Lead Program Area	Program Funding Team Policy Area	POP Title	General Fund	Other Funds	Federal Funds	Total Funds	POP Narrative
APD	Healthy People	Enhancement of Mental Health Supports	7.3		3.4	10.7	This investment will expand enhanced care and extended care capacity to serve the growing, unmet mental health needs of the senior population. We also are seeking funding that will allow us to transition seniors from the Oregon State Hospital who can have their needs met safely in the community.
APD	Healthy People	Care Coordination and ADRC Development	1.8		5.0	6.8	This investment funds the development of high quality care coordination services for Medicaid and non-Medicaid individuals with long term services and supports (LTSS) needs. It supports staff to direct the work of care coordination between local APD and Area Agencies on Aging (AAA) offices and Coordinated Care Organizations (CCOs). Finally, it funds options counselors for Oregon's Aging and Disability Resource Connections (ADRC) program in local AAAs, in order to serve individuals with LTSS needs who are not Medicaid eligible.
APD	Healthy People	LTC 3.0 Infrastructure	3.0		3.0	6.0	This investment will allow APD to replace its aging infrastructure to support changes that are anticipated to come about due to future planning efforts underway through its LTC 3.0 initiative. Beyond anticipated changes, investment in the infrastructure maintenance prevents break down of aging systems and takes advantage of technological gains to improve efficiency of operations.
APD	Healthy People	Innovation, Research and Development	3.2			3.2	This investment supports research and development account funding for innovative approaches to long term care services that increase quality, improve health outcomes and decrease costs. Initiatives will serve Medicaid, pre-Medicaid and non-Medicaid populations. Innovations and pilots will be tracked and outcomes measured leading to the statewide adoption and implementation of new evidence-based improvements. The implementation of successful pilots will support the continuation of Oregon's position as a nationwide leader in LTC.
APD	Healthy People	Increase Certified Nursing Assistant Staffing in Nursing Facilities	0.7	0.1	1.2	2.0	This investment improves the quality of nursing facility care by increasing staffing ratios for nursing facilities leading to better care for Oregonians.
APD	Healthy People	Enhanced Support for Special Populations	2.0		3.3	5.3	This investment supports development of critical community capacity that can meet the needs of individuals with special needs.
APD	Healthy People	Home and Community Based Funding Increases	9.1		20.1	29.2	In-home services and foster care services are both high demand segments of the aging and people with disabilities service system. This investment is to help address the capacity and workforce needs to keep pace with demand and assure quality and stability in those services.
APD	Healthy People	Local Office Staffing Improvements	2.5		2.5	5.0	This investment enhances adult safety with additional adult protective service resources, including the ability to conduct complex case investigations. Additional eligibility staff are also proposed to address the tremendous workload growth experienced as low-income seniors access assistance services.
DD	Healthy People	Family to Family Network Expansion	1.2			1.2	Family support is a cornerstone service in the area of developmental disability services. Most children and adults with developmental disabilities are living with family members who provide critical services and supervision. Without family support, many individuals would need to access out of home services at great cost to the State. Current trends in family support indicate that family to family networks are very effective ways to provide that support to one another and learn needed skills and how to access needed services. This package would develop new Family-to-Family networks targeted in eastern Oregon with specific culturally diverse communities. These family driven networks provide training, information, referral and general support. This would allow us to double our networks increasing to 8 locations across the state. These enhanced support networks allow adults and children with developmental disabilities to delay or defer out of home care and provide support to their families.
DD	Healthy People	Improving employment outcomes for people with disabilities	9.4	0.2	11.6	21.2	The Department of Human Services and its Office of Developmental Disability Services (ODDS) has adopted an Employment First Policy, designed to obtain improved employment outcomes for working age adults with developmental disabilities. Specifically these outcomes are to increase the number of adults with developmental disabilities who secure and maintain community-based individual supported employment jobs. This objective is also a stated priority the Federal government has for Oregon and other states. Meeting the desired outcome requires investments in state infrastructure, service rates, provider training and technical assistance, and quality management systems.
DD	Healthy People	Restore Fairview Trust	6.9			6.9	Restores the Fairview trust fund to pre-2011-13 levels.
DD	Healthy People	Electronic Record Keeping System	2.4		2.4	4.9	The statewide system for serving individuals with developmental disabilities is a highly decentralized structure relying on contracted provider entities for case management and service delivery. As a result, there is no common, centralized information system for client plans, services, and outcomes. This compromises the state's ability to plan strategically, provide required regulatory and oversight functions, and develop service policies and procedures. This POP will allow for the implementation of an already established electronic web-based central client record and case management system. This system will be used by all provider and case management entities with users, including state staff, having access via assigned user roles for security purposes. This system will interface with the current service payment systems already in place and used by the Office of Developmental Disability Services.
DD	Healthy People	Home and Community Based Funding Increases	7.4		12.6	20.0	This is a proposed increase in funding for home and community based services in DD.
Child Welfare	Safety	Differential Response and CW Workload Model Staffing	23.6	2.6	13.9	40.1	Every family receives a comprehensive assessment when contacted by Child Welfare. Differential response is a design for child welfare intervention that allows for more than one way of responding to reports of suspected child abuse or neglect. Implementing differential response allows greater flexibility in responding to families, including an earlier and more collaborative process of addressing families' needs while addressing safety needs. Differential Response evolved out of the growing understanding that not all families are well served through the traditional response that relies on a disposition and identification of the perpetrator of the abuse. The traditional Child Protective Services response is used for the higher risk cases where significant state intervention is needed. A differential response system adds a path of response that allows for a focus on engaging the family in the identification of stressors that led to their children being unsafe. This transformation will provide a better connection for families with culturally specific community based services that may prevent further contact with the Child Welfare System. It also provides for a reconnection of the family to their community. Differentiating the front door of Child Welfare has been found in other states to reduce the number of children entering the foster care system.
Child Welfare	Safety	Strengthen, Preserve and Reunify Families (SB 964 (2011))	11.2	-	12.5	23.7	Increased funding over the 2011-13 level to implement the Strengthening, Preserving, & Reunifying Families Programs statewide. These programs provides a broad array of services, identified through community collaborations. These services are designed to allow children to remain safely with their families while parents address the issues that involved them with the child welfare system. This service array is an essential component of a successful implementation of Differential Response.

Child Welfare	Safety	Indian Child Welfare Act Compliance	2.3		1.4	3.7	Case workers who liaison with Oregon Tribes have additional responsibilities and are required to have a unique set of skills and abilities to do so. There are federal and state laws that protect discrimination of Native Americans in the Child Welfare system. These laws are called the Indian Child Welfare Act (ICWA). They require additional efforts when working with children in child welfare who are affiliated with a tribe resulting in better outcomes for children and families. This strategic initiative creates a 5% salary differential for workers who carry this additional responsibility and helps retain these workers with the necessary skills and abilities. These additional efforts must be verified by the court and a failure by the Department to achieve the required efforts as established by law can result in a loss of federal funding. We would also increase case management staff to allow for reduced caseloads for workers carrying ICWA cases based on the increased case activity.
Child Welfare	Safety	Post Adoption Program	0.1		0.3	0.4	DHS's post adoption services program provides services to adoptive and guardianship families who provide permanent homes for DHS children. These services enhance the stability and functioning of Oregon adoptive and guardianship families and their children through the provision of a support network that includes information and referral services, consultation services in response to imminent and current adoptive family crises, support groups, and training. In the federal fiscal year ending September, 2011, the post adoption services contractor (ORPARC) provided 1,619 initial and follow up contacts with families, 34 reported crisis or disruption related services, and training to 718 individuals. Families who adopt special needs children must have adequate and competent support to help sustain their placements. The funding for post adoption services was eliminated in the 2011-13 budgets. The department was able to maintain the program using federal Adoption Incentive money which is not available after this biennium.
Child Welfare	Safety	Homeless and Runaway Program	0.8			0.8	The current funding has been able to provide funding to expand or develop programs that serve Runaway and Homeless youth ages 11-17 in nine rural and urban Oregon communities. These programs range from providing basic outreach and meeting basic needs to providing overnight shelter for youth, all identified programs have the same key strategies with outcomes of increasing safety, permanent connections, wellbeing, and self-sufficiency for youth and young adults. An increase in funding will allow us to meet the deliverables within the statue and invest in structure and system-building through providing technical assistance to communities across the state for assessing the needs of runaway and homeless youth.
Child Welfare	Safety	CW Licensing	0.1		0.1	0.2	DHS is proposing an increase of one position to help to ensure the safety of children in residential facilities. The mission of the Office of Licensing and Regulatory Oversight (OLRO) is to provide for the safety of children, the aging and physically disabled, and people with developmental disabilities served by the Department of Human Services and others through the consistent, efficient and effective oversight of those who provide services to clients across the continuum of care. While other needs are there this position will mean OLRO has 3 positions to license and do regulatory reviews of the 240 Private Child Caring Agency facilities and programs with a capacity to serve approximately 10,000 children
SS	Economy and Jobs	Increased caseload costs in TANF	1.1			1.1	The Fall 2012 forecast anticipates a small increase in caseload over 2011-13. This investment funds that anticipated increase.
Self Sufficiency	Healthy People	Internal SS staffing adjustments				-	The recent economic downturn has resulted in many more families with children accessing services from Self Sufficiency. The current TANF caseload is approximately 90 percent higher than prior to the beginning of the recession. The dramatic increase in the number of families applying for and receiving TANF, without additional staffing and program resources to meet the need, has affected the department's ability to provide timely, individualized services. The department has been forced to prioritize services to a very small number of families. Case plan development and referral to services has been delayed which directly impacts low-income families and their ability to access services in a timely manner and in a way that addresses their barriers to self-sufficiency impacting family stability and employment outcomes. In addition, the ability of the department to meet federally mandated requirements in the JOBS program has also been eroded. This reduction in eligibility positions will help fund the conversion of other eligibility vacancies to case management positions. The staff changes are based on lower projected caseloads in non-TANF programs and assume efficiencies in eligibility are gained through automation of eligibility process. If these occur DHS will be able, through attrition, increase TANF case workers at no additional cost to the state. Currently case management positions are funded at 35% of need. This policy option also connects to a proposed enhancement in TANF JOBS services to improve family stability, federal work participation requirements, and employment outcomes for families receiving TANF.
Self Sufficiency and Aging and People with Disabilities	Healthy People	Modernization	7.1	14.2	34.7	56.0	This Policy Option Package continues efforts that began in 2007-09 to transform the process for enrolling people and delivering services in eligibility programs including the Supplemental Nutrition Assistant Program (SNAP), Temporary Aid to Needy Families (TANF), Medicaid and Employment-Related Daycare (ERDC). It also expands and focuses on 2013-15 efforts in the areas of business service, service delivery transformation and technology transformation, and the connectivity and dependency between them. This comprehensive request supports technology needs and business transformation that will enable future business strategies aligned to a renewed business architecture. This includes ensuring that DHS can better connect to the transformed health system and provide services as needed via the Affordable Care Act. The result will be consistent service delivery and maximized economies of scale in social interfaces without geographical constraints that utilizes a full range of technology options including mobile computing, seamless data access and data sharing. This will lead to multiple positive outcomes, greater efficiency for caseworkers and the ability to send referrals based on need and outcomes.
Self Sufficiency	Education	ERDC Caseload	1.5			1.5	DHS proposes continuing two eligibility limitations set to expire at the end of 2011-13 in order to increase the biennial monthly average caseload from 8,500 to 9,000. This budget also includes a General Fund backfill of one time revenues used in 2011-13. This proposal expands opportunities for low-income parents to access child care subsidies and strengthens training for providers in support of positive child development. DHS, in collaboration with the Oregon Department of Employment's Child Care Division, will leverage the existing Head Start contracted child care and expand through a field test to Oregon Program of Quality providers. The key goals of the field test are for children to have access to continuous quality child care and for providers to have stable funding. A statewide research team will be engaged to evaluate the field test. The field test for expanding contracted child care is related to priorities set by the Governor and the state's new Early Learning Council to better prepare children for kindergarten and beyond. DHS is engaged in this work and is building stronger collaborations with other agencies and partners to integrate our ERDC program with the state's early learning system. Guiding more of our providers through the Oregon Program of Quality will be a priority.
OVRS	Healthy People	Employment First Impact to OVRS	0.7		2.0	2.7	The Department of Human Services and its Office of Developmental Disability Services (ODDS) has adopted an Employment First Policy, designed to obtain improved employment outcomes for working age adults with developmental disabilities. Specifically these outcomes are to increase the number of adults with developmental disabilities who secure and maintain community-based individual supported employment jobs. This policy is expected to increase referrals of people with developmental disabilities to Oregon's Vocational Rehabilitation Services (OVRS). This POP will increase the staffing capacity and add service costs to serve an additional 200 individuals with developmental disabilities per year.