

Department-Wide Priorities for 2013-15 Biennium

Priority (ranked with highest priority first)	Program/Div (Orbits B Level)	(Orbits A Level Title)	Is Program leveraged for the DSHP Waiver?	Program Unit/Activity Description	Identify Key Performance Measure(s)	Primary Purpose Program-Activity Code	GF	LF	OF	NL-OF	FF	NL-FF	TOTAL FUNDS	Pos.	FTE	New or Enhanced Program (Y/N)	Included as Reduction Option (Y/N)	Legal Req. Code (C, F, or D)
1	Medical Assistance Prgms- OHP Payment	OHP	No	The Oregon Health Plan (OHP) provides physical health, mental health and dental services to qualifying low-income and vulnerable Oregonians. The division pays managed care organizations to provide most of the care on a per capita basis with rates that are set by an independent actuary to reflect the cost of providing services. Some services are paid on a fee-for-service basis with rates that are typically less than cost.	Preventive services for OHP youth and adults, Preventive services for OHP children, Appropriate prenatal care for OHP clients, PQI Hospitalizations of OHP clients	12	1,398,460,228		553,001,915		5,263,098,364		\$ 7,214,560,507			N	N	F
2	Medical Assistance Prgms- OHP Payment	Non-OHP	Small amount	The Non-OHP budget includes the following programs: 1) the Breast and Cervical Cancer Medical program, which provides comprehensive health coverage to uninsured women who have been diagnosed with breast or cervical cancer; 2) the Citizen/Alien Waived Emergency Medical (CAWEM) program, which provides emergency medical services to children and adults who are ineligible for medical assistance solely because they do not meet the Medicaid citizenship or immigration status requirements; 3) the Health Insurance Premium program, which reimburses clients for employer-sponsored insurance premiums. Non-OHP also includes "clawback" payments to the federal government to help pay for the Medicare Prescription Drug (Part D) program.	Preventive services for OHP youth and adults, Preventive services for OHP children, Appropriate prenatal care for OHP clients, PQI Hospitalizations of OHP clients	12	343,204,161		12,918,634		315,525,210		\$ 671,648,005			N	N	
3	Medical Assistance Prgms- OHP Payment	CHIP	No	The Children's Health Insurance Program (CHIP) provides physical health, mental health and dental services to uninsured Oregon children. The division pays managed care organizations to provide most of the care on a per capita basis with rates that are set by an independent actuary to reflect the cost of providing services. Some services are paid on a fee-for-service basis with rates that are typically less than cost.	Preventive services for OHP youth and adults, Preventive services for OHP children, Appropriate prenatal care for OHP clients, PQI Hospitalizations of OHP clients	12	39,415,077		40,602,601		217,948,301		\$ 297,965,979			N	Y	F
4	Medical Assistance Prgms- OHP Payment	Oregon Healthy Kids	No	The Office of Healthy Kids (OHK) provides outreach and education statewide to ensure all Oregonian children have access to no cost and low cost health care coverage. OHK will provide education and support to DHS field offices, community organizations and partners for Health Systems Transformation implementation.	Medicaid eligible children enrollment. Number of partners and organizations provided training and education.	12	2,711,310		1,280,512		5,517,108		\$ 9,508,930	9	8.90	N	Y	
5	Medical Assistance Prgms- OHP Payment	Pharmacy Programs	No	Pharmacy Programs provide all Oregonians access to reduced priced drugs through the Oregon Prescription Drug Program (OPDP). OPDP also provides consolidated purchasing power for the Oregon Education Benefit Board by jointly purchasing prescription drugs with the state of Washington through the NW Drug Consortium. Pharmacy Programs also provides health insurance to persons who are HIV positive through CAREAssist, Oregon's version of the Ryan White AIDS Drug Assistance Program.	Reduced cost of prescription drugs by consolidating all OHA drug purchasing in one. Provide drug assistance to individuals with the state who are HIV positive.	12	4,103,701		59,340,794		11,282,261		\$ 74,726,756	12	12.00	N	Y	
6	Addictions and Mental Health Program	Alcohol and Drug Treatment	Small amount	Alcohol and drug treatment programs provide an array of services tailored to the clients' needs. These include: assessment; detoxification; and individual, group and family counseling, residential treatment, and medications.	Completion of alcohol & drug treatment, Alcohol & drug treatment effectiveness: Employment, Child reunification, School performance	12	43,544,406		16,073,596		48,459,495		\$ 108,077,497			N	Y	S,F
7	Addictions and Mental Health Program	Community Mental Health	Partially	Community programs provide a range of services tailored to the consumer's needs, including community/outpatient intervention and therapy, case management, residential and foster care, supported education, acute hospital care, and crisis and pre-commitment services. The community also provides supervision and treatment for persons under the jurisdiction of the Psychiatric Security Review Board.	Mental health client level of functioning, Child Mental Health Services	12	17,431,165		0		7,213,457		\$ 24,644,622			N	Y	S,F

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8	Addictions and Mental Health Program	Community Mental Health	Partially	Community programs provide a range of services tailored to the consumer's needs, including community/outpatient intervention and therapy, case management, child and adolescent day treatment, residential and foster care, supported education, acute hospital care, and crisis and pre-commitment services. The community also provides supervision and treatment for persons under the jurisdiction of the Psychiatric Security Review Board.	Mental health client level of functioning, Adult Mental Health Services	12	316,965,471		2,090,885		185,444,576		\$ 504,500,932			N	Y	S,F
9	Public Health Programs	Center for Prevention and Health Promotion	Yes	Responsible for chronic disease prevention and health promotion, injury prevention, Prescription Drug Monitoring program, Women, Infants and children (WIC) Nutrition program, family planning, oral health, prenatal care, newborn hearing screening, and school-based health centers.	Teen suicide, Tobacco use, Cigarette packs sold, Teen pregnancy, Early prenatal care	10	12,457,252		7,845,524	40,000,000	113,186,821	101,929,051	\$ 275,418,648			N	Y-Partial	S,F
10	Public Health Programs	State Public Health Director	No	Responsible for state emergency preparedness, planning, and response.		8, 10					15,953,143		\$ 15,953,143			N	N	S,F
11	Public Health Programs	Center for Public Health Practice	Yes	Responsible for state support to local health departments core capacity in disease control and surveillance, HIV/STD/TB, immunization, statewide communicable disease control and testing, maintaining vital records and health statistics.	HIV rate, child immunizations, Influenza vaccinations for seniors	8,10	12,032,412		75,776		8,361,397		\$ 20,469,585			N	Y-Partial	S,F
12	Public Health Programs	Center for Health Protection	Yes	Responsible for the State Drinking Water Program (Primacy) and EPA Revolving Loan Fund which provides approx. \$12M annually to local water systems for capital improvement initiatives. Also identifying and preventing environmental and occupational safety hazards, and initiatives such as the health facilities licensure, quality improvement and regulation, medical marijuana, and Patient Safety Commission.		9,10	0		976,525		3,018,134		\$ 3,994,659			N	N	S,F
13	Addictions and Mental Health Program	State Hospital System	3 Non-Medicaid Geriatric units	The State Hospitals - located in Salem and Portland provide 24-hour supervised care to people with the most severe mental health disorders, many of whom have been committed to the Department are a danger to themselves or others, including people who have been found guilty except for insanity.	OSH restraint rate, OSH length of stay	12	397,573,736		16,791,455		29,109,229		\$ 443,474,420	2,417	2,142.23	Y	Y	S,F
14	Addictions and Mental Health Program	Gambling Treatment and Prevention	No	Gambling treatment and prevention programs provide an array of services tailored to the clients' needs. These include: assessment; individual, group and family counseling; and residential treatment.	Gambling Treatment Effectiveness	12	0	8,772,526	0		0		\$ 8,772,526			N	N	S
15	Addictions and Mental Health Program	State Delivered SRTF's	No	The state operated 16-bed facilities permit the safe movement of persons from the State Hospital(s) into the community that current providers choose not to serve.		12	5,596,522		494,210		2,063,397		\$ 8,154,129	46	46.00	Y	N	S,F
16	Private Health Partnerships	State High Risk Pool (OMIP)	Yes	OMIP, in cooperation with the FMIP program, offers guaranteed-issue health insurance coverage for individuals, regardless of income level, who are unable to obtain medical insurance because of health conditions.		12	0	0	1,480,715	411,670,261	0	0	\$ 413,150,976	7	6.50	N	N	

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	2	3		4	5	6	7	9	10	11	12	13	14	15	16	17	18	19
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17	Private Health Partnerships	Healthy KidsConnect (HKC)	No	HKC is the private market insurance component or "mini-exchange" portion of the state's Healthy Kids program. Healthy Kids provides health insurance options for uninsured children age 18 and under, regardless of family income. HKC provides choices for families that earn too much to qualify for the Oregon Health Plan, but can't afford to pay the full cost of private health insurance premiums on their own.		12	18,830,853	0	5,601,658	0	67,533,982	0	\$ 91,966,493	22	22.00	N	N	F
18	Private Health Partnerships	Family Health Insurance Assistance Program (FHIAP)	No	FHIAP helps uninsured, income-eligible Oregonians afford private health insurance. The program subsidizes a portion of the member's monthly health insurance premium. A member's subsidy level decreases as their annual income increases. FHIAP members are responsible for their own co-payments and deductibles.		12	17,421,322	0	1,878,005	0	37,380,331	0	\$ 56,679,658	31	30.25	N	Y-Partial	
19	Private Health Partnerships	Federal High Risk Pool (FMIP)	No	FMIP, in cooperation with the OMP program, offers guaranteed-issue health insurance coverage for individuals, regardless of income level, who are unable to obtain medical insurance because of health conditions.		12	0	0	42,995,351	0	126,195,351	0	\$ 169,190,702	0	0.00	N	N	
20	PEBB Stabilization	Stabilization	No	(1) There is created the Public Employees' Revolving Fund, separate and distinct from the General Fund. The balances of the Public Employees' Revolving Fund are continuously appropriated to cover expenses incurred in connection with the administration of ORS 243.105 to 243.285 and 292.051. Assets of the Public Employees' Revolving Fund may be retained for limited periods of time as established by the Public Employees' Benefit Board by rule. Among other purposes, the board may retain the funds to control expenditures, stabilize benefit premium rates and self-insure. The board may establish subaccounts within the Public Employees' Revolving Fund. (2) There is appropriated to the Public Employees' Revolving Fund all unused employer contributions for employee benefits and all refunds, dividends, unused premiums and other payments attributable to any employee contribution or employer contribution made from any carrier or contractor that has provided employee benefits administered by the board, and all interest earned on such moneys.	243.167 Public Employees' Revolving Fund; continuing appropriation to fund	10				2,515,000			\$ 2,515,000	0	0.00	N	N	S
21	PEBB Self-Insurance	Self-Insurance	No	(1) There is created the Public Employees' Revolving Fund, separate and distinct from the General Fund. The balances of the Public Employees' Revolving Fund are continuously appropriated to cover expenses incurred in connection with the administration of ORS 243.105 to 243.285 and 292.051. Assets of the Public Employees' Revolving Fund may be retained for limited periods of time as established by the Public Employees' Benefit Board by rule. Among other purposes, the board may retain the funds to control expenditures, stabilize benefit premium rates and self-insure. The board may establish subaccounts within the Public Employees' Revolving Fund. (2) There is appropriated to the Public Employees' Revolving Fund all unused employer contributions for employee benefits and all refunds, dividends, unused premiums and other payments attributable to any employee contribution or employer contribution made from any carrier or contractor that has provided employee benefits administered by the board, and all interest earned on such moneys.	243.167 Public Employees' Revolving Fund; continuing appropriation to fund	10				1,709,000,000			\$ 1,709,000,000	0	0.00	N	N	S

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22	PEBB Flex Benefit Admin	Flex Benefit Admin	No	(1) In addition to the powers and duties otherwise provided by law to provide employee benefits, the Public Employees' Benefit Board may provide, administer and maintain flexible benefit plans under which eligible employees of this state may choose among taxable and nontaxable benefits as provided in the federal Internal Revenue Code. (2) In providing flexible benefit plans, the board may offer: (a) Health or dental benefits as provided in ORS 243.125 and 243.135. (b) Other insurance benefits as provided in ORS 243.275. (c) Dependent care assistance as provided in ORS 243.550. (d) Expense reimbursement as provided in ORS 243.560. (e) Any other benefit that may be excluded from an employee's gross income under the federal Internal Revenue Code. (f) Any part or all of the state contribution for employee benefits in cash to the employee. (3) In developing flexible benefit plans under this section, the board shall design the plan on the best basis possible with relation to the welfare of employees and to the state.	243.221 Options that may be offered under flexible benefit plan	10							\$ 820,080	0	0.00	N	N	S
23	OEBB Stabilization	Stabilization	No	There is created the Oregon Educators Revolving Fund, separate and distinct from the General Fund. Moneys in the Oregon Educators Revolving Fund are continuously appropriated to the Oregon Educators Benefit Board to cover the board's expenses incurred in connection with the administration of ORS 243.860 to 243.886. Moneys in the Oregon Educators Revolving Fund may be retained for limited periods of time as established by the board by rule. Among other purposes, the board may retain the funds to pay premiums, control expenditures, stabilize premiums and self-insure.	243.884 Oregon Educators Revolving Fund; continuous appropriation to board; purposes; rules; moneys paid into fund	10							\$ 1,542,974,000	0	0.00	N	N	S
							2,629,747,616	8,772,526	763,448,156	3,706,979,341	6,457,290,557	101,929,051	\$ 13,668,167,247	2,544	2,267.88			

7. Primary Purpose Program/Activity Exists

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

19. Legal Requirement Code

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

In prioritizing its programs, the department continued to use the basic criteria used in prior prioritizations that includes: fulfillment of mandates, long term implications, number of clients served, level of need of those served, and degree of Federal financial participation. In addition to these criteria, the department also considered:

1. Maintaining our current investment - Continue operating basic programs.
2. Capacity to provide basic services statewide - expanding coverage to more vulnerable populations.
3. Prevention - preventing higher costs downstream - front-end services (including non-Medicaid programs).
4. Technological advances to better serve clients & providers - addressing critical information needs.
5. Maintaining protection - keeping vulnerable populations (kids, seniors, disabled, etc) safe.
6. Adequate administrative capacity - linking admin support to program priorities.
7. Improve health care - improving access for all Oregonians.
8. Lower priority for new initiatives to our current portfolio.

While these criteria were considered in prioritization, the wide array of programs that OHA provides and the diverse populations served make application of any set of criteria difficult.