Department of Human Services

2015 Ways and Means Human Services Subcommittee
DHS Policy Option Packages

April 16, 2015
Day 1
DHS Policy Option Package Overview:

1. **Today (4/16) - Review POPs relating to:**
   - Pay for Prevention
   - Child Welfare
   - Vocational Rehabilitation
   - Intellectual/Developmental Disability Services
   - Aging and People with Disabilities

2. **Approach**
   - $$/Positions, What, Why, Risks if not Funded

3. On Monday 4/20 – Review POPs relating to:
   - Self Sufficiency
   - Shared/Central Services
Comparison of 2013-15 DHS LAB and 2015-17 CSL and GB

- GF in Governor’s Budget (GB) just under CSL level of funding
- Reductions to CSL were used to self-fund GB investments
- GB = 7.10% increase in Total Funds over LAB

<table>
<thead>
<tr>
<th></th>
<th>General Fund</th>
<th>Other Funds</th>
<th>Federal Funds</th>
<th>Federal Funds Nonlimited</th>
<th>Total Funds</th>
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Pay for Prevention | *Background*

**Mission**

- Help Oregon’s at-risk young children before harm occurs
- Reduce state costs, and improve ROI

**Method**

- Use untapped state data to identify which children and families require the greatest help.
- Grow prevention resources by attracting non-state investment.
- Improve provider capacity to deliver services that have a proven track record of achieving outcomes.
- The state repays the original investment only when evaluation proves that specified outcomes have been achieved.
Pay for Prevention | Background

2014 Legislative Appropriation

$800,000 to lay the groundwork for implementing this model

Specified Activities

• Evaluate the published evidence
• Compile state data in new ways
• Create a model for identifying which children are most at risk of being removed from the home
• Develop an economic model for assessing return on investment
• Build provider capacity
Pay for Prevention | Results

Evaluate the Evidence

☑ What are the risk factors for entry into foster care? Complete

☑ What short-term and long-term outcomes are strongly associated with entry into foster care? Complete

☑ What interventions/programs/models are most effective at reducing risk factors, child maltreatment and/or foster care entry? Final Stages
Evaluate the Evidence | Results

- Excluded as Not Viable
- Analyzed Then Excluded
- Included

Risk Factors:
- Excluded as Not Viable: 376
- Included: 9

Outcomes:
- Excluded as Not Viable: 1174
- Analyzed Then Rejected: 34
- Included: 24

Interventions:
- Excluded as Not Viable: 1374
- Analyzed Then Rejected: 45
- Preliminary Results
43%

2001 Births on DHS by Age 1
Pay for Prevention | Preliminary Results

63%

2001 Births on DHS by Age 13
Pay for Prevention | Preliminary Results

94%

2001 Births on DHS by Age 13 (mother didn’t graduate high school)
Cumulative share of Oregon children who have participated in a DHS or OHA Program, 2001 Births

Children born in 2001 whose mothers did not graduate from high school

All children born in 2001

Source: OHSU/ECONorthwest analysis of Department of Human Service data.
Pay for Prevention | Preliminary Results

Where is the greatest need?
Entries into Foster Care, Oregon Statewide

Number of Children

2006 - 2014

- 10 - 49
- 50 - 99
- 100 - 149
- 150 - 249
- 250 - 372
Entries into Foster Care, Oregon Statewide
Entries into Foster Care, Oregon Statewide

Number of Children
2006 - 2014

- 150 - 249
- 250 - 372
Entries into Foster Care, Oregon Statewide

Number of Children
2006 - 2014
Sample Marginal Costs to Oregon: one cohort of children 11 years after first entry

- Year 1: $15
- Year 2: $25
- Year 3: $20
- Year 4: $15
- Year 5: $10
- Year 6: $5
- Year 7: $5
- Year 8: $5
- Year 9: $5
- Year 10: $5
- Year 11: $5

Payments vs. Staff and Programs
Pay for Prevention | Website

oregonp4p.org
Provide Assessment & Technical Assistance

• Request for Qualifications: Based on a unique-to-Oregon self-assessment
• Text will be released tomorrow (April 17)
• Application period will open the first week in May
• Open to all Oregon organizations that serve (or seek to serve) young children and their families
• Results will guide the delivery of technical assistance
Pay for Prevention | Next Steps

Major Activities

• Complete the data analysis, incorporating education and juvenile justice information
• Complete the predictive model
• Complete the economic model
• Finalize the interventions evidence review
• Identify potential providers and deliver technical assistance
• Implement the finance & service model using $5 million in GRB

Package 090 Pay for Prevention

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<th>Self Sufficiency</th>
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Child Welfare

What: A position to increase CW capacity to conduct required 2016 review and build foundation for ongoing child welfare quality control/improvement.

Why:
• Ongoing continuous improvement a priority for CW
• In 2016, Oregon will undergo Round 3 of the federal Child and Family Services Review (CFSR).
• A state conducted CFSR allows us to lay the foundation of a Continuous Quality Improvement system for Child Welfare.

If not funded: Without additional capacity, there is greater risk of a federally mandated Program Improvement Plan and the potential for federal penalties.
**Child Welfare**

**POP 109 Program Infrastructure**

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**What:** Increased support for child welfare workers in areas related to child safety, services to children in foster care, implementation of the Title IV-E Demonstration Waiver, continued implementation of Differential Response, timely provider payments, and other transformation efforts.

**Why:**
- Multiple system change efforts are underway in CW, with aggressive deadlines
- Increasing requests from child welfare staff for more support with adaptive change
- Number of child welfare staff have increased without increase in supports
- Provider-driven, payment process improvement effort
- Required new program design/development for sex trafficked youth
- System challenges have highlighted need for more quality assurance/oversight

**If not funded:** Statewide implementation of Differential Response will be delayed and other transformation efforts will need to be slowed down or put on hold as work is prioritized. Efforts to increase fidelity to Oregon Safety Model will be stretched, impacting all families in Child Welfare. Less efficient provider payment process.
Vocational Rehabilitation (VR)

**WHAT:** Request for position authority to clear all of the double filled positions within the Vocational Rehabilitation program.

**WHY:**
- VR budget can support positions (reduced contract costs allowed investment to be budget neutral)
- Staffing capacity helps avoid Order of Selection & meet Federal review and reporting requirements

**IF REQUEST IS DENIED:**
- Program will need to continue double-fills/current staffing levels to avoid reduced client service capacity.
VR, Intellectual/Developmental Disabilities

<table>
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<th>POP 104 Employment Outcomes for People with I/DD</th>
<th>GF</th>
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<td>Total</td>
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What:
- Increased capacity for VR to serve the I/DD population
- Increased capacity for benefits counseling
- Enhanced investments in provider transformation, proven practices

Why:
- Oregonians with I/DD are underrepresented in Oregon’s workforce
- Builds on 13/15 Employment First investments & outcomes
- Executive Order 15-01

If not funded:
- Employment outcomes for people with I/DD harder to achieve
- VR Order of Selection – All VR Consumers Impacted
What: Start–up funds for private provider agencies statewide to create new residential “step down” capacity specifically for people with I/DD who have significant, long-term challenges.

Why:
• Need to expand community settings to serve individuals with I/DD who have significant, long-term challenges and who are currently being served in the Stabilization and Crisis Unit (SACU) and other high cost settings
• Individuals in crisis who otherwise would benefit from SACU level of care are currently waiting in hospitals, other settings for a placement opening

If not funded:
• State will continue to struggle to serve people with I/DD who have significant, long-term challenges in the most appropriate setting (right service, right time)
What: 4% rate increase to all I/DD provider, non-bargained service rates (excluding non-medical transportation services) effective 1/1/2016

Why:
• High rates of staff turnover has serious negative consequences for consumers
• These providers have had significant rate reductions in past biennia and have not had a Cost of Living Allowance (COLA) in 3 biennia
• This will allow these agencies to increase direct staff wages and/or benefits for those that serve I/DD individuals.
• Changes in the DD service system brought about as a result of the K plan, have impacted these providers by increasing competition for qualified Direct Support Professionals.

If not funded: Difficulties providers face paying competitive wages for critical staff, primarily Direct Support Staff, will continue and grow putting children and adults with I/DD at risk and decreasing capacity to provide services to people with I/DD as the need for system capacity grows.
What: Proposal to use the remaining funds in Fairview Trust to support other I/DD investments

Why:
• Environmental Modifications funded by the Trust now available through Medicaid K Plan.
• Increasing caseload in the DD system as a result of implementation of the K Plan have increased funding needs for ODDS.

History of the Trust:
• Started in 1999 when the Fairview State Training Center was finally closed and sold.
• Earnings went into the trust to help individuals with I/DD stay in their own homes/community.
• 95% of the corpus would remain in the trust to gain interest for use in housing modifications and other actions to help keep people with I/DD in their own homes.
• In 2011 the Trust “loaned” all but 6.9 million of the Trust funds to assist in budget challenges during the recession. These funds have not been replenished.

CURRENT STATUS:
• Advocates who have been actively involved in working to maintain funding in the Trust want to honor the commitment made to people with I/DD when Fairview closed, that people with I/DD would live in their communities and not be institutionalized.
What: An investment to ensure compliance with new regulations and minimize fiscal/programmatic impact by:

• Limiting # of hours a shift Home Care Worker/ Personal Support Worker can work each week.
• Limiting eligibility for live-in services to only individuals with the most complex needs.
• Paying for additional hours of on-call availability

Why: New federal regulations from US Dept. of Labor causing need for programmatic changes and additional funding (Feb16th presentation.)

If not funded:
DHS will need to make programmatic changes with more severe consequences for consumers & providers to stay within available resources.
Aging & People with Disabilities (APD)

**POP 107 Adult Protective Services I.T. System**

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**What:** Request for permission to begin procurement for a statewide, comprehensive Adult Abuse Data and Report-Writing System, and fund the ongoing support and maintenance costs of the new system (assumes $3.3 million in Q – bonds.)

**Why:**
- There is a need to reduce risk to vulnerable adults
- Currently, APS staff (DHS and AAAs) cannot view abuse data centrally in real time, which inhibits monitoring, reporting and quality assurance of screenings and investigations.
- Multiple systems across state collect different abuse data.
- Inefficient, paper processes are resulting in lagging response and documentation

**If not funded:** Vulnerable adults in Oregon will remain at increased risk due to inability to monitor referral and investigation activity in real time, ensure prompt interventions, and “connect the dots” on investigation outcomes.
Aging & People with Disabilities (APD)

**POP 103 Non-MAGI Automation project**

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<th>Program Design Services</th>
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**What:** Request for funding to plan for the implementation of an eligibility system for non-MAGI (Modified Adjusted Gross Income) Medicaid programs (benefitting APD, I/DD consumers).

**Why:**
- DHS is using obsolete technology to determine Medicaid eligibility for populations that didn’t qualify under Health care Expansion (ACA Adults).
- CMS committed to three more years of 90/10 enhanced funding for Medicaid eligibility systems.
- CMS expectations regarding DHS-administered Medicaid programs.

**If not funded:** Continued use of inefficient legacy technology; difficulties ongoing to provide better coordinated services with the Oregon Health Authority around transitioning, shared populations; missed opportunity for enhanced federal contribution to this project.
Department of Human Services

Thank you!

www.oregon.gov/dhs

Safety, Health and Independence for all Oregonians