

Department-Wide Priorities for 2009-11 Biennium																				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
Priority (ranked with highest priority first)	Dept. Initials	Program/Div (Orbits B Level)	(Orbits A Level Title)	(Orbits Sub-A Level Title)	Program Unit/Activity Description	Identify Key Performance Measure(s)	GF	LF	OF	NL-OF	FF	NL-FF	TOTAL FUNDS	Pos.	FTE	New or Enhanced Program (Y/N)	Included as Reduction Option (Y/N)	Legal Req. Code (C, F, or D)	Comments on Proposed Changes to EBL included in GRB	
Dept	Prgm/ Div																			
1	DMAP-1	DHS	Medical Assistance Prgms-OHP Payment	Physical Health	Fee for Service	The statutes implementing the Oregon Health Plan require, insofar as possible, that care be delivered in a comprehensive managed-care system. Providers in managed-care plans are paid at rates which have been set by an independent actuary to reflect the reasonable cost of provider care. Services which are paid on a fee-for-service basis are paid at traditional Medicaid rates.	18,29,30 and proposed for 2009-11: Preventive services for OHP youth and adults, Preventive services for OHP children, Adequacy of prenatal care for OHP clients, ACS Hospitalizations of OHP clients	12	322,036,298		78,721,557		710,149,831						F	Healthy Kids Plan (POP505); OHP Standard (POP503); Enforceable Preferred Drug List (090-02); Enforceable Mental Health Preferred Drug List (090-03); Limit Dental (090-17); Additional Dental Limits (090-24); Eliminate Dental (090-26); Limit Vision (090-29); Limit Pay to Federally Qualified Health Clinics (090-44); Durable Medical Equipment Sole Source (090-47); Eliminate Certain Optional Services (090-72); Eliminate Fee For Service COLA (090-85); SPD In-Home Care (090-X1); SPD Limit Income Eligibility (090-X2)
2	DMAP-2	DHS	Medical Assistance Prgms-OHP Payment	Physical Health	Managed Care	The statutes implementing the Oregon Health Plan require, insofar as possible, that care be delivered in a comprehensive managed-care system. Providers in managed-care plans are paid at rates which have been set by an independent actuary to reflect the reasonable cost of provider care. Services which are paid on a fee-for-service basis are paid at traditional Medicaid rates.	18,29,30 and proposed for 2009-11: Preventive services for OHP youth and adults, Preventive services for OHP children, Adequacy of prenatal care for OHP clients, ACS Hospitalizations of OHP clients	12	583,997,493		339,535,873		1,579,000,120						F	Healthy Kids Plan (POP505); OHP Standard (POP503); Reduce Diagnostic Related Group Hospital rates to 90% (090-01); Reduce Diagnostic Related Group Hospital rates to 80% (090-15); Limit Dental (090-17); Additional Dental Limits (090-24); Eliminate Dental (090-26); Limit Vision (090-29); Eliminate Certain Optional Services (090-72); Reduce Capitation Rates (090-84); SPD In-Home Care (090-X1); SPD Limit Income Eligibility (090-X2); Reduce Diagnostic Related Group Hospital rates to 72%;
3	DMAP-3	DHS	Medical Assistance Prgms-OHP Payment	Physical Health	Client Related Adjustments	Federally Qualified Health Center and Facility cost settlements, Children Developmental Rehabilitation Clinic expenditures, Facility Outlier payments, Pass Through payments.		12	29,036,714		13,887,459		73,501,683						F	Limit Pay to Federally Qualified Health Clinics (090-44)
4	SPD-1	DHS	Aged and Physically Disabled	Institutional Care	Nursing Facilities	142 Nursing facilities provide 24-hour comprehensive care for people who need assistance with activities of daily living and ongoing nursing care either due to age, physical disability or developmental disability. Nursing facilities provide a range of services from skilled rehabilitative care, to long term custodial care and end of life care. Licensed nurse services are present 24 hours a day. Nursing facilities service 4,826 clients with a 60% federal match rate.	2	10	301,186,797		107,688,467		659,167,979						F	Reductions for cost containment of what is allowable cost to be reported on annual NF cost reports and elimination of the medical inflator (DR) impacts NF budget by \$39 million GF. In addition, the change to an "I" waiver with a lower 200% of SSI income level eliminates 1,300 NF clients who will no longer be eligible for NF services under the income standards
5	AMH-1	DHS	Addictions and Mental Health Program	Alcohol and Drug Treatment		Alcohol and drug treatment programs provide an array of services tailored to the clients' needs. These include: assessment; detoxification; and individual, group and family counseling, residential treatment, and medications.	19,20,21,23	12	41,979,200		12,296,618		42,479,712						S,F	Cut \$18.5 million (50%) of the funding for alcohol and drug treatment services for 11,850 people who are not eligible for Medicaid. This reduction jeopardizes the maintenance of effort (MOE) requirements of the Substance Abuse Prevention and Treatment (SAPT) Block Grant. Some of the clients may be eligible for Medicaid with the expansion of OHP Standard, however, and thus have access to these services. Also removed program and funding (\$24 million) for A&D Residential Treatment for an estimated 1,900 adults per year who do not have Medicaid coverage. This cut jeopardizes the maintenance of effort MOE requirements of the Substance Abuse Prevention and Treatment (SAPT) Block Grant.
6	AMH-2	DHS	Addictions and Mental Health Program	Community Mental Health	Child Mental Health Services	Community programs provide a range of services tailored to children and family needs, including community/outpatient intervention and therapy, case management, child and adolescent day treatment, residential acute hospital care, and crisis and pre-commitment services.	32, Proposed for 2009-11: Child Mental Health Services	12	16,607,437				6,872,577						S,F	No Changes
7	AMH-3	DHS	Addictions and Mental Health Program	Community Mental Health	Adult Mental Health Services	Community programs provide a range of services tailored to the consumer's needs, including community/outpatient intervention and therapy, case management residential and foster care, supported employment, acute hospital care, and crisis and pre-commitment services. The community also provides supervision and treatment for persons under the jurisdiction of the Psychiatric Security Review Board.	32, Proposed for 2009-11: Adult Mental Health Services	12	255,376,541		3,402,917		150,022,846						S,F	Cut Supported Employment Services to 280 people per year (\$1 million). Loss of these services means that people with mental illness won't be able to find jobs, learn the skills needed to get and keep jobs, or have the supports for successful employment. This cut jeopardizes the Mental Health Block Grant maintenance of effort (MOE) requirements. Also cuts about 90% the General Fund (\$28.4 million) for outpatient mental health services such as case management, medication management, and therapy and skills training in managing one's illness for about 5,850 adults per year who are not eligible for Medicaid. This reduction further jeopardizes the maintenance of effort (MOE) requirements for the Mental Health Block Grant, as well as the success of the new state recovery and treatment facilities that replace OSH. Finally, cuts about 50% of the funding (\$18.1 million) for acute inpatient psychiatric care for an estimated 3,400 adults. This reduction also jeopardizes the maintenance of effort (MOE) requirements for the Mental Health Block Grant.

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8	CAF-1	DHS	Child Safety	Family Based Services	Family based services build on family strengths to help meet a child's safety and attachment needs. Services are provided to prevent placement of children in foster care whenever possible; to help reunify children placed in foster care, or to help identify alternative permanent homes when necessary.		3,847,789		193,653		14,757,951		18,799,393			N	Y		The GRB included \$6.2 million GF in POP 184 to cover most of the anticipated costs to continue the program at the 2007-09 levels. Because Child Safety is not a mandated program from a budget standpoint, not all these costs were included in EBL. The 2.8% COLA reduction would result in no inflationary increase in funding for this program. Providers would not get a rate increase for their services. - The reduction "eliminate Supported Remedial Day Care" will mean day care is no longer available to parents or foster care providers of these children which is intended to help prevent the placement of the child into substitute care, facilitate the child's return to a parent, assist the parent or caregiver in meeting a child's special needs, allow the parent to participate in case plan activities, maintain a child's placement that may be in jeopardy due to caregiver illness, or assist in stabilizing a placement. There were a total of 1,580 children from 786 cases who received SRDC services in FFY 2007.
9	CAF-2	DHS	Child Safety	Recovering Families Mutual Homes	Mutual home s are a service for single, drug addicted parents and their children and are intended to stabilize the client's life for up to a year after the completion of residential alcohol and drug treatment.	14,15, Proposed for 2009-11: Timeliness and stability of child welfare placements	249,566		150		513,111		762,827			N	Y		The GRB included \$6.2 million GF in POP 184 to cover most of the anticipated costs to continue the program at the 2007-09 levels. Because Child Safety is not a mandated program from a budget standpoint, not all these costs were included in EBL. The 2.8% COLA reduction would result in no inflationary increase in funding for this program. Providers would not get a rate increase for their services.
10	CAF-3	DHS	Child Safety	Family Support Teams	Teams to assist families with pre-school age children with primary issues of substance abuse.		1,933,770		285,783		3,776,141		5,995,694			N	Y		The GRB included \$6.2 million GF in POP 184 to cover most of the anticipated costs to continue the program at the 2007-09 levels. Because Child Safety is not a mandated program from a budget standpoint, not all these costs were included in EBL. The 2.8% COLA reduction would result in no inflationary increase in funding for this program. Providers would not get a rate increase for their services.
11	CAF-4	DHS	Child Safety	System of Care	System of Care (SOC) allows for specific, individualized services to be crafted for each child and family. Services may include mentoring, therapeutic supervision, behavioral intervention specialists, and specialized treatment services.		1,994,960		327,192		6,145,873		8,468,025			N	Y		The GRB included \$6.2 million GF in POP 184 to cover most of the anticipated costs to continue the program at the 2007-09 levels. Because Child Safety is not a mandated program from a budget standpoint, not all these costs were included in EBL. The 2.8% COLA reduction would result in no inflationary increase in funding for this program. Providers would not get a rate increase for their services.
12	CAF-5	DHS	Child Safety	System of Care	Court ordered transportation	This budget structure was established to track the amount of SOC budget spent on transporting foster care children to schools (when they are placed outside of the school district of their current residences) and appointments as ordered by the court.		741,908					741,908			N	Y		The GRB included \$6.2 million GF in POP 184 to cover most of the anticipated costs to continue the program at the 2007-09 levels. Because Child Safety is not a mandated program from a budget standpoint, not all these costs were included in EBL. The 2.8% COLA reduction would result in no inflationary increase in funding for this program. Providers would not get a rate increase for their services.
13	CAF-6	DHS	Child Safety	Community Based Domestic Violence Services	Provides help to victims of domestic violence who are fleeing domestic violence or are at risk of future domestic violence. CAF contracts with 34 community-based programs through out Oregon which provide crisis lines, emergency shelter and related services to survivors of domestic violence and their children.		254,169		3,433,587		2,628,613		6,316,369			N	Y		The GRB included \$6.2 million GF in POP 184 to cover most of the anticipated costs to continue the program at the 2007-09 levels. Because Child Safety is not a mandated program from a budget standpoint, not all these costs were included in EBL. The 2.8% COLA reduction would result in no inflationary increase in funding for this program. Providers would not get a rate increase for their services.
14	SPD-2	DHS	Aged and Physically Disabled	APD Community-Based Care	Community Facilities	Community Facilities include 24-hour residential community-based care settings that provide alternatives to nursing facility care when seniors and people with disabilities are unable to live independently in their own homes. Include 1735 adult foster homes, 204 assisted living facilities, 203 residential care facilities, 165 specialized living facilities. Community Based Care serves 11,006 clients.	1	156,825,037				267,821,124	424,646,161			N	Y	F	Reductions to change to an "i" waiver with a lower 200% of SSI income level eliminates 2,300 community based care clients who will no longer be eligible for services under the income standards.
15	SPD-3	DHS	Developmental Disabilities	DD Community-Based Care	DD Comprehensive Services for 24/7 Care	Comprehensive services for people with developmental disabilities serve adults and children with developmental disabilities who are not living at home and receive 24/7 care in community based care settings and supports, in an out-of-home setting, such as a Residential Facility or Community Group Home. 5,577 children and adults served.	1	342,714,818		15,557,242		566,021,837	924,293,897			N	Y	F	Reduces the amount of clients who were anticipated to enter comprehensive 24/7 services. Also eliminates all COLA for providers of services. It is expected that any major increase in caseloads will be brought forward in a department rebalance in 09-11.
16	SPD-4	DHS	Developmental Disabilities	DD Community-Based Care	State Operated Community Programs (group homes)	The State Operated Community Program (SOCP) is a 24-hour state operated community residential group home care program, consisting of 31 homes and serves 144 people who have a developmental disability and have intensive support needs due either to a medical or behavioral condition.	1	36,584,808		1,477,412		55,922,662	93,984,882	660	657.68	N	Y	F	Administrative hiring freeze for six months of non-essential direct care staff. Reduction will be achieved through service and supplies decrease.
17	DMAP-4	DHS	Medical Assistance Prgms-OHP Payment	Physical Health	Leverage	Leverage components include limitation to allow for pass through of federal and other funds according to agreements with local health departments and school districts, the Insurance Pool Governing Board and Oregon Health Sciences University.				118,126,041		164,064,782	282,190,823			N	N	F	

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18	DMA-5	DHS	Medical Assistance Prgms-OHP Payment	Physical Health	All Other	This category is used for making any needed technical adjustments, funding modifications, and any other adjustments to limitation levels.	12							-			N	N			
19	DMA-6	DHS	Medical Assistance Prgms-OHP Payment	OHP Mental Health	Fee for Service	Mental Health services are funded through managed care contracts with Mental Health Organizations and fee-for-service options. Several types of organizations serve as MHOs, i.e., counties, regional government, a public benefits corporation and health plans.	Proposed for 2009-11: Child Mental Health services, Adult Mental Health services	12		13,927,048				1,307,306							Healthy Kids Plan (POP505); OHP Standard (POP503); Eliminate Fee For Service COLA (090-85); SPD In-Home Care (090-X1); SPD Limit Income Eligibility (090-X2)
20	DMA-7	DHS	Medical Assistance Prgms-OHP Payment	OHP Mental Health	Managed Care	Mental Health services are funded through managed care contracts with Mental Health Organizations and fee-for-service options. Several types of organizations serve as MHOs, i.e., counties, regional government, a public benefits corporation and health plans.	Proposed for 2009-11: Child Mental Health services, Adult Mental Health services	12		125,708,038				16,957,364							Healthy Kids Plan (POP505); OHP Standard (POP503); Reduce Diagnostic Related Group Hospital rates to 90% (090-01); Reduce Diagnostic Related Group Hospital rates to 80% (090-15); Reduce Capitation Rates (090-84); SPD In-Home Care (090-X1); SPD Limit Income Eligibility (090-X2); Reduce Diagnostic Related Group Hospital rates to 72%;
21	DMA-8	DHS	Medical Assistance Prgms-OHP Payment	OHP Mental Health	Client Related Adjustments	Not currently used	12							-			N	N			
22	DMA-9	DHS	Medical Assistance Prgms-OHP Payment	OHP Mental Health	Kids Intensive Services	Intensive mental health services are delivered to children through psychiatric day treatment programs, psychiatric residential placement.	Proposed for 2009-11: Child Mental Health services	12		10,161,489				100,000							Healthy Kids Plan (POP505); Eliminate Fee For Service COLA (090-85)
23	AMH-4	DHS	Addictions and Mental Health Program	Alcohol and Drug Prevention		Alcohol and drug prevention programs target people who have not been diagnosed with a substance abuse disorder. Services may target an entire population, specific groups of people who are at above-average risk of involvement with alcohol and other drugs, or specific individuals who show signs of involvement with alcohol or other drugs, but who have not been diagnosed with abuse or dependence.	19,22	12		2,397,947				1,177,555						GRB adds POP 188/198 to fund suicide crisis telephone helpline and internet portal.	
24	PHD-1	DHS	Public Health Programs	Disease Prevention & Epidemiology		Responsible for communicable disease control including HIV/STD/TB, chronic disease prevention and health promotion, injury prevention, maintaining vital records and health statistics.	12,13,24,25,28	10		5,789,881				5,929,313							\$349K of a \$1Mn G/F cut to HIV/STD/TB Program as part of the GRB. The remaining \$651K cuts medical S&S in Program Support
25	CAF-7	DHS	Child Safety	Community Based Sexual Assault Victims Fund		Grants to 27 private, community-based agencies that operate sexual assault crisis lines and/or crisis centers.	11	12		62,626				548,265							The GRB included \$6.2 million GF in POP 184 to cover most of the anticipated costs to continue the program at the 2007-09 levels. Because Child Safety is not a mandated program from a budget standpoint, not all these costs were included in EBL. The 2.8% COLA reduction would result in no inflationary increase in funding for this program. Providers would not get a rate increase for their services.
25.5	AMH-5	DHS	Addictions and Mental Health Program	Oregon State Hospital		The State Hospitals - located in Salem and Portland provide 24-hour supervised care to people with the most severe mental health disorders, many of whom have been committed to the Department are a danger to themselves or others, including people who have been found guilty except for insanity.	Proposed for 2009-11: State Hospital Restraints, length of stay in State Hospital	12		228,920,711				12,775,027							No changes to EBL made in GRB, but did receive \$43.3 million in new investment for staffing of the new Oregon State Hospital Salem facility.
26	CAF-8	DHS	Substitute Care	Foster Care/Reunification	Foster Care Prevention	Provide services or items which will result in immediate prevention of foster care placement or will return a child home to a safe environment. Provide up to 2 months of payments within a 12 month period and are at the regular foster care rate.		12		367,333				86,508							The 2.8% COLA reduction would result in no inflationary increase in funding for this program. Providers would not get a rate increase for their services.
27	CAF-9	DHS	Substitute Care	Foster Care/Reunification	Foster Family Shelter Care	Family foster care homes that are prepared to receive a child into their home at any time of the day or night by the police or DHS. Provides a safe place to reside until a formalized plan can be developed with the child's family, DHS and the court.		12		632,660				609,837							The 2.8% COLA reduction would result in no inflationary increase in funding for this program. Providers would not get a rate increase for their services.
28	CAF-10	DHS	Substitute Care	Foster Care/Reunification	Native American Relative Foster Care	Indian Children who are placed into foster care are eligible for foster care reimbursement assistance regardless of their family relationship. ORS 418.627		12		275,772				43,599							Reduction of 2.8% COLA would result in foster parents and guardians not getting an increase in foster care rates. Providers would not get a rate increase for their services.
29	CAF-11	DHS	Other Programs	Other Tribal Programs		Pass through of federal Social Services Block Grant funding as well as funding for children placed in foster care under Tribal custody.		12		524,097				38,038							The 2.8% COLA reduction would result in no inflationary increase in funding for this program.
30	CAF-12	DHS	Substitute Care	Foster Care/Reunification	Regular Foster Care	Family foster care homes for children who must temporarily be placed out of their own homes due to abuse, neglect, or parental inability to care for the child. Foster parents are reimbursed for room, board, clothing and incidentals.	14,15, Proposed for 2009-11: Timeliness and stability of child welfare placements	12		24,743,010				7,017,523							Reduction of 2.8% COLA would result in foster parents not getting an increase in foster care rates.
31	CAF-13	DHS	Substitute Care	Foster Care/Reunification	Special Rates Foster Care	Monthly payment to foster parents that is in addition to the regular foster care rate. Payment is for services to children that have special needs inconsistent with their ages.	14,15, Proposed for 2009-11: Timeliness and stability of child welfare placements	12		20,853,701				1,315,187							Reduction of 2.8% COLA would result in foster parents not getting an increase in foster care rates.
32	CAF-14	DHS	Substitute Care	Foster Care/Reunification	Independent Living Services	Provides financial subsidies to adolescents 16 yrs or older who have been in the foster care system and who are actively working toward social and financial independence. Youth live semi-independently in the community.	14,15, Proposed for 2009-11: Timeliness and stability of child welfare placements	12		263,578				29,359							Reduction of 2.8% COLA would result in youths not getting an increase to cover living expenses. Providers would not get a rate increase for their services.

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33	CAF-15	DHS	Substitute Care	Foster Care/Reunification	Nursing Assessments	Contracts with registered nurses for needs assessments for children with special needs.	14,15, Proposed for 2009-11: Timeliness and stability of child welfare placements	268,048		45,854		424,904		738,806			N	Y		The 2.8% COLA reduction would result in no inflationary increase in funding for this program. Providers would not get a rate increase for their services.
34	CAF-16	DHS	Substitute Care	Foster Care/Reunification	Other Medical	Required medical services for a child (or parent of a child) in DHS' care and custody who is ineligible for Medicaid and there are no other resources available. Other Medicaid payments are used only if the service is not available through Medicaid.	14,15, Proposed for 2009-11: Timeliness and stability of child welfare placements	6,272,766		26,410				6,299,176			N	Y		Reduction of 2.8% COLA would result in providers not getting a rate increase for their services. The reduction of Other Medical by 50% would affect DHS' ability to pay for services such as psychological evaluation, urinary analysis, and other lab tests for children in DHS' care and custody or for his/her parent who are not eligible for Medicaid and there are no other resources available.
35	CAF-17	DHS	Substitute Care	Foster Care/Reunification	Contracted Foster Care Svc	Treatment services provided in foster homes that are certified and supervised by private child caring agencies. Includes services such as treatment foster care, professional assessments and counseling.	14,15, Proposed for 2009-11: Timeliness and stability of child welfare placements	330,075		30,486		549,280		909,841			N	Y		The 2.8% COLA reduction would result in no inflationary increase in funding for this program. Providers would not get a rate increase for their services.
36	CAF-18	DHS	Substitute Care	Foster Care/Reunification	Interstate Compacts	Agreement entered into by all states which guarantees children placed across state lines will receive services as they would if they were to remain in their home state. It arranges for and pays for travel and related costs for Oregon children who are being placed out-of-state or are returning to Oregon while ensuring that safe and appropriate planning occurs and jurisdictional responsibility is fixed.	14,15, Proposed for 2009-11: Timeliness and stability of child welfare placements	483,589		16,992		294,703		795,284			N	Y		The 2.8% COLA reduction would result in no inflationary increase in funding for this program. Providers would not get a rate increase for their services.
37	CAF-19	DHS	Substitute Care	Foster Care/Reunification	Foster Family Group Homes	Specialized foster homes in the local community that provide specific services to a group of 4 to 8 children who, because of emotional and/or behavioral characteristics, require a group living situation more structured than a foster home but less structured than a group residential program.	14,15, Proposed for 2009-11: Timeliness and stability of child welfare placements	468,246		69,549		332,321		870,116			N	Y		Reduction of 2.8% COLA would result in foster parents and guardians not getting an increase in foster care rates. Providers would not get an increase in provider rates.
38	CAF-20	DHS	Substitute Care	Residential Care	Residential Treatment	Group facilities for children who require intensive supervision and treatment due to severe emotional and behavioral difficulties.	14,15, Proposed for 2009-11: Timeliness and stability of child welfare placements	30,110,715		1,706,404		10,931,519		42,748,638			N	Y		The 2.8% COLA reduction would result in no inflationary increase in funding for this program. BRS and other providers would not get a rate increase for their services.
39	CAF-21	DHS	Substitute Care	Residential Care	Target Children	Highly individualized and flexible services provided to children with severe behavioral and emotional problems for whom there is no other existing resource or program with DHS.	14,15, Proposed for 2009-11: Timeliness and stability of child welfare placements	3,966,476		251,795		3,210,868		7,429,139			N	Y		The 2.8% COLA reduction would result in no inflationary increase in funding for this program. BRS and other providers would not get a rate increase for their services.
40	CAF-22	DHS	Substitute Care	Residential Care	Special Contracts	Specialized, child-specific, short-term placements to enable children to be placed in, or to remain in, existing resources with additional services such as one-to-one supervision.	14,15, Proposed for 2009-11: Timeliness and stability of child welfare placements	6,394,158		253,583		1,420,221		8,067,962			N	Y		The 2.8% COLA reduction would result in no inflationary increase in funding for this program. BRS and other providers would not get a rate increase for their services.
41	CAF-23	DHS	Substitute Care	Foster Care/Reunification	One-Time Payments	Payments for special and/or extraordinary needs and are used to benefit children in the custody of DHS, either in foster care, family and professional shelter care, residential group care, or for children who are in a non-reimbursed placement such as the Oregon State Hospital.	14,15, Proposed for 2009-11: Timeliness and stability of child welfare placements	5,905,002		752,704		1,859,524		8,517,230			N	Y		Reduction of 2.8% COLA would result in foster parents and guardians not getting an increase in foster care rates. Providers would not get an increase in provider rates.
42	CAF-24	DHS	Substitute Care	Foster Care/Reunification	IV-E Waiver Foster Care	Local branch tailored services focused on interventions that prevent foster care placement or shorten the time in foster care. This is a federal waiver program.	14,15, Proposed for 2009-11: Timeliness and stability of child welfare placements	1,879,505		120,765		3,081,274		5,081,544			N	Y		The 2.8% COLA reduction would result in no inflationary increase in funding for this program. Providers would not get a rate increase for their services.
43	CAF-25	DHS	Substitute Care	Foster Care/Reunification	Crisis Case Management	Provides crisis intervention services and/or shelter care placements for youth who would have otherwise been placed in detention.	14,15, Proposed for 2009-11: Timeliness and stability of child welfare placements	17,117		19,187		340,486		376,790			N	Y		The reduction "Eliminate Crisis Management" ends this program altogether in 09-11.
44	CAF-26	DHS	Adoptions	Subsidized Guardianship		Alternate permanency plan that removes financial barriers in achieving permanency for Title IV-E eligible children for whom return home or adoption is not in their best interest. Provides on-going monthly subsidy for caregivers who agree to become the child's guardian.	14,15, Proposed for 2009-11: Timeliness and stability of child welfare placements	5,476,044		310,965		8,562,745		14,349,754			N	Y		Reduction of 2.8% COLA would result in guardians not getting an increase in ongoing monthly subsidy.
45	CAF-27	DHS	Adoptions	Adoption Assistance		Program serves abused and neglected children 0-17 who are freed by the courts for the purpose of adoption or whose parents voluntarily relinquish their parental rights. This program provides on-going monthly subsidy benefits to adoptive families.	14, Proposed for 2009-11: Timeliness and stability of child welfare placements	66,928,276		279,695		68,551,962		135,759,933			N	Y	F	Reduction of 2.8% COLA would result in adoptive families not getting an increase in ongoing monthly subsidy.
46	CAF-28	DHS	Adoptions	Post Adoption-Services		Services are provided through the Oregon Post Adoption Resource Center and include information and referral, training and education, assistance with establishing and operating adoptive family support groups, etc.	14, Proposed for 2009-11: Timeliness and stability of child welfare placements	282,171				846,472		1,128,643			N	Y	F	The 2.8% COLA reduction would result in no inflationary increase in funding for this program. Providers would not get a rate increase for their services.

Department-Wide Priorities for 2009-11 Biennium																				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
Priority (ranked with highest priority first)	Dept. Initials	Program/Div (Orbits B Level)	(Orbits A Level Title)	(Orbits Sub-A Level Title)	Program Unit/Activity Description	Identify Key Performance Measure(s)	Primary Purpose Program-Activity Code	GF	LF	OF	NL-OF	FF	NL-FF	TOTAL FUNDS	Pos.	FTE	New or Enhanced Program (Y/N)	Included as Reduction Option (Y/N)	Legal Req. Code (C, F, or D)	Comments on Proposed Changes to EBL included in GRB
Dept	Prgm/ Div																			
47	CAF-29	DHS	Self Sufficiency	Food Stamp Program	EBT Food Stamps	A supplemental federally funded benefit program to help low-income families, single adults, and childless couples to buy the food they need to meet their nutritional needs. Benefits are distributed through the state's Electronic Benefit Transfer (EBT) system, which allows recipients to obtain their benefits by using an "Oregon Trail Card" at the grocery store card-scanning devices.	11, Proposed for 2009-11: Food Stamp Accuracy	12					1,098,896,484	1,098,896,484			N	N		
48	CAF-30	DHS	Self Sufficiency	Food Stamp Program	Food Stamp Cashout	Provides cash to low-income Oregonians to help meet nutritional needs. It is limited to households who are aged or disabled in only 4 counties.	11, Proposed for 2009-11: Food Stamp Accuracy	12					40,737,360	40,737,360			N	N		
49	CAF-31	DHS	Self Sufficiency	Food Stamp Program	Food Stamp Employment and Training	Provides limited job search resources and supports to assist individuals receiving food stamp to move toward self-sufficiency. Available only to a limited number who meet the mandatory definition.	11,14,15, Proposed for 2009-11: Food Stamp Accuracy, Timeliness and stability of child welfare placements	12	721,579			3,343,051		4,064,630			N	Y		The 2.8% COLA reduction impacts the GF inflationary increase in funding for this program.
50	SPD-5	DHS	Aged and Physically Disabled	APD Community-Based Care	In-home Program	Care providers, provide many of the services Medicaid clients need to remain in their own homes. Approximately 10,000 clients receive hourly home care that varies based on the assessed level of need for assisted care and services. Includes a live-in and spousal program for those who need 24-hour care.	2	111,254,991		14,541,000		214,093,317		339,889,308			N	Y	F	Reductions to change to an "I" waiver with a lower 200% of SSI income level eliminates 706 in-home clients who will no longer be eligible for services under the income standards. It is expected that any major increase in caseloads will be brought forward in a department rebalance in 09-11.
51	CAF-32	DHS	Self Sufficiency	TA Domestic Violence Services		Provides help to victims of domestic violence who are fleeing or striving to stay free from domestic violence. Victims may receive help with relocation, housing, emergency food, medical support or other goods and services that assist their family to seek safety.	5,6,7,12,15	12	374,523			8,286,200		8,660,723			N	Y		The 2.8% COLA reduction would result in no inflationary increase in funding for this program.
52	PHD-2	DHS	Public Health Programs	State Public Health Director		Responsible for state support to local health departments core capacity in disease control and surveillance, emergency preparedness, planning, and response .		8,10	8,843,258			26,914,438		35,757,696			N			
53	PHD-3	DHS	Public Health Programs	Environmental Public Health		Responsible for the State Drinking Water Program (Primacy) and EPA Revolving Loan Fund which provides approx. \$12M annually to local water systems for capital improvement initiatives. Also identifying and preventing environmental and occupational safety hazards.		9,10	1,260,171	227,790		1,799,633		3,287,594			N	Y-Partial		\$227K of a \$ 500K in G/F cut to Drinking Water Program as part of the GRB.
54	PHD-4	DHS	Public Health Programs	Family Health		Responsible for immunization, Women, Infants and Children (WIC) Nutrition program, family planning, oral health, prenatal care, newborn hearing screening and school-based health centers.	8,17,18,26,27	10	16,475,291	40,000,000		105,361,402	101,929,051	263,765,744			N	Y-Partial		\$2.2M in reductions of Family Planning Expansion Project
55	PHD-5	DHS	Public Health Programs	Community Health and Health Planning		Responsible for special programs (Community Health Projects) and initiatives such as medical marijuana, Patient Safety Commission, migrant health and safety net clinics, and Conrad 30 program.	31	8,10	514,000			143,920		657,920			Y	Y		The \$500K in this DCR at ARB, is one-time funding and was taken out at GRB.
56	DMAP-10	DHS	Medical Assistance Prgms-Non-OHP Payment	OHP Mental Health	All Other	This category is used for making any needed technical adjustments, funding modifications, and any other adjustments to limitation levels.		12						-			N	N		
57	DMAP-11	DHS	Medical Assistance Prgms-Non-OHP Payment	Medicare Modernization Act-MMA		Medicare Prescription Drug phased down state contribution (Part D). Referred to as "Clawback".		12	143,671,604					143,671,604			N	N	F	
58	DMAP-12	DHS	Medical Assistance Prgms-Non-OHP Payment	QMB		Qualified Medicare Beneficiary clients meet criteria for both Medicare and Medicaid participation. DMAP pays for Medicare Part A and Part B premiums (including coinsurance and deductibles).		12	4,398,115			7,632,945		12,031,060			N	Y	F	Enforceable Preferred Drug List (090-02); Enforceable Mental Health Preferred Drug List (090-03); Eliminate Certain Optional Services (090-72); Eliminate Fee For Service COLA (090-85); SPD In-Home Care (090-X1); SPD Limit Income Eligibility (090-X2)
59	DMAP-13	DHS	Medical Assistance Prgms-Non-OHP Payment	Medicare Buy-In		Transferred to SPD for 2009-11.		12						-			N	N		
60	CAF-33	DHS	Self Sufficiency	Family Support and Connections		Provides front-end support and interventions to TANF or at risk families to provide supports that will reduce the likelihood of later entry into foster care. Interventions include home visits, strengths/needs-based family assessments, advocacy, individualized interventions, and emergency services. Services are designed to increase parental protective factors and decrease the risk factors of child abuse and neglect.	5,6,7	12	1,044,268			3,424,603		4,468,871			N	Y		The 2.8% COLA reduction would result in no inflationary increase in funding for this program.

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Priority (ranked with highest priority first)	Dept. Initials	Program/Div (Orbits B Level)	(Orbits A Level Title)	(Orbits Sub-A Level Title)	Program Unit/Activity Description	Identify Key Performance Measure(s)	Primary Purpose Program-Activity Code	GF	LF	OF	NL-OF	FF	NL-FF	TOTAL FUNDS	Pos.	FTE	New or Enhanced Program (Y/N)	Included as Reduction Option (Y/N)	Legal Req. Code (C, F, or D)	Comments on Proposed Changes to EBL included in GRB
Dept	Prgm/ Div																			
61	CAF-34	DHS	Self Sufficiency	Cash Assistance	TANF Basic	Provides case management and cash assistance to low-income families with children to meet their basic living needs and to assist these families in achieving self-sufficiency. To qualify for TANF, families must have very few assets and little or no income.	5,6,7	12		2,016,576		125,801,934		127,818,510			N	Y		The GRB included \$40.5 million in funding to avoid further reductions to TANF programs in POP 184. Because most Self Sufficiency programs are not mandated from a budget standpoint more than \$65 million in forecasted Self Sufficiency program costs and another \$10-15 million in staff costs were not included in EBL. POP 184 partially covered those costs. The 2.8% COLA reduction would result in no inflationary increase. The reduction, "Reduce program costs by establishing a household income standard for TANF non-needy caretaker households of 185% of the FPL" would account for caretaker relative's income (currently disregarded) in determining eligibility and benefit levels impacting 1,676 households/mo. The reduction, "Disregard 0% of SSI benefits when figuring TANF benefits" would include SSI income (currently disregarded) in determining TANF eligibility and benefit amounts impacting 1,415 households who may lose or reduce TANF benefits.
61	CAF-34 (cont)	DHS	Self Sufficiency	Cash Assistance	TANF Basic		5,6,7	12												The reduction, "Eliminate Cooperative Incentive Payment as a supplement to TANF grant" would end the additional monthly payment made to families participating in self-sufficiency activities and impact 16,907 clients/month. The reduction, "Reduce TANF program costs by implementing a TANF JOB quit penalty" would make the family ineligible for TANF if the adult is unemployed from his/her most recent job (within 12 mos prior to application for assistance) without good cause. About 291 new cases each month would be denied.
62	CAF-35	DHS	Self Sufficiency	Cash Assistance	TANF UN	Provides case management and cash assistance to low-income families with children to meet their basic living needs and to assist these families in achieving self-sufficiency. The UN program serves two-parent households.	5,6,7	12	10,194,280					10,194,280			N	Y		The 2.8% COLA reduction would result in no inflationary increase in funding for this program. Families receiving cash assistance would not get an increase in benefit amounts. The reduction "Eliminate TANF UN program" ends the program, starting July 2010. It is anticipated that 777 two parent families will no longer be eligible. However, it is also assumed in the GRB that 60% will return as single parent households in TANF Basic.
63	CAF-36	DHS	Self Sufficiency	Cash Assistance	State Family Pre SSI/SSDI	State Family Pre-SSI/SSDI Program is a voluntary program offered to participants who have been assessed by the program's disability analysts as likely to be found eligible for SSI/SSDI.	5,6,7	12	23,814,456		4,433,994			28,248,450			N	Y		The 2.8% COLA reduction would result in no inflationary increase in funding for this program.
64		DHS			(left intentionally blank)	(intentionally blank)														
65	AMH-6	DHS	Addictions and Mental Health Program	State Delivered SRTF's		The state operated 16-bed facilities permit the safe movement of persons from the State Hospital(s) into the community that current providers choose not to serve.		12	19,568,507			8,594,859		\$ 28,163,366	201	148.22	Y	N	S,F	No Changes
66	SPD-6	DHS	Developmental Disabilities	DD Community-Based Care	DD Support Services (Community based)	Support services for people with developmental disabilities serve the adults and children who are living at home or a relative home and not in an out-of-home care setting. The primary support services available to clients are community inclusion, skills development and training, community living supports, respite, and non-medical transportation. 4,818 clients served.	Proposed for 2009-11: Integrated Employment Settings, DD Support Service Wait List	12	66,677,072			61,135,348		127,812,420			N	Y	F	Reduces the amount of clients who were anticipated to enter support services and remain in their local communities. Also eliminates all COLA for providers of services. It is expected that any major increase in caseloads will be brought forward in a department rebalance in 09-11.
67	SPD-7	DHS	Developmental Disabilities	DD Community-Based Care	DD Providers Local Administration	100% of DD administration is contracted with counties and local non-profits. There are no SPD local offices for DD services. Payment for the administration for county based Developmental Disabilities programs to provide 24/7 care services to DD clients in community based residential care settings and 12 non-profit Brokerages that provide similar services to clients in community based settings, such as their own home or a relatives home. These 30 county and 12 brokerages provide the care and coordination of services to 5,698 clients.	1	12	57,768,360		3,338,918	71,097,171		132,204,449			N	Y	F	Reduces the services to clients in comprehensive 24/7 services and those who receive support services and remain in their local communities. Also eliminates all COLA for providers of services. Eliminates an entire brokerage scheduled to come on line in 2009-11. It is expected that any major increase in caseloads will be brought forward in a department rebalance in 09-11.
68	CAF-37	DHS	Self Sufficiency	JOBS Contracts/Support Services Activities	TANF Programs	Provides employment and training services focused on assisting TANF related clients to find and keep employment.	5,6,7	12	54,704,669		9,628,754	58,937,744		123,271,167			N	Y		The GRB (and EBL) does not include an anticipated \$10-20 million in funding needed to serve all clients at the level anticipated in the TANF redesign as this is not a "mandated" program for budget purposes. In addition, the reduction of 2.8% COLA would result in a further reduction in available services necessary to help clients become employed and off TANF.
69	CAF-38	DHS	Self Sufficiency	JOBS Contracts/Support Services Activities	Separate State Programs	Provides employment and training services to a specific subset of clients with special needs.	5,6,7	12	7,729,137					7,729,137			N	Y		Reduction of 2.8% COLA would result in foster parents and guardians not getting an increase in foster care rates. Providers would not get an increase in provider rates. The reduction "Reduce Pre-TANF payment for basic living expenses" would limit the pre-TANF financial assistance to help clients to achieve self-sufficiency and family stability to a maximum of 100% of the TANF payment standard instead of the current 200% of the standard. This would affect approximately 150 cases/month.

Department-Wide Priorities for 2009-11 Biennium																				
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Dept	Prgm/ Div																			
70	CAF-39	DHS	VR - Basic Rehabilitative Services	VR - Basic Rehabilitative Services	Provides statewide vocational rehabilitation services to assist eligible Oregonians with disabilities to achieve and maintain employment.	3	12	6,128,178		1,885,715		26,680,228		34,694,121			N	Y		The GRB (and EBL) does not include an anticipated \$22 million in funding needed to serve all clients as this is not a "mandated" program for budget purposes. Therefore, this program must continue managing through an order of selection process put in place in 2007-09. About 3,634 fewer clients would be served. In addition, the reduction of 2.8% COLA would mean that there would be a longer waiting time until any new clients are served, and services to current clients may be eliminated.
71	CAF-40	DHS	VR - Basic Rehabilitative Services	State Independent Living Council (SILC)	Helps low-income working families pay their child care bills.	3	12	Included in VR Basic Rehab		Included in VR Basic Rehab		Included in VR Basic Rehab		-			N	Y		This program is already being managed through the order of selection process currently in place. Reduction of 2.8% COLA would mean that there would be a longer waiting time until any new clients are served, and services to current clients may be eliminated.
72	DMAP-14	DHS	Medical Assistance Prgms-Non-OHP Payment	All Other	Includes: 1)Breast & Cervical Cancer Program providing medical benefits for uninsured women diagnosed with breast or cervical cancer. 2)Citizen/Alien Waived Emergency Medical (CAWEM) provides emergency medical services to clients who are ineligible for Medicaid because they do not meet citizenship requirements. It now also covers prenatal benefits for CAWEM clients. 3)Health Insurance Premiums paid to clients for reimbursement of employer sponsored insurance premiums. 4)Medically Needy-Oregon Supplemental Income Program covers clients with high medical needs that are over income for eligibility in other programs.		12	29,168,165		6,828,000		73,606,031		109,602,196			N	Y	F	Healthy Kids Plan (POP505); OHP Standard (POP503); Enforceable Preferred Drug List (090-02); Enforceable Mental Health Preferred Drug List (090-03); Limit Dental (090-17); Additional Dental Limits (090-24); Eliminate Dental (090-26); Limit Vision (090-29); Limit Pay to Federally Qualified Health Clinics (090-44); Durable Medical Equipment Sole Source (090-47); Eliminate Certain Optional Services (090-72); Eliminate Fee For Service COLA (090-85);
73	DMAP-15	DHS	Medical Assistance Prgms-CHIP Payments	Managed Care	The statutes implementing the Oregon Health Plan require, insofar as possible, that care be delivered in a comprehensive managed-care system. Providers in managed-care plans are paid at rates which have been set by an independent actuary to reflect the reasonable cost of provider care. Services which are paid on a fee-for-service basis are paid at traditional Medicaid rates.	29,30 and proposed for 2009-11: Preventive services for OHP youth and adults, Preventive services for OHP children	12			34,527,919		98,835,998		133,363,917			N	Y	F	Healthy Kids Plan (POP505); Reduce Diagnostic Related Group Hospital rates to 90% (090-01); Reduce Diagnostic Related Group Hospital rates to 80% (090-15); Reduce Capitation Rates (090-84); Reduce Diagnostic Related Group Hospital rates to 72%;
74	DMAP-16	DHS	Medical Assistance Prgms-CHIP Payments	Fee for Service	The statutes implementing the Oregon Health Plan require, insofar as possible, that care be delivered in a comprehensive managed-care system. Providers in managed-care plans are paid at rates which have been set by an independent actuary to reflect the reasonable cost of provider care. Services which are paid on a fee-for-service basis are paid at traditional Medicaid rates.	29,30 and proposed for 2009-11: Preventive services for OHP youth and adults, Preventive services for OHP children	12			9,234,009		28,474,318		37,708,327			N	Y	F	Healthy Kids Plan (POP505); Enforceable Preferred Drug List (090-02); Enforceable Mental Health Preferred Drug List (090-03); Limit Pay to Federally Qualified Health Clinics (090-44); Durable Medical Equipment Sole Source (090-47); Eliminate Fee For Service COLA (090-85);
75	DMAP-17	DHS	Medical Assistance Prgms-CHIP Payments	Kids Intensive Services	Fee for Service	Intensive mental health services are delivered to children through psychiatric day treatment programs, psychiatric residential placement.	Proposed for 2009-11: Child Mental Health services	12		34,814		99,656		134,470			N	Y	F	Healthy Kids Plan (POP505); Eliminate Fee For Service COLA (090-85)
76	DMAP-18	DHS	Medical Assistance Prgms-CHIP Payments	All Other	This category is used for making any needed technical adjustments, funding modifications, and any other adjustments to limitation levels.		12							-				N		
77	AMH-7	DHS	Addictions and Mental Health Program	Blue Mountain Recovery Center	The Blue Mountain Recovery Center - located in Pendleton provides 24-hour supervised care to people with the most severe mental health disorders, many of whom have been committed to the Department as a danger to themselves or others; including people who have been found guilty except for insanity.		12	13,470,430		3,659,827		8,844,448		\$ 25,974,705	126	133.08	N	Y	S,F	Closure of Blue Mountain Recovery Center (BMRC) on 1-1-10 - Clients will be transitioned to community settings over a six-month period beginning July 31, 2009. Costs for preparing the facility for closure and mothball expenditures are included in the pricing. In addition, costs for development of community beds and ongoing treatment costs are included. This results in the loss of 60 beds of state hospital level of care that serves the eastern region as well as residents of western Oregon. While the plan includes services for people residing at BMRC as of the date of closure, there is a loss of state hospital level of care.
78	AMH-8	DHS	Addictions and Mental Health Program	Gambling Treatment and Prevention	Gambling treatment and prevention programs provide an array of services tailored to the clients' needs. These include: assessment; individual, group and family counseling; and residential treatment.	Proposed for 2009-11: Gambling Treatment Effectiveness	12		10,824,774					10,824,774			N	N	S	No Changes
79	SPD-8	DHS	Developmental Disabilities	DD Housing Trust Fund	The Fairview Community Housing Trust are the proceeds from the sale of Fairview (former institution for developmentally disabled clients). The funds are for maintenance of over 235 homes developed since the close of Fairview; a small housing grant program for retrofitting homes, to assist families to continue to provider care settings for clients.	1	10	3,349,269		6,303,446		50,257		9,702,972			N	Y		Reduces the maintenance account for these homes. It is expected that any major requirement for unanticipated repair or maintenance will be brought forward in a department rebalance in 09-11.
80	SPD-9	DHS	Aged and Physically Disabled	APD Community-Based Care	Other Services	SPD provides long term care services to ensure that the person is living in a safe and healthy environment that promotes choice, independence and dignity. Services can be provided in nursing facilities, in community settings such as residential care facilities, foster homes, or in the person's own home. Additional services provided are; Adult Day Services, In-Home Agency Provider, Home Delivered Meals, Minor Home Adaptations, Contracted RN's, Personal Care and Non-Medical Transportation.		12	8,804,548	1,203,771		17,054,972		27,063,291			N	Y		COLA reductions in "other services" impacts the providers of these services.

Department-Wide Priorities for 2009-11 Biennium																				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
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Dept	Prgm/ Div																			
81	SPD-10	DHS	Aged and Physically Disabled	APD Community-Based Care	Older Americans Act	Services available through Area Agencies on Aging are: information and referral, social services including case management, transportation, congregate meals, home delivered meals for homebound seniors, in-home services, senior employment program (Title V), elder rights protection, and family caregiver support. Federal Funds pass through services to the five largest Oregon counties and 12 additional areas that serve the remaining counties.	Proposed for 2009-11: Access to I&R and I&A							30,111,054			N	Y	F	None- this is 100% federal pass through.
82	SPD-11	DHS	Aged and Physically Disabled	APD Community-Based Care	Oregon Project Independence	Oregon Project Independence (OPI) serves individuals who are 60 years of age or older or who have been diagnosed with Alzheimer's disease or a related disorder, meet the requirement of Long Term Care services, and are not receiving Medicaid long term care services. They may be receiving Food Stamps, Qualified Medicare Beneficiary or Supplemental Low Income Medicare Beneficiary Program. Allowable services include personal care, homemaker/ home care services, chore services, assisted transportation, adult day care, respite, case management, registered nursing services, and home delivered meals. OPI is pass through of funds to the five largest Oregon counties and 12 additional areas that serve the remaining counties.	2	12		13,386,477				13,386,477			N	Y		This is a reduction of what is left in the senior property tax deferral account which is received as OF. This will require Oregon Project Independence (OPI) seniors and disabled clients to find alternative support systems or to go without these types of services that often keep clients in their own homes with minimal oversight and services. Might increase the entry into community based care and nursing facilities
83	CAF-41	DHS	Self Sufficiency	Employment Related Daycare		Helps low-income working families pay their child care bills.	9	12	60,171,331	80,659,700		16,719,200		157,550,231			N	Y		The 2.8% COLA reduction would result in no inflationary increase in benefits. - The reduction, "Eliminate ERDC eligibility for self-employed clients" would limit access to 150 families. - The reduction, "Limit eligibility for ERDC to families with adults who are citizens/document residents" would impact about 280 families/month; - The reduction, "Limit ERDC to families leaving TANF" would only allow working families that have recently left TANF to access ERDC impacting 3,168 families/month; - The reduction, "Eliminate the "reduced" copay in the first month of ERDC eligibility" would return first month copay from no more than \$25 to the full amount reducing caseload by 233 cases/mo and impact benefits for 502 cases/mo; - The reduction, "Reduce maximum payment threshold for ERDC to 65th percentile of 2006 Market Rate Study" would decrease maximum payment rate for licensed and registered providers from 75th to 65th percentile of the 2006 study and limit low-income families' ability to find stable quality child care.
83	CAF-41 (cont)	DHS	Self Sufficiency	Employment Related Daycare		Helps low-income working families pay their child care bills.	9	12												- The reduction "Increase the co-pay by an average of 6 percent for families on the ERDC will increase average co-pay by \$5-\$10/ family. Currently the average co-pay for a family is \$125.
84	CAF-42	DHS	Self Sufficiency	Refugee Program		Provides monthly cash benefits, medical assistance, Food Stamps and employment services to refugees living in Oregon. Refugee cash benefits are available for a maximum of their first eight months in the country; Employment services are available through their 60th month in the country.		12						14,487,982			N	Y		The 2.8% COLA reduction would not likely result in reduced funding for this program as long as the revenue exists since this is entirely Federal Funds.
85	SPD-12	DHS	Aged and Physically Disabled	APD Community-Based Care	Oregon Supplemental Income Program (OSIP)	The Oregon Supplemental Income Program (OSIP) provides a small cash benefit to low-income aged and disabled Oregonians who are receiving federal Supplemental Security Income (SSI) benefits. Individuals who are eligible for OSIP also are eligible for the Oregon Health Plan. The maximum federal SSI benefit is \$638 and \$956 for couples. Although the OSIP monthly grants are small relative to the SSI grant, the \$1.70 Supplemental Income Payment (SIP) checks meets our federal requirement for SPD's maintenance of effort (MOE). SPD is collaborating to determine if there is a more efficient way to meet the MOE requirement.		12	9,570,009					9,570,009			N	Y	F	No reductions to OSIP
86	SPD-13	DHS	Developmental Disabilities	Institutional Care	EOTC	The Eastern Oregon Training Center (EOTC) is an Intermediate Care Facility for the Persons with Mental Retardation (ICF/MR), and the only institution left in SPD. This institution provides 24-hour care and active treatment for people with mental retardation or developmental disability. The Department is in the process of moving these clients to community based care settings and closing this institution.		10	7,512,490	520,375				13,439,409	157	141.64	N	N	F	No reductions to EOTC. In the process of closing this institution and moving remaining clients to community based care settings, savings will be transferred to community based care or shown in a department rebalance in 09-11.
87	CAF-43	DHS	Self Sufficiency	Cash Assistance	Post TANF	Provides parents who become ineligible for TANF due to income, a monthly grant of \$150 for up to one year or until income is above 250% FPL. Post-TANF clients must stay employed and work a minimum number of hours per week. This grant will help families with transitional expenses of employment.	5,6,7	12	13,915,008					13,915,008			N	Y		The reduction of Post-TANF payment by \$50 per month effective 7/1/2009, and by \$100 per month effective 7/1/2010 would result in 3,760 newly-employed families per month that would have more difficulty in meeting expenses so that they could make the transition to ongoing employment.
88	CAF-44	DHS	Self Sufficiency	Youth Services		Works with other partners at state and local levels to target strategies that strengthen and support positive youth development, and help youths develop the skills needed to avoid risk-taking behaviors.		12						936,332			N	Y		The 2.8% COLA reduction would result in no inflationary increase in funding for this program. Providers would not get a rate increase for their services.

Department-Wide Priorities for 2009-11 Biennium																				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
Priority (ranked with highest priority first)	Dept. Initials	Program/Div (Orbits B Level)	(Orbits A Level Title)	(Orbits Sub-A Level Title)	Program Unit/Activity Description	Identify Key Performance Measure(s)	Primary Purpose Program-Activity Code	GF	LF	OF	NL-OF	FF	NL-FF	TOTAL FUNDS	Pos.	FTE	New or Enhanced Program (Y/N)	Included as Reduction Option (Y/N)	Legal Req. Code (C, F, or D)	Comments on Proposed Changes to EBL included in GRB
Dept	Prgm/ Div																			
89	CAF-45	DHS	Adoptions	Private Adoption Services	Contracts with licensed private adoption agencies to provide adoption placement, supervision, and finalization services for children in the custody of DHS.	14, Proposed for 2009-11: Timeliness and stability of child welfare placements	12	556,877		7,475		736,004		1,300,356			N	Y	F	The 2.8% COLA reduction would result in no inflationary increase in funding for this program. Providers would not get a rate increase for their services.
90	CAF-46	DHS	Adoptions	Contracted Adoption Services	Contracts with licensed private adoption agencies in the Special Needs Adoption Coalition (SNAC) to provide adoption placement, supervision and finalization services for special needs children in the custody of DHS. It also pays for statewide inquiry phone line, coordination of SNAC, and recruitment and retention (of adoptee parents) services	14, Proposed for 2009-11: Timeliness and stability of child welfare placements	12	185,625		2,491		245,334		433,450			N	Y	F	The 2.8% COLA reduction would result in no inflationary increase in funding for this program. Providers would not get a rate increase for their services.
91	CAF-47	DHS	Adoptions	Independent Adoption Services	DHS has oversight authority for all adoptions of minor children in Oregon, including private adoptions. One of the requirements for some independent adoptions is a post-placement report to the court.	14, Proposed for 2009-11: Timeliness and stability of child welfare placements	12			243,929				243,929			N	Y		The 2.8% COLA reduction would result in no inflationary increase in funding for this program. Providers would not get a rate increase for their services.
92	CAF-48	DHS	Adoptions	Assisted Search Services	Through Oregon's Voluntary Adoption Registry provides information to adult adoptees, birth parents, and other qualified persons, relating to adoptions to which they were a party.	14, Proposed for 2009-11: Timeliness and stability of child welfare placements	12			88,439				88,439			N	Y		The 2.8% COLA reduction would result in no inflationary increase in funding for this program. Providers would not get a rate increase for their services.
93	CAF-49	DHS	Other Programs	Youth Investment Programs	The Youth Investment Program (previously known as Level 7) serves a target of at risk, non-delinquent children with prevention and intervention services.	14,15,22 Proposed for 2009-11: Timeliness and stability of child welfare placements	12					11,410,790		11,410,790			N	Y		The 2.8% COLA reduction would result in the contract with the Oregon Commission on Children and Families being reduced.
94	CAF-50	DHS	Other Programs	Law Enforcement Medical Account	Provides a means for reimbursing medical providers for medical expenses incurred for treating injuries sustained by an individual as a result of law enforcement activities when financial recovery from the injured party is unsuccessful or their insurance fails.		12			1,398,817				1,398,817			N	Y		The 2.8% COLA reduction would not likely result in reduced funding for this program as long as the revenue exists since this is entirely Other Funds.
95	CAF-51	DHS	Other Programs	Employment Hearing Panel	Panel at Office of Administrative Hearings (OAH) that performs hearing for DHS re disputes filed by the clients. DHS is required by ORS 183.635 and 183.655 to use OAH to conduct most of its administrative hearings, and DHS must reimburse OAH for this expense.		12	2,073,166				773,508		2,846,674			N	Y		The 2.8% COLA reduction would result in no inflationary increase in funding for this program. Providers would not get a rate increase for their services.
N/A		DHS	ASD - Program Support and Administration	Policy and Operations	Office of the Director and Policy			10,388,685		738,970		10,790,329		21,917,984						
N/A		DHS	ASD - Program Support and Administration	Policy and Operations	Office of Oregon Health Policy and Research			3,880,624		4,137,212		2,269,503		10,287,339						
N/A		DHS	ASD - Program Support and Administration	Policy and Operations	Oregon Health Fund Board			385,201		439,952		181,075		1,006,228						
N/A		DHS	ASD - Program Support and Administration	Finance	Office of Budget/Planning/Analysis			8,649,064		441,529		8,031,001		17,121,594						
N/A		DHS	ASD - Program Support and Administration	Finance	Office of Financial Services			10,906,057		757,945		10,179,639		21,843,641						
N/A		DHS	ASD - Program Support and Administration	Administrative Services	Administrative Services Central Office			33,368,261		1,981,392		32,231,042		67,580,695						
N/A		DHS	ASD - Program Support and Administration	Administrative Services	Office of Facilities			48,438,438		6,170,746		62,093,814		116,702,998						
N/A		DHS	ASD - Program Support and Administration	Administrative Services	Office of Communications			1,148,652		82,218		1,180,771		2,411,641						
N/A		DHS	ASD - Program Support and Administration	Administrative Services	Office of Information Services			65,305,570		15,224,185		83,711,017		164,240,772						
N/A		DHS	ASD - Program Support and Administration	Administrative Services	Office of Human Resources			12,149,200		458,954		9,376,687		21,984,841						
N/A		DHS	ASD - Program Support and Administration	Administrative Services	Office of Document Management			2,492,925		203,568		2,621,560		5,318,053						
N/A		DHS	ASD - Program Support and Administration	Administrative Services	Office of Contracts & Procurement			3,195,701		359,848		3,348,703		6,904,252						
N/A		DHS	ASD - Program Support and Administration	Administrative Services	Information Security Office			1,232,324		37,139		1,397,537		2,667,000						
N/A		DHS	ASD - Program Support and Administration	Administrative Services	Office of Payment Accuracy & Recovery			15,876,270		210,605		13,148,701		29,235,576						
N/A		DHS	ASD - Program Support and Administration	Debt Service				26,618,897		5,134,184				31,753,081					D	
N/A		DHS	Program Support & Administration	Office of Field Services Administration				1,687,657		80,332		6,490,162		8,258,151						
N/A		DHS	Program Support & Administration	Office of Self Sufficiency				10,942,597		168,954		16,247,021		27,358,572						
N/A		DHS	Program Support & Administration	Office of Child Safety and Permanency				17,028,341		106,855		17,007,565		34,142,761						
N/A		DHS	Program Support & Administration	Office of Program Performance and Reporting				6,618,036		312,948		13,888,971		20,819,955						
N/A		DHS	Program Support & Administration	Field Services	Child Welfare - Field			174,830,508		1,017,711		118,814,549		294,662,768						
N/A		DHS	Program Support & Administration	Field Services	Self Sufficiency - Field			105,875,742		9,443,219		98,620,099		213,939,060						
N/A		DHS	Program Support & Administration	Field Services	District Administration			17,478,651		1,281,808		18,478,609		37,239,068						
N/A		DHS	Program Support & Administration	CAF Director/Division Administration				8,222,684		87,589		10,241,460		18,551,733						
N/A		DHS	Program Support & Administration	Office of Vocational Rehabilitation Services	VR - Basic Rehabilitative Field Services			7,348,015		368,557		29,313,240		37,029,812						

Department-Wide Priorities for 2009-11 Biennium																				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
Priority (ranked with highest priority first)	Dept. Initials	Program/Div (Orbits B Level)	(Orbits A Level Title)	(Orbits Sub-A Level Title)	Program Unit/Activity Description	Identify Key Performance Measure(s)	Primary Purpose Program-Activity Code	GF	LF	OF	NL-OF	FF	NL-FF	TOTAL FUNDS	Pos.	FTE	New or Enhanced Program (Y/N)	Included as Reduction Option (Y/N)	Legal Req. Code (C, F, or D)	Comments on Proposed Changes to EBL included in GRB
Dept	Prgm/ Div																			
N/A		DHS	Program Support & Administration	Office of Vocational Rehabilitation Services	VR - Administration			1,129,424		10,552		2,393,907		3,533,883						
N/A		DHS	DMAP Program Support & Administration	DMAP Program Support				22,274,711		8,640,068		43,838,521		74,753,300						
N/A		DHS	DMAP Program Support & Administration	DMAP Director/Division Administration				2,050,126		30,490		1,093,908		3,174,524						
N/A		DHS	AMH Program Support & Administration	Community Mental Health Administration				10,969,025		1,821,643		5,571,230		18,361,898						
N/A		DHS	AMH Program Support & Administration	Alcohol and Drug Treatment Administration				5,004,987		129,210		1,669,492		6,803,689						
N/A		DHS	AMH Program Support & Administration	Alcohol and Drug Prevention Administration				1,133,133				911,101		2,175,097						
N/A		DHS	AMH Program Support & Administration	Gambling Treatment and Prevention Administration					2,899,328					2,899,328						
N/A		DHS	AMH Program Support & Administration	AMH Director/Division Administration				1,997,839		375,083		361,781		2,734,703						
N/A		DHS	Public Health Program Support & Administration	Community Health & Health Planning				2,880,593		6,773,234		3,719,372		13,373,199						
N/A		DHS	Public Health Program Support & Administration	Environmental Public Health				4,004,202		7,236,439		11,816,413		23,057,054						
N/A		DHS	Public Health Program Support & Administration	Family Health				5,729,892		3,735,860		42,529,116	800,000	52,794,868						
N/A		DHS	Public Health Program Support & Administration	Disease Prevention & Epidemiology				4,072,229		22,885,776		45,179,609		72,137,614						
N/A		DHS	Public Health Program Support & Administration	Oregon State Public Health Labs				2,966,924		15,357,060		6,629,721		24,953,705						
N/A		DHS	Public Health Program Support & Administration	State Public Health Director/Division Administration				1,584,789		2,283,497		11,598,686		15,466,972						
N/A		DHS	Public Health Program Support & Administration	OLD OMCH				(1)						(1)						
N/A		DHS	SPD-Program Support & Administration	Licensing & Quality of Care Staff				11,933,773		4,809,643		19,779,419		36,522,835						
N/A		DHS	SPD-Program Support & Administration	Federal Resource and Financial Eligibility				8,322,409		564,096		54,331,705		63,218,210						
N/A		DHS	SPD-Program Support & Administration	Senior and Disability Services Staff				110,973,122		8,339,248		115,641,423		234,953,793						
N/A		DHS	SPD-Program Support & Administration	Developmental Disability Services Staff				7,708,947		258,903		7,378,349		15,346,199						
N/A		DHS	SPD-Program Support & Administration	SPD Director/Division Administration				3,173,843		1,836,504		3,280,136		8,290,483						
								-	-	-	-	-	-	-	0	0.00				

7. Primary Purpose Program/Activity Exists

- 1 Civil Justice
- 2 Community Development
- 3 Consumer Protection
- 4 Administrative Function
- 5 Criminal Justice
- 6 Economic Development
- 7 Education & Skill Development
- 8 Emergency Services
- 9 Environmental Protection
- 10 Public Health
- 11 Recreation, Heritage, or Cultural
- 12 Social Support

19. Legal Requirement Code

- C Constitutional
- F Federal
- D Debt Service
- S State

Document criteria used to prioritize activities:

As instructed, each division attempted to prioritize their respective programs. However, as you know, most DHS programs are a part of a continuum of care and not in and of themselves the single solution to the complex issues facing Oregon's most vulnerable population. This, plus the wide array of programs that DHS provides and the diverse populations served make application of any set of criteria difficult and of limited value, particularly at a department level.

Each division considered several general criteria in attempting to prioritize its programs, including:

- Federal program mandates
- Levels of need
- Number of clients served
- Federal financial participation requirements

In addition, each division considered each of their program policy objectives in conjunction with the DHS mission and goals and the department wide criteria noted above.