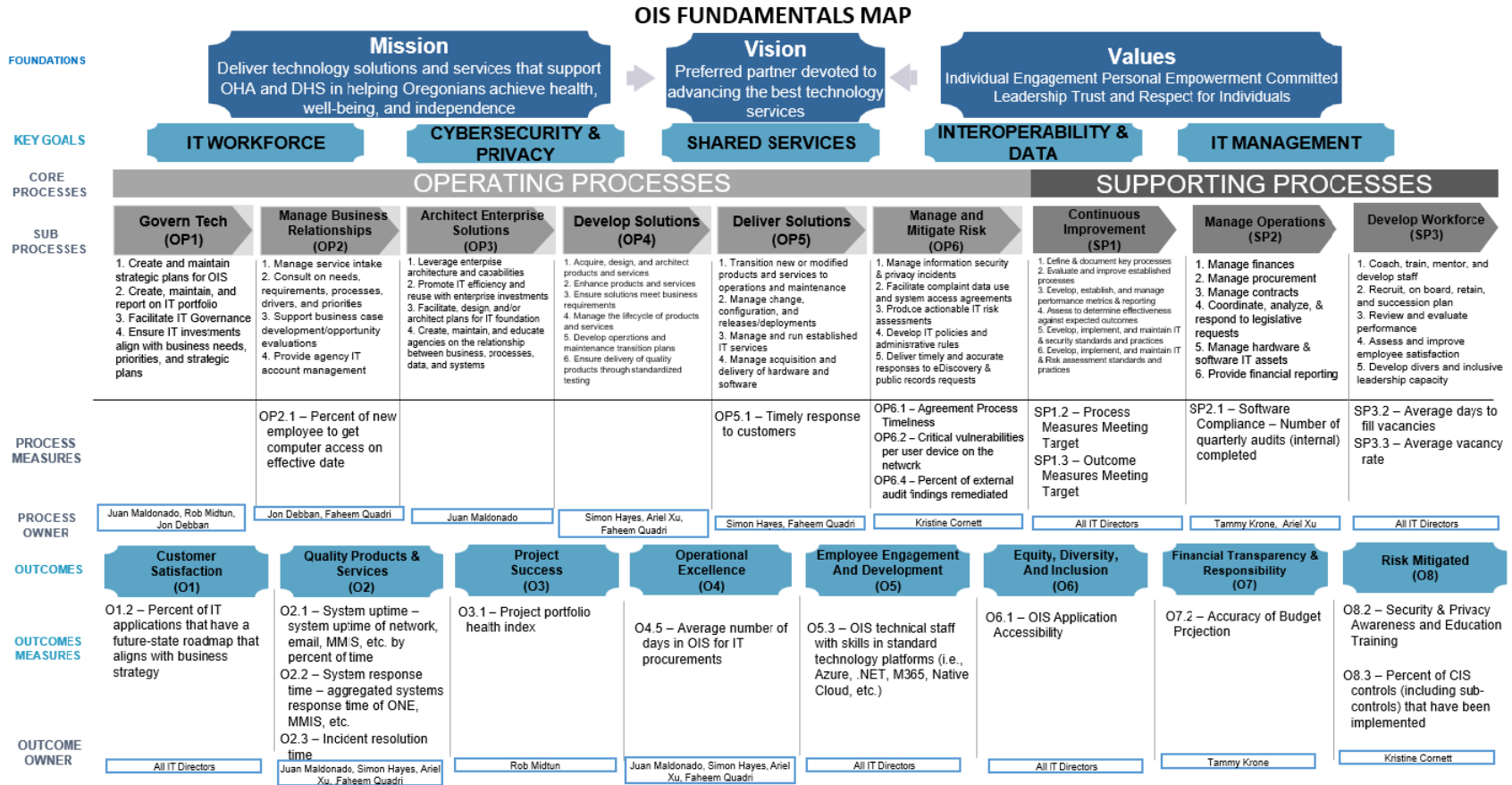
The ODHS|OHA chief information officer (CIO) and deputy CIO are accountable for the Office of Information Services. Key strategic documents such as this document, Strategic Technology Plan, and the Performance Management System will be a shared responsibility. Periodically, usually at year end and the 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.

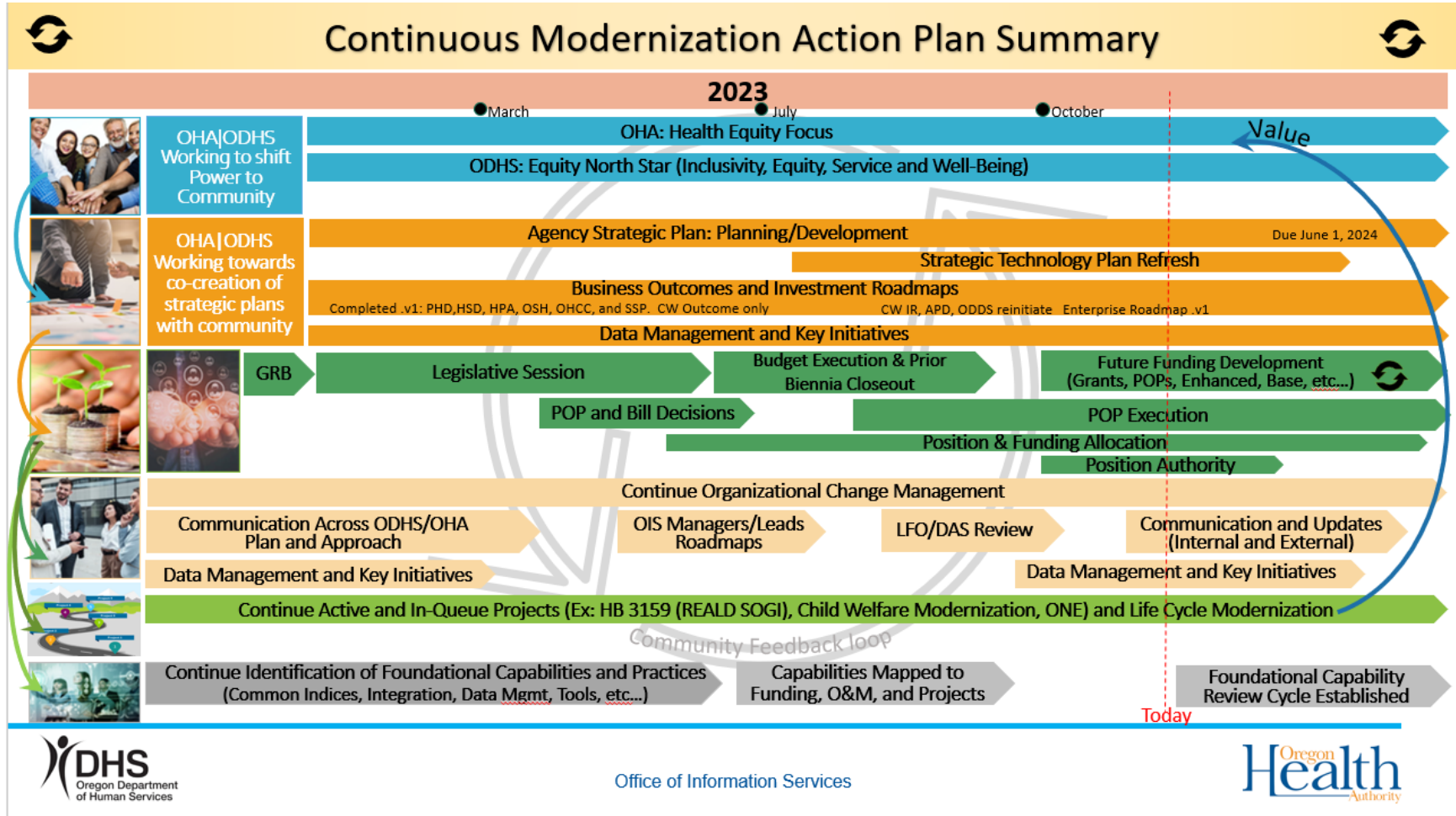
ODHS Governance Council Prioritization

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

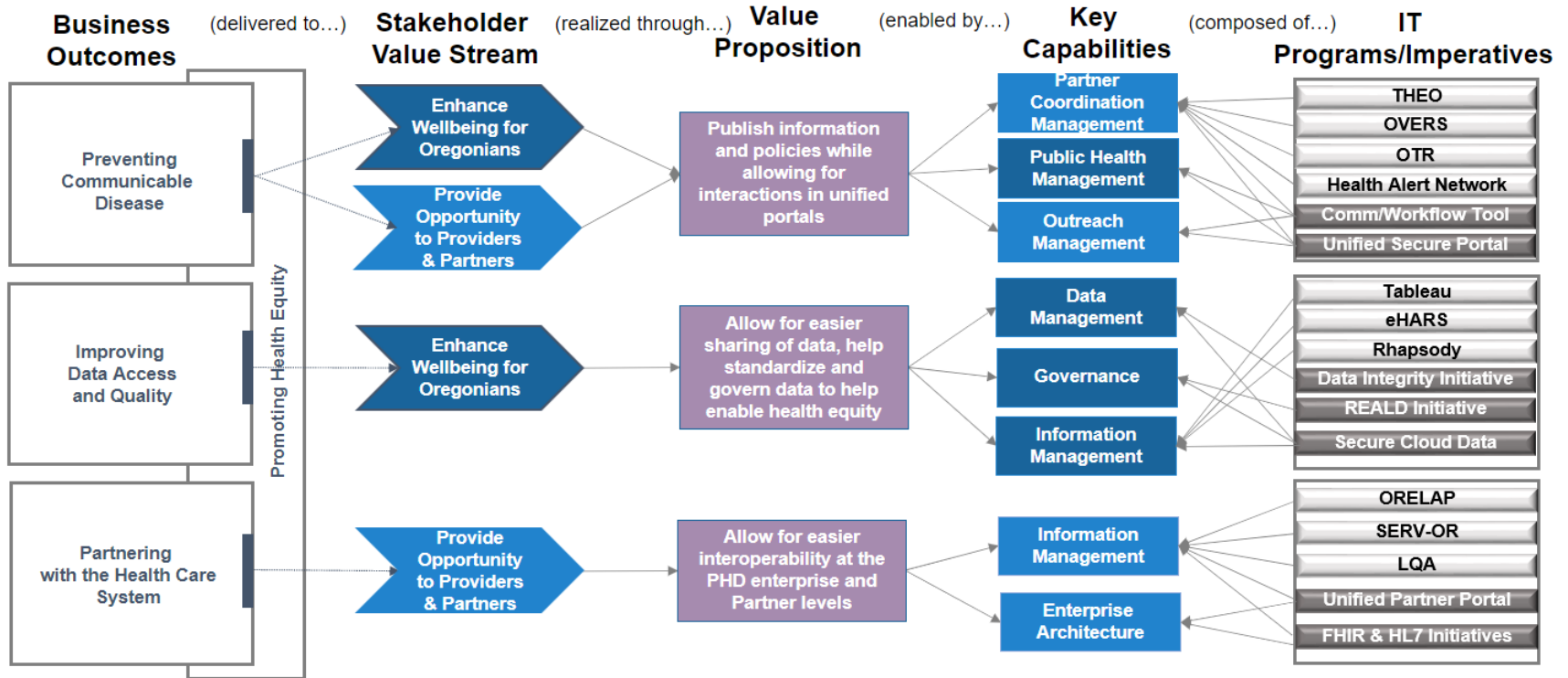
Priority	Project Name	Health	Project Budget	Project Phase	Projected End
1	1115 Waiver Technology Implementation			1-Initiating	
2	REALD and SOGI Registry Implementation		\$10,900,000	2-Planning	06/30/2025
3	Mainframe Modernization - Payment Systems			0-Pre-initiation	
4	MES Modernization (formerly Modularity) 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

Future Business Outcomes

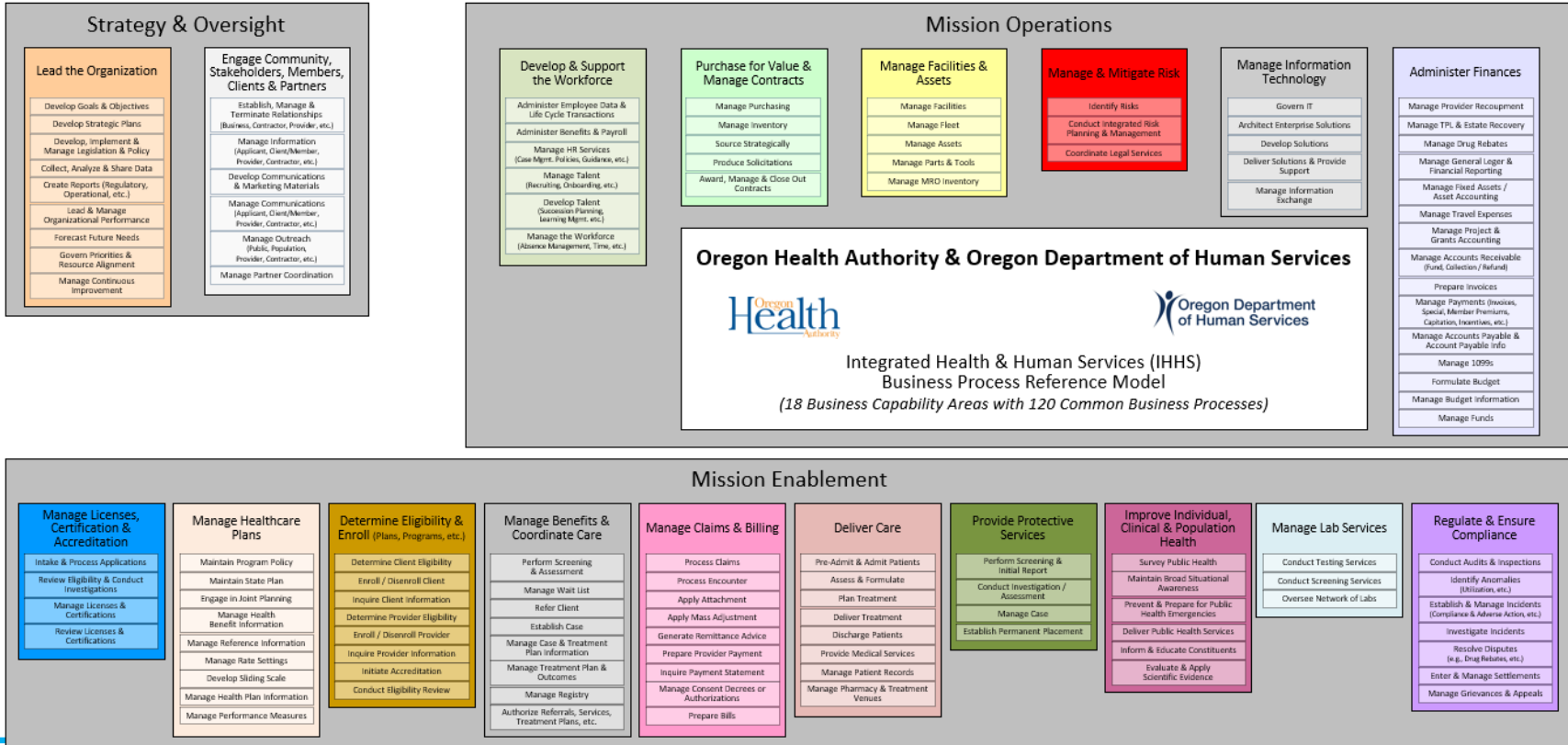


9.5. Investment Roadmap Example

Portfolio Roadmap			Center for Public Health Practice Investment Roadmap																Last Updated Oct-23							
Initiative:	Project	Status	■ Plan ■ Design / Deploy ■ Operations & Maintenance																							
			Year 1		Year 2		Year 3		Year 4		Year 5		Year 6													
			Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4		
Promoting Health Equity	Gender Neutral records for REALD	Planned																								
	Master Patient Index	Future																								
	Tools to help with Health Equity that are focused on equity-based decisions	Future																								
Preventing Communicable Disease	New Laboratory Information System (LIMS)	Current																								
	New ALERT Immunization Information System (IIS)	Planned																								
	Unique Health Identifier for everyone	Future																								
Improving Data Access and Quality	Increased use of cloud Disaster Recovery (DR)	Planned																								
	Health Data Warehouse	Future																								
Partnering with the Health Care System	Increased use of Rhapsody	Current																								
	Increased interoperability with external portal	Planned			End of Current																					
Public Health Enterprise Interoperability	Expand Rhapsody across all Centers	Future																								
	Expand FHIR across all Centers	Future																								
	Statewide REALD Database	Future																								

9.6.Integrated Health & Human Services (IHHS) Business Process Reference Model

ODHS/OHA 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)

**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.

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.

CMS guidance received in February 2022 and confirmed the guidance applies to CHIP as well as Medicaid. Per 42 C.F.R. § 435.945(a), states are permitted to accept self-attestation of information needed to determine the eligibility of an individual for Medicaid, except where law requires other procedures (e.g. citizenship or immigration status). States have flexibility to accept self-attestation of eligibility criteria, such as age or date of birth, income, state residency, and household composition. Consistent with 42 C.F.R. § 435.956(e), states must accept self-attestation of pregnancy, unless the state has information that is not reasonably compatible with the attestation. Additionally, states must describe these policies in their Verification Plan, per 42 C.F.R. § 435.945(j). In instances where an attestation is later determined to be incorrect, the state is not held liable for such an eligibility determination, if the state followed its documented policies and procedures and all applicable federal rules. In the example provided by the state, the state accepted self-attestation of pregnancy as part of an eligibility determination for an individual that the state later found out was never pregnant. The state's acceptance of self-attestation of pregnancy was in accordance with 42 C.F.R. § 435.956(e). The state's process for accepting self-attestation of pregnancy is also clearly documented in the state's Verification Plan[1] per 42 C.F.R. § 435.945(j), which indicates "Self-attestation of pregnancy will be accepted. If questionable, the eligibility worker will request additional information, which may include documentation, as part of the state's post-eligibility verification process. If no paper documentation is available, we will accept the client's statement.

- 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 on 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 be 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.

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 occurring 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.

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:

<i>School ID</i>	<i>School Name</i>	<i>Audit Month/YR</i>	<i>Reported Learning Mode</i>	<i>Paid Learning Mode</i>	<i>School confirmed paid learning mode: Y/N</i>
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.

2025-27 ODHS — Governor's Budget Policy Packages (POPs)

POP #	LC#	Policy Package Title	General Fund	Other Funds	Federal Funds	Total Funds	POS	FTE
101	322	Strengthening Safety and Regulatory Oversight	\$ 2,834,473	\$ -	\$ 2,834,473	\$ 5,668,946	33	21.27
102		OREM - Climate Response and Building Resilience	\$ 5,000,000	\$ -	\$ -	\$ 5,000,000	-	-
103		Access Rule (CMS)	\$ 2,121,342	\$ -	\$ 2,121,342	\$ 4,242,684	24	16.83
104		Federally Required Changes to Data Services Hub - Required Costs to State.	\$ 4,980,394	\$ -	\$ 15,038,366	\$ 20,018,760	4	3.00
105		Contract and Fiscal Compliance	\$ 745,663	\$ -	\$ -	\$ 745,663	4	3.00
106		Child Welfare Division Contract Administration Program	\$ 1,902,083	\$ -	\$ 815,174	\$ 2,717,257	15	10.85
107		Increase in payments for JOBS Participation Incentive (JPI)	\$ 5,183,325	\$ -	\$ -	\$ 5,183,325	-	-
108		SNAP Elderly Simplified Application Process (ESAP)	\$ 580,925	\$ -	\$ 580,925	\$ 1,161,850	2	1.50
109		Office and Worker safety	\$ 3,486,518	\$ 1,397,468	\$ 2,599,631	\$ 7,483,617	10	4.46
111		Services and supports for youth with intensive needs and their caregivers FOCUS Expansion	\$ 383,562	\$ -	\$ 164,381	\$ 547,943	3	2.25
112		Family First Prevention Services Act Implementation	\$ 7,041,752	\$ -	\$ 7,041,752	\$ 14,083,504	2	1.50
113		Central Abuse Management System (CAM) M&O	\$ 1,250,000	\$ -	\$ 1,250,000	\$ 2,500,000	-	-
201		Mainframe Modernization - Connects with OIS/OHA POP	\$ 2,207,443	\$ 407,237	\$ 3,618,002	\$ 6,232,682	6	4.50
202		Improve IT Security and Privacy Posture	\$ 1,467,518	\$ 97,835	\$ 880,512	\$ 2,445,865	-	-
117		Service equity and accessibility	\$ 1,444,427	\$ -	\$ 844,427	\$ 2,288,854	6	4.50
501		Foster Care Youth: A Path to Housing Stability	\$ 4,307,390	\$ 122,215	\$ 138,441	\$ 4,568,046	3	1.89
502		YEHP Core Service Maintenance	\$ 19,707,205	\$ -	\$ -	\$ 19,707,205	6	5.25
560		Ensuring access to services for individuals with behavioral health conditions	\$ 9,991,428	\$ -	\$ 15,790,258	\$ 25,781,686	26	11.41
Total ODHS 2025-27 POPs			\$ 74,635,448	\$ 2,024,755	\$ 53,717,684	\$ 130,377,887	144	92.21

ODHS Policy Option Package (POP) Form

2025-27 Governor’s 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	<p>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:</p> <ul style="list-style-type: none"> • Been newly licensed by ODHS or ODDS, or • Had a recent change in ownership. <p>This Legislative Concept would require a regulatory review of these facility types within the following timelines:</p> <ul style="list-style-type: none"> • 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)	<p>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.</p>

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing	\$2,834,473	0	\$2,834,473	\$5,668,946	33	21.27

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 or 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?

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?

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:

- Eight Client Care Surveyors for ODDS RTF/RTH program to perform the 120-day reviews including two positions for the Community Living Supports compliance. 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.
- One Government Auditor 2 to performs audits on provider records including audits on Community Living Supports.
- One Business Operations Manager 1 for ODDS to manage the work of the audit team.

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	\$2,548,552	0	\$2,548,552	\$5,097,104	33	21.27
Services + supplies	\$144,357	0	\$144,357	\$288,714		
Capital outlay	0	0	0	0		
Special payments ¹	\$141,564		\$141,564	\$283,128		
Other	0	0	0	0		
Total	\$2,834,473	0	\$2,834,473	\$5,668,946	33	21.27

FISCAL IMPACT BY PROGRAM

	APD	ODDS	Total
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¹ Special Payments reflect funds paid to Multnomah County for staffing ODHS' programs.

General Fund	\$1,283,611	\$1,550,862	\$2,834,473
Other Funds	0	0	\$0
Now Federal Funds	\$1,283,611	\$1,550,862	\$2,834,473
Total Funds	\$2,567,222	\$3,101,724	\$5,668,946
Positions	19	14	33
FTE	8.75	12.52	21.27



ODHS Policy Option Package (POP) Form 2025-27 Governor’s Budget

Program(s) / Unit(s)	Central / Office of Resilience and Emergency Management (OREM).
POP Title	OREM – Warming/Cooling/Cleaner Air, Water, and Software POP
Related Legislation	<p>HB 5006 (2021) Section 103 appropriated \$76M to ODHS (OREM) for feeding and sheltering of 2020 wildfire survivors.</p> <p>HB 5042 (2021) Section 3 appropriated \$70M to ODHS (OREM) food and shelter of 2020 wildfire survivors.</p> <p>SB 762 (2021) Sections 14 to 14b appropriated to OREM \$5M for a Cleaner Air Grant and support program.</p> <p>HB 5202 (2022) Budget Report and Measure Summary page 63 appropriated 9 limited duration staff to work with wild fire survivors.</p> <p>SB 1536 (2022) Section 30 to 32.a appropriated to \$2M for warming/cooling center grants and support.</p> <p>September 2022 E-Board allocated \$4.4M to ODHS (OREM) for medical respite shelter operations.</p> <p>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.</p> <p>HB 5026 (2023) Budget Notes page 19 appropriated \$4M for water delivery to residents with limited access to safe drinking water because of groundwater contamination or other water issues.</p>

	<p>HB 3049 (2023) Section 86 and 107 appropriated \$10M to OREM to administer the Resilience Hubs and Networks grant.</p> <p>SB 1530 (2024) Section 5 appropriated \$2M to provide support for warming or cooling emergency shelters or facilities as described in ORS 431A.410.</p> <p>SB 5701 (2024) Sections 255 to 257 appropriated to OREM 29 permanent FTE and an operating budget.</p>
<p>Summary Statement (5 to 7 sentences)</p>	<p>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.</p> <p>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.412.</p>

Warming/Cooling/Cleaner Air, Water Delivery Services \$1,429,600
Critical Mission Management Software \$3,570,400
TOTAL REQUEST: \$5,000,000

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing	\$5,000,000	\$0	\$0	\$5,000,000	0	0.00
Partner agency pricing*	\$0	\$0	\$0	\$0	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?

OREM’s core value is to reduce the impact of emergencies, disasters, and adverse events on people every day. OREM requires consistent funding to provide these specialized services while following equity as their North Star, 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, unhealthy air quality, or other adverse event.

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.

OREM provides support to ODHS clients when they need power, communications, heating, cooling, food and water, or evacuation assistance and sheltering.

OREM also provides support to ODHS offices to ensure continuity of operation and continuation of services.

OREM Response Biennium Total: \$1,429,600.

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

Software Name	Description	FY '26	FY '27	'25-'27 Biennium Total
Genasys Protect	Evacuation Planning	\$1,120,200	\$920,200	\$2,040,400
DLAN	Situational Awareness & Tracking	\$100,000	\$100,000	\$200,000
ORION	Impact Assessment	\$250,000	\$250,000	\$500,000
Expedition Communications	SatRunner mobile satellite communications, wifi, and cell phone equipment	\$25,000	\$25,000	\$50,000
Starlink	Starlink Data	\$105,000	\$105,000	\$210,000

Roadpost	Satphone Data	\$45,000	\$45,000	\$90,000
Unite Us	Closed Loop Referrals with CBOs	\$240,000	\$240,000	\$480,000
Software Biennium Total				\$3,570,400

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.412 as well as responsibilities assigned to ODHS for mass care. OREM also requires sustained funding for critical systems that facilitate vulnerable population tracking, work order flow, and reimbursement. To be clear, the duties assigned to OREM are not to be conducted with the Oregon Department of Emergency Management (ODEM), and the systems needed to conduct these duties are not provided by ODEM. OREM and ODEM are in perfect agreement regarding what roles and duties each have: OREM is responsible to conduct mass care (ESF-6), to conduct State Social Services Recovery (SRF-4), to provide safety and support to ODHS clients, and to provide support of ODHS offices to ensure continuity of operations and continued delivery of services.

The duties performed by OREM are not conducted by any other state agency and are often beyond the capabilities of local governments. Moreover, no other agencies have or offer the systems required by OREM to conduct its work. OREM cannot function effectively without these systems.

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

Funding for operations include funds to help support local warming, cooling, or cleaner air centers with staffing, deployable equipment such as air scrubbers or climate trailers, and food and water. Systems are required to track these requests for support, assess and document damages, track the deployment of assets and personnel, and to properly document these expenses for potential reimbursement from the federal government.

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. 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**.

OREM helps reduce the impacts of disasters on people every day. OREM directly impacts constituent safety and well-being. Moreover, as climate-related disasters escalate, OREM's goal to be available daily becomes even more urgent, necessitating sufficient funding to address emerging challenges like extreme weather events and wildfires.

5. What **ODHS programs** have you consulted with on your proposal? If not, please consult with programs to see if there are opportunities to partner on POP proposals.

OREM has consulted and regularly collaborates with all ODHS programs to align how OREM supports them to protect their local offices and the people they serve. The collaboration across ODHS programs and offices has never been greater than they are during the extreme heat response during this 2024 summer.

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

No.

7. 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

8. 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.

9. 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.

10. 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.

11. Is this a joint ODHS/OHA (or other agency) POP? If so, describe the **partner agency's priorities** this POP is designed to serve.

Not applicable.

12. 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.

13. What **state agencies** have been consulted on the identification of the issue and proposed resolution?

OHA and OWRD are heavily intertwined with the water mission and distribution of air conditioners and air filters, and they are being consulted regarding the development of the OARs describing OREM's Water Delivery Service; OREM has been acting as the logistical partner to OHA for their part of the warming/cooling/cleaner air program. OREM's roles in this context have been fully coordinated with the Governor's Office and ODEM.

14. 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. In what ways has **community and/or Tribal engagement** informed this proposed POP?

OREM has conducted many missions and responded to many incidents with Oregon's Tribal Nations, such as providing water to the Warm Springs Tribal Nation when their water distribution infrastructure fails. OREM has been supporting the Tribal Nations throughout its

history. OREM has a dedicated Tribal Emergency Coordinator to act as our subject matter expert and to represent Tribal interests.

2. Does this POP align with ODHS|OHA **Tribal Consultation Policy**? How?

Yes.

3. Does this POP advance the goals of the **ODHS DEIB Plan**? How?

Yes, OREM's goal is to serve vulnerable populations and to provide service to populations that are disproportionately impacted by disasters.

This POP would advance DEIB Focus Areas: #2 Community Engagement; #5 Service Equity, and; #8 Communications in the following ways:

#2 Community Engagement: The warming/cooling/cleaner air support and grant program have community engagement at the heart of their program by integrating development of an ongoing relationship with each organization that received technical or direct support. These relationships are structured with scheduled interactions designed to assess, catalogue, and develop the capabilities of the centers across the state. OREM's field staff are directed to contact each previous and future grant awardee to update the community resources in OREM's database to include: location; point of contact; equipment available; equipment needed; capabilities; training needed; etc. to inform OREM of what additional planning, organizing, equipping, training, or exercising OREM can help them receive in order to build their capacity, and therefore strengthen their resilience.

#5 Service Equity: OREM will use the information gather through the process explained above to determine which communities need assistance the most, and which centers/hubs need more assistance than other people.

#8 Communications: OREM strives to disseminate information in the most equitable way possible through offering information in multiple languages, offering technical assistance with applying to our grants, and utilizing 2-1-1 as a resource to receive referrals for requests for assistance and to disseminate information on where and when resources can be located. OREM has also offered transportation to 2-1-1 callers through a contract with Lyft to get people to warming, cooling, or cleaner air centers.

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

Disasters disproportionately 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?

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?

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.

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

Yes, OREM is consolidating case management and impact assessment into a single system, Orion.

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. Does this POP help **break down traditional program siloes?** If so, explain.

Yes, OREM works with all ODHS programs and offices to provide support to their offices and their clientele.

3. 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 food, water, hygiene, shelter, and emergency assistance support, household 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. 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.

3. At this point, have you **engaged** those identified above?

OREM continually works with local partners.

Part 6. PLAN B

1. Is this POP **scalable?** If it's not fully funded, how would you move this solution forward?

If this POP is not funded, then OREM will not be able to provide the support mandated in ORS 431A.410 and will not have the systems required for mission management. Furthermore, OREM will not be able to continue to support OHA and the LUBGWMA mission as requested by the Governor's Office.

Part 7. 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
FTE					0.00

ODHS Policy Option Package (POP) Form 2025-27 Governor's Budget

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	\$2,121,342	\$0	\$2,121,342	\$4,242,684	24	16.83

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?

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?

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 2026**
 - 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 2026**
 - 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	\$2,013,139		\$2,013,139	\$4,026,278	24	16.83
Services + supplies	\$108,203		\$108,203	\$216,406		
Capital outlay						
Special payments						
Other						
Total	\$2,121,342	\$0	\$2,121,342	\$4,242,684	24	16.83

FISCAL IMPACT BY PROGRAM

	APD	ODDS	Program 3	Program 4	Total
General Fund	\$1,044,399	\$1,076,943			\$2,121,342
Other Funds					
Federal Funds	\$1,044,399	\$1,076,943			\$2,121,342
Total Funds	\$2,088,798	\$2,153,886			\$4,242,684
Positions	12	12			24
FTE	8.29	8.54			16.83

ODHS Policy Option Package (POP) Form 2025-27 Governor's Budget

Program(s) / Unit(s)	Oregon Eligibility Partnership
POP Title	104 - Maintaining technology and supporting effective customer service
Related Legislation	
Summary Statement (5 to 7 sentences)	<p>The Oregon Eligibility Partnership (OEP) has completed the OpenScape Call Center (OSCC) migration, enabling a unified statewide system for over 3,000 representatives to provide comprehensive support for medical, food, cash, and child care benefits. This significant upgrade required rapid implementation without sufficient resources to ensure ongoing system support, maintenance, and coordination. This POP proposes hiring additional staff to establish a statewide support/helpdesk team to improve customer service and support the work of ODHS as we continue to transition through the structure of the EIS statewide phone systems. This team will be able to support ODHS when we eventually transition this biennium off of OpenScape and onto a system that can meet our federal and state needs.</p> <p>In parallel, the Oregon ONE Mobile app continues to see rapid adoption, providing a self-service option for benefit recipients. With over 49,000 users and growing, the app demands dedicated technical support to address issues, manage updates, and ensure seamless user experiences. The requested funds will allow the hiring of technical support staff to optimize app usage, reduce workloads for eligibility staff, and enhance overall customer satisfaction.</p>

Finally, this POP provides the funding for the Federal Data Services Hub. This has been used since 2015 in Oregon at 100% federal funding. Federal regulations now cover 75% of the costs, but require States to cover 25%. These data hubs allow 60% of medical applications to be processed without a worker interaction, allowing for quicker benefits, greater accuracy, and increased efficiency today. Not funding this places risk on the whole Medicaid system for the State of Oregon.

Without this investment, OEP risks degraded customer service, inefficient operations, and missed opportunities to leverage these technological advancements fully.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing	\$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.

- **Key Issues Addressed:**
- **Statewide Call Center Support**
 - **Challenge:** Lack of resources to provide timely support and maintenance post-migration.
 - **Proposed Solution:** Hire two helpdesk staff to ensure continuous, effective system operation.
- **Oregon ONE Mobile App Support**
 - **Challenge:** Increasing demand for technical assistance with app usage.
 - **Proposed Solution:** Hire two Public Service Representatives for dedicated app support.
- **Data Services Hub**
 - **Challenge:** Federal rule changes now require Oregon to cover 25% of the costs for automated eligibility verifications.
 - **Proposed Solution:** Allocate funds to cover state costs, preventing reliance on costly manual verification processes.

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. **Statewide 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. This is an existing technical systems interface with the Federal eligibility hub. Digital transactions used to be 100% Federally funded, but are now 75% Federal funds, requiring 25% State General Funding. Manual verification is a much more costly alternative.
 - b. **Statewide Contact Center:** Existing helpdesk support doing the best they can, providing extremely limited support.
 - c. **Mobile App:** Temporary support by the Applicant Portal Tech Team, but reduces needed support for assisting Oregonians with login support access to the eligibility system.

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

Negative impacts to individuals with medical eligibilities in Oregon. Inappropriate loss or missing eligibilities. Longer wait times for support, increased costs, system delays, inadequate support.

7. What **solution** are you proposing through this policy option package (POP)?
- a. **Data Services Hub:** Pay the State portion (25%) for eligibility verifications with Federal hub.
 - b. **OpenScape Contact Center:** Right-size 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, and request significant staffing increases
 - b. **OpenScape Contact Center:** No alternatives.
 - c. **Mobile App:** No alternatives

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?
 - 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?

Enhanced Customer Service: Improved response times and better user experiences across multiple service channels.

Operational Efficiency: Reduced manual processes and optimized use of automated systems.

Compliance and Cost Savings: Adherence to federal regulations while avoiding expensive manual workarounds.

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 Governor’s 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	\$745,663	\$0	\$0	\$745,663	4	3.00

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 contractors 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 three 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 (24 mos).

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	\$705,747			\$705,747	4	3.00
Services + supplies	39,916			\$39,916		
Capital outlay						
Special payments						
Other						
Total	\$745,663	\$0	\$0	\$745,663	4	3.00

FISCAL IMPACT BY PROGRAM

	Program 1	Program 2	Program 3	Program 4	Total
General Fund	\$745,663				\$745,663
Other Funds					\$0
Federal Funds					\$0
Total Funds	\$745,663				\$745,663
Positions	4				4
FTE	3.00				3.00

ODHS Policy Option Package (POP) Form 2025-27 Governor's Budget

Program(s) / Unit(s)	Child Welfare Contracts
POP Title	106 - Child Welfare Division Contract Administration Program
Related Legislation	
Summary Statement (5 to 7 sentences)	<p>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.</p> <p>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 115 of the division's highest risk contracts. Without this investment, Child Welfare will continue to 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.</p>

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing	\$1,902,083	\$0	\$815,174	\$2,717,257	15	10.85

ODHS 2025 POP Long Form

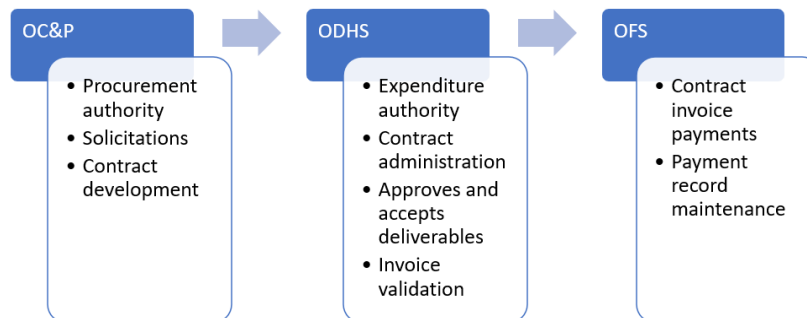
Part 1. SETTING THE STAGE

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, time, 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. **Audit 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 administrator needs has been limited. Quarterly meetings are held with district contract administrators to provide updated guidance and support. 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 contract administration 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 client service 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 contract administration standards, onboarding and training, as well as ongoing assessments/audits of contracting standards. This team will provide onboarding and training for Child Welfare contract administrators, review contract requests and contracts prior to execution, and design, develop and improve equitable contract practices including consistent contract performance metrics tied to key performance measures.

b) Contract Administration

One team of contract administrators will utilize the standardized contract oversight framework to administer about 25% of Child Welfare client service contracts (about 115 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 (~300 contracts) will continue to be monitored by staff in districts and program areas, however this POP will allow these staff to receive onboarding and ongoing training 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 onboarding, training, and support to contract administrators without designated centralized contract administration positions has been considered, 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?

The main output would be a centralized contract oversight framework utilized by all Child Welfare Division client service contract administrators, with training and oversight provided by leaders with procurement experience and expertise. This includes:

- Clear contract administration 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?

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 requirements, 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 Contract Administration 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 contract

administration 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 administration of approximately 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 the recent After Action Report.

Contract Administration positions will be managed centrally with contract administrators supporting regions/districts and program areas. Contract administrators will collaborate with districts and program areas 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 are 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 a team 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 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 contract administration standards, onboarding and training as well as ongoing assessments/audits of contracting 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 (~300 contracts) will continue to be monitored by staff in districts and program areas, however this POP will allow these staff to receive onboarding and ongoing training utilizing the standardized contract oversight framework, with onboarding and ongoing training/support from the Operations, Training and CQI Team.

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.

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 contract administration 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.

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 welfare.

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.

Contract Administration Teams Staff:

6 PCS 1s, 2s and 3 Contract Administrators will collectively administer about 115 client service 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 of 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
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ODHS Policy Option Package (POP) Form
2025-27 Governor's Budget

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

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 & 2022) 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?

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?

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.
- **Oregon Eligibility Partnership (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

ODHS Policy Option Package (POP) Form 2025-27 Governor's Budget

Program(s) / Unit(s)	Self-Sufficiency Programs (SSP) Supplemental Nutrition Assistance Program (SNAP)
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)	\$580,925	\$0	\$580,925	\$1,161,850	2	1.50

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?

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.

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

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

² Center on Budget and Policy Priorities (2023): [A closer look at who benefits from SNAP](#).

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)?

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;

³ Partners for a Hunger Free Oregon (April 2024): [Older Populations](#).

- 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?

- 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?

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	\$199,696		\$199,696	\$399,392	2	1.5
Services + supplies	\$381,229		\$381,229	\$762,458		
Capital outlay						
Special payments						
Other						
Total	\$580,925		\$580,925	\$1,161,850	2	1.50

FISCAL IMPACT BY PROGRAM

	SSP	OEP	Program 3	Program 4	Total
General Fund	\$104,838	\$476,087			\$580,925
Other Funds					
Federal Funds	\$104,838	\$476,087			\$580,925
Total Funds	\$209,676	\$952,174			\$1,161,850
Positions	1	1			2
FTE	0.75	0.75			1.50

ODHS Policy Option Package (POP) Form
2025-27 Governor's Budget

Program(s) / Unit(s)	<p align="center">Central/Shared Services</p> <p align="center">Office of Facilities Management (SS),</p> <p align="center">Office of Health, Safety and Employee Wellbeing (HR & SS),</p> <p align="center">Trauma Aware (HR & SS)</p>
POP Title	109 - ODHS-OHA Office and Worker Safety
Related Legislation	<p>ORS 276 - Public Buildings and ORS 455 Building Codes</p> <p>ORS 654 and OAR 437 - Occupational Health and Safety</p>
Summary Statement (5 to 7 sentences)	<p>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.</p>

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing	\$3,486,518	\$1,397,468	\$2,599,631	\$7,483,617	10	4.46
Partner agency pricing*	\$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.

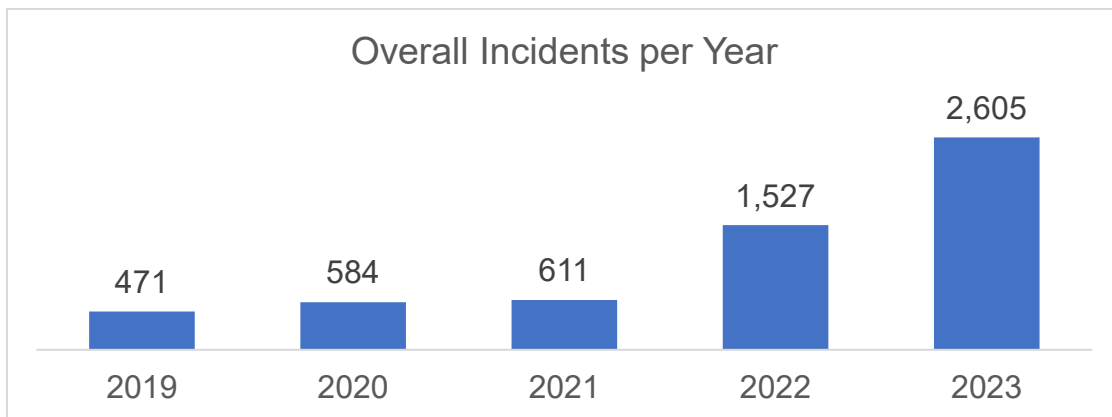
2. Describe the **problem/s or opportunity/ies** this proposal would address.

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 investigation 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 be mitigated 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?

- 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?

- 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
- OSHA 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); 2FTE (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

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Program(s) / Unit(s)	Child Welfare / Treatment Services
POP Title	111 - Expanding FOCUS Programs
Related Legislation	N/A
Summary Statement (5 to 7 sentences)	<p>Children do best when they grow up with. 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 collectively. 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 expansion of 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 allowing for ongoing risk of placement disruption. 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.</p>

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE

25-27 Costs	\$383,562	\$ -	\$164,381	\$547,943	3	2.25
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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 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). These services are currently being provided in a total of 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 projects are currently 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), mental health, and/or Intellectual/Developmental Disability (I/DD) supports, these services are not always available due to provider capacity and other issues (*represents data from 2023 and 2024).

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 within the RSN and CSCS pilots (122 children or young adults experienced temporary lodging, while 363 avoided temporary lodging avoided). The 2023 Report of the Special Master CASA for Children, et al. V. State of Oregon et al. Case No. 3:16-cv-018195-YY recommended effective supports for prevention such as, intensive in-home child-specific supports like RSN and CSCS. This was included, in part, through Recommendations #2 & #3.

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. The current standard is 4.5 moves per 1000 days in care; in 2023, Oregon averaged 5.4 moves per 1000 days in care. The current Oregon average in 2024 is 5.0.

Measures

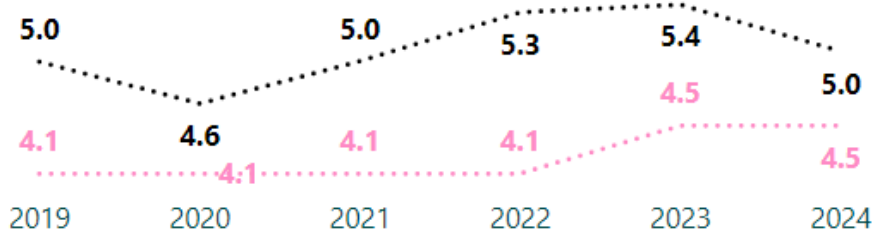
Placement Stability - Moves per 1,000 Days in Care

CalendarYear

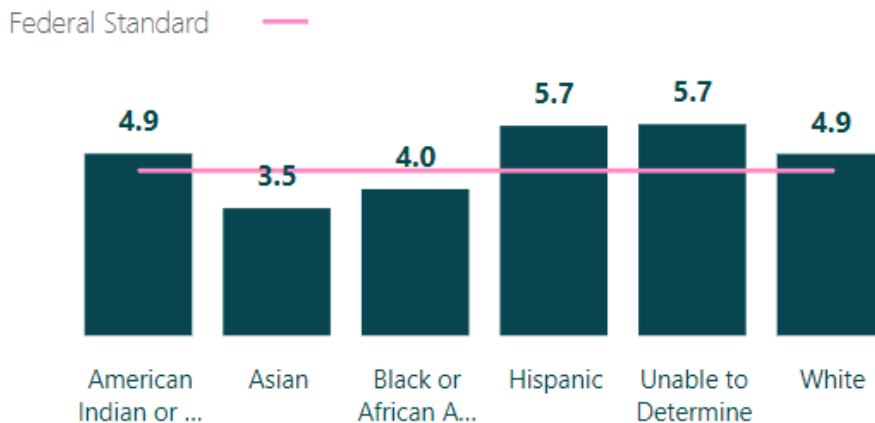
2024

Current Year Data is a rolling 12 month period through the most recent quarter

By Year: Federal Standard Under 4.5



By Race/Ethnicity: Federal Standard: Under 4.5



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, as shown below, from

May 2022 through October 2024, nearly 70 percent of children were moved away from their home communities to receive BRS.

Percentage of Children/Youth in BRS Placements with Providers in Different vs Same/Adjoining Case County

● Different County ● Same/Adjoining County



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 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 family-driven, 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.

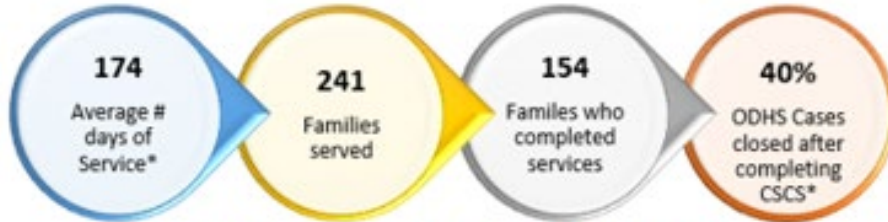
The following three images show data from the most recent year of CSCS data available, November 1, 2023- October 31, 2024: 

Child's Placement at start and end of CSCS Services

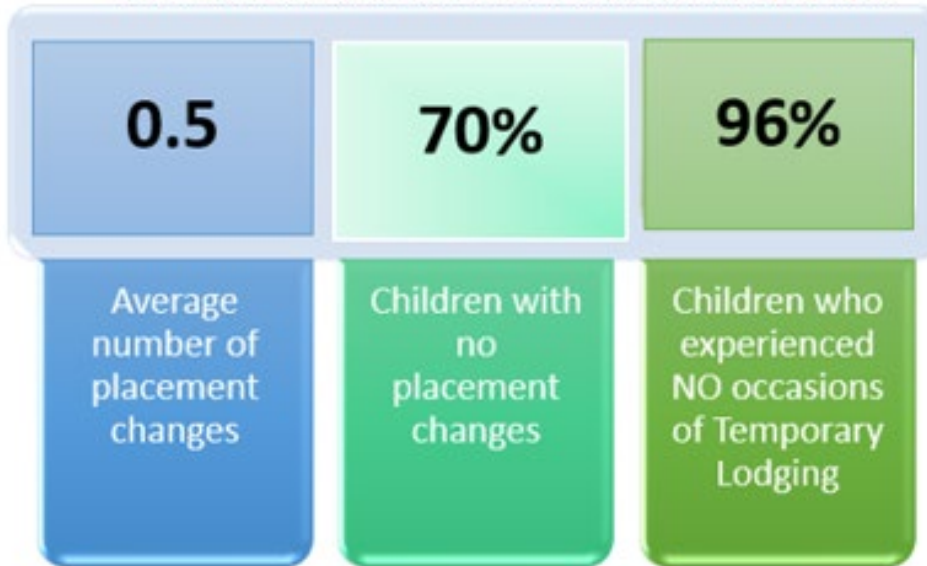
The following images include data related to the CSCS and RSN pilots. The first two sets of images relate to the CSCS pilot from May 2022 through September 2023. The third image relates to the RSN pilot in from February 2023 reflecting phase one and two. The final image includes data from May 2022 through November 2023 reflecting phase two and three.

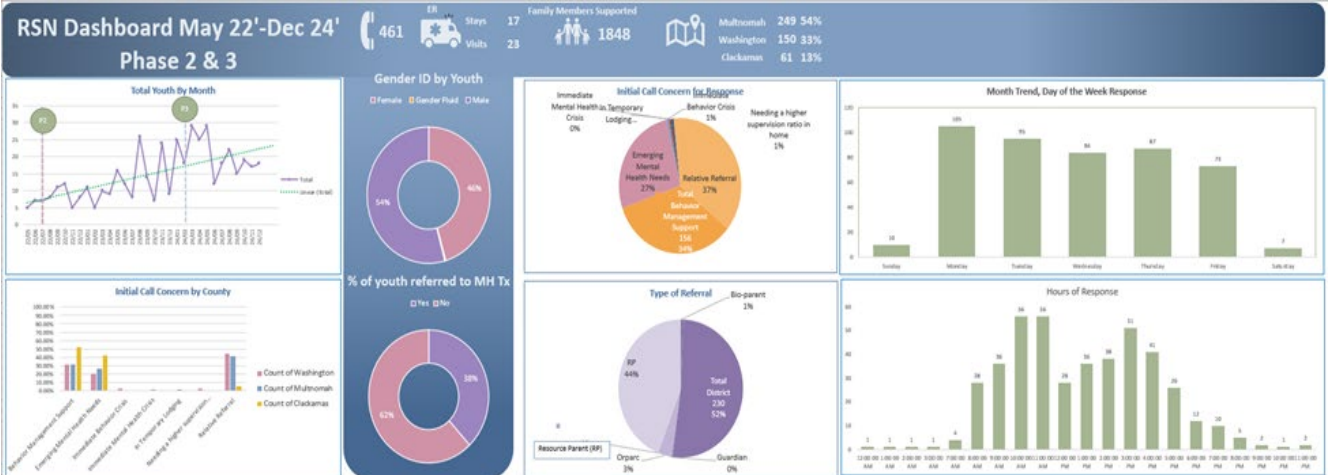
CSCS By the Numbers

Combined Pilot Data (5/1/22-9/30/23) and first year Post Pilot (11/1/23-10/31/24)



*Data used for these items were cases with services closed by 10/31/24





Phase 1 & 2 Results (March 21' through Feb 23')

Overview

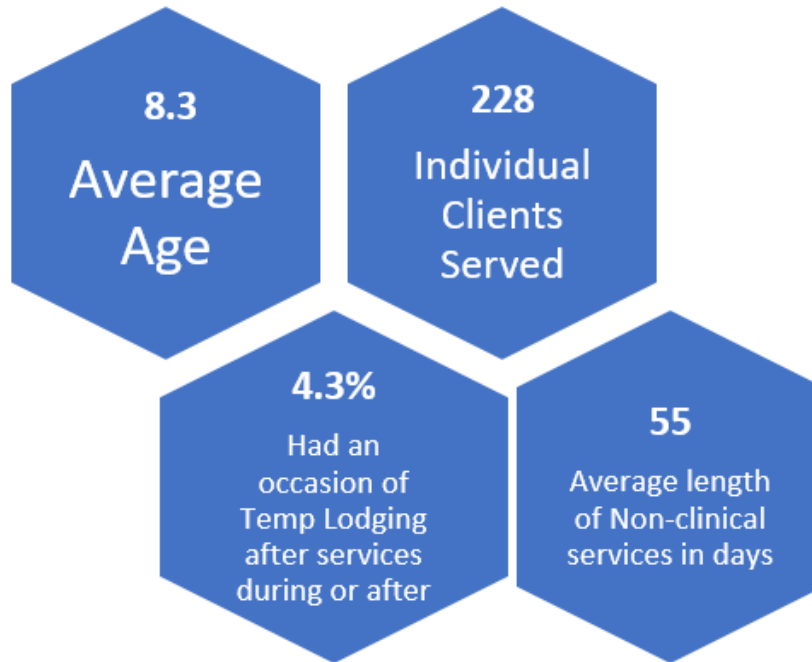
- 159** Individual Clients served
- 62** Red flag for TL or Res (41%)
- 9** Entered TL after Services (Oct 23')
- 10am, 5pm, 11am, 2pm, 4pm; 30 calls past 5pm (P2)**

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')

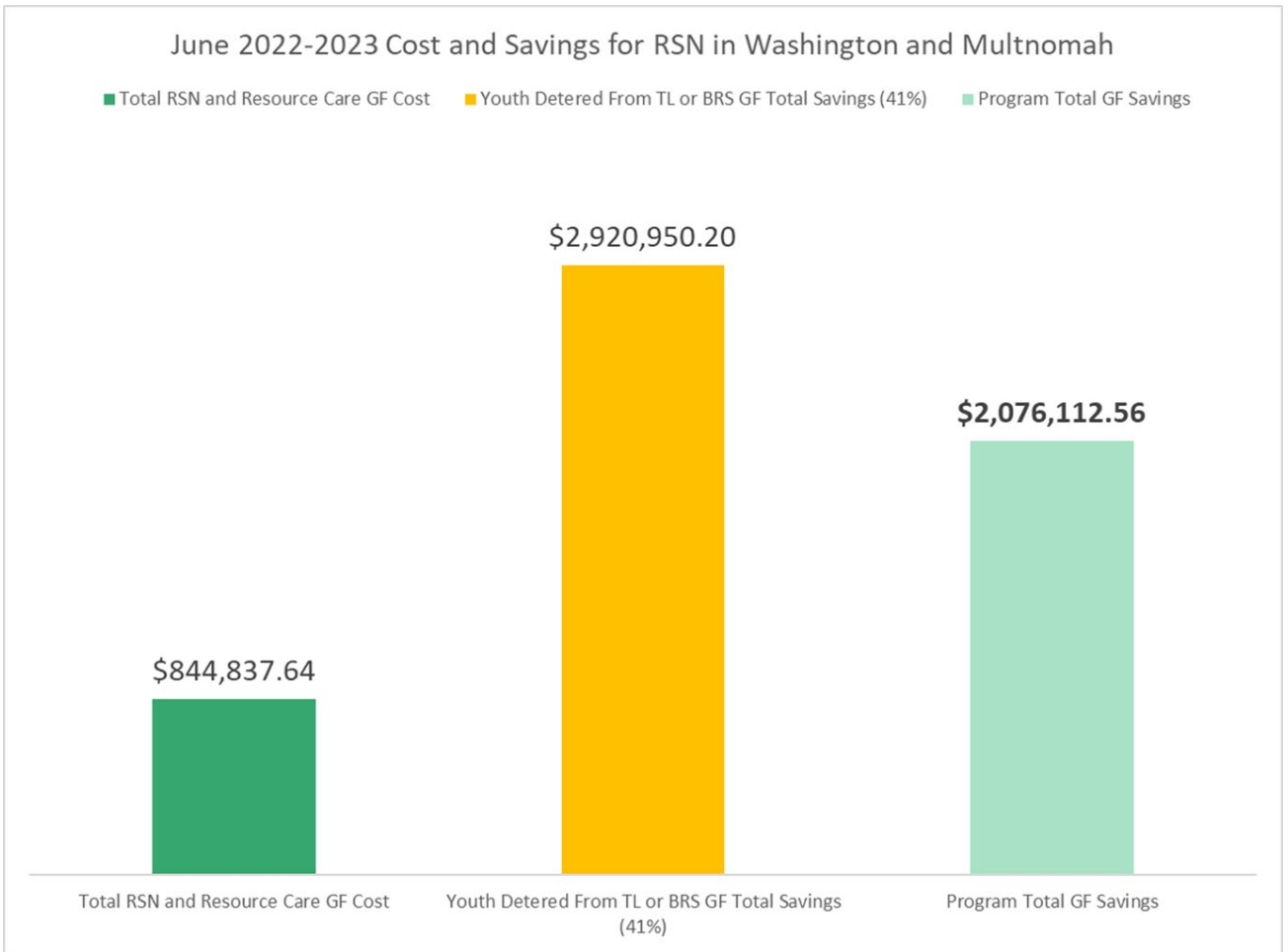
Nov 1, 2023- Oct 31, 2024

RSN First Year Post-Pilot

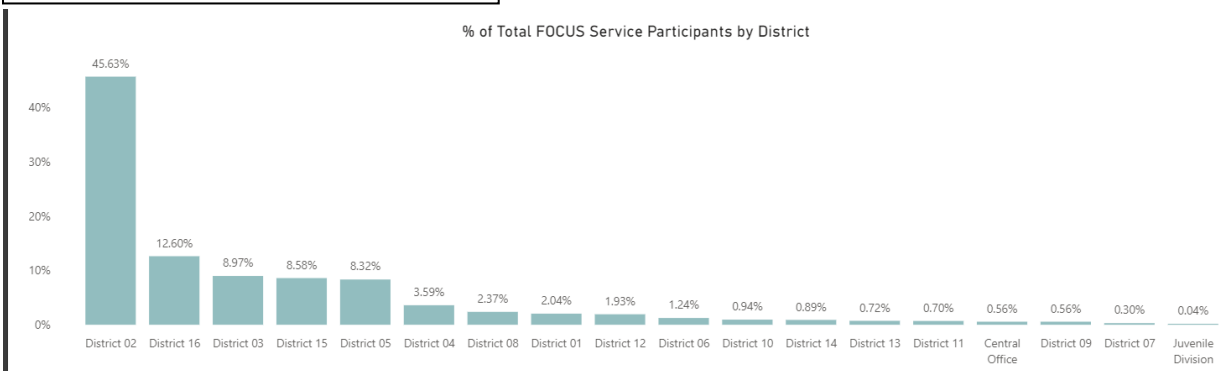


6. What are the **risks** if the problem/opportunity is not addressed?

If RSN and CSCS programs are not expanded across the state, children and families with complex care needs in underserved areas will not have access to intensive caregiver supports, and a high risk 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. Without these programs, it is likely that more costly services will be accessed outside a child and family's community.



May 1, 2022- Oct 31, 2024



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. **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 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, pilots implemented 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 have lived experience 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 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 which 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 treatment 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 several 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**?

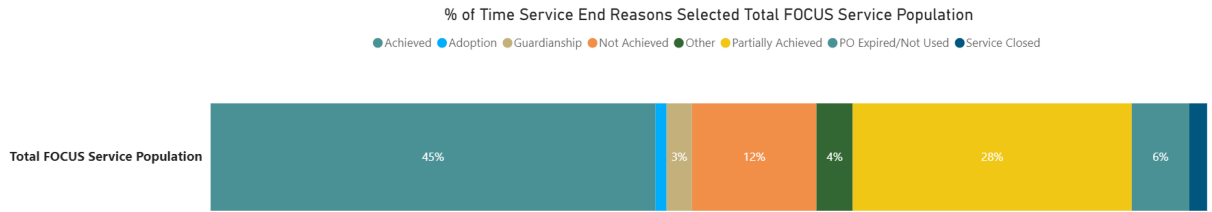
All the services within this POP are community-based and support children at the least restrictive level of care possible. Most are able to provide intensive in-home services in an effort to prevent entry into substitute care and ultimately preserve families with RSN and CSCS, as well as other FOCUS 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?

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. This data will also be cross-referenced 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?

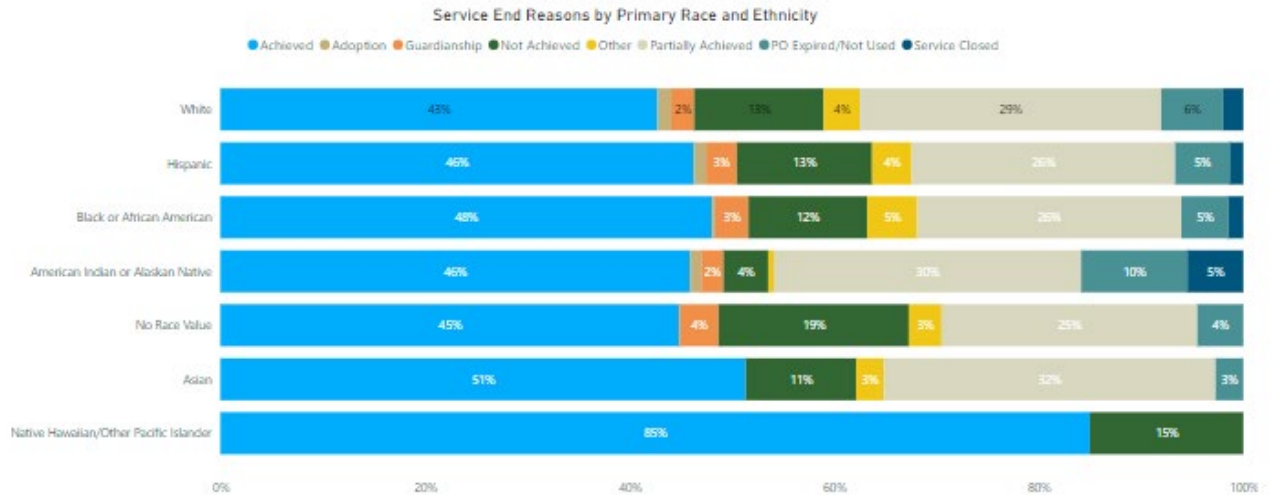
Include demographics for those served, placements, rely on dashboard for outcome data.

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 Resource Management Director (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, prevention, and kinship care, 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 in consultation with local communities over the next eight to ten years 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 over the next ten years dependent on CCO engagement.

The funds being requested will be utilized for adding FOCUS Team staff to engage local community, Child Welfare branch staff, community providers, local mental health organization, OHA and CCO's, develop the individualized 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.

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 just one 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 multiple 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
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FISCAL IMPACT BY PROGRAM

	CW Design	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 Governor's 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)	<p>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 mental health services. Funding would advance Family First 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 federal Family First Transition grant funding ends. State funding would give ODHS access to 50 percent federal reimbursement dollars for ongoing Family First 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 foster care.</p>

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing	\$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 Family First Prevention Services would continue implementation of evidence-based practices in accordance with Oregon’s Title IV-E 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

Family First 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 that may contribute 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 serve more families in their homes and communities, decreasing the number of children removed from their families and placed in foster care.

¹The 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 approved Family First 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 Family First Prevention Services are designed to address.

After an objective review of research on the evidence-based prevention services included in the Oregon Title IV-E 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 Family First 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 Family First 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 a Family First 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 continue implementation of Family First.
- 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/202311/Downloads/CommitteeMeetingDocument/279279> This report includes multiple recommendations that are supported by Family First 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 Family First 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 a Title IV-E 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 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 Title IV-E Prevention Plan for Oregon.

The FFPSA provisions related to the prevention of foster care and maltreatment required the development of 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 Family First 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 Title IV-E Prevention funds are behavioral health services paid for through Medicaid. Child Welfare coordinates funding so that Title IV-E Prevention funds can cover administrative costs not typically covered by Medicaid (training and technical assistance, peer support, child care, 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 Title IV-E Prevention 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 parenting skills, mental health, substance use disorder, and kinship navigation services provided to families at risk of entry into foster care 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 Title IV-E

Prevention Plan approved by the federal Children’s Bureau that identifies how they will implement these services. Oregon’s Title IV-E Prevention Plan was approved in 2021.

Since that time, ODHS has utilized temporary Family First transition grants to invest in infrastructure to support Oregon’s approved Prevention Plan. Following conclusion of the federal transition grants, ODHS can access a 50 percent federal fund match for services included in Oregon’s Title IV-E Prevention Plan, and related staff and training costs. Without a state match, ODHS and Tribes in Oregon will not be able to access federal Title IV-E Prevention funds. 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 to continue implementation.

Evidence-based prevention and kinship navigation services and supports through Family First 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 Family First 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 Grants, including:

- Evidence-based practices in Oregon’s Title IV-E Prevention Plan.
- The Oregon Kinship Navigator Program.
- Evaluation and continuous quality improvement of the prevention services.
- Positions specifically developed for successful implementation of Family First 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 prevent 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 Family First services would communicate a prioritization of federal revenue over programs developed by and for Oregonians.
- Develop Family First services on a smaller scale:
 - ODHS could consider scaling service development and delivery down. This would potentially include contracting with fewer providers, ending implementation of some of the evidence based practice and limiting services to specific regions, which could further inhibit service equity for eligible families.
 - This would limit ODHS's ability to utilize federal funds and will undermine statewide implementation of Oregon's Title IV-E 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 Title IV-E 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 Family First 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 Family First 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 Family First 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 Family First implementation. This enables ODHS to utilize ongoing Title IV-E Prevention 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 Family First in Oregon and the need for potential advocacy at the federal level to remove barriers to implementation.
- Community, Tribal, and cross-agency partnership: Family First 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.

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 Family First 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 Family First evaluation also includes tracking whether the implementation of Family First 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 Oregon Title IV-E 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: Family First services have demonstrated evidence in addressing family needs to prevent child removal from their families and placement in foster care. Family First services can also be delivered to reunifying families who had children placed in foster care. This application of Family First 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 Family First implementation. To accomplish this, Child Welfare has prioritized contracts and partnerships with culturally specific providers, with the support of their communities, to develop Family First evidence-based practices and other prevention services. Further, ODHS has consciously developed the Family First 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 Family First 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 Family First services.

4. What are the envisioned **outputs** of this POP?

Through this POP, Child Welfare will work with Tribes, partner agencies, and community partners to implement the evidence-based practices in Oregon's approved Title IV-E Prevention 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.

Parents as Teachers

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.

Oregon Kinship Navigator Program

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?

Child Welfare is required to submit criteria for data collection and outcome evaluation as part of the Title IV-E 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 Family First 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 Family First services.
 - Child Welfare has contracted with a national organization to conduct the federally required evaluation of implementation the Title IV-E 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 Family First 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 Family First Prevention Service, ODHS will develop a separate prevention services database.

FFPSA identifies pregnant and parenting teens in foster care as categorically eligible for Family First 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 Family First Prevention Services are available to some families that are not currently involved with the Child Celfare 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 Family First, 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 in 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 federal Title IV-E Prevention Funds
- Services: Funding for each contracted provider to cover non-Medicaid reimbursable costs (training, travel, child care, peer support, 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 federal Title IV-E Prevention Funds

- All service delivery cost: General Fund match for federal Title IV-E Prevention Funds

- 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 federal Title IV-E Prevention Funds
 - Services: Funding for each contracted provider to cover non-Medicaid reimbursable costs (training, travel, child care, peer support, 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 federal Title IV-E Prevention Funds
 - Additional service delivery cost related to MI: General Fund match for federal Title IV-E Prevention Funds

- 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 federal Title IV-E Prevention Funds

- All service delivery cost: General Fund match for federal Title IV-E Prevention Funds
- 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 Family First services effectively. While Family First has a high likelihood of success, especially with funding through this POP, the following barriers remain:

- Staffing Resources: A primary barrier to implementation is ensuring that Child Welfare is staffed to implement Family First services. Appropriate staffing, including the positions identified in the POP, has implications for both timeliness and quality of implementation. Child Welfare has made significant progress in Family First 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 Family First 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 Family First 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 Family First.
 - Continuous Quality Improvement Team

- Will coordinate with national evaluator to integrate statewide Child Welfare continuous quality improvement efforts with Family First 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 Family First prevention services.
 - Business Operations
 - Will consult on the development of contracts with providers as part of Family First.
 - Equity, Training & Workforce Development
 - Will participate in the development of training for staff related to Family First implementation.
- Self-Sufficiency Programs
 - Will be a key partner in the planning and implementation of Family First, including determining eligible populations, pathways into prevention services and what prevention services are included in the Oregon Title IV-E 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 Family First 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 Family First staff and providers for any Family First services that are also eligible for

Medicaid, including Functional Family Therapy and Parent Child Interactive Therapy.

- Department of Early Learning and Care
 - Will be a key collaborator regarding prevention home visiting programs funded through Family First such as Parents as Teachers and Family Spirit.
- Portland State University Center for the Coordination of Home Visiting Services
 - Will be a key collaborator regarding prevention home visiting programs funded through Family First 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 Title IV-E 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.

Family First 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 initially seven 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 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 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 enable access for Tribes to Title IV-E Prevention funding to support their prevention programs. 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 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 Family First. Implementation of Family First 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. Due the highly complex, multi-agency nature of this work, Project Management support is essential for successful Family First 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 Family First 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 Title IV-E Prevention 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 Title IV-E Prevention Plan amendments. This includes extensive planning, incorporating all required FFPSA elements, and supporting ODHS in creating an effective and achievable Family First 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 Family First Transition & Certainty grant funds. This includes initial costs for training and technical assistance contracts and infrastructure for Family First 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 the Title IV-E 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 required by FFPSA. 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 Family First. 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 the 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

- Family First 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 Family First services and programs that are approved by the Title IV-E Prevention Services Clearinghouse and included in the approved the Oregon Title IV-E Prevention Plan.
- Family First Administrative costs – 50 percent funding split
 - expenditures necessary for the provision of Family First Prevention services 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 Family First prevention services for training for staff 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**?

The POP enables significant potential savings 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 Family First Prevention Services
 - Staff from the Continuous Quality Improvement Team who support the Family First Prevention Service 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 Family First 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 Family First 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 will also create opportunities for potential savings for system partners. Several services eligible for Title IV-E Prevention funding are evidence-based substance use disorder and mental health services. In Oregon, these services are primarily covered by Medicaid. While Title IV-E funds cannot pay for Medicaid funded services, it can be for the training, technical assistance, and other elements of 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

	CW Design	CW Program	Program 3	Program 4	Total
General Fund	1,878,752	5,163,000			7,041,752
Other Funds	-	-			
Federal Funds	1,878,752	5,163,000			7,041,752
Total Funds	3,757,504	10,326,000			14,083,504
Positions	2	-			2
FTE	1.50	-			1.50

ODHS Policy Option Package (POP) Form 2025-27 Governor's 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)	<p>The Centralized Abuse Management (CAM) system is the backbone of Oregon's efforts to investigate and address abuse, harm, and neglect across vulnerable populations, including children, elderly individuals, and those experiencing disabilities. This system ensures the timely and accurate handling of abuse investigations, facilitates compliance with federal reporting requirements, and supports licensing actions across OHA and ODHS programs. However, the CAM system is underfunded, limiting its ability to meet operational, regulatory, and user needs.</p> <p>This proposal seeks a \$2.5M biennial budget increase to right-size funding for CAM's maintenance and allow for critical enhancements. Without this investment, Oregon risks undermining its capacity to protect vulnerable individuals, potentially seeing the system go to end of life, jeopardizing compliance with federal mandates, and compromising the security and efficiency of abuse investigations.</p> <p>Investing in the CAM system is an investment in Oregon's commitment to safety, justice, and accountability. This</p>

	proposal ensures that the state remains a leader in protecting its most vulnerable populations while upholding its federal and ethical obligations.
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	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing	\$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 prioritizes the safety and well-being of its most vulnerable members. This investment aligns with Oregon’s mission to protect individuals from harm, ensuring robust infrastructure for timely and effective abuse investigations. This POP and system allow Child Welfare, Aging, Community Mental Health, and Community Developmental Disability programs to provide consistent reporting that prior to this system was siloed, potentially allowing substantiated abusers to access different populations without program knowledge. With CAM these records are shared, and staff can ensure all of the necessary information is captured and we can better support the safety of individuals.

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 and technology without updates will be at end of life within the next year.

Identified Problems

System Limitations

- a. Licensing restrictions hinder access for essential staff, impacting investigation efficiency and compliance.
- b. Outdated infrastructure cannot support federally mandated reporting and analytical requirements.

Budget Shortfalls

- c. CAM's ongoing maintenance and professional service costs exceed current funding levels, resulting in an annual budget deficit.

Operational Risks

- d. Inadequate funding jeopardizes system stability, data security, and the timely completion of investigations.

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 product maintenance and IT professional service costs of the system. The CAM program has had a budget shortfall since it was created. Given standard market rates for IT providers on enterprise IT solutions, we anticipate the vendor support will bring us to a budget shortfall of approximately \$1.5M per biennium, for these critical Professional Services to maintain the level of support required by State Statute and in meeting federal requirements. It is also necessary to perform regular enhancement updates to the core CAM platform, to maintain product support, stability and essential data/security maintenance to protect the security and confidentiality of our data. In the 25-27 biennium, we anticipate a \$2M maintenance effort of this nature and anticipate ongoing efforts of at least \$1M per biennium. We need an increase of \$2.5M to the ongoing biennial CSL budget to right-size the budget, and to meet increases in existing maintenance and IT service costs.

Proposed Solution

Budget Enhancement: Increase the biennial CAM budget by \$2.5M to cover:

Professional IT services and vendor support.

User licenses for all required staff.

System upgrades for enhanced reporting and analytics.

System Maintenance and Upgrades: Implement overdue enhancements to ensure data security, maintain compliance, and improve user experience.

Operational Stabilization: Ensure the CAM system can handle current and future abuse investigation needs, protecting data integrity and privacy.

This investment will allow Oregon to continue to maintain a system and structure that allows staff to report potential abuse, substantiate abuse, indicate individuals across programs, and report appropriate licensing actions to increase the safety for those that we serve.

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

Since entering maintenance in 2019, the CAM system has faced persistent budget shortfalls. Key programs such as ODHS APD, ODDS, and OTIS have identified changes needed for critical functions which have not been able to be implemented because of the lack of funding. Vendor costs have doubled, and essential upgrades have been deferred, highlighting the need for sustained investment.

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. Oregon has engaged with other States and federal partners to evaluate our costs versus other States, we are within the market value for this work. While staff and providers have wanted to see modifications to the system, limitations have existed in the budget to make updates, but this system has been used to provide increased verification of abuse across systems, which was not possible without manual work before CAM.

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, and missing essential product upgrades may jeopardize the security and stability of the confidential data system, placing the privacy and confidentiality of consumer data at risk. 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 unsustainable, 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. Failure to address funding and infrastructure gaps will:

- Delay abuse investigations and licensing actions.
- Breach federal compliance for reporting and data security.
- Increase reliance on manual processes, reducing efficiency and accuracy.

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

Resources to right-size the CAM M&O budget to maintain appropriate maintenance and IT Professional Services.

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. In January of 2026 we will also be replacing our IT Service Provide for ongoing maintenance, enhancement and operation of the CAM system. Our existing service contract was initially awarded at twice

the cost that was initially budgeted and has continued to increase annually. Given standard market rates for IT providers on enterprise IT solutions, we anticipate the new contract will bring us to a budget shortfall of approximately \$1.5M per biennium, for these critical Professional Services. It is also necessary to perform regular enhancement updates to the core CAM platform, to maintain product support, stability and essential data/security maintenance to protect the security and confidentiality of our data. In the 25-27 biennium, we anticipate a \$2M maintenance effort of this nature and anticipate ongoing efforts of at least \$1M per biennium. We need an increase of \$2.5M to the ongoing biennial CSL budget to right-size the budget, and to meet increases in existing maintenance 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

ODHS Policy Option Package (POP) Form
2025-27 Governor's Budget

Program(s) / Unit(s)	ODDS
POP Title	117 - Service Equity and Accessibility
Related Legislation	
Summary Statement (5 to 7 sentences)	<p>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</p>

	service; and demonstrate equal partnership with Tribes throughout ODDS programs.					
	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing	\$1,444,427	\$0	\$844,427	\$2,288,854	6	4.50

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 specific 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?

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?

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	\$523,670		\$523,670	\$1,047,340	6	4.50
Services + supplies	\$27,732		\$27,732	\$55,464		
Capital outlay						
Special payments	\$893,025		\$293,025	\$1,186,050		
Other						
Total	\$1,444,427	\$0	\$844,427	\$2,288,854	6	4.50

FISCAL IMPACT BY PROGRAM

	ODDS	Program 2	Program 3	Program 4	Total
General Fund	\$1,444,427				\$1,444,427
Other Funds					
Federal Funds	\$844,427				\$844,427
Total Funds	\$2,288,854				\$2,288,854
Positions	6				6
FTE	4.50				4.50

ODHS Policy Option Package (POP) Form 2025-27 Governor's Budget

Program(s) / Unit(s)	Oregon Department of Human Services (companion POP to OHA) APD, ODDS, CW, VR, SSP, OEP, DELC, OHA
POP Title	201 - Mainframe Modernization
Related Legislation	
Summary Statement (5 to 7 sentences)	<p>The Oregon Department of Human Services (ODHS) relies on mainframe systems that exceed 50 years of age, posing significant risks to service delivery, system integrity, and legislative compliance. These outdated systems hinder the agency's ability to meet modern technological, security, and operational demands, leaving critical services for over 1.5 million Oregonians vulnerable. Staff and advocates, including SEIU, have raised concerns about how these systems negatively impact homecare workers, adult foster home providers, and other vital services. The requested funding and staffing for the 2025-27 biennium will support the planning, contracting, and continue the implementation necessary to transition off this antiquated infrastructure. This modernization will enhance program efficiency, provider payment accuracy, and benefit delivery, while aligning with federal expectations for sustainable IT solutions. Failure to act risks prolonged system outages, increased manual interventions, and compromised service quality for vulnerable populations across Oregon.</p>

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing	\$2,207,443	\$407,237	\$3,618,002	\$6,232,682	6	4.50
Partner agency pricing*	\$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?
 Modernizing our IT systems is essential to ensuring the continuity of critical services such as medical, food, and provider benefits that support Oregon families. Without these upgrades, ODHS cannot meet federal reporting standards, process accurate payments, or provide responsive services to constituents. This initiative aligns with Oregon's commitment to equity, innovation, and operational excellence, ensuring that the technological backbone of our service delivery evolves with the needs of our communities.
2. Describe the **problem/s or opportunity/ies** this proposal would address.

Problem:

ODHS's reliance on mainframe systems developed in the 1970s limits scalability, security, and efficiency. This outdated technology restricts the agency's ability to integrate modern tools, meet new legislative mandates, and provide seamless service to clients and providers. A failure of this infrastructure could halt benefits processing and jeopardize federal funding.

Opportunity:

This transition to modern IT systems will provide a secure, adaptable, and efficient foundation for future growth. It enables ODHS to adopt 21st-century solutions for eligibility determination, financial reporting, and provider payments. Modernized systems will improve data accuracy, reduce manual errors, and enhance customer satisfaction by offering user-friendly interfaces and greater accessibility.

Risks if Not Addressed

Service Disruption: Mainframe failures could result in delayed or halted benefits for medical, food, and childcare programs, impacting millions of Oregonians.

Increased Costs: Prolonged reliance on legacy systems requires expensive, unsustainable manual workarounds and exposes the agency to escalating maintenance costs.

Federal Compliance Risks: Continued use of outdated systems jeopardizes ODHS's ability to meet federal standards for program administration and reporting.

Staff, Provider, and Client Frustration: Limitations in functionality, such as the inability to provide digital communications or accurate tax reporting, will erode trust and satisfaction.

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 and for new programs which would be part of ONE. Evaluations have been ongoing into these efforts as some functionality will come into ONE and other functionality will need to be procured and developed outside of ONE. This POP allows for planning through implementation, but does not have the implementation costs associated.

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

The Oregon Eligibility system is 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 existing program 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.

Beyond eligibility there are provider payments, licensing and enrollment, and financing work for ODHS, OHA, and DELC programs still within the mainframe. Providers have limited ability to connect, verify, or engage other than through manual means, passing work to Providers and Staff.

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 allows for the funding of positions and planning work for implementation POP in 2027-2029 to start to transition full programs off of the mainframe either to the ONE system or other procured options for licensing and provider payments. Please note: this POP does not include the costs for vendor and others to do the work, this is only planning costs.

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. Some funding would be eligible related items at 90/10 federal match for new development and 75/25 for medical ongoing support, other funding would be cost allocated across the enhanced 90/10 funding, with the 50/50 funding for food programs, and general fund requirements for cash and child care. We would expect to see a blended funding closer to 65% Federally Funded. Staffing costs for permanent OFS to manage the new integrations between OEP and financial system.
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.

To move items onto ONE, we need time and capacity. The programs and functionality on the mainframe will take a dedicated year of development to transition off of the mainframe. In that time we would need to hold any legislative or federal updates, or items requested by partners.

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 financial 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 technical staff during the biennium to support the transition planning; for the programs transition. Assumption that medical work would be eligible related items at 90/10 federal match for new development and 75/25 for medical ongoing support with cost allocated items with food (50/50) and cash and child care (0/100) equating to closer to a 65/35 (FF/GF) split.

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

This is a planning POP. Implementation costs would come in 2027-2029 POP and then ongoing maintenance for systems (as mainframe contains more than just eligibility) would come in future POPs. Position and support costs from OIS to vendor costs would need to be determined and worked with OIS and OHA related to transition to new programs or the ONE system.

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

General funding (GF) provided would be eligible for medical related items at 90/10 federal (FF) match for new development and 75/25 for ongoing support, with cost allocated items with food (50/50) and cash and child care (0/100) equating to closer to a 65/35 (FF/GF) split.

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	\$354,632	\$364,488	\$1,083,608	6	4.50
Services + supplies	\$26,116	\$8,698	\$23,589	\$58,403		
Capital outlay	\$0	\$0	\$0	\$0		
Special payments	\$1,816,839	\$43,907	\$3,229,925	\$5,090,671		
Other	\$0	\$0	\$0	\$0		
Total	\$2,207,443	\$407,237	\$3,618,002	\$6,232,682	6	4.50

FISCAL IMPACT BY PROGRAM

	OEP	Shared - OFS	SAEC (SSF)	Program 4	Total
General Fund	\$384,446	\$0	\$1,822,997		\$2,207,443
Other Funds	\$0	\$363,042	\$44,195		\$407,237
Federal Funds	\$384,446	\$0	\$3,233,556		\$3,618,002
Total Funds	\$768,892	\$363,042	\$5,100,748		\$6,232,682
Positions	4	2	0		6
FTE	3.00	1.50	0.00		4.50

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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

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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*

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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:**

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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.

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- **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.

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3. How does this policy package help, or potentially hinder, populations impacted by health inequities from achieving health equity¹ 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 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.

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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.”
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).

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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:**

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- **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.

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- **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?

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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,

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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.

☐ 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

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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.

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- **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	<input type="checkbox"/> Planning or Development Duration: # months <input type="checkbox"/> M&O <input type="checkbox"/> Both Dev. Duration:	Drive the successful integration and modernization of health IT systems, align IT architecture with business objectives, and ensure compliance

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					with regulatory standards.
ISS8	Perm New	Senior System Administrator and Automation Programmer	07/01/2026	<input type="checkbox"/> Planning or Development Duration: <input type="checkbox"/> M&O <input checked="" type="checkbox"/> 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	<input type="checkbox"/> Planning or Development Duration: <input type="checkbox"/> M&O <input checked="" type="checkbox"/> 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.

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ISS8	Perm New	Senior Cyber Risk and Compliance Assessor	07/01/2026	<input type="checkbox"/> Planning or Development Duration: # months <input type="checkbox"/> M&O <input type="checkbox"/> Both Dev. Duration:	Support ODHS OHA's security, regulatory compliance, and vulnerability management programs in areas such as software development, access and control methodologies, operations, continuity planning, and incident response.
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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.

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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

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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

ODHS Policy Option Package (POP) Form 2025-27 Governor's Budget

Program(s) / Unit(s)	Child Welfare
POP Title	501 - Foster Care Youth: Improving Access to the Independent Living Program (ILP) and SSI benefits
Related Legislation	ORS 458.390
Summary Statement (5 to 7 sentences)	<p>Youth in foster care face many challenges as they transition into adulthood and prepare to live on their own. While all youth may struggle to achieve self-sufficiency and independence, youth in out-of-home care face additional obstacles and often benefit from extra support. This policy option package (POP) is directly targeted to benefit current youth aging out of foster care, and over time will benefit former foster youth as those youth transition into adulthood. This is done through two key initiatives:</p> <ol style="list-style-type: none"> 1. Ensuring adequate ILP availability by increasing provider payments.

2. Improving eligible youths' financial stability by maximizing their access to federal Supplemental Security Income (SSI) benefits.

The Independent Living Program (ILP) provides skill building services to eligible young people who are in foster care or who have experienced foster care. It gives young people the opportunity to learn the skills they need to make a successful transition from state or Tribal custody to adulthood.

The Oregon Department of Human Services (ODHS) in consultation with providers has identified that the existing contract reimbursements do not fully support providers' true operating costs, which impacts their ability to continue offering services to Oregon's youth without an increase in the provider rate. For this reason, the department is proposing to increase the rates for these critical providers to retain their services.

Supplemental Security Income (SSI) is a federal program that provides monthly payments to people with disabilities who have little or no income or resources. Establishing SSI benefits is a vital step in providing financial support and access to resources during and following ODHS custody. However, current staff levels do not allow ODHS to expand the number of SSI applications to be completed to secure benefits of youth in ODHS custody.

ODHS is proposing to expand this program as it has identified an opportunity in which it could be uniquely leveraged to assist youth with disabilities as they transition into adulthood.

By actively pursuing the establishment of SSI benefits, ODHS/Child Welfare aims to enhance the well-being and stability of these vulnerable youth as they leave foster care,

	fulfilling one of its mandates to act in the best interest of the children and young adults.
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	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing	\$4,307,390	\$122,214	\$138,441	\$4,568,045	3	1.89

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?
 - a. Increasing access to federal benefits and other services for vulnerable youth.
 - b. Fulfilling the duties and responsibilities of a legal custodian as directed in [ORS 419B.373\(6\)](#).

A successful transition from foster care to adulthood involves a young adult establishing stability in their life by securing housing, employment, education, and a supportive network of adults, while also developing essential life skills like financial management, healthcare navigation, and healthy relationships, often achieved through access to dedicated transition programs and consistent support systems that begin well before aging out of care. In Oregon these transition programs are run by a network of contracted ILP providers doing this valuable work.

Financial security is critical to stability, which is especially critical for vulnerable youth with disabilities. Actively pursuing the establishment of SSI benefits for youth before they exit care can directly benefit current youth aging out of foster care and over time benefits former foster youth as those youth transition into

adulthood. This is uniquely beneficial as benefits such as SSI are not dependent upon age, but on eligibility. Therefore, these potential benefits, when secured as a youth, may be retained 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.

Current staff resources limit the number of applications for SSI that ODHS Child Welfare can complete and manage, especially as the eligibility grows over time. Additional positions dedicated to this policy package will increase the number of youths eligible for these benefits. This will also increase federal benefits received by ODHS to provide services to youth while in ODHS custody. More importantly it will increase financial stability of youth when leaving ODHS care as these benefits follow them.

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. 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, juvenile justice involvement, 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.

The Social Security Administration (SSA), in their Deal Colleague Letter dated May 10, 2023, in recognition of National Foster Care Month, encouraged all states recognize and support efforts to ensure that eligible youth in foster care receive SSI benefits. The SSA emphasized the unique challenges that youth with disabilities in foster care face, particularly during their transition out of the foster care. One of the main components for SSI benefits is to help covering housing costs, a proven factor in providing stability for youth with disabilities transitioning out of foster care. To address these disparities, Oregon needs to ensure young people with

experience in the Child Welfare system have increased support to help them navigate their transition. 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.

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

This POP is not in response to an audit.

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

In 2022 the legislature passed [House Bill 4012](#) which directed rate studies across the children's continuum. The next phase of this assessment, starting in 2025, will include ILP. Although the study won't be complete before the 2025 legislative session, a report is expected before the 2026 session. Furthermore, because of the inclusion of ILP, there will be ongoing reviews, which will also make recommendations for cost of living/inflation increases. Providers have shared that unfortunately this timeline is not adequate to address their current shortfall. Yep

During the 2023 legislative session the Oregon State Legislature passed [Senate Bill 556](#) this legislation actively prohibited the department from utilizing benefits such as SSI for the cost of care while the child was in custody and further established that any funds ODHS receives on behalf of a child ward must be deposited into an account established with Treasury to be retained for the child's use for certain activities such as education, housing, and transitions into adulthood. ODHS has recognized the importance and opportunity retention of these funds provides for youth and recognizes this legislative mandate. At this time the department has reassigned an OPA 1 to this additional workload however this position was not provided as part of the fiscal for implementation of [Senate Bill 556](#) but assignment of these duties was necessary for ODHS to remain in compliance with this legislation. This has not been sufficient to actively pursue the establishment of SSI

benefits. This POP seeks to remedy this as well as allocate employees that would be dedicated to this workload and allow for active establishment of SSI benefits for those with the highest need.

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

ILP providers serve a wide array of young people ages 14-23 delivering skill building services and housing support. During FFY2023, a total of 1,294 young people received contracted ILP services. Providers' rates have not kept pace with inflation. ODHS has heard directly from providers that reimbursement rates do not cover their operating costs, yet they are devoted to serving the population. The only way to ensure adequate ILP availability and to improve ILP provider workforce stability is to support a rate increase. It is also important to note that federal funding for this population continues to decrease as the Oregon foster care population shrinks so there is no ability to provide increases aside from state general fund investment.

If Child Welfare is unable to obtain the additional positions, crucial financial benefits, access to services, and SSI benefits will not be established before the youth ages out of ODHS care and custody. Vulnerable youth transitioning into adulthood may not have the resources or the financial structure to ensure food security and safeguard against homelessness. SSI eligibility determinations can increase the child or youths' suitability for more therapeutic placements and provide income and supports beyond the youth's time in care.

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

If funded, the work would encompass:

1. Ensuring adequate ILP availability by increasing provider payments.
 - a. This would be done by increasing the payments of ILP Basic and Peer Group services through existing contracts with providers.
2. Improving eligible youths' financial stability by maximizing their access to federal Supplemental Security Income (SSI) benefits.

- a. 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.
- b. Two 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.
- c. One Accounting Technician (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.

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

This solution directly supports the Governor's Housing Initiatives by addressing the financial stability needs of youth transitioning out of foster care to adulthood, therefore addressing one factor that may lead to homelessness. Given its alignment with the Governor's priorities, ODHS is advancing this proposal as part of a broader, coordinated effort to reduce youth homelessness and improve long-term stability for vulnerable populations.

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.

This is not a Joint ODHS/OHA POP.

9. Has the proposed solution been successful in **other contexts or jurisdictions?**

The proposal would improve access to the Independent Living Program (ILP) and maximize access to federal Supplemental Security Income (SSI) benefits. Each of these represent an improvement to existing successful interventions. These both represent well established state and federal programming. This proposal seeks to maintain services and expand services for each respectively.

Part 2. EQUITY AND INCLUSIVITY

1. In what ways has **community and/or Tribal engagement** informed this proposed POP?

ODHS has received direct feedback from providers indicating that current reimbursement rates do not adequately cover their actual operating costs, jeopardizing their ability to sustain essential services for foster youth. This concern was underscored during a meeting with ODHS Director Fariborz Pakseresht on June 7, 2024, where providers emphasized the urgent need for a rate study and an immediate increase in reimbursement rates to ensure service continuity and provider stability.

2. Does this POP align with ODHS|OHA [Tribal Consultation Policy](#)? How?

The development and expansion of these existing Program's and payment increases would include community and Tribal engagement and consultation if approved by the legislature.

3. Does this POP advance the goals of the [ODHS DEIB Plan](#)? How?

Yes, this POP aligns with and advances the ODHS DEIB plan by addressing systemic inequities that disproportionately impact foster youth, particularly those from historically marginalized communities. This package operationalizes ODHS's DEIB commitments by directing critical resources toward youth aging out of foster care, a population that faces well-documented racial, economic, and disability-related inequities. By investing in independent living services, financial security,

and workforce equity, this package enhances long-term stability and success for some of Oregon's most at-risk young people.

4. 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 little connection to permanent family, few natural supports, 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. 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 youth 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, juvenile justice involvement, 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 (Ringelsen, Casanueva, Urato & Cross, 2008). For youth with disabilities, the transition out of foster care is even more challenging. Ensuring that these youth's 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=Proportio nate
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 Puzanchera, 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 KPMs are not being proposed.

3. How will the work you're proposed help ODHS meet or exceed the KMP targets?

N/A

4. What are the envisioned outputs of this POP?

Increased access to ILP services

More youth receiving SSI benefits before exiting foster care

Improved financial management of SSI benefits

Strengthened housing stability and homelessness prevention

Strengthened workforce and provider stability

5. Outcomes show how people are better off because of the outputs you listed above. What are your expected outcomes?

Young adult financial stability and long-term economic security
Young adult housing stability and reduction in youth homelessness
Young adult independent living skills and employment readiness
ODHS and provider capacity strengthening
Equity driven outcomes for marginalized youth

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

Disproportionate Impact on Marginalized Communities - Youth of color, Indigenous youth, and youth with disabilities are overrepresented in the foster care system and at higher risk for homelessness and financial insecurity. If POP 501 is not implemented effectively, these already marginalized populations will face further systemic barriers, contradicting ODHS's DEIB goals.

Inadequate Funding for ILP Providers - ILP providers serve a wide range of foster youth ages 14-23, offering critical skill-building and housing support services. However, their current reimbursement rates do not cover operating costs, leading to financial instability among providers. Without an increase in provider payments, there is a risk of service reductions or provider closures, which would limit access to essential transition programs for foster youth.

Limited Federal Funding for ILP Expansion - Unlike SSI benefits, ILP services rely primarily on state general funds, as federal funding for these programs continues to decline due to a shrinking foster care population. This means that without state investment, ILP expansion cannot proceed, leaving many youth without adequate transition support

7. 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?

ODHS Units & Responsibilities

- Child Welfare (CW) Division
 - Oversees Independent Living Program (ILP) expansion and ensures adequate provider reimbursement rates.
 - Manages SSI benefit applications for eligible foster youth.
 - Coordinates caseworkers and Social Security Analysts to streamline SSI applications and ILP referrals.
- Office of Financial Services (OFS)
 - Manages financial transactions related to SSI benefits and compliance with Senate Bill 556.
 - Oversees SSI funds, ensuring proper disbursement and reporting to the Social Security Administration (SSA).
- Youth Transitions Program
 - Ensures ILP service expansion and supports providers in implementing housing and life skills programs.
 - Works with ILP providers to align transition services with youth needs.
- Self-Sufficiency Programs (SSP)
 - Helps former foster youth access food assistance, employment programs, and additional state benefits.

Public Agencies & Responsibilities

- Social Security Administration (SSA)
 - Processes SSI applications and determines eligibility for foster youth.
 - Provides guidance on policies and procedures for SSI benefits under federal regulations.
- Oregon Health Authority (OHA)
 - Ensures foster youth maintain healthcare coverage through Medicaid.
 - Supports youth with mental health services and disability-related care that may impact SSI eligibility.

Office of Tribal Affairs and Child Welfare Programs Responsibilities - Compliance with ICWA/ORICWA in collaboration and consultation with Tribal Governments & Tribal Organizations

- Nine Federally Recognized Tribes of Oregon
 - Work with ODHS to ensure culturally responsive services for Native youth in foster care.

- Provide input on ILP programming for Tribal youth and ensure Tribal consultation policies are followed.
- Tribal Child Welfare Programs, in consultation and collaboration with ODHS
 - Assist Tribal youth in foster care in applying for SSI and accessing ILP services.
 - Advocate for Tribal-specific housing and transition services for youth aging out of care.

Community-Based Organizations & Service Providers & Responsibilities

- Independent Living Program (ILP) Providers
 - Deliver skill-building, housing assistance, and transition services to foster youth.
 - Collaborate with ODHS to ensure youth receive timely SSI application support.
- Legal Aid and Advocacy Groups
 - Help youth navigate the SSI application process and appeal denials.
 - Advocate for policies that enhance foster youth’s access to financial and legal resources.
- Youth Homelessness Organizations
 - Support youth transitioning out of foster care to secure stable housing.
 - Provide emergency support and connect youth to employment and education opportunities

8. At this point, have you **engaged** those identified above?

Child Welfare units and Self Sufficiency programs have been engaged. Resources for broader engagement are being assessed.

Part 6. PLAN B

1. Is this POP **scalable**? If it’s not fully funded, how would you move this solution forward?

The POP is partially scalable if it is not fully funded, some components can still move forward with modified implementation. If not fully funded, ODHS can

prioritize high needs populations, reallocate existing resources, and implement incremental expansions.

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 represents a new investment.

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

All staff costs for each initiative are priced for 15 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.

Increase ILP Provider Payments – The pricing assumes that provider payments for Independent Living Services Contracts are increased. The current pricing assumes that the payments for Independent Living Services will increase from the current Basic ILP payment of \$300 per youth per month to \$435 per youth per month. The Peer Group payment 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. Will there be **changes to caseload, cost per case or services provided** to specific populations? Explain.

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.

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.

- **Two 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.
- **One 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.

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

N/A

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

Positions, provider payments, and supplies associated with positions shown below will be ongoing costs.

7. 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	206,869	110,019	88,659	405,547	3	1.89
Services + supplies	15,203	8,804	7,012	31,019		
Capital outlay	-	-	-	-		
Special payments	4,085,318	3,391	42,770	4,131,479		
Other	-	-	-	-		
Total	4,307,390	122,214	138,441	4,568,045	3	1.89

	CW Design	CW Program	Shared	SAEC	Total
General Fund	218,993	4,012,800	-	75,597	4,307,390
Other Funds	-	-	118,679	3,535	122,214
Federal Funds	93,855	-	-	44,586	138,441
Total Funds	312,848	4,012,800	118,679	123,718	4,568,045
Positions	2.00	-	1.00	-	3.00
FTE	1.26	-	0.63	-	1.89

References

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Tweddle, A. (2007). Youth leaving care: How do they fare? *New Directions for Youth Development, 2007*(113), 15-31.

ODHS Policy Option Package (POP) Form 2025-27 Governor's Budget

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)	<p>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, YEHP providers and grants doubled in 2021, and HB 5019 maintained and slightly increased the number of grants. 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 continuing 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 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.</p>

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing	\$19,707,205	\$0	\$0	\$19,707,205	6	5.25

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 nation² 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 services⁴ 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 than \$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

¹ Chapin Hall (2017): [Missed Opportunities: Youth Homelessness in America](#).

² HUD (2023): [Annual Homeless Assessment Report to Congress](#).

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.

homelessness. Several Chapin Hall briefings⁵ and reports⁶ 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.

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

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](#).

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:

⁷ Dwyer, Palepu, Williams and Zhao (2023): [Unconditional Cash transfers reduce homelessness](#).

- 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.

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?

- 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.)

DCT

- 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?

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.

DCT Implementation

- 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 reclassified, 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 be 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	\$1,605,237			\$1,605,237	6	5.25
Services + supplies	\$58,968			\$58,968		
Capital outlay						
Special payments	\$18,043,000			\$18,043,000		
Other						
Total	\$19,707,205	\$0	\$0	\$19,707,205	6	5.25

FISCAL IMPACT BY PROGRAM

SSP YEHP	Program 2	Program 3	Program 4	Total
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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](#)

General Fund	\$19,707,205				\$19,707,205
Other Funds					\$0
Federal Funds					\$0
Total Funds	\$19,707,205				\$19,707,205
Positions	6				6
FTE	5.25				5.25

POP
ODHS Policy Option Package (POP) Form
 2025-27 Governor's Budget

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)	<p>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.</p>

	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

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?

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?

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		\$1,630,400	\$3,260,802	26	11.41
Services + supplies	\$106,996		\$106,997	\$213,993		
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

PROGRAM PRIORITIZATION FOR 2025-27

Agency Name: Oregon Department of Human Services																			Agency Number: 10000			
2025-27 Biennium																						
Agency-Wide Priorities for 2025-27 Biennium																						
1	2	3	4a	4c	4d	5	6	7	8	10	12	13	14	15	16	17	18	19	20	21	22	
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Agcy:	Prgm/Div																					
			CW	Foster Care	Prevention & Preservation	Provides services to safely support children in their own homes and support family stability.	Timeliness and permanency of child reunification	0	0	0	0	\$ -	0	0.00	N	Y	FM	ORS 419A and 419B	All - see program unit/activity description			
			CW	Foster Care	Family Safety Services	In-Home Safety and Reunification Services program provides culturally appropriate intensive, short term services to families with children who can remain safely in their homes, and to children and families who are safely reunited. ISRS provides a combination of safety and strengths-based services that lead to lasting safety changes within the family. These services are time limited and are complemented by SPRF services for families in need of longer term or more intensive services. The Strengthening Preserving and Reunifying Families law (ORS 418.575-418.598) allows funding for an array of services for families through collaboration between DHS and local community partners. The Department has developed outcome-based contracts for services to specifically address the needs of children and families who come to the attention of child welfare through a screened in report of abuse or neglect. These outcome based contracts are foundational for an overall ability to report on results associated with SPRF services and funding.		29,228,297	254,404	25,263,755	0	\$ 54,746,456										
			CW	Foster Care	Child and Family Supports	System of Care funds support Oregon's most vulnerable children by providing local child welfare offices with the flexibility to purchase specific services to meet a family's specific needs to assure the safety, permanency and well-being of their child(ren). Services are identified and planned for through family engagement and involvement in case planning. Whenever possible, shared funding of custom-designed services is achieved through collaboration with community partners. Client Transportation is used to fund transportation related to visitation, medical appointments, court hearings, etc.		23,437,367	535,970	20,488,950	0	\$ 44,462,287										
			CW	Foster Care	Foster Family Shelter Care	A limited term payment provided to a certified family when a child or young adult in the legal or physical custody of the Department moves to a certified family's home from a placement with a BRS provider and there is no current level of care determination - paid for the first 20 days to allow time for the CANS to be administered.		3,134,528	336,763	3,648,135	0	\$ 7,119,426	0	0.00	N	Y	FM	ORS 418.015	All - see program unit/activity description			
			CW	Foster Care	Regular Foster Care	Temporary out-of-home care provided by a relative caregiver or general applicant foster parent who has been authorized to provide care to a child or young adult in the legal or physical custody of the Department.	Timely adoption, Absence of repeat maltreatment, Timeliness and permanency of child reunification	12	70,434,938	2,807,255	48,919,585	0	\$ 122,161,778	0	0.00	N	N	FM	ORS 418.015	All - see program unit/activity description		
			CW	Community Based Domestic Violence Services		DHS makes grants available to domestic violence and sexual assault service providers throughout Oregon. These providers offer crisis lines, crisis response, emergency shelter and other related services to survivors of sexual assault, survivors of domestic violence, and their children, in a culturally and linguistically appropriate manner.	Absence of repeat maltreatment	12	0	0	0	\$ -	0	0.00	N	Y		ORS 409.290 to 409.300				
			CW	Residential Care	Residential Treatment	Behavioral Rehabilitation Services (BRS) and therapeutic foster care for children with high needs.	Timely adoption, Absence of repeat maltreatment, Timeliness and permanency of child reunification	12	74,491,777	10,730,689	50,303,438	0	\$ 135,525,904	0	0.00	N	Y	FM	ORS 418.015	All - see program unit/activity description		
			CW	Residential Care	FOCUS Children	Child specific contracts for out-of-state placements and additional supports to assure children's needs are being met while they are in care.	Timely adoption, Absence of repeat maltreatment, Timeliness and permanency of child reunification	12	23,741,385	204,771	5,492,748	0	\$ 29,438,904	0	0.00	N	Y	FM	ORS 418.015	All - see program unit/activity description		
			CW	Foster Care	Personal Care	Specific services provided to a child with a chronic medical condition, with medical needs requiring specialized care, or with a physically handicapping condition requiring care and assistance in most domains of daily functioning. The TA-DVS program provides temporary financial assistance and support to families affected by domestic violence during crisis or emergent situations when other resources are not available. TA-DVS is used to help the domestic violence survivor and the children address their safety concerns and stabilize their living situation, reducing the likelihood of the survivor returning to the abuser. The TA-DVS Benefits are 100% federally funded by the TANF Program.	Teen suicide, Absence of repeat maltreatment	12	5,067,604	244,201	7,015,387	0	\$ 12,327,192	0	0.00	N	Y	FM	ORS 418.015	All - see program unit/activity description		
			SSP	TA Domestic Violence Services			TANF re-entry, TANF family stability, Absence of repeat maltreatment	12	234,248	5,145,389	32,846,769	0	\$ 38,226,406	0	0.00	N	N	FO	45 CFR 260.31 (b) & ORS 411.117 (1)(e).			
			SSP	TA-DVS Advocates		DHS contracts with local Domestic Violence Sexual Assault agencies to provide co-located Certified Domestic Violence (DV) Advocates in Self-Sufficiency and Child Welfare offices. The goal of the Co-located DV Advocates Program is to improve outcomes and stability for families experiencing domestic violence through services including but not limited to: safety planning, risk and fatality assessment, shelter services, support in referrals to other community resources such as housing, mental health services, counseling, peer support groups, etc.		14,781,261	0	0	0	\$ 14,781,261	0	0.00	N	N	S	ORS 411.117 (1)(c)				
			CW	Community Based Sexual Assault Victims Fund		DHS makes grants available to domestic violence and sexual assault service providers throughout Oregon. These providers offer crisis lines, crisis response, emergency shelter and other related services to survivors of sexual assault, survivors of domestic violence, and their children, in a culturally and linguistically appropriate manner.		0	0	0	0	\$ -	0	0.00	N	Y		ORS 409.273 to 409.285				
			CW	Tribal Programs		General Fund portion of foster care maintenance payments and payment for BRS placements for children in Tribal custody.		1,217,340	32,824	4,001,068	0	\$ 5,251,232	0	0.00	N	N		ORS 418.015				
			APD	APD Program	Oregon Supplemental Income Program (OSIP)	OSIP offers cash and medical assistance to eligible clients who qualify by meeting means tested income and resource requirements.		14,713,063	0	0	0	\$ 14,713,063	0	0.00	N	N	FO	ORS 410.070	All - see program unit/activity description			

PROGRAM PRIORITIZATION FOR 2025-27

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			APD	APD Program	In-home Program	In-home services are the cornerstone of Oregon's community-based care system. For older adults or people with physical disabilities, the ability to live in their own homes is compromised by the need for support in regular activities of daily living. For more than 25 years, Oregon has created options to meet people's needs in their own homes. All options are funded with support of the Medicaid program through home- and community-based waivers or state plan options. Oregon has been able to create cost-effective programs that meet people's needs in their homes and other community settings using these options and spared Oregonians from the unnecessary use of much higher cost services, primarily offered in nursing facilities. Services to older adults and people with physical disabilities are designed to support assistance with fundamental activities of daily living (ADLs), such as mobility, cognition, eating, personal hygiene, dressing, toileting and bathing. To receive in-home services, an individual must be financially eligible for Medicaid. A case manager works with the client and together they identify needs and develop a plan for the in-home services.	12	705,159,240	6,571,424	1,211,730,892	0	\$ 1,923,461,556	0	0.00	Y	N	FO	ORS 410.070	All - see program unit/activity description			
			APD	APD Program	Community-Based Care Facilities	These include a variety of 24-hour care settings and services to provide an alternative to nursing facilities. Services include assistance with activities of daily living, medication oversight and social activities. Services can include nursing and behavioral supports to meet complex needs. State and federal guidelines related to health and safety of these facilities have to be met.	12	718,451,307	16,109,942	1,251,573,725	0	\$ 1,986,134,974	0	0.00	Y	Y	FO	ORS 410.070	All - see program unit/activity description			
			APD	APD Program	Nursing Facilities	Institutional services for older adults and people with physical disabilities are provided in nursing facilities licensed and regulated by DHS. Nursing facilities provide individuals with skilled nursing services, housing, related services and ongoing assistance with activities of daily living. Oregon has led the nation since 1981 in the development of lower cost alternatives to institutional (nursing facility) care. Home- and community-based alternatives to nursing facility services emphasize independence, dignity and choice and offer needed services and supports at lower costs than medical models.	12	558,648,634	235,892,684	1,176,631,643	0	\$ 1,971,172,961	0	0.00	N	Y	FM	ORS 410.070	All - see program unit/activity description			
			I/DD	I/DD Program	K Plan Services (Includes community living supports (CLS))	K-Plan or Community First Choice Option (CFCO) provides a broad range of home and community-based services and supports for people with disabilities, including those with I/DD. Most used service under the K-Plan is Attendant Care which provides support for people to perform activities of daily living and instrumental activities of daily living (ADL/IADL), which may include skills training in those areas. With CFCO, this is the primary service available to people with I/DD. Attendant care services and are generally categorized based on the setting in which the person lives. Services that now fall under attendant care include: • In-home supports for children and adults • Children's intensive in-home services • 24-hour services. • Group home for children and adults • Adult and child foster care • Supported living (adults only) • Day supports • Stabilization and Crisis Unit (SACU) Other services provided under the K-plan include environmental safety modifications, assistive technology, behavioral consultation, transportation.	12	1,917,216,790	10,024,640	3,462,195,188	0	\$ 5,389,436,618	0	0.00	Y	Y	FO	42 CFR 441 s	All - see program unit/activity description			
			I/DD	I/DD Program	Waiver Services - Employment First (no CSL)	These services have been strengthened and improved as part of the important Employment First initiative. I/DD has restructured employment services to encourage integrated, competitively paid employment for people with I/DD. Employment services are no longer bundled with attendant care services, they have been broken out into discrete services to support people as they learn about, find and maintain employment. Employment services are not offered through the CFCO, they remain available through the Medicaid waiver. Employment services include: Employment path; job discovery; Job development; Job coaching and Small-group supported employment.	12	60,688,026	0	84,307,974	0	\$ 144,996,000	0	0.00	Y	Y	FO	EO 15-01 https://www.oregon.gov/DHS/EMPLOYMENT/EMPLOYMENT-FIRST/Documents/Executive%20Order%2015-01.pdf	All - see program unit/activity description			
			I/DD	I/DD Program	Waiver Services - No Employment	1915c Waivers include Adult HCBS Waiver, Children's HCBS Waiver and three model Waivers for children under 18 with complex needs: Medically Involved Children's Model Waiver, Medically Fragile Model Waiver, and Behavioral Model Waiver. These waivers primary service is case management that is furnished to assist individuals in gaining access to needed medical, social, educational and other services. Waiver Case Management includes the following assistance: assessment and periodic reassessment of individual needs, development (and periodic revision) of a specific care plan, referral and related activities, and monitoring and follow-up activities. Other 1915c Waiver services include environmental safety modifications, vehicle modifications, family training, specialized medical supplies, and direct nursing services (for adults only).	12	24,329,475	11,996,722	31,737,872	0	\$ 68,064,069	0	0.00	Y	Y	FO	42 CFR 441 Subpart G https://www.ecfr.gov/cgi-bin/text-idx?SID=ee1d5a7b434111514069eca301e17436&mc=tr&node=pt42.4.441&rgn=div5	All - see program unit/activity description			

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			I/DD	I/DD Program	Stabilization and Crisis Unit (k plan group homes)	SACU is a 24-hour service provided under the CFCO. SACU provides a safety net for Oregon's most vulnerable, intensive, medically and behaviorally challenged people with I/DD. SACU provides services when no other community-based option is available for a person. This includes persons with I/DD coming out of the Oregon State Hospital, corrections systems, and from crisis situations where counties and private providers cannot meet the needs of the person to ensure their health and safety. SACU focuses on supporting people in community-based settings and enabling them to return to less intensive service levels as quickly as possible. SACU provides 24-hour residential and day supports to people with I/DD from across the state who have significant medical or behavioral needs. The services are provided in licensed five-bed group homes.	People with disabilities in community settings	12	45,933,907	1,406,841	74,676,321	0	\$ 122,017,069	745	372.50	N	Y	FO	42 CFR 441 s	All - see program unit/activity description		
			CW	Foster Care	Independent Living Services	Helps youth who are, or were, in foster care to become self-sufficient adults. Gives an opportunity for youth to learn valuable skills necessary to make a successful transition from state or tribal care to living independently.	Timely adoption, Absence of repeat maltreatment, Timeliness and permanency of child reunification	12	13,450,673	143,126	6,332,512	0	\$ 19,926,311	0	0.00	Y	Y	FM	ORS 419A and 419B	All - see program unit/activity description		
			CW	Foster Care	Nursing Assessments	Every child receives an intake nursing assessment by a DHS contracted nurse shortly after entering foster care. This assessment assures the child has all prescribed medication and assistive devices and is second set of eyes assuring safety. The contracted nurse also works with the foster/relative care provider to assure they have a clear understanding of the child's needs and can expedite referral to a physical, dental or mental health assessment when necessary.	Timely adoption, Absence of repeat maltreatment, Timeliness and permanency of child reunification	12	2,151,157	20,016	2,750,236	0	\$ 4,921,409	0	0.00	Y	Y	FM	ORS 419A and 419B	All - see program unit/activity description		
			CW	Foster Care	Other Medical	Other Medical is used to pay for services to help guide good case planning when the services are not covered by Medicaid or private health insurance, such as: Parent/Child Interaction, Sibling Interaction, Urinalysis Drug Testing, Psychosocial Evaluations, etc.	Timely adoption, Absence of repeat maltreatment, Timeliness and permanency of child reunification	12	6,374,998	24,706	496,425	0	\$ 6,896,129	0	0.00	N	Y	FM	ORS 419A and 419B	All - see program unit/activity description		
			CW	Foster Care	IV-E FC and Admin Reimbursements	Title IV-E Waiver project is Leveraging Intensive Family Engagement (LIFE). LIFE services include intensive family finding efforts to create and strengthen relationships with kith and kin, structured case planning meetings that are strengths based; trauma informed; culturally responsive, and family driven, and referrals to parent mentors who can facilitate the family's navigation through the system to help shorten the lengths of stay for children predicted to stay in the system for more than 3 years.	Timeliness and permanency of child reunification	12	0	0	11,236,599	0	\$ 11,236,599	0	0.00	Y	N	FO	ORS 419A and 419B	All - see program unit/activity description		
			CW	Foster Care	Foster Care Services	Contracted services to support the recruitment and retention of good foster families.	Timely adoption, Absence of repeat maltreatment, Timeliness and permanency of child reunification	12	21,761,780	26,141	1,768,840	0	\$ 23,556,761	0	0.00	Y	Y	FO	ORS 419A and 419B	All - see program unit/activity description		
			CW	Foster Care	Interstate Compacts	The Interstate Compact for the Placement of Children (ICPC) Program processes requests for placement across state lines in the context of dependency cases and in private placements, ensuring that legal and administrative requirements are met so that children are placed in safe and appropriate permanent homes. In addition, field-based specialized ICPC workers complete home studies for Oregon families across the state who are seeking placement of their relative children from another state's foster care program.	Timely adoption, Absence of repeat maltreatment, Timeliness and permanency of child reunification	12	668,952	17,117	297,682	0	\$ 983,751	0	0.00	N	N	FO	ORS 419A and 419B	All - see program unit/activity description		
			CW	Addiction & Recovery Services		Services in Washington, Clackamas and Lane counties that allow parents who have just completed residential treatment for their addiction to stabilize in their communities in settings that are alcohol and drug free and staff supported. Decreases foster care costs as children stay with their parents. Family Support Teams are a combination of contracted staff with expertise in addiction treatment and intervention and Child Welfare caseworkers responding to parents with substance use disorders. Service providers include addictions counselors and peer level supports known as 'outreach workers' housed in Child Welfare branches for immediate access by caseworkers and families.	Timely adoption, Absence of repeat maltreatment, Timeliness and permanency of child reunification. Absence of repeat maltreatment	12	5,495,475	26,731	4,857,712	0	\$ 10,379,918	0	0.00	N	Y	FO	ORS 419A and 419B	All - see program unit/activity description		
			CW	Guardianship Assistance		Guardianship Assistance is intended to help prevent a child from remaining in foster care when reunification with parents and adoption are not appropriate permanency options. Guardianship assistance supports relatives assuming legal guardianship by providing financial and medical assistance until the child/young adult is 18 years of age, to guardians who are not able to meet their child's needs without assistance.	Timely adoption, Absence of repeat maltreatment, Timeliness and permanency of child reunification	12	31,461,530	328,115	21,403,493	0	\$ 53,193,138	0	0.00	N	N	FO	Social Security Act, Section 473; ORS 418.330; ICWA	All - see program unit/activity description		
			CW	Adoption Assistance		Adoption Assistance is intended to help prevent a child from remaining in foster care when they cannot be safely returned to parent(s), and provides financial and medical assistance until the child/young adult is 18 years of age, to adoptive parents who are not able to meet the child/young adult's needs without assistance.	Timely adoption, Timeliness and permanency of child reunification	12	101,719,038	214,395	102,851,640	0	\$ 204,785,073	0	0.00	N	N	FM	Public Law 96-272; Public Law 105-89; Social Security Act, Section 473; ICWA	All - see program unit/activity description		
			CW	Post Adoption Services		Post Adoption Services support adoptive parents and guardians through training, specialized support, mentoring, etc.	Timely adoption, Timeliness and permanency of child reunification	12	585,409	18,067,582	1,091,323	0	\$ 19,744,314	0	0.00	N	Y	FO	ORS 419A and 419B	All - see program unit/activity description		

PROGRAM PRIORITIZATION FOR 2025-27

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Agcy:	Prgm/Div																					
			SSP	Supplemental Nutrition Asst. Program	EBT SNAP	SNAP offers food assistance to low-income individuals and families to help meet their nutritional needs. Benefits to participants are 100 percent federally funded; however, the administration of the program requires a 50 percent state match. Approximately one in five Oregonians receive food assistance through SNAP. SNAP is an important and constantly growing anti-poverty program. Recent research has shown that SNAP benefits reduce the depth and severity of poverty, and have a particularly strong effect on reducing child poverty. SNAP benefits add about \$1.1 billion dollars per year to the Oregon Economy including rural Oregon. Self-Sufficiency offices across the state serve the majority of the SNAP population. Elderly persons (60 and older) plus persons with disabilities who require services are assisted by Aging and People with Disabilities (APD) Program offices and their contracted: Area Agencies on Aging, Disability Services Offices and Councils of Government.	Food stamp utilization, Food stamp accuracy	12	0	0	0	3,189,534,623	\$ 3,189,534,623	0	0.00	N	N	FM	SNAP is guided by federal legislation found in the "Farm Bill" authorized by the Agricultural Act of 2014 (P.L. 113-79, Feb. 7,2014). Program policy is reauthorized every five years through the Farm Bill.	All - see program unit/activity description		
			SSP	Supplemental Nutrition Asst. Program	SNAP Cashout	SNAP offers food assistance to low-income individuals and families to help meet their nutritional needs. Benefits to participants are 100 percent federally funded; however, the administration of the program requires a 50 percent state match. Approximately one in five Oregonians receive food assistance through SNAP. SNAP is an important and constantly growing anti-poverty program. Recent research has shown that SNAP benefits reduce the depth and severity of poverty, and have a particularly strong effect on reducing child poverty. SNAP benefits add about \$1.1 billion dollars per year to the Oregon Economy including rural Oregon. Self-Sufficiency offices across the state serve the majority of the SNAP population. Elderly persons (60 and older) plus persons with disabilities who require services are assisted by Aging and People with Disabilities (APD) Program offices and their contracted: Area Agencies on Aging, Disability Services Offices and Councils of Government.	Food stamp utilization, Food stamp accuracy	12	0	0	0	292,333,504	\$ 292,333,504	0	0.00	N	N	FM	SNAP is guided by federal legislation found in the "Farm Bill" authorized by the Agricultural Act of 2014 (P.L. 113-79, Feb. 7,2014). Program policy is reauthorized every five years through the Farm Bill.	All - see program unit/activity description		
			APD	Disability Determination Services Program		People with disabilities may be able to qualify for one of two federal disability programs: Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI). These programs are governed by the federal Social Security Administration (SSA). Oregon performs this work on behalf of the Social Security Administration under contract. DDS employs over 200 employees and has a budget of over \$60M.			0	0	22,864,874	0	\$ 22,864,874	0	0.00	N	N	FM	N/A			
			SSP	Supplemental Nutrition Asst. Program	SNAP Employment and Training	Oregon is federally required to offer a limited companion employment and training program. SNAP participants may be enrolled in one of the following programs: Oregon Food Stamp Employment Transition (OFSET) program and the Able-Bodied Adults Without Dependents (ABAWD) program. More comprehensive services are provided through the 50/50 employment and training program, referred to in Oregon as SNAP Training and Employment Program (STEP).	Food stamp utilization, Food stamp accuracy	12	855,631	0	64,137,641	0	\$ 64,993,272	0	0.00	N	N	FM	This program is mandated by federal legislation found in the Food and Nutrition Act of 2008, authorized by the 2008 Farm Bill.	All - see program unit/activity description		
			SSP	Supplemental Nutrition Asst. Program	SNAP Ed	SNAP Ed provides direct education services to SNAP participants in every county in Oregon. Through its Hub model, Oregon reached 371,220 participants (combination of direct education, social marketing and PSE interventions). SNAP-Ed's social marketing initiative "Food Hero" has an evidence-based website, recipes and PSE interventions that support low-income audiences in making healthy choices on a limited budget. SNAP-Ed is 100% Federal Funds.			0	0	19,181,586	0	\$ 19,181,586	0	0.00	N	N	FM	This program is mandated by federal legislation found in the Food and Nutrition Act of 2008, authorized by the 2008 Farm Bill.	All - see program unit/activity description		
			SSP	Supplemental Nutrition Asst. Program	SNAP Outreach 50%	SNAP Outreach to potentially eligible household who are not currently accessing SNAP benefits is part of Oregon's plan. priorities include messaging the need to complete and return necessary paperwork and retention of their Oregon Trail Cards (Oregon's EBT card). The education component of the plan also includes stretching food budgets, utilizing locally available resources and assist by educating people about reporting changes. Currently there are 15 Outreach contracted partners that work closely with local DHS offices. This State Plan has a 50% Federal reimbursement for contractors.			192,789	0	2,602,883	0	\$ 2,795,672	0	0.00	N	N	FM	This program is mandated by federal legislation found in the Food and Nutrition Act of 2008, authorized by the 2008 Farm Bill.	All - see program unit/activity description		

PROGRAM PRIORITIZATION FOR 2025-27

Agency Name: Oregon Department of Human Services																								
2025-27 Biennium																			Agency Number: 10000					
Agency-Wide Priorities for 2025-27 Biennium																								
1	2	3	4a	4c	4d	5	6	7	8	10	12	13	14	15	16	17	18	19	20	21	22			
Priority (ranked with highest priority first)	Agency Initials	Program or Activity Initials	Program or Activity Initials (DCR)	Sub-DCR	Program Unit/Activity Description	Identify Key Performance Measure(s)	Primary Purpose Program-Activity Code	GF	OF	FF	NL-FF	TOTAL FUNDS	Pos.	FTE	New or Enhanced Program (Y/N)	Included as Reduction Option (Y/N)	Legal Req. Code (C, D, FM, FO, S)	Legal Citation	Explain What is Mandatory (for C, FM, and FO Only)	Comments on Proposed Changes to CSL included in Agency Request				
Agcy:	Prgm/Div																							
		SSP	Food Assistance	TEFAP, CSFP, OHRF, OHTF	The Emergency Food Assistance Program (TEFAP) is a federally funded program that helps supplement the diets of low-income Americans, including elderly people, by providing them with emergency food assistance at no cost. The Oregon Food Bank is primary grantee in Oregon and works with the Oregon Food Bank network to deliver services across Oregon. The Commodity Supplemental Food Program (CSFP) provides nutritious commodities to help meet the nutritional needs of low-income elderly persons (aged 60 or older) in Oregon. Through local agencies, each participant receives a monthly package of commodities. There are currently 7 Regional Food Banks who contract with roughly 100 pantries that distribute the food boxes. The Oregon Hunger Response Fund is an allocation from the Legislature to the Oregon Food Bank to help build infrastructure and transport food to food pantries and other important efforts to support the Food Bank and Food Bank Networks. Oregon Housing and Community Services, with legislative approval, transferred the Oregon Hunger Response Fund (OHRF) to the Department of Human Services effective 10/1/2015. Oregon Hunger Task Force (OHTF) is a 28-seat task force that is directed to "serve as an advocate for hungry persons," studying the problem of hunger, making recommendations, and helping local communities implement changes. Working with partners throughout Oregon, the task force has since worked to promote community awareness, compile research, develop proposals for government action, and conduct outreach to expand participation in nutrition programs.	Food stamp utilization, Food stamp accuracy	12	14,394,278	0	3,896,817	0	\$ 18,291,095	0	0.00	N	N	FM	7 CFR Part 247 and 250; Emergency Food Assistance Act of 1983; FNS Instructions 716-3, 410-1, and 113-1; Oregon Revised Statutes 458.530; Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d et seq.)	All - see program unit/activity description					
		SSP	Family Support and Connections		Provides supports to prevent children in the TANF program from entering the child welfare system. Home visiting and community-based services are some of the interventions used to build on family strengths and address family functioning issues.	TANF re-entry, TANF family stability	12	324,103	0	22,092,046	0	\$ 22,416,149	0	0.00	N	N	FO	Title II of the Child Abuse Prevention and Treatment Act (CAPTA), as amended by P.L. 111-320, authorizes grant funds to be released to the states and names the program Community-Based Grants for the Prevention of Child Abuse and Neglect (CBCAP).	All - see program unit/activity description					
		SSP	Cash Assistance	TANF Basic	TANF is a collection of programs directed at improving the lives of very low-income Oregon families with children. It is a critical safety net program for families with children living in extreme poverty and helps families from a variety of diverse backgrounds to address their most basic needs. TANF provides eligible families with cash assistance, connections to support and community resources, case management, and employment and training services. Families typically use TANF funds to prevent homelessness and to help with other factors contributing to family instability. The goal of the program is to help families address barriers, gain skills and access employment opportunities to become self-sufficient.	TANF re-entry, TANF family stability	12	43,357,442	358,400	183,708,647	0	\$ 227,424,489	0	0.00	Y	Y	FO	The TANF program is authorized under Title IV-A of the Social Security Act, as amended by the Personal Responsibility and Work Opportunity Act, as amended by the Work Opportunity Reconciliation Act of 1999 (PRWORA), and the Deficit Reduction Act of 2005. State Statute chapters are 411 and 412.	All - see program unit/activity description					

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1	2	3	4a	4c	4d	5	6	7	8	10	12	13	14	15	16	17	18	19	20	21	22	
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Agcy:	Prgm/Div																					
		SSP	Cash Assistance	TANF UN	TANF is a collection of programs directed at improving the lives of very low-income Oregon families with children. It is a critical safety net program for families with children living in extreme poverty and helps families from a variety of diverse backgrounds to address their most basic needs. TANF provides eligible families with cash assistance, connections to support and community resources, case management, and employment and training services. Families typically use TANF funds to prevent homelessness and to help with other factors contributing to family instability. The goal of the program is to help families address barriers, gain skills and access employment opportunities to become self-sufficient.	TANF re-entry, TANF family stability	12	56,837,044	640	0	0	\$ 56,837,684	0	0.00	N	Y	FO	State Statutes Chapters 411 and 412.	All - see program unit/activity description			
		SSP	Cash Assistance	State Family Pre SSI/SSDI	The State Family Pre-SSI/SSDI (SFPSS) Program is designed to assist TANF-eligible individuals with disabilities obtain Social Security disability benefits through the Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) programs. The program serves individuals who are not required to participate in the JOBS program. The program provides families with a cash grant, professional assistance with Social Security Administration (SSA) applications and appeals as well as case management services. Once a client is awarded SSI benefits, the department recovers a portion of the payments it made to the family during the application process from the client's initial SSI lump-sum payment.	TANF re-entry, TANF family stability	12	382,397	744,010	0	0	\$ 1,126,407	0	0.00	N	Y	FO	State Statutes Chapters 411 and 412.	All - see program unit/activity description			
		SSP	JOBS Contracts/Support Services Activities	TANF Programs	Most adults must meet additional requirements to receive TANF services. The JOBS program provides employment, education, skill-building and family stability services to individuals of families receiving TANF assistance. Individuals participate in JOBS to gain skills necessary to join the workforce and retain employment.	TANF re-entry, TANF family stability	12	23,403,780	451,439	75,863,761	0	\$ 99,718,980	0	0.00	Y	N	FO	State Statutes Chapters 411 and 412.	All - see program unit/activity description			
		I/DD	I/DD Program	Other Services (Includes Housing)	The I/DD Community Housing Program assists persons with developmental disabilities to live successfully in community housing that is affordable and safe and contributes to their independence and quality of life. I/DD Community Housing supports services to persons with developmental disabilities by overseeing the property management of homes developed for the former Fairview State Training Center residents, develops and manages funds eligible for home modification for IDD individuals, coordinating the operation of the Fairview Community Housing Trust that was established with revenue from the sale of Fairview and providing technical assistance to individuals, families, brokerages, and counties regarding housing issues faced by persons with developmental disabilities and best practices to implement solutions.	People with disabilities in community settings	12	8,489,507	3,399,905	3,609	0	\$ 11,893,021	0	0.00	N	Y	FO	42 CFR 441 s	All - see program unit/activity description			
		VR	VR - Basic Rehabilitative Services		These are basic services provided to individuals whose disabilities present a potential barrier to employment. A rehabilitation counselor conducts a comprehensive assessment to evaluate vocational potential, including diagnostic and related services necessary for the determination of eligibility for services as well as the nature and scope of services to be provided. Vocational counseling and guidance builds on this assessment and helps the client identify a vocational goal. The counselor, in partnership with the client, develops an individualized plan for employment and authorizes	Vocational rehabilitation services employment	12	20,201,591	9,742,259	35,423,227	0	\$ 65,367,077	0	0.00	Y	Y	FO	29 U.S.C. 796c and 29 U.S.C 796e-2	All - see program unit/activity description			
		VR	State Independent Living Council (SILC)		This funding supports the seven Centers for Independent Living through out the state of Oregon. Centers for Independent Living are designed to help individuals who experience disabilities achieve personal goals for independence and participation in their families and communities.	Vocational rehabilitation services employment	12	2,265,571	0	738,328	0	\$ 3,003,899	0	0.00	N	Y	FO	29 U.S.C. 796d	All - see program unit/activity description			
		APD	APD Program	Other Services	The Centers for Medicare and Medicaid Services (CMS) requires DHS to coordinate with Medicare in many areas and clients need help accessing other programs for which they are eligible. The federal Medicare program is the most common program clients need assistance with. APD determines client eligibility and submits client data to CMS for two Medicare-related programs: Medicare buy-in and Medicare Part D low-income subsidy. APD served more than 130,000 clients in these two programs over one year. These programs help low-income beneficiaries with their cost-sharing requirements. Securing this coverage also ensures Medicare remains in a "first payor" status, ultimately saving the state's Medicaid program significant money.		12	4,192,505	2,148,828	4,217,653	0	\$ 10,558,986	0	0.00	Y	Y	FO	ORS 410.070	All - see program unit/activity description			
		APD	APD Program	Older Americans Act	Services and supports provided to individuals under the Older Americans Act (OAA) provide vital assistance designed to prevent or delay entry into Medicaid-funded long-term care such as In-Home or 24-hour residential services. The OAA is a Federal law that set out a national aging network structure consisting of the U.S. Administration on Aging (AoA) now part of the Administration for Community Living, State Units on Aging (DHS/Aging and People with Disabilities program), and Area Agencies on Aging (AAAs). The OAA authorizes funding and services through this network to serve older individuals in their homes and communities, through local entities. All individuals, aged 60 or older, regardless of income are eligible to receive services but the programs are targeted towards those in greatest social or economic need. A specific focus on how to better serve diverse populations of older adults across race/ethnicity, sexual orientation, gender, veteran status, and other intersecting categories are essential with the continually changing demographics of Oregon.		12	3,301,965	0	46,944,133	0	\$ 50,246,098	0	0.00	N	Y	FO	ORS 410.070	All - see program unit/activity description			

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Agcy:	Prgm/Div																				
		APD	APD Program	Oregon Project Independence	This is a state-funded program offering in-home services and related supports to individuals 60 years of age and older or people who have been diagnosed with Alzheimer's or a related dementia disorder. Approximately 5,000 Oregonians are served in this program. It represents a critical element in Oregon's strategy to prevent or delay individuals from leaving their own homes to receive services in more expensive facility-based settings, or depleting their personal assets sooner than necessary and accessing more expensive Medicaid health and long-term service benefits. The program was expanded by the 2005 Oregon Legislature to include younger adults with disabilities. In 2014 and 2015 a pilot program was funded expanding the program to adults ages 19-59 with physical disabilities. Through this pilot more than 500 individuals have been served. OPI is administered statewide by local Area Agencies on Aging (AAAs). Many areas have waiting lists due to high demand and limited program funding. Client eligibility is determined by an assessment of functional ability and natural supports related to activities of daily living. Typical services include assistance with housekeeping, bathing, grooming, health care tasks, meal preparation, caregiver respite, chore services, adult day services and transportation. The OPI program has no financial asset limitations for clients. A sliding fee scale is applied to clients with net monthly income between 100 and 200 percent of the federal poverty level (FPL) to pay toward the cost of service. A small group with income above 200 percent of FPL pays the full rate for services provided. Generally, this is because they benefit from the case management, ongoing support and monitoring, in addition to the actual purchased services.		12	37,217,933	0	44,587,125	0	\$ 81,805,058	0	0.00	N	Y	S	ORS 410.410			
		SSP	Refugee Program		The program serves individuals and families who fled persecution in their country of origin and were legally admitted for resettlement by the United States government. Refugees and people who have been granted asylum access the program for financial, employment-related and acculturation services. The program guides refugees toward economic stability through employment as early as possible. The program serves only those persons in immigration categories approved by the Federal Office of Refugee Resettlement (ORR).		12	4,668,785	0	31,251,715	0	\$ 35,920,500	0	0.00	N	N	FM	ORS 411.060, 409.010(2) ©, 409.010(2) (h)	All - see program unit/activity description		
		SSP	Summer EBT		This is a new program started after the 2024 February Legislative Session. More details will be available at a later date.		12			70,560,000		\$ 70,560,000									
		SSP	Employment Related Daycare		This program moved to the Department of Early Learning (DEL). This portion represents the body of work still found within ODHS.		12		480,036,614			\$ 480,036,614									
		SSP	Cash Assistance	TANF Transition	Services are available to families who transition from TANF cash benefits to employment. These programs include allowing families to make more money before closing the TANF grant, a reduced copay for childcare, and three months of supportive cash benefits once the TANF has closed. These services are intended to provide a glide path for families as they transition to employment and help ease the burden of the costs related to this change.	TANF re-entry, TANF family stability	12	3,797,270	0	0	0	\$ 3,797,270	0	0.00	N	N	FO	State Statutes Chapters 411 and 412.	All - see program unit/activity description		
		SSP	Youth Services		My Future - My Choice program is an age-appropriate, medically accurate, sexual health education program. This service supports community prevention efforts to help families break the generational connection to public assistance. The program expands on the historical teen pregnancy prevention program to provide education and tools for youth to resist multiple risk-taking behaviors. DHS partners with the Oregon Department of Education and the My Future - My Choice Advisory Committee to develop and implement the program.		12	22,797,617	0	1,656,674	0	\$ 24,454,291	0	0.00	N	N	FO	The Title V Federal Abstinence Education Program Grant	All - see program unit/activity description		
		SSP	SUD Childcare		The Department of Education, Early Learning Division (ELD) supported contracts with Substance Use Disorder (SUD) treatment clinics to cover child care for parents in treatment for several years. Due to changes in the funding source, 2014 Reauthorization of the Child Care Development Block Grant, ELD was no longer able to leverage these funds to support the contracts. Department of Human Services (DHS) worked closely with the SUD facilities, ELD, Child Welfare, and Oregon Health Authority to create the DHS SUD child care program to allow for continued support for the SUD facilities and the families they serve. DHS leveraged TANF Federal funding to support the contracts to cover child care needs for families in SUD treatment. The TANF funding allows DHS to cover the cost of care for up to 4 months while the families apply for a TANF grant and work with their local DHS worker to create a case plan that includes SUD treatment. Once a case plan is in place the child care is covered through the local DHS JOBS support service payment budgets.		12	0	0	900,000	0	\$ 900,000	0	0.00	N	N	FO	45 CFR 260.31 (b) & ORS 411.117 (1) (e)			
		SSP	Other Family Support		Other Family Supports provides services to families not fitting into other program areas. For CSL, this budget only includes the Culturally Responsive Tax program. POPs would add Housing Stabilization and a Demonstration project for Jackson Co.		12	7,906,341	0	0		\$ 7,906,341	0	0.00	Y	N	S	2022 OR Laws, Chapter 67			

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Agcy:	Prgm/Div																				
						Adoptions finalized in an Oregon court for a child who is not in the custody of the Department of Human Services. DHS provides background checks and files petitions and provides adoption assistance for eligible private adoptions.															
					Contracted adoption agencies provide placement reports for independent adoptions as assigned by DHS. They also complete home studies when assigned by DHS.																
		CW	Adoption Supports		Contractors provide assisted search services for the Adoption Search & Registry Program, search for eligible birth and adoptive persons.	Timely adoption, Timeliness and permanency of child reunification	12	828,275	349,760	745,725	0	\$ 1,923,760	0	0.00	N	Y	FO	ORS 109.309	All - see program unit/activity description		
		CW	Contracted Adoption Services		Contractors provide adoption committee presentation, placement, adoption supervision and finalization services.	Timely adoption, Timeliness and permanency of child reunification	12	2,359,227	0	1,865,409	0	\$ 4,224,636	0	0.00	N	Y	FO	ORS 419A and 419B	All - see program unit/activity description		
		CW	Child Care for Foster Parents		\$375 per month per child reimbursement to foster parents when all foster parents work outside of the home.		12	0	7,691,257	5,619,752	0	\$ 13,311,009	0	0.00	N	N	FM	ORS 418.015			
								4,732,352,250	826,085,560	8,282,781,517	3,481,868,127	17,323,087,454	745	372.50							



Oregon

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January 17, 2025

Internal Cover Brief

The State LFO-Required **10% Reduction Options for the ODHS 2025-27**

The Oregon Department of Human Services (ODHS) is acutely aware that the reduction options on this list have significant consequences for Oregonians and the communities in which they live. The agency will continue to identify opportunities for efficiencies that allow us to reduce costs and maximize resources with minimal impact to clients.

ODHS was guided by a set of priorities in making proposed reductions, however, the extent of the proposed reductions meant options also needed to be included that don't align with our priorities. The reduction list provided is updated from the original 2025-27 ARB submission by incorporating Governor's Budget considerations. Those reductions that are used in the Governor's Budget are marked "Y" (yes) in the list and are in priority order. The list contains one-time reductions along with ongoing ones.

Guiding Priorities:

For all programs, the agency looked closely at client safety and stability with the goal of preserving the infrastructure of programs and the provider systems that serve clients, maintenance of effort (MOE) issues, legal risk, cross-program impact, cost shifting, and the reduction's related loss of federal matching funds.

ODHS will continue to evaluate the impact of repeated reductions to programs. In other words, the agency is evaluating at what point it no longer makes sense to continue programs with deep cuts and consider the elimination of some programs in order to preserve others.

Shared and Central Services were not included in the 10% reduction requirement due to the historic shortfall in those two areas (except for State Agencies Enterprise Charges).

In Intellectual and Developmental Disabilities programs, ODHS worked to prioritize the health and safety of individuals in services while balancing the impact reductions will have on providers and the direct care workforce.

In Aging and People with Disabilities programs, ODHS prioritized keeping as much of Oregon's high-quality system in place as possible, prioritizing home and community-based services.

"Assisting People to Become Independent, Healthy and Safe"

Detail of Reductions to 2025-27 Current Service Level Budget

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Priority (ranked most to least preferred)	SCR	Agency	SCR or Activity Initials	Program Unit/Activity Description	GF	LF	OF	NL-OF	FF	NL-FF	TOTAL FUNDS	Pos.	FTE	Used in Gov. Budget Yes / No	Impact of Reduction on Services and Outcomes
1	APD	ODHS	APD	Sweep Quality Care Fund	(18,000,000)	0	18,000,000	0	0	0	\$ -	0	0.00	Y	One-Time. Quality Care Fund is statutorily required to be used to support quality improvement projects and senior emergency medical service pilots. This reduction would eliminate the department's ability to fund quality projects, improve outcomes for consumers and prevent implementation of the pilot projects. This cut would sweep the current corpus but the fund will slowly rebuild with new application fees and penalties.
2	SSP	ODHS	SSP	Utilize TANF Carryover Funds on a one-time basis	(20,000,000)	0	0	0	20,000,000	0	\$ -	0	0.00	Y	One-Time. Utilize one-time TANF Federal dollars available via Contingency Federal Funds
3	CW	ODHS	CW	Reduce Employee Training by 50%	(5,132,576)	0	0	0	(221,648)	0	\$ (5,354,224)	0	0.00	Y	One-Time. Training is a key component in supporting child welfare staff in their jobs, promoting retention and workforce stability. A lack of training and reduction to training affects the quality of case work and affects employee retention. Additionally, Child Welfare continues to make improvements in our retention, succession planning and recruitment efforts. Training reductions will both limit the ability to retain staff and develop a skilled case workforce that is critical to families in Oregon.
4	CW	ODHS	CW	Eliminate phase-in of one-time S&S reduction	(16,209,261)	0	(253,468)	0	(3,365,363)	0	\$ (19,828,092)	0	0.00	Y	One-Time. Cutting of Travel and Office Expenses budget will create consequences to field operations and the ability to complete work efficiently and timely. We need to continue to provide our offices with the resources they need in order to keep the offices running smoothly. Travel is an essential function of a Child Welfare worker's job. Services to children and services are ordered by the juvenile court and often require travel facilitated by the workforce. Additionally, there are training needs and the opportunities to learn in classroom settings for CW's 3,600 staff. Post -pandemic, limiting travel will affect the ability of the Child Welfare agency to provide staff the required classroom trainings in the environment most conducive for skill-building.
5	OEP	ODHS	OEP	Eliminate phase-in of one-time S&S reduction	(10,932,742)	0	(26,473)	0	(2,868,377)	0	\$ (13,827,592)	0	0.00	Y	One-Time. These are S&S reductions that limit our ability to support staff with technology, training, and materials to do the work; thus, increasing dissatisfaction and potentially increasing issues with retention and being able to deliver timely and positive customer service.
6	OEP	ODHS	OEP	Reduce funding for training	(750,000)	0	0	0	0	0	\$ (750,000)	0	0.00	Y	One-Time. Training is a key component in supporting OEP staff in their jobs, promoting retention and workforce stability. A lack of training and reduction to training affects the quality of work and affects employee retention. Training reductions will both limit the ability to retain staff and develop a skilled case workforce that is critical to families in Oregon.
7	APD	ODHS	APD	Eliminate phase-in of one-time S&S reduction	(1,131,700)	0	0	0	0	0	\$ (1,131,700)	0	0.00	Y	One-Time. These are S&S reductions that limit our ability to support staff with technology, training, and materials to do the work; thus, increasing dissatisfaction and potentially increasing issues with retention and being able to deliver timely and positive customer service.

Detail of Reductions to 2025-27 Current Service Level Budget

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Priority (ranked most to least preferred)	SCR	Agency	SCR or Activity Initials	Program Unit/Activity Description	GF	LF	OF	NL-OF	FF	NL-FF	TOTAL FUNDS	Pos.	FTE	Used in Gov. Budget Yes / No	Impact of Reduction on Services and Outcomes
8	IDD	ODHS	IDD	Eliminate phase-in of one-time S&S reduction	(1,572,226)	0	0	0	0	0	\$ (1,572,226)	0	0.00	Y	One-Time. These are S&S reductions that limit our ability to support staff with technology, training, and materials to do the work; thus, increasing dissatisfaction and potentially increasing issues with retention and being able to deliver timely and positive customer service.
9	SAEC	ODHS	SAEC	One-time S&S reduction	(2,210,000)	0	0	0	0	0	\$ (2,210,000)	0	0.00	Y	One-Time. These are S&S reductions that limit our ability to support staff with technology, training, and materials to do the work; thus, increasing dissatisfaction and potentially increasing issues with retention and being able to deliver timely and positive customer service.
10	IDD	ODHS	IDD	Bring all ODDS licensing/certification functions in-house to state level	(2,329,939)	0	0	0	(2,004,757)	0	\$ (4,334,696)	20	15.00	Y	The state will assume the responsibility of foster care licensing from CDDPs. This will reduce the CME workload model funding for 38 FTE. The state is proposing GH changes for licensing from 2 yrs to 4 yrs and for adult foster homes 1 year to 4 years. With this change the state has sufficient staff to visit all the homes in the state without additional staff.
11	IDD	ODHS	IDD	Reduce Contracts	(1,500,000)	0	0	0	(1,500,000)	0	\$ (3,000,000)	0	0.00	Y	Reduce or eliminate contracts. ODDS will need to prioritize contracts based on policy, rules and needs
12	SAEC	ODHS	SAEC	IT Direct Charge	(3,905,464)	0	(150,400)	0	(2,276,998)	0	\$ (6,332,862)	0	0.00	Y	Purchase of computer and computer fix will be limited. No Year End Lifecycle Replacement of computers. This funding is used to offset the cost of Microsoft Licenses paid by OIS. Removal of this funding will impact the agency's ability to cover MS licensing amts not covered by DAS EIS. Directly impacts APD AAAs, where ODHS/OHA pays for partner licenses.
13	SAEC	ODHS	SAEC	Postage and Handling	(1,592,710)	0	(145,516)	0	(320,274)	0	\$ (2,058,500)	0	0.00	Y	Program would not mail as much and not use Publishing and Distribution Metering postage. This is half of the Postage & Handling budget. DAS required the P&H to be paid out of a single part of ODHS rather than break out the costs. If costs are higher, agency would have to significantly decrease mailings to clients.

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Priority (ranked most to least preferred)	SCR	Agency	SCR or Activity Initials	Program Unit/Activity Description	GF	LF	OF	NL-OF	FF	NL-FF	TOTAL FUNDS	Pos.	FTE	Used in Gov. Budget Yes / No	Impact of Reduction on Services and Outcomes
14	APD	ODHS	APD	Eliminate Mental Health Funding	(3,263,533)	0	0	0	0	0	\$ (3,263,533)	0	0.00	Y	This would eliminate the funding for local organizations to provide evidence-based mental health services to Oregonians and OHSU contract evaluating MH program. APD serves approximately 70 consumers in this program. This would close the program entirely.
15	SAEC	ODHS	SAEC	Reduce inflation for Uplift Oregon	(27,738)	0	(795)	0	(9,416)	0	\$ (37,949)	0	0.00	Y	This is a non-price list payment to DAS for the Union Training program. Only achievable if this service is being reduced.
16	IDD	ODHS	IDD	Close SACU Elliot 1 and Elliot 2 Homes	(2,004,903)	0	0	0	(3,474,474)	0	\$ (5,479,377)	0	(10.50)	Y	Close the Elliot 1 and Elliot 2 homes of the stabilization and crisis unit (SACU) in a phased process, starting 7/1/2026. Positions would be reallocated.
17	IDD	ODHS	IDD	Close additional SACU Homes	(15,768,383)	0	(468,946)	0	(23,889,510)	0	\$ (40,126,839)	0	(361.92)	Y	This pricing assumes closing all SACU homes 7/1/2026, eliminating all stabilization and crisis services ran by the State of Oregon, eliminating 100 beds and reallocating positions. Requires K Plan amendment to be submitted and approved by CMS. Actual savings would depend on final implementation plan developed.
18	OEP	ODHS	OEP	AAA cut of funding for staff from 66.3% to match ODHS 49.1% in workload model. County cuts and pushback and loss of productivity and timeliness could lead to penalties and negative outcomes for those we serve, hospital discharge timeliness, and access to medical care.	(5,000,000)	0	0	0	(5,000,000)	0	\$ (10,000,000)	0	0.00	N	Fewer eligibility determination resources at the AAAs, likely impacting LTSS Oregonians the most, hospital discharge delays. Fewer resources would mean less timely and accurate determinations, longer wait times in offices, and reduced customer satisfaction. Cost shift to hospitals. Delays for MH treatment. Would affect SNAP timeliness and potential additional penalties.

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19	IDD	ODHS	IDD	Bring ODDS Program eligibility to state level	(5,135,287)	0	0	0	(4,459,219)	0	\$ (9,594,506)	41	31.69	N	Transition IDD eligibility responsibility to the state from CDDPs. This action will reduce the overall CME workload model funding by over 90 FTE, including supervisory and support positions which is reflected here. It would require the state to hire approximately 41 staff to perform this work. This will require technical Medicaid waiver and state plan amendments to be submitted and approved by CMS.
20	APD	ODHS	APD	Eliminate CM only funding from AAAs	(8,780,977)	0	0	0	(8,780,975)	0	\$ (17,561,952)	0	0.00	N	In the 2024 Session, the Type B AAAs received funding for "case management only consumers." APD did not receive this funding. This elimination will bring the AAAs back in line with APD but will negatively impact AAAs' ability to support consumers.
21	IDD	ODHS	IDD	Establish Step 4 for Brokerage & CDDP Funding Model	(6,829,029)	0	0	0	(7,752,380)	0	\$ (14,581,409)	0	0.00	N	Reduces workload model funding to CDDPs and Brokerages by 5% to 95%.
22	IDD	ODHS	IDD	Vacancy Savings (5%) for Brokerage and CDDP Model	(9,337,402)	0	0	0	(10,437,792)	0	\$ (19,775,193)	0	0.00	N	Reduces workload model funding to CDDPs and Brokerages by 5% to 95%.
23	APD	ODHS	APD	Reduce the AAA funding model by funding staff costs at step 4	(5,997,937)	0	0	0	(4,030,094)	0	\$ (10,028,031)	0	0.00	N	The current AAA funding methodology funds AAAs at a Step 5 with no vacancy savings built in. Reducing this funding will reduce the number of case managers, AFH licensors and APS staff the AAAs can hire, especially since they typically pay higher salaries than APD can. Ultimately, this will impact access to case management services, less robust APS and slower AFH licensing response and other negative impacts. This could further delay hospital discharges.

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24	APD	ODHS	APD	Vacancy Savings (5%) for AAA Model	(8,080,314)	0	0	0	(5,456,907)	0	\$ (13,537,221)	0	0.00	N	Reduces workload model funding by 5% to account for a vacancy savings factor comparable with what is applied for state staff. Pricing is assuming step 4 reduction has occurred first.
25	OEP	ODHS	OEP	Reduce the AAA funding model by funding staff costs at step 4	(3,772,660)	0	0	0	(3,772,660)	0	\$ (7,545,320)	0	0.00	N	The current AAA funding methodology funds AAAs at a Step 5 with no vacancy savings built in. Reducing this funding will reduce the number of staff the AAAs can hire, especially since they typically pay higher salaries than ODHS can. Ultimately, this will impact access to eligibility services.
26	OEP	ODHS	OEP	Vacancy Savings (5%) for AAA Model	(1,642,268)	0	0	0	(1,642,268)	0	\$ (3,284,536)	0	0.00	N	Reduces workload model funding by 5% to account for a vacancy savings factor comparable with what is applied for state staff. Pricing is assuming step 4 reduction has occurred first.
27	APD	ODHS	APD	Eliminate Maximus contract for MED (Mental, Emotional, Disorder)	(1,000,000)	0	0	0	0	0	\$ (1,000,000)	0	0.00	N	APD does not serve individuals whose primary diagnosis is a mental illness. In the past, APD made that determination of the primary driver of need with APD staff. However, Disability Rights Oregon (DRO) raised concerns about the competency of the staff making those decisions. APD contracted with Maximus to address DRO's concerns. APD could bring these determinations back in house. This could case concerns with DRO.
28	OEP	ODHS	OEP	Reduce SFO IT Professional Services, which is currently funding OT work (End OT for Workload). OEP does OT monthly on average of 1 million dollars. This allows our 50% funded model to try and keep up with the federal expectation of 95% timely applications, which we are still not hitting. This will decrease timeliness and increase	(6,000,000)	0	0	0	(6,000,000)	0	\$ (12,000,000)	0	0.00	N	One-time. This line item supports ONE system enhancements and updates, as well as other work for systems supporting eligibility work, specifically directed at SFO operations. A reduction would see eligibility determination work back up and become less timely and likely less accurate. The FTE equivalent of the overtime currently being worked is roughly 110 FTE. Reducing the work effort to this extent would lead to significant increases in backlog tasks, reductions in timeliness and accuracy, increased hold times, and decreased customer satisfaction. This would limit ability to do additional enhancements to cloud and web services, and risk our ability to comply with stage gate actions when necessary to have IV&V vendor support. These funds are our only way to look at finding efficiency to
29	IDD	ODHS	IDD	Eliminate ODDS Staff of Children's Residential Case Management	(1,661,095)	0	0	0	(1,661,095)	0	\$ (3,322,190)	(15)	(11.85)	N	Moves the case management responsibility of Children's Residential Services to the CDDPs. Requires K Plan and waiver amendments to be submitted and approved by CMS.

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30	IDD	ODHS	IDD	Reduce Brokerage and CDDP Equity (95% equity)	(10,710,604)	0	0	0	(12,351,568)	0	\$ (23,062,172)	0	0.00	N	Reduces workload model funding to CDDPs and Brokerages by 5% to 95%.
31	IDD	ODHS	IDD	Reduce Brokerage and CDDP Equity (90% equity)	(10,175,074)	0	0	0	(11,733,989)	0	\$ (21,909,063)	0	0.00	N	This second cut would reduce CMEs to 90% equity of the final funding decisions based on budget and the workload model.
32	APD	ODHS	APD	Reduce AAA Equity from 95% to 92.5%	(4,249,405)	0	0	0	(2,868,664)	0	\$ (7,118,069)	0	0.00	N	Reduce the equity factor would require AAAs to perform duties at a savings of 7.5% rather than a 5%, potentially limiting their ability to provide adult protective services, licensing adult foster homes, determining eligibility and assisting consumers in developing person centered service plans
33	IDD	ODHS	IDD	Eliminate ODDS CIIS Staff -- Medically Involved, Medically Fragile, Behavioral	(3,213,929)	0	0	0	(3,213,929)	0	\$ (6,427,857)	(30)	(23.70)	N	Moves the case management responsibility of CIIS Children from ODDS to CDDPs. Requires K Plan and waiver amendments to be submitted and approved by CMS for change. Majority of staff are represented.
34	APD	ODHS	APD	Eliminate ECHO funding	(508,000)	0	0	0	0	0	\$ (508,000)	0	0.00	N	ECHO provides training and consultation to NFs on complex cases. This is a contract through OHSU. With the elimination of this funding, quality of care may be impacted. The program will be eliminated in its entirety.
35	APD	ODHS	APD	Eliminate Oregon Care Partners	(5,000,000)	0	0	0	(3,250,000)	0	\$ (8,250,000)	0	0.00	N	Oregon Care Partners has been instrumental in approving the quality of care seniors and people with disabilities receive from family and paid caregivers. They provide free training to caregivers and first responders. They have trained thousands of individuals. Without this funding, the quality of care that individuals receive will be diminished. It is also likely that family caregivers will not be able to provide the care needed by their loved ones and will need to turn to paid care, including seeking Medicaid. This cut will eliminate all state funds.

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36	APD	ODHS	APD	Eliminate HCC delivered trainings	(1,090,000)	0	0	0	0	0	\$ (1,090,000)	0	0.00	N	The Oregon Home Care Commission provides ongoing training to HCWs, PSWs and PCAs. This training is tied to the collective bargaining agreement and helps individuals receive pay differentials based on the training they receive. Some training could continue but others would need to be terminated. Lack of training could negatively impact the quality of care consumers receive.
37	APD	ODHS	APD	Eliminate funding for "Promoting Organizational Change for Employees"	(280,000)	0	0	0	0	0	\$ (280,000)	0	0.00	N	This contract supports LTSS facilities to better serve individuals in a whole-person, holistic manner. The removal of this contract will reduce the quality of care that individuals receive.
38	APD	ODHS	APD	Reduce the complex medical add-on for nursing facilities by 40% (Assumes that rates are paid at the current statutory level)	(24,110,074)	0	(3,762,025)	0	(34,828,315)	0	\$ (62,700,414)	0	0.00	N	This reduction would eliminate half of the 40% premium paid to nursing facilities that serve individuals with certain complex medical conditions. Taking this reduction will require a statutory change to implement and may impact NF providers willingness to pay the provider tax that helps fund NF services. Forecast estimate this will impact approximately 908 individuals each month.
39	APD	ODHS	APD	Reduce Nursing Facilities' rates by 10% (excludes Complex)	(36,097,406)	0	(16,190,036)	0	(80,736,006)	0	\$ (133,023,448)	0	0.00	N	Reducing Nursing Facilities rates may result in decreased access for Medicaid consumers. Medicaid rates are already substantially below rates facilities may secure from private pay consumers though rates are higher than those in neighboring states. APD is serving more than 4 thousand individuals in NFs.
40	IDD	ODHS	IDD	Reduce Supported Living services rates by 15%	(7,043,132)	0	0	0	(13,197,125)	0	\$ (20,240,257)	0	0.00	N	Reduce Supported Living services rates across the board by 15%. Will require amendment to be submitted and approved by CMS for change in rate methodology and to assure ongoing access to services for individuals.
41	APD	ODHS	APD	Reduce CBC rates by 3.75%, AFH & PACE excluded, priced separately	(13,590,482)	0	-	0	(26,556,790)	0	\$ (40,147,272)	0	0.00	N	Reducing CBC rates may result in decreased access for Medicaid consumers. Medicaid rates are already substantially below rates facilities may secure from private pay consumers. Currently, providers use the majority of their capacity for private individuals at approximately 55% in ALFs. Lack of capacity for Medicaid consumers in CBC could force individuals to move into NFs or experience delayed discharges.

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42	IDD	ODHS	IDD	Transition Supported Living to In Home Agency Rates	(4,669,991)	0	0	0	(8,708,293)	0	\$ (13,378,284)	0	0.00	N	Transitioning these services to In-home Services implementing at the agency hourly rate. Minimal effects to over 700 individuals who will continue to receive attendant care services. This will require use of EVV for these services. Will require K Plan amendment to be submitted and approved by CMS for change in rate methodology and to assure ongoing access to services for individuals.
43	APD	ODHS	APD	Reduce In Home Care Agency rates by 3.75%	(4,411,498)	0	-	0	(7,979,855)	0	\$ (12,391,353)	0	0.00	N	Reducing In Home Agency rates may result in decreased access for Medicaid consumers. Medicaid rates are already substantially below rates facilities may secure from private pay consumers. Older adults and people with disabilities already face significant barriers in finding care providers. APD cannot project the number or % of consumers impacted. However, there is a growing number of APD consumers who are unable to find a caregiver. Lack of access may cause increase hospitalization, delayed discharges and move to NFs.
44	IDD	ODHS	IDD	Reduce all non-bargained In Home Provider Rates by 15%	(73,185,853)	0	0	0	(137,659,361)	0	\$ (210,845,214)	0	0.00	N	IN HOME SERVICES makes up 45% of the Program Services Budget. Reduce all non-bargained In Home Agency provider rates. With the introduction of the new rate models, this would be done with targeted reductions to the new rates. Will require K Plan amendment to be submitted and approved by CMS for change in rate methodology and to assure ongoing access to services for individuals.
45	APD	ODHS	APD	Reduce PACE - PEP and AllCare by 3.75%	(4,289,501)	0	-	0	(5,814,162)	0	\$ (10,103,663)	0	0.00	N	Reducing PACE rates may result in decreased access for Medicaid consumers and threaten efforts to expand PACE to more areas of the state. APD cannot project the number or % of consumers impacted. However, there is a growing number of APD consumers who are unable to find a caregiver. Lack of access may cause increase hospitalization, delayed discharges and move to NFs.
46	IDD	ODHS	IDD	Re-establish a 50 hour work week for PSWs. Will need to be bargained.	(5,978,910)	0	0	0	(21,353,250)	0	\$ (27,332,160)	0	0.00	N	This reduction holds a specific population of bargained PSWs to a limit of billing no more than 10 overtime hours per payroll week instead of 20. Will require bargaining. Will require K Plan amendment to be submitted and approved by CMS for change in rate methodology and to assure ongoing access to services for individuals.
47	IDD	ODHS	IDD	Reduce and Hold PSW Trust rates to those established 7/1/23.	(6,081,361)	0	0	0	(11,293,955)	0	\$ (17,375,316)	0	0.00	N	Brings Trust Contributions associated with PSW services back to rates prior to 7/1/2023. Requires bargaining with SEIU.

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48	IDD	ODHS	IDD	Reduce Adult 24 Hour Residential rates for Service Groups 1-3 by 10%, for Service Groups 4-5 by 8%	(40,522,205)	0	0	0	(75,563,147)	0	\$ (116,085,352)	0	0.00	N	Residential Services is 44% of the Program services budget. This includes Adult Foster Care, Child Foster Care, Adult and Child Group Homes and Supported living. Reduce Adult 24 Hour rates. Group homes provide 24/7 support to over 4,500 people with I/DD across the state and these rates pay to recruit and retain direct support staff for these homes. With the new service groups and rate models in place, targeted reductions would be taken to achieve the reduction amount, we would not implement this as an across the board cut. Will require K Plan amendment to be submitted and approved by CMS for change in rate methodology and to assure ongoing access to services for individuals.
49	APD	ODHS	APD	Eliminates the complex medical add-on for nursing facilities (additional 60%) Assumes that rates are paid at the current statutory level	(36,165,111)	0	(5,643,037)	0	(52,242,473)	0	\$ (94,050,621)	0	0.00	N	This reduction would eliminate the entire premium paid to nursing facilities for serving individuals with complex medical conditions. Taking this reduction will require a statutory change to implement and may impact the provider tax.
50	IDD	ODHS	IDD	Reduce Children's 24 Hour Residential rate by 8%	(2,654,901)	0	0	0	(4,957,147)	0	\$ (7,612,048)	0	0.00	N	Reduce Children's 24 Hour rates. Group homes provide 24/7 support to over 200 children with I/DD across the state and these rates pay to recruit and retain direct support staff for these homes. With the new service groups and rate models in place, targeted reductions would be taken to achieve the reduction amount, we would not implement this as an across the board cut. Will require amendment to be submitted and approved by CMS for change in rate methodology and to assure ongoing access to services for individuals.
51	APD	ODHS	APD	Reduce Nursing Facilities' rates by additional 10% (excludes Complex) -Total 20% reduction	(36,097,406)	0	(16,190,036)	0	(80,736,006)	0	\$ (133,023,448)	0	0.00	N	Reducing Nursing Facilities rates may result in decreased access for Medicaid consumers.
52	IDD	ODHS	IDD	Reduce all employment service rates by 15%	(6,658,021)	0	0	0	(9,654,029)	0	\$ (16,312,050)	0	0.00	N	Will require waiver amendments to be submitted and approved by CMS for change in rate methodology and to assure ongoing access to services for individuals.
53	APD	ODHS	APD	Reduce CBC rates by an additional 5% (8.75% total), AFH& PACE excluded, priced separately	(17,626,208)	0	-	0	(34,442,892)	0	\$ (52,069,100)	0	0.00	N	Reducing CBC rates may result in decreased access for Medicaid consumers. Medicaid rates are already substantially below rates facilities may secure from private pay consumers.

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54	IDD	ODHS	IDD	Reduce all bargained PSW rates for all services by 8%	(17,930,434)	0	0	0	(33,553,685)	0	\$ (51,484,119)	0	0.00	N	This is a union-represented group that accounts for services to over 10,000 individuals. A wage reduction for this workforce may cause hardship and may likely result in a decrease in this critical workforce. Requires bargaining. Will require amendment to be submitted and approved by CMS for change in rate methodology and to assure ongoing access to services for individuals.
55	APD	ODHS	APD	Reduce In Home Agency rates by another 5% (8.75% total)	(5,721,503)	0	-	0	(10,349,493)	0	\$ (16,070,996)	0	0.00	N	Reducing In Home Agency rates may result in decreased access for Medicaid consumers. Medicaid rates are already substantially below rates facilities may secure from private pay consumers. Additionally, older adults and people with disabilities already face barriers in accessing the caregivers they need.
56	IDD	ODHS	IDD	Eliminate PSW OT hours for those at the 40 hour limit	(1,263,675)	0	0	0	(4,513,125)	0	\$ (5,776,800)	0	0.00	N	Implement accountability of PSWs for working unauthorized OT. Will not require bargaining as it is in the current CBA. This eliminates all overtime for those PSWs limited to 40 hours. *Pricing assumes item 8 reducing OT to 50 hours was taken as well.
57	APD	ODHS	APD	Reduce PACE - PEP and AllCare by 5%, (total redux 8.75%)	(5,563,278)	0	-	0	(7,540,691)	0	\$ (13,103,969)	0	0.00	N	Reducing PACE rates may result in decreased access for Medicaid consumers and threaten efforts to expand PACE to more areas of the state.
58	IDD	ODHS	IDD	Reduce Day Support Activities rates by 15%	(4,193,616)	0	0	0	(7,855,068)	0	\$ (12,048,684)	0	0.00	N	Day Support Activities (DSA) services provide vital opportunities for people with I/DD to receive skills training targeted toward a particular goal, community engagement options, socialization, and ways to be more fully integrated. With the new service groups and rate models in place, targeted reductions would be taken to achieve the reduction amount, we would not implement this as an across the board cut. Will require K Plan amendment to be submitted and approved by CMS for change in rate methodology and to assure ongoing access to services for individuals.
59	APD	ODHS	APD	Reduce Adult Foster Care rates for services by 8%	(9,360,202)	0	0	0	(17,454,396)	0	\$ (26,814,598)	0	0.00	N	An AFH rate reduction may result in a loss of AFH providers which will have a negative impact on over 3800 people with I/DD supported in these homes. Will require amendment to be submitted and approved by CMS for change in rate methodology and to assure ongoing access to services for individuals. This is a union-represented group that will require additional bargaining to reduce provider rates.

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60	APD	ODHS	APD	Reduce CBC rates by an additional 1.25% (10% total), AFH& PACE excluded, priced separately	(4,212,664)	0	0	0	(8,231,852)	0	\$ (12,444,516)	0	0.00	N	Reducing CBC rates may result in decreased access for Medicaid consumers. Medicaid rates are already substantially below rates facilities may secure from private pay consumers.
61	CW	ODHS	CW	Foster Care Services rate reduction of 15% 1 of 3	(13,433,534)	0	(87,145)	0	(10,268,689)	0	\$ (23,789,368)	0	0.00	N	Family foster care currently provides a foster family between \$23.00 - \$26.00 per day for a child to cover their food, clothing, shelter, school supplies and incidentals. This daily rate is well below the average cost of raising a child in Oregon. In 2011 a 10% rate reduction occurred and had very negative impact resulting in foster parents deciding to end their fostering service, deciding this was the last straw of no respect from the legislature. In other states Washington and California have both had litigation brought before them as a result of their inadequate foster care rates. In fact, there is direct recommendation and legislative asks to increase foster care rates to better match other states and match to the cost of raising a child in the state.
62	APD	ODHS	APD	Reduce Homecare Workers' bargained rates by 3.75%	(13,474,064)	0	-	0	(23,607,101)	0	\$ (37,081,165)	0	0.00	N	Reducing homecare workers rates will likely result in reduced access and impact wages for direct care workers. This reduction would need to be collective bargained. There are more than 7,000 APD consumers already going without critical access to caregivers.
63	APD	ODHS	APD	Reduce Adult Foster Care bargained rates by 3.75%	(4,098,498)	0	-	0	(7,566,944)	0	\$ (11,665,442)	0	0.00	N	Reducing Adult Foster Care rates may result in decreased access for Medicaid consumers. Medicaid rates are already substantially below rates facilities may secure from private pay consumers. APD already pays AFHs below other programs. Additionally, APD AFHs serve the most complex individuals APD serves. Without this capacity, these consumers may end up in hospitals, NFs or houseless. APD currently serves 2,382 individuals in AFHs.
64	APD	ODHS	APD	Reduce Adult Foster Care bargained rates by another 1%, (4.75% total)	(1,063,111)	0	0	0	(1,962,793)	0	\$ (3,025,904)	0	0.00	N	Reducing Adult Foster Care rates may result in decreased access for Medicaid consumers. Medicaid rates are already substantially below rates facilities may secure from private pay consumers. APD already pays AFHs below other programs. Additionally, APD AFHs serve the most complex individuals APD serves. Without this capacity, these consumers may end up in hospitals, NFs or houseless. APD currently serves 2,382 individuals in AFHs.
65	APD	ODHS	APD	Reduce Home Care Workers' rates by additional 2.5% (6.25% total)	(8,737,608)	0	0	0	(15,308,642)	0	\$ (24,046,250)	0	0.00	N	Reducing homecare workers rates will likely result in reduced access and impact wages for direct care workers. This reduction would need to be collective bargained. There are more than 7,000 APD consumers already going without critical access to caregivers.

Detail of Reductions to 2025-27 Current Service Level Budget

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Priority (ranked most to least preferred)	SCR	Agency	SCR or Activity Initials	Program Unit/Activity Description	GF	LF	OF	NL-OF	FF	NL-FF	TOTAL FUNDS	Pos.	FTE	Used in Gov. Budget Yes / No	Impact of Reduction on Services and Outcomes
66	APD	ODHS	APD	Reduce HCW Benefit Contributions by 25%	(10,826,710)	0	-	0	(18,885,950)	0	\$ (29,712,660)	0	0.00	N	This will negatively impact the benefits available to HCWs including health care, paid time off, employee assistance and other benefits. The impact will need to be collectively bargained.
67	IDD	ODHS	IDD	Eliminate DSW/Agency with Choice program	(3,786,079)	0	0	0	(6,961,505)	0	\$ (10,747,584)	0	0.00	N	Do not implement DSW agency

Detail of Reductions to 2025-27 Current Service Level Budget

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Priority (ranked most to least preferred)	SCR	Agency	SCR or Activity Initials	Program Unit/Activity Description	GF	LF	OF	NL-OF	FF	NL-FF	TOTAL FUNDS	Pos.	FTE	Used in Gov. Budget Yes / No	Impact of Reduction on Services and Outcomes
68	CW	ODHS	CW	Foster Care Services rate reduction of 15% 2 of 3	(13,096,158)	0	(50,514)	0	(9,921,517)	0	\$ (23,068,189)	0	0.00	N	<p>Family foster care currently provides a foster family between \$23.00 - \$26.00 per day for a child to cover their food, clothing, shelter, school supplies and incidentals. This daily rate is well below the average cost of raising a child in Oregon. In 2011 a 10% rate reduction occurred and had very negative impact resulting in foster parents deciding to end their fostering service, deciding this was the last straw of no respect from the legislature. In other states Washington and California have both had litigation brought before them as a result of their inadequate foster care rates. In fact, there is direct recommendation and legislative asks to increase foster care rates to better match other states and match to the cost of raising a child in the state.</p> <p>Personal Care is a Medicaid State Plan option in Oregon that allows the department to maintain children with medical needs safely in a foster home-like setting rather than an institution-based setting at a much higher cost of care. Funding is used to provide compensation to the foster care provider for the delegated medical services they must perform for the child in their care. Without this level of support the department would need to contract with Health care professionals directly to deliver these services and supports at a much higher cost or move the child to a health care setting. This is a low cost, high impact program for children in foster care. State GF is used for additional federal Medicaid funding which brings in approximately 61% of this budget. A reduction then reduces the federal match opportunities. A 15% reduction will increase child foster care instability when resource parents are unable to care for children and increase a need for institutional care settings in Oregon.</p> <p>Shelter care rate is for the initial 20 days of foster care placement to assist the child and foster parents in stabilization of a new placement. At day 21 the regular foster care rate begins and shelter rate ends. Current rates are \$30-\$34 per day per child. Similar to the potential impacts of reduction of a regular foster care rate, foster parent frustration and potential for opening litigation concerns.</p> <p>AA/GA Assumes negotiated rates will decline for new guardianship assistance cases as a function of the foster care rate reduction.</p>
69	CW	ODHS	CW	Family Preservation and Prevention	(3,000,000)	0	0	0	(14,966,766)	0	\$ (17,966,766)	0	0.00	N	<p>This budget is funding contracts in Family Preservation demonstration sites. The contracts fund services to assist in safely serving children in their homes with parents, rather than removing them and placing them in foster care. Without these services, more children could potentially have to enter foster care. Removed excess federal fund limitation.</p>

Detail of Reductions to 2025-27 Current Service Level Budget

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Priority (ranked most to least preferred)	SCR	Agency	SCR or Activity Initials	Program Unit/Activity Description	GF	LF	OF	NL-OF	FF	NL-FF	TOTAL FUNDS	Pos.	FTE	Used in Gov. Budget Yes / No	Impact of Reduction on Services and Outcomes
70	CW	ODHS	CW	System of Care: Program Elimination	(10,594,752)	0	(122,695)	0	(4,599,144)	0	\$ (15,316,591)	0	0.00	N	System of Care is a flexible funding program which enables the department to fill in gaps between other services and supports within the community. These are used to tailor fit services and goods for a specific child and family within the community. A 25% reduction will eliminate some children's access and/or reduce the level of support and overall impact for a child.
71	OEP	ODHS	OEP	10% cut to ONE Professional Services, enhancements to ONE for federal updates or program specific items would not longer be covered; would require funding from programs. Loss of changes and risk of accuracy concerns.	(4,803,674)	0	0	0	(4,803,673)	0	\$ (9,607,347)	0	0.00	N	This would limit and require contract adjustments to ONE, and require a change to schedule for testing and implementations. It would require FNS and CMS review and approval of the contract changes. The system would have less oversight, maintenance items would be released further out, and there would be less updates or enhancements. Federally required changes would be further out or would need to wait for funding from the legislature before being added. 1.5 million individuals eligibility would see increased risk of delay and errors, as the ONE system if the largest IT system in the State. Specific Risks would include: Reduces contractor resources necessary for critical ONE system Federally required changes, such as federal changes that just came out for ERDC that are required within the next two years, changes for TANF, changes from audits, or changes from the forth coming Farm Bill would be delayed risking increased Federal penalty; program enhancements such as Summer EBT, Healthy Oregon, etc. would see delays in implementation and may not meet Legislative deadlines; and changes to increase capacity, accuracy or timeliness would be delayed or not able to be implemented at all due to the volume of other critical change requirements. Those changes we are counting on to maintain service deliver at acceptable levels would be at risk, such as 2-year renewal cycles, etc. Capacity that is needed based on our smaller funded staffing ratios of close to 50% would not be gained due to not being able to move forward operational efficiency items. Role and the expertise reduced by this cut cannot be assumed by State / ODHS / OHA resources.
72	OEP	ODHS	OEP	10% cut to ONE M&O, loss of vendor security, risk to data and systems; potential risk to system certification from federal partners.	(4,060,000)	0	0	0	(4,060,000)	0	\$ (8,120,000)	0	0.00	N	This would eliminate services such as weekend monitoring and security areas. It would increase risk of losing system approvals from SSA and CMS, requiring corrective action from the State or stopping Oregon from being able to access the data and put processes back on individuals for verification, increasing workload to staff and Oregonians applying. Timeliness would crash if system functionality and interfaces could not be maintained because of lack of oversight. OEP is staffed close to 50% of caseload and that is with a high percentage of medical automation. The majority of that automation is allowed because of this oversight and M&O work that would go away because of this.
73	CW	ODHS	CW	Shelter Care rate reduction of 15% 1 of 3	(502,152)	0	(50,514)	0	(378,792)	0	\$ (931,458)	0	0.00	N	Shelter care rate is for the initial 20 days of foster care placement to assist the child and foster parents in stabilization of a new placement. At day 21 the regular foster care rate begins and shelter rate ends. Current rates are \$30-\$34 per day per child. Similar to the potential impacts of reduction of a regular foster care rate, foster parent frustration and potential for opening litigation concerns.

Detail of Reductions to 2025-27 Current Service Level Budget

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Priority (ranked most to least preferred)	SCR	Agency	SCR or Activity Initials	Program Unit/Activity Description	GF	LF	OF	NL-OF	FF	NL-FF	TOTAL FUNDS	Pos.	FTE	Used in Gov. Budget Yes / No	Impact of Reduction on Services and Outcomes
74	CW	ODHS	CW	Shelter Care rate reduction of 15% 2 of 3	(502,152)	0	(50,514)	0	(378,792)	0	\$ (931,458)	0	0.00	N	Shelter care rate is for the initial 20 days of foster care placement to assist the child and foster parents in stabilization of a new placement. At day 21 the regular foster care rate begins and shelter rate ends. Current rates are \$30-\$34 per day per child. Similar to the potential impacts of reduction of a regular foster care rate, foster parent frustration and potential for opening litigation concerns. Further cuts will greatly inhibit retention/recruitment efforts of resource families providing foster care.
75	CW	ODHS	CW	Reduce Employee Training by another 25% 3 of 4	(2,566,288)	0	0	0	(110,824)	0	\$ (2,677,112)	0	0.00	N	One-Time. Training is a key component in supporting child welfare staff in their jobs, promoting retention and workforce stability. A lack of training and reduction to training affects the quality of case work and affects employee retention. Additionally, Child Welfare continues to make improvements in our retention, succession planning and recruitment efforts. Training reductions will both limit the ability to retain staff and develop a skilled case workforce that is critical to families in Oregon. This level of reduction will nearly eliminate the state's ability to prepare, support and retain the workforce for the critical work of supporting child safety in the state. It would also greatly diminish local flexibility for training staff based on local needs, conference attendance etc.
76	CW	ODHS	CW	Eliminating Employee Training by last 25% 4 of 4	(2,566,291)	0	0	0	(110,825)	0	\$ (2,677,116)	0	0.00	N	One-Time. Training is a key component in supporting child welfare staff in their jobs, promoting retention and workforce stability. A total cut of training resources will greatly diminish the quality of case work and impact employee retention. This level of reduction will eliminate the state's ability to adequately prepare, support and retain the workforce for the critical work of supporting child safety in the state. It would also eliminate local flexibility for training staff based on local needs, conference attendance etc.
77	CW	ODHS	CW	Reduce Instate Travel by 25%	(827,022)	0	0	0	(68,435)	0	\$ (895,457)	0	0.00	N	One-Time. Travel is an essential function of a Child Welfare worker's job. Services to children and services are ordered by the juvenile court and often require travel facilitated by the workforce. Additionally, there are training needs and the opportunities to learn in classroom settings for CW's 4000 staff. Post -pandemic, further limitation of travel will eliminate the ability of the Child Welfare agency to provide staff the required classroom trainings in the environment most conducive for skill-building.
78	CW	ODHS	CW	Reduce Telecommunication by 50%	(2,571,677)	0	0	0	(389,562)	0	\$ (2,961,239)	0	0.00	N	Child Welfare staff need proper phone equipment in order to efficiently do their jobs. Cutting this budget will create unintended consequences to field operations and the ability to complete work efficiently and timely. As we continue to support hybrid and work from home, the right mix of desk and cell phones will be necessary to provide the flexibility needed to be successful.

Detail of Reductions to 2025-27 Current Service Level Budget

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Priority (ranked most to least preferred)	SCR	Agency	SCR or Activity Initials	Program Unit/Activity Description	GF	LF	OF	NL-OF	FF	NL-FF	TOTAL FUNDS	Pos.	FTE	Used in Gov. Budget Yes / No	Impact of Reduction on Services and Outcomes
79	SAEC	ODHS	SAEC	Office of Administrative Hearings (OAH)	(381,612)	0	0	0	(147,732)	0	\$ (529,344)	0	0.00	N	These are schedule of fees for services rendered by administrative law judges assigned from the offices. The price list totals 3.5M in the 25-27 Biennium, DAS would need to reduce the price list for this to Actualize
80	SAEC	ODHS	SAEC	Telecommunication	(2,975,252)	0	(30,492)	0	(797,345)	0	\$ (3,803,089)	0	0.00	N	We are under budget for 23-25 Biennium, May be a possibility to move money from Program for OEP Call Center, But the way new phone contracts are coming in they will be a short fall for 25-27. Changes for Call Center areas in OEP and CW Hotline will not be kept up to date.
81	SAEC	ODHS	SAEC	Unemployment	(282,000)	0	(45,124)	0	(283,725)	0	\$ (610,849)	0	0.00	N	We are under budget for 23-25 Biennium, if unemployment stays the same, we will also be under budget for 25-27
82	CW	ODHS	CW	AA estimated cost per case (rate reduction) on new AA cases due to reduced FC Rates. 15% reduction 1 of 3	(3,187,446)	0	0	0	(2,607,911)	0	\$ (5,795,357)	0	0.00	N	Assumes negotiated rates will decline for newly adopted children as a function of the foster care rate reduction.
83	CW	ODHS	CW	AA estimated cost per case (rate reduction) on new AA cases due to reduced FC Rates. 15% reduction 2 of 3	(3,187,446)	0	0	0	(2,607,911)	0	\$ (5,795,357)	0	0.00	N	Assumes negotiated rates will decline for newly adopted children as a function of the foster care rate reduction. Further cuts will greatly inhibit retention/recruitment efforts of adoptive resource families.
84	CW	ODHS	CW	GA estimated cost per case (rate reduction) on new GA cases due to reduced FC Rates. 15% reduction 1 of 3	(1,479,967)	0	0	0	(1,028,451)	0	\$ (2,508,418)	0	0.00	N	Assumes negotiated rates will decline for new guardianship assistance cases as a function of the foster care rate reduction.

Detail of Reductions to 2025-27 Current Service Level Budget

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Priority (ranked most to least preferred)	SCR	Agency	SCR or Activity Initials	Program Unit/Activity Description	GF	LF	OF	NL-OF	FF	NL-FF	TOTAL FUNDS	Pos.	FTE	Used in Gov. Budget Yes / No	Impact of Reduction on Services and Outcomes
85	CW	ODHS	CW	GA estimated cost per case (rate reduction) on new GA cases due to reduced FC Rates. 15% reduction 2 of 3	(1,479,967)	0	0	0	(1,028,451)	0	\$ (2,508,418)	0	0.00	N	Assumes negotiated rates will decline for new guardianship assistance cases as a function of the foster care rate reduction. Further cuts will greatly inhibit retention/recruitment efforts of families providing guardianship.
86	CW	ODHS	CW	Personal Care rate reduction of 30% 3 of 3	(1,146,618)	0	(73,260)	0	(1,770,376)	0	\$ (2,990,254)	0	0.00	N	Personal Care is a Medicaid State Plan option in Oregon that allows the department to maintain children with medical needs safely in a foster home-like setting rather than an institution-based setting at a much higher cost of care. Funding is used to provide compensation to the foster care provider for the delegated medical services they must perform for the child in their care. Without this level of support the department would need to contract with Health care professionals directly to deliver these services and supports at a much higher cost or move the child to a health care setting. This is a low cost, high impact program for children in foster care. State GF is used for additional federal Medicaid funding which brings in approximately 61% of this budget. A reduction then reduces the federal match opportunities. An additional 30% reduction will increase child foster care instability when resource parents are unable to care for children and increase a need for institutional care settings in Oregon.
87	CW	ODHS	CW	Shelter Care rate reduction of an additional 30% 3 of 3	(1,004,232)	0	(101,029)	0	(757,608)	0	\$ (1,862,869)	0	0.00	N	Shelter care rate is for the initial 20 days of foster care placement to assist the child and foster parents in stabilization of a new placement. At day 21 the regular foster care rate begins and shelter rate ends. Current rates are \$30-\$34 per day per child. Similar to the potential impacts of reduction of a regular foster care rate, foster parent frustration and potential for opening litigation concerns.
88	CW	ODHS	CW	GA estimated cost per case (rate reduction) on new GA cases due to reduced FC Rates. 30% reduction 3 of 3	(5,016,836)	0	0	0	(2,056,903)	0	\$ (7,073,739)	0	0.00	N	Assumes negotiated rates will decline for new guardianship assistance cases as a function of the foster care rate reduction. Further cuts will greatly inhibit retention/recruitment efforts of families providing guardianship.
89	CW	ODHS	CW	AA estimated cost per case (rate reduction) on new AA cases due to reduced FC Rates. 30% reduction 3 of 3	(6,374,892)	0	0	0	(5,215,821)	0	\$ (11,590,713)	0	0.00	N	Assumes negotiated rates will decline for newly adopted children as a function of the foster care rate reduction. Further cuts will greatly inhibit retention/recruitment efforts of adoptive resource families.

Detail of Reductions to 2025-27 Current Service Level Budget

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Priority (ranked most to least preferred)	SCR	Agency	SCR or Activity Initials	Program Unit/Activity Description	GF	LF	OF	NL-OF	FF	NL-FF	TOTAL FUNDS	Pos.	FTE	Used in Gov. Budget Yes / No	Impact of Reduction on Services and Outcomes
90	CW	ODHS	CW	Foster Care Services rate reduction of 30% 3 of 3	(17,548,752)	0	(842,177)	0	(13,238,592)	0	\$ (31,629,521)	0	0.00	N	Family foster care currently provides a foster family between \$23.00 - \$26.00 per day for a child to cover their food, clothing, shelter, school supplies and incidentals. This daily rate is well below the average cost of raising a child in Oregon. In 2011 a 10% rate reduction occurred and had very negative impact resulting in foster parents deciding to end their fostering service, deciding this was the last straw of no respect from the legislature. In other states Washington and California have both had litigation brought before them as a result of their inadequate foster care rates. In fact, there is direct recommendation and legislative asks to increase foster care rates to better match other states and match to the cost of raising a child in the state. An additional 30% reduction will greatly impact retention/recruitment of resource families statewide.
91	SAEC	ODHS	SAEC	Facilities	(18,538,843)	0	(3,816,588)	0	(13,914,731)	0	\$ (36,270,162)	0	0.00	N	This represents a 24% TF reduction to the Rent line in Facilities. This is not achievable without DAS intervention to cover costs to close some of the 160 ODHS-occupied offices across the state and cover moving costs. This will also reduce Janitorial Services, all misc. expenses and no Facilities Projects forcing programs to pay for their own needs with regards to facilities expenses.
92		ODHS	All agency	Additional Other Funds reductions to meet reduction target - TBD			(96,953,162)				\$ (96,953,162)				
93		ODHS	All agency	Additional Federal Funds reductions to meet reduction target - TBD					(61,077,106)		\$ (61,077,106)				
											\$ -				
				TOTAL	(735,336,219)	-	(127,053,947)	-	(1,038,446,089)	-	\$ (1,900,836,255)	16	(361.28)		



PROPOSED SUPERVISORY SPAN OF CONTROL REPORT

In accordance with the requirements of ORS 291.227, **Oregon Department of Human Services (agency 10000)** presents this report to the Joint Ways and Means Committee regarding the agency's Proposed Maximum Supervisory Ratio for the 2025 – 2027 biennium.

Supervisory Ratio for the 2025 – 2027 biennium

The agency actual supervisory ratio as of 9/23/2024 is 1: 1:10.09
 (Date) (Enter ratio from last Published DAS CHRO Supervisory Ratio)

The Agency actual supervisory ratio is calculated using the following calculation:

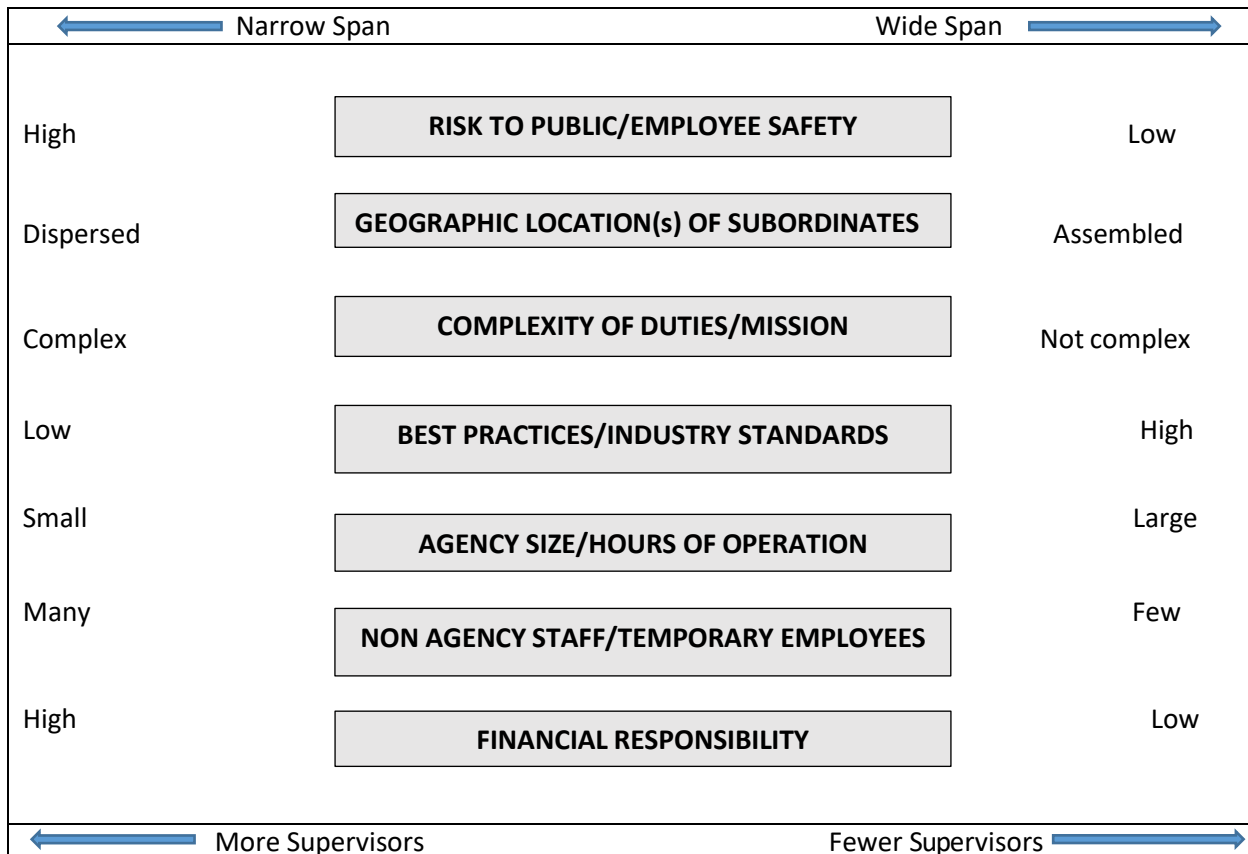
$$\frac{1,144}{\text{(Total supervisors)}} = \frac{1,054}{\text{(Employee in a supervisory role)}} + \frac{91}{\text{(Vacancies that if filled would perform a supervisory role)}} - \frac{1}{\text{(Agency head)}}$$

$$\frac{11,330}{\text{(Total non-supervisors)}} = \frac{10,153}{\text{(Employee in a non-supervisory role)}} + \frac{1,177}{\text{(Vacancies that if filled would perform a non-supervisory role)}}$$

The agency has a current actual supervisory ratio of-

$$1: \underline{10.09} = \frac{\underline{1,144}}{\underline{11,330}}$$

When determining an agency maximum supervisory ratio all agencies shall begin of a baseline supervisory ratio of 1:11, and based upon some or all of the following factors may adjust the ratio up or down to fit the needs of the agency.



Ratio Adjustment Factors

Is safety of the public or of State employees a factor to be considered in determining the agency maximum supervisory ratio?
Y/N

Explain how and why this factor impacts the agency maximum supervisory ratio upwards or downward from 1:11 -

ODHS is responsible for the safety of many vulnerable Oregonians in Child Welfare, Self Sufficiency, Aging and People with Disabilities, Individuals with Intellectual Disabilities and Vocational Rehabilitation programs. Due to safety concerns and industry best practices in both Child Protective and Adult Protective Services a higher than 1:11 MSR is appropriate. ODHS has many supervisors that are working clinical supervisors responsible for the supervision of case managers that have an industry standard much higher ratio than 1:11 in order to maintain the safety of Oregonians and keep reasonable workloads.

ODHS houses the Stabilization and Crisis Unit (SACU) a series of 24/7 homes for people with developmental or intellectual disabilities who are in crisis. A ratio of 1:11 is not ideal for this unit, due to the acuity of the clients in the homes and the fact that currently ODHS has supervisors that cover more than one house. 1:7 is a more reasonable target for a supervisory ratio and ODHS is using this as its "target" ratio for SACU employees who are now all in the police and fire designation due to difficulty, stress and potential danger of the positions working with difficult clients.

Is geographical location of the agency's employees a factor to be considered in determining the agency maximum supervisory ratio? Y/N

Explain how and why this factor impacts the agency maximum supervisory ratio upwards or downward from 1:11-

ODHS has over 170 office locations statewide including many smaller offices in very rural parts of Oregon. (The number of buildings was reduced by consolidating some older, smaller offices into newer, larger offices; and, it does not include the 21 houses staffed by the Intellectual & Developmental Disabilities (IDD) Stabilization and Crisis Unit (SACU) staff.) However, many supervisors must travel long distances to interact with their staff and have smaller offices. Because of these geographic limitations a higher than 1:11 MSR is appropriate.

ODHS has, without double-counting staff, 2,273 employees/positions (2,073 non-supervisors and 200 supervisors) in non-urban/rural settings, and the ratio averages at 1:10.37. ODHS believes a reasonable target ratio for these rural areas should be 1:8. The remaining urban employees are proposed to be 1:11, where they are currently running at 1:9.81. (This does not include Child Welfare (CW) staffing mentioned in the child welfare section of the "industry standards" section, Aging & People with Disabilities (APD) or IDD SACU staff.)

Is the complexity of the agency's duties a factor to be considered in determining the agency maximum supervisory ratio? Y/N

Explain how and why this factor impacts the agency maximum supervisory ratio upwards or downward from 1:11-

ODHS is comprised of 6 major programs the smallest of which is over \$160 million TF, the largest is almost \$7 billion TF. In addition to Central Services, ODHS also houses Shared Services that support both ODHS and OHA. In each major program area there are multiple sub-programs that must be managed, each with its own set of complexities from federal reporting to limitations on how grants can be spent to complex eligibility determinations. In addition, each of these programs have impacts on each other making the interaction and complexity of ODHS much higher than most agencies. In many parts of the agency, supervisors are responsible not just for the management of staff, but also for policy and procedure questions and providing final guidance on how cases are managed. In other words, they are working supervisors, not just supervisors. This is the case in most of ODHS as there are very few supervisory positions that don't also do policy or technical work in addition to their supervisory duties. There is also a concerted effort to work across programs to become more focused on wrapping services around families for better outcomes at the lowest level. For ODHS, working across programs is like working across agencies, due to the size and complexity of the current 6 major program areas. The smallest "program area" in ODHS is larger than most state agencies. ODHS also houses Shared Services that support both ODHS and OHA this means juggling the needs of each organization for tasks like accounting and overpayment recovery. This adds to the complexity of the organization. These two factors justify a higher MSR than one to eleven.

Are there industry best practices and standards that should be a factor when determining the agency maximum supervisory ratio? Y/N

Explain how and why this factor impacts the agency maximum supervisory ratio upwards or downward from 1:11-

Child Welfare working supervisors, based on a January 2018 Casey Family Programs issue brief entitled *Healthy Organizations* (citing both Child Welfare League of America. (n.d.) *Standards of excellence for child welfare services*. Retrieved from <http://www.cwla.org/our-work/cwla-standards-of-excellence/standards-of-excellence-for-child-welfare-services> and the Council on Accreditation. (n.d.) *Standards for public agencies: PA-PDS 3: Leadership support of supervisors*. Retrieved from <http://coanet.org/standard/pa-pds/3/>, para. 7), have an industry best practice of 1:5-1:7 for supervisors providing clinical support to caseworkers. This is in addition to their supervisory duties. ODHS is using 1:5 as the target ratio.

Adult Protective services, based on a 2017 National Adult Protective Services Association nationwide survey the average ratio of caseworkers to supervisors in Adult Protective Service programs is 1:5.65. This report was concluded on September 30, 2019, and published as a Final Report to the Administration for Community Living (ACL). The recommended discussing the complexity and factors needing consideration when setting the APS supervisory ratios are also further outlined in the ACL Guidelines (National Voluntary Consensus Guidelines for State Adult Protective Services Systems, pages 18 and 19), which was updated in March 2020. Another point of consideration included a Rider Report from Texas, showing their span of control ratio for APS workers.

Vocational Rehabilitation also has working supervisors that provide clinical supervision.

In all three cases these managers are also doing case worker clinical type supervision of the actual work not just "supervising" employees. All three cases justify a higher ratio than 1:11 due to clinical supervision duty needs that help with the overall safety of these vulnerable populations.

Is size and hours of operation of the agency a factor to be considered in determining the agency maximum supervisory ratio?
Y/N

Explain how and why this factor impacts the agency maximum supervisory ratio upwards or downward from 1:11-

ODHS Child Welfare fully staffs the 24-hour Oregon Child Abuse Hotline (ORCAH), which justifies a higher MSR than 1:11. ODHS is also reviewing its field structure and footprint and may be moving to more smaller locations across the state which may change the geographic footprint of the agency.

In addition, ODHS runs a 24/7 crisis service through the Stabilization and Crisis Unit (SACU). This provides services to those with Intellectual and/or developmental disabilities in crisis. There are 759 positions at SACU with some supervisors having to cover multiple houses and as necessary providing direct services to clients to ensure proper staff to client ratios based on the needs of the client. Staffing ratios have been below 1:11 which is not a reasonable ratio considering the acuity of clients and the 24/7 nature of the business. SACU should be at a higher ratio such as 1:7 to be more appropriately staffed in a 24/7 environment.

Are there unique personnel needs of the agency, including the agency's use of volunteers or seasonal or temporary employees, or exercise of supervisory authority by agency supervisory employees over personnel who are not agency employees a factor to be considered in determining the agency maximum supervisory ratio? Y/N

Explain how and why this factor impacts the agency maximum supervisory ratio upwards or downward from 1:11-

ODHS has 139 volunteers, and many contractors, that need some level of supervision. This justifies a higher ratio than 1:11.

In addition, all supervisors but the Director have supervisors and supervisors should be included as supervised employees in the denominator of the calculation. This would also justify a higher than 1:11 MSR. This should be taken into consideration on the ASR calculation but is not currently part of the calculation of the ASR.

Is the financial scope and responsibility of the agency a factor to be considered in determining the agency maximum supervisory ratio? Y/N

Explain how and why this factor impacts the agency maximum supervisory ratio upwards or downward from 1:11-
ODHS is responsible for serving over to 1 million Oregonians per year (which is almost a quarter of the state's total population of 4.23 million individuals) encompassing over \$19.85 billion-dollar Total Funds in the 2023-25 Legislatively Approved Budget. This comes with more than 142 funding streams, each with their own limitations, rules and reporting requirements. There are 6 major program areas each bigger than most agencies. Within each program are multiple sub-programs again each with their own rules, funding sources and complexities. Most of this funding is spent in the community through hundreds of contracts, thousands of providers and multiple interagency agreements. Each program comes with its own eligibility criteria, usually having multiple different factors. Each sub-program usually has its own set of eligibility criteria and there is not continuity between program eligibility due to federal regulations. Employees must know each separate sub-program and their supervisor must also be able to guide the employee or answer questions they may have as to how to apply the criteria etc. In addition, the central office staff for each program must keep up with ever changing federal regulations and state changes that must then be distributed out to our many field offices. These changes can be weekly or even daily sometimes meaning employees and managers need to keep up with a myriad of process or policy changes every day. This justifies a higher ratio than 1:11.

Based upon the described factors above the agency proposes a Maximum Supervisory Ratio of 1: 8.50.

Unions Requiring Notification SEIU; AFSCME; ONA

Date unions notified January 9, 2025

Submitted by: **Rob Kodiriy, ODHS CFO**

Signature Line  _____

Date 1/9/2025

Print Name: **Fariborz Pakseresht, ODHS Director**

Signature Line  _____

Date 1/10/2025

Print Name: **Audray Minnieweather-Crutch, ODHS HR Director**

Signature Line Audray Minnieweather Crutch

Date 01/09/2025