

**Department of Human Services  
2009-11 POLICY OPTION PACKAGES  
Agency Request Budget**

| Init. #  | Element # | Element Summary  | General Fund | Total Funds | POP #   | ORBITS POP # | Official Title                             | LC #              |
|--|-----------|--|--------------|-------------|---------|--------------|--|-------------------|
| <b>1. Vulnerable Oregonians have access to health care</b> |           |  |              |             |         |              |  |                   |
| 1  | 1         | <p><b>Healthy Kids Package</b> - Expand children's access to health care with a Healthy Kids Plan (HKP), modeling after the HKP of 2007. This will combine three previously separate initiatives: Expand access with a HKP; CHIP to 200%; and PLM and TANF certification to one year.</p> <p>Expansion of School Based Health Centers (SBHC): There are currently 45 certified SBHC in 19 counties providing access to over 38K youth. Up to 18 new SBHC will be certified in 2009 covering 24 counties. This package will fund planning and expansion to fund 5 new counties, 7 SBHC in existing counties, and change the formula base to increase sustainability to improve mental health services and linkages of data reporting.</p> | 80,430,503   | 205,290,661 | 03-DMAP | 101          | Healthy Kids                               | GOV-05,<br>GOV-06 |
|  |           |  | 1,380,000    | 1,380,000   | 03-PHD  | 111          | Expansion of School Based Health Centers   | -                 |
| 1  | 2         | <p><b>OHP Standard Package:</b> Increases OHP access to adults. Provide General Fund dollars for the OHP Standard program to maintain an average monthly caseload of 24,000 clients. Authorize DMAP to open the OHP Standard program to anyone who applies for Medical assistance. Increase the eligibility period for adults on OHP Standard to a full twelve months instead of the current six months. Lastly, increase benefits to clients receiving the OHP Standard benefit package to match the benefits on the OHP Plus package. All initiatives establish an increase in the OHP Standard program, making benefits available to all eligible populations.</p>  | 41,079,585   | 114,114,822 | 01-DMAP | 121          | Continuation of OHP Standard with GF       | -                 |
|  |           |  | 360,887,254  | 965,988,213 | 04-DMAP | 131          | Reinstate OHP Standard to Former Status    | DMAP-05           |
|  |           |  | 14,184,197   | 38,189,984  | 05-DMAP | 151          | Increase OHP Standard Benefit Package      | -                 |
| 1  | 3         | <p><b>PRENATAL HEALTH CARE:</b> Changing how prenatal care is delivered in Oregon by providing prenatal care under the OHP program to pregnant women statewide who would otherwise be eligible for the Citizen Alien Waived Emergency Medical program. Increasing the income eligibility for pregnant women and their infants from the current guidelines of 185% to 200%. Lastly, DMAP proposes to allow the earliest prenatal care possible for pregnant women who are likely eligible for OHP, by implementing a presumptive eligibility process.</p>   | 2,935,644    | 32,004,368  | 02-DMAP | 161          | Prenatal Expansion Program                 | -                 |
|  |           |  | 2,358,851    | 6,341,537   | 06-DMAP | 171          | Increase FPL for PLMW from 185% to 200%    | DMAP-03           |
|  |           |  | 14,057,805   | 37,779,256  | 08-DMAP | 181          | Presumptive Eligibility for Pregnant Women | DMAP-01           |
| 1  | 4         | <p><b>Oregon Breast and Cervical Cancer Program</b> 1) Increase the number of screenings funded by the Breast and Cervical Cancer Program (BCCP). There are approximately 37,000 women in need of screening who are unable to access services due to program funding limitations. 2) Oregon provides treatment services through presumptive eligibility into Medicaid using Tier 1 of the Breast and Cervical Cancer Prevention and Treatment Act of 2000, the most restrictive and least equitable option. Propose that Oregon shift to Tier 3, the least restrictive option, which will allow additional women lacking health care to qualify for treatment services.</p>  | 7,032,671    | 11,681,368  | 01-PHD  | 191          | Access to Breast & Cervical Cancer Program | -                 |

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| 1                 | 5         | The state oral health program should provide overall agency oral health coordination and leadership, develop and carry out specific program initiatives, and represent the agency to outside organizations. Support for the Oral Health Program consists of 4 staffing positions, enhancing the capacity of the school-based dental sealant program, and maintaining and expanding the oral health surveillance system for Oregon.  | 1,542,155          | 1,150,623            | 32-PHD  | 351          | Early childhood Cavities Prevention Services  | -       |
| 1                 | 6         | This package initiates some of the first steps of comprehensive health care reform recommended by the Oregon Health Fund Board (OHFB) and that complement the Governor's health initiatives. It also continues the Board's work to further develop the subsequent stages for reform by providing essential support to the Oregon Health Fund Board (OHFB), necessary resources for health policy planning, data collection and analysis, which are essential to the success of healthcare reform in Oregon. If not funded, there will be limited ability to begin key design pieces of the plan, including developing cost containment strategies and delivery system redesign: e.g., payment reform and primary care revitalization, as well as the fundamental area of better public information about cost and quality of healthcare in Oregon. The Board's recommendations also address end of life and workforce issues and further development of a health insurance exchange. These are all keystone building blocks for the foundation of health care reform in Oregon. | 1,668,688          | <b>3,590,917</b>     | 04-OHFB | 169          | OHFB Continuation and Health Policy Analysis  | OHFB-01 |
|                   |           |   | 444,712            | <b>889,424</b>       | 05-OHFB | 179          | Integrated Health Homes & Healthy Communities | OHFB-02 |
|                   |           |   | 421,880            | <b>610,858</b>       | 06-OHFB | 199          | Clinical Improvement Assessment Project       | OHFB-03 |
|                   |           |   | 683,100            | <b>990,000</b>       | 08-OHFB | 209          | End of Life Care                              | OHFB-04 |
|                   |           |   | 9,741,926          | <b>27,368,041</b>    | 17-DMAP | 251          | Pay for Quality and Prevention Performance    | -       |
|                   |           |   | 4,903,285          | <b>4,903,285</b>     | 11-PHD  | 261          | Obesity Prevention and Education              | -       |
|                   |           |   | 10,241,718         | <b>10,241,718</b>    | 25-PHD  | 271          | Collaborations for Community Health Pilots    | -       |
|                   |           |   | 355,659            | <b>515,192</b>       | 09-OHFB | 189          | Improved Transparency in Healthcare Reporting | OHFB-05 |
| 1                 | 7         | Maximizing Electronic Health Record Adoption  | 5,520,000          | <b>8,000,000</b>     | 12-OHFB | 219          | Maximizing Electronic Health Record Adoption  | GOV-08  |
| 1                 | 8         | Healthcare Workforce Initiative   | 1,545,000          | <b>1,700,000</b>     | 13-OHFB | 229          | Healthcare Workforce Initiative               | GOV-10  |
| 1                 | 13        | The hospital provider tax will sunset on 10/1/09. This initiative will establish a new reimbursement methodology to DRG hospitals for inpatient and outpatient services. Rather than revert to the pre-provider tax rates, and their inherent inequity, a new methodology is proposed which will require General Funds and will change the reimbursement for outpatient services to 70% of cost and inpatient services to 70% of the 2008 Medicare rates.   | 16,250,925         | <b>44,208,892</b>    | 13-DMAP | 301          | Reimbursement for DRG Hospitals               | -       |
| 1                 | 14        | Increase the Physical Health and Life Expectancy of Persons with Mental Health and Substance Abuse Disorders Through Coordination of Physical and Behavioral Health Care.   | 602,463            | <b>602,463</b>       | 01-AMH  | 311          | Wellness Initiative                           | -       |
| 1                 | 15        | Mental and Physical Health Integration Policy Note: Coordinator position and training to implement report elements .  | 174,419            | <b>362,640</b>       | 01-DO   | 319          | Mental & Physical Health Integration          | DO-07   |
| 1                 | 16        | Medicaid Program Integrity Unit in OPAR. This unit would coordinate federal projects related to program integrity. Projects would include the PERM project, and work related to the Medicaid Integrity Program, both of which are mandated by CMS. This package would also relieve three current double-filled positions in OPAR units doing third party recovery work in the Medicaid program.   | 611,521            | <b>1,219,252</b>     | 01-ASD  | 299          | Medicaid Program Integrity                    | -       |
| 1                 | 17        | Funding is being requested to increase FPEP provider rates.   | 126,261            | <b>1,262,610</b>     | 26-PHD  | 341          | FPEP Provider Rate Expansion                  | -       |
| 1                 | 18        | Pass-through funding requested by Insurance Governing Pool, Oregon Private Health Partnership   | -                  | -                    | 23-DMAP | 361          | OPHP POP transfer                             | -       |
| <b>SUBTOTAL -</b> |           | <b>1. Vulnerable Oregonians have access to health care</b>  | <b>579,180,222</b> | <b>1,520,386,124</b> |         |              |   |         |

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| <b>2. Oregonians have access in their communities to the mental health care and addictions treatment they need.</b> |           |  |              |                   |        |              |   |      |
| 2   | 1         | Implement the next phase of the Community Services Workgroup Report to strengthen community-based services for people with mental illness and assure appropriate and timely discharges from the state hospitals. Includes work with specific projects, including Supported Housing, Supported Education, Supported Employment, Case Management, Jail Diversion.<br><ul style="list-style-type: none"> <li>• Expand Mental Health Services for Young Adults to Prevent More Severe and Chronic Mental Illness</li> <li>• Early Assessment program - Center for Excellence</li> <li>• Crisis Services - increase funding to CMHPs to meet 50% of unmet need</li> <li>• Acute Care - increase regional care to meet 100% of unmet need, net of detox services referenced in separate POP component (2.11)</li> <li>• Case Management - 3 add'l ACT teams for serve add'l 300 adults, and increase funding to serve 25% of unmet case management need</li> <li>• Supported Employment - provide services to meet 50% of the need</li> <li>• Alternative to Criminal Justice involvement - 50% of need for Forensic Intensive Case Management</li> <li>• Co-Occurring Disorders - indigent funding for 25 community detox beds</li> <li>• Safe, Affordable and Permanent Housing - monthly subsidies, supportive housing to meet 50% of need, mental health svcs to 35 people in Villebois development</li> <li>• Transition Aged Youth - establish 33 Qualified Mental Health Specialists</li> <li>• Contractual Implementation &amp; Oversight of all of the above</li> </ul> | 3,091,000    | <b>3,091,000</b>  | 11-AMH | 112          | Expand MH Services for Young Adults         | -    |
|   |           |  | 23,821,938   | <b>23,821,938</b> | 37-AMH | 122          | Crisis Services Component                   | -    |
|   |           |  | 14,110,263   | <b>14,110,263</b> | 38-AMH | 132          | Acute Care Component                        | -    |
|   |           |  | 19,590,560   | <b>19,590,560</b> | 39-AMH | 142          | Case Management Component                   | -    |
|   |           |  | 34,377,699   | <b>34,377,699</b> | 40-AMH | 152          | Supported Employment Component              | -    |
|   |           |  | 8,272,188    | <b>8,272,188</b>  | 41-AMH | 162          | Forensic Intensive Case Mgmt Component      | -    |
|   |           |  | 43,553,214   | <b>61,045,045</b> | 43-AMH | 182          | Safe Affordable Permanent Housing Component | -    |
|   |           |  | 4,693,012    | <b>4,693,012</b>  | 44-AMH | 192          | Transition Aged Youth Component             | -    |
|   |           |  | 13,548,376   | <b>14,936,176</b> | 46-AMH | 212          | Spread among above components               | -    |

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| 2       | 2         | <p>Implement treatment components of the first phase of the Addictions Services Investment Strategy Report to strengthen community-based services for individuals and families who are at-risk or experiencing problems related to substance abuse and addiction. Includes proven, cost-effective strategies that strengthen family bonds, reduce the incidence of child abuse and domestic violence, improve education and work productivity, reduce crime and incarceration, reduce traffic accidents and fatalities, and that promote the health and overall well-being for Oregonians. Components of the strategy include:</p> <ul style="list-style-type: none"> <li>• Proven, cost-effective and family-based treatment for 3,500 youth with addictive disorders and youth with co-occurring addictive and mental health disorders;</li> <li>• Integrated, research-based treatment for 400 adults with co-occurring addictive and mental health disorders;</li> <li>• Screening, brief intervention and treatment services for 2,000 returning veterans and uninsured workers;</li> <li>• Outpatient addiction treatment for 5,500 individuals from under-served populations including ethnic minorities, rural and frontier populations, youth and women;</li> <li>• Specialized, research-based outpatient treatment for 3,333 medium and high-risk addicted offenders on probation, post-prison supervision and individuals participating in drug treatment courts;</li> <li>• Modernized services for people requiring 24-hour care and medical monitoring during alcohol or drug withdrawal and support for 120 new admissions;</li> <li>• Training, technical assistance and clinical oversight to ensure the services are implemented according to the effective principles documented in research;</li> <li>• Performance management and accountability for implementing and continuously improving these service components.</li> <li>• Rate increases for both adult and youth residential services to support sustainability and quality improvement.</li> </ul> | 3,436,918    | <b>3,436,918</b>  | 04-AMH | 242          | Co-occurring Disorder Treatment for Youth     | -    |
|         |           |  | 4,300,000    | <b>4,300,000</b>  | 07-AMH | 252          | Adult Co-occurring Disorder Services          | -    |
|         |           |  | 15,777,592   | <b>15,777,592</b> | 08-AMH | 262          | Increased A&D Treat. Access-Underserved Pop   | -    |
|         |           |  | 5,710,000    | <b>5,710,000</b>  | 19-AMH | 272          | Addiction Services for Workers and Veterans   | -    |
|         |           |  | 11,738,446   | <b>11,738,446</b> | 24-AMH | 282          | Forensic Addiction Services                   | -    |
|         |           |  | 10,046,716   | <b>10,046,716</b> | 25-AMH | 292          | Medically Monitored Detoxification Services   | -    |
|         |           |  |              |                   |        |              |   |      |
| 2       | 3         | <p>Improve access to and increase the array of community-based mental health services for children and their families through the development of flexible funding resources; increase care coordination and partnerships across agencies. This Systems of Care approach will allow children to remain at home, in their own schools and with their families while receiving intensive mental health services.</p>  | 963,350      | <b>963,350</b>    | 47-AMH | 312          | Wraparound Training Centers for Excellence    | -    |
|         |           |  | 2,625,000    | <b>2,625,000</b>  | 49-AMH | 332          | System of Care Implementation-Wraparound      | -    |
|         |           |  | 155,400      | <b>155,400</b>    | 50-AMH | 342          | Training for Child & Family Team Facilitation | -    |
|         |           |  | 1,000,000    | <b>1,000,000</b>  | 51-AMH | 352          | TeenScreen Collaboration with Public Health   | -    |
|         |           |  | 1,117,166    | <b>3,021,000</b>  | 52-AMH | 362          | Intensive School-Based Mental Health Services | -    |
|         |           |  | 1,901,250    | <b>1,901,250</b>  | 53-AMH | 372          | Child Telepsychiatry with Primary Care M.D.s  | -    |
|         |           |  | 2,226,000    | <b>2,226,000</b>  | 54-AMH | 382          | Flexible Funding Pool                         | -    |

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| 2                 | 4         | Peer recovery support services package adds resources for recovery management and resiliency promotion for people with substance use and mental health disorders. Effective treatment for these disorders provides an array of supports needed to manage a chronic health condition. This packages will fund proven effective follow up care, supports from people in recovery and assistance for families, whose children have complicated needs, in advocating for and accessing the most effective services for their children. These services will support clinical interventions within a system of pre-recovery, active treatment and post-treatment recovery services. Services to be supported include:<br><br><ul style="list-style-type: none"> <li>• Establish an Integrated Office of Consumer Advocacy with peer leaders for mental health recovery and for addictions recovery;</li> <li>• Mental health peer delivered services, including a statewide warm line, direct peer supports, and hospital-community peer bridgers assisting people transitioning from hospital to community;</li> <li>• Family navigator program assisting family members to access the services needed by children with severe emotional disorders;</li> <li>• A full-time family partnership specialist;</li> <li>• Peer mentoring for child welfare parents in recovery;</li> <li>• Five Addiction Recovery Centers;</li> <li>• Expansion of Dual Diagnosis Anonymous services and coordination; and</li> <li>• Expansion of Oregon Recovery Homes.</li> </ul> | 8,438,423          | 11,279,731         | 10-AMH | 392          | Peer Delivered Recovery & Family Support Svcs | -    |
| 2                 | 5         | Evidence Based Practice Workforce Development   | 2,380,565          | 2,380,565          | 55-AMH | 402          | Evidence-Based Practice Workforce Development |      |
| 2                 | 6         | Training additional child psychiatrists   | 1,560,000          | 1,560,000          | 57-AMH | 412          | Training additional child psychiatrists       | -    |
| 2                 | 7         | This package helps Oregonians recover from mental illness and substance abuse with assistance from their peers in natural community-based settings -- and it enhances their ability to lead more independent lives in communities of their choosing. The package provides funds to establish an AMH Office of Consumer Affairs with two peer leader positions, one for consumers of mental illness services and one for those recovering from substance abuse disorders. An Office of Consumer Affairs outside DHS will improve links between county programs and consumer operated service programs. The Office of Consumer Affairs within AMH will oversee the delivery of peer-led recovery services.  | 2,112,759          | 2,112,759          | 45-AMH | 202          | Integrated Office of Consumer Advocacy        | -    |
| <b>SUBTOTAL -</b> |           | <b>2. Oregonians have access in their communities to the mental health care and addictions treatment they need.</b>   | <b>240,547,835</b> | <b>264,172,608</b> |        |              |   |      |

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| <b>3. Seniors and people with disabilities live safely and independently in their communities</b> |           |   |              |             |        |              |   |        |
| 3   | 1         | Community Based Care Rate Restructure: As directed by 2007 Budget Note and SB1061, the Department was directed to recommend a new acuity based Community Based Care rate methodology to the 2009 Legislative Session. Changes methodology for Medicaid reimbursement to CBC providers including Residential Care Facilities, Assisted Living Facilities, Commercial and Relative Adult Foster Care, Providence Elder Place and specialized Contract Residential Facilities for Alzheimer's and Dementia care unit. This initiative also includes implementation of a standardized assessment and rate tool (ReBar) for Developmentally Disabled clients and services which determines a new rate structure for DD services. | 47,733,312   | 127,992,199 | 01-SPD | 103          | Community Based Care Rate Restructure       | -      |
| 3   | 2         | Vocational Rehabilitation - Case Service Dollars: This package would ensure sufficient case service dollars to meet caseload needs by fully matching available 110 Grant dollars and any allotment dollars that become available in June of 2008.   | 19,450,440   | 19,450,440  | 30-CAF | 113          | Voc Rehab Case Service Dollars              | -      |
| 3   | 3         | Improving Quality of Long Term: Creates a LTC quality care fund by increasing current penalty fines, removing statutory limitations on fines, and directing those funds to quality improvement. Enhances licensing and regulatory functions by increasing licensing fees and directing those funds to program enhancement. This includes Corrective Action staff and NF Compliant staff for investigations. Currently about \$143,000 in penalty revenue is reverted to the GF and not reinvested into the program. There would be a loss of this revenue. Requires ORS amendment.  | 870,583      | 2,924,590   | 02-SPD | 123          | Improving Quality of Long Term Care         | SPD-07 |
| 3   | 4         | Aging and Disabilities Resource Connections (ADRC): As directed by SB 1061, this POP is the first phase of a long-range plan to develop a network of robust information, referral and assistance services and supports for seniors and people with disabilities, to delay or prevent entry into costly Medicaid services.   | 10,355,871   | 10,355,871  | 03-SPD | 133          | Aging and Disabilities Resource Connections | -      |
| 3   | 5         | * Expedited Trustee Fund for Troubled Facilities: Amends ORS imposing a trustee for troubled facilities and would allow for an increase from \$300,000 to, up to \$500,000 to be collected from providers and kept in an account. The amount in the fund is generated through fees and are retained to assist in taking over troubled facilities. Two facilities in the past year have required intervention and court appointed trustee. The fund is used to maintain the facility until other arrangements can be made and pay for utilities, food service, staff cost. No GF is needed for this POP.   | -            | 200,000     | 04-SPD | 143          | Expedited Trustee Fund Troubled Facilities  | SPD-06 |
| 3   | 6         | Adult Protective Services Report and Tracking System: This initiative would develop and implement a comprehensive, statewide APS tracking system. Currently there is no comprehensive system used by local SPD or AAA offices to collect APS information. The current process is disorganized, does not allow for shared information and lacks standards and consistency in reports and tracking.   | 2,874,680    | 2,874,680   | 05-SPD | 153          | APS Program Quality Improvement             | -      |
| 3   | 7         | Provide Age-Appropriate Mental Health and Addictions Services to Older Oregonians to Prevent Increased Suicide Risk, Increased Risk of Excess Disability from Mental and Physical Illness, and Placements in Higher Levels of Care with Associated Excessive Costs.   | 2,075,000    | 3,250,000   | 12-AMH | 173          | MH & Addiction Services to Older Oregonians | -      |
| 3   | 8         | Adult Foster Home Training & Quality. Provide dedicated resources to implement training for APD/DD AFH providers.   | 356,602      | 711,927     | 06-SPD | 183          | Adult Foster Home Training                  | SPD-09 |

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| 3       | 9         | Vocational Rehabilitation - Enhancing Employment Outcome Project. This package would provide specialized training and consultation to staff to address client motivational issues as well as training in enhanced employer engagement in order to increase the number of quality employment outcomes.  | 250,000      | <b>250,000</b>    | 31-CAF | 193          | Voc Rehab Enhancing Employment Outcomes    | -    |
| 3       | 10        | Vocational Rehabilitation - Work Incentives Network. This package would establish a Work Incentive Network to address one of the most significant barriers individuals with the most significant disabilities experience in returning to work. WIN educates and counsels regarding benefits and work incentives.   | 1,686,301    | <b>1,686,301</b>  | 28-CAF | 203          | Voc Rehab Work Incentive Network           | -    |
| 3       | 11        | 1915 (i) State Plan Option Amendment: State plan option for special populations in services. Includes providing home and community based care as an alternative to an institution for DHS clients with significant physical, behavioral or mental health needs to access support services in the community and thereby prevent, or forestall, the need for more costly institutional care.   | 9,799,211    | <b>24,996,912</b> | 07-SPD | 213          | 1915 (i) State Plan Option Amendment       | -    |
| 3       | 12        | Transfer AAA 95% Equity: This initiative addresses equity in providing services to seniors, people with physical disabilities through the Transfer AAA structure- Oregon's five largest county areas. It increases the current 90% reimbursement rate to 95% for Transfer AAAs.  | 3,750,000    | <b>7,500,000</b>  | 08-SPD | 223          | Transfer AAA 95% Equity                    | -    |
| 3       | 13        | Certified Nursing Assistant Staff - Phase III. This is Phase III of the roll-up for the Governor's appointed Nursing Facility Staffing Commission recommendation to increase the Certified Nursing Assistant (CNA) CNA:resident staff level ratio from 1:66 to a final 2:46. March 2008, rate adjustment additionally reimburses NF providers \$2.86 to achieve a 2.07 CNA to resident staff level. Phase II, effective April 2009 rate adjustment reimburses NF provider an additional \$4.64 to achieve a 2.31 CNA to resident staff level. This POP achieves the final Phase III level of 2:46 ratio.   | 3,430,000    | <b>9,270,000</b>  | 09-SPD | 233          | Certified Nursing Assistant Staff          | -    |
| 3       | 14        | Vocational Rehabilitation - State Independent Living Council (SILC). This package would increase independent living skills so that persons with disabilities can live in their own homes, increase self-care, and obtain employment  | 559,840      | <b>559,840</b>    | 29-CAF | 243          | Voc Rehab State Independent Living Council | -    |
| 3       | 15        | Autism Training and Coordination - This initiative would create a unit in the Office of Developmental and Disability Services to develop policy strategies, implement training, coordinate with ODE, OHSU, and other Medical Research programs. They would work statewide with early intervention program, regional education autism specialists, CDDP's, brokerages, and training and technical assistance contractors. This unit would direct training and technical assistance contracts to support children and adults with autism, living at home. Family training would include intensive trainings in behavior strategies.  | 192,042      | <b>382,858</b>    | 11-SPD | 253          | Autism Training and Coordination           | -    |
| 3       | 16        | Traumatic Brain Injury Supports - This initiative is in response to SB 1061 Sec 2 (9) to improve services for person who have a traumatic brain injury and improve coordination across departments.  | 150,606      | <b>150,606</b>    | 12-SPD | 263          | Traumatic Brain Injury Supports            | -    |
| 3       | 17        | DD Family Support Network: This initiative would establish Information and Referral resources outside of current county structure for families caring for individuals with developmental disabilities. Five regional family support information and referral centers would be established. These centers would provide an array of supports to families of children (birth to 21), clients with developmental disabilities to be cared for in the home, including information and referral, training and educational opportunities, parent-to-parent networking, sibling supports and capacity building. These centers would be used as a way for families to get information and access to supports without having to wait for individualized case management time. | 1,250,000    | <b>1,250,000</b>  | 13-SPD | 273          | DD Family Support Network                  | -    |

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| 3                 | 18        | DD Adult Foster Home Licensing: Regionalization of DD Adult Foster Homes Licensing with supervisory responsibility in the Office of Licensing & Quality Care. This would be to streamline and regionalize functions for adult foster home licensing and includes AFH licensing positions for AFH DD.   | 849,308            | 1,693,301          | 14-SPD | 283          | DD Adult Foster Home Licensing                | -    |
| 3                 | 19        | General Assistance Program: This initiative would be to establish a limited General Assistance Program safety net with a \$314 per month cash assistance and medical card. The GA Program would serve individuals with severe physical or mental disabilities who are determined by the Department to meet Social Security's disability criteria and who are likely to be eligible for Supplemental Security Income, but are not receiving SSI or SSDI benefits yet. Program recoups through a signed agreement 70% or funds provided to the clients, after approximately 22 months.   | 18,245,014         | 35,727,254         | 15-SPD | 293          | General Assistance Program                    | -    |
| 3                 | 20        | SPD Field Staff Training: Implements a field staff tools and training that is delivered in a comprehensive, integrated approach to provide excellent service, strengthen effectiveness of assessment and services planning, prevent errors, ensure quality and cultural appropriateness, accountability and public confidence in the delivery of services.   | 600,889            | 1,197,913          | 16-SPD | 303          | SPD Field Training                            | -    |
| 3                 | 21        | Long Term Care Workforce Development: An adequate, trained and skilled workforce is needed to fill the growing demand for health care professionals and caregivers in the long term care system. This initiative would address the recruitment and retention of critical long term care workforce needs including in-home workers, CNA's, RN's, physicians, in-home agencies, case managers, etc.  | 140,722            | 280,565            | 17-SPD | 313          | Long Term Care Workforce Initiative           | -    |
| 3                 | 22        | Oregon Project Independence Modernization: This initiative is to modernize OPI to include people with disabilities and have a provision for adequate funding. OPI serves 3400 clients in home each month, providing services to people 60 and older to maintain them in their homes.   | 8,713,644          | 8,713,644          | 18-SPD | 323          | Oregon Project Independence Moder             | -    |
| 3                 | 23        | Amyotrophic Lateral Sclerosis (ALS) Services: This initiative would build the capacity for statewide supports and services for individuals diagnosed with ALS.   | 1,000,000          | 1,000,000          | 19-SPD | 333          | Amyotrophic Lateral Sclerosis (ALS) Services  | -    |
| 3                 | 24        | <b>Quality Assurance:</b> OIT would establish a comprehensive Quality Assurance program, with the goal of achieving consistently professional investigations throughout the State, which are based on investigative core competencies<br>Not funding the program would mean continuing inconsistencies in the quality of abuse investigations.<br><b>Prevention:</b> OIT would initiate a comprehensive, research-based abuse prevention training program. The target audience would include consumers, families, providers, law enforcement, and other first responders.<br>Not funding abuse prevention activities, leaves vulnerable adults with DD and MI at risk of abuse and/or neglect.<br><b>Capacity:</b> This proposal would fund three (3) OIT Investigators, who will be assigned to investigate reports of abuse or neglect against people receiving Mental Health (MH) and Alcohol & Drug (A&D) services in underserved areas of the State. The proposal also funds a Compliance Specialist 3 for AMH to assure that required corrective or preventive actions are carried out by providers. | 1,800,004          | 2,447,190          | 01-OIT | 269          | Enhanced Quality Assurance & Abuse Prevention | -    |
| <b>SUBTOTAL -</b> |           | <b>3. Seniors and people with disabilities live safely and independently in their communities</b>  | <b>136,134,069</b> | <b>264,866,091</b> |        |              |   |      |

**Department of Human Services  
2009-11 POLICY OPTION PACKAGES  
Agency Request Budget**

| Init. #                                 | Element # | Element Summary  | General Fund | Total Funds | POP #  | ORBITS POP # | Official Title                                | LC # |
|---|-----------|--|--------------|-------------|--------|--------------|---|------|
| <b>4. Children are Safe and Healthy</b> |           |  |              |             |        |              |   |      |
| 4                                       | 1         | Day Care Services for Foster Children. This package would develop a statewide daycare support service for foster children who are in the state's legal custody when a foster parent is employed outside the home. The federal regulations allow this service to be claimed under Title IV-E as an allowable expense. As with other IV-E services, this will leverage 37.55% state general funds to the federal match of 62.45 %. This POP would increase the number of available foster homes for children, and increase the number of children placed with relatives, who otherwise are unable to care for these children due to the financial hardship of daycare. | 5,432,953    | 9,793,715   | 22-CAF | 104          | Day Care Services for Foster Children         | -    |
| 4                                       | 2         | Office of Investigation and Training - Positions to investigate children's residential programs and training positions. Making Child and Prevention Services Permanent   | 429,809      | 856,850     | 02-DO  | 279          | Children's Care Provider Investigation & Trng |      |
| 4                                       | 3         | Racial disproportionality in foster care. Help reduce number of minority foster children who are over-represented by race or ethnicity in the Oregon foster care system.   | 217,950      | 434,520     | 54-CAF | 124          | CW task force                                 | -    |
| 4                                       | 4         | Establish responsible staff in each region or county to develop and implement a collaborative training plan that links critical assessment and intervention skills to both child welfare and mental health service providers working with children who are at risk of the harm, to themselves or others.   | 3,753,506    | 8,529,000   | 14-AMH | 154          | MH System Improvement for Children in CW      | -    |
| 4                                       | 5         | Public Health Nurse Home Visiting Public health nurses provide critical prenatal, maternal and infant health services to high-risk families. This package would provide stability to the existing local programs, and potentially allow for expansion to needed areas. As a potential backfill, Oregon's high-risk infant case management programs are at some risk to lose \$4 million in federal funds if changes in the DRA-TCM rules are reinstated.   | 6,148,113    | 6,148,113   | 04-PHD | 164          | Public Health Nurse Home Visiting             | -    |
| 4                                       | 6         | Domestic Violence Advocates. The package would enhance DHS's ability to respond to the domestic violence situations that become safety threats to the child. By locating domestic advocates at child welfare offices, DHS will be able to offer adult victims of domestic violence services to assist them to achieve safety for their children and themselves. In addition, offices will be able to contract for consultation with batterer intervention providers.   | 12,227,129   | 12,227,129  | 17-CAF | 174          | Domestic Violence Advocates                   | -    |
| 4                                       | 7         | CAF and ASD Revenue shortfall in EBL. This package would provides funds to cover revenue shortfalls in CAF programs due to inflationary increases on capped grants, and to backfill Child Safety and non-mandated Subcare and Adoptions programs due to loss of funding from TANF Emergency Assistance redetermination requirements.   | 92,447,867   | 92,447,867  | 41-CAF | 184          | CAF 070 Revenue Shortfall                     | -    |
| 4                                       | 8         | Increase Intensive Alcohol and Drug Treatment Recovery Services (ITRS) in Residential Settings to Promote Recovery and Family Reunification for families whose children are in state custody or at risk of removal due to parental substance abuse.  | 2,784,610    | 3,739,127   | 15-AMH | 194          | Residential Treatment for CW Parents          | -    |

**Department of Human Services  
2009-11 POLICY OPTION PACKAGES  
Agency Request Budget**

| Init. # | Element # | Element Summary   | General Fund | Total Funds      | POP #  | ORBITS POP # | Official Title                             | LC #   |
|---------|-----------|---|--------------|------------------|--------|--------------|--|--------|
| 4       | 9         | Adopt and Implement the Evidence-based Practice of Collaborative Problem Solving through Statewide Training and Technical Assistance to Eliminate the Use of Seclusion and Restraint, Shorten Length of Stay and Reduce Multiple Placements of Children and Adolescents in Residential Settings.  | 5,668,000    | <b>5,668,000</b> | 16-AMH | 204          | Behavior Interventions for Children (CPS)  | -      |
| 4       | 11        | Enhanced Visitation Services. This package seeks to mitigate a growing problem regarding the limited department resources and ability to provide children and families a sufficient amount of visitation to aid in the families' ability to reunify. Family visitation is one of the most critical elements and indicators of family reunification. Oregon Legislature last session increased the courts ability to order, monitor, and find the department out of compliance with visitation orders. The legislature did not provide funding for the increased costs for visitation and the department is struggling with meeting these court orders and families' needs. This funding will have the standard federal match opportunities as an allowable child welfare expense and reimbursement.                     | 1,996,995    | <b>3,072,300</b> | 25-CAF | 224          | Enhanced Visitation for Foster Children    | -      |
| 4       | 12        | CIRT/DHS Employee CPS Assessment. This package would address the current missing capacity to coordinate responses to critical incidents involving a child, such as child fatality and child endangerment. It would also address assessment of allegations of child abuse when the alleged perpetrator is a DHS employee in a more timely basis.   | 807,424      | <b>807,424</b>   | 12-CAF | 234          | CIRTCoordinator & Employee CPS Assessments | -      |
| 4       | 13        | Shaken Baby Syndrome: This Package Funds the implementation of a Shaken Baby Syndrome prevention program, the Period of Purple Crying, in Hospitals statewide. During the interim, the Hospital Association explored implementation of this program with several partners. It was identified that a limited duration position in PH is needed to implement the program; hospitals statewide need monetary support to purchase client cd's for one year; and an evaluation needs to be conducted to report back to legislators on the effectiveness of the intervention.   | 469,148      | <b>469,148</b>   | 06-PHD | 244          | Shaken Babies Syndrome                     | -      |
| 4       | 14        | Provides funding for one leadership position that serves in two capacities: 1) 0.5 FTE State Dental Health Officer and as the local dental health officer for all counties in Oregon located in the Public Health Division. Responsibilities would include: support local oral health programs in areas of surveillance and epidemiology, coalition development, monitor water fluoridation efforts, public policies for prevention interventions, and strategic planning at state and local levels. 2) 0.5 FTE Division of Medical Assistance Programs (DMAP) Dental Director. Responsibilities would include: provide vital clinical support, make dental policy recommendations, and act as an external, clinical, and professional liaison with staff, contractors, dental professionals, and dental organizations. | 160,763      | <b>320,194</b>   | 07-PHD | 254          | Fund State PH Dental Director              | -      |
| 4       | 15        | Provide Education and Rehabilitative Services for Juveniles Determined Unable to Aid and Assist in their Defense in judicial proceedings. Links to legislative concept.   | 750,357      | <b>750,357</b>   | 35-AMH | 264          | Juvenile Fitness to Proceed                | AMH-02 |

**Department of Human Services  
2009-11 POLICY OPTION PACKAGES  
Agency Request Budget**

| Init. #           | Element # | Element Summary  | General Fund       | Total Funds        | POP #  | ORBITS POP # | Official Title                            | LC # |
|-------------------|-----------|--|--------------------|--------------------|--------|--------------|---|------|
| 4                 | 16        | Expand the OFH Child Care Health Consultation (CCHC) program from four county-based sites to four service districts with 1,000 childcare providers in each district. This model provides access to local consultants for childcare providers to improve childcare quality and provide healthier, safer and more nurturing childcare.<br><br>Expanding the program to include mental health promotes early identification and treatment of children with physical and social/emotional health and development concerns, and facilitates their inclusion and retention in community-based childcare. The Child Care Consultation Program segment focuses on the expansion of the program from four counties to four regions, while the Multi-Agency Child Care Health Consultation segment focuses on training and provision of early childhood mental health consultants for the program. | 3,774,530          | <b>3,642,543</b>   | 08-PHD | 274          | Child Care Consultation Program           | -    |
|                   |           |  | 2,154,730          | <b>2,154,730</b>   | 17-AMH | 284          | Mental Health Consultation in EC Settings | -    |
| 4                 | 17        | A Safe Place for Newborns, Public Awareness Campaign. Provide funding for a Safe Place for Newborns Public Awareness Campaign (as required by law). This would provide an option for a distressed mother to leave her newborn in a safe place instead of abandoning the baby. The law passed in 2001, but funding was never provided.  | 84,210             | <b>84,210</b>      | 09-PHD | 294          | A Safe Place for Newborns                 | -    |
| 4                 | 18        | Special Needs Adoption Coalition (SNAC) General Application Adoption Services. This package would prevent the creation of waiting lists for applicants expressing an interest in adopting a child from foster care and help ensure that children achieve permanency through adoption. Timely response to adoptive applicants is critical to the Departments ability to meet federal performance measures and avoids children remaining in foster care due to a shortage of available homes. The cost for SNAC agencies to provide this service is \$8,900 per family, which includes completion of the adoptive home study, support/supervision through placement and finalization of the adoption.  | 1,037,108          | <b>1,672,755</b>   | 42-CAF | 304          | SNAC General Apps Adoption Services       | -    |
| 4                 | 19        | JRP SchoolWorks  | 818,196            | <b>818,196</b>     | 59-CAF | 314          | JRP SchoolWorks                           | -    |
| <b>SUBTOTAL -</b> |           | <b>4. Children are Safe and Healthy</b>  | <b>141,163,398</b> | <b>153,636,178</b> |        |              |   |      |

**Department of Human Services  
2009-11 POLICY OPTION PACKAGES  
Agency Request Budget**

| Init. #                                 | Element # | Element Summary   | General Fund      | Total Funds       | POP #  | ORBITS POP # | Official Title                               | LC #   |
|---|-----------|---|-------------------|-------------------|--------|--------------|--|--------|
| <b>5. Families are safe and stable.</b> |           |   |                   |                   |        |              |  |        |
| 5                                       | 1         | TANF Benefit Adjustments. This package proposes three needed changes to the TANF program to increase family support and stability for very low income Oregon families:<br>- Change the income eligibility threshold from 43% of FPL to 50% FPL<br>- Modify the benefits amounts for TANF and Domestic Violence<br>- Change TANF eligibility criteria for pregnant women to begin in the 2nd or 3rd trimester of pregnancy   | 19,535,245        | 27,226,407        | 20-CAF | 105          | TANF Benefit Adj-Changing Income Eligibility | CAF-02 |
|   |           |   | 11,713,103        | 11,713,103        | 39-CAF | 115          | TANF Benefit Adj-Modify Benefits for TANF/DV |        |
|   |           |   | 8,002,001         | 8,002,001         | 40-CAF | 125          | TANF Benefit Adj-Change Elig Pregnant Women  |        |
| 5                                       | 2         | Realign TANF Absent Parent Deprivation. This package proposes realigning TANF eligibility for two-parent families to be the same as for single parent families. This policy change would allow more two-parent families to qualify for assistance based on income and family composition.   | 1,978,229         | 3,062,478         | 21-CAF | 135          | TANF Deprivation                             | CAF-01 |
| 5                                       | 3         | Extend the Food Stamp Transitional Benefits Alternative (TBA) Program . This package would continue Food Stamp benefits an additional seven months to align with the current Post TANF program. This new time frame would allow families additional support and time to stabilize in their new employment endeavor.   | 6,929,997         | 7,803,397         | 36-CAF | 155          | Extend the Food Stamp TBA Program            | CAF-07 |
| 5                                       | 4         | Expand the State Family Pre-SSI/SSDI Program. This package would expand SSI/SSDI application assistance to families below 150% Federal Poverty Level (FPL), including needed evaluation and supportive services, to access federal disability benefits. However, unlike the current SFPSS program for TANF-eligible families, this program would not provide monthly cash payments or require interim assistance authorizations. Families currently receiving cash payment must still have income less than 42% of FPL. | 4,431,935         | 4,431,935         | 37-CAF | 165          | Expand the State Family Pre-SSI/SSDI Program | CAF-05 |
| 5                                       | 5         | Placeholder for Farm Bill changes.  | -                 | -                 | 35-CAF | 145          | Supplemental Nutrition Assistance Program    | CAF-06 |
| <b>SUBTOTAL -</b>                       |           | <b>5. Families are safe and stable.</b>   | <b>52,590,510</b> | <b>62,239,321</b> |        |              |  |        |

**Department of Human Services  
2009-11 POLICY OPTION PACKAGES  
Agency Request Budget**

| Init. #  | Element # | Element Summary  | General Fund | Total Funds       | POP #  | ORBITS POP # | Official Title                               | LC #  |
|--|-----------|--|--------------|-------------------|--------|--------------|--|-------|
| <b>6. We promote prevention, protection and public health.</b> |           |  |              |                   |        |              |  |       |
| 6  | 1         | Foster Care Prevention. This package would prevent children from coming into out-of-home placement and decrease the length of time children spend in out-of-home care. This would be accomplished by: 1) Restructuring Family Based Services and System of Care to require that contract providers offer services consistent with evidence informed or best practices for child welfare clients; 2) Creating a reunification program which includes program specific training, consultation and coordination of services to support children and families; 3) Enhancing relative search that facilitates the department's ability to search out, locate, and engage relatives for the purposes of placement and support for related children placed in the foster care system; 4) Developing a statewide respite care program that provides a foster parent time to take a break in order to continue the task of fostering; and 5) Expanding Family Support and Connections | 48,391,828   | <b>48,391,828</b> | 16-CAF | 106          | Restructuring of Family Based Services & SOC | -     |
|  |           |  | 353,640      | <b>937,635</b>    | 09-CAF | 116          | Child Welfare Reunification Program          |       |
|  |           |  | 207,760      | <b>551,176</b>    | 10-CAF | 126          | Relative Search & Reconnecting Families      |       |
|  |           |  | 5,912,231    | <b>5,912,231</b>  | 23-CAF | 136          | Respite Care for Foster Parents              |       |
| 6  | 2         | Local Public Health System Improvement-Provides a significant increase in State Support for Public Health in local health departments to assure consistent, statewide capacity to carry out the five basic public health activities mandated in ORS 431.416.   | 27,070,344   | <b>26,132,314</b> | 10-PHD | 156          | Local Public Health System Improvement       | -     |
| 6  | 3         | Provides funding to address arsenic in drinking water wells and chemical toxins in household products. In addition, provides DHS support for gubernatorial global warming initiative, and for cross-agency focus on agriculture, forestry, and water, land and air pollution. Package strategically leverages current efforts to improve food & water safety, consumer & patient safety, climate change adaptation, and indoor air quality/built environment. Establishes essential emergency preparedness capacity, including mass gathering/mass casualty sanitation. Implements pesticide poisoning prevention program, targeting schools and homes most at risk. Establishes integrated health/environment mapping to better target future State efforts in both areas.  | 8,518,401    | <b>8,518,401</b>  | 12-PHD | 166          | Environmental Public Health Core Capacity    | -     |
| 6  | 4         | Youth Services Expansion. A proposal to expand the scope of DHS efforts related to youth services relative to prevention and intervention. The focus of CAF's current Prevention Program is teen pregnancy prevention. The expanded program considers youth risk behaviors and protective factors as a broader, more encompassing issue of which teen pregnancy prevention is only a part. Concurrent with the prevention activities, CAF will implement programs to promote positive youth development.   | 7,018,425    | <b>7,018,425</b>  | 18-CAF | 196          | Youth Services Expansion                     | -     |
| 6  | 5         | Emergency Medical Services: This comprehensive package will integrate EMS & Trauma Systems into the preparedness plans (not addressed or funded by the PHEP program), establish a strike team and support continued coordination of EMS system in preparedness efforts. It will provide resources to establish an EMS patient encounter data system which will be used for quality improvement and could be linked to other health care system data such as the trauma registry. Additionally, it provides resources to address issues identified in the 2006 NHTSA study by enhancing training capacity, investigation and inspection support, and improving regional coordination.   | 383,766      | <b>383,766</b>    | 13-PHD | 206          | EMS/TS Ambulance Database                    | PH-05 |
|  |           |  | 160,780      | <b>160,780</b>    | 29-PHD | 216          | EMS/TS Preparedness Planning                 | PH-05 |
|  |           |  | 10,000       | <b>10,000</b>     | 30-PHD | 226          | EMS/TS Emergency Care Provider Liability     | PH-05 |
|  |           |  | 467,877      | <b>579,338</b>    | 31-PHD | 236          | EMS/TS Reconstruction                        | PH-05 |

**Department of Human Services  
2009-11 POLICY OPTION PACKAGES  
Agency Request Budget**

| Init. # | Element # | Element Summary   | General Fund | Total Funds       | POP #  | ORBITS POP # | Official Title                                | LC #  |
|---------|-----------|---|--------------|-------------------|--------|--------------|---|-------|
| 6       | 6         | Birth Anomalies Registry: Oregon is one of five states without a registry used to identify birth defects and provide data in prevention strategies. Funding will begin with development of an Oregon Birth Anomalies Registry (BDR).  | 535,967      | <b>535,967</b>    | 14-PHD | 246          | Birth Anomalies Registry                      | -     |
| 6       | 7         | Suicide Prevention Across the Lifespan-Suicide prevention activities will be conducted statewide at the community level, in the clinical sector, and provide evaluation measurement and ongoing monitoring. PHD would coordinate with SPD, AMH, and Oregon Military Dept.   | 1,906,771    | <b>1,906,771</b>  | 15-PHD | 256          | Suicide Prevention Across the Lifespan        | -     |
| 6       | 8         | Implement a comprehensive substance abuse prevention strategy that uses multiple approaches and builds on existing prevention services in Oregon. This includes engaging communities in prevention and providing them the needed training, assistance and support. The strategy includes proven, cost-effective programs that are known to strengthen families bonds, promote the health and well being of Oregonians and reduce alcohol, tobacco and drug use.<br><br><ul style="list-style-type: none"> <li>• Enhance the 36 counties and 9 tribes use of data in determining the local community and tribal priorities for prevention and measuring the impact of their prevention efforts;</li> <li>• Implement science-based prevention programs: Implement parent education for parents of youth 10 to 14 years old in all counties and tribes. Provide 41 Boys and Girls Clubs the resources to implement a methamphetamine prevention curriculum. Expand gender-specific curriculum for girls (Friendly Peersuasion);</li> <li>• Provide training and assistance to 40 communities and tribes to change community norms around underage drinking and implementing programs that affects youth's access</li> <li>• Support workplace prevention training and assistance to employers through the Oregon Business Plan initiative Workdrugfree Program in 8 additional communities;</li> <li>• Provide training and assistance to the prevention workforce that supports the highest quality standards for implementing prevention strategies; and</li> <li>• Provide information statewide through multiple media approaches to reduce underage drinking with a special emphasis on parents of late elementary and middle school.</li> </ul> | 13,023,784   | <b>13,023,784</b> | 18-AMH | 266          | Comprehensive Prevention Strategies           | -     |
| 6       | 9         | 48,000 Oregonians are infected with HCV, the leading cause of liver disease and liver transplants. Since many of those infected are unaware that they carry HCV, this POP creates a pilot program to offer free HCV testing to individuals with risk factors for HCV.   | 631,983      | <b>631,983</b>    | 16-PHD | 276          | HCV Testing                                   | -     |
| 6       | 10        | Data Systems for Children's Health and Safety: Provide funding for fundamental data systems related to children's health and safety, including: review of child deaths to uncover opportunities for prevention in the future, linking our most valuable children to critical medical services, and to identify/improve data collection on health risk factors among teens (Healthy Teens Survey)  | 817,576      | <b>785,819</b>    | 17-PHD | 286          | Child Fatality Review                         | -     |
|         |           |   | 932,300      | <b>670,825</b>    | 22-PHD | 306          | Healthy Teen Survey                           | -     |
| 6       | 11        | Hospital and Health Care Facility Inspections and Oversight-Minimum standards for inspections, defined roles and responsibilities for providers, and clarified procedures are required to ensure patients are provided safe care.   | -            | <b>684,064</b>    | 18-PHD | 316          | Health Care Facility Inspections & Oversight  | PH-02 |
|         |           | State Licensing and Regulatory Oversight of Hospice Agencies. Will be funded with fees. NO GF   | -            | <b>59,232</b>     | 19-PHD | 326          | Hospice Agency Licensing&Regulatory Oversight | PH-15 |

**Department of Human Services  
2009-11 POLICY OPTION PACKAGES  
Agency Request Budget**

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|-------------------|-----------|--|--------------------|--------------------|--------|--------------|--|------|
| 6                 | 12        | Expansion of Adoption Support Services. This package would provide funding to the Northwest Adoption Exchange/Oregon Post-Adoption Resource Center to expand child specific adoption recruiting through photo listings especially for hard-to- place children, and to expand post-adoption services to prevent "failed" adoption, resulting in the return of the child to foster care.         | 210,000            | <b>210,000</b>     | 14-CAF | 336          | Expansion of Post Adoption Support       |      |
| 6                 | 13        | Adopts EPA program to address activities posing largest lead poisoning concern but not previously regulated. Funding authorization provides program leadership, outreach, risk communication, training, technical assistance and enforcement of health-based regulations. Accompanying legislative concept also streamlines enforcement authority of currently-regulated 'abatement' projects. | -                  | <b>435,892</b>     | 23-PHD | 346          | Admin of EPA Lead-Based Paint Renovation | -    |
| 6                 | 14        | Public Health Lab Fee Increase   | -                  | <b>1,864,870</b>   | 28-PHD | 356          | Public Health Lab Fee Increase           | -    |
| 6                 | 15        | Mortuary Board fee increase pass-through POP   | -                  | -                  | 33-PHD | 366          | Mortuary Board Fee Increase              | -    |
| 6                 | 16        | SB333 Fee Increase   | -                  | <b>870,991</b>     | 34-PHD | 376          | SB333 Fee Increase                       | -    |
| 6                 | 17        | Expanding Family Support and Connections   | 4,841,461          | <b>4,841,461</b>   | 43-CAF | 146          | Expanding Family Support and Connections | -    |
| <b>SUBTOTAL -</b> |           | <b>6. We promote prevention, protection and public health.</b>   | <b>121,394,894</b> | <b>125,117,553</b> |        |              |  |      |

**Department of Human Services  
2009-11 POLICY OPTION PACKAGES  
Agency Request Budget**

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|--|-----------|---|--------------|-------------------|--------|--------------|---|------|
| <b>7. Services are safe and available in communities when they are needed.</b> |           |   |              |                   |        |              |   |      |
| 7  | 1         | Provider Rate Increase. This package would increase the rate being paid to the following providers in Child Welfare: 1) Northwest Adoption Exchange/Oregon Post-Adoption Resource Center (ORPARC); 2) Special Needs Adoption Coalition (SNAC); 3) Behavioral Rehabilitation Service (BRS); and 4) Foster parents.   | 7,352,943    | <b>14,138,752</b> | 24-CAF | 107          | Provider Rate Increase - Foster Parents       | -    |
|  |           |   | 285,849      | <b>461,047</b>    | 13-CAF | 117          | Provider Rate Increase - (SNAC)               | -    |
|  |           |   | 7,544,602    | <b>8,346,372</b>  | 26-CAF | 127          | Provider Rate Increase - BRS                  | -    |
|  |           |   | 92,253       | <b>92,253</b>     | 44-CAF | 137          | Provider Rate Increase - (NWRA/ORPARC)        | -    |
| 7  | 2         | Provide secure residential mental health care services to youth between the ages of 16 and 24 with severe emotional and behavioral disorders who are at imminent risk of harm to themselves or others in a culturally relevant secured treatment environment.   | 5,621,654    | <b>6,892,137</b>  | 20-AMH | 147          | Secure Treatment for Youth and Young Adults   | -    |
| 7  | 3         | Increase Respite Care Grants and Coordination services in the communities   | 399,011      | <b>399,011</b>    | 03-DO  | 309          | Lifespan Respite                              | -    |
| 7  | 4         | Improve Family Stability with Employment Related Day Care (ERDC). This package would modify the Employment Related Day Care program to enable low-income, working parents to find and afford safe, stable, quality child care. Program changes include: 1) Expanding eligibility for employed participants continues until income reaches 250% of FPL; 2) Expanding the age limit for children through age 12 to match TANF/JOBS; 3) Establishing childcare rates for the 2009-2011 biennium on the 2008 Market Rate Study; and 4) Establishing mandatory orientations for all licensed exempt providers reimbursed by the subsidy program.   | 6,114,340    | <b>6,114,340</b>  | 19-CAF | 167          | Expand ongoing ERDC eligibility to 250% FPL   | -    |
|  |           |   | 1,241,057    | <b>1,241,057</b>  | 45-CAF | 177          | Expand age limit for ERDC through age 12      | -    |
|  |           |   | 11,432,873   | <b>11,432,873</b> | 46-CAF | 187          | Base DHS Max Rates on 2008 Market Rate Study  | -    |
|  |           |   | 472,315      | <b>472,315</b>    | 47-CAF | 197          | Mandate orientation for exempt providers      | -    |
| 7  | 5         | Implement Adolescent Alcohol and Drug Residential Treatment Rate Increases to Preserve and Promote Treatment Stability in Adolescent Residential Settings.  | 1,642,398    | <b>4,441,313</b>  | 21-AMH | 207          | Adol. A&D Residential Treatment Rate Increase | -    |
| 7  | 6         | Implement Adult Alcohol and Drug Residential Treatment Rate Increases to Strengthen and Stabilize these Critical Programs.  | 4,734,024    | <b>7,612,440</b>  | 22-AMH | 217          | Alcohol and Drug Residential Rate Increase    | -    |
| 7  | 7         | Implement culturally and linguistically competent addictions and mental health services to close disparities related to accessing services for ethnically and culturally diverse populations. These services help people stay connected to their communities, prevent emergency hospitalization and expenditures on intensive residential services, keep families together, assist individuals to develop life-long tools that support recovery from addictive and mental health disorders and reduce crime and violence. Components of this initiative include:<br><br><ul style="list-style-type: none"> <li>• Basic service support for nine federally recognized Oregon Indian tribes to implement and sustain culturally responsive mental health and addiction services in their communities;</li> <li>• Linguistic and culturally specific residential treatment for 40 Oregonians who are addicted to alcohol or drugs and who are deaf and hearing impaired;</li> <li>• Service capacity for culturally specific outreach, assessments and interventions in six communities with significant disparities in service access for ethnic minorities with an emphasis on Hispanic/Latino populations.</li> </ul> | 3,787,527    | <b>3,787,527</b>  | 05-AMH | 227          | Treatment Access for Oregon Tribes            | -    |
|  |           |   | 2,924,606    | <b>2,924,606</b>  | 09-AMH | 237          | Culturally Specific Mental Health Services    | -    |
|  |           |   | 511,000      | <b>511,000</b>    | 13-AMH | 247          | A&D Res. Treatment: Deaf/Hearing Impaired     | -    |
|  |           |   | 236,828      | <b>472,404</b>    | 07-CAF | 257          | Improved Trans Svc - Clients w/ Lmtd English  | -    |
| 7  | 8         | Reimbursing any Cost Increase of Children's Mental Health Services In Response to the Oregon Alliance Rate Study.   | 14,052,400   | <b>38,000,000</b> | 23-AMH | 267          | Oregon Alliance Rate                          | -    |

**Department of Human Services  
2009-11 POLICY OPTION PACKAGES  
Agency Request Budget**

| Init. #           | Element # | Element Summary   | General Fund       | Total Funds        | POP #   | ORBITS POP # | Official Title                             | LC # |
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| 7                 | 9         | Increase reimbursement to Medicaid FFS providers to a consistent floor of 75% of the 2008 Medicare fee schedule. Medicaid FFS providers currently are paid approximately 66% - 73% of 2006 Medicare rates; the amount varies by provider type billing code. The provider groups affected would be: physicians, vision, radiology, laboratory, physical and occupational therapy, speech/audiology, home infusion, ambulance transportation. | 1,393,979          | <b>3,816,052</b>   | 15-DMAP | 277          | Reimbursement to FFS Providers             | -    |
| 7                 | 10        | Change methodology for the reimbursement to Home Health providers to 75% of audited or accepted Medicare cost that carries forward into future bienna. It would also allow for biennial rebasing of the home health rates, with another rebase effective January 1, 2010.   | 589,291            | <b>1,593,540</b>   | 16-DMAP | 287          | Home Health Provider Reimbursement         | -    |
| 7                 | 11        | Reduction of Seclusion and Restraint in Acute Care Programs to Improve the Health and Safety of Adults Served in those Settings.  | 175,000            | <b>175,000</b>     | 26-AMH  | 297          | Reduce Seclusion & Restraint in Acute Care | -    |
| 7                 | 12        | This policy option package would allow DMAP to expedite Prepaid Health Plan supplemental payments required by 42 USC 1396a(bb) to eligible Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHS) six months sooner than under current timelines.   | 7,365,196          | <b>19,798,412</b>  | 18-DMAP | 307          | Expedite Payments to FQHCs & RHCs          | -    |
| 7                 | 13        | This initiative would increase managed care capitation rates to accommodate increased payments for primary care services and coordination of primary care services.   | 30,727,958         | <b>85,384,681</b>  | 20-DMAP | 317          | MCO Capitation Increase/Primary Care       | -    |
| 7                 | 14        | Afro-Centric Mental Health Roll-Up  | 1,000,000          | <b>1,000,000</b>   | 56-AMH  | 222          | Afro-Centric Mental Health Roll-Up         | -    |
| <b>SUBTOTAL -</b> |           | <b>7. Services are safe and available in communities when they are needed.</b>  | <b>109,697,104</b> | <b>219,107,132</b> |         |              |  |      |

**Department of Human Services  
2009-11 POLICY OPTION PACKAGES  
Agency Request Budget**

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| <b>8. DHS has the capacity to meet clients' needs.</b> |           |  |              |             |        |              |   |      |
| 8  | 1         | <p><b>Workload / Staffing Studies.</b> This package would implement a number of workload models and staffing changes in DHS to achieve better program outcomes and greater efficiency in staffing. Models to be implemented include: 1) A workload staffing model in the CAF Child Welfare program ; 2) A workload staffing model in CAF Self Sufficiency program; 3) A workload staffing model in CAF Vocational Rehabilitation program; and 4) A workload staffing model in SPD.</p> <p>Implementation of these models would result in more children returning home or achieving another permanency plan sooner, reduced TANF caseloads and more timely services to clients plus greater worker retention. It would expand VR services in Washington County where the population has doubled since 1990. It will result in an increased ability for SPD to help clients live in the least-restrictive, most cost-effective service setting. It will increase SPD's ability to assure the health, safety and protection of vulnerable seniors and people with disabilities. It will improve the quality of SPD's service provision. This package would also undertake a number of efficiency measures within CAF and will allow enhanced quality assurance accuracy and standardization of practice initiatives within SPD.</p> | 11,821,458   | 22,403,137  | 06-CAF | 108          | Implementation of Self Suff Workload Model    | -    |
|  |           |  | 13,012,373   | 21,960,701  | 10-SPD | 118          | SPD Workload/Staffing Model                   | -    |
|  |           |  | 289,217      | 576,603     | 01-CAF | 128          | Improved Efficiency - Self Suff Admin Hearing |      |
|  |           |  | 1,055,227    | 2,162,084   | 02-CAF | 138          | Stabilization & Equal. - Field Mgt Structure  |      |
|  |           |  | 31,355,747   | 62,531,690  | 03-CAF | 148          | Implementation of CW workload model           | -    |
|  |           |  | 264,582      | 527,304     | 11-CAF | 158          | Infrastructure Improvements - Off. of Fld Ops |      |
|  |           |  | 2,905,978    | 2,905,978   | 48-CAF | 168          | Voc Rehab Workload Staffing Model Change      | -    |
|  |           |  | 7,593,174    | 15,141,114  | 49-CAF | 178          | Expansion of Legal Services in Child Welfare  | -    |
| 8  | 2         | <p>Staffing, equipment and supports to open and operate a new state-of-the-art psychiatric treatment and recovery facility to replace Oregon State Hospital are supported with this package. These resources will assure that patients receive at least 20 hours per week of active psychiatric treatment in an integrated setting which provides access to healthy choices in food, supports in reaching personal goals, access to educational opportunities and easy access to outdoor open space and fresh air in a secure, supportive environment. This will assist patients in timely recovery and successful community transitions.</p>  | 106,837,601  | 107,537,947 | 27-AMH | 188          | Patient Treatment and Safety Improvements     | -    |
|  |           |  | 23,866,838   | 23,973,516  | 29-AMH | 198          | Strategic Planning                            | -    |
| 8  | 3         | <p>HB 2175 Implementation--Develop a registry of abuse and neglect information to be used for screening of employees, volunteers and providers. Implement in phases, starting with DHS employees and volunteers this biennium and develop recommendations for the next session regarding process and resources needed for use in screening providers.</p>  | 813,747      | 1,692,052   | 06-DO  | 239          | Employment Screening for Abuse-Neglect HB2175 |      |

**Department of Human Services  
2009-11 POLICY OPTION PACKAGES  
Agency Request Budget**

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|---------|-----------|---|--------------|-------------------|---------|--------------|---|--------|
| 8       | 4         | <b>Program Integrity and Training.</b> This package would strengthen tools and training needed by staff in order to provide better outcomes for clients and communities. This includes: 1) Enhancing Program Integrity and Accuracy processes to prevent errors and fraud; 2) Strengthening rate compliance monitoring; 3) Strengthening licensing and compliance of residential treatment programs; 4) Enhancing training for staff at all levels; 5) Establishing a workgroup to focus on disproportionality issues in foster care; and 6) Developing a medical care oversight program for children in foster care.   | 409,180      | <b>815,603</b>    | 08-CAF  | 218          | Training and Program Integrity                | CAF-03 |
|         |           |   | 2,314,585    | <b>6,137,465</b>  | 04-CAF  | 228          | Foster Care Medical Oversight Program         |        |
|         |           |   | 160,584      | <b>320,086</b>    | 05-CAF  | 238          | Residential Treatments Licensing Coordinators |        |
|         |           |   | 1,830,696    | <b>3,649,163</b>  | 50-CAF  | 248          | Program Integrity and Training - Accuracy     | -      |
|         |           |   | -            | -                 |         | 258          | Rate Redesign Compliance                      | -      |
|         |           |   | 1,144,002    | <b>2,288,004</b>  | 52-CAF  | 268          | Enhanced Training for Staff                   | -      |
| 8       | 5         | Document Management - a) Maintains existing service levels in the Office of Document Management, by adding needed storage capacity to meet the need for increased usage of imaging over the next biennia. b) Reinstates LD positions in order to maintain budgeted staffing at current level for the 2009-11 biennium. Stabilize staffing in ODM - a) ODM needs to move mission critical positions from LD to permanent. These LDs have been rolled over as LDs for the past few biennia and the employees actually provide mission critical services. ODM must currently use work arounds because of the 18-month limit for LDs. b) Establish additional positions to meet the demands of the agency, eliminating the use of double, triple and quadruple fills. This POP is contingent upon the outcomes of phase 2 of the transformation initiative. | 1,495,104    | <b>2,927,121</b>  | 02-ASD  | 129          | Electronic Document Storage Capacity          | -      |
|         |           |   | 3,466,072    | <b>6,776,775</b>  | 12-ASD  | 289          | Document Management Stability                 | -      |
| 8       | 6         | OHP Ombudsman. Add two staff to the GAO to provide ombudsman services in the Department; and five staff to DMAP to provide customer services for clients, provide a health access phone line for FFS clients, and facilitate shared data and reporting. Add two staff for a Client Advisory Committee.  | 521,179      | <b>1,041,473</b>  | 09-DMAP | 288          | Oregon Health Plan Ombudsman                  | DO-04  |
| 8       | 7         | DHS Volunteer Program - Positions to re-establish program   | 5,083,173    | <b>5,083,173</b>  | 07-DO   | 259          | Volunteer Program                             |        |
| 8       | 8         | Purchase a statewide data system (next phase of BHIP) that supports collection, analysis, and sharing of data in a timely, flexible, modern information management system to facilitate consumer discharge from the state hospital, track client information through the levels of care, and support the collection of outcome data. This will support the DHS Transformation and the Statewide Wraparound efforts.   | 9,885,860    | <b>9,885,860</b>  | 28-AMH  | 298          | Expand Hospital EHR to Community Tx System    | -      |
| 8       | 9         | OR-Kids (SACWIS) - Certificates of Participation (COP) Funding Request and Data Conversion. POP requests COP funds required for the OR-Kids project and funding for data conversion not covered under the Advanced Planning Document (APD).   | 3,612,014    | <b>30,288,853</b> | 57-CAF  | 308          | OR-Kids Project                               | -      |
| 8       | 10        | Increase 8 positions to enhance the following areas: Policy Unit, Budget and Finance Section, Communications Unit, Hearings Unit  | 600,805      | <b>1,197,702</b>  | 10-DMAP | 318          | Program Support Staffing Needs                | -      |

**Department of Human Services  
2009-11 POLICY OPTION PACKAGES  
Agency Request Budget**

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|---------|-----------|---|--------------|-------------|---------|--------------|---|------|
| 8       | 11        | <p>Self Sufficiency Data Mart . This package would develop and deploy a data mart that can feed the Integrated Client Services (ICS) structure as well as provide common definitions and data needed to produce outcome reports for Food Stamps, TANF, Day Care, etc. Currently, these programs do not have a single data mart for pulling of uniform information/data. This adds to the inconsistency of data being reported. Furthermore, field staff must rely on central office data pulls for information and/or outdated View Direct reports due to restricted access to the mainframe. Includes the request for COP funding for modernization of processes in the self-sufficiency programs.</p> <p>Funding is requested by the Public Health Division to support a complimentary effort to develop a Data Warehouse for FamilyNet, Oregon's Child Health Integrated Data System. The OFH child health systems were developed as stand alone programs using federal funds. GF is requested to develop a web based data warehouse to link these child health systems to support surveillance, evaluation, care coordination and referrals. The data warehouse will be designed to interface with DHS data marts to maximize efficient use of resources and to streamline processes wherever possible with older legacy systems.</p> | -            | 21,260,603  | 38-CAF  | 328          | CAF & PHD Systems Automation & Modernization  |      |
| 8       | 12        | Increase Health and Safety through Improved Oversight and Technical Assistance for AMH Service Providers.   | 344,824      | 344,824     | 30-AMH  | 338          | Safety & Oversight for AMH Service Providers  | -    |
| 8       | 13        | MITA Initiative (Medicaid Information Technology Architecture Initiative) POP will allow the agency to perform the MMIS assessment required by CMS before requests for additional enhancements can be approved. Funding is probably a 90/10 match.  | 182,035      | 1,800,000   | 21-DMAP | 348          | MITA Assessment and Strategic Plan            |      |
| 8       | 14        | Add staff to support the new MMIS. Changes that now require IT programming in the current MMIS will become much more flexible and table driven, giving DMAP staff the flexibility and responsibility to make changes themselves. DMAP staff will be responsible for managing a testing environment to test all changes before moving them into production. These changes have resulted in a shift of roles and responsibilities from OIS, resulting in an increase of workload to DMAP for managing operations and maintenance of our new MMIS.   | 206,451      | 816,941     | 11-DMAP | 358          | MMIS Business/Operations Staffing             | -    |
| 8       | 15        | Add staff and account for administrative costs for the ongoing work and evaluation of the Health Records Bank after initial implementation.   | 712,161      | 1,421,837   | 12-DMAP | 368          | Ongoing Operations of Health Records Bank     | -    |
| 8       | 16        | Next phase of Oregon State Hospital Replacement Project   | -            | 296,790,073 | 58-AMH  | 378          | OSH Replacement Project Next Phase            | -    |
| 8       | 17        | Clearing Central Office double-fill positions.  | 548,664      | 1,277,987   | 31-AMH  | 388          | Clearing Central Office double-fill positions | -    |
| 8       | 19        | Information Technology (IT) Core Services: a) To sustain DHS systems OIS must move to standard desktop applications & operating systems (i.e., e-mail, file mgt & print services). This pkg adds licenses to support the industry standard applications, as well as the hardware to increase efficiency for end-user computing. Tools in this pkg increase the dept's ability to support collaboration tools & mobile computing, as well as creates a system of e-mail and file archiving; bringing the department into better alignment with e-discovery and public records compliance. b) Expands on records management, increasing ODM's capacity to take on/contract out imaging services for other parts of the department.  | 3,750,960    | 7,814,500   | 07-ASD  | 109          | Core IT Services                              | -    |

**Department of Human Services  
2009-11 POLICY OPTION PACKAGES  
Agency Request Budget**

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| 8  | 20        | Funding for costs including software maintenance/upgrade costs that are not covered by SDC. (i.e. GroupWise, secure email (Tumbleweed) and other desktop software) Staffing impact related to monitoring and coordination efforts of activities between DHS and the SDC.   | 1,045,027            | 2,175,947            | 08-ASD | 139          | SDC Out of Scope IT Costs               | -     |
| 8  | 21        | <b>Communications</b> - Increases positions and professional services to properly deal with the growing communications needs of the department, including areas like intranet, print, general media, and coordination of public records requests for the agency.   | 1,511,960            | 3,012,790            | 09-ASD | 359          | Communications Staffing                 | -     |
|  |           |  | 129,202              | 268,294              | 14-ASD | 349          | Intranet Development and Maintenance    | -     |
|  |           |  | 87,387               | 181,357              | 15-ASD | 369          | Coordination of Public Records Requests | -     |
| 8  | 22        | <b>Business Continuity Planning (BCP)</b> - This POP will move the Business Continuity Planning body of work to Administrative Services Central, as well as establish positions required to meet this need for the agency. Information Security Office (ISO) has staffed the BCP initiative to date, but permanent staffing and resources are needed to further the project into full implementation and return current staff to Information Security roles. | 401,816              | 834,347              | 10-ASD | 249          | Business Continuity Planning            | -     |
| 8  | 23        | Addresses 16 IT positions that are fully FF/OF funded to support the Public Health Information Technology Systems.   | -                    | 3,576,358            | 11-ASD | 149          | Public Health System Support            | -     |
| 8  | 24        | <b>Staffing standard for CSS and AMS</b> sections including support and maintenance. [Adds FTE so that CSS and AMS have effective and industry standard support ratios (users to support staff). The agency has added new staff over the past biennia without funding technical support. This POP would help OIS bring up the ratios of technical support staff with agency end-users.]  | 819,836              | 1,701,994            | 13-ASD | 159          | Department-wide Technical Support       | -     |
| 8  | 25        | Deaf and Hard of Hearing Services - put in DAS pricelist - statute change and establish a service charge for certain agencies (NO GF)  | -                    | -                    | 10-DO  | 398          | Deaf and Hard of Hearing Services       | DO-02 |
| 8  | 28        | DHS Provider Payment/Payroll System  | 4,000,000            | 4,000,000            | 18-ASD | 379          | DHS Provider Payment/Payroll System     |       |
| <b>SUBTOTAL -</b>                          |           | <b>8. DHS has the capacity to meet clients' needs.</b>   | <b>244,079,519</b>   | <b>679,101,256</b>   |        |              |   |       |
| <b>Total - All DHS 2009-11 Initiatives</b> |           |  | <b>1,624,787,551</b> | <b>3,288,626,263</b> |        |              |   |       |